The Affordable Care Act: Individuals with Disabilities, Individuals with Chronic Conditions and Individuals Who Are Aging

Pulling It All Together

Suzanne Bosstick
Deputy Director
Disabled and Elderly Health Programs Group
Centers for Medicaid, CHIP & Survey & Certification
Children electing hospice care may continue to receive curative treatment.
Provisions of The Affordable Care Act:
Section 2401: Community First Choice Option

- Adds Section 1915(k) to the Social Security Act.
- Optional State Plan benefit to offer Attendant Care and related supports to individuals, providing opportunities for self-direction.
- Includes 6% enhanced FMAP
Provisions of The Affordable Care Act:
Section 2402: Removing Barriers to HCBS

- Removing Barriers to HCBS
  - 2402(a) – Secretary to Develop Rules Related to HCBS
    - Directs the Secretary to promulgate rules on HCBS to ensure that systems have systems in place for HCBS related to allocation of resources, providers, maximum choice and control.
    - CMS is working in a cross-HHS workgroup on this provision.
  
  - 2402(b) – Improvements to HCBS as a State Plan Option 1915(i)
    - Makes important changes to 1915(i)
    - Allows States to design 1915(i) programs specific to certain groups (allows a disregard of comparability)
    - Removes State ability to limit numbers served or establish waiting lists
Provisions of The Affordable Care Act:
Section 2403: Money Follows the Person

• Provides for the extension and expansion of Money Follows the Person through 2016.
• Extension of the MFP Demonstration Program offers States substantial resources and additional program flexibilities to remove barriers.
• New States can apply to join program.
Provisions of The Affordable Care Act:
Section 2701: Adult Health Quality Measures

- Development of core set of quality measures for adults eligible for Medicaid.
- Establishment of a Medicaid Quality Measurement Program
Provisions of The Affordable Care Act:
Section 2703: Health Homes for Individuals with Chronic Conditions

• Adds Section 1945 to the Social Security Act
• Enables States to offer Health Homes to individuals with certain chronic conditions.
• Provides opportunity for person-centered system of care
• Coordinated care to ensure access to a multi-disciplinary array of services to treat the “whole” person
• For State designed programs that meet the requirements, enhanced FMAP (90%) is available for the coordination services.
Provisions of The Affordable Care Act:
Section 10202: Balancing Incentive Program

- Effective October 1, 2011
- BIP offers a targeted FMAP increase to States that undertake structural reforms to increase nursing home diversions and access to HCBS.
- The enhanced matching payments are tied to the percentage of a State’s long-term services and supports that is offered through HCBS.
- Requires States to implement structural changes including: a no wrong door–single entry point system, conflict-free case management services, and core standardized assessment instruments.
The Foundation for a Redesigned Service System for Individuals with Chronic Conditions
Person Centered

The following provisions explicitly or implicitly require a strong person-centered planning approach, including functional assessment tools:

– Community First Choice Option
– Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
– Quality Measurement
– Health Homes for Individuals with Chronic Conditions
– Balancing Incentive Program
– Money Follows the Person
– Home Health – Face to Face Encounters
The following provisions allow for or explicitly require self-direction and other attributes maximizing individual control:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
Quality

The following provisions include explicit quality requirements:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid
The following provisions promote or require improved integration and strong coordination (Medicare/Medicaid; acute/primary/LTC and behavioral; community integration):

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid
Additional Commonalities

Opportunities for Enhanced FMAP:

- Health Homes
- Balancing Incentives
- Community First Choice Option
The “Triple Aim”

- Population Health
- Experience Of Care
- Per Capita Cost