Inclusive Alliance

Revolutionizing Managed Care:
A Journey with the I/DD, TBI & Aging populations in Indiana

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Thomas Summerville, Chief Operating Officer,
Easterseals Arc of Northeast Indiana

1115 Waiver Webinar Series:

August 16, 2023

Logistics & Learning Objectives

- Logistics:
  - Please send your questions in by using the Q&A box in Zoom
  - Slides & recording will be shared with registrants by Friday
- Learning Objectives:
  - Understand the strategies utilized by community-based organizations in Indiana to begin VBP arrangements for the I/DD population
  - Appreciate the differences across the country in approaches to long term care services, including I/DD services
  - Generate additional questions to guide future discussion and preparation for VBP arrangements in NYS

Inclusive Alliance

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ABOUT US

Our Mission

To advance the growth and quality of cost effective and inclusive individual services for children and adults through innovation, collaboration and coordination.

Our Purpose

Prepare members for Managed Care and the transition to value-based payment (VBP)

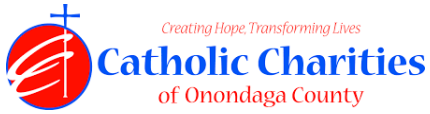
Independent Practice Association (IPA) of community-based organizations of varying sizes and scopes of services.

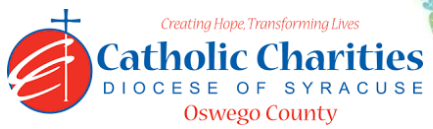
2016
Year Founded

501c3
Not-for-profit

39
Members (& Growing!)

Meet Our Inclusive Alliance Members – August 2023





Overview of New York's 1115 NYHER Waiver Amendment

New York is requesting $13.52B over five years to fund an 1115 Waiver Amendment.

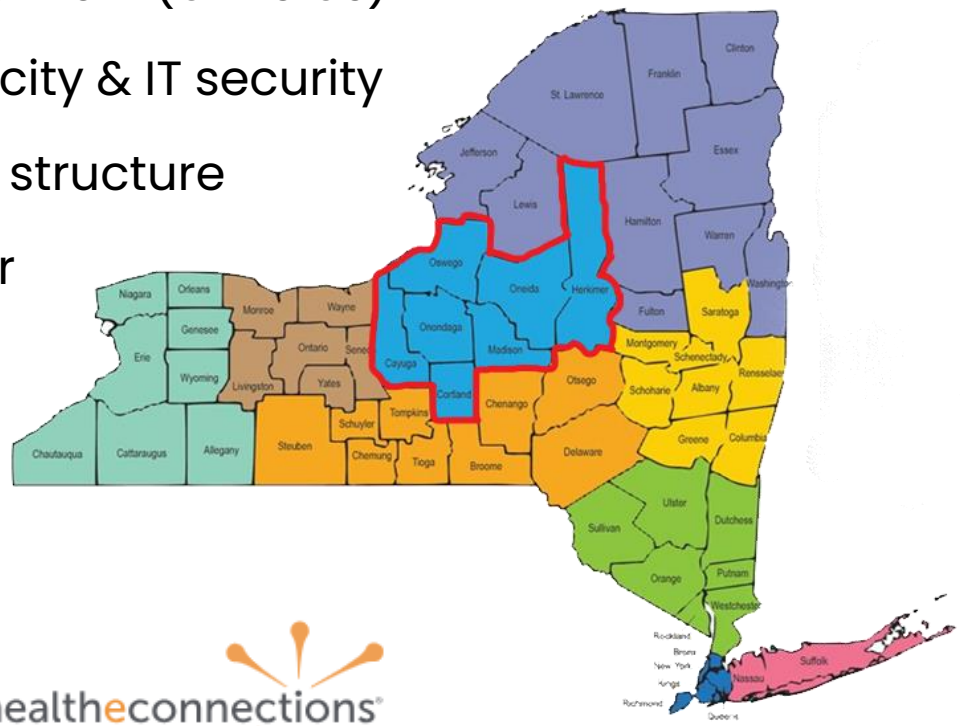
The Amendment includes one goal and four main strategies:

Goal: Reduce health disparities, advance health equity, and support the delivery of social care

Strategy #1	Strategy #2	Strategy #3	Strategy #4
Building a More Resilient, Flexible and Integrated Delivery System that Reduces Health Disparities, Promotes Health Equity, and Supports the Delivery of Social Care	Developing and Strengthening Transitional Housing Services and Alternatives for the Homeless and Long-Term Institutional Populations	Redesign and Strengthen System Capabilities to Improve Quality, Advance Health Equity, and Address Workforce Shortages	Creating Statewide Digital Health and Telehealth Infrastructure

