



Medicaid and Adult Protective Services: Opportunities and Considerations

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ADvancing States
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Agenda

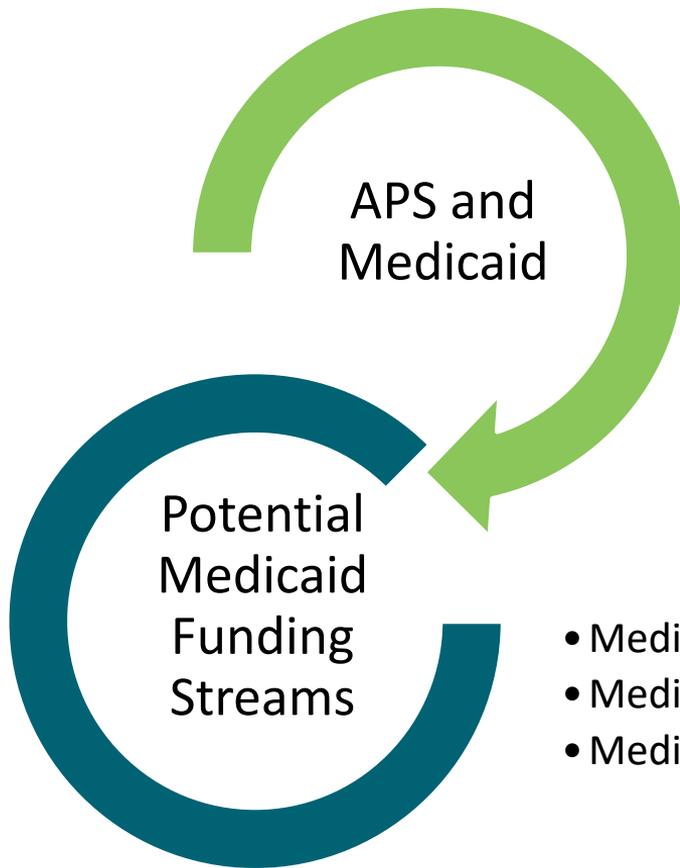
Overview of Medicaid and APS Intersections

Medicaid Administrative Claiming

Medicaid Health and Welfare Requirements and APS

Medicaid Services

Thoughts on Future Work



- Preliminary data, where available indicates approximately 50% of APS cases involved a victim that was Medicaid eligible*
 - 44% of cases with victims did not have data regarding Medicaid eligibility
- Medicaid financing can be used to support APS for these individuals in several ways

- Medicaid administrative claiming
- Medicaid critical incident reporting
- Medicaid services

* Source: ACL and the Adult Protective Service Technical Assistance Resource: 2021 data from 19 reporting states

Medicaid Administrative Claiming

What is Administrative Claiming?

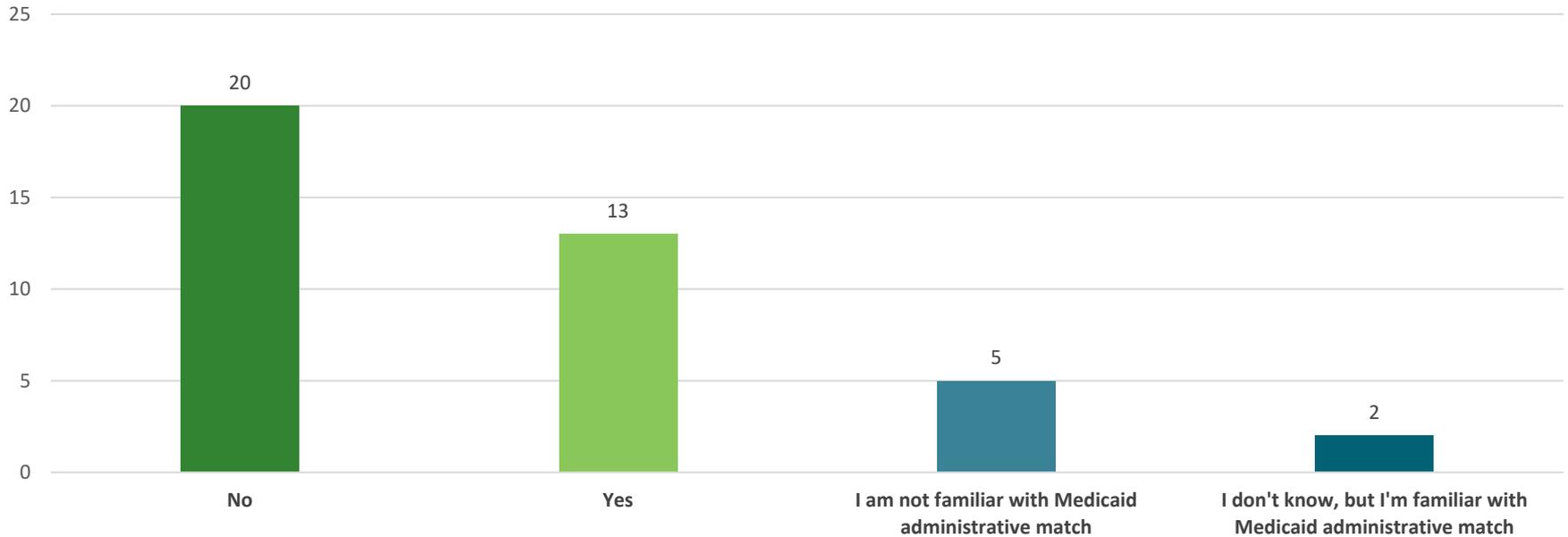
Administrative Claiming:

