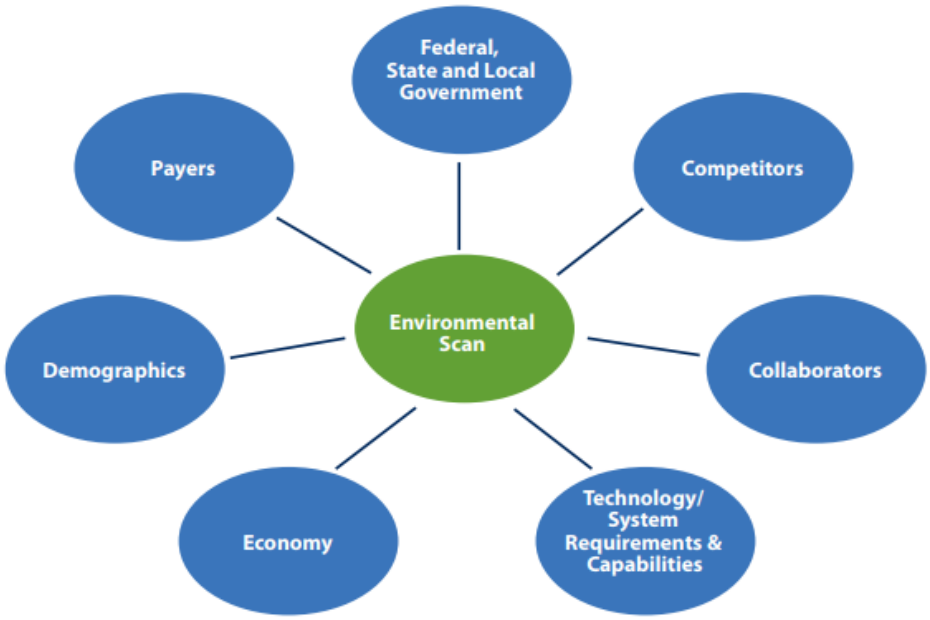
Business Development Learning Collaborative Environmental Scan Survey Results November 2018

The Home and Community-Based Services (HCBS) Business Acumen Center launched the Business Development Learning Collaborative (BDLC) in 2018 to evaluate the business environment that community-based organizations (CBOs) that serve people with disabilities work within. This information will be used by CBOs to develop and implement business strategies to strengthen and sustain their organizations.

To accomplish this objective, three states – Illinois, Minnesota, Virginia – were selected to work collaboratively to support the CBOs on their team in completing a thorough environmental scan and strengths, weaknesses, opportunities and threats (SWOT) analysis to inform the development and implementation of a strategic business plan for each CBO[1].

As a first step in this work, the BDLC launched a coordinated environmental scan process to explore issues and trends using the following framework:

Figure 2: Components of a CBO Environmental Scan



[1] Note: The majority of CBOs that participated in the environmental scan process serve people with intellectual and/or developmental disabilities.

Each state team worked collaboratively to research and capture trends related to System Demographics, the Economy, and Federal, State, & Local Government. Each participating CBO researched and captured trends impacting their organization related to CBO-Level Demographics, Payers, Competitors, Collaborators, and Technology/System Requirements.

Once complete, the results from these efforts were uploaded into a common database in order to review the data for commonalities, differences, and trends. Below are the key findings from the review of data.

System Demographics

Respondents explored questions about increases or diminishing rates of demand for services as well as insight into contributing factors, such as changing demographics.

Respondents noted that for services showing increases in demand:

- Individuals with intellectual and/or developmental disabilities (I/DD) and their families are interested in non-congregate, non-segregated services provided in their home and the community in which they live. These services include community employment, supported living, and community integration.
- Supports for individuals transitioning out of institutional settings, often include supports to address higher behavioral health needs'
- Services for people with autism are rising'
- Use of technology to support independence – including telehealth, telework, and telepsychiatry is increasing.

Respondents also noted the following services that seem to be in decline:

- Residential settings with shared bedrooms and/or that support more than six people.
- State operated facilities.
- Facility-based day services.
- Sheltered workshops.
- Congregate/group models, in general.