Inclusive Alliance's Qualifications to lead a Social Care Network

- Non-profit IPA network covering all Region 7 counties & HRSNs (food, housing, & transportation)
- 2.5 years' experience co-managing a regional referral network (Unite Us)
- Data warehouse & experience assessing CBO data capacity & IT security
- Local CBO-lead, representative, democratic governance structure
- Central administrative hub for contracting & payment for evidence-based interventions delivered by CBOs
  - Pathways Community HUB
  - National Diabetes Prevention Program
- Key Partners:



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All in for better health

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Independent Pratice Association

Human Services Leadership Council of Central New York

healtheconnections

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1115 NYHER Waiver Amendment Updates

- New York's 1115 NYHER Waiver Amendment Request is still pending approval by CMS
- Despite statements from DOH anticipating initial agreement in July, we now expect approval will not occur before the fall
- The focus on networks of CBOs (social care networks) organized to deliver new, Medicaid-reimbursable health-related social need (HRSN) services & on improving health equity remains consistent

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Coming Attractions – Upcoming Inclusive Alliance

Presented with Subject Matter Experts from HMA (subject to change):

- **September 20, 12-1:** Approved Medicaid 1115 NYHER Waiver: What is Included, What Changed, & What is Still Unknown (tentative)

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Stay Involved & Get in Touch!

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- Sign up for our Network Scoop newsletter
- Visit our website: inclusivealliance.org

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HMA

Value-Based Payment and System Transformation | An Introduction

PRESENTED BY:

GAURAV NAGRATH, ScD, MBA | MANAGING PRINCIPAL

HEALTH MANAGEMENT ASSOCIATES

HMA

Agenda

Introduction

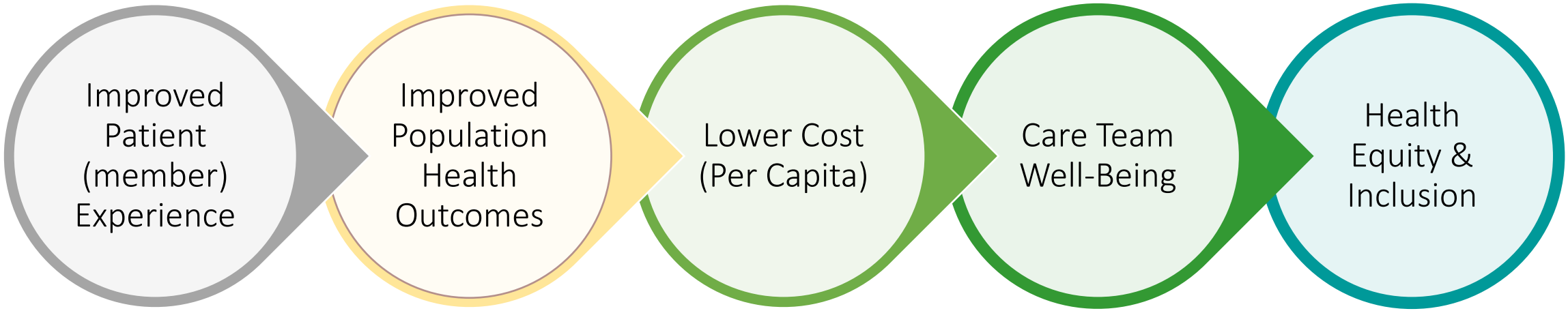
Value-Based Payment Models: Purpose, Approach, and Overview