- Funding for the “proper and efficient administration of the [Medicaid] state plan”
- Financed at 50% federal funding

Could apply to certain expenditures and activities performed in support of state Medicaid long-term services

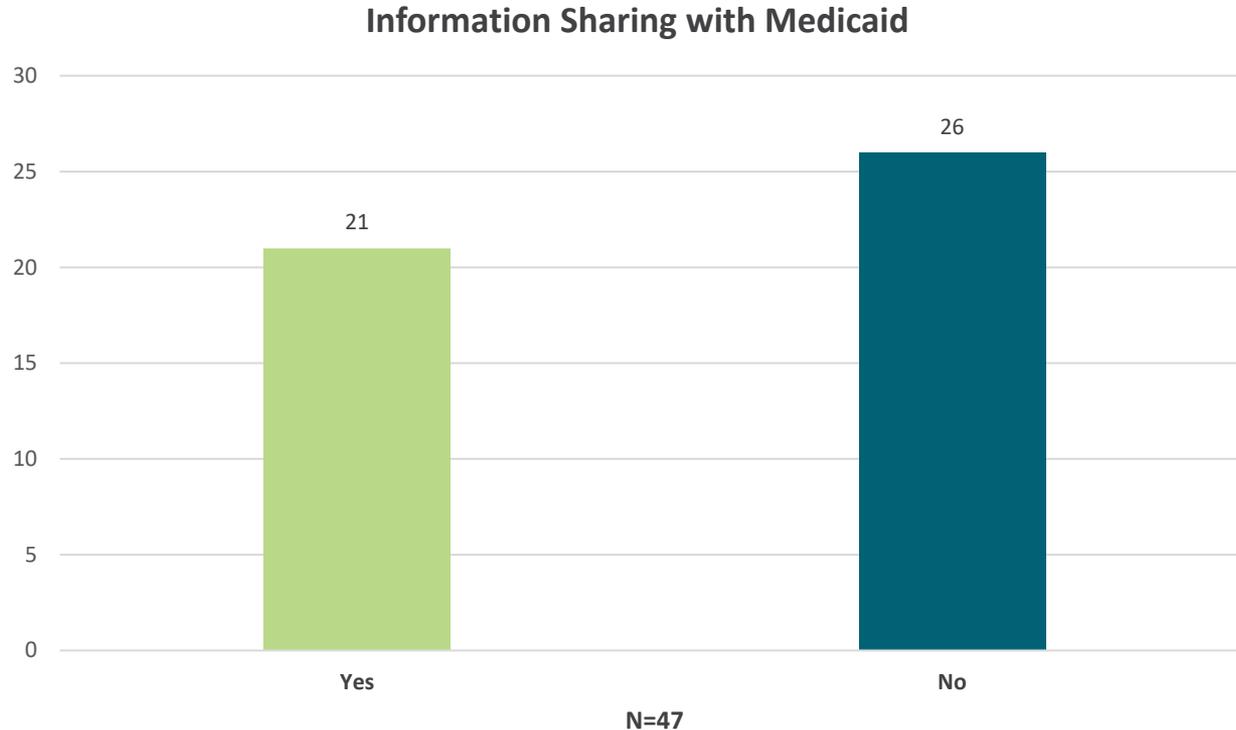
Use of Medicaid Administrative Claiming

Usage of Medicaid Administrative Match as a Funding Source for APS



N=40

Information Sharing with Medicaid



Why Pursue Admin Claiming?



