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Medicaid Home and Community Based Services: Trends in Programs and Policies

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Introduction

Medicaid Programs for Home and Community Based Services (HCBS)

Medicaid 1915(c) Home and Community Based (HCBS) Waivers

Largest Provider of Medicaid HCBS

Optional, participants must be institutional level of care

National total of 269 waivers in 2006

Allows states to impose cost and service caps, waiting lists for services

Cost of care in home & community must be less than institutional care

Available only to specified target groups (e.g., elderly/disabled)

States can set financial & functional eligibility criteria

Medicaid State Plan Personal Care Services (PCS) Benefit

Optional, 34 states in 2008 (RI & DE inactive, KS start 2007)

Services must be provided statewide

Eligibility criterion based on Medicaid eligibility

Medicaid Home Health

Mandated in all states for those otherwise eligible for Medicaid institutional care

Service must be provided statewide

Eligibility criterion based on Medicaid eligibility

Policy Context

Medicaid funds 42% of National LTC spending (largest single payer)

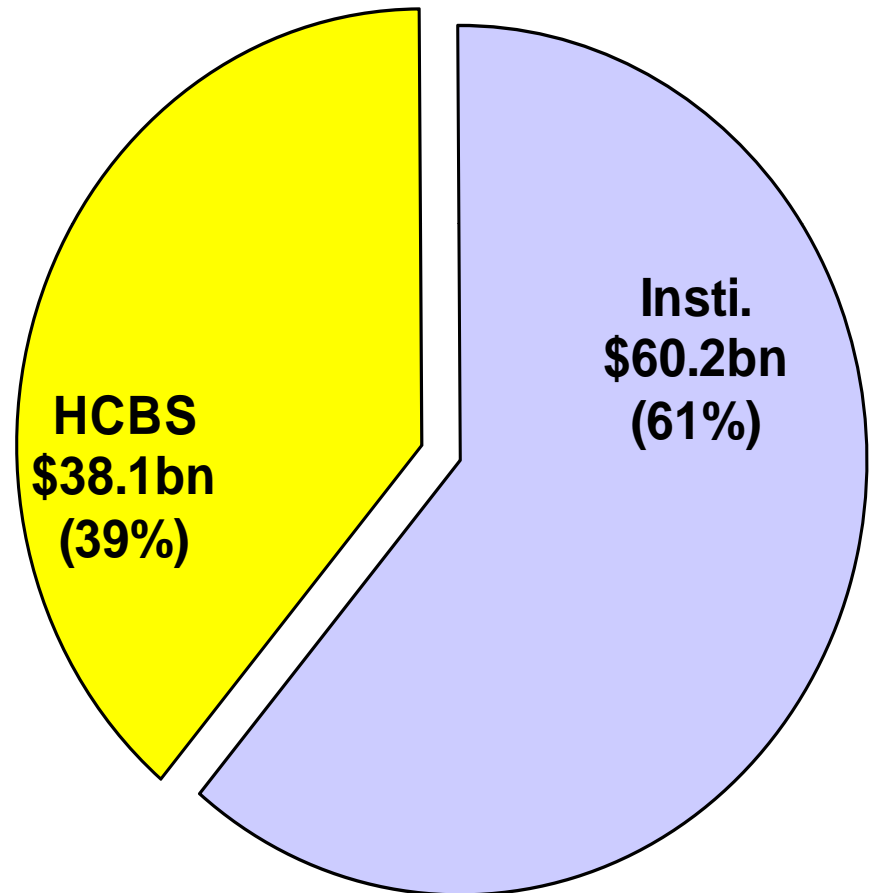
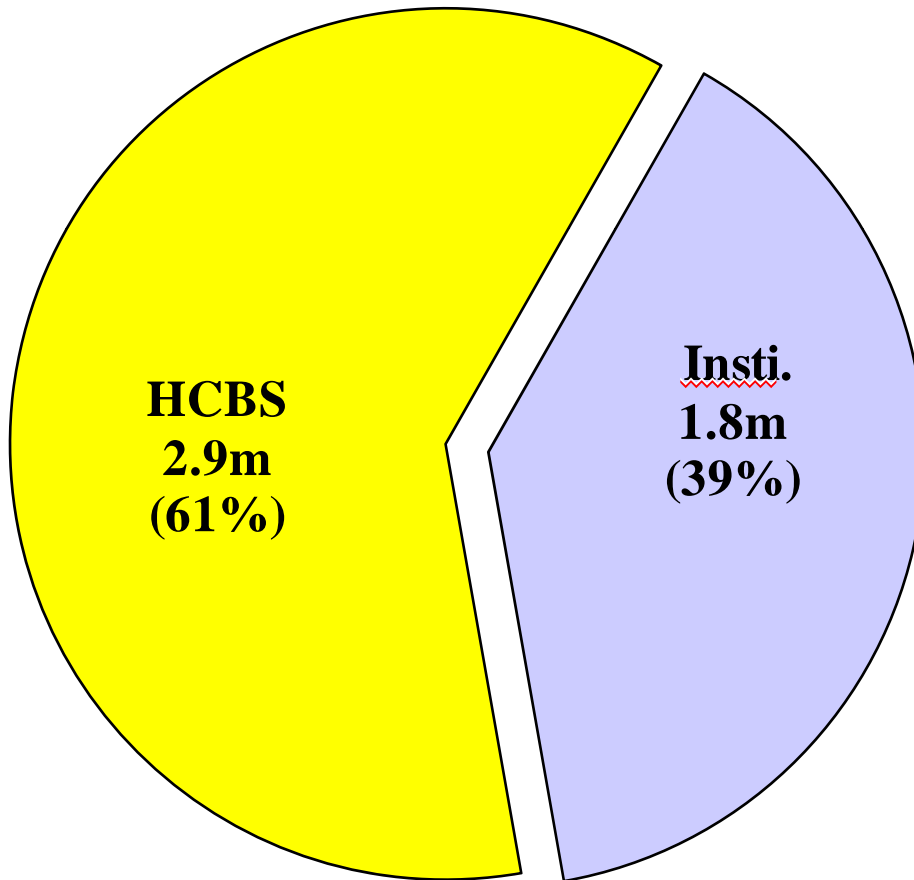
Pressures to expand HCBS

