

Innovations in the Balancing Incentive Program: Mississippi

The logo for the Balancing Incentive Program. It features a yellow arch at the top. Below the arch, the word "BALANCING" is written in a large, black, sans-serif font. Underneath "BALANCING", the words "INCENTIVE PROGRAM" are written in a smaller, black, sans-serif font, with "INCENTIVE" and "PROGRAM" on separate lines. The text "INCENTIVE PROGRAM" is set against a dark blue rectangular background.

BALANCING INCENTIVE PROGRAM



This document was prepared by Mission Analytics Group, Inc. in partnership with New Editions Consulting, Inc. under contract HHSM-500-2013-00250G with the Centers for Medicare & Medicaid Services (CMS).

February 2017

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Innovations in the Balancing Incentive Program: Mississippi

States are continuously updating their balancing efforts. This case study presents state information as of September 2016.

The Balancing Incentive Program, authorized by Section 10202 of the 2010 Affordable Care Act, 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. As part of the Program, participating states were required to undertake three structural changes: 1) the No Wrong Door (NWD) system, 2) a Core Standardized Assessment (CSA), and 3) conflict-free case management. States were also required to spend Program funds on activities that enhance community LTSS for the Medicaid population. With Centers for Medicare & Medicaid Services (CMS) approval, states have until September 30, 2017, to spend the funds earned under the Program. Finally, by the end of the Program, states should have met 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).

Introduction

In an effort 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, interviewed key state staff and stakeholders, and developed case studies based on findings.

As one of the first Balancing Incentive Program states, Mississippi made extensive changes to its community LTSS enrollment process, 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.

Mission Analytics conducted a site visit to Mississippi in March 2016, holding nine interviews with state staff and contractors and visiting two MAC Centers. This case study summarizes findings from the site visit along with information submitted by Mississippi through its quarterly progress reports. The case study highlights the five major strategies that Mississippi is using to promote community LTSS: 1) streamlining and coordinating enrollment, 2) engaging the community, 3) expanding the availability of community LTSS, 4) making the community LTSS provider market more robust, and 5) developing innovative community LTSS programs.

Program at a Glance

Operating Agency: Division of Medicaid, Office of the Governor

Collaborating Agencies: Department of Human Services, Division of Aging and Adult Services, and the Departments of Mental Health and Rehabilitation Services

Project Director: Jennifer Fulcher

Start Date: July 2012

Award Amount: \$76.3 million

Structural Changes

NWD System: Mississippi overhauled its system for enrolling people in Medicaid-funded community LTSS. The state developed a network of MAC Centers, a toll-free number, and an informational website to serve as the NWD entry points. The state also adopted a new IT system to support assessments, case management, and care planning.

CSA: Mississippi has adopted the interRAI Home Care (HC) tool to serve as the CSA for the elderly and physically disabled populations. The state uses the Inventory for Client and Agency Planning (ICAP) for individuals with intellectual and developmental disabilities (ID/DD) and mental health illnesses. Both of these instruments contain the Program-required domains and topics and are used for eligibility and care planning purposes.

Conflict-free case management: In the rare instances where there is overlap in case management and service provision, Mississippi has implemented firewalls, rate adjustment, oversight and audit of assessments, and proof of beneficiary choice of provider.

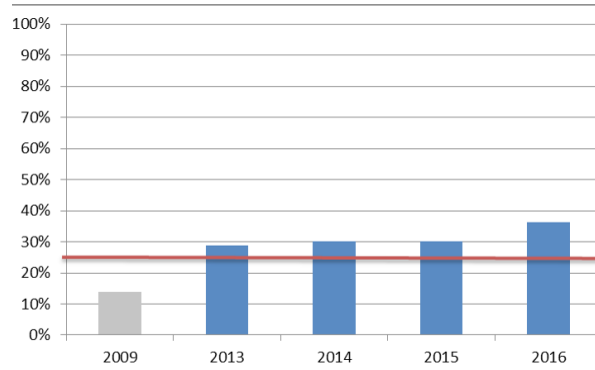
Use of Funds

Mississippi is using most of its funds to expand waivers. The state is also training direct care staff and funding the MAC Centers, the NWD IT system, and innovative community LTSS programs through the Program.

Balancing Benchmark:

The percentage of total LTSS dollars spent on community LTSS rose from **14% in 2009**, the year when Program eligibility was determined, to **36% in 2016**.