In terms of factors influencing this demand, respondents noted:

- Geographic-related factors, including:
    - Movement of persons served from rural areas to urban areas in order to access a broader array of services and providers.
    - Increased need in areas designated as underserved regions.

- Age-related factors, including:
  - Increased need for aging services for people with I/DD, as well as services for aging family members/caregivers.
  - Relationship between an individual's age and experiencing an increased need for services, particularly residential supports.
- System-related factors, including:
  - Increased emphasis on person-centered planning, independent living and assistive technology.
  - Rebalancing systems away from facility-based settings and toward home and community-based opportunities.
  - State budget constraints and limitations.
  - Shift in community culture regarding people with disabilities.

To explore these issues, respondents utilized the following:

- Engaged CBOs, DD Director, associations/advocacy organizations, DD Council, UCEDD, state agency.
- Information and data from state data, referrals and waiting list data.

Respondents noted the following initial impressions and/or plans to adapt to these themes:

- System-focused strategies included:
  - Advocacy to increase pay for direct support workers – a vital resource in providing more individualized, community-based services.
  - Participate in committees to change or eliminate outdated regulations and to prepare policies and practices that will facilitate services to meet the needs and choices of persons coming in to the system.
  - Provide feedback to state officials regarding how current and proposed regulations and process changes affect providers and persons with ID/DD.
  - Continue to rework rate methodology for both residential and day services.
  - Keep legislators informed about how proposed legislation affects services and supports.
  - Testify at legislative hearings on proposed bills and services that impact people supported and agencies.
  - Collaborate with provider associations to speak with one voice and to prioritize issues.
  - Keep community providers informed of proposed state and federal legislation and regulations, how they will impact them, and what action they can take.
  - Serve as a resource to keep providers abreast of changes, provide training, prepare new leadership, facilitate information sharing among providers, including providing supports to new CEOs.
- CBO-focused strategies included:
  - Need to explore/develop/advance alternate models that are less staff dependent.

- Collaborating with other CBOs/organizations with experience working on similar issues.
- Need to stay focused and prioritize – working on the most pressing issues and finalizing things while there is momentum before working on the next.
- Working more proactively to prevent "emergencies of the day."

Economy

Respondents explored questions related to the economic condition of their state and the impact on services and supports. To support their work in this area, respondents used resources to gather insight on poverty, unemployment, disability, and housing, including:

- http://www.disabilitystatistics.org/
- https://www.ruralhealthinfo.org/
- https://nlihc.org/
- https://talkpoverty.org/
- https://www.americashealthrankings.org/

The states' issues that impact the economy vary based on the current political and financial climate. Issues that a state may face based on these factors include:

- State budget predictability – the greater the uncertainty the more significant impact on CBOs relative to funding and timely payment.
- Availability of resources impacts availability of services and access for persons served; stagnant funding results in stalled efforts to address growing waitlists.
- Ability to move to smaller, community-based settings impacted by funding/rate structure.
- Rates impact the ability to offer competitive wages to recruit and retain DSPs.
- That impact is often compounded by low unemployment rates; the lower the unemployment rate, the greater the challenge to recruit.
- Instability caused by turnover and recruitment challenges negatively impact access to services.
- Conversely, low unemployment rates are useful in positively impacting employment opportunities for people with disabilities.
- Across the states, people with disabilities have significantly lower median household income and are more likely to live in poverty.

Respondents noted the following initial impressions related to these themes:

- Because poverty rates are so high for people with I/DD, housing will have to be reimagined for people who want to live on their own; accessible housing even more challenging to secure.

- People with I/DD primarily have health care covered through Medicaid – shortage of psychiatrists and dental care as providers do not accept Medicaid.
- CBOs may need to think about culturally specific services for those with the highest poverty rates as most are likely to be eligible for services. Providing culturally specific services may be a way to diversify services.

