



Managed Long-Term Services & Supports:
An Intellectual & Developmental Disabilities Perspective
HCBS Conference – August 30, 2018

Shaping policy, sharing solutions, strengthening communities



ANCOR is...

A national nonprofit trade association
advocating and supporting

- Over **1,400 private providers** of services and supports to
- Over **one million people with disabilities** and their families
- And employing a workforce of over **800,000 direct support professionals** (DSPs) and other staff

With a mission to advance the ability of our members in supporting people with intellectual and developmental disabilities to fully participate in their communities.

SHAPING POLICY, SHARING SOLUTIONS, STRENGTHENING COMMUNITY

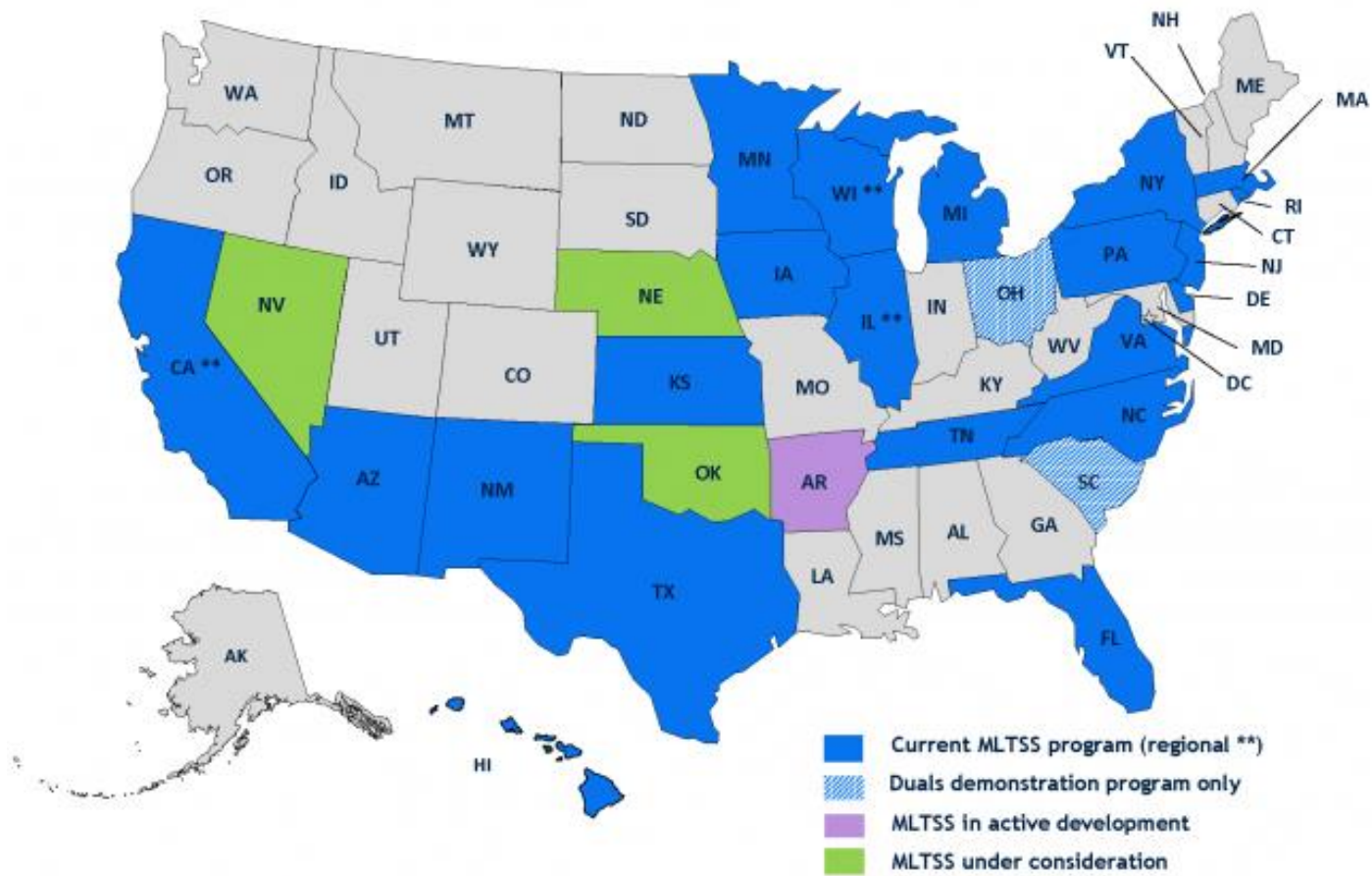
p: 703.535.7850 · ancor@ancor.org · www.ancor.org

