HMA

Nevada Medicaid ABD Needs Assessment

Final Stakeholder Meeting

March 18, 2024

Prepared for the State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy (DHCFP)

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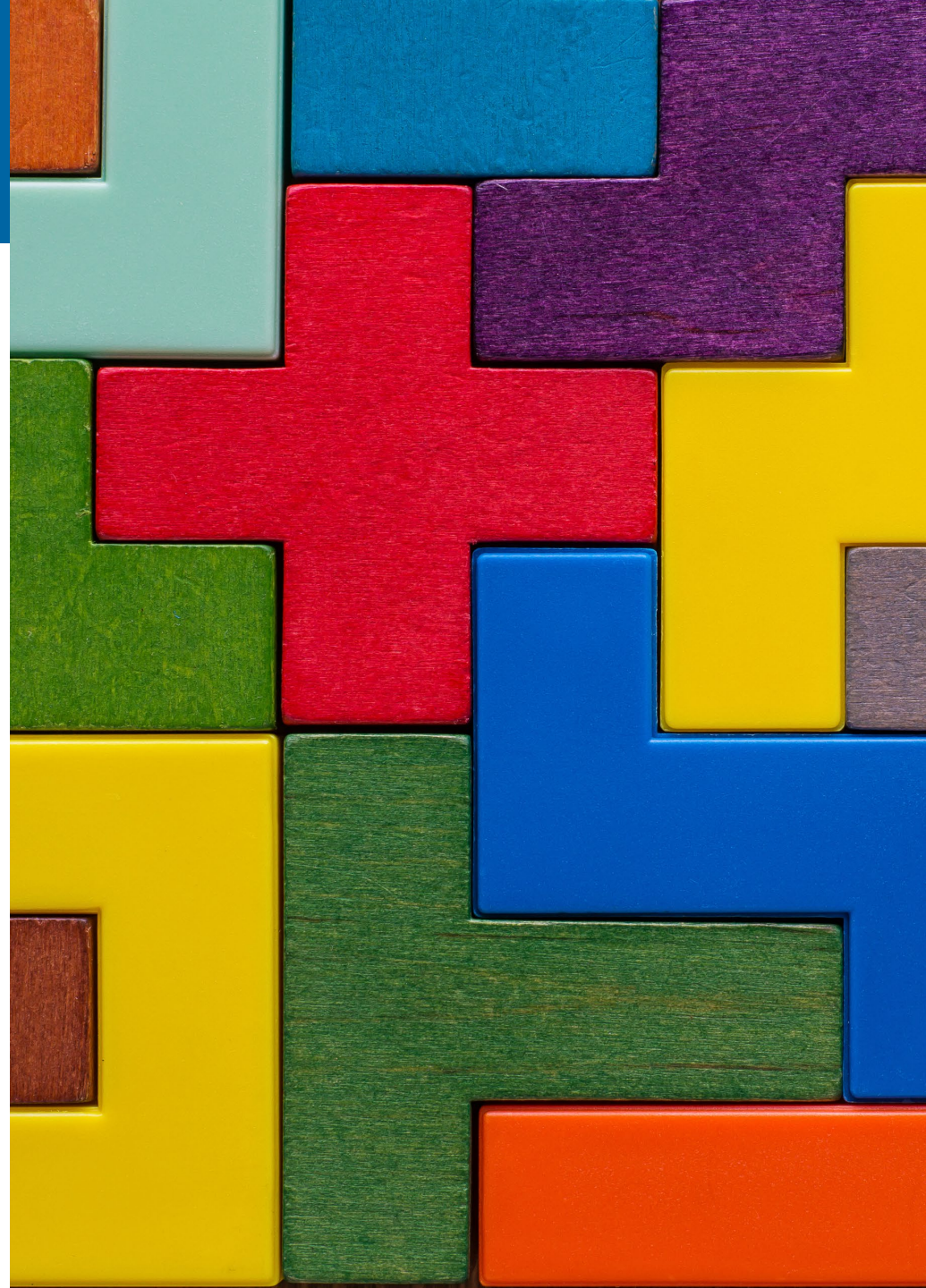
AGENDA