Federal/State/Local Government

Respondents explored questions related to the interest of policymakers, changes in the political climate, and public perception. In terms of policymaker preferences and priorities, respondents noted the following:

- Preference for smaller, home and community-based services.
- Increased oversight and transparency.
- Employment First.
- Deinstitutionalization efforts.
- Focus on reimbursement based on value over volume.
- Moving to integrated care models like managed care.
- Medicaid expansion.
- Waitlist reduction.
- Enhancing behavioral health services.
- Enhancing children's services.

In terms of the preference and mood of the general public, key issues include:

- State budget crisis.
- K-12 spending.
- Opioid crisis.

Specific to services and supports for people with disabilities, respondents noted the following themes related to public perception:

- High profile, negative media attention may cause public to be skeptical of the system's ability to provide community services and supports.
- Legislators often recognize a need for additional funding but due to low public interest it is hard to make it a priority.
- At the local level, there is generally a higher level of trust between the community and CBO.
- Families of individuals served are distressed over funding uncertainty and the impact on their child, particularly when the family is gone.
- Largely, there is bi-partisan support for services for people with disabilities, "what/who Medicaid is intended to serve."

- Some providers perceived as protecting the status quo, resistant to change.
- For individuals served and their families, the system is perceived as confusing and difficult to navigate.
- General public has a lack of understanding of who disability CBOs serve and what they do.
- General public and legislators are interested in greater transparency and accountability for non-profits in general and CBOs that are Medicaid providers in particular.

In terms of changes in the political environment, most respondents noted changes in both the executive and legislative branch likely to impact services, including:

- Gubernatorial elections – particularly if they result in a new Governor and/or change in political party – are disruptive and often result in loss of institutional knowledge. At a minimum, they often result in a loss of momentum on key initiatives and may result in abandoning key initiatives and the introduction of new initiatives.
- Regardless of gubernatorial elections, executive leadership changes are occurring and can result in a shift in focus and priorities.

Regardless of changes in the political environment, respondents noted the following state and federal policies that will likely continue and have potential to impact services and supports:

- Preference for HCBS in general; implementation of the HCBS Settings Rule.
- Advancing value-based payments, evidence-based practices and managed care.
- Interest in Medicaid restructuring – per capita caps, block grants, etc.
- Impact of larger health care reform efforts (1115 Waivers, Health Homes, etc.) may lead to changes in service models for I/DD services.
- Activities related to Medicaid Expansion and State Flexibility (i.e. CMS reconsideration of life time limits, work requirements, increases in premiums, increased reporting requirements, changes to non-emergency medical transportation, and more).
- Continued efforts to repeal/chip away at the Affordable Care Act.
- Improving coordination/integration for individuals dually eligible for Medicare and Medicaid.
- Implementation of Electronic Visit Verification.
- Greater transparency and accountability for community providers for outcomes, proof of services provided, and sanctions for failure to comply, resulting in increased oversight and monitoring by multiple agencies and need for coordination to ensure consistency.
- Impact of litigation (rates, wages, deinstitutionalization efforts).
- System redesign with any eye to sustainability, including changes in rate methodologies and structures, to address service needs (like behavioral support services) and workforce challenges.

In terms of managed long-term services and supports (MLTSS) specifically, most noted no immediate plans to move I/DD services in that direction. However, even if a state has not stated an intent to move to MLTSS for individuals with I/DD, there is activity throughout the health care sector that may still impact CBOs and/or set the stage for MLTSS in the future. For example, integrated care/managed care initiatives for older adults and/or people with physical disabilities, changes to service coordination/case management, integrated health home initiatives for behavioral health.

In considering these policies, respondents noted the following impacts:

- Increase in services covered by managed care.
- Increased access may strain current system limitations.
- Need to make the case that the meaningful goals of inclusion in work, community and living, are critical factors to driving down costs and that this unique population requires a different approach to providing services.
- Smaller agencies may need to consider opportunities for partnerships with other CBOs or partners to access adequate infrastructure/back office support.
- Need to learn how to manage outcome-based contracts including identifying quality metrics and implementing systems to gather, report, and make adjustments based on those metrics.
- Likely increase in mergers and acquisition activities.
- Understanding differences, challenges, and opportunities relative to price vs. rate.
- Increase in administrative infrastructure both in terms of human and technology resources.
- Shift in accountability and oversight from state agency to the states' contracted health plans.

