



STORIES FROM THE FIELD.

**LESSONS OF SHARING FROM THE DISABILITY NETWORK
BUSINESS ACUMEN LEARNING COLLABORATIVE**

February 2018

Today's Speakers

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■ Wendy Witcig

- Deputy Director, Community Operations, Division of Developmental Disabilities, Missouri

■ Sandy L. Hunt

- Bureau Chief, Bureau of Developmental Services, New Hampshire Department of Health and Human Services, New Hampshire

■ Maryellen Moeser

- Director, Housing and Community Living Unit, Division of Person Centered Supports, Office for People With Developmental Disabilities, New York

■ Joyce Pohlman

- Health and Human Services Commission, Texas

- Introduction
- Breaking down silos to better promote integrated care
 - ▣ Missouri & New Hampshire
- Managing change within a definite timeline
 - ▣ New York and Texas
- Stories from the field contest
- Q&A

Learning Collaborative Overview



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- Develop and implement business-related strategies to state-specific challenges to integrating long term services and supports and healthcare services.
 - Transitions
 - Network development
 - State model transitions

■ State Teams are comprised of . . .

- A Medicaid agency or any operating agency* that serves individuals with disabilities
- Community-based organizations (CBO) serving persons with disabilities (physical, intellectual and/or developmental)
- Integrated healthcare entities
- Others

Disability Network Business Acumen Learning Collaborative – State Teams



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Maryland

Maryland

Maryland's Centers for Independent Living will understand the components, timeline, and potential of the state's unique Total Cost of Care Model; evaluate their current capacity and service nature; facilitate partnerships with healthcare entities; and develop draft business plans to establish formal relationships with them.



Texas

Texas

Assist all partners in enhancing skills that enable them to be successful working in a managed care environment.

Transitions: Challenges and Opportunities



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■ Challenges:

- Conclusion of key federal initiatives
- Need to continue nursing facility outreach and diversion
- Focus on data-driven outcomes

■ Opportunities:

- Environmental changes
- Strengths of CBOs

Transitions: What can be done about it?



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■ Action:

- Educate CBOs about the states overall healthcare structure
- Have CBOs evaluate their service structures
 - SWOT analysis
 - Integrate CBO's experience in consumer controlled and directed practices into managed care
- Improve CBO internal business processes
- Improve CBO communication and negotiating skills with MCO
 - Learn how to price and package relocation services

Disability Network Business Acumen Learning Collaborative – State Teams



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Missouri

Missouri

Create an integrated system that demonstrates improved health outcomes, reduced costs, and increased stakeholder satisfaction through building collaboration and CBO capacity for people with IDD who are aging and/or living with co-occurring conditions.



New Hampshire

New Hampshire

To strengthen and prepare New Hampshire's Long Term Supports and Services (LTSS) system, including, but not limited to CBOs, the Bureau of Developmental Services (BDS) and the Bureau of Elderly and Adult Services (BEAS) for the evolution of integrated, high quality and efficient services for individuals in need of support.



New York

New York

CBO providers in New York will be successful in building & implementing integrated care systems (Care Coordination Organizations/Health Homes) for the intellectually and developmentally disabled population.

I/DD system: Challenges and Opportunities



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■ Challenges:

- Changes in how the programs are to be delivered
- Increased demand and request for services and dollars.
 - Increased complexity of those served.
 - Lack of workforce capacity: rates, aging workforce.
- Inefficient or outdated systems
 - Need for effective billing and payment mechanisms
 - Need for utilization review, outcome based measures

■ Opportunities:

- Use of \$ to develop prioritized services
- Need for integration among medical, behavioral, whole person

I/DD Systems: What can be done about it?