Opportunities to increase Federal matching funds for State operations



Augment resources for functions already being performed



Strengthen collaboration & communication between APS and Medicaid



Develop clear policies and procedures that help connect APS clients with wide range of services

Basic Requirements

Costs must be “proper and efficient” for the state’s administration of Medicaid state plan

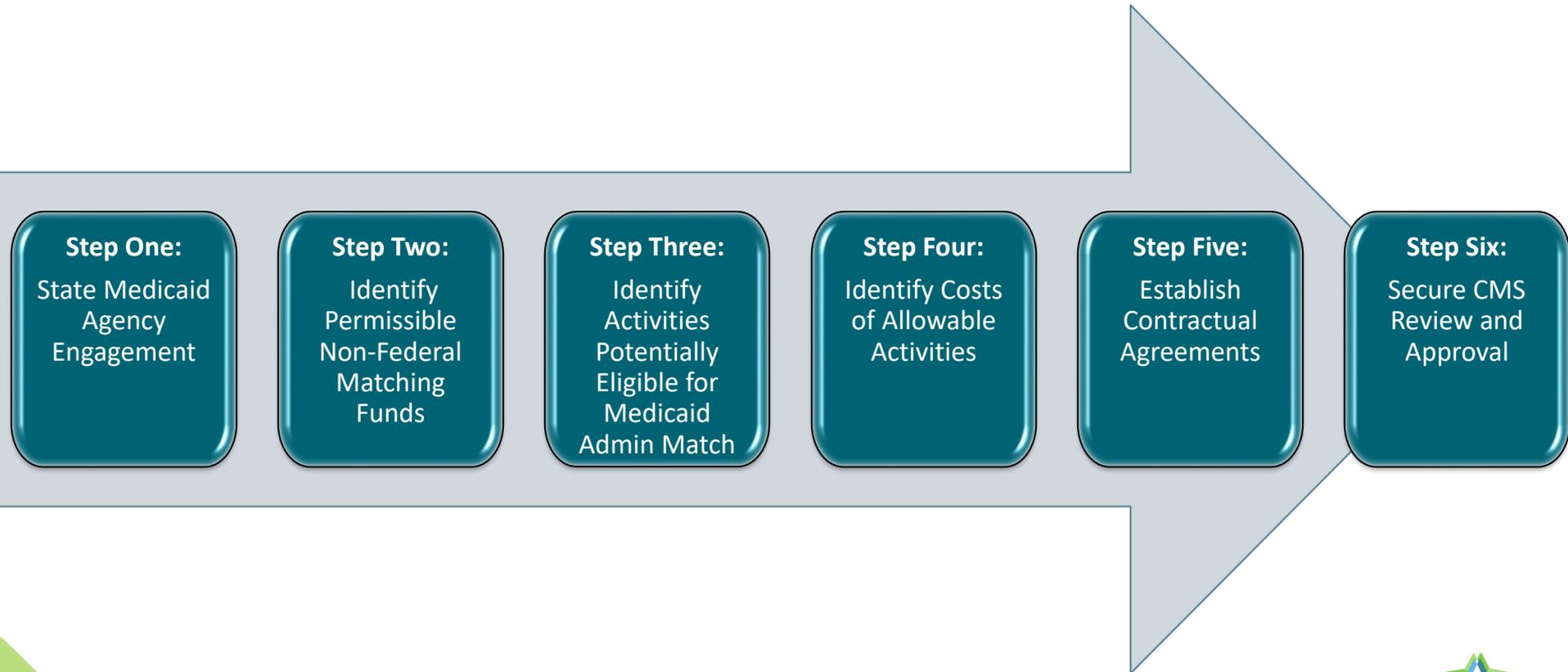
Claims must come directly from Medicaid agency

State must ensure that permissible, non-federal funding sources are used to match

Administrative LTSS costs related to multiple programs must be allocated across each program

Costs must be supported by adequate source documentation

Overview of 6-Step Process



Potentially Claimable APS Activities

Intake and Screening

System and staffing for prompt receipt of reports of alleged adult maltreatment of beneficiaries receiving Medicaid services and the screening, prioritization and assignment of cases for follow up.