Best Practices and State Scan

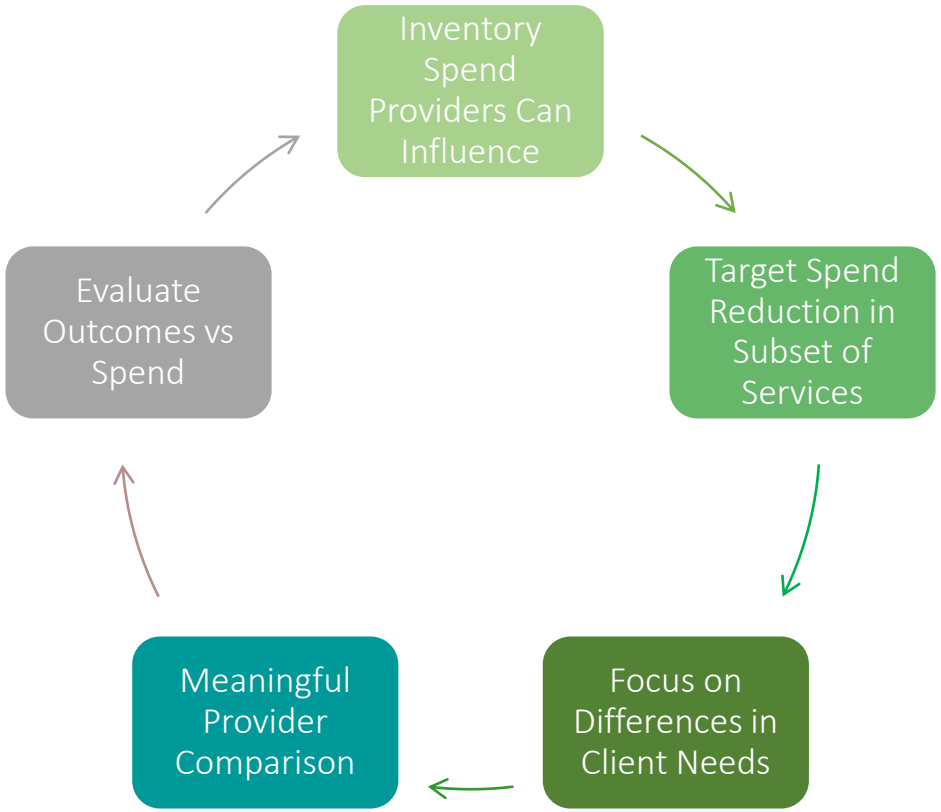
VBP in I/DD and APM Framework

Closing

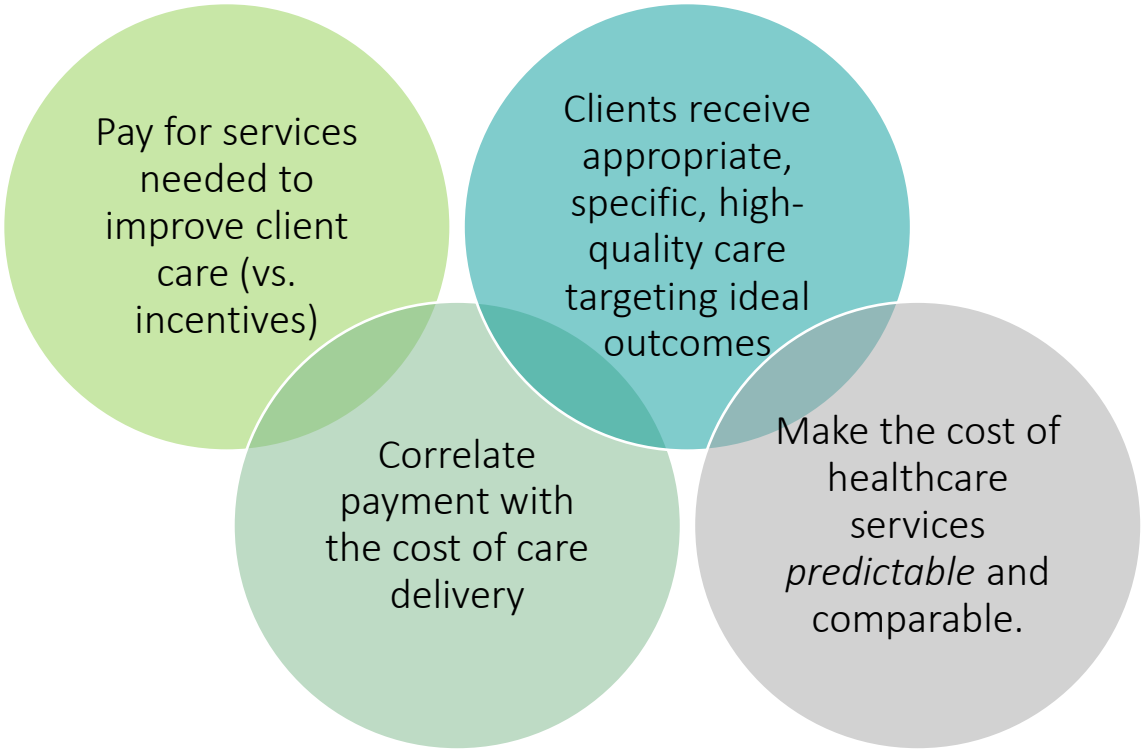
PURPOSE OF PAYMENT REFORM FOR VALUE-BASED CARE AND ALIGNMENT WITH QUINTUPLE AIM