CBO-Level Demographics

The 49 participating CBOs explored demographic questions specific to their organization, including areas of specialization, increased demand, and factors influencing demand.

In terms of areas of specialization, CBO responses varied. From a population perspective, some CBOs indicated that they provide broad, comprehensive services spanning age, disability, and level of need. Others noted that they provide broad, comprehensive services for individuals with I/DD. Still others noted that their approach is more focused – specializing in services for individuals

- With mild to moderate I/DD,
- With autism,
- With significant medical needs,
- With significant behavioral health needs,

- With physical disabilities,
- Who are elderly, or
- Who are in poverty.

From a service perspective, CBOs noted the following areas of specialization:

- Community integration services.
- Technology supports and services.
- Culturally specific services.
- Intermediate care facilities for individuals with I/DD.
- Foster care services.
- Host home services.

In terms of service demand, CBOs did not note significant geographic impact. However, a few indicated an increased need in certain regional – typically rural – pockets. From a population perspective, CBOs indicated increased demand for:

- Autism services.
- Spanish/bilingual services.
- Transition-aged youth.
- Residential services for individuals 45-50 years old with aging caregivers.
- Older adult services for people with I/DD.
- Supports for people impacted by opioid epidemic.

In terms of the types of service in greater demand, CBOs noted:

- Community-based services.
- Behavioral health services.
- Respite.
- Emergency/crisis supports.
- Residential/in-home supports.
- Day supports.
- Competitive, integrated employment/job development.
- Senior/retirement supports.
- Assistive technology/remote technology.
- Supports to access the community.
- Supports to access health care.
- Housing.
- Transportation.
- In-home supports.
- In-home acute services.
- Consumer-directed supports.

- Service facilitation.
- Family education.
- Host home supports.
- Trauma-informed care.

In considering declining service demand, CBOs noted the following services:

- 24-hour, congregate residential services.
- Sheltered work.
- Full-time structured day program.
- Homemaking services.
- Private-duty RN.
- Private school.
- Supports for individuals with mild I/DD.

CBOs noted that factors contributing to service demand include:

- National trends promoting competitive, integrated employment, particularly for transition-aged youth.
- Policies promoting more individualized and customized services.
- Decreased interest in congregate and/or segregated settings and supports.
- Increased community awareness and expectations.
- Waitlist movement.
- Increased focus on individual choice.
- Changing expectations for services and expected outcomes.
- Workforce challenges.
- Lack of access.
- Lack of opportunity.
- Over saturation.

In addition to the questions above, some CBOs explored:

- Differences between older versus younger families.
- Services that may be available in 1115 Waiver under development.
- Identification of the kind of change needed to support people in areas of increased demand.
- How to begin planning to adapt to these changes.
- Explore new services.
- Funding challenges.
- Whether or not they have a marketing strategy aligned with increased demand.
- How to increase demand for certain services.
- Explore other state experiences.

- How to balance funding.
- How services should be designed/offered.
- Review referrals and phone/email contacts.

To explore these questions, CBOs engaged:

- Family and individuals served – in-person and through surveys.
- Informal discussion.
- Senior and executive team.
- Board of directors.
- Community partners.
- Other CEOs/peers/coalitions/associations.
- State agency.

CBOs used the following resources and tools to explore these questions:

- Agency financials.
- Internal data – service requests/wait list.
- Anecdotal information.
- Research/literature review.
- State association, state agency.
- Annual report.
- Census Bureau.
- Department of Labor.
- State priority of need list.
- Billable units.
- Personal outcome survey results.
- Personal experience.

In considering what this demographic information might mean for their organization, CBOs noted the following initial thoughts and impressions:

- Agency is pointed in the right direction.
- Need to increase behavioral health/decrease 24-hour supports.
- Need to engage older families and scale expectations with younger families.
- Need strategic plan and to update it on an on-going basis.
- Need to explore new partnerships and opportunities.
- Advocacy for challenges.
- Focus on how to increase demand.
- Increase supported employment services.
- Need new funding options and to explore new service models.

