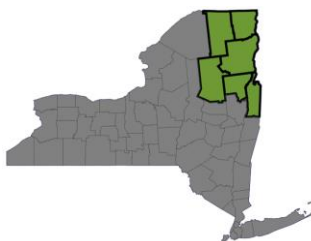


***A Roadmap to a Rational, Sustainable and
Replicable System of LTC Services in the
Eastern Adirondacks***

**EALTCC Meeting
Plattsburgh, NY
June 2, 2014**



1

Today's Agenda

- Review preliminary results of demand model
- Discuss our key assumptions
- Provide updates on major policy initiatives
 - DSRIP
 - BIP
 - Mandatory managed care
 - FIDA: Integrated Care for the Dual Eligibles
- Review preliminary recommendations for final report (group discussion)
- Discuss logistics, agenda and invitation list for September 30th symposium

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Demand Model

- Changes in demand for five major long term care services
- Baseline utilization patterns
- Demographic projections
- Scenario based on demand variables
- Key is change over time- magnitude and trend
- Measure is individuals needing service- intensity an important additional consideration

3

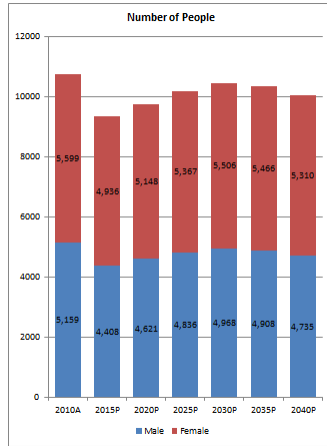
Demand Model – Scenario Variables

- Implementation of Medicaid managed care and care coordination models
- Mandatory managed long term care for recipients of Medicaid LTC services
- Decrease in supply of informal caregivers
- Increase in percentage of seniors living alone
- Rise in the poverty rate

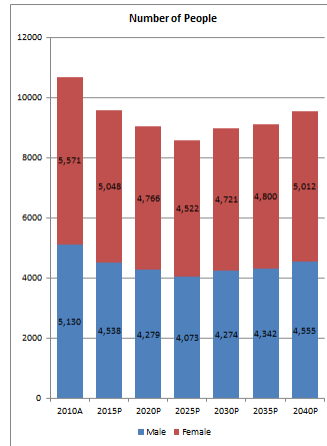
4

Demand Model - SNF

Population change



Population change with scenario variables



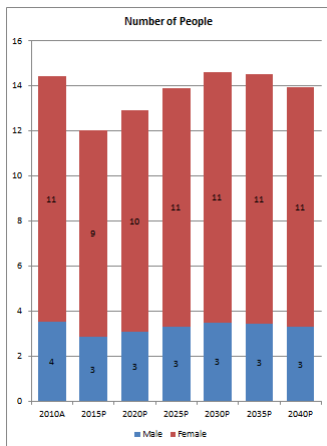
DIFFERENCE BETWEEN DEMOGRAPHICS ALONE AND SCENARIO

	2010	2015	2020	2025	2030	2035	2040
SNF	-58	242	-724	-1,608	-1,478	-1,232	-478

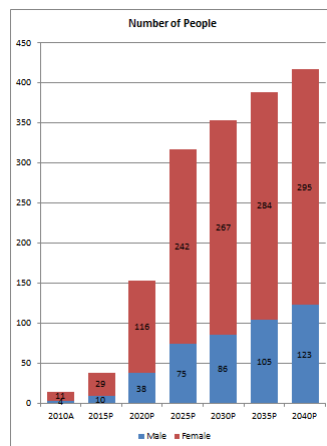
5

Demand Model - ALP

Population change



Population change with scenario variables



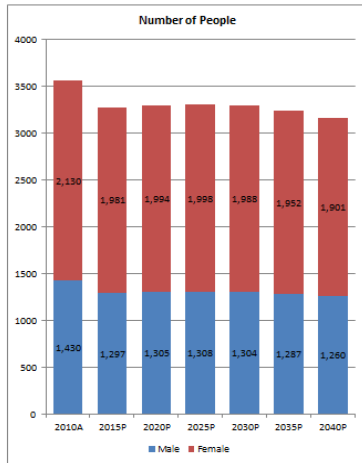
DIFFERENCE BETWEEN DEMOGRAPHICS ALONE AND SCENARIO

