Opportunity Knocks: Opening Doorways to Medical Respite Care

Policy Update

March 13, 2013

CURRENT PRIORITIES

- Knowing the basics & educating others

- Facilitating outreach & enrollment & engagement in services

- Advocating for Medicaid expansion (if applicable)

- Participating in the health reform discussion

- Creating/strengthening partnerships
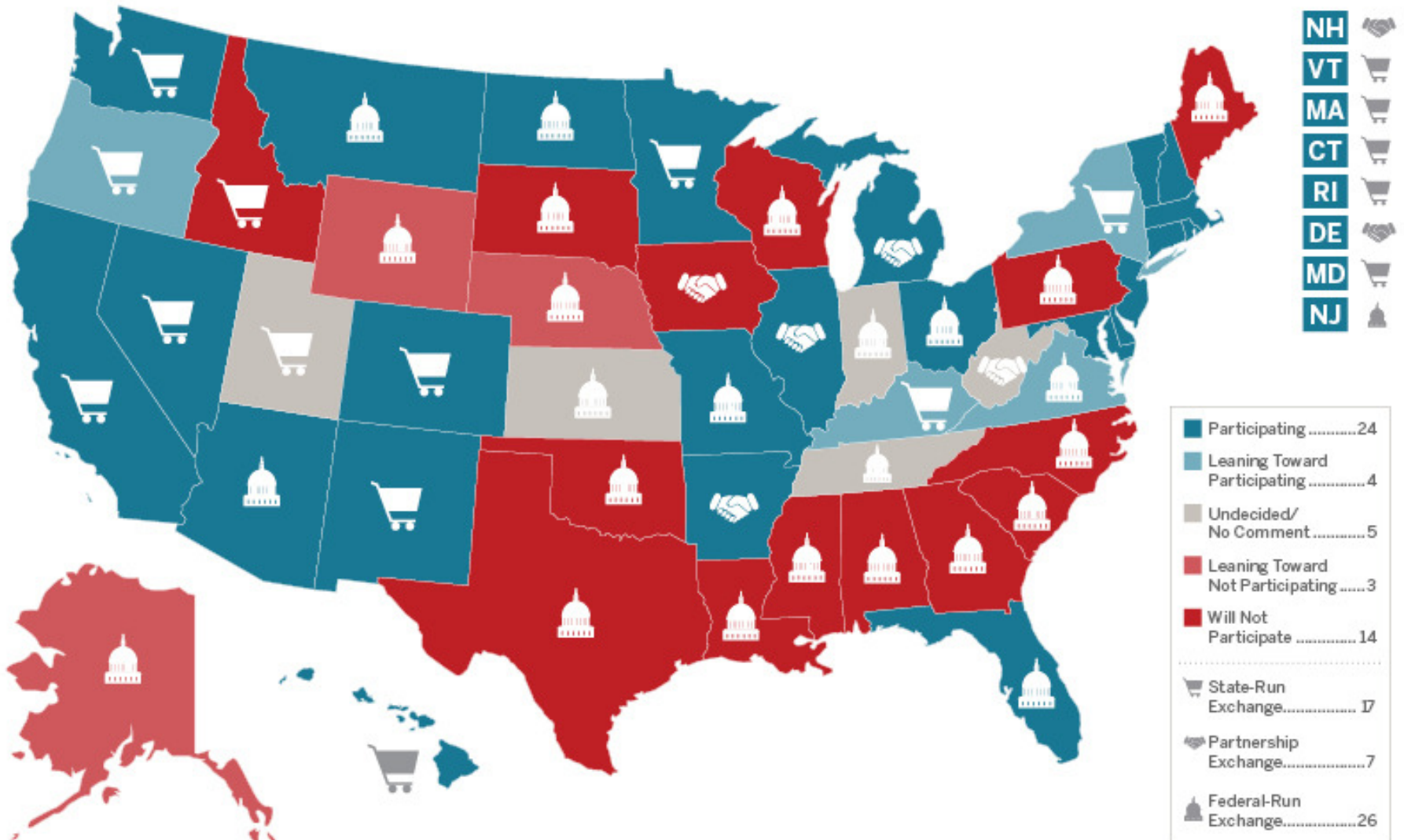
- Crafting specific requests based on demonstrated need