- Expand staffing and increase DSP training for medical interventions and in-home supports.
- Need to diversify services.

Payers

In terms of current payers, CBOs noted the following:

- Medicaid, including State Plan Services, HCBS Waiver Services, and ICF/IDD, and typically delivered through fee for service (FFS).
- Managed Care – specifically related to behavioral health services.
- Vocational rehabilitation.
- Various state agencies including developmental disability, rehabilitation, health, Medicaid, and workforce.
- County and/or local funders.
- Housing and Urban Development (HUD).
- Donors and fundraising.
- United Way, community foundations, and grant opportunities.
- Social Security/SSI/SSDI.
- Railroad Retirement Benefits.
- School corporations.
- Private insurance.
- Private pay.

In working with these payers, CBOs reported the following challenges:

- Increased administrative time and costs related to documentation requirements, slow/delayed payment, slow/delayed authorizations, and navigating antiquated IT systems.
- Complex and, at times, contradictory regulatory environment. This can be compounded by payer staff turnover and loss of institutional knowledge.
- Regulatory changes are often reactionary, in response to a few "bad" actors.
- Communication regarding changes and expectations is not always timely.
- For some funding sources, the regulatory burden and costs outweigh the benefit of providing the service.
- Service rates in both FFS and managed care are not aligned with current costs. Rates also do not keep pace with changes in cost over time.
- Insufficient rates impact the ability to pay a competitive wage to effectively recruit and retain staff.
- Because of funding waitlists, there are limited numbers of new individuals accessing services and supports.

- Growing competition for limited private dollars; changes in tax law may further reduce ability to fundraise.

In terms of their current payer mix, many CBOs reported challenges with being overly dependent on a single revenue source, namely Medicaid. These challenges include no real negotiation of rates and contracts and the need to find alternative funding to fill gaps created by insufficient rates. Some CBOs reported a more balanced payer mix, but reported challenges related to administrative complexities with multiple payers and managing variance in cash flow. Other challenges related to payer mix include:

- Instability in state/Medicaid funding.
- The greater the administrative complexity the less dollars available for services.
- Limited margins do not allow for investment in innovation and capacity.

In considering which payers are easiest to work with, CBOs reported that all payers present challenges. Some noted that the smaller and more local the payer the easier it is to work with them. Others noted that working with schools, not-for-profits, and private payers were also easier to work with. Lastly, some CBOs reported ease of working with donors, foundations, and grants.

In terms of profitability, CBOs reported it often depends on the service versus the funder and/or payer. Several CBOs reported that residential services and/or congregate services tend to be more profitable. However, many also noted that profitability can be hard to predict because it is often dependent on several variables like open bed days, rate exceptions, and staff vacancies. Other payers and services noted to be profitable include episodic skilled nursing, therapy services (OT, PT, ST), private insurance, and grants/donors.

CBOs also considered the challenges that their current payers face noting the following:

- Managing increased need with decreasing resources.
- Limited funding does not cover service cost, much less investment needed to effectively administer and manage programs.
- Changing population – particularly with regards to age.
- Managing political pressures to reduce costs regardless of increased demand.
- Working within antiquated IT and data systems.
- Contracting with many providers.
- System is generally risk-adverse in conflict with pressure for greater community integration.

In terms of potential payers, CBOs noted opportunities with:

- Private funders that could allow more flexibility and creativity, as well as services targeted to particular populations like young adults with I/DD and/or individuals with behavioral health needs.

- Health care partners like hospitals, skilled nursing (aging with disabilities and post-hospital rehab), and medical transportation.
- Schools and other local government entities.
- Local businesses and employers.
- MCOs to address behavioral health services and for opportunities to demonstrate effective, cost-saving strategies.
- Veteran's Administration.
- Home care agencies
- Universities.
- Churches and other community organizations.

