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Supporting Community Based Organizations in their Move to Managed Care: One Health Plan’s Experience

Good afternoon. I would like to thank everyone for joining today's webinar called supporting community-based organizations in their move to managed care. I am with the National Association of State Directors of Developmental Disability Services. One of the partners in the Business Acumen center. This webinar is presented through the business acumen enter, a part of the business acumen for disability grants managed by NASUAD and made possible by the Administration for Community Living. Shortly after today session you will be able to view the PowerPoint and recording of this webinar along with the archives of all the disability networks business acumen webinars at HCBSbusinessacumen.org/webinars. There will be time for questions and answers at the end of the presentation. In the meantime, as your questions come up please enter them into the lower right-hand corner of your screen so that we can record them and be prepared to answer them at the end of the presentation. Today we will hear from two speakers. Rachel Turner-Chinetti who is the senior director of specialty organizations with Anthem and we will also hear from Taylor Burnett who is the LTSS regional provider relations manager. Amerigroup Tennessee was one of the first to help Tennessee to contract with the TennCare, to implement the new program for people with intellectual and development disabilities called CCF. Launched July 1, 2016 and Tennessee took a slightly different approach by allowing its MCOs to deliver LTSS services with people with I/DD under a non-risk agreement in order to allow time for Tennessee's community-based organizations to become more familiar with contracting and building under -- and build relationships with the NH care organizations. In Tennessee there is also three other 1915 C waivers that continue to be operated by this date that provide services to almost 8000 Tennesseans. During the implementation of employment and community first choices Anthem worked side-by-side with community-based organizations to ensure their successful operations and to increase and maintain their needed business acumen. In this webinar we will hear from representatives from Anthem and the mayor group as they discuss their experiences. Including valuable lessons learned for success. I will turn the time over to Rachel. Thank you.

Thank you for the introduction Laura and for the opportunity to speak to this group about implementing managed long-term service and support programs for individuals with intellectual and developmental disabilities. My name is Rachel Turner-Chinetti and I'm a senior director of LTSS with Anthem. My role within Anthem is to support states in which long-term services and support is carved into managed care including supports for individuals with intellectual and developmental disabilities or I/DD as well a support states who are in the process of considering the move into managed LTS that's. During the program I will use the acronym MTL assess. I had the pleasure of working with the Tennessee Amerigroup health plan for which Anthem is the parent company to implement Tennessee first manage LTSS program for the I/DD prior -- population. I worked alongside Terrell are Burnett who is a senior provider and was and is today a key member in

providing implementation and ongoing support for I/DD providers and managed care. As outlined in the presentation summary that you viewed when you are registering for this webinar key learning of actives are to learn about the implementation of MLTSS for people with I/DD from a managed care perspective. To learn how to -- can support community-based organizations to be successful and then am to -- MLTSS and how Anthem views the value for people with I/DD. Developing today's agenda we were intentional and including's Pacific examples and lessons learned from providers in transitioning into managed LTSS for the I/DD population and our hope is that upon completion of this webinar whether you are a provider who is currently in MLTSS delivery system or considering moving into one or not a provider but interested stakeholder that you will glean insight into how to most effectively position your organization for success. Specifically today, I will provide a brief introduction to Anthem and also discuss briefly why so many states are considering a move to managed care. Discuss how being engaged and formed prepared and open is so instrumental to community-based organization to moving into managed care and provide examples of successful outcomes being supported by managed care organizations today who are currently providing MLTSS for the I/DD population. Taylor Burnett will provide you with specific examples about how to most effectively interface with MCOs, prepare for credentialing, contracting and claims submission in the managed care delivery system and talk about how managed care organizations are key advocates and communication liaisons for you as a provider and then we will close out by touching on some common errors to avoid and have some time for questions and answers. By way of introducing you to our organization we have included a slide showing Anthem's footprint. Proud to sport over 6 million people in Medicaid programs across the nation. Over 75,000 of which of which are individuals with I/DD. We support the population in 14 states and a number of others who are considering a move to managed care. Other states in which we support the I/DD population three have managed MLTSS and does a Kansas I went Tennessee which will be the focus of much of our discussion today. As noted, in the opening, legislators stakeholders and self advocates across the nation have a watchful eye on outcomes associated with MLTSS for the I/DD population. As expenditures for service increase both due to the number of people accessing services and the amounts of services each person accesses states must find a way to ensure that budget predictability and sustainability -- rather ensure budget predicted billet he and status inability overtime. Advocates and families are asking for more services that focus on flexibility and independence support and navigating a fragmented system and aligning of incentives for the things with people with disabilities and their families value the most. States are looking at managed care as a potential solution to address all of those areas.