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Where the States Stand: March 1, 2013

24 Governors Support Medicaid Expansion

NH 🤝
VT 🛒
MA 🛒
CT 🛒
RI 🛒
DE 🤝
MD 🛒
NJ 🏛

Legend:

■ Participating 24
■ Leaning Toward Participating 4
■ Undecided/ No Comment 5
■ Leaning Toward Not Participating 3
■ Will Not Participate 14

🛒 State-Run Exchange................17
🤝 Partnership Exchange...............7
🏛 Federal-Run Exchange................26

Note: Based on literature review as of 3/1/13. All policies possible to change without notice.
The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.
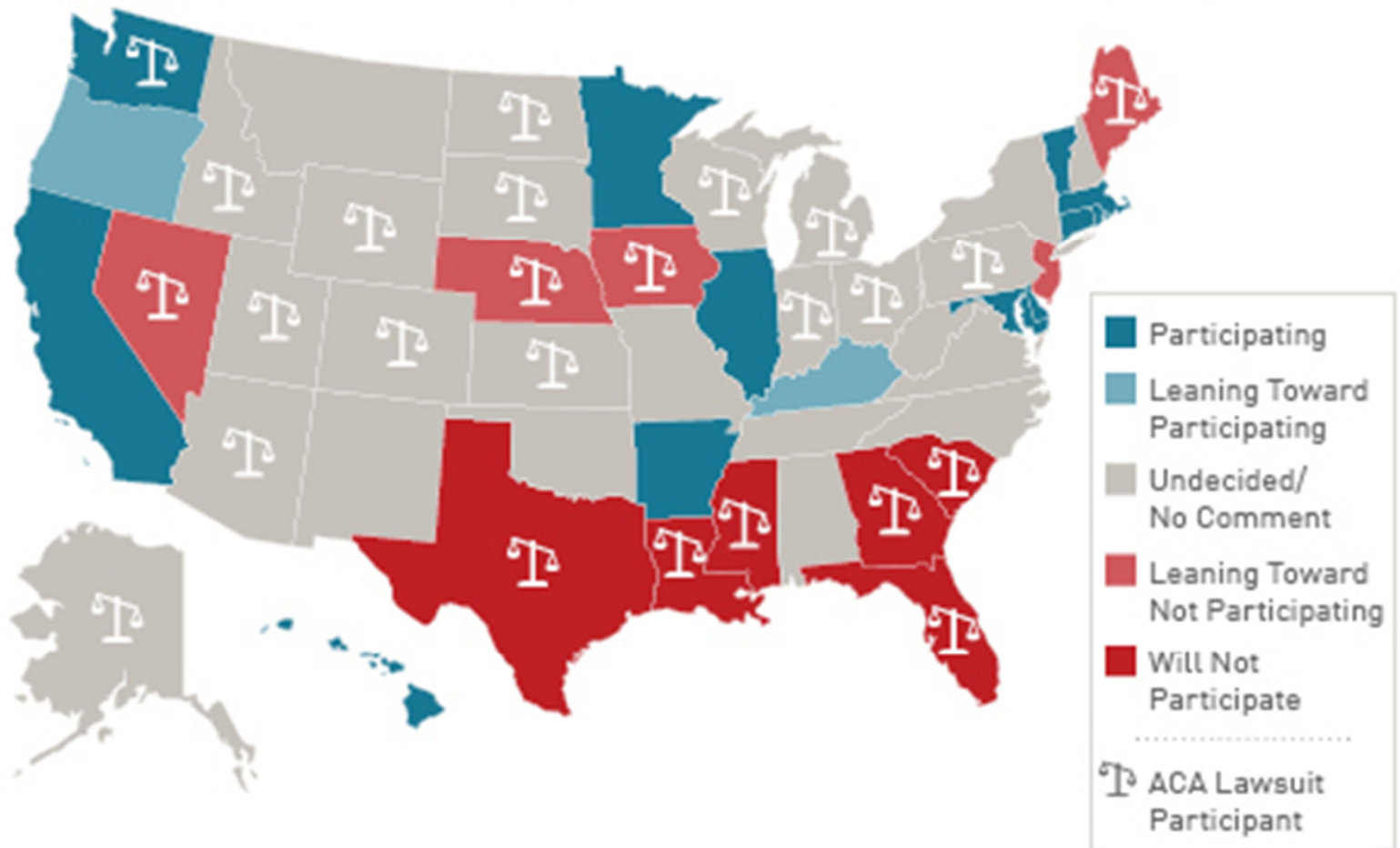
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Learn more about the impact of the Supreme Court ruling at **advisory.com/MedicaidMap**