- Welcome
- Meeting Objectives
- Project Overview
  - Research and Methodology
  - Overview of Stakeholder Engagement
  - Summary of Stakeholder Feedback
  - Summary of HMA Program Evaluation
  - HMA Project Recommendations
- Open Discussion: Recommendation Overview
- Next Steps



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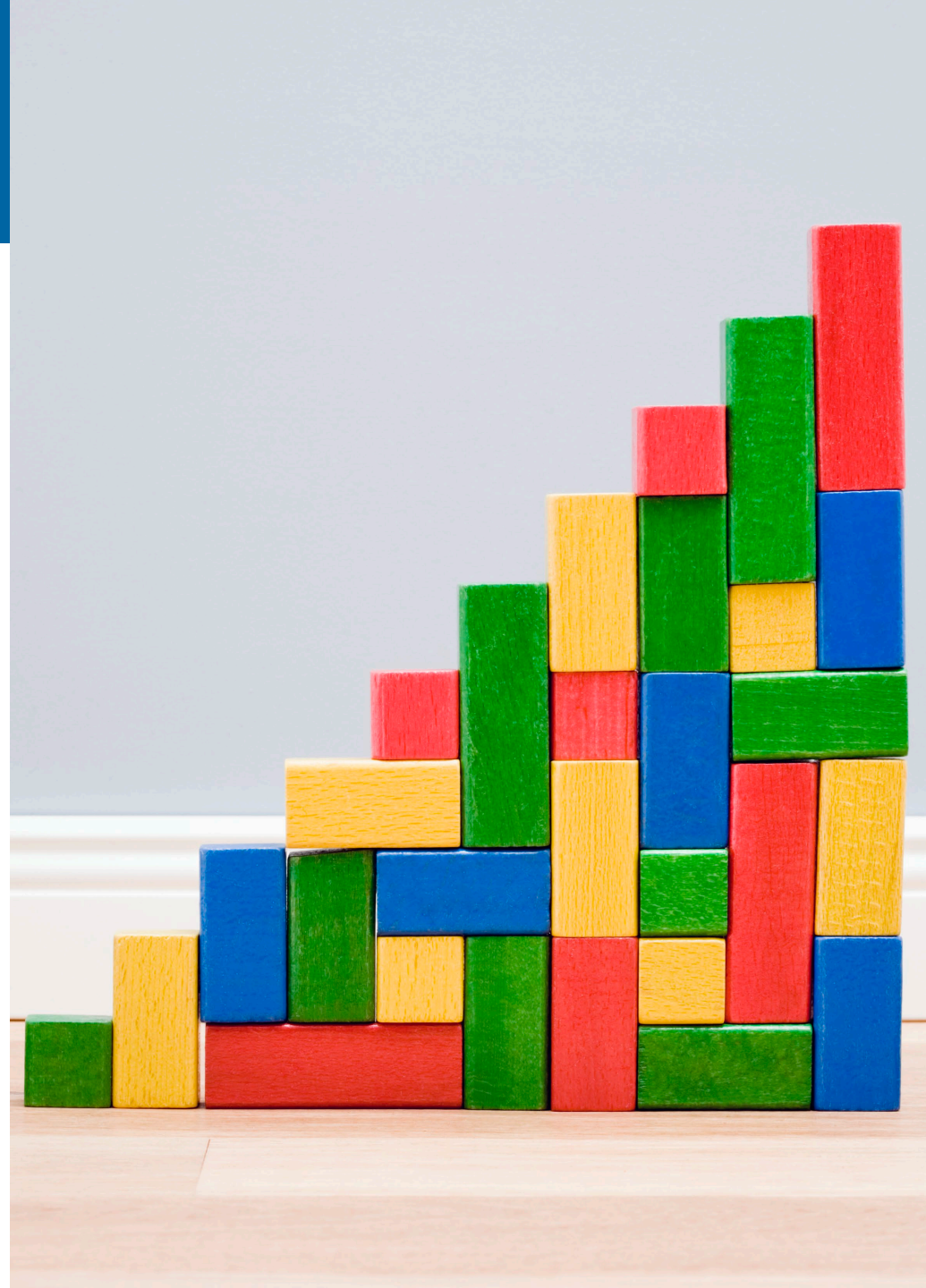
MEETING OBJECTIVES

