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Medicaid HCBS Programs and Policies Data and Trends

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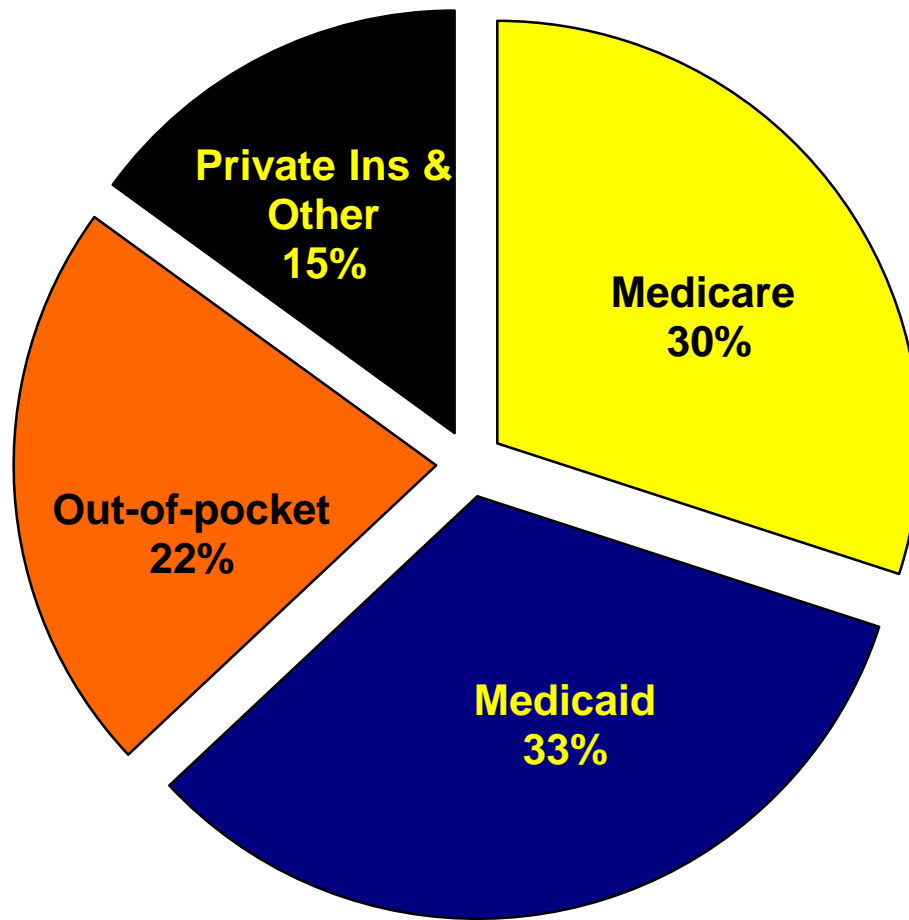
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Community
Living
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Funded by the National Institute on Disability and Rehabilitation Research (grant H133B130034), Kaiser Family Foundation (grant 13-1012-410) and the Administration for Community Living.

Total US Long-Term Support & Services (LTSS) Expenditures, 2012 \$229.3 billion



Medicaid HCBS Policy Issues

1. State & federal budget cutbacks, esp among discretionary spending
2. Continued demands of institutional provision
3. Consumer preferences
4. Legal pressures- *Americans with Disabilities Act (1990)* & the *Olmstead* decision (1999).
5. Litigation against states
6. Legislation including Deficit Reduction Act and Affordable Care Act
7. Program initiatives such as Money Follows the Person and HCBS State Plan Option
8. New HCBS Settings Rule

Study Aims & Method

Aims

- **Examine trends in participation & expenditure on Medicaid HCBS programs**
- **Examine state HCBS policies**
- **Excludes ACA programs and MLTSS**

Method

1. **CMS Form 372 reports for HCBS waivers (n = 291 in 2011)**
2. **State Survey of Medicaid State Plan Personal Care (PCS) Optional Benefit (n = 32)**
3. **State Survey of Medicaid Home Health (n=51)**

Medicaid HCBS Programs

Personal Care optional benefit (UCSF Annual Survey)

- Optional, actively available in 32 states (2011)
- Must be statewide, available to Medicaid categorically eligible groups

Home Health (UCSF Annual Survey)