APPROACH - ACCOUNTABILITY FOR HEALTHCARE SPENDING | ALTERNATE PAYMENT MODEL DESIGN

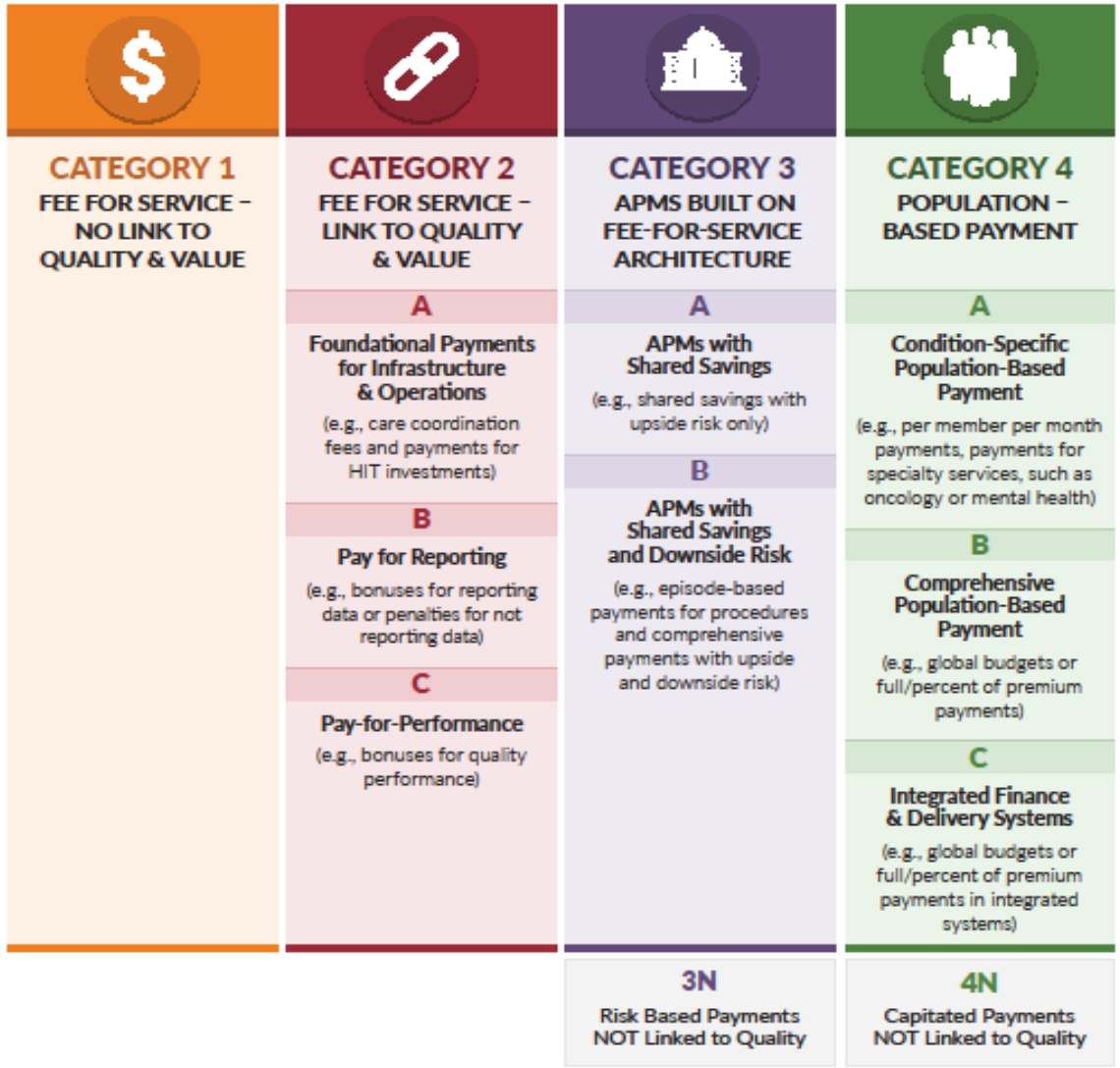


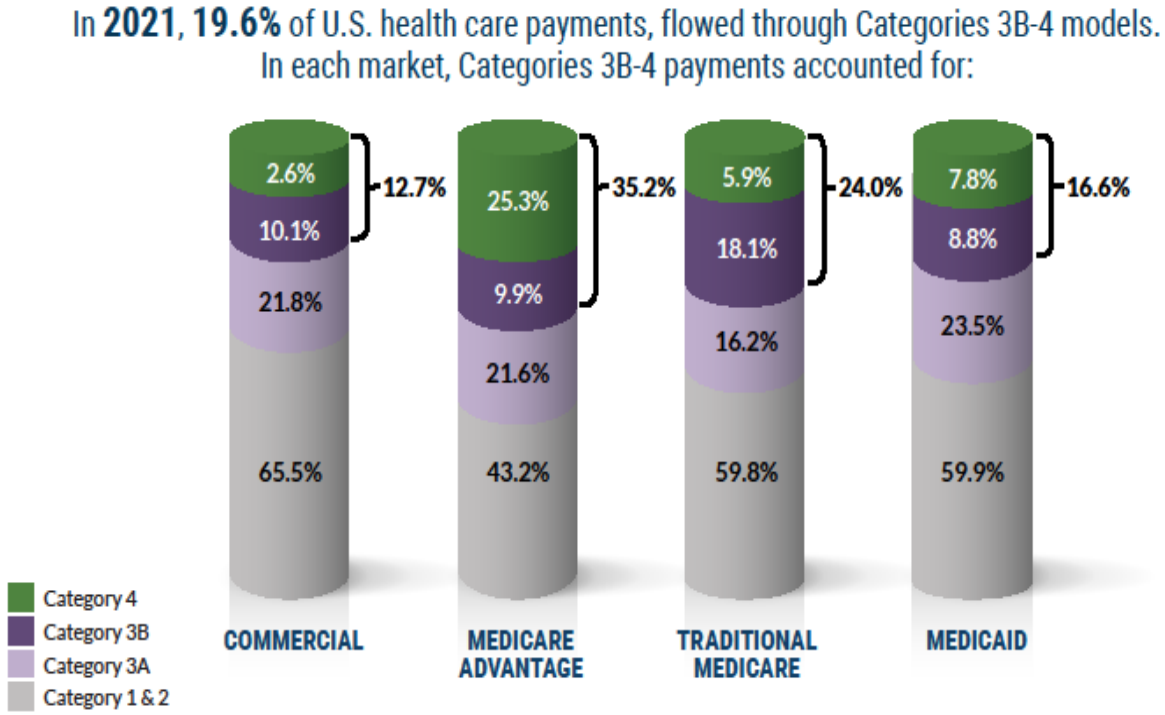
Measuring and Assigning Accountability for Healthcare Spending | Center for Healthcare Quality and Payment Reform (chqpr.org)