- Provide an overview of the project work
- Summarize the project research activities
- Share the stakeholder engagement process and themes from focus groups
- Share key findings from the MAABD program evaluation
- Present the final HMA project recommendations evolved
- Share next steps



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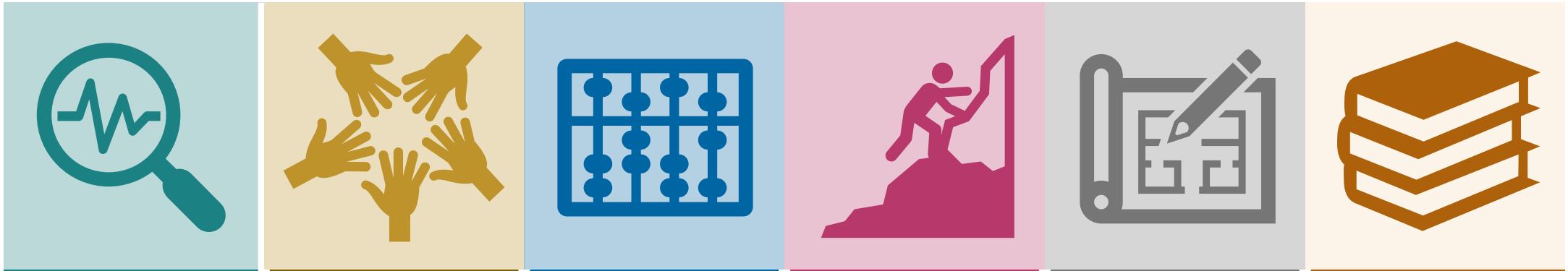
PROJECT OVERVIEW

HOW DID WE GET HERE?

PROJECT OVERVIEW: NEVADA MEDICAID ABD NEEDS ASSESSMENT



Quality Metrics & Framework July-Dec 2023	**Stakeholder Engagement** July 2023-Early 2024	**Structural Analysis** Nov 2023-Early 2024	**Gap Analysis** Nov 2023-Early 2024	**Data Analysis** Nov 2023-Early 2024	**Final Report** March 31, 2024

STAKEHOLDER ENGAGEMENT PROCESS

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PROJECT RESEARCH ACTIVITIES

Initial Project Focus Areas	Project Research Activities	Final Project Focus Areas	
PACE	Best Practices	PACE	MLTSS
MLTSS	MAABD Data Analysis	Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)	MAABD Program Quality
VBP	Literature Review		

STAKEHOLDER ENGAGEMENT PROCESS

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STAKEHOLDER ENGAGEMENT: PARTICIPATION SUMMARY

Development of Stakeholder List

- Stakeholders who are part of other existing DHCFP listservs.
- Over 2,500 stakeholders
- Program participants, providers/payers, community organizations/waiver providers, government entities and advisory groups and associations.
- DHCFP cultivated distribution list, and Aging and Disability Services Division (ADSD) distribution lists.

Stakeholder Kick-off Meeting

- July 17, 2023, DHCFP
- 107 participants (98 virtual and 9 in-person) During the meeting, participants were able to sign up for the upcoming focus groups.