Where the States Stand

What are the States Saying about ACA Medicaid Expansion?

As of Sept. 2012: 10 yes 6 no

Legend:
- Participating
- Leaning Toward Participating
- Undecided/No Comment
- Leaning Toward Not Participating
- Will Not Participate
- ACA Lawsuit Participant

Note: Based on literature review as of 9/12/12. All policies possible to change without notice.

Source: American Health Line, http://ahlalerts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/, accessed 9/12/12.
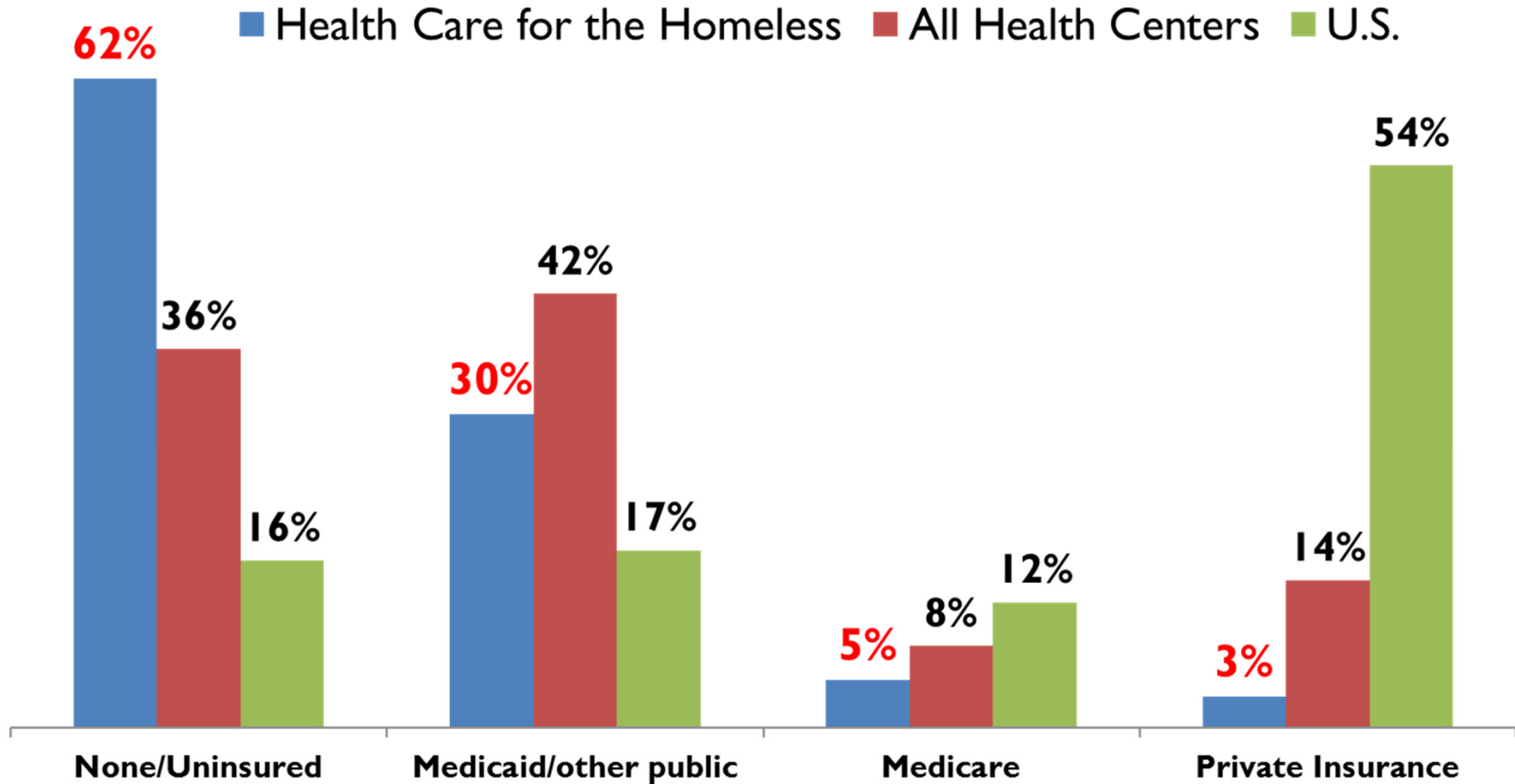
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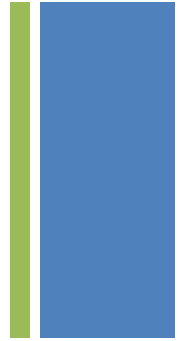# 2011 Insurance Status: HCH v. All Health Centers v. U.S.