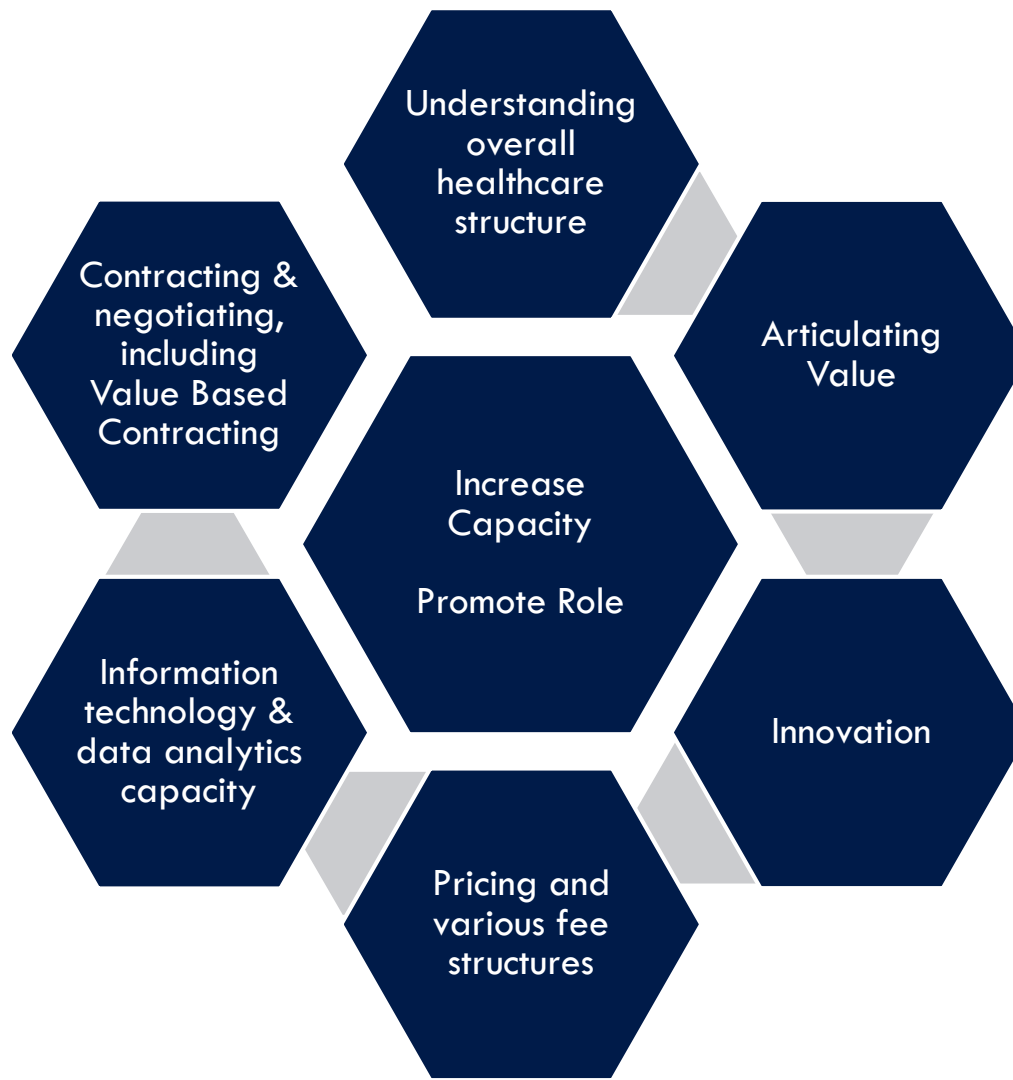
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- Building relationships with integrated health care entities
 - ▣ Focus on high users of medical and/or behavioral health services
 - ▣ Increase ability to contract with integrated care and MCOs
- Structuring and building community-based networks.
- Strategic business planning
 - ▣ Performance based and value based contracting and payment process
 - ▣ Consider and manage culture change
- Develop systems and processes
 - ▣ Utilization Review Process
 - ▣ Data Analytics

Disability Network Business Acumen Learning Collaborative



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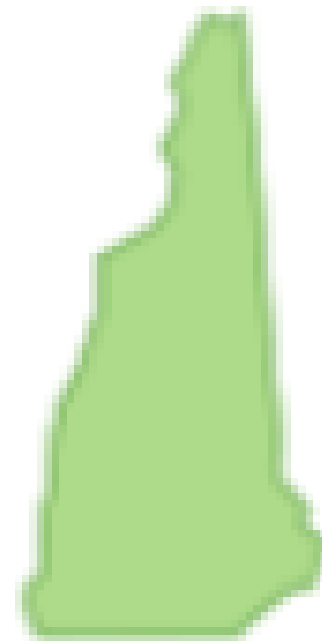
Breaking down silos to better promote integrated care

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■ Missouri



■ New Hampshire



Description of each State Teams activities



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■ Missouri

Business Acumen Team:

DMH, DHSS, Medicaid, Area Agencies on Aging, Independent Living Centers, DD Council, University Center for Excellence, Service and TCM Providers.