Follow-up Investigation

Information gathering to determine if maltreatment has occurred in the provision of Medicaid services, assessment of client needs to determine required services or actions necessary for an individual to be safe and remain as independent as possible.

Service Planning

Service planning with the client related to Medicaid-funded services to improve client safety, prevent maltreatment and improve quality of life and ongoing monitoring of service plan. Coordination with Medicaid case managers in making revisions or developing a service plan for Medicaid beneficiaries.

Training

Training activities of APS workers on Medicaid LTSS, including eligibility rules related to Medicaid benefits and health and welfare requirements included in a state's Medicaid waivers.

Key Questions to Ask



Are benefits of match desirable enough to offset requirements & staff work?



Are there activities already occurring that would qualify?



Are existing systems & processes able to produce required documentation?



What relationships exist with Medicaid and/or need strengthening?

Medicaid Health and Welfare

Background: Health and Welfare

CMS/ACL/OIG released a report on HCBS health and welfare that found:

- Ensuring all critical incidents are reported
- Properly recording all reported incidents
- Ensuring incidents were reported at the correct severity level
- Collecting and reviewing all data on critical incidents
- Ensuring all reasonable suspicions of abuse or neglect were reported

The report listed four key components of health and safety in HCBS:

- Reliable incident management and investigation processes
- Audit protocols that ensure compliance with reporting, review, and response requirements
- Effective mortality reviews of unexpected deaths
- Quality assurance mechanisms that ensure the delivery and fiscal integrity of appropriate community-based services.

Medicaid Critical Incident Investigations: How?

- In many cases, Medicaid quality assurance staff do not have background or training in investigation or substantiation
- States are seeking partnerships to better address critical incident response and remediation
- Ongoing CMS emphasis, including “Special Review Team” visits will drive further Medicaid action on this issue
- In states without a strong APS/Medicaid connection, this is an acute opportunity



Potential Next Steps



Identify Existing Critical Incident Management Procedures:

What currently exists in the state?

What are strengths and weaknesses of existing infrastructure?



Establish Protocols:

Determine role for APS in Medicaid critical incident management

Develop MOU or other formal agreement on responsibilities and reasonable data sharing

Leverage Medicaid match to support the activities that address health and welfare

Medicaid vs APS Services

APS and Medicaid Services

What should APS finance?

What can be provided via Medicaid?

Services Identified in ARPA APS Spend Plans

Emergency/Temporary
Housing, Moving
assistance

Utility, rent assistance,
minor home repair

Deep cleaning, pest
eradication

Domestic goods,
clothing, and
provisions

Food, medications,
DME, transportation

In-home care, respite,
transition of care
support

Case management,
mental health services

Legal services,
guardianship

Authority	Features
<p><u>State Plan Amendment (SPA)</u> <u>HCBS</u></p> <p>1915(i)</p>	<p>States may provide HCBS (case management, homemaker/home health aide/personal care services, adult day health, habilitation, respite, day treatment/partial hospitalization, psychosocial rehabilitation, chronic mental health clinic services, and other services approved by the HHS Secretary) to individuals who meet needs-based criteria and have income of up to 150% FPL. States may target populations but must serve all eligible individuals statewide and cannot cap enrollment or impose a waitlist.</p>
<p><u>HCBS Waiver</u></p> <p>1915(c)</p>	<p>States may cover HCBS (including care management, homemaker, home health aide, personal care, adult day health, habilitation, and respite care) for people at risk of institutional placement. States may use targeting criteria, limit geographic coverage areas, and cap participation. Waivers must demonstrate cost neutrality with Medicaid-funded institutional services and must be renewed each five years.</p>
<p><u>Research and demonstration waiver</u></p> <p>1115</p>	<p>States may implement experimental, pilot, or demonstration projects that are likely to assist in promoting Medicaid program objectives (e.g. expanding eligibility, providing services not typically covered by Medicaid, and/or using innovative service delivery systems). States must demonstrate budget neutrality with federal expenditures over the period of the waiver, accept a cap on total expenditures, and renew after an initial five-year period for up to 3 additional years.</p>