- Mandatory

Medicaid HCBS Waivers

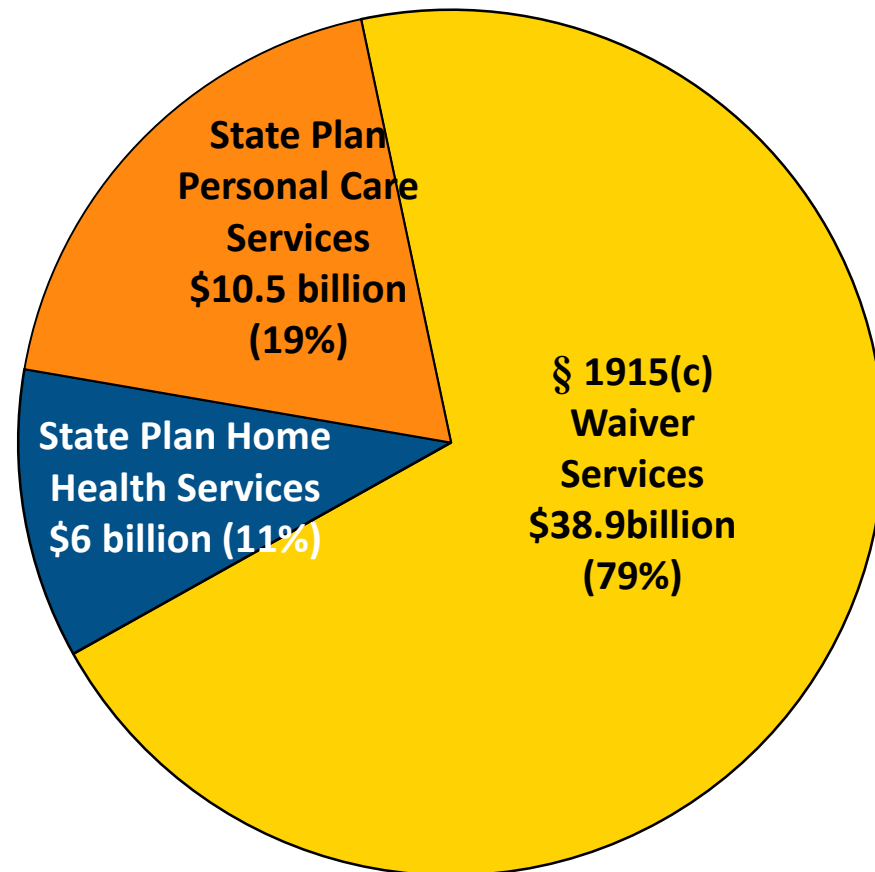
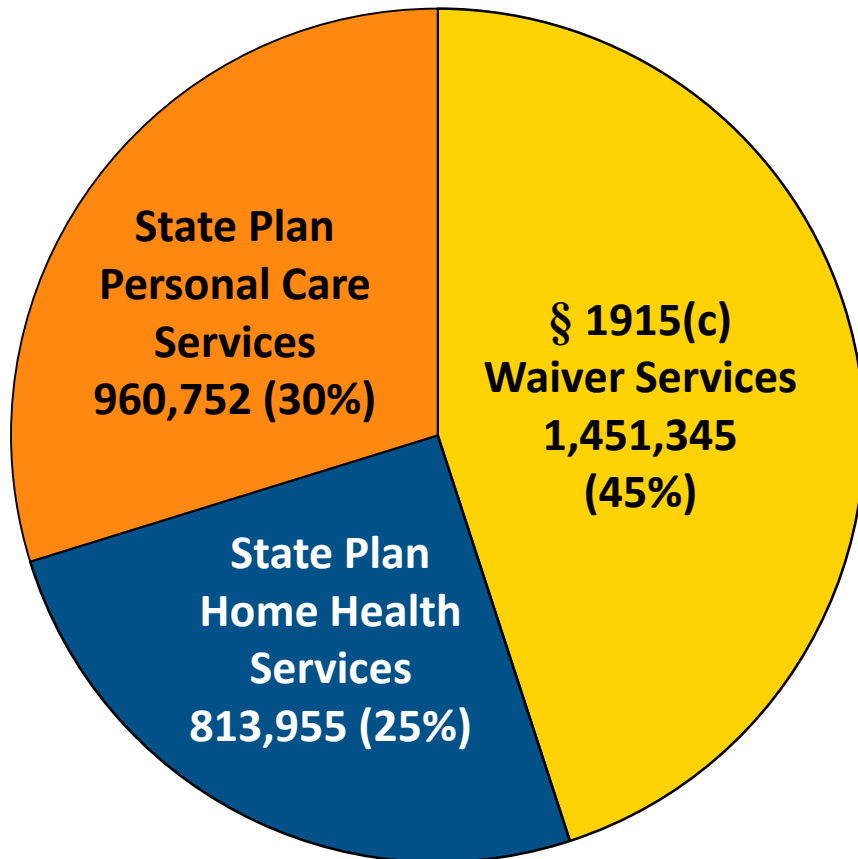
HCBS 1915(c) waivers (CMS Form 372 Reports)