Today's Agenda

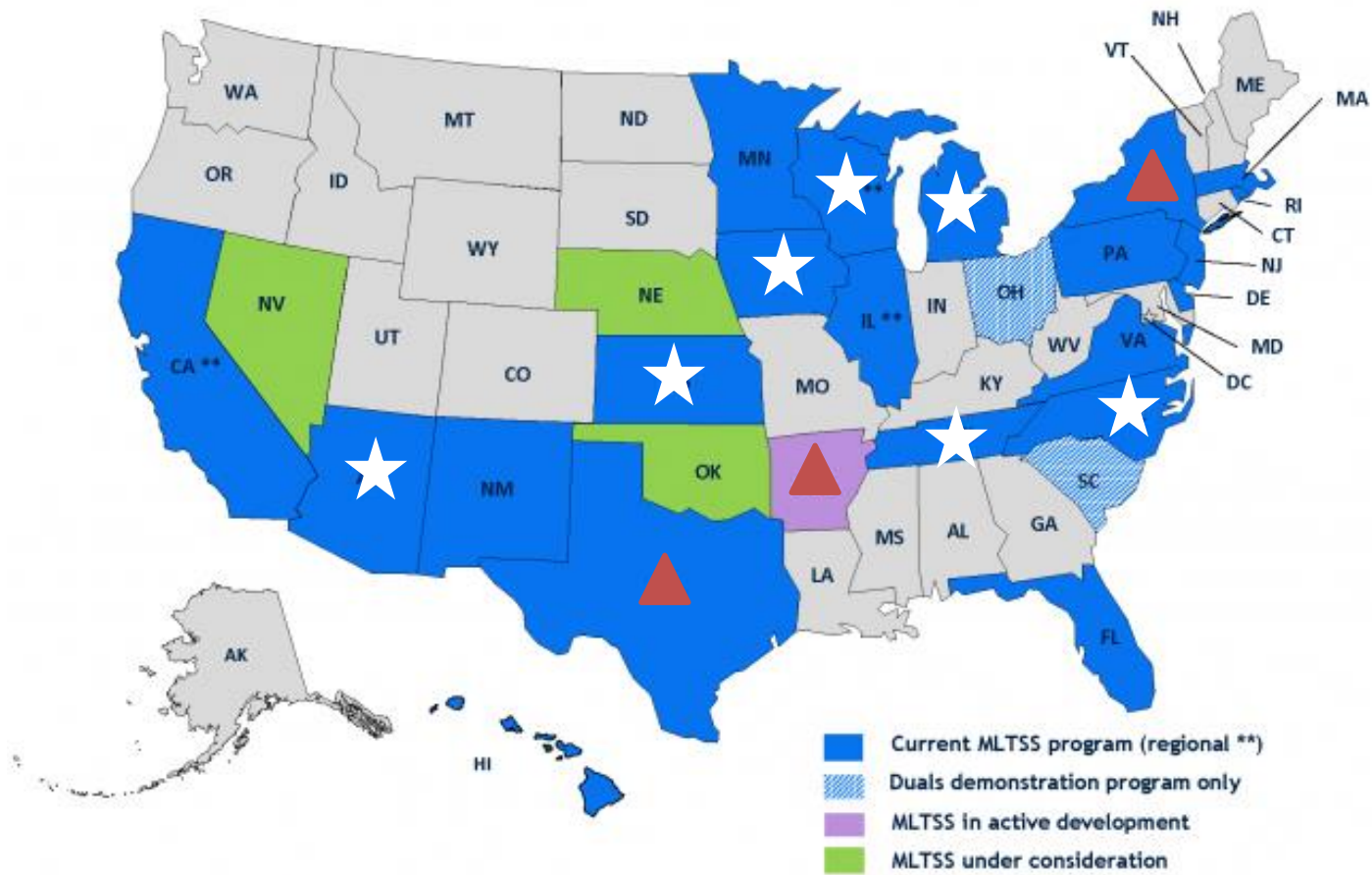
- Framing Our Conversation – Current Landscape
- Experiences from the States:
 - Arizona
 - Iowa
 - Kansas
 - New York
- Questions