ARPA: Historic Investments in APS

- \$86M awarded to states in 8/2021
 - States required to submit Initial Spend Plan
 - States required to create 3-5 year Operational Plan by 1/31/22
- APS Technical Assistance Resource Center
 - Currently providing intensive TA to states
- Additional \$100M available in FY 2022

40 Plans: Common Priorities



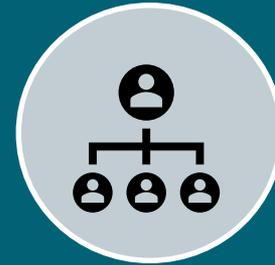
Services for
clients



Technology
investments
incl.
equipment



Training



Staffing



Contract
expertise



Takeaways

- There remains a disconnect between APS and Medicaid Health & Welfare processes
- State H&W infrastructure development focuses on the IT systems
- Opportunities exist to both enhance APS and strengthen HCBS health and welfare
- Formal engagement and agreements regarding collaboration, roles, & responsibilities an important first step

How to Address Self-Neglect: the Rising Tide of APS Caseloads

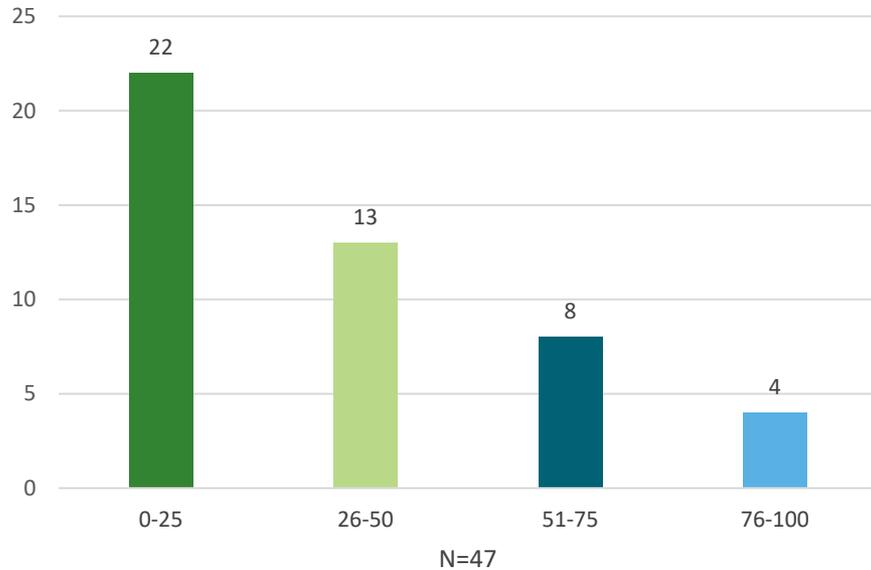
NAMRS: The Data Say

2019 Allegation Type	2020 Allegation Type
51.0% self-neglect	49.2% self-neglect
24.0% neglect	24.6% neglect
23.8% exploitation	24.6% exploitation
12.6% physical abuse	13.1% physical abuse
1.6% sexual abuse	1.5% sexual abuse

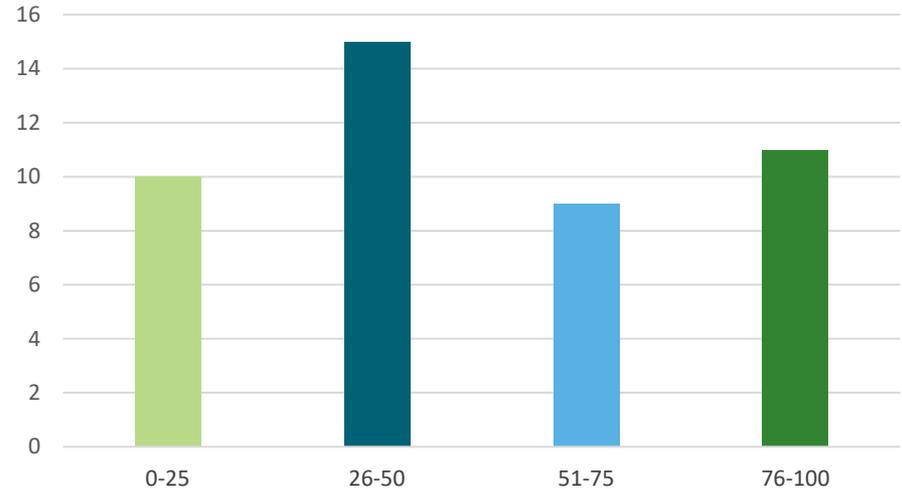
***Some cases have multiples types of abuse*