	2010	2015	2020	2025	2030	2035	2040
ALP	0	26	140	303	338	374	404

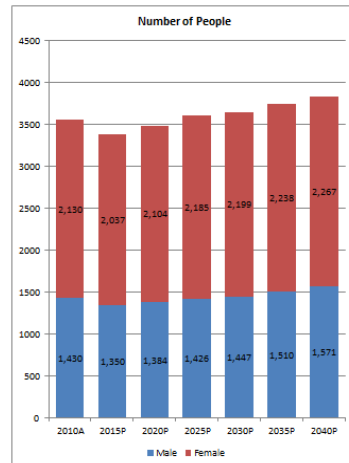
6

Demand Model – Home Health Care

Population change



Population change with scenario variables



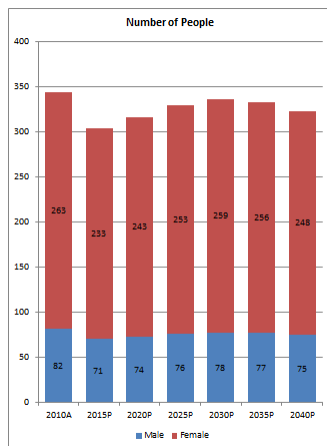
DIFFERENCE BETWEEN DEMOGRAPHICS ALONE AND SCENARIO

	2010	2015	2020	2025	2030	2035	2040
CHHA	0	109	189	304	353	509	677

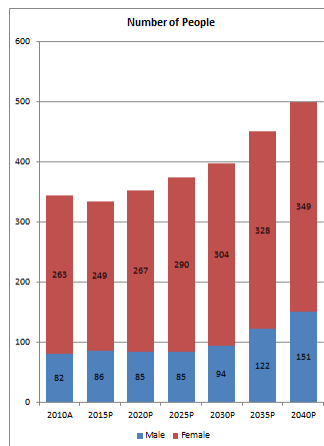
7

Demand Model – Personal Care

Population change



Population change with scenario variables



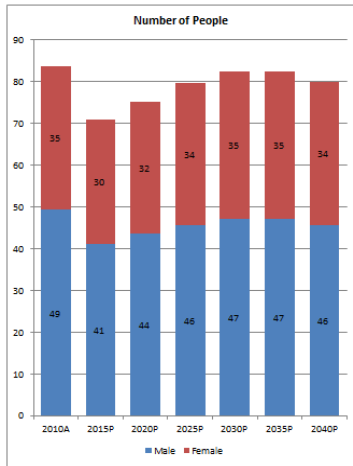
DIFFERENCE BETWEEN DEMOGRAPHICS ALONE AND SCENARIO

	2010	2015	2020	2025	2030	2035	2040
PCA	0	31	36	45	62	118	177

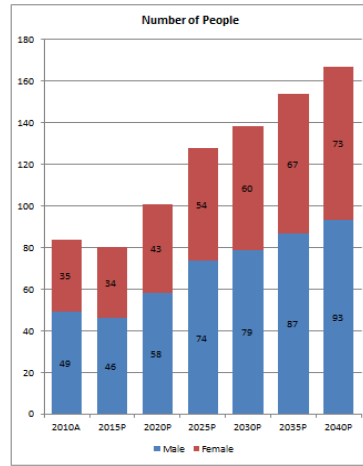
8

Demand Model - ADHC

Population change



Population change with scenario variables



DIFFERENCE BETWEEN DEMOGRAPHICS ALONE AND SCENARIO

	2010	2015	2020	2025	2030	2035	2040
ADHC	0	9	25	48	56	71	87

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Key Demand Assumptions

Key Assumption #1: With the exception of a decline between 2010 and 2015, the projected growth in the 65+ population between 2015 and 2035 will increase the demand for most health care services including acute care, skilled nursing facility, home care, home and community based services and other long term care services.

Key Assumption #2: The implementation of mandatory Medicaid managed care for the community-based and nursing home long term care populations will change the utilization of long term care services moving recipients to the least expensive and restrictive setting funding some services not previously covered.

Key Assumption #3: Growing penetration of Medicare Advantage plans and other care management programs (e.g. ACOs, PCMHs) will reduce hospitalizations and the use of post-acute services and delay the need for long term care services.

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Key Demand Assumptions

Key Assumption #4: The decrease in the number of available informal caregivers will increase the demand for some health care services including home care, adult day health care, assisted living, and other home and community based services (e.g. home-delivered meals, housekeeping, transportation) .