Harold Miller. The Problems with Medicare's APMs and How to Fix Them. Center for Healthcare Quality and Payment Reform

ALTERNATE PAYMENT MODELS - FRAMEWORK AND ADOPTION

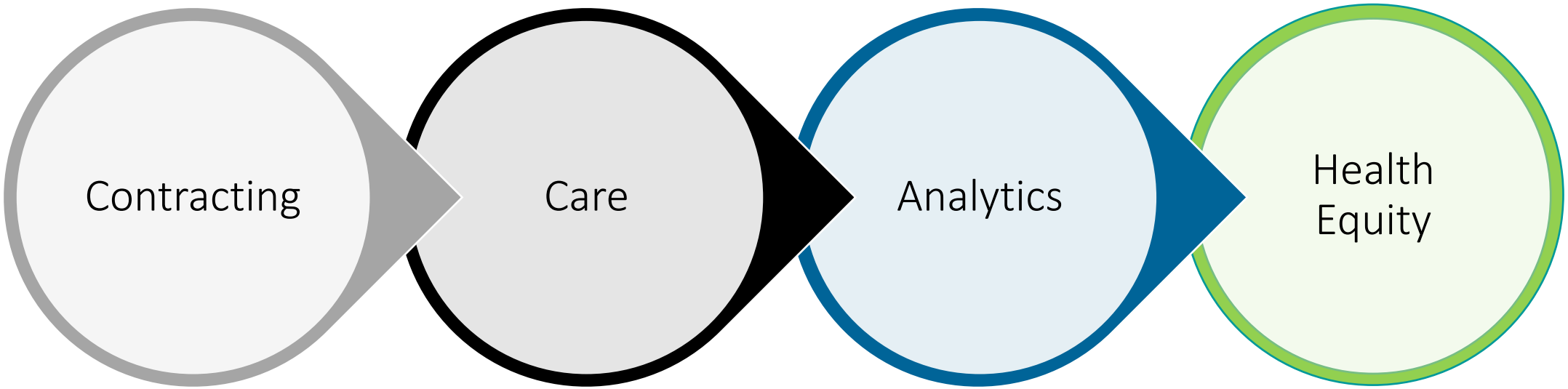




Health Care Payment Learning and Action Network.
https://hcp-lan.org/

PATIENT | PROVIDER | PAYER | SYSTEM ALIGNMENT

VALUE-BASED PAYMENT MODELS IN THE PROVIDER SPACE



BE SPECIFIC

- Identify targeted milestones for I/DD providers that impact overall metrics used in the VBP model with specific activities expected, fully developed timelines, and meaningful incentives.

PARTNER AND COORDINATE

- Understand where I/DD providers are in the integration spectrum and expand integration opportunities to reduce fragmentation and silos.