Key concepts for managed LTSS in I/DD. Through the waiver authority that supports managed care states have the opportunities to try innovative approaches to coordination and service provision. And Tennessee the state designed 14 separate and distinct employment services in there managed program to ensure that providers were truly reimbursed and equipped to support individuals with I/DD with a specific supports they need in their journey towards employment and thereafter. Some other managed-care concepts that tend to span across

states are outlined in this slide and they are the opportunity for reduced fragmentation through comprehensive care coordination models. One of the categories that many states look to when measuring managed care organizations effectiveness is the efficacy of their care coordination models. How well does the care coordinator or case manager remove barriers to needed supports? How well do they leverage existing community resources, how well do they develop a plan that effectively links physical behavioral health. The managed care organization is expected to focus on persons enter planning, really empowering the person to lead the development of their plant and to define their own quality of life goals. Managed care also includes a focus on innovative payment models, incentivize MCOs and providers by linking payments to outcomes. In Tennessee for example, the state incentivize these providers to -- rewarding them when they help individuals they support data and develop new and more independence. The next few slides are focused on some key concepts for positioning your organization for success and then MLTSS I/DD delivery system and I was fortunate to sit on the leadership team at and MCO during the implementation of one of the nations first I/DD MLTSS programs. While there was opposition and debate as there is during any time of change, we were also surrounded by like-minded people at the state level, the health plan level, and at the provider level who were wholly dedicated to ensuring the success of how individuals with I/DD are supported in Tennessee and really open to the idea of managed care. When I reflect on the pre-and post-implementation work that was done in Tennessee along with my counterpart, in particular those who are key provider partners, I I think that we all recognize that there were many of those moments and those moments of if we would have known then what we know now, moments along the way, and we are just hopeful that we can use that information to guide other agencies and date and perp operation -- in preparation for managed care. The first lesson learned is related to the importance of provider engagement. Often times will before any decisions are made at the administrative or level there appears which stakeholders are invited to provide insight either through participating in engagement events or public comment periods. There are ways to find out about these types of opportunities but it is important that you are in the know as a provider. Some providers join provider associations who represent the interest of a group of providers and others delegate this to an internal team member to ensure they are on the most critical email list and aware of updates communicated on state websites and some seek to develop relationships with key advocacy organizations. Whether you represent a large or small provider organization, it is critically important to know how engagement managed within your organization and who is responsible for calling attention to opportunities to get engaged on policy that drives the healthcare delivery system in your state. Data is critical, and I will speak to this point in a couple different areas during this presentation. In states who are looking to rebalance expenditures and cost-effectiveness, it is really important that providers cannot only provide their subject matter expertise and be able to speak to how to manage cost while maintaining quality but also provide data to support that information. Providers who can really engage in discussions on changes to delivery systems related to required staffing ratios, administrative requirements or other key changes that really may impact your delivery of services and if you

can provide data to support that on how that might impact your sustainability as an agency that will be really critical and helpful information for state and CO leaders to support them in making informed decisions and shaping policy. In Tennessee, will before managed care was proposed, the state actually took time and went on the road to mate with stakeholders and solicit their feedback on the current delivery system and changes that would be most impactful to people with I/DD and their caregivers in Tennessee and this actually includes sessions that were open to providers for the providers to provide their frank and honest advice and thoughts related to opportunities for system improvement. In Tennessee the providers who were engaged in those meetings then acted on that information, were the providers who were the most prepared to join managed care because some very early in the process they had understanding of the challenges of the current delivery system, what the state was trying to solve for and they were able to use that information to make suggested changes that both benefited them as a provider agency and the delivery system as a whole.