Need for longer-term support

Case Management for All Clients

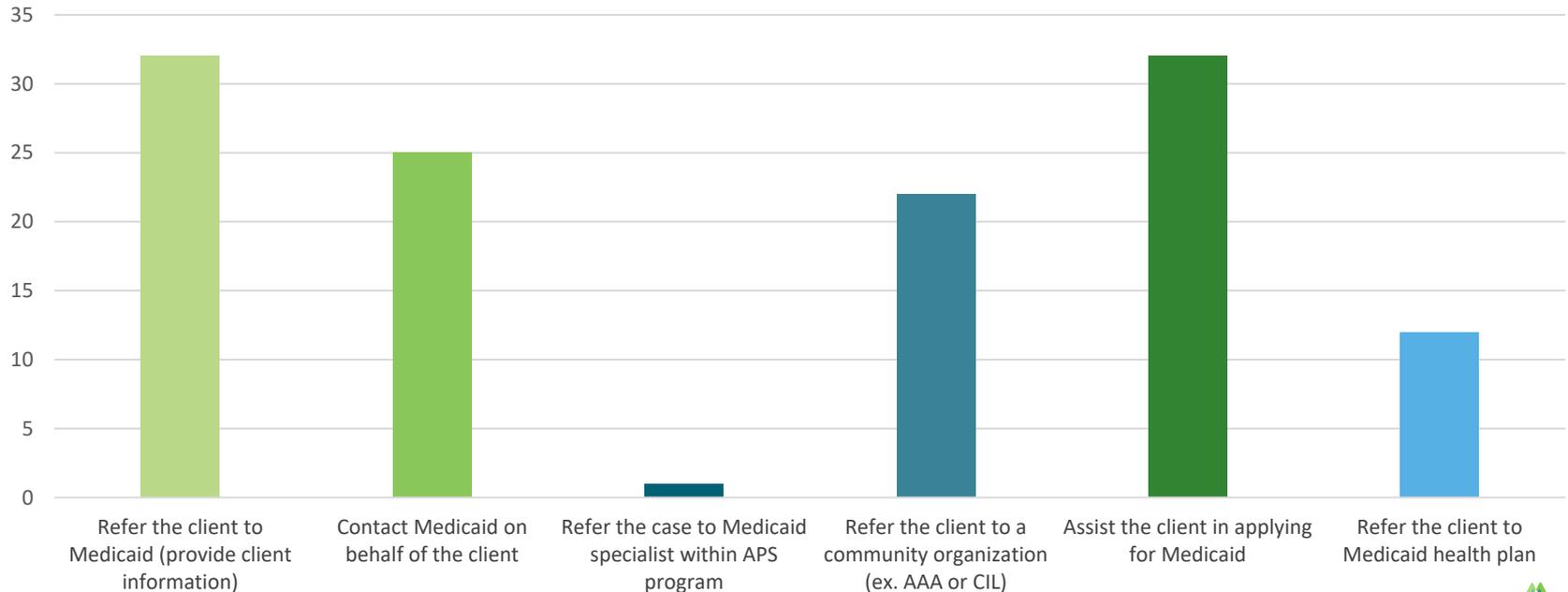


Case Management for Clients Experiencing Self Neglect



Next steps when client needs services

What to do with clients in need of services



Top 5 Shared Categories of Information

Results of APS investigation (Client)

Critical Incident Management data

Health and safety assurances

List of shared clients

Results of the APS investigation (alleged perpetrator)

Consider the big questions

People experiencing self-neglect need support beyond closure of an APS case.

What will Medicaid pay for?

What will Medicare pay for?

How should we build policy and programs for longer-term support?

The goal is to make services available, not force people to accept them.

My final riddle:

If states provide intensive and sustainable support, can we:

- Increase use of supportive decision making
- Decrease referrals to guardianship
- Improve health and quality of life
- Decrease healthcare expenditures
- Lengthen community tenure

Questions?



Leadership, innovation, collaboration
for state Aging and Disability agencies

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