Legend: ■ Health Care for the Homeless ■ All Health Centers ■ U.S.

None/Uninsured: 62%, 36%, 16%
Medicaid/other public: 30%, 42%, 17%
Medicare: 5%, 8%, 12%
Private Insurance: 3%, 14%, 54%

Sources: 2011 UDS Data, HRSA;
2011 Census Data

+ ENROLLMENT REQUIREMENTS

- No wrong door (online, phone, mail, in person)
- Electronic verification of income & identity
  - *No paper documentation*
- Coordinated Exchange, Medicaid & CHIP
- Timely processing
- Single, streamlined application
- No in-person interviews
- Automatic renewals every 12 months
- Use of modified adjusted gross income (MAGI)
- Enrollment assistance available

⁺ OUTREACH & ENROLLMENT

Law **requires** states "establish procedures for outreach and enrollment activities to vulnerable & underserved populations" (ACA § 2201)

- Children
- Unaccompanied homeless youth
- Children and youth with special health care needs
- Pregnant women
- Racial and ethnic minorities
- Rural populations
- Victims of abuse or trauma
- Individuals with mental health or substance-related disorders
- Individuals with HIV/AIDS

⁺ ELIGIBILITY OPTION

- **63 million currently enrolled:** children, pregnant women, disabled, and some parents of children

- **15 million newly eligible (starting January 1, 2014):** Law gives states option to expand Medicaid to non-disabled adults earning ≤138% FPL
  - About $15,000/year for singles
  - About $25,500/year for family of 3

- **7.3 million currently eligible, un-enrolled:**
  - 4.4 million adults (67% take-up rate)
  - 2.9 million children (84% take up rate)

- **85 million possible Medicaid enrollees** (1 in 4)