- In 2011, 47 states & DC offer 291 waivers (AZ, RI & VT use statewide 1115 managed care waiver, 6 other states have partial 1115 waivers)
- Optional program - provides range of HCBS and may include personal care
- Must be targeted to selected recipient groups (up to 14 waivers in some states)
- Must be nursing home eligible
- Financial & medical eligibility vary across states
- Slots, geography & expenditures can be limited
- Must be cost neutral
- Waiting lists can be established

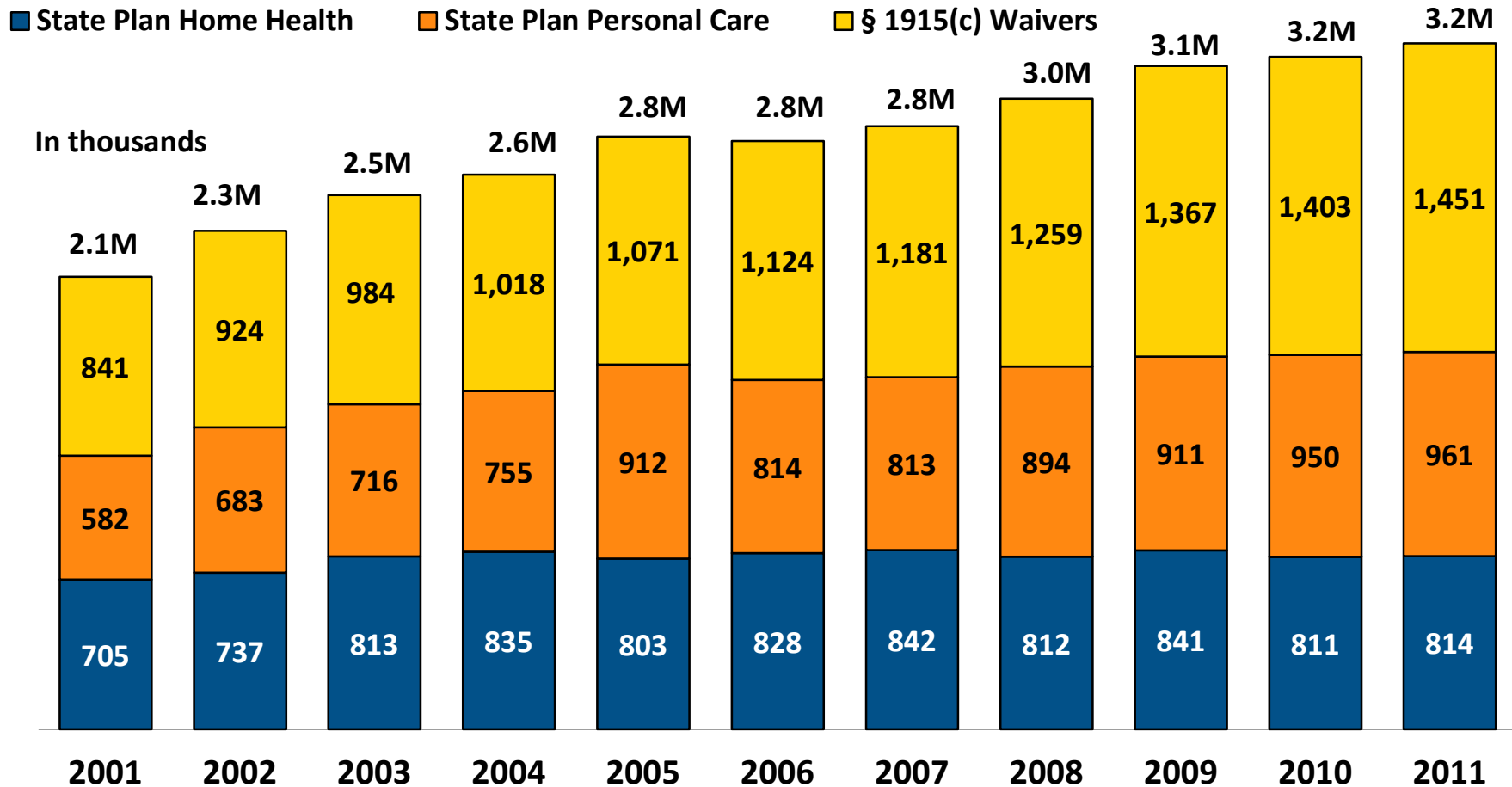
Medicaid HCBS Participants & Expenditures by Program, 2011