CBOs report that these potential payers face challenges including:

- Lack of awareness and/or experience regarding individuals with I/DD.
- Lack of relationships between CBOs and potential payers.
- Lack of understanding and/or experience in how CBOs can impact downstream costs for insurers and health plans.
- Staff turnover and having human resources to expand.
- Overcoming belief that supports for people with disabilities are a governmental responsibility.
- Difficulty in replicating promising programs at scale.

In addition to the questions above, some CBOs explored:

- Success stories of partnerships between CBOs and payers.
- Reviewing requests from families.
- How to move away from models that rely heavily on state/Medicaid funding.
- How to be more cost-effective and decrease administrative costs.
- Need for advocacy.
- How the state will or will not move toward integrated care and value-based payment.
- How services can address challenges experienced by payers.

To explore these questions, CBOs engaged:

- Family and individuals served.
- Local mental health board.
- Senior and executive team.
- Board of directors.
- Reimbursement office.
- Other CEOs/peers/coalitions/associations.
- State agency.
- Subject matter experts.

CBOs used the following resources and tools to explore these questions:

- Focus groups with families and persons served/needs assessment.
- Agency financial data.
- Leadership/program reports.
- Research/literature review.
- Organization strategic plan.
- Industry publications.

In considering what this payer information might mean for their organization, CBOs noted the following initial thoughts and impressions:

- Need to explore different revenue opportunities.
- Need to be creative.
- Need to explore new relationship opportunities.
- Need to explore new service models and perhaps retire others.

Lastly, CBOs identified a need for additional information in the following areas, as it pertains to payers:

- Understanding what might incentivize an insurer to engage with a long-term care consumer.
- Understanding what metrics an insurer would be looking for in serving an individual with disabilities and what would they pay for.
- How payers and for-profit providers make money and/or find cost efficiencies.
- How to be able to provide services through other funding sources – where to begin.

Competitors and Collaborators

CBOs indicate that there are often several organizations in their community who do similar work. These include other CBOs serving individuals with I/DD, behavioral health service providers, older adult service providers, and advocacy organizations.

In terms of these organizations, CBOs noted they often work with them providing different, but complementary services to the same individual. They also collaborate with these partners on advocacy efforts. Other areas of collaboration (or potential collaboration) include:

- Making cross referral to organizations providing complementary services.
- Partnering to create employment opportunities.
- Working to educate and raise awareness through activities like provider fairs.
- Collaborating with local police and hospital to address specific issues, like crisis calls.
- Sharing back office functions like IT, training, and/or insurance.

- Sharing information and knowledge, like benchmarking, best practices, and regulatory interpretations.
- Sharing physical space and other resources.
- Partnering to respond to RFPs and/or grant opportunities.
- Working with schools and other local government entities.

In considering these organizations, CBOs noted that they can be similar in:

- Services provided.
- Population served.
- Mission and values.
- Individuals served.
- Challenges experienced.
- Goals.
- Geographic coverage.
- Business structure.
- Business tools used.
- Competencies and quality.

CBOs also noted they were different than these organizations in the following ways:

- Strong focus on community-based services and/or employment services.
- Offering non-traditional day service options.
- Broad spectrum of individuals served.
- Offering individualized and customized service options.
- Outcomes achieved.
- Experience serving medically-complex individuals.
- Experience serving individuals with significant behavioral health needs.
- Significant level of fundraising support.
- Willingness to innovate and/or take on risk.
- Size, experience, and quality.
- Leadership stability.
- Ability to offer accessible and desired housing options.
- Faith-based.
- Offering unique service options like vocational training program, diagnostic/evaluation services, residential respite, family-directed respite, therapeutic horsemanship.

CBOs noted that similar organizations bring the following capacities:

- Choice and options for individuals seeking services.
- Ability to serve more individuals and/or families.
- Focus on advancing innovation and best practices.
- Different networks and contacts.
- Broader array of services.
- Ability to meet niche service needs.
- Complementary service options.