- Political –New Freedom Initiative, Deficit Reduction Act, 2009 stimulus & pending health reforms
- Judicial – 1999 Supreme Court *Olmstead* decision and resulting enforcement lawsuits against states
- Consumer demand
- Rebalancing initiatives address Medicaid bias towards spending on institutional care

The Institutional Bias in Medicaid LTC, 2006

Participants: 4.7 million

Expenditures: \$98 billion



Source: HCBS (Ng and Harrington, 2009) , Institutional (CMS Form 64 Data, Medstat 2008; MSIS 2006 Data)

Study Aims & Methods

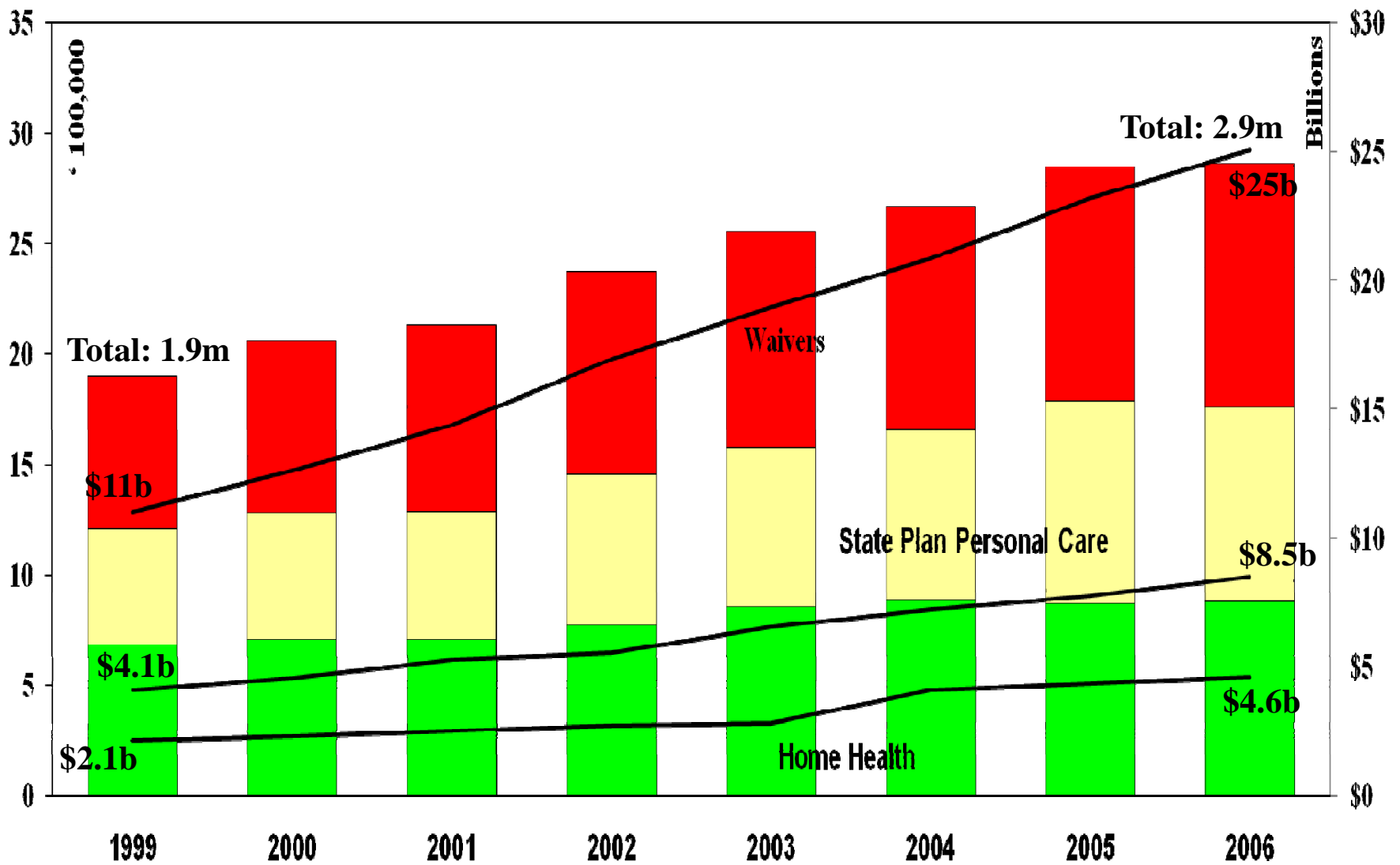
Aims

- To present trend in program data (e.g., participants and expenditures) & policies in the three Medicaid HCBS programs: (1) the state plan personal care services (PCS) optional benefit, (2) the optional 1915(c) waivers, and (3) the mandated Home Health benefit
- Examine the impact of policy changes on access