■ New Hampshire

■ Working with Community Based Organizations to explore ways to implement the following concepts into the existing service delivery system:

- Implementing Utilization Review practices to maximize resources
- Explore Performance and Value Based Contracting to improve outcomes and provider accountability
- Strengthen linkages with Integrated Health Care Organizations
- Modernization of Information Technology

What brought you together?



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New Hampshire initiated the call with Missouri to discuss activities that Missouri has initiated to break down silos to better promote integrated care. The goal was to discuss similarities and differences, lessons learned, insights, and recommendations.

It was recommended that NH call MO because they are working on similar projects.

What was shared?

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New Hampshire shared the changes that have recently occurred at the State level, such as changes in leadership and recent organizational restructuring – such as the creation of a new Division of Long Term Supports and Services DLTSS. NH is also under a corrective action plan through CMS.

Missouri is using the Business Acumen Learning Collaborative as the catalyst to build bridges between statewide systems.

What was shared (cont.)



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Both Missouri and New Hampshire's DD systems have historically built services within the DD system versus accessing community based services – such as mental health. The same applies to Substance Use Disorder, Elderly Services, homeless and housing, as well as children's services.

Missouri asked “when is it okay for the retirement community to be a choice” as an alternative to traditional day and residential services. How might a retired individual access this option when receiving waived services?

What was shared (cont.)

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New Hampshire currently has an 1115 Demonstration Waiver which encourages CBOs to work together to achieve specified process milestones and performance based metric targets through value based payments.

Neither state has long term care under Managed Care at this time, and therefore the structure of service delivery model is similar in each state.

What was shared (cont.)

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NH has four 1915C Home and Community Based Care Waivers and MO has eight. The challenge is to look across the waivers by population and identify ways to leverage existing resources.

MO also has four 1915c waivers and is evaluating other waiver or funding options to service our target populations; people with IDD who are aging or have Dual Diagnosis. We are looking at the PACE program (Program of All-inclusive Care for the Elderly) to provide different options for our aging population.

How was the information utilized?



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Both states agreed that the best way to break down silos is to identify commonalities. For example, a common barrier for Mental Health and Developmental Services is transportation.

How was the information utilized? (cont.)



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Both the requesting team and advising team were impacted by the information that was shared because each state is experiencing similar challenges.

Missouri indicated that Support Coordinators are currently responsible for overseeing services and ensuring that they are not duplicative (such as DD day and elderly day). In NH service coordination oversees these services as well, but the case management is not the same.

How was the information utilized? (cont.)



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MO recommended that NH look into Pennsylvania, which has a model for Autism which has been reported as being very successful.

MO was interested in NH's 1115 Demonstration Waiver, and NH was interested in learning more about the PACE program. A follow up call was scheduled to discuss more.

The discussion was very helpful because each state discussed potential avenues to explore further.

Any surprises?



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Both states were surprised to see how similar the challenges are. NH and MO are both challenged with capacity issues of CBOs.

Recommendations to other organizations



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Don't hesitate to pick up the phone! We can't learn from each other if we don't take the time to talk.

Recommendations to other organizations



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Once you connect with your peers, determine what you have in common. This will assist you in identifying similar initiatives.

Follow up with each other to stay on top of how things turned out and how you each may learn from the other.

When your Agency experiences a success, share it with your peers and make yourself available for technical assistance.

Recommendations to other organizations



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Be sure to reach out to an organization that is structured similar to yours, this way you are speaking the same language.

If possible, invite the consulting agency to visit your agency and learn about your organization. Invite guest speakers who have been successful in the area that you are researching.

Be open to new ideas.

Managing change within a definite timeline

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 New York



 Texas



Description of each State Teams activities



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New York

- OPWDD launching People First Care Coordination within a year—establishes pathway to mandatory Managed Care over a 5 year period
- Brings together 750+ CBO I/DD providers into a small # of Care Coordination Organizations / Health Homes (CCO/HHs)
- Team-based, holistic, integrated & conflict-free for over 100,000 individuals
- Will combine OPWDD service coordination with health, wellness, behavioral health services, etc.
- CCOs will develop a single person-centered Life Plan to guide service delivery & linkages
- Focus on measuring and monitoring performance
- Increased cross-system IT focus

Texas

- Assist 6 CBOs in transitioning from grant funding to Medicaid managed care payment system
- Successful program that helps individuals relocate from institutions to community
- Over 12,000 individuals transitioned from nursing facilities to community since 2008
- Revised scope of work, performance measures, payment system & contracts
- Changeover occurred 9/1.

