

# CIRCLES OF CARE

## COORDINATION AND COLLABORATION IN LTC SERVICES

*AI-AN LONG TERM CARE CONFERENCE*

*PHOENIX, AZ*

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# SERVING VULNERABLE POPULATIONS THROUGH MEDICAID WAIVERS AND STATE PLAN SERVICES



“The people work well, by and large, but the system often does not.”

Donald M. Berwick, MD, MPP

President and CEO

Institute for Healthcare Improvement

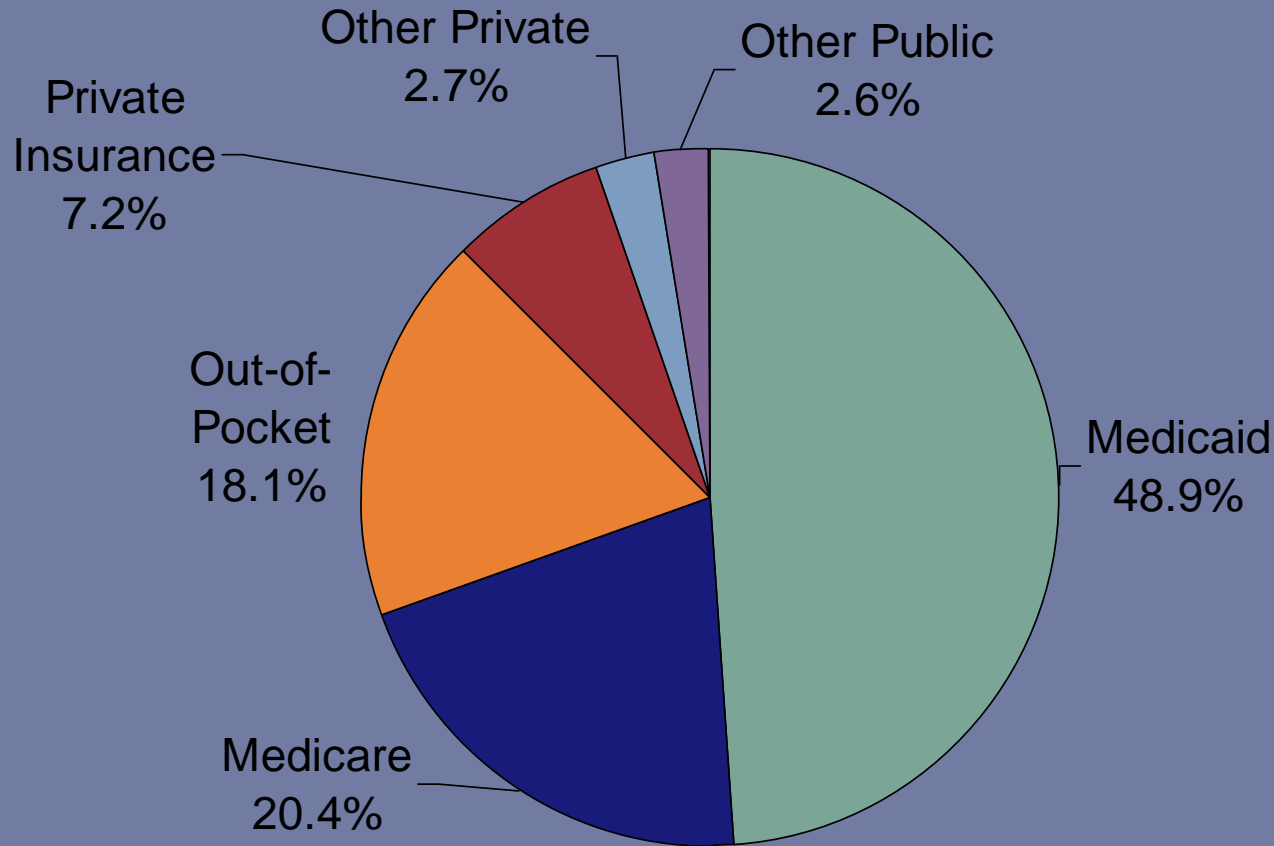
# INTEGRATION ACROSS FEDERAL AGENCIES

- COMMUNITY LIVING INITIATIVE
  - CMS & AOA: ADRCs
  - CMS & AHRQ: MEASURES DEVELOPMENT
  - AOA & VA: COMMUNITY BASED LTC

# Understanding Medicaid

- Joint State and Federal Program
- States administer Medicaid
- State ultimately accountable for program
- State may delegate administrative authority to varying degrees to other entities.

