2014 Home and Community Based Services Conference

ACOBISSIPIMLTSS?
Gourmet Alphabet Soup Created by Many Cooks

The Iowa Department on Aging (IDA)
Iowa Department of Human Services (DHS)
Health Management Associates
Overview

- Consumer input
- Approaches
- How to replicate
Never get to far ahead of your troops...
State Unit on Aging

• ADRC
• LTSS
• Planning, development, advocacy & collaboration
Building Together in Iowa
ADRC – NWD/SEP

Every Door is an Opening
Balancing Long Term Care within Health Care Redesign

Deborah Johnson
Medicaid Long Term Care
State of Iowa
Why change?

- Health care delivery system is fragmented
- Cost of health care is unaffordable and unsustainable for citizens and taxpayers
- We need to increase quality/outcomes & lower cost
- Iowa’s long term care system relies more on institutional services than community based care
Why is Long Term Care Important?

• The populations have diverse needs and are our most vulnerable
• It is more than half of Iowa Medicaid expenditures for about 10% of the population
• Olmstead decision is calling for inclusion and the development of community based options
Medicaid Services Provided

Medicaid Spending by Category

- Health Care Services
- Behavioral Care Services
- Long Term Care Services

SFY12, SFY13, SFY14, SFY15

Millions

$0

$200

$400

$600

$800

$1,000

$1,200

$1,400

$1,600

$1,800

September 23, 2014
Current System: Context

• Multiple unique populations with distinct delivery systems and needs – chronically ill, elderly, intellectually disabled, seriously mentally ill, etc.

• Silos for good reason, but with poor results: delivery systems targeted to these unique populations to meet their needs, but not coordinated
  – e.g. Persons with mental illness die, on average, 25 years sooner than other populations

• How do we create integration and balancing while at the same time ‘do no harm’?
Iowa’s Goals

- Integration of long term care and physical health care to improve quality outcomes and lower cost
- Increase use of home and community based services through integrated settings and choice of options
Complex Systems can change by influencing ‘levers’

- Medicaid has ability to influence delivery systems through ‘levers’ or aspects of the system that drive behaviors, for example:
  - What and how we pay for services: Accountability, payment, and contracting methodologies
  - Ensuring individuals know their options and have access to coordination of care
  - How well we assess needs and provide the right services at the right time
Strategies

• Iowa is braiding together several new options that provide funding/flexibility for strategies that support Iowa’s goals:
  – State Healthcare Innovation Model (SIM/ACO)
  – Integrated Health Homes
  – Balancing Incentive Program
Iowa seeks to target particular strategies to specific levers to achieve goals

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<tr>
<th>Goal</th>
<th>Lever</th>
<th>Strategy</th>
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<td>Accountability for value (cost and quality)</td>
<td>Contracting and payment strategies</td>
<td>State Innovation Model: Accountable Care Organizations</td>
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<td>High quality care coordination</td>
<td>Pay for Care coordination with accountability for results</td>
<td>Integrated Health Homes</td>
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<td>Increase use of Home and Community Svc.</td>
<td>Point of entry / navigation</td>
<td>Balancing Incentive Program</td>
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<tr>
<td>Assess needs and get the right services</td>
<td>Improve use of assessment tools</td>
<td>Balancing Incentive Program</td>
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Iowa State Innovation Model Plans

*Improve value and align payment models*

- Valued based payment reform
- Organized, coordinated delivery systems
- Build on developing health homes / medical homes
- Align payors to provide ‘critical mass’ to support needed investments in change

- Strategy 1: Implement a multi-payer ACO* methodology across Iowa’s primary health care payers
- Strategy 2: Expand on the multi-payer ACO methodology to address integration of long term care services and supports and behavioral health services
- Strategy 3: Population health, health promotion, member incentives

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*‘Accountable Care Organizations’ are a reimbursement method that incents accountability for outcomes and lowers costs*
Balancing Incentive Program (BIP)