This slide is really focused on ensuring that your organization stays informed and is a collector of information. As I noticed on the last slide artist painting and stakeholders sessions and presentation and developing relationships with other investor parties is really important from an engagement perspective but it is perhaps even more critical to invest in reading and interpreting the information that is provided to you. We have all seen the policy documents that are exhaustive and feel as though they can take days to read and well at made up be the easiest or most fun read it is important to make sure you are getting the key points and aware of what is being proposed in your delivery system. These documents often hold the key to exciting changes that are being discussed, and even business development opportunities for your organization. The providers who are informed and acting on this information are positioning themselves will to be preferred providers. If you're in a state that that is moving towards managed care also important that you begin gathering information about areas that may differ from your current business practices and Taylor Burnett is going to speak a little later about some of the specific areas of managed care that should really be considered as community-based organizations again working with NCOs. MCOs. The contracting process and what that looks like. Understanding the transformation goal and what is being required of the NCOs in your state and I cannot emphasize the importance of this enough. In Tennessee this was a defining factor that impacted providers abilities to trends transition into a new delivery model effectively. One state change their delivery systems, they are doing so to meet specific goals and often associated with quality and sustainability so and managed care states NCOs are often the vehicle through which states achieve those outcomes and they leverage the contracts with NCOs -- MCOs to set specific expectations for how their network should be billed and quality outcome for which providers will be held accountable. Therefore MCOs want to partner with providers that also understand those goals and are prepared to sort support them in achieving them. When I was the director of the I/DD program for Tennessee at the Amerigroup health plan, we spent a great deal of time circulating the benefit definitions in the new

MLTSS program designed to providers, explaining to them and really trying to get the concept out in front of providers that there are differences in this program, there are different services and different expectations for outcomes and really encouraging providers to begin thinking about how they can best align their efforts in there agency to be successful and profitable and from a lessons learned perspective, I can say that without a doubt, the providers who really took the time to glean this information, they were prepared. They understood the goals. And understood the changes and what we saw were the providers who were not able to really articulate their agency's vision for providing these services, being required in any program design to the NCO during credentialing were really the providers that weren't initially selected to join the network and Taylor Burnett is also going to provide a little more insight into that step of the process and how we as and MCO interface with providers during that credentialing time. Get them to share their vision and make sure that providers really understand the services that they are going to be providing under the MTL SS system. Being prepared. This is all about using what you have learned from the engagement sessions and the information gathering to prepare your organization strategy for moving into managed care. Assessing the impact to your agency is important. For example, let's say today your provider -- an existing delivery system and personal -- is a definition in the managed care model but it differs from how you currently provide the service then you will want to as an agency begin considering what policies and support within your agency you would need to tweak perhaps to comply with the revised definition. Or you also may want to consider if there is a new service altogether that is being proposed that you may want to look at from an agency perspective to assess your at the service to your agency model. Don't wait for training. Proactively inform your team. In most states, managed care care organizations are required to provide training. But they are also looking to leverage expertise in the service delivery system, any service delivery component. Ensure you are engaging your team early and begin building out a training platform that would ensure success of your team as they provide the new were revised services. As I mentioned previously data is critical and I will say it again here. It is critical to leverage in your preparation and also to help educate NCOs on the time you will need to prepare your agency to meet the requirements of the program. So for example if the new program design is opening new spots to support additional people, you will want to be able to provide data on how long will it take you to recruit and train new staff? How much time will you need for job shadowing? What does your data tell you about retention and what is your ask Bert formula as an agency for success in relation to recruiting and retaining quality staff? All of those elements are elements of data that are important information for the MCS to have an contemplate X dictations for the network and it will be really important for you as a provider to make sure to show that information. Along the same lines of preparing for new services and recruitment is important to assess your current staffing model to determine if the skill set of your current team meets the expectations required as a staff providing the new services for which you will be contracted in the MTL SS system. Another example in Tennessee, there was a new benefit that is called community integration support services, and this is an outcome-based services that is really focused on supporting individuals and

developing relationships and making connections in the community. We look to providers who are experts once they make those can -- connections. And having natural supports. Or relationships being the vehicle for supporting individuals in community. And many providers who had previously provided a community-based day type service or personal assistance type service in the beginning leveraged the same staff of those type of services to provide the new community integration support services and what they found is that they weren't initially meeting the prescribed outcomes. Of the MLTSS benefit and needed to really just tweaked the skill sets they were recruiting for and so once they took a look at that benefit definition, looked at the outcomes, assessed the skill set of their staffing and made the decision to revise their job postings and again recruiting people with a skill set that is really focused on making connections in the community. We really started seeing the outcomes and seeing positive outcomes associated with the service and I think providers were really pleased when they saw that shift on their end as well. Another lesson learned there is to be prepared by assessing your staff by service type and make sure you are team equipped for success.