Key Assumption #5: An increase in the percentage of individuals 65+ living alone will increase the demand for the services listed under Key Assumption #4 above and will bolster the demand for residential care that nursing homes and assisted living programs provide.

Key Assumption #6: An increase in the percentage of 65+ in poverty will result in increased enrollment in Medicaid among seniors in the region and increased demand for Medicaid-funded services, and greater demand for affordable senior housing.

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MAJOR POLICY INITIATIVES AFFECTING LONG TERM/POST-ACUTE CARE SERVICES

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Delivery System Reform Incentive Payment (DSRIP) Program

- DSRIP is a key component of the state's Medicaid Redesign Team federal waiver
- Key objectives are to reduce hospitalizations by 25% over 5 years and create a more integrated service delivery system
- DSRIP will create regional Performing Provider Systems (PPSs) around the state.
- Each PPS will have 5-10 projects
- Providers in the PPS receive an incentive payment for achieving objectives

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DSRIP

- North Country DSRIP project overview

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Balancing Incentive Program (BIP)

- Authorized by Section 10202 of the Patient Protection and Affordable Care Act of 2010
- Assists states to provide quality care to individuals in the most appropriate, least restrictive settings
- BIP is an optional program available to states
- States receiving BIP funds must implement the following 3 structural changes
 - Establish a No Wrong Door/Single Entry Point eligibility determination and enrollment system;
 - Develop Core Standardized Assessment Instruments for determining eligibility for non-institutionally-based LTSS; and,
 - Develop a Conflict-Free Case Management System

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Balancing Incentive Program (con'd)

- Department of Health, in collaboration with OPWDD, SOFA, OMH, submitted a BIP application to CMS in 2012.
- New York State was awarded \$598.7 million over three years in March 2013.
- Goal: To enhance community-based services and supports and to redistribute resources from institutional to community-based settings under the State Medicaid Program
- BIP RFA – Due March 2014; Awards made June 2014.

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Mandatory MLTC Enrollment of HCBS Population

- Mandatory population: dual eligible, aged 21+, need community-based LTC services for 120 days or more
 - Includes personal care, home care, consumer-directed care and adult day health care
 - Excludes certain waiver programs and Medicaid assisted living programs for now
- Mandatory enrollment began in 2012 in NYC for any new cases meeting the mandatory definition
- People have 60 days to choose an MLTC plan, and are auto-enrolled if they do not
- Phase-in to other areas of state between now and Dec. 2014 as MLTC plan capacity is established

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Mandatory MLTC Enrollment of HCBS Population (cont'd)

2014 MLTC Transition Timeline

<u>Month</u>	<u>Counties</u>
April 1	Columbia, Putnam, Sullivan, Ulster
May 1	Rensselaer, Cayuga, Herkimer, Oneida
June 1	Greene, Schenectady, Washington, Saratoga
July 1	Dutchess, Montgomery, Broome, Fulton, Madison, Schoharie, Oswego
August 1	Warren, Delaware, Niagara, Otsego, Chenango
September 1	Essex, Clinton, Franklin, Hamilton
October 1	Jefferson, Lewis, St. Lawrence, Steuben, Chautauqua, Cattaraugus, Alleghany
November 1	Yates, Seneca, Schuyler, Tioga, Cortland, Chemung
December 1	Genesee, Ontario, Livingston, Orleans, Tompkins, Wayne, Wyoming

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Enrollment of Nursing Home Population

- Under NYS's latest proposal*, Medicaid recipients who will need permanent placements in nursing homes must join/remain in a managed care plan:
 - *Beginning July 2014 (downstate**) and Jan. 2015 (upstate**)*: Any dual eligible or Medicaid-only recipient already permanently placed in a nursing home **will remain in the fee-for-service program** for the duration of his/her stay
 - Any dual eligible new to Medicaid and/or permanently placed after July 2014 (downstate) or Jan. 2015 (upstate) **must join or remain in a MLTC plan**
 - Any Medicaid-only recipient new to Medicaid and/or permanently placed after July 2014 (downstate) or Jan. 2015 (upstate) **must remain in a mainstream Medicaid managed care plan or MLTC or join a mainstream plan**

* - Subject to CMS approval, which is still pending.