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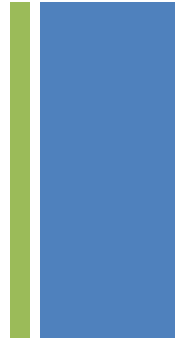
CBO PROJECTED MEDICAID ENROLLMENT (NON-ELDERLY)
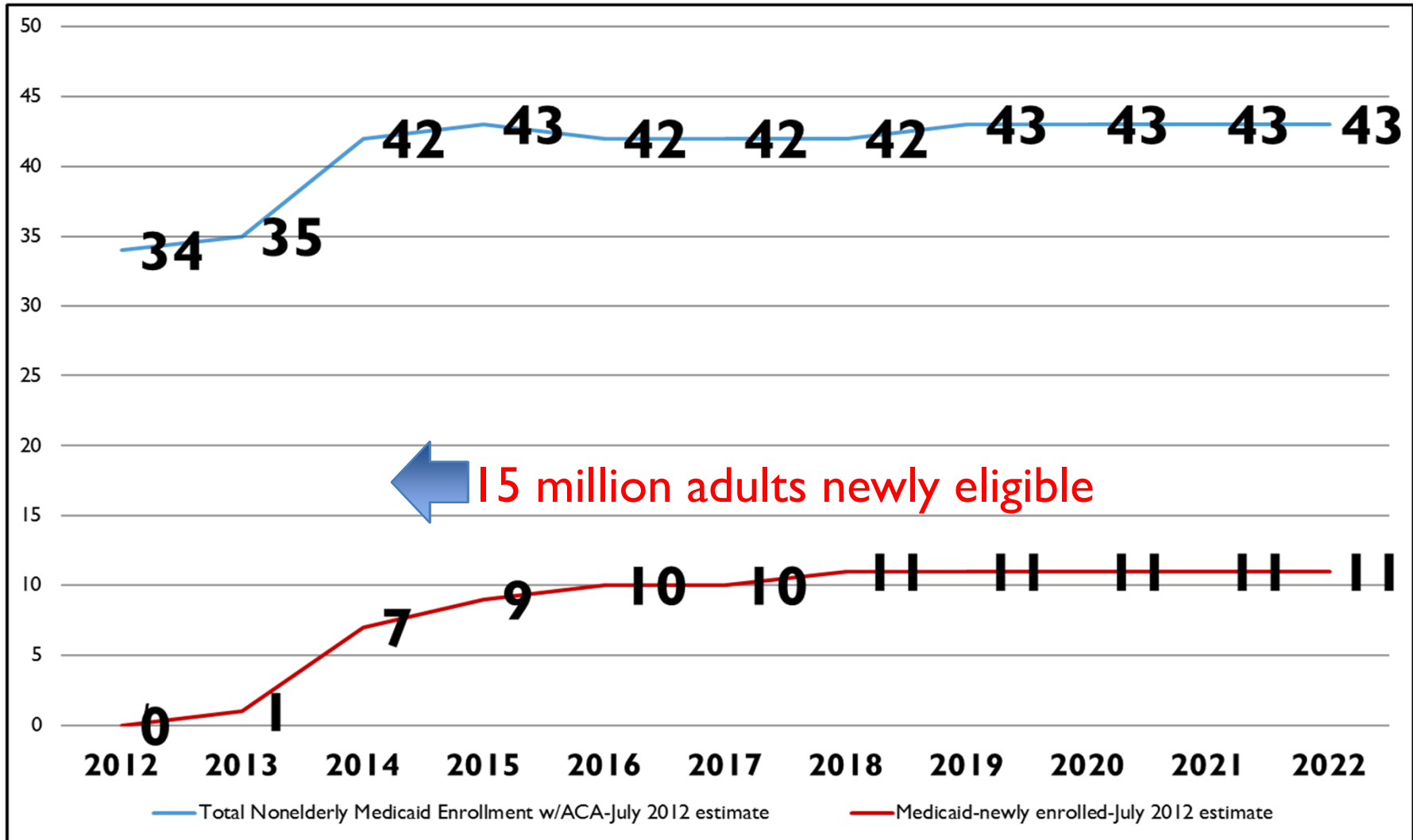