Framing Our Conversation:
The Current MLTSS Landscape for I/DD Supports

Medicaid Long-Term Services & Supports



Medicaid Long-Term Services & Supports



Medicaid Expenditures and MLTSS

24%

vs

7%

Of All Medicaid LTSS
Spending for
Older Adults &
People with Physical
Disabilities

Of All Medicaid LTSS
Spending for
People with I/DD

State Approaches



Mandatory comprehensive statewide contracts with large multi-state commercial healthplans

Incremental approach – contracts with large multi-state commercial healthplans for parts of the system

Longest running programs – state agency management (AZ) and “home-grown” non-profit MCOs (WI)

Current PIHPs for behavioral health and ID/DD; states considering contracting with commercial healthplans

Emerging statewide ID/DD provider-led initiatives

Challenges

- Lack of Potential Cost Savings
- Limited Experience Across Key Stakeholders
- Need for Meaningful Quality Measures
- Unique Role of I/DD Case Management & Support Coordination
- Strong Advocacy Networks and Relationships

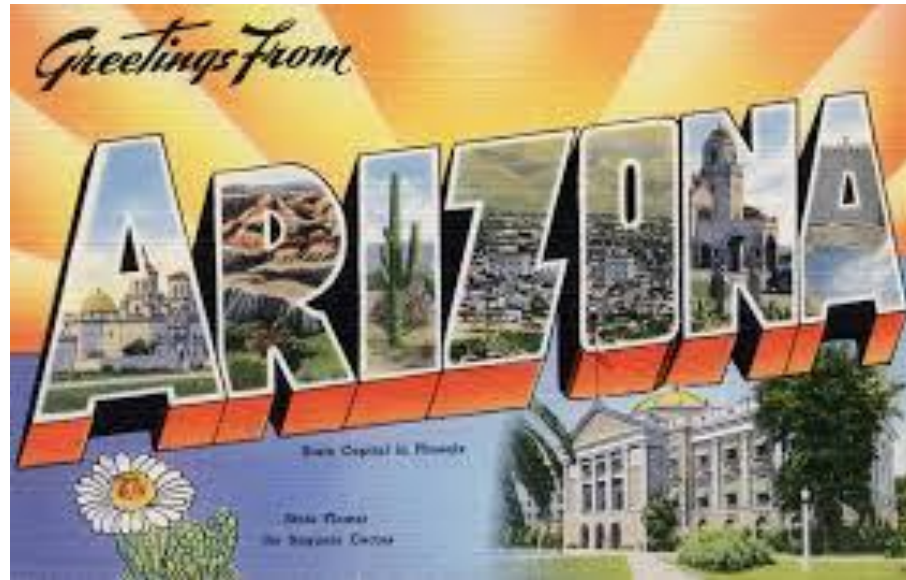
Opportunities

- State Goals & Rationale
- Goals and Program Design & Implementation Aligned
- Meaningful, On-Going Stakeholder Involvement
- Unique Needs May Require Unique Approach
- Incremental Approaches to Implementation
- Data Adequacy to Develop Sound Capitation Rates



Convergence on Best Practice





Wendy Swager
SOREO In Home Support Services

MLTSS- I/DD - Arizona

So what's happening????



AZ Overview

- **Last state to participate in Medicaid LTSS(1988)**
- **Operates under one 1115 waiver**
- **Enrollment is mandatory**
- **MCO for I/DD is Division of Developmental Disabilities (DDD)**
- **MCOs have a capitated rate**
- **Case Management is through DDD**
- **2015 data shows 96.6% of all Medicaid LTSS \$'s were delivered in HCBS settings**

Why are I/DD services with DDD?