Percent of Total LTSS Spent on Community LTSS



Streamlining and Coordinating Enrollment

Increasing access to community LTSS involves a streamlined and standardized process for enrolling individuals in Medicaid waivers and connecting individuals to local providers. Mississippi made major strides in this area through the development of its MAC Centers and IT system, electronic long-term services and supports (eLTSS).

Mississippi Access to Care (MAC) Centers

We wanted to make sure everybody knew that this [the MAC Center] was for all people, all ages, all disabilities, all ability to pay... [They] have it be warm and welcoming and friendly and different from anything we had ever created.

– Division of Aging and Adult Services staff member

The Balancing Incentive Program requires states to have a network of NWD entities, where individuals can access information about community LTSS and start the enrollment process if they are potentially eligible. Before the Balancing Incentive Program, Mississippi had faced challenges in creating such a statewide network. In 2001, after a state legislative mandate (House Bill 929), Mississippi developed a comprehensive plan “to provide services to people with disabilities in the most integrated setting appropriate” based on 14 public meetings with more than 250 stakeholders.¹ The MAC plan identified the services (e.g., transportation, housing, vocational) and systems modifications (e.g., better technology and provider rates) needed to expand access to community LTSS.

Although the plan represented collaboration and commitment from a wide group of stakeholders, it was not implemented due to lack of comprehensive funding. In 2005, Mississippi’s Division of Aging and Adult Services received an Aging and Disability Resource Center (ADRC) grant but had difficulty embedding all required components in the state’s Area Agencies on Aging. The ADRCs did not get “off the ground,” and Mississippi was left without a comprehensive statewide network to connect individuals to community LTSS.

In 2011, in preparation for the influx of Balancing Incentive Program funds, the Division of Medicaid and the Division of Aging and Adult Services began collaborating more extensively on the MAC concept. As a first step, they aimed to develop “welcoming and accessible” centers that would effectively connect individuals to community LTSS. Staff visited ADRCs in Wisconsin to see firsthand how they operated and develop a plan to implement their vision.

To create these MAC Centers, Mississippi released a request for proposals to the state’s 10 Planning and Development Districts (PDDs)—quasi-governmental agencies that provide economic development, case management, and aging, health, and social services. The competitive bidding process resulted in three PDDs being selected to open two MAC Centers each for a total of six centers located throughout Mississippi.

One of the main activities associated with building out the MAC Centers was defining the qualifications for and hiring MAC specialists—the individuals who would provide “information and assistance in locating long-term care services or applying for benefits.” Division of Aging and Adult Services staff recognized that before the MAC Center rollout, a handful of individuals were knowledgeable about all resources and processes, which was not a sustainable approach for options counseling and connecting people to resources. Therefore, through multiple trainings in Jackson, MAC specialists gained a thorough understanding of waiver enrollment processes, person-centered planning, available services and resources, confidentiality, and case management procedures. All specialists must be certified as Information and Referral (I&R) specialists before they can interact with participants. MAC specialists continually stay informed about new policies and programs that could help

¹ Mississippi Access to Care, September 30, 2001: https://medicaid.ms.gov/wp-content/uploads/2013/12/MAC_2001Plan.pdf (accessed on April 15, 2016)

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participants. For example, one MAC specialist reported that colleagues are going to attend a conference on housing to learn about state and federal housing programs and how they can help participants with refinancing.

A MAC Center guiding principle is to follow up with participants to ensure they have been connected with the desired resources and services. Instead of just helping individuals get started with an application process, MAC specialists follow up within three to 14 days, depending on the individual's level of need, to determine whether the individual accessed the services and if not, to determine why. In addition, staff from the Division of Aging and Adult Services highlight the role of the specialists in "going out to the community and developing resources," which are input into a shared database for future use. They also make special efforts to understand the entirety of individuals' needs. As one staff member stated, MAC specialists go "a step further and find out what else do they need because if they need home meals delivered they probably need other things."