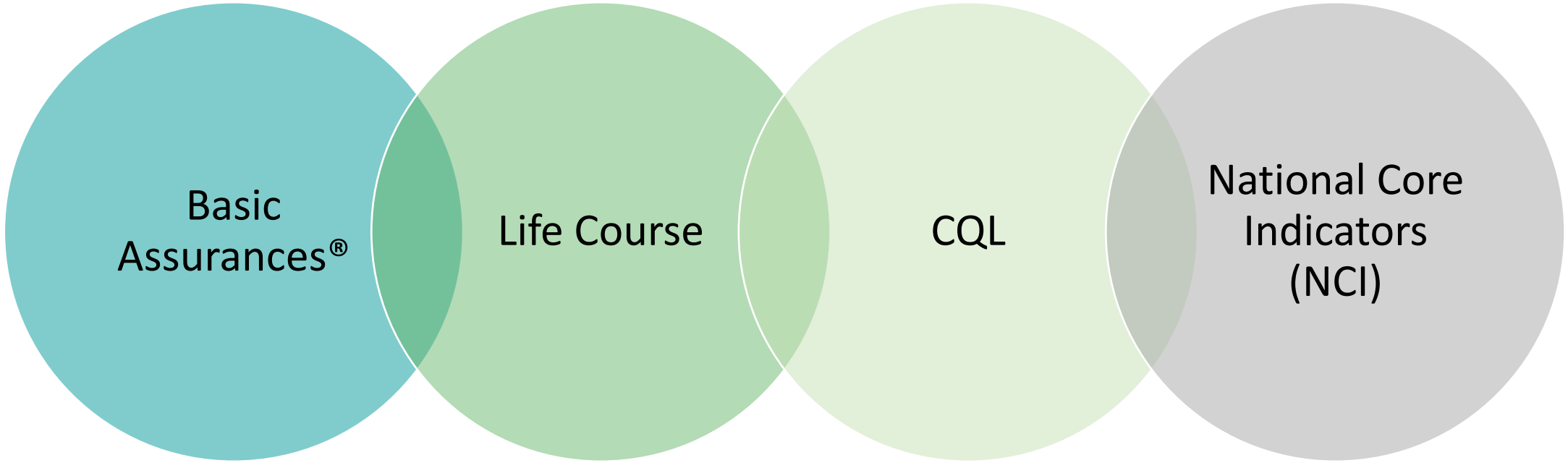
MEANINGFUL METRICS

- Ensure the metrics used for incentivizing I/DD are relevant and meaningful to providers and clients. Consider data collection and sharing processes to ensure continuous performance monitoring.

MONITOR DISPARITY

- Leverage screening tools to expand social determinant of health (SDoH) data collection. Use analytics to identify disparities in outcomes and use VBP to incentivize gap closure and movements toward health equity

CARF MEASURES FOUNDATION: COMMON MEASURE SETS



INNOVATIONS AND BEST PRACTICES IN MEDICAID LTSS (GUIDE FOR AUCD NETWORK PROVIDERS)[4]

Best Practices	States
Allow Time for Planning and Pilot Roll-out before Full Implementation	TN, DE, HI, VA
Involve People with Disabilities and their Family Members in the Design, Implementation and Evaluation of MLTSS	TX, AZ, NY
Establish No Wrong Door/Single Entry into LTSS systems	WI
Create an Independent Ombudsman Program	CA, HI, IL, KS, MN, NM, NY, OH, TX
Performance incentives or pay-for-performance bonuses when meet or exceed quality standards	MN, TN, TX, WI
Rebalancing Institutional LTSS to HCBS	AZ, TN, KS, VT
Ensure Adequate Provider Networks	DE, TN, NJ
Provide Support to Family Care Givers	SC, TX, TN, CA, NM, MA, WI
Employment Supports	TN, WI
Technology Innovation	CT, IN, IA, NE, ND, TN, ME, NJ
Expand and Improve Quality of the Direct Care Workforce	TN, NY
Housing-Related Activities and Services	AZ, TX
Enhanced Benefits Offered by MCO's	TN, FL, KS

STATE SCAN: NEW YORK

New York has 3 payment models for Medicaid services for I/DD population[1]

1. **The Fully Integrated Dual Advantage (FIDA-IDD):** individuals dually eligible for Medicare and Medicaid (2016)
   - Combines benefits from Medicare & Medicaid into single health plan.
   - Interdisciplinary team coordinates medical, behavioral, LTSS, and social needs.
2. **Shared Savings Pilot program:** developmental disability providers contract with an MCO
   - Contracted on a FFS to share savings from reductions in ED visits and hospitalizations.
3. **Section 1115 waives authority:** serve individuals with I/DD using Health Home/Care Coordination Organizations (2018)
   - HH/CCOs controlled by minimum 51% nonprofit I/DD providers
   - Receive capitated rate in exchange for care coordination across all service areas (acute, behavioral health , & HCBS)

Benefits:

- Shared Savings Pilot program: providers felt the flexibility in services provisions was a strength of the model.[1]
- Provide up to $245 million for their Workforce Investment program to fund organizations to develop skilled staff and provide supports in HCBS. [4]

Limitations

- Shared Savings Pilot program: issues with 2 regulatory entities (MCO & state) [1]

STATE SCAN: WISCONSIN

Family Care Program[1] started as a pilot program for individuals with I/DD in 1998 and then approved for statewide expansion in 2015.

- Mandatory for individuals using HCBS (some exceptions)
- Operated by county-based and regional nonprofit MCOs (only responsible for LTSS)

Initial Goals of Family Care Program

1. Ending the waitlist
2. Improving access and quality and of services
3. Create a cost effective long-term care system

Current Update of program[2]

- The waitlist ended in 2015.
- In 2018, family care is available in all counties in Wisconsin
- Currently serves 55,000 members across the state.