Focus Groups

- Aug-Oct 2023
- 55 individuals participated
- 4 focus groups, structured by topic: PACE Program, Value Based Payment, MLTSS, and State Agency Staff

State Subject Matter Experts Interviews

- DHCFP staff and Finance Team
- Managed Care and Quality Assurance, and Access and Availability staff
- ADSD staff
- State Quality Improvement Staff

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FOCUS GROUP KEY THEMES & FINDINGS:
BARRIERS TO ACCESSING SERVICES

- Services are underutilized by the MAABD population; there is a larger need for services than what is being presented or is known by the state agency
- There are additional barriers to accessing services in the rural areas
- Most access to care issues, including transportation, could be addressed with PACE
- Network adequacy may be a challenge
- Direct care workforce concerns, particularly in rural and frontier areas
- Ensuring adequate and sufficient stakeholder engagement throughout any transition process

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FOCUS GROUP KEY THEMES & FINDINGS:
CURRENT DELIVERY SYSTEMS STRENGTHS AND OPPORTUNITIES

- Different authorization processes slow down access to services
- Different rate methodologies limits certain provider access for individuals in need of services
- Better integration of services and benefit coverage is needed
- Better leveraging of MCO flexibilities regarding benefit design and care management would be good
- Investment in community relationships is important
- High MCO quality and satisfaction scores

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FOCUS GROUP KEY THEMES & FINDINGS:
MAABD QUALITY FRAMEWORK CONSIDERATIONS

- There are currently no real industry standards or benchmarks in home and community-based services to measure provider performance against
- Highly utilized in-lieu of services could lead to value-based contracting between the plans by demonstrating savings through the creative use of funds
- Most meaningful performance measures for MLTSS are transitions and integration of care and Medicare quality measures
- PACE to have the following impacts on its Medicaid Program; 10% or higher reduction in nursing home spending, reduction in ER visits and the need for chronic disease management, increases in medication adherence

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FOCUS GROUP KEY THEMES & FINDINGS:
FRAIL ELDERLY (FE) AND PHYSICALLY DISABLED (PD) WAIVERS

- Currently both the FE and PD home and community-based waivers have waiting lists and are not readily available to all who need waivered services
- Current waiver provides an experience of a high regulatory burden and low reimbursement
- Current waiver services would benefit from strengthened care management
- Waiver participants may benefit from medication management services
- New delivery models may illicit better results on rebalancing and increase community awareness around home and community-based services

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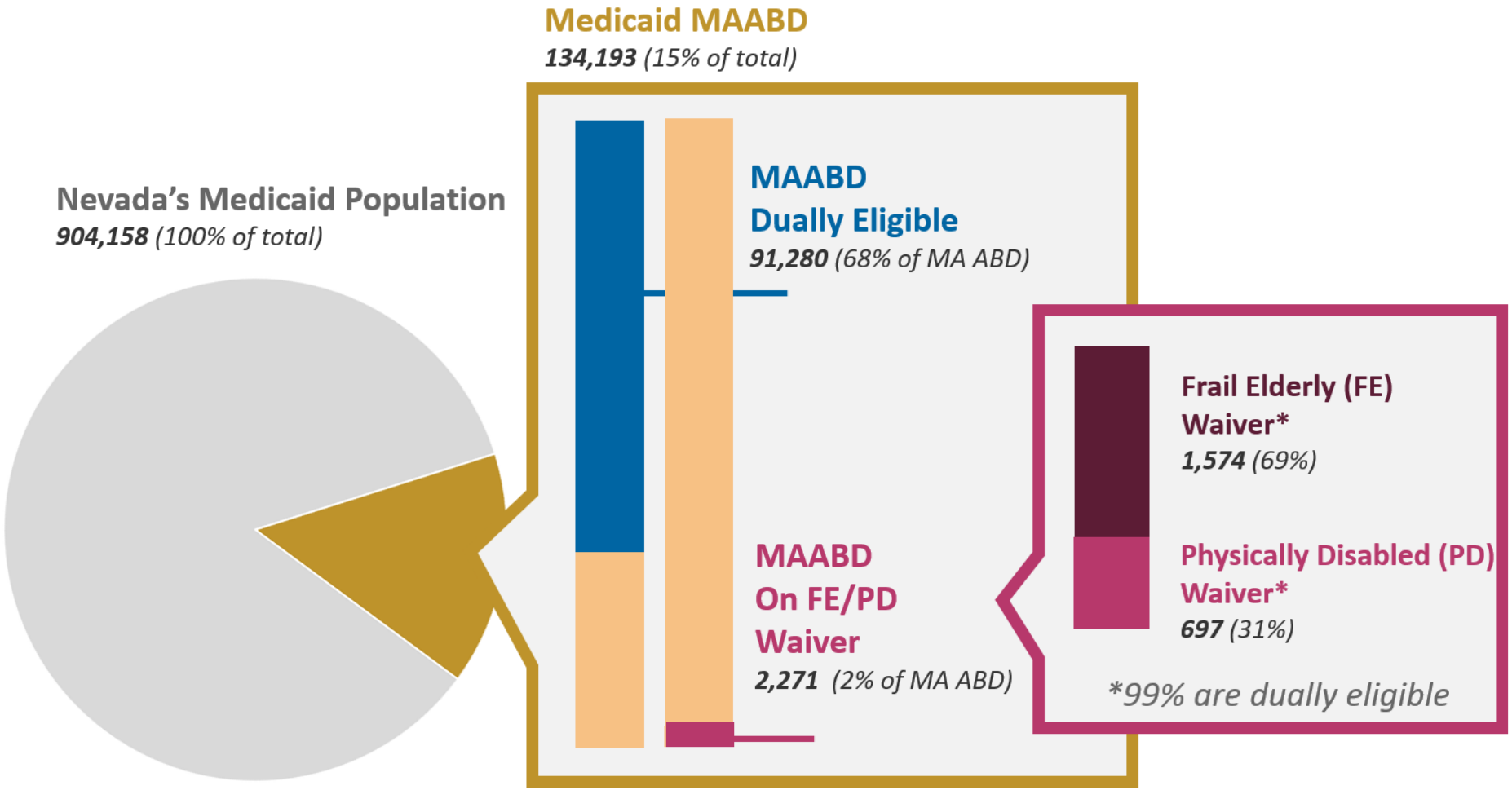
PROGRAM EVALUATION