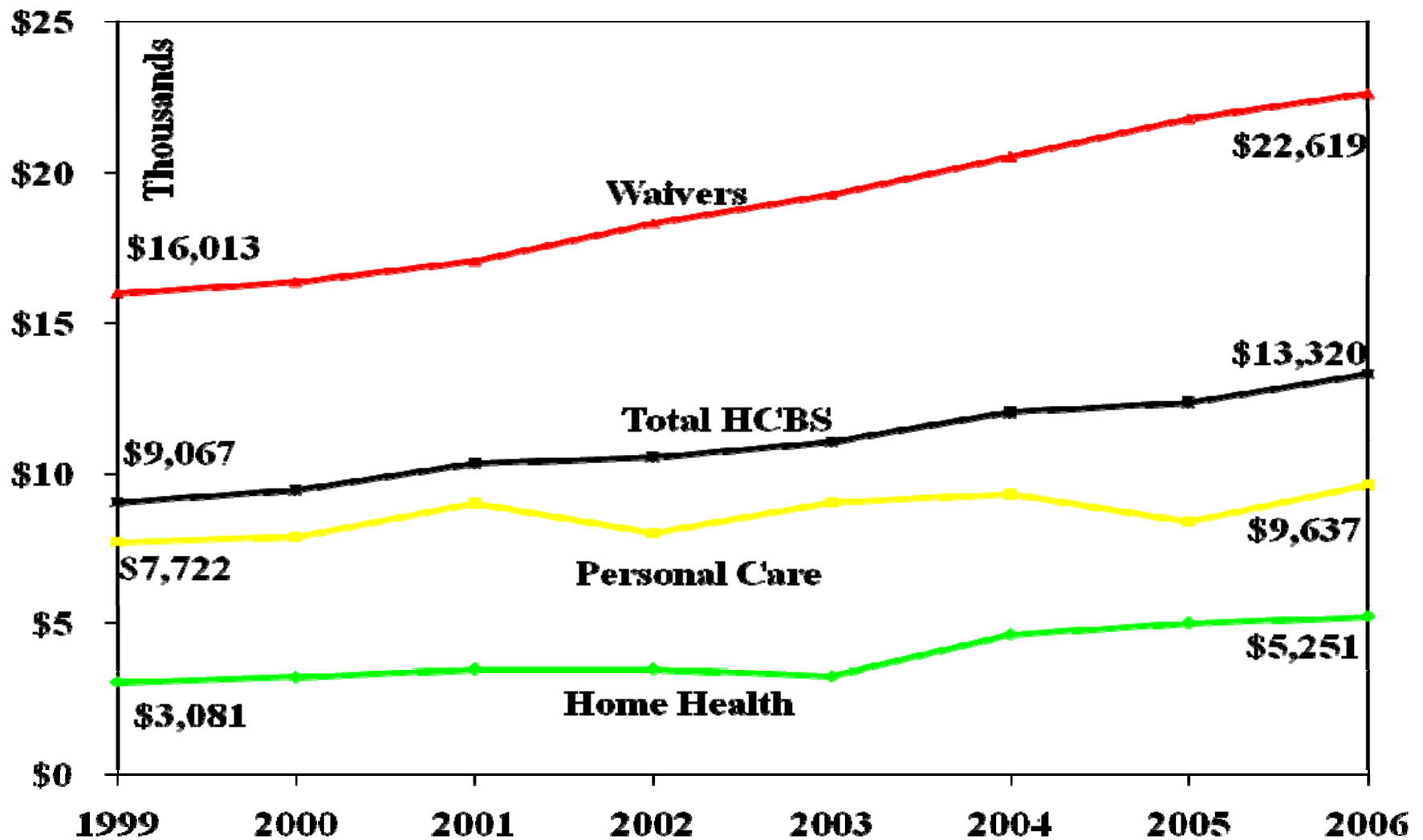
Method

- National survey of Medicaid PCS & Home Health programs (1999-2006) & policy (1999 -2008)
- CMS Form 372 reports for waivers (1999-2005, n = 269 in 2006)