While on a topic of service type and be a four I wrap up this section and turn over to Taylor, I want to provide a brief overview of the array of services that Tennessee has implemented and there program so you can have an idea of what some of these services are looking like thus far in MLTSS setting. MLTSS I/DD profile of services in Tennessee. All of the services in this program are focused on supporting community integration and competitive integrated employment as the preferred option for individuals with I/DD. In this service, you'll see a really diverse set of employment services that are intended to create a pathway to employment. That wraparound services to support community integration, you wont see any facility based day services in this program and as I mentioned earlier, one really neat thing is that there are many new services that are really designed to empower individuals and their families towards independence and integration, and that came a lot of the services I'm benefit definitions came directly out of those stakeholder sessions I mentioned earlier on the engagement slide. This slide includes a listing of the 14 employment services offered to individuals enrolled in the program. This employment benefit package includes new services such as coworkers supports which reimburses individuals who work at the person's place of employment, reimburses the individual for providing support to the individual and a great alternative to having an outside job coach. Another great service is career advancement which supports a person in getting promotions or switching careers. This slide includes an outline of the individual support the person may be eligible for and the services are designed to aid in skill development, assist with that these of daily living, transportation and really just eliminate barriers to employment, community integration and also see some more of the traditional services listed here such as personal assistance. And in this slide it has family support services. Outline services that are designed to support caregivers and individuals who are living at home. And this is another set of services that during stakeholder sessions the stakeholders made very clear that this would be really critical to meeting the needs and sustainability of caregivers. So

throughout this section the last five to have here is related to being open. And I encourage you to be open to learning about the opportunities to improve our delivery system for individuals with I/DD. Over the years we as a nation learned a tremendous amount about the types of services and supports that are most effective in supporting the I/DD population and most importantly, the types of services and support that people with I/DD really want. Whether it is in managed care or another delivery system, being open to change and progress is really critical. For Tennessee, the flexibility afforded through managed care has contributed to exciting new supports, person to person centered planning, promoting employment and community integration. In this program which I will mention -- Laura mentioned in the opening is called employment and community first choices. We are seeing really exciting results and just to share a couple of those with you, and Tennessee the program which is Laura mentioned started in July of still relatively new is supporting over 2000 people who were previously on a waiting list for services. Receiving no service -- no services at the time. Community integration support services which I mentioned on a previous slide is among the highest services utilized and I always love that data point because that means that a large number of people who are coming into this program are excited about an open to increasing their engagement in the community. Over 20% of working age enrollees are working in competitive integrated employment and 86% of the people who when they came into employment and community first choices program were not sure if they wanted to work and signed up for exploration type of service that helps them explore career options and potentially what it might look like for them in the workforce. After completing that survey, 86% of those people decided they wanted to pursue employment. Really exciting outcome we are seeing. Promising outcomes and I believe that we can all look forward to seeing continued progress in Tennessee and other states towards empowering people with disabilities to meet their self identified goals. Now I will turn it over to Taylor Burnett and as I mentioned earlier, Taylor sits on the LTSS leadership team at Amerigroup in Tennessee today and continues to work really closely with I/DD providers to ensure their success in MLTSS. Taylor?

Thanks Rachel. Good afternoon. Again I am Taylor Burnett with a mirror group and regional provider relations manager working with providers to supporting individuals who are older adults or adults with physical disabilities and those who serve the I/DD population that we are discussing today. I am joining you all to give some insight into the more specific steps you can take to equip yourselves with the tools and resources necessary when moving toward managed care. Not only is the service delivery system -- credentialing and network adequacy expectations. What I think is particularly important to note is be sure you familiarize yourself with provider relations teams of the NCO you are interested in joining. They will be the ones who will able to help answer questions, give you guidance as you apply to the network and once you know the expectations to be set up for success. At Amerigroup, we really look at this as your communications liaison or advocate. While all NCOs are structured differently, many apply a similar approach. First we will take a look at contracting and credentialing. As I've noted here in the first bullet, each state and each and see