SUMMARY

NEVADA MEDICAID & MAABD POPULATION



SFY 2022 data

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NEVADA'S MAABD POPULATION: LOCALE & AGE

91%

Living in Urban Communities

75%

Of FE/PD Population Lives in Clark County

Individuals Aged

65+

Are the Largest and Only Growing Age Group Within the MAABD Population

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NEVADA'S MAABD POPULATION: RACIAL / ETHNIC COMPOSITION

LARGEST POPULATION IN DECLINE

White MAABD participants were the largest population served in 2022, though the % of White people in FE /PD programs has declined by 10% over the past five years.

44%
White MAABD

26%
Hispanic/Latina MAABD

19%
Black or African American MAABD

8%
Native Hawaiian or other Pacific Islander MAABD

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NEVADA'S MAABD POPULATION

88% of FE | **66%** of PD

HCBS Enrolled Waiver Providers Are "Active" Waiver Providers

*Based on 2022 Claims Data

15% Of NV Medicaid Enrollees | **25%** Of Medicaid Spending

Is Represented By The Nevada MAABD Population

89% of FE | **88%** of PD

Budgeted Caseloads Were Used, However, Both Programs Have Waiting Lists

*In 2021

50% Waiver Slots Increased | **26%** Total Spending Increased

From 2018 - 2022

68% Of the MAABD Population is Dually Eligible

The Dual Eligible Population Has Increased

3.8%

*Since 2018

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MAABD PROGRAM EVALUATION FINDINGS

The MAABD population has some of the greatest needs but experiences the most fragmented care.

- The needs of participants in the MAABD program are inherently going to be larger than most of the other populations qualifying for Medicaid. But because those participants are in an FFS system with limited case management or coordination with other state programs (such as D-SNPs), system inefficiencies and administrative burden jeopardize optimal health outcomes.

The MAABD program is costly.

- Of the 904,158 enrollees in the state's Medicaid program as of December 2022, the MAABD population accounted for 15 percent (134,193) of the total enrollees but approximately 25 percent of all Medicaid spending.

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MAABD PROGRAM EVALUATION FINDINGS

The MAABD program is relatively underfunded by the state.

