

MASSACHUSETTS

Increased Consumer Choice and HCBS:

- The number of individuals receiving home and community based services doubled between 1999 and 2004 in Massachusetts; however the number of individuals receiving nursing home care during those years remained relatively stable. The issue that still remains is, even though most individuals prefer to receive care at home, Massachusetts still allocates most of its Medicaid funding towards institutional care.
- Rebalancing efforts, however, are underway; in August 2006 “Equal Choice” legislation was enacted. The law states that consumers eligible for publicly funded LTC services should have “the choice of a care setting that is least restrictive and most appropriate.” The bill recognizes that individuals are being denied the right to receive care at home. This is partly due to how Medicaid funds are allocated, as there is a bias towards institutional care. The bill also stipulates that “money would follow the person”; the individual would be allowed to receive home and community based services up to the same amount that their care would amount to if they were receiving institutional care. Their care cannot exceed the costs of institutional care and the aggregate cost of all individuals receiving community based services cannot exceed what the state would have spent on institutional care under the state Medicaid plan.
- Additionally, in 2006 the state submitted to CMS its “Community first” demonstration proposal, which is a major initiative to prevent or delay nursing home admissions, as well as allow nursing home residents to return to the community. The demonstration allows participants to direct their own care and the state hopes that this will allow it to achieve its goal of developing a flexible community service delivery system. In addition, under this demonstration project, the state raised income limits for Medicaid eligibility to 300 percent of Supplemental Security Income and asset limits have been raised as well from \$2,000 to \$10,000.
- The demonstration targets three groups of individuals and caps are placed on the number of participants for each group. The first group is the imminent risk group, which is comprised of individuals who are eligible for nursing home care. It is capped at 10,600 participants. The second group is the prevention group, which is comprised of individuals who are at risk for nursing home care within 9-12 months, based on their clinical and functional profile. This group is capped at 4,000 participants. The third group is the transition group, which is made up of individuals who are nursing home residents who want to leave the nursing home but require community supports to successfully do so. This group is capped at 1,000 participants; 500 slots are reserved for individuals under 65 and 500 slots are reserved for individuals over 65.

Analysis of Programs and Policies:

- Many elderly and disabled rights groups in Massachusetts have endorsed the “Equal Choice” bill. The bill has been touted as a landmark bill, as it theoretically puts an end to the institutional bias that is present in Massachusetts’ Medicaid funding scheme. It also allows consumers to choose the setting in which to receive care and mandates that individuals be informed about community care options. It is believed that the bill will save the state money through better management of long term care spending.
- It is largely recognized that individuals who require long term care services prefer to receive services in a home or community based setting, rather than an institutional

- setting. However, a state's ability to create more HCBS and to undertake a "Money Follows the Person" program depends on its infrastructure to undertake large scale transition programs. For example, the availability and the state's ability to provide affordable housing is a key component in allowing individuals to transition out of nursing homes. Finding affordable housing is often a barrier to transitioning back into the community. In Massachusetts, a housing registry, "Mass Access" has formed and has provided a way to navigate around this barrier. It is funded by the Massachusetts Rehabilitation Commission and the Department of Urban Development. The registry collects and provides information about the location of available housing by city or town, rent levels, adaptable or accessible features and number of bedrooms. The registry includes housing units in subsidized and market rate developments.
- Although Massachusetts has made an effort to rebalance Medicaid spending and has increased HCBS through its "Community First" initiative, the current economic situation has led to a reduction of funds for the program. The Governor reduced spending from \$20 million to \$6.5 million for "Community First", which means that less effort will be made to encourage community based services. Those already in the program will not lose services.

Conclusion:

- Massachusetts' long term care policies are shifting in the direction of increased consumer choice and are shifting away from institutional care. The state recognizes the importance of receiving care in the least restrictive setting and their "Equal Choice" bill and "Community First" initiative are steps in the right direction from a consumer's perspective. The economic reality, however, does not bode well for long term care consumers. The state's budget cuts for "Community First" discourages promotion of the waiver program and thus it is questionable how successful Massachusetts will be at increasing HCBS in its long term care system.

Resources:

1. *The Official Website of the Massachusetts Office of Health and Human Services*, <http://www.mass.gov/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Consumer&L2=Physical+Health+and+Treatment&L3=Long-Term+Care&sid=Eeohhs2>.
2. Kassner, E., Reinhard, S., Fox-Grage, W., Houser, A., Accius, J., *A Balancing Act: State Long Term Care Reform*, AARP Policy Institute, July 2008, http://assets.aarp.org/rgcenter/il/2008_10_ltc.pdf.
3. *House Passes Equal Choice Bill*, John F. Quinn, *Massachusetts State Representative* <http://www.repquinn.com/news/2006-07-24.htm>.
4. *Press Release: Community Care Bill for the Elderly, Disabled Gets Favorable Report*, *Mass Home Care* <http://www.masshomecare.org/AlertsDetail.asp?offset=10&Sequence=419>.
5. *Equal Choice Bill*, *The Melrose Mirror*,

<http://melrosemirror.media.mit.edu/servlet/pluto?state=3030347061676530303757656250616765303032696430303434383538>.

6. Mass Budget BRIEF: Examining the Governor's Plan to Close the Budget Gap,
Massachusetts Budget and Policy Center, November 2008,
http://www.massbudget.org/file_storage/documents/FY099Ccuts.pdf

7. Massachusetts Accessible Housing Registry (MassAccess), *The Official Website of the Office of Health and Human Services (EOHHS)*,
http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Disability+Services&L3=Housing&sid=Eeohhs2&b=terminalcontent&f=mrc_c_hsg_access&cid=Eeohhs2.

8. MassAccess: The Accessible Housing Registry,
<http://www.massaccesshousingregistry.org/>