- ***ARS 36-559* states “.....a person with developmental disabilities is eligible to apply for developmental disability programs, services and facilities operated by licensed and supervised by or supported by the department.....”**
- **Control by DES DDD is in law not regulation.**

I/DD Providers vs the Others

- **Cross over providers – I/DD, EPD, Private Duty**
- **Group home DSP dilemma**
- **In-home & host homes – DSPs maybe W2 or IC**



AZ Health Care Cost Containment System (AHCCCS)

- **30 years of MLTSS experience**
- **2015 merger of AHCCCS and DHS - Division of Behavioral Health Services**
- **“.....the structure of the Medicaid delivery system in AZ is transforming to support an integrated care model with better alignment of incentives that seek to efficiently & effectively improve health outcomes.”**

AHCCCS Strategic Plan for 2018 - 2023

AHCCCS – Value Based Purchasing

- **Payment for Performance: health-care payment systems that offer financial rewards to providers who achieve, improve, or exceed performance on quality & cost measures as well as benchmarks.**
- **Patient-Centered Medical Homes: care delivery model whereby a patient's treatment is coordinated through the primary care physician. Care is facilitated by registries, IT, HIE & other means to see patient gets care when & where they need & want it in a culturally & linguistically appropriate manner.**

AHCCCS – Value Based Purchasing

- **Shared Savings: a model that has a baseline budget or target that is used to determine whether savings were achieved. Savings which result are shared between the MCO and the provider. Quality measures are part of the shared savings methodology.**
- **Bundled Payment: A single, “bundled” payment covers services delivered by 2 or more providers during a single episode of care or over a specific period of time, and include quality requirements.**

Differential Adjusted Payments (DAP)

*It's the **buzz** word!*



DAP is a data driven quality improvement measure where the provider is eligible for a % increase add-on to their Fee-For-Service.

FY 18-19 DAP introduced for:

- **Hospitals**
- **In Patient facilities**
- **Nursing facilities**
- **Integrated clinics**
- **Physician, physician Assistants & Registered Nurse Practitioners**
- **Behavioral Health Outpatient Clinics**

Current DAPS:

- **Hospitals receive a .5% DAP if they participate in HIE**
- **Hospitals that hold a Pediatric Prepared Emergency Care Certificate receive a .5% DAP**
- **Integrated Clinics with claims for behavioral health services accounting for 40% of total AHCCCS claims plus HIE receive a 10% DAP**
- **AZ has \$300 million for Targeted Investment Programs/ DAPs over the next 5 years**

7/30/18 AHCCCS stated to I/DD providers:

- **AHCCCS is interested in performance based increases – DAPs. Providers who participate will receive a Differential Adjusted Payment above the current rate.**



5/18 AZ DDD RFP “DDD Integrated Health Care Choice Plans”

- **10/2019 - DDD Coordinated Plan – partnership between DDD & MCOs offering integrated physical health care, behavioral health care and limited LTSS (skilled nursing, therapy services, augmentative communication & assistive technology). All ALTCS-DD members will transfer.**

- **10/2020 - DDD Direct Plan – DD member will have the choice to transition all services (physical, behavioral and LTSS to a MCO).**

AZ has 30 years experience with I/DD MLTSS

- **If Arizona and other state data demonstrates increased efficiencies and improved outcomes – it's coming to your state.**
- **You must know what I/DD service models have increasing traction across the US.**
- **It took AZ 30 years to get where we are today.**



How Do You Prepare?

- **Read ANCOR's White Paper and understand what is happening across the US.**
- **Get involved – not just with your state I/DD entity. Get involved with your Medicaid entity and the MCOs.**
- **Lobby/educate for transparency.**
- **Create & share a vision that involves stakeholder input.**
- **Access & utilize data. What are your measurable quality outcomes? Define your quality outcomes that integrate physical & behavioral healthcare, increase efficiency and improve outcomes. Make your data available to the MCOs.**

THANK YOU!





Shelly Chandler
Iowa Association of Community Providers

Keeping Your Head Up In Trying Times:



Iowa
Association of
Community
Providers



Finding Deep Strength

Why Managed Care??