- US spending on HCBS accounts for 63 percent of all LTSS spending, but Nevada spends only 57 percent of its LTSS dollars on HCBS. For older adults and individuals with physical disabilities, the AARP 2023 LTSS State Scorecard report showed that 53 percent of national LTSS spending went to HCBS, and only 34 percent of Nevada's LTSS spending went to HCBS.

There are service access concerns.

- Nevada's MAABD program meets federal Centers for Medicare & Medicaid Services (CMS) standards for having "adequate" providers to care for the state's entire population (known as the network adequacy ratio). State staff interviewed expressed concern for workforce shortages across just about all provider groups in rural Nevada.

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MAABD PROGRAM EVALUATION FINDINGS

The state has invested in effort to support the HCBS network, but concerns for workforce shortages persist

- Nevada's has implemented a multitude of payment, incentive and, education/training initiatives in an effort to address the HCBS workforce shortages. Additional rate changes are in progress for personal care, home health and private duty nursing, assisted living and long-term care facilities. However, stakeholders in each of the focus groups conducted for this project voiced concern about ongoing workforce challenges and a need for increased rates. Workforce concerns have also been a recurrent topic at the Nevada Medical Care Advisory Committee meetings, specifically nursing, community health workers, doulas, case management, and nursing homes.

HCBS case management workforce issues are creating access barriers

- Due to insufficient case management staff (25% vacancy rate), approved waiver slots are not being filled, staff is stretched thin and not able to provide the level of case management desired.

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MAABD PROGRAM EVALUATION FINDINGS

There is a need for a focused MAABD quality strategy to be implemented.

- Though measuring the quality of Nevada's MAABD programs is important to ensure that Nevadans benefit from the Medicaid system of care, limited data on the quality of Medicaid services offered to people who are aging, blind, or have disabilities (ABD) and the program's quality exist because Nevada lacks an overarching MAABD, or in general, a comprehensive Medicaid quality framework.

Nevada has an opportunity to further system rebalancing to prioritize HCBS over institutional care.

- Nevada's spending on HCBS exceeds spending on institutional services. However, when compared with national HCBS spending, Nevada's percentage of expenditures for HCBS is lower than overall spending in the nation. Specific to older adults and those with physical disabilities, there is a starker difference between national and Nevada spending: The ARRP LTSS Scorecard report shows that 53.3% of national LTSS spending went to HCBS and only 33.5% of Nevada's LTSS spending went to HCBS.

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MAABD PROGRAM EVALUATION FINDINGS

Nevada is well positioned to implement program changes that would significantly improve the lives of the MAABD population.

- Nevada is uniquely positioned to implement changes that would drive significant improvements for the care, health outcomes, and quality of life of its MAABD population. Change is rapidly occurring at the federal and state levels. Program changes that intentionally align with the infrastructure, programmatic, and regulatory initiatives currently underway have the potential to yield greater success. Key changes to consider are the D-SNP SMAC procurement, the planned statewide expansion of Nevada Medicaid managed care, increased CMS HCBS quality requirements, and the forthcoming CMS rules on Access to Medicaid and Improving Access to Care in Managed Care.

Nevada is encouraged to embrace this dynamic time of reform, be strategic and proactive, and drive its MAABD program toward making a greater difference in the lives of Nevadans.

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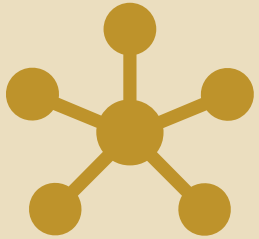
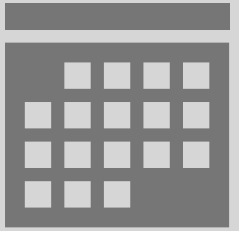
RECOMMENDATIONS