Total Participants: 3.2 million

Total Expenditures: \$55.4 billion



Medicaid HCBS Participants by Program, 2001-2011

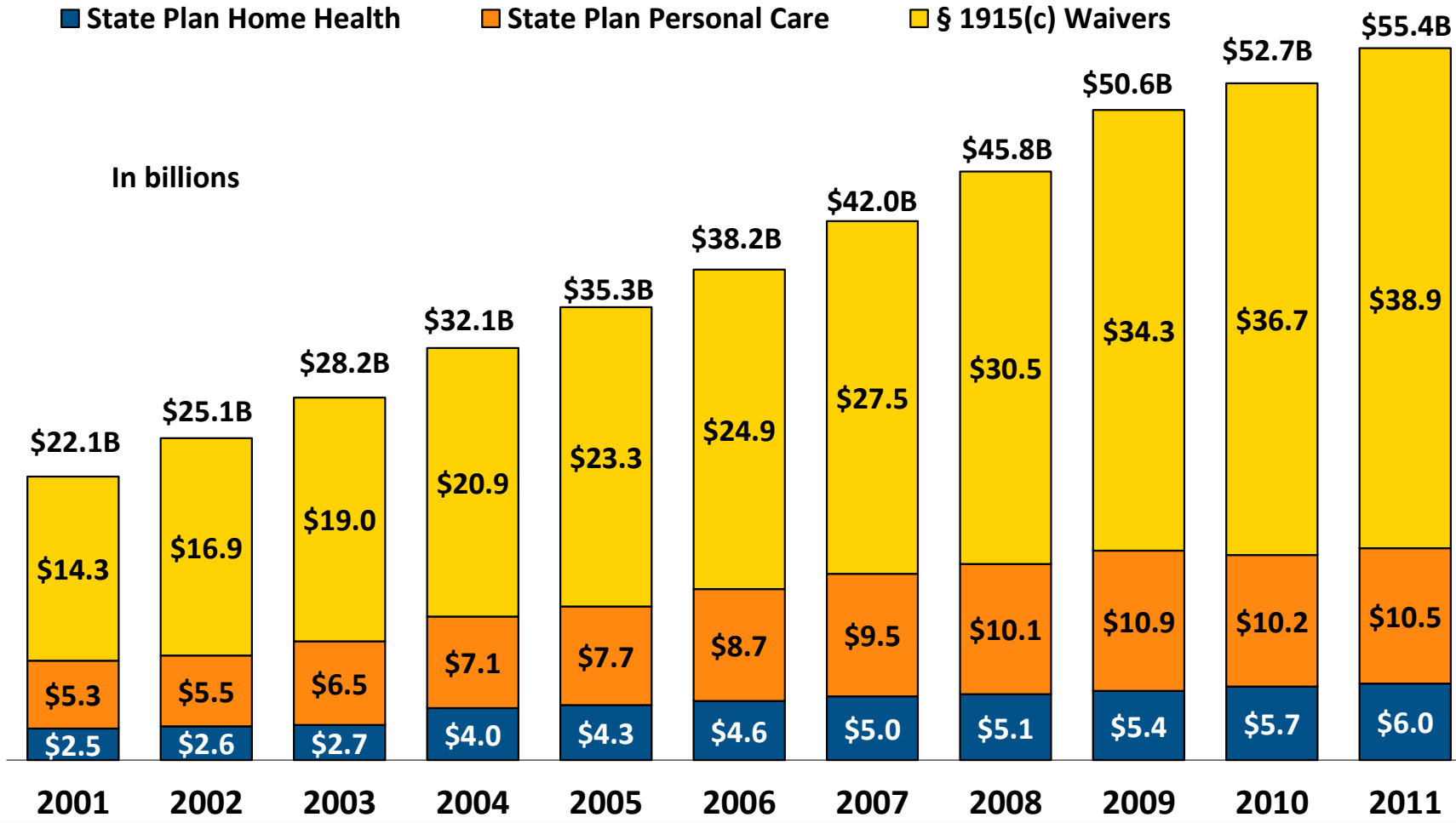


% Change : +10% +7% +4% +7% -1% +3% +5% +5% +1% +2%

Medicaid HCBS Expenditures by Program, 2001-2011

■ State Plan Home Health
 ■ State Plan Personal Care
 ■ § 1915(c) Waivers

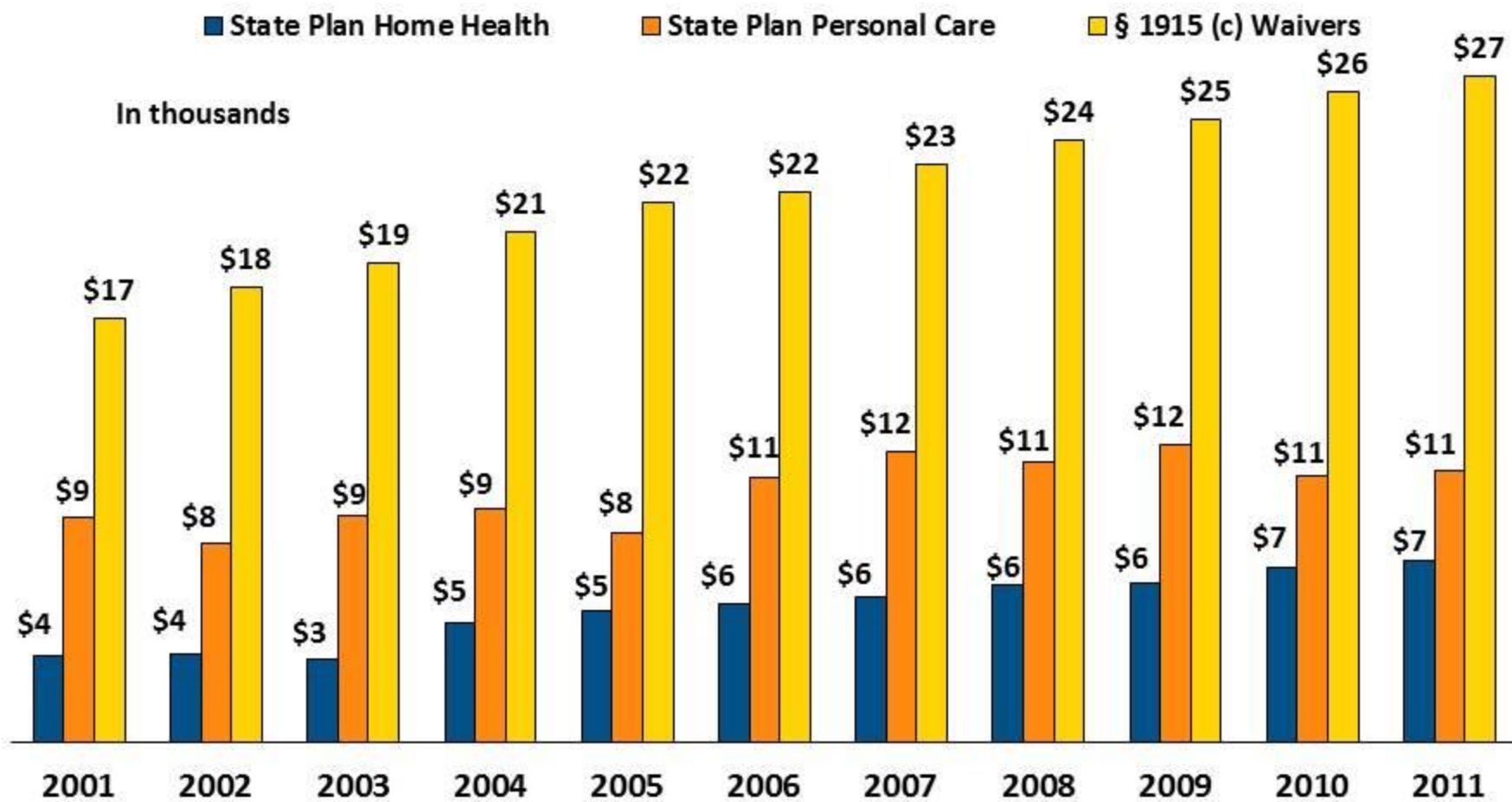
In billions



% Change : +13% +13% +14% +10% +8% +10% +9% +10% +4% +5%

Figure 9

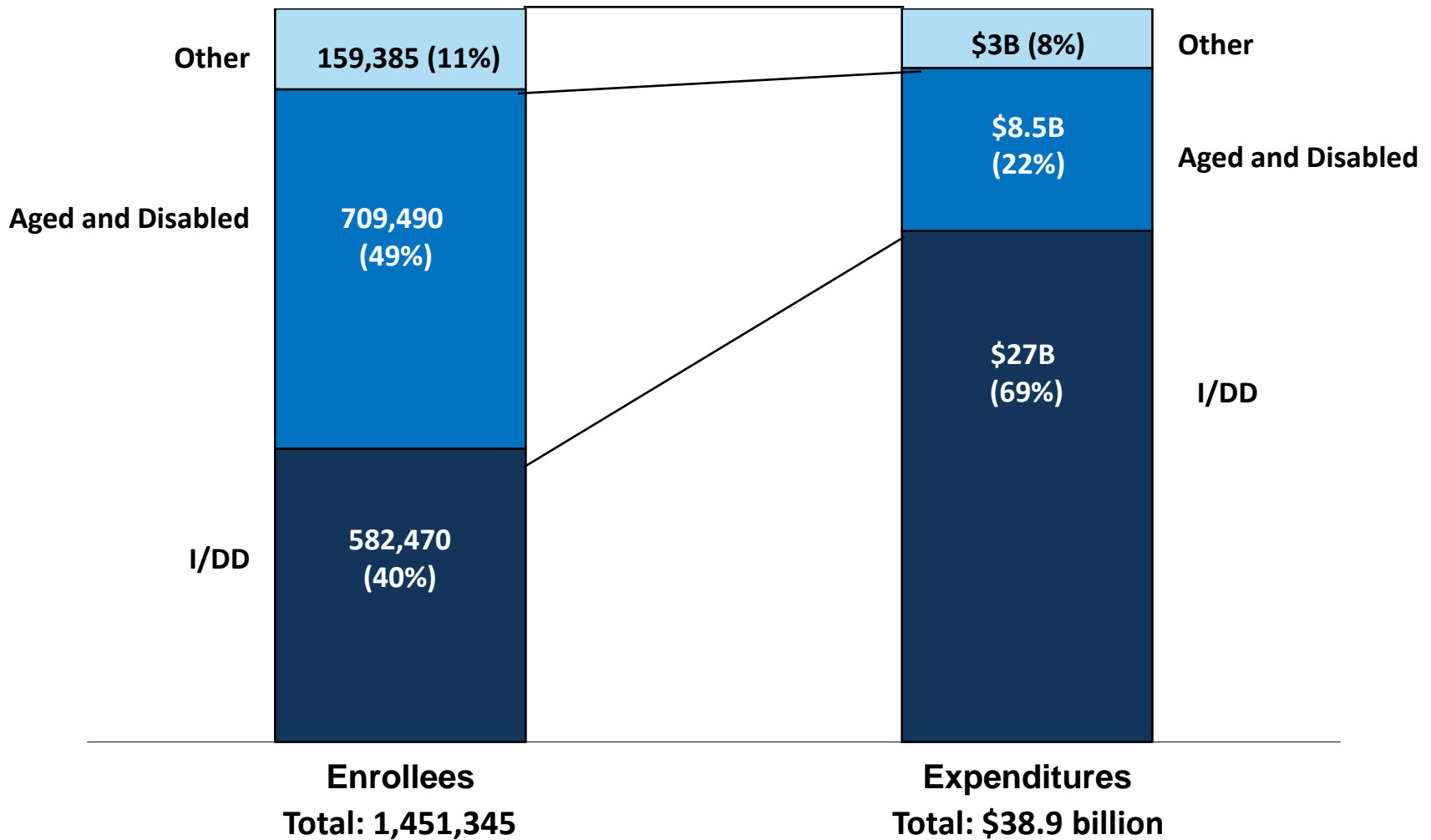
Medicaid HCBS Average Expenditures Per Person Served, 2001-2011



NOTE: Figures updated annually and may not correspond with previous reports.

SOURCES: KCMU and UCSF analysis of CMS Form 372 data and program surveys.

Waiver Participants & Expenditures by Enrollment Group, 2011



Waiver Participants, Expenditures and \$/Participant by Service, 2011

	Case Mngt	Respite/ Home Health/ Personal Care	Habilitation/ Day Care	Nursing/ Therapy	Residential/ Foster Care	Others
Persons	493,011	799,489	526,764	231,848	198,082	1,420,401
\$ millions	\$790	\$10,710	\$15,685	\$819	\$3,970	\$5,058
\$/person	\$1,602	\$13,396	\$29,775	\$3,532	\$20,045	\$3,561

Medicaid HCBS Cost Control Policies, 2013

HCBS Waivers

- Limits on financial eligibility for those who are otherwise eligible for institutional care – quarter of waivers less than 300% SSI
- 10 waivers in 8 states have more restrictive functional eligibility than institutions
- Ceilings or caps on services and expenditures per participant
- Geographical limits within states
- Limits on waiver participants (slots) - establish waiting lists

