

Choices for Care Moderate Needs Group Summary (March 2017)

History

The Moderate Needs Group services (MNG) were created in 2005 in the original Choices for Care 1115 waiver. The goal was to:

1. **Serve more people** by converting State general funds homemaker and adult day programs into a Medicaid funded service. This goal was met.
 - a. February 2006: 338 participants
 - b. February 2017: 1411 participants
 - c. 317% increase in participants over 11 years
2. **Provide case management** to people utilizing MNG to increase their chances of succeeding at home. This goal was met, providing up to 12 hours per year case management to all participants of MNG. (NOTE: Variances are allowed to exceed this cap.)
3. **Expand financial eligibility** to prevent people from becoming impoverished and spending down to Medicaid eligibility. This goal was met when MNG was implemented using a higher financial eligibility standard than Medicaid.
4. **To provide “preventative” services** to people with lighter care needs preventing the need for a higher level of care. Though MNG services were expanded to serve people with lighter needs, DAIL was not able to establish a correlation between the provision of MNG services and the prevention of the need for a higher level of care.

Current Data

1. Enrollment = 1411 people (SAMS Enrollments):
 - a. Homemaker services = about 1000 people per month (Medicaid claims)
 - b. Adult Day Services = About 150 people per month (Medicaid claims)
 - c. Flex Funding = About 200 people per month (Medicaid claims)
2. Wait lists = Approximately 650+ state-wide (600+ Home Health, 3 Adult Day, 0 Area Agency on Aging)
3. SFY17 Total Allocations = Approximately \$5.7 million total (not including case management)
 - a. Area Agencies on Aging = \$219K
 - b. Adult Day Providers = \$2m
 - c. Home Health Agencies = \$3.4m
4. Spending July 1, 2016 – October 31, 2016 = \$1.6 (4 mos) = \$4.8M (12 mos)
5. Rates:
 - a. Case Management = \$70.80/hour
 - b. Homemaker = \$20.28/hour
 - c. Adult Day = \$15.76/hour

Some Facts

1. MNG is not an “entitlement”.
2. MNG services (homemaker, adult day and flex funds) are limited by available funding which is subject to change each year.
3. MNG flex funding began in 2014 using CFC “reinvestment” funding.
4. MNG funding is allocated with a set cap to each Area Agency on Aging, Home Health Agency and Adult Day provider July 1 – June 30.
5. MNG caps are set using funding formulas which vary by provider type. Formulas do not typically match actual spending trends.
6. MNG case management is capped to 12 hours per person per calendar year instead of a provider allocation.
7. Providers bill fee-for-service style in 15 minute increments for each person enrolled (except flex funds).
8. MNG eligibility is very broad making it impossible to eliminate a wait list.
9. Wait lists are managed by the provider on a chronological basis, giving priority to people with Medicaid.
10. The cost of MNG services is about \$3500 per person/per year.
11. The cost of case management services (high/highest & MNG) is about \$1900 per person/per year.