- National survey of waiver policies (1999-2007, n = 269 in 2008)

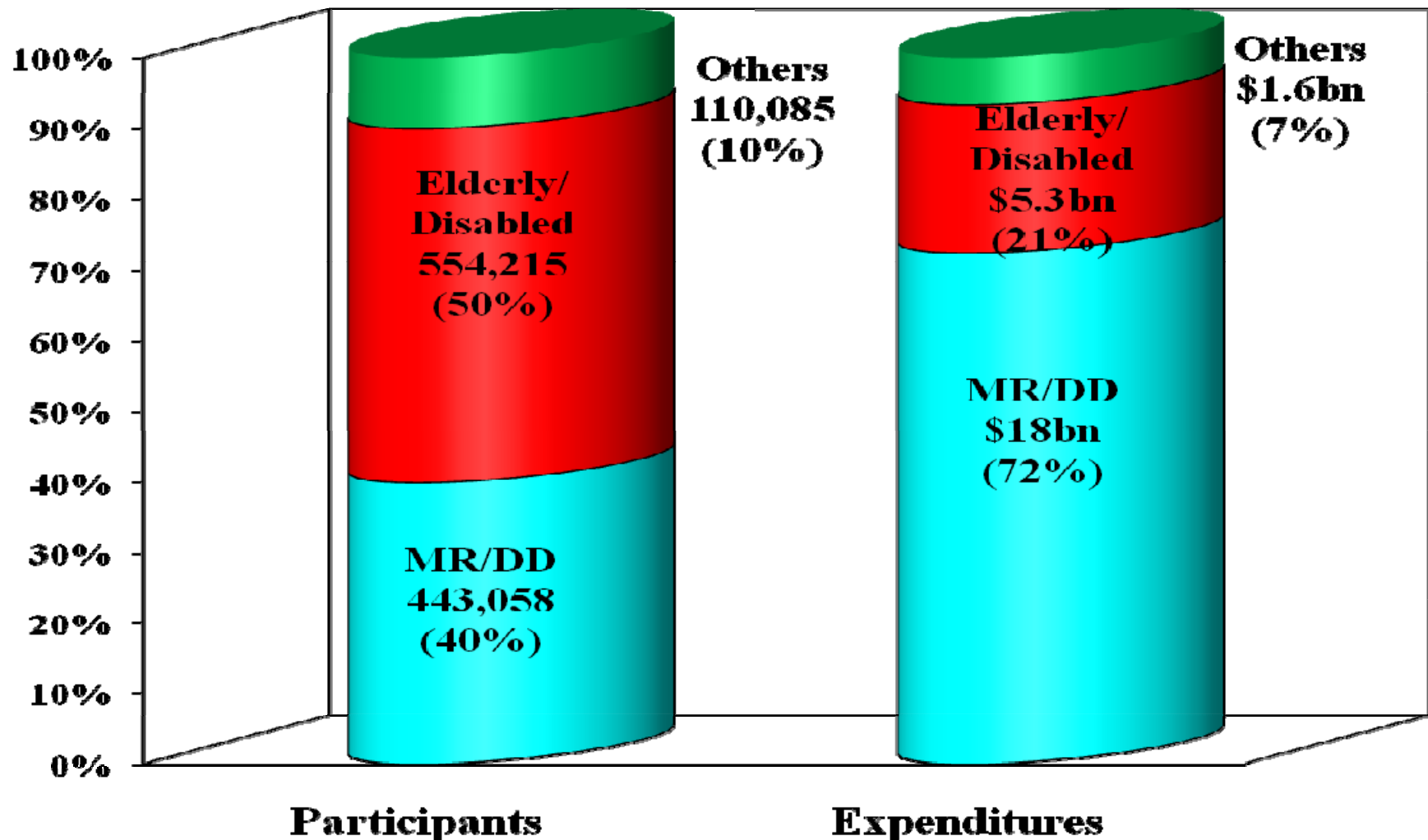
National Medicaid HCBS Participants and Expenditures, 1999-2006