- Predictability of Cost
- Shift of Risk
- Significantly Reduces State Involvement



Of the 22
states
implementing
MLTSS

Only 2
include
HCBS and
ICF/ID
services



KANSAS

The new world...has new acronyms!!

- MLTSS
- MCO
- OOP
- PCP
- PPO
- UM
- UCR
- TROOP
- SPP
- PMR
- PDP
- PA
- MAC
- FPL
- DUR
- CDHP

Adaptation + Flexibility



Make the business case for your services

- Who do you serve?
- What are your outcomes?
- What is your cost?
- What is your capacity?
- Know the integrated care networks that are forming in your community
- Form referral relationships built on your ability to guarantee **timely access** and produce **quality outcomes**

Know the Value You Bring

- Payment reform = primarily shared-risk models with **responsibility on providers** to manage care and lower costs
- Individuals served by the safety net are some of the most **costly and complex**
- YOU have **expertise and experience** in caring for these populations, making YOU valuable partners in the reformed healthcare system



Some days, you just have to put on the hat,
to remind them who they are dealing with

Out of the Broom Closet

Produce Measurable Outcomes

- Understand that the measure of expectations has changed
- Social Determinants of Health
- Documentation will be reviewed by medically based utilization managers
- Standardized assessment used to develop rates and person centered plans



NOW WHAT??????



Assessing Organizational Risk

- Diversity of Revenue Streams
- Organizational Growth
- Relationship management
- Technology
- Board acumen
- Contracting
- Strategic planning, change management, execution
- Workforce
- Adaptation and organizational flexibility

Make Organizational Adjustments

- Administrative
- Claims and Billing
- Medical Health Care provider
- Technology
- Advocacy

Identify Changing Landscape

- Retirements
- Partnering with other organizations
- Mergers and Acquisitions

In the Weeds!!

- Back-office operations can be critical to survival—it will cost \$\$
- Don't expect rates higher than the floor. If no lock-in on floor rates, they will go down
- If MCOs can not make money through lower rates, it will have to be made through claims denials

In the Weeds!!

- Tracking MCO claims processing performance critical
- Don't underestimate the importance of appeals—don't leave \$\$ on the table.
- When states running budget deficits – will try to negotiate lower rates with MCOs upon contract renewal.

Mission-Driven

Relentlessly Advocating for Iowa Providers to Build Healthy Communities

- Advocacy
 - Legislative
 - Regulatory Review
- Ongoing training and networking
- Partnering with families
- Partner with MCOs
- Partner with state and national associations
- Stay politically neutral

I am a delicate

feminine

flower

Managed Care in Iowa: Recommendations to Ensure Success

IACP Preparation with Providers

- **SMEs for Training** on Preparedness, Successful Contract Negotiations, Mergers & Acquisitions
- **Quarterly** Forums for Executive Directors
- Continue **Quarterly** Compliance Trainings, Employment First, and HCBS Settings Trainings
- **Monthly** IACP Member meetings went from average attendance of 60 to over 200!
- **Daily** meetings with 17 MCOs, calls, emails for constant opportunities to educate on the Iowa system of care
- **Supporting** members with those same daily calls and emails to answer questions, counsel, and cheerlead

A wide-angle photograph of a sunset over the ocean. The sky is filled with large, dark, dramatic clouds, some of which are illuminated from below by the setting sun, creating a vibrant orange and red glow. The sun is positioned on the horizon, slightly to the right of the center, casting a bright, shimmering path of light across the water's surface. The ocean is a deep blue, with white foam from waves visible in the foreground. The overall mood is serene and powerful.

Finding Deep Strength

Thank you!