will vary. Be sure you have done your research I had of time. Because Tennessee was one of the first states to carve into I/DD for managed care there were not many examples of what that should look like for us to leverage when developing our network. We knew critical elements to supporting individuals with I/DD and we leverage that knowledge and develop our contracting and credentialing requirements. I will go into more specific examples in the next few slides. And the second bullet one thing that will be pretty consistent and managed care is you will likely see an on-site visit from your provider relations team prior to you contracting. These visits will include things such as policy review , review of your typical licensors, and a trainings and employee record reviews. In Tennessee, an important element we added as part of the I/DD implementation was an interview component where we required the agency leadership to discuss their understanding and vision for providing these LTSS services in the new program design. As Rachel noted earlier we are tasked with transforming the delivery system so it was imperative we partner with providers who could articulate and understand the role in this transformation as well. We found a mass at the beginning. Some providers who understood they would need to change their approach in order to join our network but we found others who did not immediately embrace the concept for transformation. Specifically, some providers hesitated to amend those expectations for service provision in order to meet the expectations for this new program. But now, with experience under our belt both of the MCO level and provider level I think everyone recognizes that being open to assess the need an opportunity for change was something that was definitely needed. I'm very proud to note that for a mirror group many of those providers who initially weren't ready to embrace the change required in the delivery system have since incorporated that philosophy into there organization, joined our network and are really providing quality services for people with I/DD. In these last few bullets I know the information reviewed and collected during your site visit is used that one step of a multi step process for credentialing and becoming fully approved and contracted with and MCO. Once you have been fully approved you will then receive your provider agreement and your provider IDs. Again be sure you are leveraging your provider relations team and they will keep you informed during this entire process. I know there is been a lot of information but before I moved on to the next slide I think it's important to acknowledge that just as providers in Tennessee were learning and growing and transforming, so where we as a health plan. What we found was that leveraging our valued partnerships with the state Medicaid agency, respected providers and even partnerships of other NCOs were critical in ensuring that we as and MCO were also transforming.

Just as I noted in the previous slide, there there are some specific criteria that we use to help develop our network. These criteria serve two primary purposes. The first being benchmarks for MCOs and identifying providers who demonstrate commitment to community integration and person-centered support and the second is to be able to provide informed choice to individuals in choosing their providers. What I mean by this is we provide this information on preferred contracting elements to our case management team so they can then share with the people they support to aid them with their provider selection. So for example, if a person being supported was interested in

transitioning out of their parents on so they can live on their own, information on those providers with experience and expertise in helping individuals transition into independent living would be really helpful information for the person to have one making that provider selection. On this slide I have included five know where they examples of the 15 elements that we use here in Tennessee when determining a preferred provider. The first being the provider had a high quality performance rating in the existing waiver program for services. Specifically we look for those services that correlated to our programs. The second being provider had or is actively seeking seeking, you have applied for or financially invested in the process for accreditation from a nationally recognized accrediting body. A few examples of this for us would be counsel on quality and leadership, Council on accreditation and the commission on accreditation and rehabilitation facilities. The third example we looked at providers who had a letter of agreement with rehab. This can help with continuity and employment services but again we look to ensure the providers had been approved for similar services that correlated with this program. The next example the providers had completed a person-centered training and what this meant was that the provider had invested in sending their organization through a training to ensure they are aligned with person-centered practices. For us in Tennessee, that was completed by the department of intellectual and developmental disabilities. And lastly on the slide is that the provider has achieved documented success in helping individuals with I/DD achieve integrated employment opportunities at a competitive rate. A few different examples of success with this measure are the number or percentage of persons served that the provider has successfully placed and integrated employment settings or success in developing customized employment options for individuals with more significant physical or behavioral support needs. Although they are listed on the slide I wanted to mention a few more criteria I think important. The first being we really look for providers who demonstrated leadership and employment service delivery community integration. This meant designing and implementing plans to transition away from most facility-based day day services into integrated employment services with community-based wraparound support and then one other is that providers employee or contract with the appropriately licensed professionals in one or more specialty areas. Some examples of this are behavior services, occupational therapy, physical therapy, speech language pathology, nutrition, orientation and mobility or nurse education training and delegation. This is really helpful when assisting paid staff and supporting individuals who have long-term interventional needs. It can increase the effectiveness of specialized therapy or service while also allowing those professionals to be an integral part of the person centered planning team. What we did was used all this information to help inform our decision on who we contracted with. Most providers had several of these criteria and were able to demonstrate that they were an experienced and prepared provider. I will mention again in Tennessee this is another area where you will want to work closely with your provider relations team to help other that information with you and determine which elements you might need for contracting.