What brought you together?



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■ Texas reached out to New York

- Interested in New York approach to helping CBOs move to a Health Home system in a short timeframe
 - Goals, objectives and timeframes
 - Procedures for ensuring services are not negatively impacted
 - Communication with families, providers and stakeholders
 - Lessons learned, suggestions

What was shared by the advising team?



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- Provided extensive information on how NYS is transitioning to Care Coordination Organizations/Health Homes
 - ▣ Explained goals and process
 - ▣ Supplied copies of person-centered planning tools and coordinated assessment validation study
- Provided information on a new service NYS is conceptualizing called “Housing Access Coordination/Housing Navigation”
 - ▣ Shared Waiver service proposal including scope of service and phases
 - ▣ Provided detail on the mix of outcome oriented rate methodology with some fee for service components
 - ▣ Connect to Minnesota, a starting point for the model

What was shared by the requestor?



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- Lots of discussion of Medicaid managed care
 - ▣ Texas experience in implementing managed care
 - ▣ Texas interest in expanding managed care to services for individuals with intellectual or developmental disabilities
- Texas Business Acumen focus
 - ▣ Issues in transitioning from a grant funded program to Medicaid and managed care
 - ▣ Description of relocation function

What questions were asked? Did new issues arise?



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- Did not anticipate extended discussion of managed care
 - ▣ Asked questions about New York goals and model
 - Focus on improving lives and more wholistic care coordination
 - Person centered
 - Five year process of moving to managed care
 - ▣ Provided information on Texas experience
- Was not aware New York is considering proposing a housing access coordinator function
 - ▣ Asked about process for developing cost estimates

How was the information utilized?



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■ New York

- Was especially interested in Texas's experience with Managed Care serving people with disabilities
- Lessons learned such as "sufficiency of authorized services", defining "medical necessity", and whether children with complex needs are receiving adequate quality services will help NYS ensure that our design addresses these concerns
- Learned about cautions with respect to the limitations of managed care
- Texas Relocation function will help inform how NYS integrates housing assistance in our managed care design

How was the information utilized?



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■ Texas

- Members using information on New York model to inform Texas plans to transition I/DD services to managed care
- Texas Learning Collaborative using example of pricing housing navigation system to inform pricing for relocation function

Any surprises?

■ New York

- Texas transition of 1,000+ people using the Relocation function through managed care
- How Texas is approaching provider financial stability will help inform NYS's plans

■ Texas

- Participants were more engaged than anticipated
- NYS will transfer savings back to services
- Helpful to learn about Minnesota model for housing navigator

What from the experience was most valuable?



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- Learning about New York perspective, successes and challenges
- How Texas is working with people with disabilities who have complex needs
- Relocation function and its integration in managed care
- New contacts to call upon in the future
- NYS's approach to stakeholder communication and education—engage early and often—critical to success and to alleviate stakeholder fear. Engage stakeholders every step of the way.

Recommendations to other organizations



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- Identify specific objectives for the call, but allow the conversation to go beyond those objectives. We learned about things we didn't even know to ask about—Be open to where the conversation takes you
- Be honest about what is working and what is not
- Use the call as a first step for sharing resources
- To build a sustainable quality system, a mindful and planned approach to systemic change will pave the way

Recommendations to other organizations



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- It broadened our horizons. No matter the size and scope of each State's services, there are always lessons to be learned.
- It was helpful to step back and reflect
- The diversity of systems around the country can spark innovation that you may not have thought of
- We were eager to share what we had learned about stakeholder outreach and how to alleviate fears

Stories from the Field Contest

Stories from the Field Contest



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- Contest to obtain stories that:
 - highlight a strategy that was used to improve the financial position of disability CBO.
 - are relevant and replicable to disability CBOs navigating a changing environment.
 - demonstrates a positive impact on the persons served.
 - demonstrates a positive impact on the administration and/or delivery of the CBOs services.
 - improves the delivery and accessibility of the CBOs services to a diverse range of inquirers.