Shelly Chandler
Chief Executive Officer

Iowa Association of Community Providers

schandler@iowaproviders.org

515-270-9495





Matt Fletcher
Johnson County Developmental Supports

Kansas IDD MLTSS

Promises and Reality

Matt Fletcher
Deputy Director
Johnson County Developmental Supports
Lenexa, Kansas



KanCare

- Launched in 2013
- Managed by three for-profit MCOs
- Includes all Medicaid recipients - Approximately 500,000 children and adults
- Health care and long-term supports and services for HCBS Waiver populations
- IDD population - health care covered beginning in 2013 - LTSS began in 2014

The Promise

- Cost containment/predictability
- Better quality of care
- Greater integration of care
- Reduction of administrative “silos”

Promises to Kansans with IDD

- Greater access to physical/behavioral care resources
- Improved health outcomes
- Employment opportunities
- Resources to assist with challenging behaviors
- Waiting list elimination

Reality - 2013

Newpoint Healthcare Advisors - Review of KanCare (Conducted on behalf of InterHab - IDD state provider association)

- Findings:
 - Little to no research existed on MLTSS for IDD
 - Kansas Developmental Disabilities Reform Act of 1996 already provided for cost-containment in a quasi-managed care structure
 - Cost savings in other states were largely tied to de-institutionalization
 - Sufficient oversight structure required in order to ensure MCO compliance
 - Need for well-defined performance measures in order to evaluate efficacy

Reality - 2016

Leavitt Partners - Review of KanCare in November 2016
(Conducted on behalf of Kansas Hospital Association,
Kansas Medical Society and Kansas Association for
Medically Underserved)

- Findings:
 - No perception of improved quality of care
 - Limited transparency on KanCare performance
 - No indication of improved care resulting from increased integration and coordination of physical health, behavioral health, mental health, substance use disorder and LTSS services
 - Increased ‘silos’ - more fragmentation of care

Reality - 2016

Leavitt Partners - Review of KanCare in November 2016

- Findings, cont.:
 - Poor communication from MCOs
 - Inconsistent information between state and MCOs
 - Inconsistencies in MCO processes and policies, credentialing processes, contracting, billing and claims processes
 - Resource intensive to seek reimbursement for services provided
 - Network adequacy issues for MLTSS - waiting lists

Reality - 2018

Kansas Legislative Division of Post Audit - Review of KanCare

- Findings:
 - Data on KanCare provided by the state was unreliable
 - Unable to determine impacts on costs, services or health
 - Lack of adequate oversight of MCOs
 - Cost containment did not occur as a result of KanCare

Reality - 2018

Kansas Legislative Division of Post Audit - Review of KanCare

- Findings, cont.:
 - Stakeholders expressed significant concerns regarding:
 - Timeliness and accuracy of reimbursement
 - Increased administrative burden
 - Poor communication
 - Timeliness/accuracy of Medicaid data

IDD Provider Experience

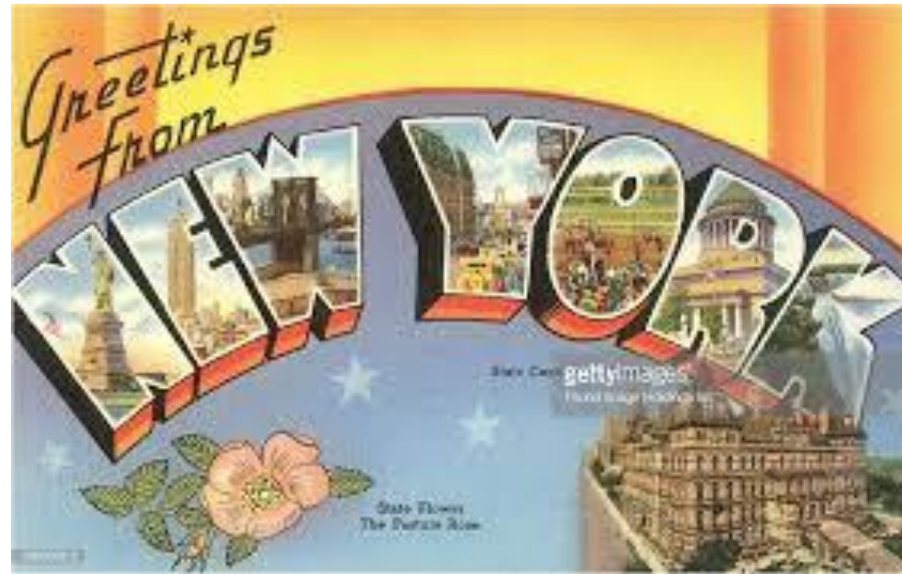
- Outcomes have not been improved
- KanCare model does not address the needs of Kansans with IDD
- Care coordination is poorly implemented
- KanCare has increased the administrative burden on IDD providers
- KanCare is less efficient than the prior structure of the IDD system
- Multiple changes in state leadership

Recommendations for States Considering IDD MLTSS

- Meaningful input from IDD providers
- Baseline data for IDD populations
- Protection of existing resources
- Adequate oversight structure
- Funding, funding, funding!