In terms of network adequacy, while each state is different with expectations in Tennessee we look to contract with high-quality providers with person-centered ideals in areas of need. Which is why we discussed some of our preferred provider criteria in the previous slide. Not simply a matter of quantity or having enough providers but rather the quality of care at the provider can produce for the individuals in this program. In Tennessee specifically we are not obligated as and MCO to contract with every provider who applies to join this network. But instead, we seek to partner with those providers who are willing to go above and beyond and who can meet our access needs. Was specifically Tennessee, we require to providers per service per County. Again, each state state is different and we do recommend you do your research to learn those specifics in your state. Claims are another area that you are going to want to get ahead of and be sure you know what it looks like in each date and with each MCO because what we found at least in Tennessee is that the process that providers utilize to submit claims and other programs differed quite a bit from the claims process. For today, I want to give you an example of what we require here at Amerigroup in Tennessee. Claims are submitted in two different ways on the type of service provided. The first thing our electronic visit verification system for our home-based services which in Tennessee we contract with a vendor called Healthstar. For each state and each MCO may differ in the vendors they use. We then use a separate system for services that don't require EVV monitoring. What is unique about that system as we require providers to bill on a UBL 4 form CMS 1450. As noted in most of my other slides in Tennessee the provider relations representative will be instrumental what the systems. They will conduct an orientation and training visit once you are officially contracted and ensures that bias cap instruction for how to utilize these systems for billing. Again, most states will require that the MCO provides you with a similar type of support in your state with the the MCO's cannot do the billing for you. Their role is to make sure you have the information you need to set up and the information needed to do that successfully. As some of you may be aware EVV is a hot topic right now because of the 21st century requiring states implement a version of this system for personal care services by January 1 of 2019 and for home healthcare services but she one of 2023. As noted previously the vendors will vary by state. In Tennessee we actually started using the EVV system in 2010 with the implementation of our MLTSS programs for older adults and physical disabilities than we do utilize that same vendor for our I/DD sports as well. It is a web-based platform that uses GPS technology to record the time emigration of a person's staff at check-in and checkout. It has been proven to ensure consistent care and safety of the people being served and can ensure services are being performed within there preferred schedule and approved location. I know our internal counterparts find it prudent that I mention while it is a critical tool to ensuring the services are provided in accordance with a plan of care it should not circumvent the flexibility and service delivery or the person centered planning process. With all the things , I will hand it back over to Rachel so she can wrap us up and provide more information on common errors and additional opportunities for collaboration.

Thanks so much Taylor. I will speak on some common errors to avoid and opportunities for collaboration and that we will wrap it up and open up the lines for some questions and answers. Prepare and well-trained staff are the most successful. I think we would all agree there. But not just talking about ensuring that staff have the appropriate licensure and credentials because that is expected. I'm talking about taking it a step further to show that your team is not just trained on the service that prepared to provide the service in accordance with the plan developed by the MCO case manager. As I mentioned on a previous like, that case managers are measured by how effective they are at coordinating all types of care and often times outside of just the service you are providing. What they're looking at is how do they develop a plan that addresses individual physical health, behavioral health and depending on the state there LTSS needs. You at your agency it is important to ensure that you understand the role you play in meeting the larger goal outlined in the person's plan and really invest in training your staff on that plan and then not that implementation plan out of the ballpark and if you can do that and understand that the plan of care really is the key to success then you will avoid a common error. In relation to preparing a training staff I have outlined specific examples of errors to avoid. One is don't expect a referral unless you can provide the service. Not only provide the service but you can ensure that you have a backup in place in case the primary worker isn't available. Missing shifts due to lack of preparation or staff coverage is an error that can be avoided. And so MCOs are not too realistic that things don't happen because they do. People get sick lands change and that is absolutely okay and to be expected. What is an important take away there is that the work it out with the person you are supporting and you let that MCO case manager know so they can update any authorizations or plans needed and make sure that the person that everyone is supporting is being cared for. One other mistake to avoid related to referrals is not tracking them and not having line of sight into what your referral acceptance looks like. In Tennessee we were surprised to find that a lot of our providers in the beginning didn't have good data on how many referrals were sent to them by MCO, by by service and by County. And by not tracking that, we lose line of sight into how many times a provider as a provider you say yes to a service and how many times you say no. And many MCO case managers or care coordinator's have access to that data as well and use it. Recommend is a provider that you check to see how you access the referrals to make sure you have a process in place for that. I remember specifically that upon providing the feedback to one of our providers in Tennessee, they were so surprised when they saw how many referrals they had been turning down in one area of the state without there statewide leadership knowledge and the provider's point was that if they had realized that, they would have allocated additional resources to be able to accept more in that particular area. Support needs and preferences, as you are aware the population of people supported is just as diverse as the population of our country and therefore their preferences for who provides or services will vary. The providers who recognize the diversity of preferences and do their best to accommodate that are seen as preferred providers. Preparing staff for success, this one is huge. And MCOs really are more -- in my role in leadership for Amerigroup in Tennessee when I was that the plan,

