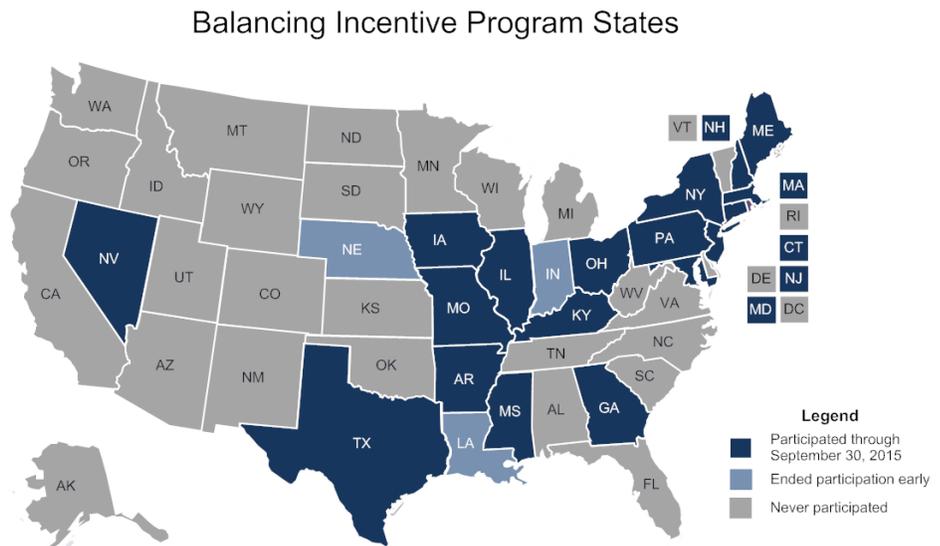


Balancing Incentive Program: Five State Experiences

The Balancing Incentive Program, authorized by Section 10202 of the 2010 Affordable Care Act (ACA), sought to improve access to community-based long-term services and supports (LTSS). Through September 30, 2015, participating states received enhanced Federal Medical Assistance Percentage (FMAP) on eligible services. States that spent less than half of their total LTSS dollars on community LTSS in 2009 received 2% enhanced FMAP; states that spent less than 25% received 5% enhanced FMAP. Over the life of the Program, states earned approximately \$2.24 billion of the \$3 billion allocated by the ACA.



State Medicaid programs were eligible to apply to the Balancing Incentive Program if they spent less than 50% of total LTSS expenditures on community LTSS. Twenty-one states submitted applications for the Program; 18 participated through September 30, 2015.

Program Requirements

As part of the Program, participating states were required to undertake three structural changes:

1. A No Wrong Door (NWD) system
2. A Core Standardized Assessment (CSA)
3. Conflict-free case management

Additionally, states had to meet the “Balancing Benchmark,” i.e., spend a certain percentage of total LTSS dollars on community LTSS (25% or 50%, depending on the 2009 starting point).

Finally, participating states were required to spend the enhanced FMAP earned through the Program on initiatives that improved access to community LTSS for the Medicaid population. Common uses of Program funds across states included: 1) the expansion of direct services through additional waiver slots, Community First Choice, and 1915(i) and 2) the implementation of the structural changes, including the expansion of NWD systems, the development and automation of assessment instruments, the creation of informational websites and call centers, and staff training.

State Case Studies

To learn more about how states are transforming their LTSS systems under the Balancing Incentive Program, CMS and its technical assistance provider, Mission Analytics, selected five Program states that implemented structural changes successfully and used Program funds innovatively to expand access to community LTSS. In the spring of 2016, Mission Analytics conducted site visits to these states, interviewing key state staff and stakeholders, and developed case studies based on findings. Each case study focuses on the aspects of the Program that make the state uniquely successful:

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- **Mississippi** is perhaps the state that made the most extensive changes to its community LTSS enrollment process under the Balancing Incentive Program, developing a network of Mississippi Access to Care (MAC) Centers and adopting a new IT system to support assessments, case management, and care planning. The state also funded important initiatives to support adults and children with mental health issues in the community.
- **Massachusetts** already had well-established entry points to community LTSS. Therefore, the state used the Program to “fill in the cracks” by establishing a new website and call center.
- **New Hampshire** embodied the spirit of the Program by fostering cross-agency collaboration, truly breaking down silos of community LTSS access. The state hired eligibility coordinators and is enhancing its IT system to facilitate the application and eligibility determination process.
- While participating in the Balancing Incentive Program, **New Jersey** launched managed long-term services and supports (MLTSS) for older adults and individuals with physical disabilities. The Balancing Incentive Program funded much of the expansion to community LTSS that occurred after the implementation of MLTSS. In addition, the Program informed the state’s development of conflict-free case management policies within the managed care environment.
- **Texas** is improving access to community LTSS through the implementation of Community First Choice (CFC). The Balancing Incentive Program has supported the expansion of services offered under this Program. In addition, Texas launched a community LTSS screen on its [Your Texas Benefits](#) page to help individuals access these services.

Together, these case studies demonstrate the breadth of strategies states are using to balance their LTSS systems and the different ways in which the Program supported these activities. So each case study can be read as a stand-alone document, we include a description of the Program and our research methodology in each document.