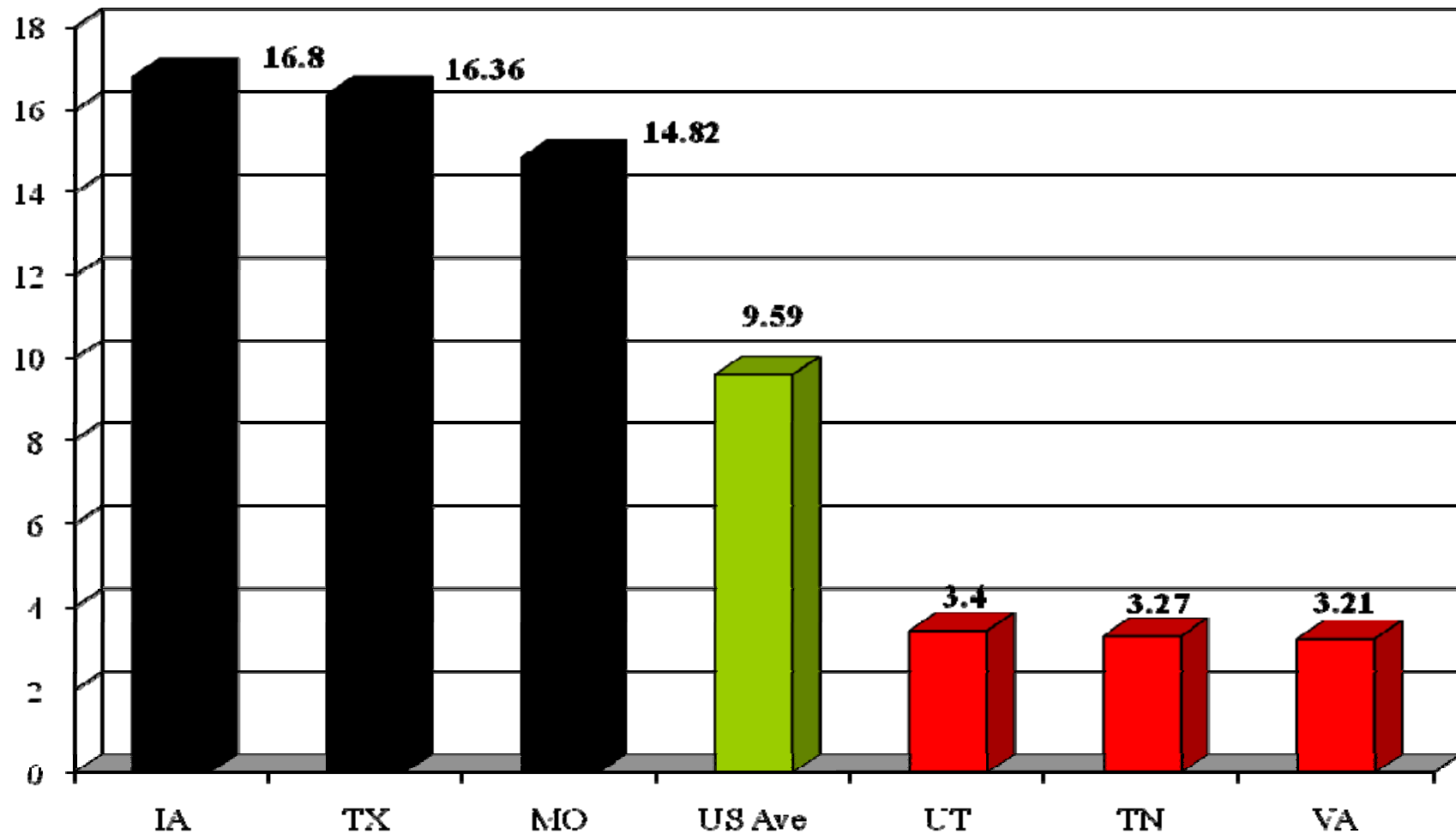
National HCBS Expenditures Per Participant, 1999-2006