MAC Center Locations



Currently, 16 MAC specialists are working out of the six agencies. They had more than 20,000 interactions with people between the launch in October 2014 and March 2016. Some examples of how MAC specialists support individuals include the following:

- Connecting a woman with a disability to a nearby dentist who accepts Medicaid coverage
- Helping a 68-year-old man who had suffered a stroke receive in-home care, so his family could return to work
- Finding a discounted contractor to rebuild the floors of the home of an 88-year-old woman after a pipe leak
- Enrolling a woman in a Medicaid-funded day program after her husband passed away

Despite the overall positive view of staff and participants of the MAC Centers and their role in connecting individuals to community LTSS, several specialists highlighted challenges related to the lack of services in rural settings and the long waitlists for Medicaid waiver programs. Importantly, because many Mississippians struggle to get to doctors' appointments, they call MAC Centers for transportation referrals. MAC specialists are often unable to meet this important need as transportation agencies are over capacity. In addition, Mississippi still has long waitlists for Medicaid waiver programs. When supporting the enrollment process, MAC specialists prepare potential enrollees for the wait (which could be up to a year) and attempt to connect them to other services in the meantime.

eLTSS Mississippi

While MAC specialists serve as the face of community LTSS access, a new IT system, developed for Mississippi, supports case management, assessment, and referral activities behind the scenes. This system, referred to as eLTSS, has two main features.² First, it houses information on all MAC Center encounters. MAC specialists input participant communications into the system, indicating the individual's needs, contact information, and follow-up action items. The system allows specialists to easily identify and address pending issues. In addition, each MAC Center has a supervisor who reviews cases within the system to ensure data are entered correctly and specialists are meeting participant needs in a timely manner.

²Mississippi's eLTSS IT system should not be confused with the eLTSS effort within CMS's Testing Experience and Functional Tools (TEFT) grant, which aims to "identify and harmonize a service plan standard to enable electronic exchange of information relevant to the care of persons receiving community LTSS."

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Second, eLTSS houses the state's CSAs—the interRAI HC for elderly individuals and individuals with physical disabilities and the ICAP for individuals with mental illness and ID/DD. eLTSS helps reduce the silos resulting from the state's five waivers being operated by three state agencies:

- Division of Medicaid: Elderly and Disabled (E&D) Waiver and Assisted Living (AL) Waiver
- Department of Rehabilitation Services: Independent Living Waiver and Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver
- Department of Mental Health: ID/DD Waiver

Each agency has its own strategy for conducting assessments. While the Division of Medicaid contracts the PDDs to conduct assessments for the largest waiver (Elderly and Disabled), internal staff conduct assessments for the Assisted Living Waiver. Department of Rehabilitation Services staff conduct the assessments for waivers operated by the agency, and the Department of Mental Health contracts a team of support coordinators for its assessments. With the rollout of eLTSS, for the first time, all agencies are connected to the same system to input and review assessment data. Assessors input information into tablets, networked to the eLTSS system, during in-person visits. These data can be easily reviewed for care plan approval and analyzed to detect community LTSS trends and outcomes. In addition, assessors appreciate the new system because they can see individuals' entire care histories and whether they are applying for multiple waivers. Kinks in the system are worked out over regular phone calls and frequent email communication between MAC Center supervisors, Division of Aging and Adult Services staff, and the Division of Medicaid, which manages the eLTSS contract.

interRAI: A More Objective and Standardized Assessment

The interRAI HC was newly adopted under the Balancing Incentive Program, replacing the Pre-Admission Screen (PAS), a homegrown tool in existence for about a decade. Assessors reported that the interRAI brings more objectivity to the care planning process because assessors no longer scale individuals based on their perceptions of needs and abilities. Instead, assessors answer straightforward questions, such as: In the last 3 days, how much help did the person need preparing meals? The shift from a "scoring" mentality to a "coding" mentality required multiple trainings, test runs, and continual feedback. Assessors are still adjusting to the steep "learning curve" associated with the new assessment but are confident that the change will result in more objective care plans.

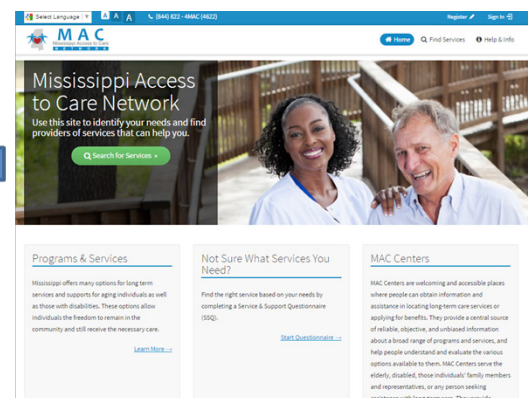
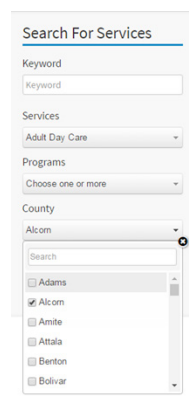
Engaging the Community

To make individuals aware of the new streamlined and coordinated system for accessing community LTSS, Mississippi adopted a toll-free number, developed an informational website with a resource directory, and launched a massive media campaign.