** - "Downstate" is the FIDA region of NYC, LI and Westchester; "upstate" is all other areas.

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FIDA: Integrated Care for the Dual Eligibles

- Fully Integrated Duals Advantage (FIDA) is a federally approved demonstration to integrate care for recipients eligible for both Medicaid and Medicare
- FIDA will be conducted in NYC, Long Island and Westchester County
- Comprehensive benefits encompassing Medicaid and Medicare covered services
- NYS planning for voluntary and "passive" enrollment of the mandatory MLTC population (e.g., those needing 120+ days of community-based LTC services or nursing home care) into FIDA plans:
 - Passive enrollment means beneficiary will be enrolled but can opt out of the Medicare managed care product at any time. Beneficiary remains in MLTC if he/she opts out of FIDA

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FIDA: Integrated Care for the Dual Eligibles (cont'd)

- Demonstration begins Oct. 2014:
 - **October 2014:** begin accepting voluntary enrollments for dual eligibles who need community-based LTC services greater than 120 days and for dual eligibles in nursing homes.
 - **January 2015:** begin process of passive enrollment for dual eligibles who need community-based LTC services greater than 120 days and for dual eligibles in nursing homes.
- Demonstration scheduled to end Dec. 31, 2017, but may be extended
- NYS wishes to expand the initiative to other areas of the State

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RECOMMENDATIONS

22

**Recommendation #1:
Expand Alternatives to Nursing Homes**

- Promote the expansion of assisted living for Medicaid-eligible and low-income seniors
 - Capital
 - Regulatory relief
- Expand Adult Day Health Care access and capacity
 - Create small, community-based ADHC centers
 - Expand social adult day care where sustainable
 - Seek funding from NYSOFA/Area Offices on Aging
 - Medicare reimbursement (legislation pending)

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Recommendation #2: Address healthcare workforce shortages/other capacity constraints

- Expand consumer directed program
 - Provide more education, support, and resources to providers, beneficiaries, families and caregivers
 - Incentives to students from local nursing and other health related programs to become personal assistants
- Improve telehealth capacity
 - Broadband coverage to rural areas
 - Cellular device technology and low-tech solutions (i.e. telephone calls)
 - Vital sign monitoring and medication reminders, telepharmacy for medication reconciliation
 - Funding for start-up investment and ongoing costs for telehealth units

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Recommendation #2: Address healthcare workforce shortages/other capacity constraints (cont'd)

- Create regional coalitions to address recruitment and retention of health care workers
 - Small business support (e.g. auto repair, grocery discounts)
 - Tuition discounts at local colleges
 - Day care, after-school program, summer program discounts, or preference in accessing limited slots
 - Provide opportunities for advancement
- Expand hospice and palliative care access and capacity
 - Education and awareness for patients, families and health care providers

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Recommendation #3: Increase the availability of affordable senior housing

- Strengthen partnerships between affordable senior housing providers and community based organizations that provide supportive services (i.e. congregate meals, home-delivered meals, transportation, information and referral, caregiver support, etc.)
- Increase the number of service coordinators
- Additional capital for renovations/new construction
- Consider mixed use facilities that can serve individuals with diverse financial circumstances and service needs

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**Recommendation #4: Develop Plan for NH
Sustainability and Reconfiguration**

- More fully develop the concept of Senior Communities and/or Medical Villages to more efficiently utilize existing resources (i.e. facilities, space and staff)
- Discuss regulatory and rate reforms that will be necessary to reconfigure system and promote sustainability

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**PLANS FOR FINAL MEETING: A
COMMUNITY FORUM**

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Community Forum

- Present results of our draft recommendations, obtain input and discuss next steps to a broader stakeholder group that includes:
 - Consumer representatives
 - All long term care service providers in the six county region (NHs, ACF/AL, ADHC, home care agencies, OFAs, senior housing)
 - State Associations (e.g. NYSHFA, HANYS, HCA, AAA, Iroquois)
 - Rural Development Corporations/Housing Authorities
 - Chambers of Commerce
 - CDPAP Fiscal Intermediaries
 - Payers (e.g., insurers)
 - State Legislators
 - Local and county officials
 - DOH and Governor's office staff
 - Department of Labor
 - BOCES, SUNY and community college representatives
 - Other?

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Save the Date!

- Date: September 30, 2014
- Location: Fort William Henry Conference Center, Lake George, NY
- Time: 10:00am – 1:00pm

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