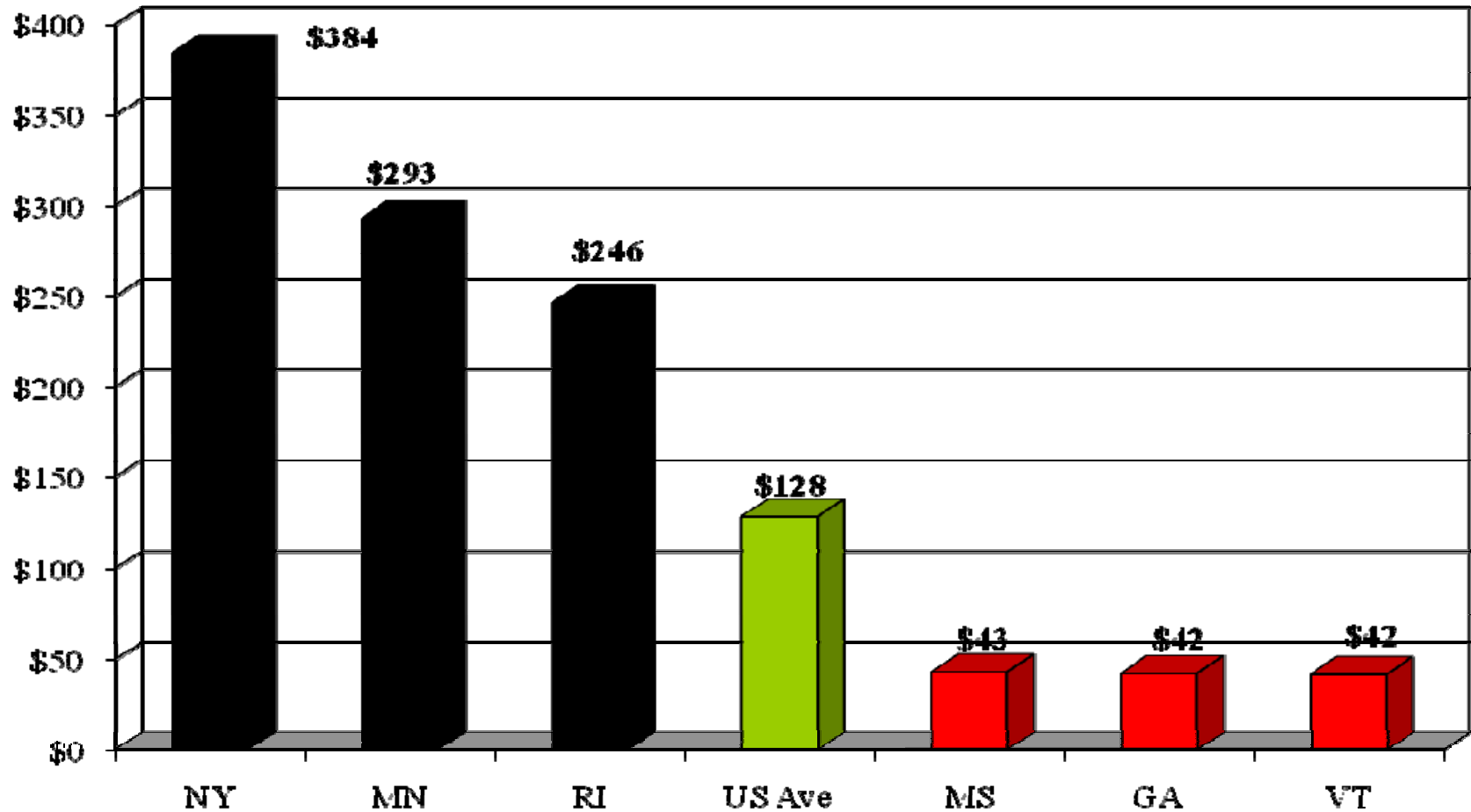
Waiver Participants and Expenditures by Target Group, 2006