CBO THOSE REMAINING UNINSURED
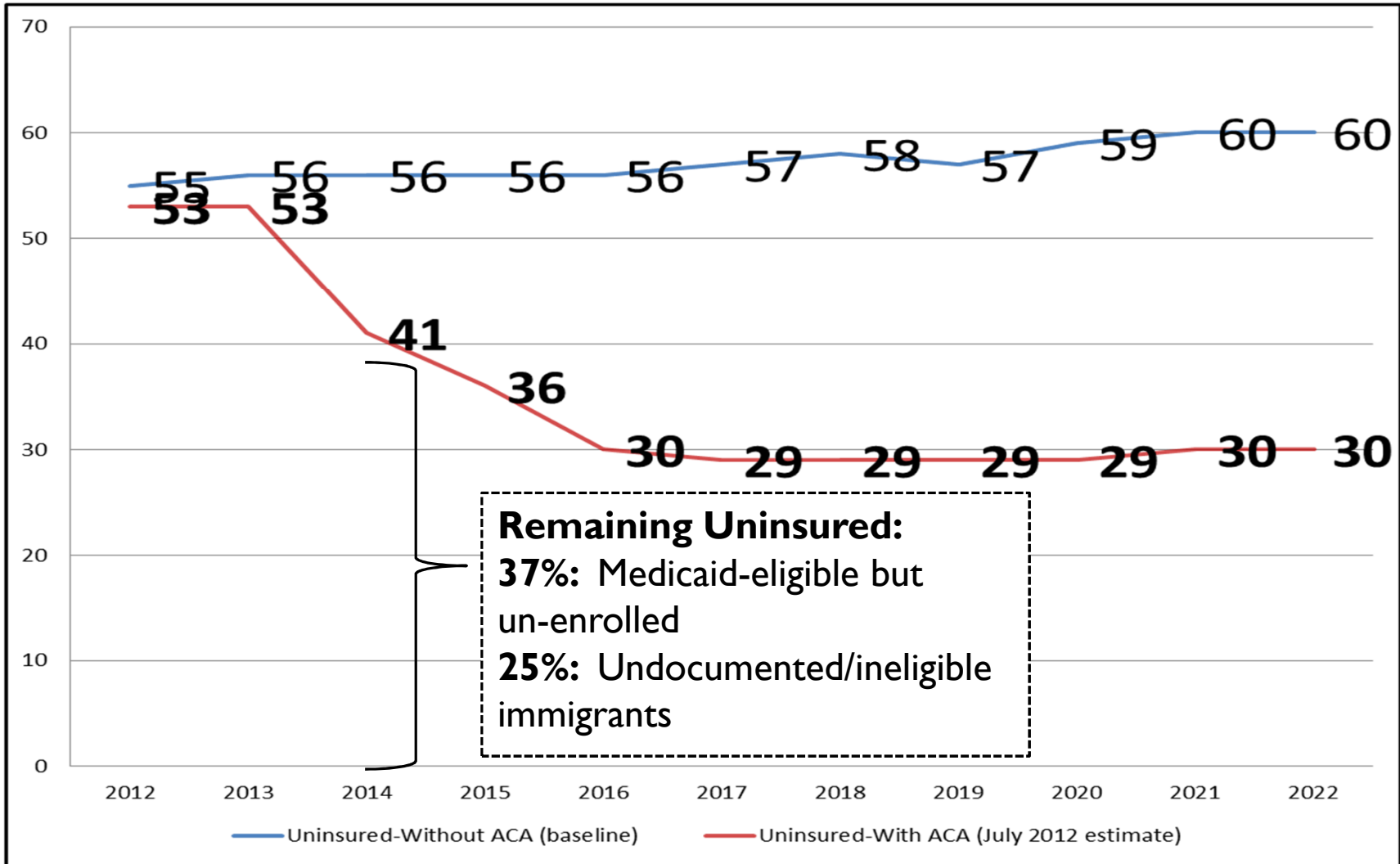
NEED FOR CARE
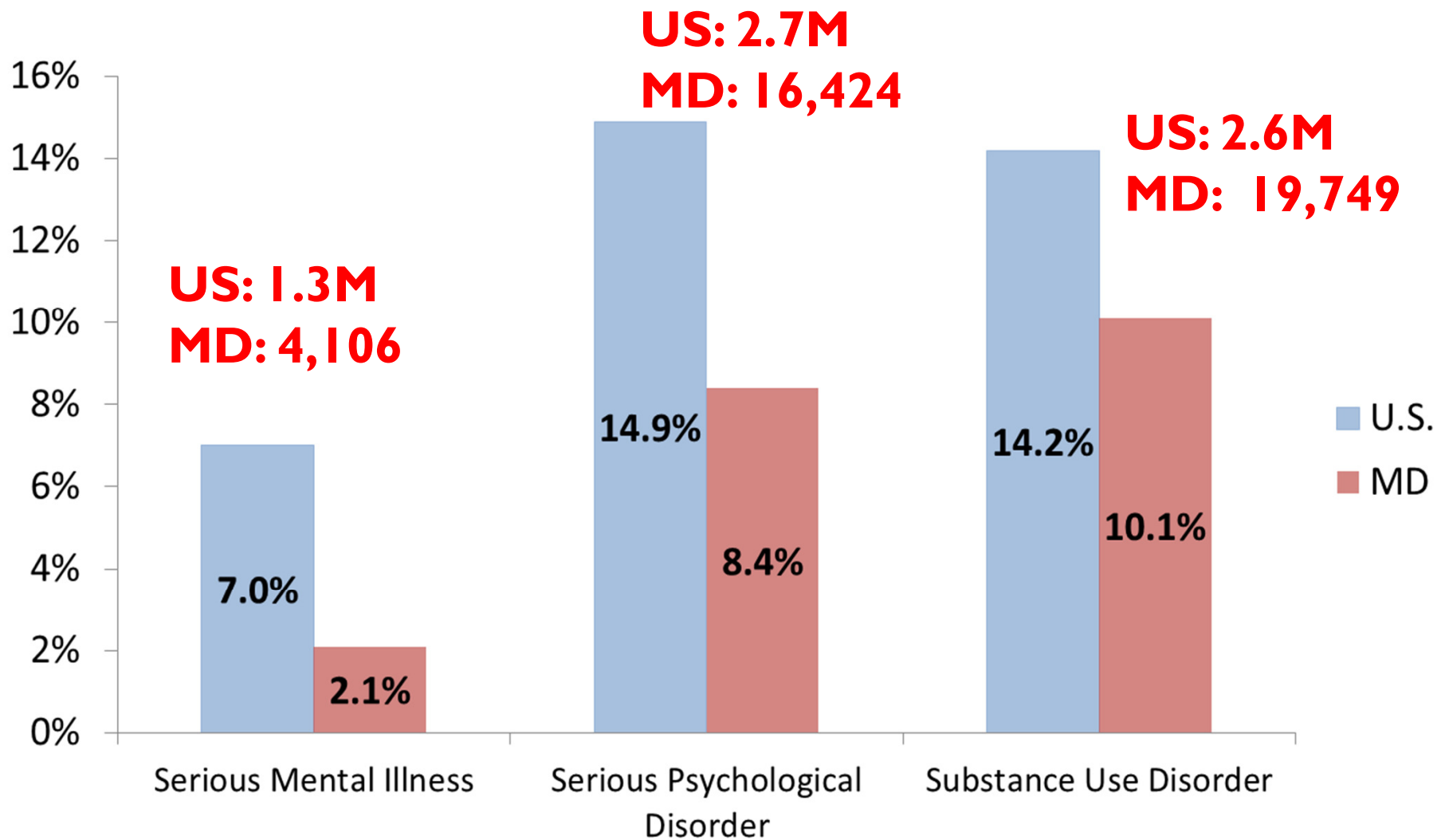
- 7,200 new primary care providers needed (2.5% of the current supply)
  - Geographic disparities in level of disruption
  - 44 million (14%) live in areas where 5%+ increase in demand
  - 7 million (2%) live in areas where 10%+ increase in demand