State Plan Personal Care Services (32 active states)

- Ceilings or caps on services and expenditures per participant
- Services vary between states – 19 states limit hours
- Not available in 19 states

Home Health

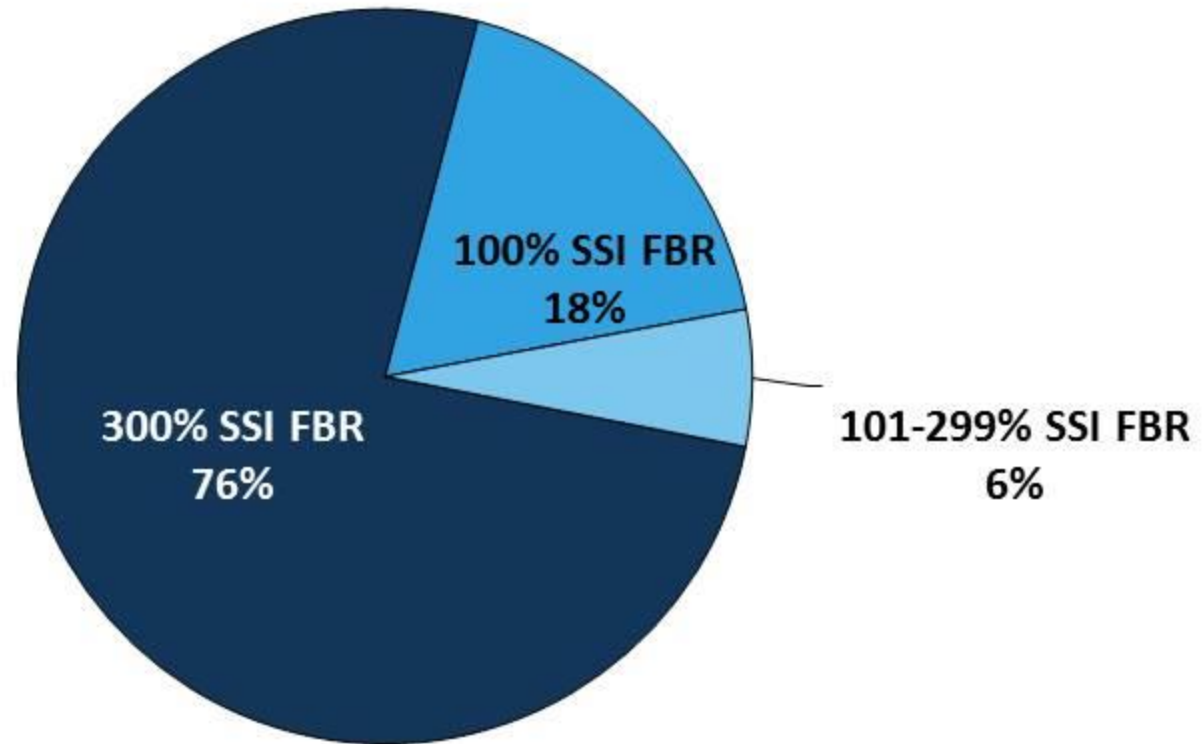
- Services vary between states
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Consumer Direction & Forms of Cost Controls, 2013

	HCBS Waivers (n=297)	State Plan PCS (n=32)	Home Health (n=51)
Consumer Direction	178 (60%)	21 (66%)	9 (18%)
Cost Controls			
Hourly/Service/ Cost Limits	143 (48%)	21 (66%)	30 (59%)
Geographic Limits	23 (8%)	32 active states	none
Waiting Lists	158 (53%)	none	none