MAC Toll-Free Number and Website

As required under the Balancing Incentive Program, Mississippi developed a toll-free number, (844) 822-4MAC (4622), and an informational website (<https://www.mississippiaccessstocare.org/>) to serve as entry points into the NWD system. The toll-free

MAC Center Website and Resource Directory



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number connects callers to their local MAC Centers. The website has four main functionalities:

- Describes the waivers and programs that offer community LTSS
- Contains a self-screen that points individuals to resources based on their needs
- Presents the locations and contact information for MAC Centers
- Allows individuals to search for resources

The resource directory contains more than 7,000 resources aligned with services, programs, and counties. MAC specialists, who also use the database when working with individuals in need of services, are constantly updating information—adding resources and replacing outdated contact information.

Media Campaign and Outreach

The high utilization of MAC Centers, the toll-free number, and the website can be attributed to an extensive media campaign and outreach efforts. The media campaign consisted of 25 outdoor advertisements, a letter to each of the approximately 1 million mailboxes in the state, radio advertisements broadcast during a 30-day period, and brochures hand-delivered or mailed to interested parties. Most recently, Mississippi produced a [video](#), introducing MAC specialists and highlighting stories of people benefitting from the system.

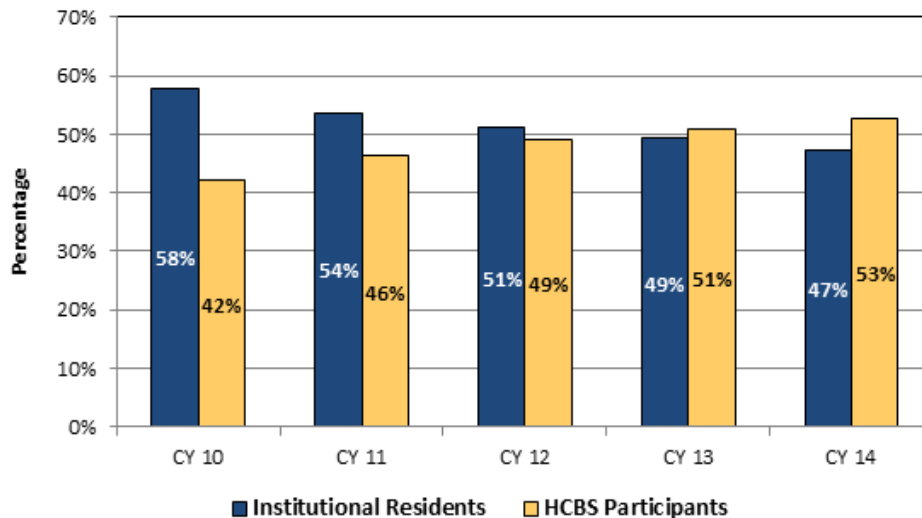
In addition to this formal media campaign, MAC specialists spread the word by visiting other government agencies, local politicians, and organizations that serve the community, such as churches and community centers. The MAC specialists find these personal connections are effective because people can ask questions and get a deeper understanding of the MAC Center's goals and mission.

Expanding Community LTSS

Under the Balancing Incentive Program, Mississippi has directly expanded access to community LTSS through additional waiver slots and services under 1915(i). Of the \$76.3 million award, more than \$44 million has been spent on service enhancements. The Elderly and Disabled Waiver, the largest waiver, increased the number of people served from 16,060 in 2012 to 18,758 in 2014. The ID/DD Waiver grew from 1,843 people served to 2,357 as of April 30, 2016, under the Program. Mississippi also established a 1915(i), which provides day habilitation and prevocational services. As of March 2016, approximately 230 individuals were receiving services under 1915(i). Mississippi's largest challenge in opening these slots and launching 1915(i) was contracting additional case managers to oversee care plan implementation.

Mississippi's efforts before and during the Balancing Incentive Program have resulted in important gains. As demonstrated in Figure 1, the number of individuals receiving community LTSS has increased in absolute numbers and as a percentage of all individuals receiving LTSS. Approximately 7,000 more individuals were receiving community LTSS in 2014 compared to 2010.