Stories.
Connect.
People.

Highlight successful business practices working with or for...



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- Managed care
- Private pay
- Health systems
- Cities, counties or municipalities
- Other Community Based Organizations
- Universities
- Any other organization that helped to improve the operations or financial performance of your business

■ Prepare

- Organization Vision
- Environmental Scan
- SWOT Analysis
- Champion Development

■ Plan

- Use information to steer the organization
 - Business Intelligence/Data analysis
 - Strategic Planning

■ Execute

- Developing and sustaining relationships and partnerships
- Negotiating and contracting

■ Monitor/Evaluate

- Continuous quality improvement
- Compliance - meeting contract expectations
- Modifying approaches

Guidelines



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- Open to all CBOs that serve people with disabilities
- Submissions must be written clearly
- Submission must be received by March 23, 2018
- Submission form can be found at hcbsbusinessacumen.org
- Questions can be sent to businessacumen@nasuad.org

Selection Criteria



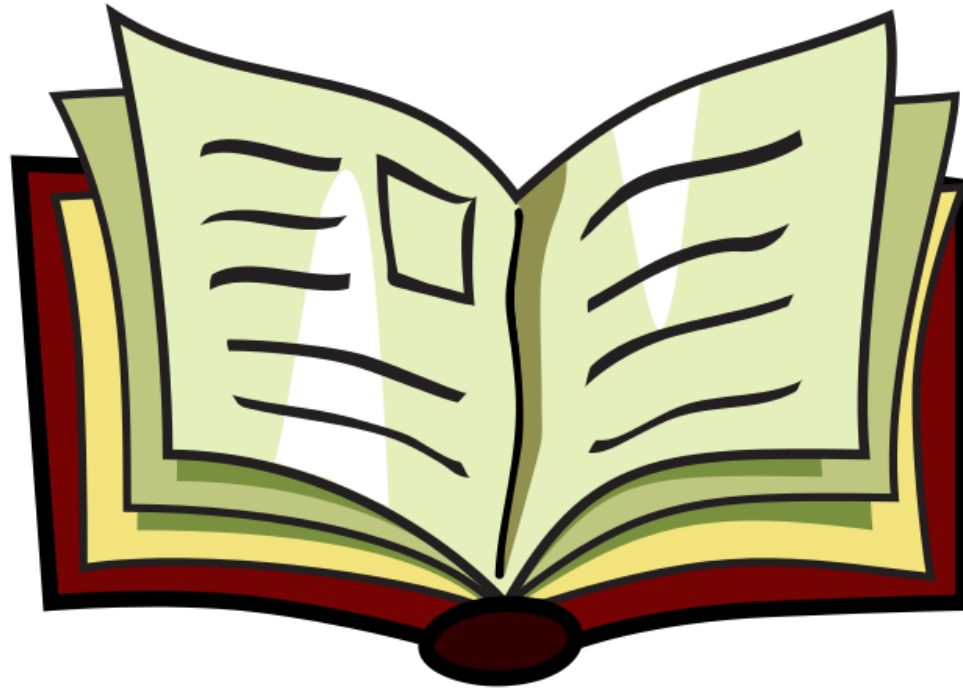
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- The story highlights a strategy that was used to improve the financial position of your organization.
- The story is relevant and replicable to disability CBOs navigating a changing environment.
- The practice demonstrates a positive impact on the persons served.
- There is a positive impact on the administration and/or delivery of the CBOs services.
- The practice improves the delivery and accessibility of the CBOs services to a diverse range of inquirers.

- 1st place award: Complimentary registration and lodging for two for the 2018 National Home and Community Based Services (HCBS) Conference (August 27-30, 2018, Baltimore Marriott Waterfront).
- 2nd place award: Complimentary registration for two for the 2018 HCBS Conference
- 3rd place award: Complimentary registration for one for the 2018 HCBS Conference.

All awardees will participate in a panel at the HCBS Conference; have their story distributed on the HCBS Business Acumen website; and participate in a YouTube interview.

Submit your Story Today!



<http://www.surveygizmo.com/s3/4213764/Stories-from-the-Field-Contest>

Thank You!



hcbsbusinessacumen.org



For more information, please visit: www.hcbsbusinessacumen.org

E-mail: businessacumen@nasuad.org

Or Call: 202.898.2583