OVERVIEW

RECOMMENDATION A: IMPLEMENT ALIGNED SHORT- AND LONG-TERM QUALITY STRATEGIES FOR THE MAABD POPULATION

				
Population	**Services In Scope**	**Key Strategic Attributes**	**Rural Impact**	**Recommended Implementation Date**
All MAABD population: **136,700 MAABD lives**	N/A	Short-term and longer-term quality strategy that builds upon existing infrastructure	Yes, the state can direct focus and attention on rural needs as desired	**2025 - 2026**

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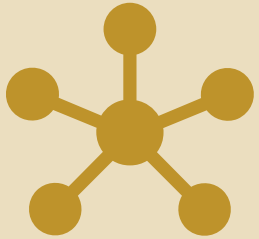
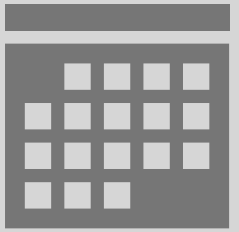
RECOMMENDATION B: IMPLEMENT SEPARATE MLTSS AND FIDE-SNP PROGRAMS FOR ADULTS AGED 65 AND OVER, INCLUDING THE FE & PD HCBS WAIVER





Population	Services In Scope	Key Strategic Attributes	Rural Impact	Recommended Implementation Date
65 and older, dual & Medicaid only, FE and PD: **65,000 MAABD lives**	Fully integrates Medicaid, Medicare, HCBS & institutional care	Exceptional coordination of care, cost savings, network development / access & improved quality	Yes, can offer statewide dependent upon success of MCO and D-SNP contracting strategies	**2030**

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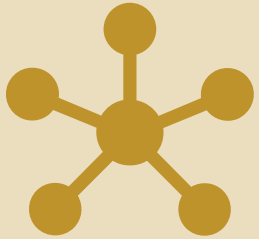
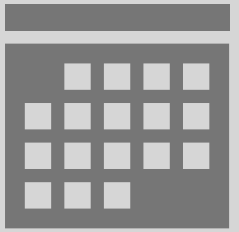
RECOMMENDATION C: IMPLEMENT PACE MODEL OF CARE

				
Population	**Services In Scope**	**Key Strategic Attributes**	**Rural Impact**	**Recommended Implementation Date**
55 and older, dual & Medicaid only, up to 300 participants per site	Fully integrates Medicaid, Medicare & HCBS	Nursing Home Diversion, exceptional coordination of care, cost savings & improved quality	State has levers available to drive PACE for rural impact as desired	No earlier than **2028**

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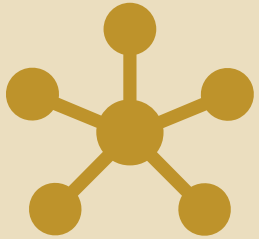
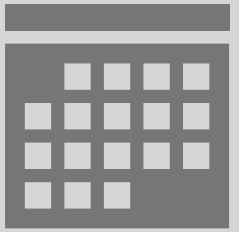
RECOMMENDATION C: ENROLL THE 64 AND UNDER MAABD POPULATION INTO MEDICAID MANAGED CARE CONTRACTS UPON 2030 CONTRACT RENEWAL





Population	Services In Scope	Key Strategic Attributes	Rural Impact	Recommended Implementation Date
64 and under, MAABD, dual and Medicaid only, including PD: **71,800 MAABD lives**	Strong management of Medicaid services, coordinates with Medicare	Offers improved coordination of care, potential cost savings, network development / access & improved quality	Yes, can offer statewide dependent upon success of MCO expansion	**2030**

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RECOMMENDATIONS

OPEN DISCUSSION

DISCUSSION QUESTIONS

- Do you have any feedback on these recommendations?
- Are there any suggestions for the state to consider should they move forward with these recommendations?

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NEXT STEPS

» HMA will develop a final report of all activities, findings and recommendations including the stakeholder feedback captured over the course of the project.

» A copy of the report will also be available on the department's website and notice will be sent from the state when the report has been posted. To request a copy be translated into Spanish, please contact DHCFP by email at: dhcfp@dhcfp.nv.gov.

» Findings and recommendations will be utilized to inform future initiatives and improve Medicaid services for the ABD population in Nevada.