CBOs consider the following to be their unique capacities:

- Ability to specialize in serving specific populations, including individuals with high needs, dual diagnosis, individuals with high medical needs, lifespan supports, transition-aged youth, and individuals from diverse cultural communities.
- Mission, organizational culture, focus, and approach to providing supports.
- Size and scope of organization.
- Geographic coverage.
- Type of services offered, including culinary vocational program, hospice, grief and loss supports, wellness practices, customized employment, skilled nursing, consumer empowerment, and self-advocacy programs.

CBOs noted the following unmet needs in their community:

- Behavioral health.
- Respite.
- Residential services/in-home supports.
- Early Intervention Services.
- Employment.
- Intensive medical support for people without I/DD for chronic conditions like MS.
- Children's services.
- Autism services.
- Services for individuals with I/DD who are aging.
- Affordable housing.
- Educational services related to accessing/using waiver services.
- Information, training and support to medical professionals and systems serving individuals with I/DD.
- Crisis intervention.
- Support for aging caregivers.
- Supports for community inclusion, particularly for individuals with high needs.

- Medication management.
- Person-centered planning facilitation.
- School-to-work transition.
- Meaningful, flexible, and responsive day supports.

CBOs noted the following organizations that they currently collaborate with:

- Other I/DD CBOs
- Specialized recreational program/centers.
- Libraries.
- Local businesses/employers.
- Medical partners including physicians, medical centers, nursing programs, hospitals, health departments, home health agencies, hospice, pharmacists, psychiatrists, and dental providers.
- Behavioral health organizations.
- Parks and recreation departments.
- Zoos.
- Schools/universities.
- Churches and other community organizations.
- Local government entities.
- Community foundations.
- Chambers of commerce.
- Community centers/YMCA.
- Self-advocacy groups/family groups.
- Housing authority/transportation providers.

In considering potential partners, CBOs looks for organizations that are flexible, dependable, transparent, and trustworthy. They also look for shared interests and mutual benefit that results in improved opportunities and outcomes for individuals served. Other qualities CBOs seek in potential partners include:

- Experience serving individuals with I/DD and/or willingness to learn.
- Easy communication style.
- Thought leadership.
- Shared mission, goals, and values.
- Commitment to person-centered services.
- Business savvy.
- Innovative thinking.

- Highly engaged.
- Financially stable.

Through partnerships, CBOs find they are able to:

- Deliver better quality.
- Offer more opportunities and unique programs.
- Better integrate services – improving ease of access and experience for individuals served.
- Promote innovation and creative problem solving
- Improve efficiencies and minimize costs.
- Share knowledge and workload.

In terms of opportunities to build partnerships and/or provider networks, CBOs noted needs relative to:

- Being open to partnership, sharing clients, and sharing funding.
- Broaden footprint for contract and negotiating with payers.
- Broaden footprint for advocacy.
- Share information and best practices.
- Leverage strengths and share resources.
- Achieve economies of scale; identify efficiencies.
- Increase influence with community leaders to communicate connection between human services and a healthy community.

CBOs identified the following barriers to forming partnerships and/or provider networks:

- Insufficient time and other resources.
- Managing competing priorities and self-interest.
- Managing effective decision-making.
- Failure to establish clear expectations.
- Effectively aligning goals and values.
- Lack of sufficient due diligence to establish mutual goals, agreed upon workflow, and metrics for success.

In addition to the questions above, some CBOs explored:

- How to cultivate current collaborators.
- How to develop new collaborators.
- Learning from other industries/sectors.

- How to overcome barriers

To explore these questions, CBOs engaged:

- Family and individuals served.
- Payers.
- Senior and executive team.
- Board of directors.
- Reimbursement office.
- Other CEOs/peers/coalitions/associations.
- State agency.
- Community members'

CBOs used the following resources and tools to explore these questions:

- Informal discussion.
- Information from associations/coalitions.
- Agency financial data.
- Leadership/program reports.
- Research/literature review.
- Organization strategic plan.
- Industry publications.
- Regulatory activities.