this was one of the component that the provider relations team and what Taylor spoke to really held in highest regard was can they providers demonstrate that they have a solid plan for trading their staff, testing competency and supporting retention. MCO case managers don't want to see staff going into a home that don't have a really clear vision for what they are expected to do or lack the support needed from peer or supervisory staff, because when that happens, the the quality of the services impacted and staff turnover is more likely and as you all are very much aware -- is everything. For vulnerable populations who are opening their homes to people they don't know too often times complete intimate tasks. Those relationships they develop with providers means so much and has such a drastic impact on the person's ability to meet their goals. Case managers are very much aware. I will head on these other elements quickly. Last is communicate to the case manager when a person has experienced a change in circumstances or goals and that is because providers often times know before the managed care organization does. Because you are in the home or in the community with a person. Let the managed care organization know. Most MCOs have an internal process that requires an immediate reassessment or in instances of an emergency appointment visit or inpatient admission, we need to see the person and help mitigate the issue. If you can communicate that change to the plan it is tremendously helpful.

Last slide in our deck is about other opportunities for collaboration and I can speak from experience that MCOs really do understand and value the critical role that providers play and do really want to collaborate. I would assume that many if not all of you have experienced some of the challenges associated with staff recruitment and retention as unemployment rates decreased across the country also decreases and just US providers the MCOs are impacted as well. Own set of challenges related to qualified and MCOs are interested in engaging with you leverage again your provider relations team to understand that were gaps because they really have access to valuable data plan for where to focus your recruiting efforts. I touched on the next two bullets recruit staff and meet specific individual needs MCO reaches out to you who speak Spanish opportunity for collaboration there is to let the case manager know you recruit to meet that need and that's a major area of collaboration and support for patient managers and managed care organizations. And again in case I didn't emphasize it, on a previous life

and success of your agency has a hole. This does mark the end of the slides. Thank you again for the opportunity the importance of being engaged and hopefully provided with an insight that you can prepare I will turn back to Laura but Taylor and I will remain on the line for questions and answers.

Thank you so much a lot of question specific community first choices program. Provide some links in particular. In the meantime with the nine minutes we have left there are some questions. Rachel and Taylor, one of the questions that was posed was how will providers affected by the employees by MCO's? Has there been data reported regarding the impact of managed care on employee retention?

I will repeat the question. How have providers been affected by this grouping of workers being recruited to MCOs?

I don't know. How are providers affected by -- employees by MCOs. Has there been data reported regarding the impact of managed care on employee retention?

Provide clarification on this question please do so but I will just say providers, MCOs recruiting provider workers or workers being recruited from one to another is in so much what we have heard of at least in Tennessee from our experience. What we see more of our providers who are often times still providing services in another system and also coming into managed care and while that comes with its own set of challenges when you've got your -- each foot in one system, that allows the organization to do -- is grow. Recruiting more workers. We haven't really seen necessarily and impacted that I am aware of two provider workers being recruited just for the -- necessarily because in our experience in Tennessee those providers are for the most part the same providers that are still providing services in the fee for service system as well.

Thank you. Another question is regarding quality and outcome measures, what quality and outcome measures were developed other than just reduction in services which doesn't necessarily relate to quality or outcome.