Figure 11

Medicaid § 1915(c) HCBS Waiver Financial Eligibility Limits, 2013

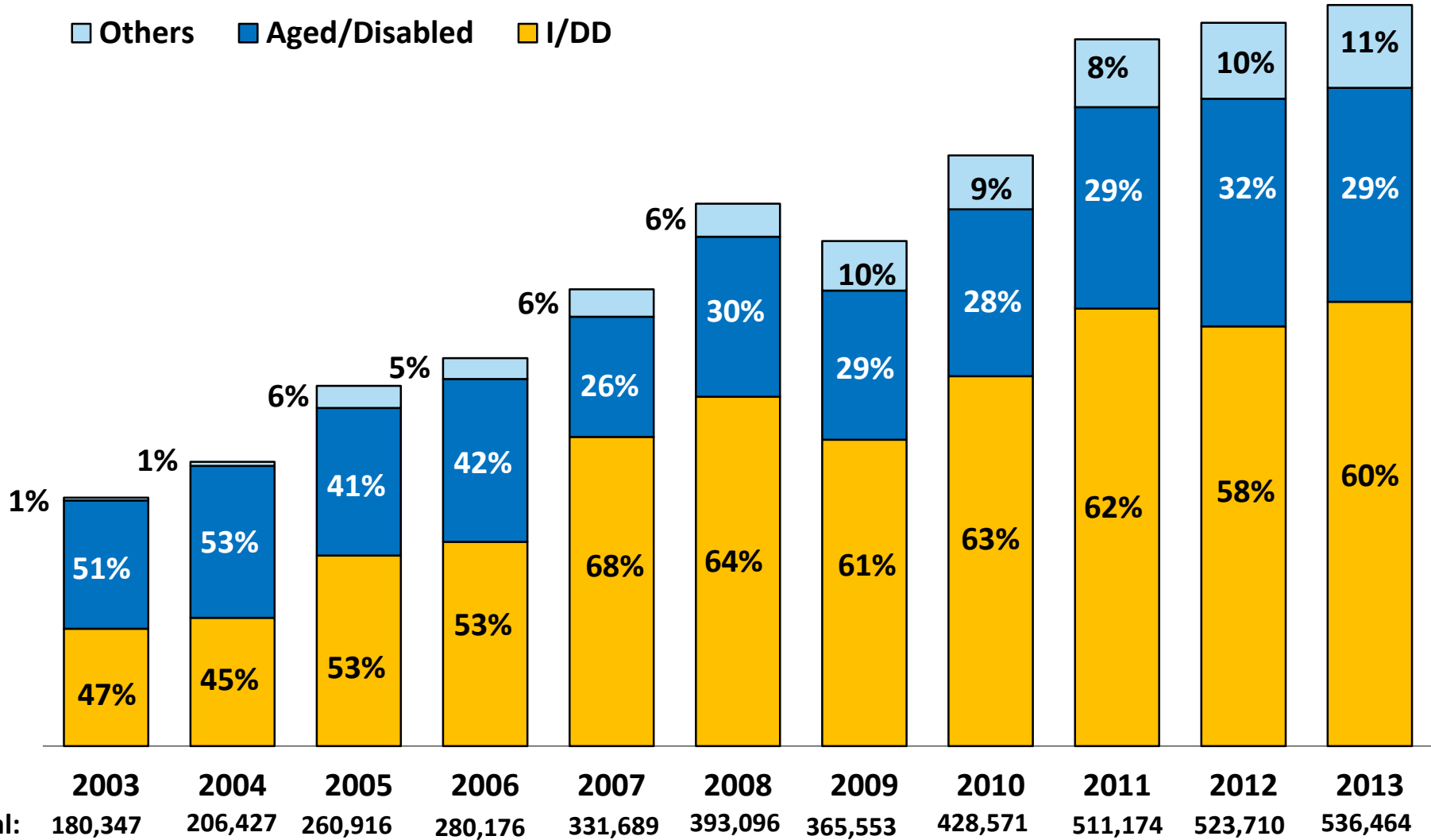


Total = 297 reporting waivers

NOTE: In 2013, 300% of Supplemental Security Income Federal Benefit Rate (SSI FBR) was \$2,130 a month for an individual.
SOURCE: KCMU and UCSF analysis of waiver policy survey.

Waiting Lists by Enrollment Group, 2003-2013

Others Aged/Disabled I/DD



States with Largest Wait Lists for HCBS Waivers, 2013 (Total: 536,464 in 40 States)

Texas – 163,146 on 8 wait lists Ave. wait time: 34 months	Louisiana – 57,156 on 5 wait lists Ave. wait time: 25 months
Florida – 51,379 on 11 wait lists Ave. wait time: 44 months	Ohio – 37,386 on 3 wait lists Ave. wait time unknown
Illinois – 33,114 on 3 wait lists Ave. wait time unknown	New Mexico – 27,239 on 3 wait lists Ave. wait time: 72 months

Medicaid HCBS Data Trends: Conclusion

- Lower participant and expenditures growth than in past
 - Due likely to growth in MLTSS and Others
 - Medicaid HCBS expenditures grew by 5% and participants by 2% between 2010 and 2011. 10-yr average -10% / 4%
 - Aged/Disabled receive fewer expenditures per participant than I/DD, about 1/4
 - Waiver service and cost caps impact on program growth and create unmet needs
 - Large & long waiting lists for HCBS waiver programs in many states
 - Wide inter-state variation in HCBS service provision and spending on services
 - Many ACA programs and initiatives for states to expand HCBS
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