- Affordable Care Act Section 10201
- Increased FMAP to “states that undertake structural reforms to increase access to non-institutional long-term services and supports (LTSS)” as an incentive to states to increase access to Home and Community Based Services (HCBS)
- States required to implement specific steps to streamline access to services, improve efficiency, consistency and fairness in eligibility determination and assessments, and ensure conflict-free case management

Iowa’s Award
- Approved effective July 1, 2012 through September 30, 2015.
- Up to $61.8 million
- Amount based on an increased federal match of 2% for non-institutional community based services.
- As of July 2012, Iowa spent approximately 46.5% of its Medicaid LTSS funds on HCBS
Iowa LTSS Expenditure Trends

FY2014 - 2015 are projections

Percentage of Total

Institutional-Based Care
Community-Based Care

Dollars in Millions

Institutional-Based Care
Community-Based Care


No Wrong Door/
Single Point of Entry (SEP) System

- Network of designated SEP agencies
- Website and Statewide 1-800 number
- Assists individuals with navigation to find services and options counseling
- Iowa Medicaid working with Iowa Dept. on Aging - Aging and Disability Resource Centers (ADRCs), and new Regions to implement
- Will assist in increasing awareness and access to HCBS
Core Standardized Assessment

- Uniform assessments to determine individual need
- Promotes person-centered approach to needs assessment
- More accurate reflection of individual need prevents over- and under-utilization
- Iowa released Request for Proposals this month. RFP includes:
  - Selection of assessment tools, including Service Intensity Scale (SIS) for Persons with Intellectual Disabilities
  - Performing assessments statewide
  - Assessments to inform level of care and development of service plans
  - Will improve quality, consistency, and independence of assessments
Conflict-Free Case Management

- Agency policies and firewalls protect member choice
- Prevent conflict of interest in assessment and LTSS referral - Core Standardized Assessments
- Iowa largely in compliance, but some policy changes needed
Integrated Health Homes

• Option under 2703 of the Affordable Care Act
• Allows payment for Health Home teams to perform care coordination, peer support, health coaching
• Provides 90% federal match for 8 quarters
• Iowa has two approved programs:
  – Chronic disease (primary care model)
  – Integrated Health Homes for adults with Chronic Mental Illness and children with Serious Emotional Disturbance
Integrated Health Homes

- Partnered with Behavioral Health Managed Care Plan – Magellan Health Services
- Magellan contracts with and supports Integrated Health Homes
- Adults with Chronic Mental Illness and children with Serious Emotional Disturbance
- Improve integration of physical and behavioral health care
- Whole person approach
- Accountability for outcomes
Other Strategies

- Mental Health & Disability Services Redesign
- Money Follows The Person
- HCBS Settings

- Mental Health Services to Managed Care
- Health Home
- Medicaid Expansion
Heavy Lift

• Listen, Listen Listen!

• Share Information

• Limited State Staff
Input

- Listening Sessions
- Webinar’s
- Website for Information Sharing
- Presentations to Advocacy Groups and Associations
- Engaging other State Agencies as Partners
- Steering Committees
- Governor Office involvement
Getting Things Done

• Need Help from the Experts
• Hired Consultants – Health Management
• Objective people to hear from stakeholders
• Meaningful process
Questions?

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Iowa Stakeholder Approach: What were the Key Concepts?

• Engage the right people
• Engage them early and continuously
• Be clear about where input will be used
• Provide multiple and varied opportunities for input
• Provide opportunities for information to flow both ways
• Be clear about how input was (and wasn’t) used
Iowa Stakeholder Approach: Who Was Involved?

- State staff
- Consulting Team
- Steering Committee
- Work Groups
- General Public Listening Sessions
- Governor’s Office
Other Possible Approaches

• “Town Hall” type meetings
• Dedicated website
• Updates to broad email distribution list
• Periodic webinars
• Other committee and work group structures
Success?

- How do you know if your stakeholder efforts have been successful?
  - No last minute barriers/concerns
  - Have letters of support
  - May not have consensus
Roles States Can Play

– Convening
– Directing the Process
– Sharing Information
– Listening
– Weighing Input
– Ultimately, being responsible for decisions and the model
Thank You

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