Core Values for IDD MLTSS System Design

- Prioritize persons with IDD
- Stability and sustainability
- Ease in administration
- Outcomes drive decisions
- Protect case management relationships
- Preserve and strengthen local control



Tom McAlvanah
INTERAGENCY COUNCIL of Developmental Disabilities
Agencies, Inc.

MLTSS

Pathways for New York

August 2018



What happened?

1. **Cost of Medicaid Rising...New York forms MRT in 2011**
2. **Increase in Number of Medicaid Recipients**
3. **Pressure From Washington, D.C. on Cost of Health Care**
4. **NYS Faced Federal Investigation and oversight in Medicaid Overpayments for I/DD Program**
5. **Results: NYS Commits to Reducing Costs of Services and Improve Management of NYS I/DD Programs**

The Pathway To NYS' Future Involves Managing A Number Of Factors

- ❖ Increasing Number Of People Needing Services Resulting From: Higher
Life Expectancy For Existing Population and
Number Of Children & Young Adults Entering The System.
- ❖ Increasing The Costs Of Services & Support
- ❖ Calls To Improve Quality From Self-advocates, Families & Government.
- ❖ High Costs Of Services Require Greater Efficiencies in Service Delivery

What Did New York Do?

In 2011, NY's People First Waiver Proposal established Developmental Disability Individual Support & Care Coordinating Organization.

DDISCO

NYS also began pursuit of specialized plan for people eligible for both Medicaid & Medicare

FIDA-IDD



Can It Work?

*There are unique challenges in implementing a MLTSS program for people in I/DD.
NASUAD & NASDDDS*

Strategies For Positive Outcomes for States:

- Clear goals and data-based design.
- Ongoing & rigorous stakeholder engagement focusing on participants & their families.
- Strong collaboration among state agencies.
- Education & training for both participants & providers
- Contract terms & payments that support programs goals.

Martha Roherty
Executive Director, NASUAD



Did NYS' Plan Work?

With a lack of clear vision for a managed care future and an array of stakeholder concerns, the design of the DDISCOs faltered. OPWDD then formed the Transformation Panel in 2015 to help develop priorities for system design.

Health Home/ Care Coordination Organizations

Stakeholder engagement from self-advocates, families and non profit providers resulted in new 1115 Waiver, allowing NYS (OPWDD&DOH) to design HH/CCOs for I/DD population, led by provider organizations offering care coordination beginning in 2018 with full transition to managed care by 2022.

Health Home Care Management replaces Medicaid Service Coordination

Health Home Care Management is a new way to coordinate care, combining developmental disability services and supports with health & wellness service.

People First Care Coordination
www.opwdd.ny.gov

Health Home Care Management is provided by Care Coordination Organizations CCO. As of July 1, 2018, nearly 100,000 were enrolled in CCOs.

OPWDD



What does NYS hope to achieve in this transition to CCOs and then to Managed Care ?

- ❖ A better person centered system
- ❖ Enhanced care coordination and planning
- ❖ Enhanced community based services and integrated health care
- ❖ Establishment & management of funding streams that support individual outcomes

NYS also made it clear that their intent was not...

“a Medicaid block grant to cap spending on individuals, a means to achieve budget reductions or a means to restrict or expand eligibility.”

“ Strengthening Services for the Future: An Introductory Presentation on the People First Waiver”- OPWDD
April/May 2012



Finally...

The nation and the states, from government payers to advocates, from service recipients to providers, all seek quality of care. As taxpayers we seek efficient use of our tax dollars. By finding ways to slow the spending growth in Medicaid we can better avoid further attempts at cuts. Sustainability of our system of services remains paramount.



So...

Stay informed

Stay active

Be the advocate!





Thank You!