Wisconsin also relies on multi-state MCOs to manage acute care services for Medicaid beneficiaries

Benefits:

- Early evaluation found cost savings relating to the FFS model. [1]
- Roll-out of the program overtime allowed the state to have capacity and resources to improve program. [3]
- Medicaid FFP pays for more than one-third of the funding for Wisconsin's Aging and Disability Resources (ADRC). [4]

Limitations

- Providers feel that the payment rates have been relatively stagnant since 2011 [3]

STATE SCAN: TENNESSEE

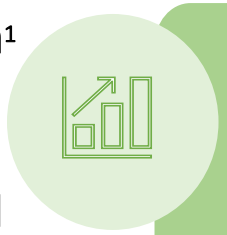
Employment and Community First (ECF) CHOICES Program[1]

Uses Section 1115 waiver authority to provide service package (physical, behavioral and LTSS) to certain individuals with I/DD

- Originally implemented as an MLTSS program for seniors and people with physical disability (2010). Added managed care for individuals with I/DD (2016)

Goals of the Tennessee Model

1. Serve more people
2. Promote competitive employment and community integration
   - Workforce developmental goals are incentivized with payment incentives
3. Improve quality
   - Quality measures: Individual Experience Assessment survey, and quality assurance & performance improvement activities



Benefits:

- TennCare reports that 80% of individuals who participated in Employment Exploration decided to pursue employment. [3]
- Beneficiaries in nursing facilities decreased from over 20,000 to fewer than 17,000 and number in HCBS increased from 4,700 to 13,000 (2010-2015).[5]

Limitations

- As of 2016, Tennessee had 5,813 individuals with I/DD on a waiting list for services. .[1]

STATE SCAN: ARKANSAS

Provider-Led Arkansas Shared Savings Entity (PASSE)[1]**:** serves individuals with I/DD and behavioral health needs under Section 1915 (b)/(c) waiver authority.

PASSE Model:

- Better case management and care coordination to minimize the cost of acute services (ED visits, inpatient psychiatric stays, and hospitalizations)
- Services include: medicine, doctors visits, supportive living, and specialty services

Living Choices Assisted Living Waiver[6]**:** assisted living program enables individuals to live on their own in an assisted living facility.

- Program enables you to live in an assisted living facility independently in an individual's apartment while receiving 24-hour supervision and care

Benefits:

- Provide services at a lower cost than in an institutional nursing home setting.
- Providers and beneficiaries preferred the provider-led approach over the traditional MLTSS.[9]

Limitations

- Program covers cost of care at the living residence, participants are required to pay for room and board portion.
- Participant enrollment limits have caused waiting list to form.

STATE SCAN: INDIANA

Indiana's Family and Social Services Administration (IN FSSA)[7] is working with project partners to:

1. Design a Medicare-Medicaid integration strategy for dually eligible individuals to enroll in Medicaid-managed long-term services and supports (MLTSS)
2. Engage providers in its development process by providing educational support and support in enrolling as participating providers in relevant MLTSS plan networks

IN FSSA's 33-month effort (April 2021-December 2023) to achieve project objectives:

- Develop a comprehensive LTSS reform plan with a focus on the integration of Medicare and Medicaid.
- Providing support and building capacity for providers of home- and community-based services.

Benefits:

- In 2019, Indiana began to place a higher priority on implementing dual policies that positively impact quality and outcomes [8]
- Pro In 2015, only 14 counties in Indiana had D-SNP (Dual Eligible Special Needs Plans) enrollment. In 2019, almost all counties had D-SNP enrollment.

Limitations

- Payment for LTSS services was poorly linked to quality measures and not linked to outcomes. [8]
- AARP's LTSS Scorecard ranked Indiana 44th in the nation. [8]

VBP IN I/DD : A PIVOT TO WHOLE-PERSON CARE

Coordinated Level 1

I/DD, Behavioral health, and physical healthcare providers work in separate facilities, have separate systems, and rarely communicate about cases

Co-Located Level 3

Separate systems but a shared facility. Proximity supports, at minimum occasional face-to-face meetings. Communication is improved and more regular

Integrated Level 5

High levels of collaboration between I/DD, BH & PH providers and may begin to function as a true team. Some issues may exist, such as a lack of an integrated medical record

Coordinated Level 2

Providers have separate systems at separate sites but engage in periodic communication about shared patients (usually high risk) and view each other as resources

Co-Located level 4

Close collaboration between I/DD, primary care, and BH providers. It may include an embedded Navigator or BH provider. Complex cases often drive consultation.