Source: Huang and Finegold. (March 2013.) Seven Million Americans Live in Areas Where Demand For Primary Care May Exceed Supply by More than 10%. Health Affairs.
http://content.healthaffairs.org/content/early/2013/02/19/hlthaff.2012.0913.full.pdf+html.

- Many with chronic and acute illnesses and behavioral health conditions

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Characteristics of 18-64 Year-Olds Projected in Medicaid Expansion Population

US: 2.7M
MD: 16,424

US: 2.6M
MD: 19,749

US: 1.3M
MD: 4,106

14.9%

14.2%

8.4%

10.1%

7.0%

2.1%

U.S.

MD

Serious Mental Illness

Serious Psychological Disorder

Substance Use Disorder

*Source: SAMHSA, 2013. Available at: http://www.samhsa.gov/healthReform/enrollment.aspx.*

MODELS OF CARE

- Integrated, team-based care (mental health, addictions, medical)

- Focus on quality and outcomes, not quantity of procedures

- Patient-centered medical homes

- Electronic health records

- Coordinated care across multiple venues

- Collect data, eliminate disparities

- Coordinated care entities/accountable care organizations, etc.

- Health care viewed in a wider perspective
  - Renewed attention to social determinants of health

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ROLE OF RESPITE
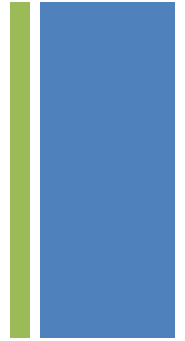
- Follow-up hospital presumptive eligibility applications

- Ensure enrollment in a care plan

- Select/change appropriate provider

- Coordinate care transitions

- Patient education about care options, health insurance

- Informing public discussion

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+ PARTNERSHIPS

- **Hospitals (and hospital associations!)**
  - CEO/CFO/Administrators
  - Emergency department lead
  - Social work/discharge lead

- **Medicaid Director/Senior Staff**
  - Payer for services
  - Significant pressure for cost-containment

- **Local/State Health Officers**
  - Public health implications
  - Use of local services/budget impacts
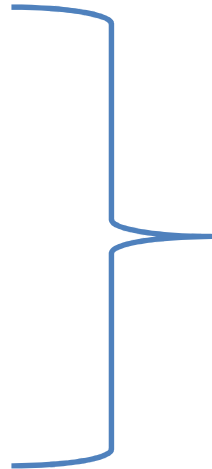
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+ PARTNERSHIPS (cont'd)

- **Legislators/Council Members**
  - Health care
  - Health disparities
  - Poverty/homeless
  - Fiscal conservatives
  - Caucus members
  - Budget members

  Great for introducing legislation, mandating reports, scheduling informational briefings, getting attention to issues

- **Governors/Mayors**
  - 10-Year Plans to End Homelessness
  - Budget concerns, impact on public services
  - Leverage federal funding

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PARTNERSHIPS (cont'd)

- **Judges/Specialty Courts**

  - Mental health/drug courts

  - Goal to reduce recidivism, engage in community care

- **Managed Care Organizations**

  - Key financial stakeholder

  - Wide range of flexibility for services and payment

- **Primary Care Associations**

  - Education, training and TA

- **Health Centers**

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+ STATE PLANNING: AN OPPORTUNITY

- Creation of state health benefit exchanges

- Commissions/task forces/advisory committees
  - Focus on special populations, safety net providers
  - Go to the meetings
  - Sign up to testify
  - Take consumers and Board members
  - Get nominated to stakeholder groups

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HCH COMMUNITY ADVOCACY AREAS
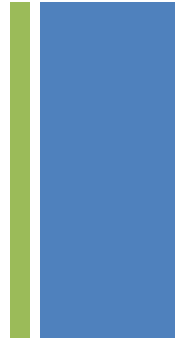
1. Medicaid expansion
2. Outreach
3. Insurance application
4. Provider selection
5. Cost sharing
6. Continuity of care
7. Workforce capacity
8. Available benefits
9. Insurance protocols
10. Remaining safety net
11. Housing
12. Further reform *(universal health care)*

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YOUR SPECIFIC "ASKS"

- What specific, feasible action(s) do you want to happen?

- Are action(s) outlined in writing with all needed detail?

- Do you have the data (hard or soft) to justify these changes?

- Have you identified someone appropriate to champion your cause?

- Have you met individually—and in coalition—with numerous stakeholders?

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OPPORTUNITIES	RISKS
■ Improved individual & public health	■ Fail to reach newly/currently eligible (lack of outreach)
■ Improved health care system	■ Continued barriers to enrollment
■ Reduced personal bankruptcy & poverty	■ Inability to find provider(s)
■ Increased individual & family stability	■ Difficulty engaging in care
■ Increased employment & productivity	■ Ongoing housing instability risks engagement in care
■ Reduced recidivism to criminal justice	■ Poor transition to exchange jeopardizes gains in health, income
■ Preventing & ending homelessness	■ Ongoing homelessness & poor health