Figure 1: HCBS Participants and Institutional Residents as a Proportion of All LTSS Users, CY 2010 – CY 2014



Source: The Hilltop Institute and FEi Systems, *Medicaid Long-Term Services and Support in Mississippi: Eligibility data, 2010-2014, September 16, 2015*

Despite this positive growth, Mississippi’s waivers still do not meet the population’s demands for community LTSS. According to the Department of Mental Health staff, the agency would need to add an additional 1,850 waiver slots to clear the waitlist for the ID/DD Waiver. In addition, although Mississippi has met its “balancing benchmark” (25% of total LTSS expenditures spent on community LTSS), as required under the Program, the state’s percentage of total LTSS spent on community LTSS has remained around 30% over the last two years—the lowest percentage in the nation. The slow growth of community LTSS as a percentage of total LTSS is primarily driven by lack of funds for additional waiver slots and not necessarily growth in institutional expenditures. State policies, such as a moratorium on new nursing facilities and the Bridge to Independence program, have actually decreased the absolute number of individuals residing in nursing facilities and intermediate care facilities.

Making the Community LTSS Provider Market More Robust

Another pillar of community LTSS is a robust provider community. Mississippi is bolstering its community LTSS provider market through rate adjustment and trainings. Mississippi was the last state to adopt home and community-based Medicaid waivers, which has resulted in a historically weak community LTSS provider market in the state. To address this issue, in 2012, Mississippi used Balancing Incentive Program funds to evaluate provider reimbursement rates for the ID/DD waiver. The study found that reimbursement rates in the state were not high enough to attract additional providers. The Mississippi Division of Medicaid used the rate study to negotiate higher provider reimbursement rates and anticipates the number of providers in the state will increase upon implementation of the new rates in July 2016.

Mississippi has also implemented a large-scale training initiative in collaboration with the Arc of Mississippi, an advocacy organization for individuals with ID/DD. They are using Balancing Incentive Program funds to license training materials from DirectCourse College of Direct Support, an online training curriculum designed to provide insight and nationally recognized best practices to providers that specifically work with individuals with ID/DD. Trainings are constantly being updated to include new evidence-based practices and regulations. Community

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LTSS providers create accounts in the system and take trainings at their convenience. The online portal also helps remove waiver silos because providers can “get credit” for completing a particular training for various waivers, which are operated by different agencies with different training requirements. Arc of Mississippi has an ample technical assistance team to provide support to providers who have low IT skills. Over the last five years, approximately 30,000 people have been trained with 1 million lessons.

Developing Innovative Community LTSS Programs

Mississippi is using Balancing Incentive Program funds to develop a variety of innovative community LTSS programs. Some of these programs, such as the Children’s Collaborative, the Autism Pilot, and the Program of Assertive Community Treatment (PACT), are intended to support direct services and improve care coordination. Other programs, such as the Developmental Evaluation, Training and Educational Consultative Team (DETECT), and the Supported Decision-Making Model, are designed to expand the resources available to individuals seeking community LTSS and enhance the quality of those services.

Children’s Collaborative

A University of Mississippi Medical Center (UMMC) team developed the Children’s Collaborative with the financial support of the Balancing Incentive Program to improve the fragmented and difficult-to-navigate children’s behavioral healthcare system in Mississippi. The Children’s Collaborative aims to increase access to community LTSS for children by combining specialized behavioral health services into a single system of care. To achieve this aim, the Children’s Collaborative has formed partnerships with several organizations that employ licensed behavioral therapists throughout Mississippi. The expertise of the UMMC team and the reach of these therapists help children throughout the state, regardless of their insurance status, receive the care they need in a coordinated manner.

Patients enter the Children’s Collaborative at UMMC, where they are treated by a “dyad,” composed of a physician and a clinical psychologist. The dyad assesses the patient’s full range of needs and then refers the patient to relevant partnering organizations for further treatment to address those health needs. An example of a partnering organization is Mississippi Children’s Home Services (MCHS)—an organization that provides care and therapy to children and families in their homes and other familiar community settings. Partner organizations use standardized care models, developed by PracticeWise, with oversight of UMMC. Through March 2016, the Children’s Collaborative had served more than 1,000 children.

Autism Pilot

The Autism Pilot, which is also funded by the Balancing Incentive Program, provides specialized behavioral therapy geared toward children with autism. The Autism Pilot was created by MCHS in response to the lack of early intervention services for youth on the autism spectrum in Mississippi. The pilot, which first began in February 2014, is designed to serve up to 60 children. Participants can receive anywhere from a few hours of community-based assistance a week to 20 hours a week of intensive one-on-one behavioral therapy in a clinical setting. MCHS used Balancing Incentive Program funding to support the Autism Pilot by acquiring a clinic to house the program, hiring staff, and providing ongoing education and training to the clinical team.