In considering what this Payer information might mean for their organization, CBOs noted the following initial thoughts and impressions:

- Need to look at partnerships.
- Need to have more deliberate strategies around partnerships.
- Need to increase marketing efforts.

Lastly, CBOs identified a need for additional information in the following areas, as it pertains to payers:

- Formal functions to develop partnership.
- How to market organization and services effectively.

Data

CBOs report that their current and potential payers seek the following data from their organization:

- Financial information including statistics on Medicaid spending and eligibility, billing and related documentation, and cost reports.

- Quality/compliance information including critical incidents, home environmental data, and compliance with rules and regulations.
- Service outcome information including client goal progress, attendance, diagnoses, medications, progress reports, and personal outcome measures.
- Staff information including qualifications, training records, and policies and procedures.

To gather and share this information, CBOs report using various case management/EHR, billing, and outcome systems. They also note using various internal controls like customized database systems and dashboards to measure and monitor progress on identified metrics related to strategic priorities.

In addition, CBOs report that most payers have required data systems for billing and reporting purposes. CBOs report limited interoperability between their data systems and those required by payers. Most report interoperability is limited to billing only or requires them to export data from one system, then manipulate it so it can be imported into the other system.

In terms of data security requirements, CBOs report requirements related to:

- Email encryption.
- Systems must meet HIPAA compliance, confidentiality, billing accuracy, reporting, etc.
- Access to system is controlled through user name/passwords and access is only given to certain areas of the system by job title.
- Data must be available – encrypted and backed up.
- Training – staff need to know how to interact with the data properly.
- Secure cloud or storage.

In comparing their systems to those required by other payers, several CBOs noted that they have updated and/or have plans to update their systems in a manner that they should be compatible with payers. However, some noted their current systems were likely not compatible at this time.

In addition to the questions above, some CBOs explored:

- How to be more efficient in rendering services through the use of technology.
- What information has not been easily accessible.
- Full conversation around how they do business, why, and what is missing.
- The need for greater use of technology in the delivery of supports in lieu of direct care time.
- What improvements can be made in their systems to provide better information on client outcomes.
- What other organizations do to present information.

- What systems other organizations are using that they have not explored yet,

To explore these questions, CBOs engaged:

- Senior and executive team.
- IT staff.
- Board of directors.
- Other CEOs/peers/coalitions/associations.
- Subject matter experts.

CBOs used the following resources and tools to explore these questions:

- Internal knowledge.
- Informal discussion.
- History of data collection and gaps.
- Information from associations/coalitions.
- Leadership/program reports.
- Research/literature review.
- Organization strategic plan.
- Industry publications.

In considering what this payer information might mean for their organization, CBOs noted the following initial thoughts and impressions:

- Understand need for IT, but current funding inhibits full use.
- Need to look for systems that work together to eliminate double entry.
- Need to prepare for a completely new level of data collection and analysis.
- Need to review current systems and preparation to be able to show payers a more comprehensive picture of program effectiveness.
- Need technology upgrades in the future.

Lastly, CBOs identified a need for additional information in the following areas, as it pertains to payers:

- How EVV might impact future services.
- Pace of change in technology and need for funding.
- Ability to demonstrate return on investment.
- What other providers use and other options available.

Conclusions

Relative to Demographics, the Economy, and Federal, State, & Local Government, CBOs serving individuals with disabilities operate in an ever-changing environment and must manage a variety of factors for which they have little-to-no control (i.e. state budgets, leadership changes,

etc.). However, there are key trends that appear to be consistent in spite of these changes – namely, the move toward smaller settings, more individualized services, and greater integration across primary/acute care, behavioral health, and long-term services and supports.

In terms of Payers, Competitors & Collaborators, and Data, CBOs serving individuals with disabilities operate across a wide spectrum factors related to depth and breadth of services, populations served, and geographic scope. Regardless, most CBOs report significant challenges related to having sufficient rates and funding to cover costs and allow for investments in organizational capacity and innovation. Despite these challenges, most note using collaboration and partnerships as a tool for improving outcomes for individuals served, promoting best practices, and building greater awareness and support for services for individuals with disabilities.