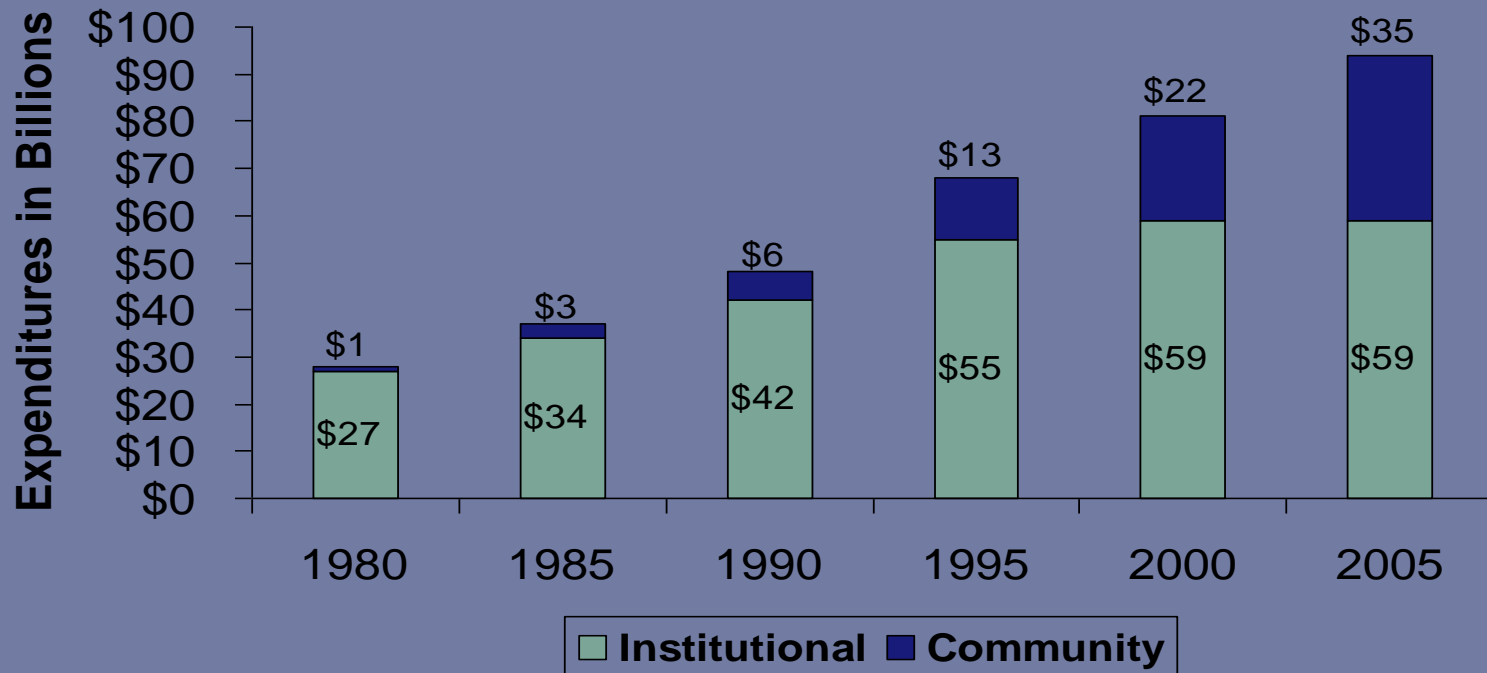
# LTC Expenditures by Payer: United States, 2005



Source: Georgetown University Long-Term Care Financing Project



# Medicaid Institutional and Community-Based Expenditures in 2005 Dollars: FFY 1980-2005



Source: CMS Form 64 Reports, adjusted for price increases based on the Skilled Nursing Facility Input Price Index.

# MEDICAID LONG TERM CARE: HCBS

- Medicaid Home and Community-Based Services are for Medicaid-eligible individuals in need of ongoing services and supports in a community setting.
- Generally an institutional level of care or needs-based
- Covered under several statutory authorities
- Can be managed care or fee for service

# Key CMS LTC

## Community Based Programs

- State Plan Options
  - ▣ State Plan Services: i.e. personal care, home health
- Title XIX Waiver Authorities
  - ▣ 1915a, b, c, i, j
- PACE
- Grant Demonstration Programs:
  - ▣ CHIPRA outreach and quality grants
  - ▣ Money Follows the Person (MFP) demo grants
  - ▣ Real Choice System Changes

# HCBS COVERED SERVICES - Examples

## 1915(c) and 1915(i)

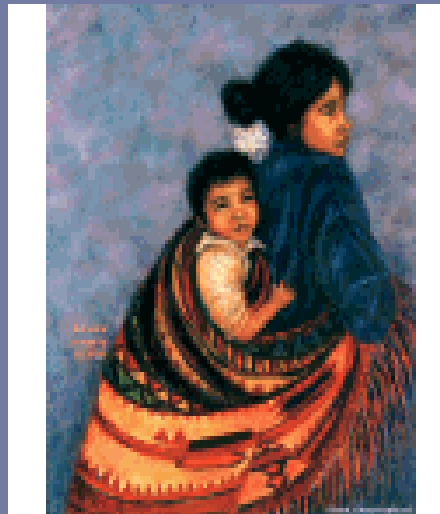
- ❑ Case Management
- ❑ Homemaker/chore
- ❑ Home health aide services
- ❑ Personal care
- ❑ Adult day health
- ❑ Habilitation
- ❑ Respite care

# Accessing HCBS Long Term Care Services

- *Eligible Tribal Members* can apply to be recipients of benefits in their area.
- *Qualified Tribal Providers* can contract with the State or administering agency as a waiver provider or to perform certain administrative functions.
- *Tribal Governments* can perform a wide range of administrative functions re HCBS program operations on behalf of the State Medicaid Agency.

# THE RECOVERY ACT

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# Medicaid and CHIP Tribal Consultation Requirements (5006e)

- States must consult with Federally-recognized Tribes, Indian/Tribal Health Service and Urban Indian Organizations (I/T/Us) prior to submission to CMS when the change has a direct impact on Indians or I/T/Us.
  - State Plan Amendments
  - Waiver proposals, renewals, amendments and extensions

# Consultation on Medicaid and CHIP 5006(e)

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- Amends the Act to formalize the Tribal Technical Advisory Group (TTAG) as a FACA exempt advisory group to CMS.
- Adds representatives from Indian Health Service and Urban Indian Organizations to the TTAG