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PACT

The Mississippi Department of Mental Health is using Balancing Incentive Program funding to expand the PACT initiative, which is a person-centered mental health service delivery model for facilitating community living for individuals who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient services. The Department of Mental Health, which created PACT in 2007 in an effort to expand community-based services in the state, used Balancing Incentive Program funding to increase the number of PACT teams operating in Mississippi by adding two additional teams to the original four. Clinicians and community support specialists from multidisciplinary backgrounds compose the PACT teams, and every team member shares responsibility for addressing the needs of the individuals served. The PACT teams are mobile and deliver intensive services in the community that are tailored to each individual to address his or her goals and preferences. The range of services provided by PACT teams varies from clinical treatment for mental illness to social support, such as employment counseling and money management.

“These are individuals who have had multiple hospitalizations and multiple run-ins with law enforcement. It’s a very high, intense level of service. It’s part of the continuum that we were missing. We were doing a real good job of treating individuals inpatient. We were discharging them back into our community providers, but...they needed more than just two or three hours of individual therapy, more than just case management, more than intensive case management. It needed to be something they could call whenever they needed assistance.”

– Department of Mental Health staff member

DETECT

The Department of Mental Health is also using Balancing Incentive Program funding to create DETECT, a program that provides educational, training, and clinical support services to providers in addition to helping patients with ID/DD find community-based healthcare providers. The Department of Mental Health developed DETECT due to concern that the medical providers in the state were not equipped to treat the growing number of individuals with ID/DD moving out of institutions into the community. DETECT provides various support services to any type of medical or dental provider in Mississippi interested in caring for patients with ID/DD. Support is provided through webinars, live presentations, and clinical consultations. DETECT has also created partnerships with medical residency programs in Mississippi to strengthen resident training. Additionally, individuals with ID/DD or their caregivers can utilize DETECT services to locate healthcare providers in their community who are equipped to meet the special needs of patients with disabilities.

Supported Decision-Making Model

The Arc of Mississippi developed the Supported Decision-Making Model in response to findings from the Department of Justice highlighting the common practice in Mississippi for individuals with ID/DD to waive all of their decision-making rights to a guardian, regardless of the individual’s level of cognitive function. The Arc of Mississippi sought to develop resources for individuals with ID/DD that enable them to retain as much choice and control as possible over the decisions in their lives. The Supported Decision-Making Model provides ongoing, case-by-case support to individuals with ID/DD so that they have a continuing resource to ensure informed decision-making.

Next Steps

Although Mississippi has stopped earning funds under the Balancing Incentive Program, the state is far from finalizing its transformation efforts. For one, Mississippi is launching the second phase of eLTSS, a Level I screen conducted by MAC specialists to provide more informed waiver referrals and prioritize individuals on the waitlists. In addition, Mississippi is building an interface between eLTSS and the case management and assessment IT system of the Department of Rehabilitation Services, which manages the Independent Living Waiver and the Traumatic Brain Injury/Spinal Cord Injury Waiver. Once this interface is complete, all waiver agencies will feed data into a single system to track referrals, assess individuals, and develop and implement plans of care.

In addition, while the state still has Balancing Incentive Program funds to expend, Mississippi is working on its sustainability efforts. Mississippi will continue using the award to support the activities described above through September 30, 2017. Agency staff are working with the legislature to sustain programs once the state has fully spent the Balancing Incentive Program enhanced FMAP. Although the maintenance costs of the IT systems, including eLTSS and the MAC Center website and resource directory, are relatively low, the expanded services and innovative programs require the legislature's budgetary support. In addition, the Division of Aging and Adult Services is working to receive Federal Financial Participation (FFP) to sustain the agency's MAC Center activities. The agency is conducting a time study to develop a cost allocation plan for CMS approval.

Mississippi's efforts are moving the dial from expenditures on institutional LTSS to expenditures on community LTSS. While Mississippi has been on a decades-long trajectory toward a more balanced long-term care system, the Balancing Incentive Program has been an essential source of funding to support the state's innovation programs and activities. As a result, more and more individuals with long-term care needs are receiving care and living in the communities of their choice, among friends and family, with control over their own lives and futures.