Integrated Level 6

Full collaboration has allowed antecedent system cultures to blur into a single transformed or merged practice. The operation is viewed as a single system treating the whole person and is applied to all patients

BUSINESS MODELS:
ALTERNATIVE PAYMENT MODELS (APM) FOCUS AREAS

Incentivize the delivery of desired lifelong outcomes for people with I/DD.	Services (including gaps) that can or do create quality and desired lifelong outcomes for people with I/DD.
Risk-based and Global Payments.	Areas of service where the provider over-performs compared to peer organizations or commonly used benchmarks.
Measuring quality and outcomes for people with I/DD	Focus on Quality metrics currently captured and reported.
Continuity and Coordination of Care	Augment current mechanisms for maintaining access to necessary services which promote continuity and stability for individuals, families, and providers.
Integration of physical health, behavioral, and I/DD	Coordinate all care plan goals, including physical, behavioral, and LTSS for individuals with I/DD. What is the role of providers in this effort? What is the role of interdisciplinary care teams in this effort? What is the role of the state?
Person-centered planning and opportunities for individual choice	Progress toward community integration outcomes that result from person-centered supports
Providers and stakeholders' engagement	Augment the current "community-wide" provider and stakeholder engagement approach. Comprehensively focus on the current provider and stakeholder profiles, interconnectivity, and improvement mechanisms.

METHODOLOGY: FUNCTIONAL APM DOMAINS THAT REQUIRE CONTINUOUS INVESTIGATION AND IMPROVEMENT: **EASTERSEALS OF NORTHERN INDIANA CASE STUDY**

easterseals | The Arc Northeast Indiana

- Financial and risk management
- Care coordination and management
- Regulatory compliance and business operations
- Leadership, governance, and talent
- Network and provider engagement
- Member experience and engagement
- IT infrastructure and interoperability
- Measure development and refinement
- Reporting and analytics

RESULTS: **EASTERSEALS OF NORTHERN INDIANA CASE STUDY**

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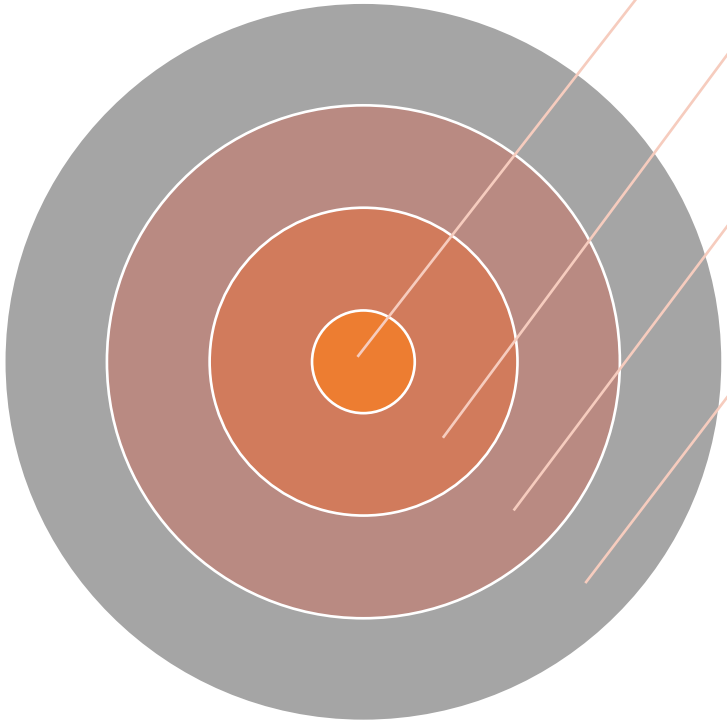
Northeast Indiana



Current and future state described by key informants

Summary of findings and initial recommendations

Data strategy, alternative payment models, and value-based care recommendations and road map

Innovation Pilot Project (IPP) funded by the Indiana Bureau of Developmental Disability Services

VALUE-BASED PAYMENT AND SYSTEM TRANSFORMATION

DISCUSSION

GAURAV NAGRATH, ScD, MBA

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ACRONYMS/DEFINITIONS

VBP: Value-Based Payment
APM: Alternative Payment Models
I/DD: Intellectual/Development Disability
CQL: Clinical Quality Language
CARF: Commission on Accreditation of Rehabilitation Facilities
LTSS: Long-Term Services & Supports
AUCD: Association of University Centers on Disabilities
MLTSS: Managed Long-Term Services & Supports
MCOs: Managed Care Organizations
HCBS: Home and Community-Based Services
FFS: Fee for Services
ED: Emergency Department
CCOs: Care Coordination Organizations
FFP: Federal Financial Participation
ADRC: Aging and Disability Resource Centers
D-SNP: Dual Eligible Special Needs Plans
BH: Behavioral Health

RESOURCES

1. ANCOR. (2019). Advancing value & quality in Medicaid service delivery for individuals with intellectual & developmental disabilities. https://ancor.org/sites/default/files/advancing_value_quality_in_medicaid_service_delive ry_for_individuals_with_idd.pdf
2. *Family care*. (2023, June 6). Wisconsin Department of Health Services. https://www.dhs.wisconsin.gov/familycare/index.htm
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