

Hawai'i Going Home Plus Operational Protocol

A.2 Benchmarks

Going Home Plus provides a unique opportunity for Hawai'i to utilize the resources available under the Money Follows the Person program to develop additional resources to demonstrate how additional community supports can assure the successful transition of the target populations from institutions into home and community-based setting. The following tables describe the two required benchmarks and the three additional, measurable benchmarks that have been adopted for *Going Home Plus*.

Required Benchmark #1. Breakdown of transitions by target population. Table A.2.1. shows the projected numbers by target population by calendar year.

Table A.2.1. Projected Number of Eligible Medicaid Individuals Enrolled in *Going Home Plus* by Target Population by Calendar Year.

Target Population	CY 2008	CY 2009	CY 2010	CY 2011	TOTAL
Elderly	5	50	65	55	175
Persons with Physical Disabilities	15	55	65	55	190
Persons with Developmental Disabilities	0	5	15	30	50
TOTAL	20	110	145	140	415

Required Benchmark #2. Hawai'i's total (federal and state) spending on all HCBS services. The State has projected its expenditures for each of the target groups over the four years of the project. These targeted expenditures are likely projections that may need to be amended because of the implementation of the QExA managed care program and the Maui Rural PACE programs concurrent with the implementation of *Going Home Plus*. The baseline spending amount for SFY07 is for five (5) Medicaid HCBS waivers and Pre-PACE. SFY08 projections include actual Medicaid HCBS payments for six (6) months, no Pre-PACE payments due to program closure in June 2007 and higher payments for DD waiver services due to retroactive reimbursements. In SFY 2009, Maui Rural Pace will begin admitting (58 projected unduplicated) participants; 85 unduplicated participants are projected for SFY2010. Calculation of the Aged and Disabled projections for 2009-2010 is based on SFY2008 projections inflated by 3.1% annually, then adding in the PACE expenditures. 3.6% is the DRI -WEFA index for a Nursing Facility for 7/1/07 which is used by the State Medicaid program. DD/MR waiver projections for SFY2009-2011 are based on an 8% annual increase projections consistent with the waiver renewal application.

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Table A.2.2. Qualified Expenditures for Home and Community-Based Services by Population Calendar Year.

	Elderly	Individuals with Physical Disabilities	Individuals with MR/DD	TOTAL
Baseline 07	26,914,344	20,238,822	86,928,840	134,082,005
SFY 2008	27,999,171	21,744,422	105,598,855	155,342,449
SFY2009	29,927,749	22,575,674	114,046,763	166,550,186
SFY2010	32,884,607	23,487,317	123,170,504	179,542,428
SFY 2011	34,068,453	24,332,861	133,024,144	191,425,457
TOTAL	151,794,323	112,379,096	562,769,106	826,942,525

Benchmark #3. 90% of the MFP participants will remain in the community through the demonstration year. The State intends to use the demonstration and supplemental services available under MFP to maintain participants in the community. Table A.2.3. displays these targets.

Table A.2.3. Targeted Number of Successful Transitions by Target Population by Calendar Year.

Successful Transitions	CY 2008	CY2009	CY 2010	CY2011
Number of <i>Going Home Plus</i> Participants	20	110	145	140
90% of Successful Transitions	18	99	130	126

Benchmark #4. Systems-Capacity Building: Provider Network. Hawai'i's rebalancing of the LTC system is not based on eliminating or reducing any nursing home beds. Instead, the State intends to implement certain actions that assure nursing home beds are reserved for individuals with high acuity whose needs cannot be met safely in the community.

The State intends to increase the community-based service provider base so that more people can reside in the community. Hawai'i has the nation's lowest unemployment rate which challenges the recruitment of home care providers. The Management Team will work with the QExA health plans to develop strategies to expand the HCBS provider base on each island.

Table A.2.4. shows the projections for increasing the system's provider capacity to serve more people in the home and community-based setting. The objectives in Benchmark #4 and #5 are consistent with the Olmstead Implementation Plan and Hawai'i's new Quest Expanded Access (QExA) 1115a Demonstration Waiver.

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Table A.2.4. System-Capacity Building: Provider Network.

System-Capacity Building Objectives	CY 2008	SFY 2009	SFY 2010	SFY2011
Increase the HCBS Provider network by 5% above the number of HCBS providers in the previous SFY	914	960	1008	1058

Benchmark #5: Systems-Capacity Building: HCBS QExA Members. Expanded use of the State’s Nursing Facility Level of Care tool should be one factor that will assist the State to meet its goal to increase the number of HCBS recipients by 5% each year. The *Going Home Plus* Management Team will be monitoring the HCBS growth to identify successful outreach and identification strategies and barriers to moving and/or maintain Medicaid recipients in HCBS setting. The CY 2008 figure in Table A.2.5. below represents an estimated HCBS baseline count for future annual projections. In February 2009, the baseline HCBS figure will be updated to reflect the actual point-in-time QExA baseline.

Table A.2.5. System-Capacity Building: Estimated QExA HCBS Recipients.

System-Capacity Building Objectives	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Increase the number of QExA members receiving HCBS services by 5% above the number of members receiving HCBS in the previous SFY	2568	2697	2832	2973