Three Highest & Three Lowest States, Medicaid HCBS Participants per 1,000 Population, 2006



Three Highest & Three Lowest States, Medicaid HCBS Expenditures per Capita, 2006

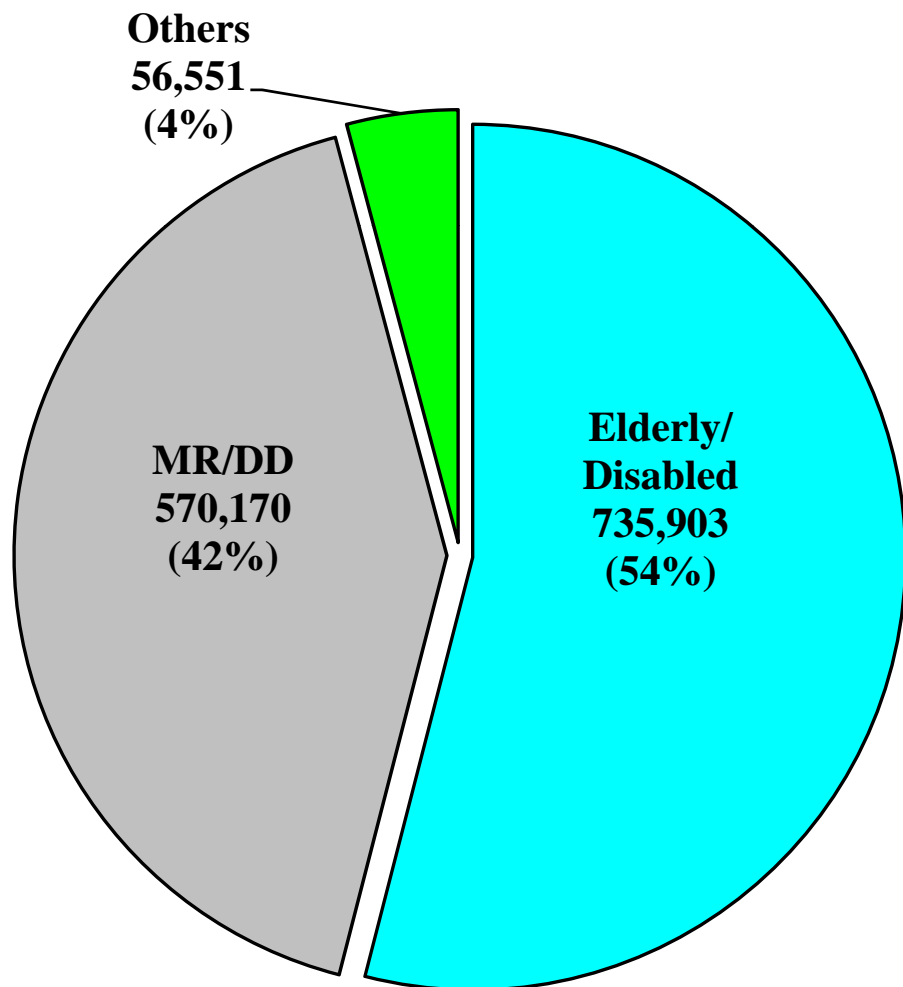


Medicaid HCBS Policies, 2008

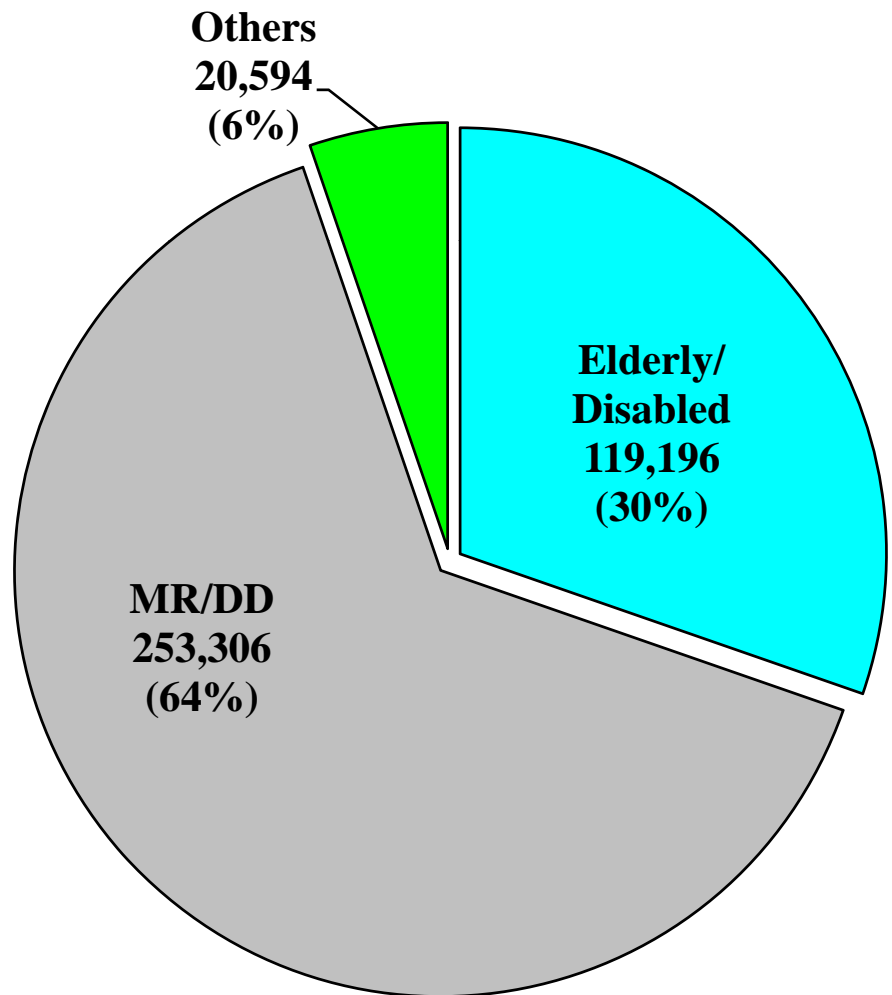
	Waiver (n=269)	Home Health (n=51)	Personal Care Services (n=34)
Groups Served			
Categorically Needy	269 (100%)	49 (96%)	30 (88%)
Medically Needy	64 (24%)	37 (73%)	21 (62%)
EPSDT	n/a	31 (61%)	14 (41%)
Consumer Direction	106 (39%)	11 (22%)	14 (41%)
Cost Controls			
Hourly/Service Limits	44 (16%)	9 (18%)	17 (50%)
Cost Limits	95 (35%)	5 (10%)	3 (9%)
Waiting Lists	122 (45%)	n/a	n/a
Reimbursement Rates			
Agency	n/a	\$73.30/visit	\$18.11/hour
Provider	n/a	\$48.68/visit	\$10.64/hour

Waiver Slots and Waiting Lists by Target Group, 2008

Total Slots: 1,362,624



Waiting List: Total 393,096



Conclusion

Waivers - Large & long waiting lists for HCBS waiver program in many states. Waiting lists in almost half the waiver program (121 waivers). Large number of programs operating service, hourly or cost limits.

State Plan PCS - In 2006, expenditures per participant rebounded from 2005 as participation fell. 34 states offer PCS Benefit (2 inactive), some PCS programs restricting access.

Home Health - In 2006, expenditures per participant rose slightly from 2005 and more than half the states restricted access to this mandated program