Reduction in services really wasn't one of the quality outcomes that was developed. Really what our goal as managed care is to assess the needs of the individual, comprehensive assessment, look at what natural supports are in place and make sure we are filling in any gaps. We are not looking to reduce services. What we are looking to us make sure we are sustaining the individual where they are and helping them grow towards independence or whatever other goals they have in their plan. Specific to the quality question though, one thing that the state Medicaid agency in Tennessee did is leverage the expertise of the existing Department of intellectual and developmental disabilities in Tennessee that has a tremendous amount of experience in supporting individuals with I/DD and also a lot of experience in managing really strong quality programs. And so in partnership with the department as well is the managed care organizations and providers across states, we developed a quality specific to choices. And an entity outside of the managed care organization actively comes in and does reviews of providers effectiveness, progress, but really the goal is not so much to just audit and give feedback on what is not working well. What they really do is want to set the bar and establish and say these are the best practices we are looking for. Here's what USA provider can do to hit that bar, and improve outcomes for the people you support. I would like to say again we are not measured as a health plan or MCO on how we are -- at reducing. How effective we are in implementing the plans that people develop, and in Tennessee the department of intellectual and developmental disabilities is the entity that the state Medicaid agency contracts with to oversee quality.

Thank you Rachel. Another question, interesting one. What quality -- how do these outcomes for employment compared to employment outcomes prior to managed care?

I don't want to quote
more up-to-date. Around 15% close to 15% for individuals who are enrolling in the programs. Increase in the number of individuals
positive we certainly have a number of people who enter in the program who perhaps have not been and mental health holds and they can't or should more. That's one of the first thing. Is introduce that as an option for them and encourage participation who may not be able to envision and the Medicaid agency was reported 86% of people that go that start working towards employment. What will happen at that point will offer is a sub start conceptualizing what their specific plans. Where saying some really good outcomes of our. Employment that was definitely going to lead to sustainability first of all but just less fragmentation is that the state of Tennessee has -- memorandum of understanding. There is this really beautiful collaboration happening right now in Tennessee between the employment specialist and teams at the health plans, state Medicaid agency and the vocational rehabilitation counselor's was a concerted effort how they can interface. Really making sure that as people who are in the MLTSS program are enrolled that were leveraging the patient and vocational rehabilitation understands what employment community first choices can offer. And that there is a symbiotic relationship there between the two. It has been super exciting a community event in Tennessee about a month or so ago. A huge room of people and vocational managed care organizations positive things all around their.

Where at 1230. One more quick question. Then we will wrap this up. And like I said we are keeping tabs on all the questions and you may know how we plan on answering these questions and getting back to the people who participate in this webinar. First there a couple of questions that ask how medically fragile or people in Tennessee are supported if competitive employment is an option or Tennessee has the most -- environment.

One thing that when employment community first choices went live, I think people were focus and community integration and the excitement of being able to bring transitional youth into the program and related to community integration employment. And from the beginning. There are a lot of questions about how do we support medically fragile individuals and as of the program that can support the population. In this MLTSS program the expectation is regardless of the significance of any type of medical or behavioral support need. First of all help support that person and develop the comprehensive person to make sure we are addressing their addressing medical needs or behavioral support needs. Tennessee state Medicaid's they have made it crystal clear regardless of the type of disability or significance of sport needs in terms of physical or behavioral health we will help people get in the community and help support people in getting jobs. If they are not ready for that yet they will support them with where they are today and keep that in the background as an option. Absolutely a program that focuses on community integration but we also focus on supporting

people if they are not at that point yet. Physical behavioral health support the managed care piece of the court nation. That one case manager is responsible for interfacing with physicians and -- VA and that type of thing. Under one document. It really helps for seamless and comprehensive coordination in one place.

Thank you Rachel and thank you Taylor. We really learned a lot from you to today and we appreciate you taking time to talk about some of the things today and manage long-term services and support program. As I said we have several questions we weren't able to answer. We will try to address those and along with the PowerPoint. From this webinar and thanks to everyone who attended and thank you for the great questions and the thoughtful questions and conversation that we had this afternoon. We hope to have you join us next month at our business acumen webinar which is on the first Wednesday of the month. And so with that being said, have a great afternoon and take care.

Thank you. [Event Concluded]