Balancing Incentive Program: Perspectives from Multiple States on how BIP Initiatives Support Broader Program Objectives
<table>
<thead>
<tr>
<th>Topics</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome / Introduction</td>
<td>Meghan Sullivan</td>
</tr>
<tr>
<td>Commonwealth of Kentucky: Integrated Processes</td>
<td>Carla Crane</td>
</tr>
<tr>
<td>State of Connecticut: Person Centered View</td>
<td>Dawn Lambert</td>
</tr>
<tr>
<td>State of Texas: Integrated Service Delivery</td>
<td>Rebekah Falkner</td>
</tr>
<tr>
<td>Closing / Panel Q&amp;A</td>
<td>All</td>
</tr>
</tbody>
</table>
Speaker Introduction

Carla Crane
• Senior Policy Advisor
• Commonwealth of Kentucky – Office of Health Policy

Rebekah Falkner
• Balancing Incentive Program Manager
• State of Texas – Department of Aging and Disability Services

Dawn Lambert
• Project Director
• State of Connecticut – Department of Social Services

Meghan Sullivan
• Senior Manager
• Deloitte Consulting – National Home and Community Based Services Practice Lead
Commonwealth of Kentucky
Carla Crane, Ph.D.
Introduction: Carla Crane
Office of Health Policy, Senior Policy Advisor

Marshall University (Go Herd!)
  B.A. Psychology
  M.A. Family & Consumer Science
University of Kentucky (Go Cats!)
  Ed.S. Education
  Ph.D. Educational Psychology

- Early Interventionist
- Medicaid Program Administrator
- Program Evaluator, Researcher, Grant Administrator
- Last 15 Years with the Cabinet for Health & Family Services

Office of Health Policy
- Workforce Development
- Legislation & Policy
- Grants Management
Overview of HCBS Programs in Kentucky

HCBS Program Overview

- DMS serves ~24,500 people through HCBS Waivers with an average monthly enrollment count of ~21,150 for FY2013

Current Waivers

<table>
<thead>
<tr>
<th>Waiver</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>Short-term, intensive supports for those with an ABI (Adults)</td>
</tr>
<tr>
<td>ABI-LTC</td>
<td>Long-term supports for those with an ABI (Adults)</td>
</tr>
<tr>
<td>HCB</td>
<td>Primarily In-Home and some Community Based Services targeted to Individuals who are Elderly and/or Disabled (All Ages)</td>
</tr>
<tr>
<td>Michelle P.</td>
<td>Non-residential, Community Living and Education Supports for individuals with a developmental or intellectual disability (All Ages)</td>
</tr>
<tr>
<td>Model II</td>
<td>In-Home Ventilator Supports for individuals who are dependent for 12 hours or more per day (All Ages)</td>
</tr>
<tr>
<td>SCL</td>
<td>Residential, Adult Day and Non-Residential community supports for individuals with a developmental and intellectual disability (All Ages)</td>
</tr>
</tbody>
</table>

- Total HCBS expenditures: Total LTC expenditures for Kentucky were approximately 1.48 Billion in 2009 out of which about 31% (0.46 Billion) were spent on HCB Services.
- Current improvement opportunities:
  - Implementing a system that automates the various waiver processes and integrates with other existing enterprise systems
  - Standardizing the processes, policies and procedures across the different waivers
Kentucky Strategic Initiatives and BIP Alignment

**BIP Structural Change**

- No Wrong Door/Single Entry Point

**BIP Implementation**

- Developing an Online Screening Application
- Integrating the waiver application with the financial eligibility processes
- Select assessment tool(s) based on alignment with population in programs
- Required Characteristics of CSA Crosswalk
- Enable conflict-free case management policies

**Strategic Initiatives**

- Kentucky Health Benefit Exchange (KHBE) – Medicaid Waiver Management Application (MWMA)
- All Paid Claims Database NWD/SEP Regardless of Need or Payer Source.
- Exploring a CSA for each waiver (Leveraging TEFT Grant)

**Informative CHFS CB-LTSS Website**

- Initial Assessment

**Core Standardized Assessment (CSA) Instrument(s)**

- Conflict-Free Case Management
Overall Process Flow

Intake
- Pre-Screening
- Waiver Intake Application

Eligibility and Enrollment
- Urgency of Need and Waiver Capacity Determination
- Medicaid Eligibility Determination
- Level Of Care Determination
- Waiver Enrollment

Post Enrollment
- Case Management & Service Monitoring
- Service Needs Assessment
- Plan of Care Development and Approval
- Incident Management
- PDS Timesheets
- Reassessment
State of Connecticut

Dawn Lambert
Stakeholders

- Connecticut Department of Social Services
- DAS
- United Way
- MY PLACE CT
- MINTZ-HOKE
- DDS
- State Department on Aging
- UNIVERSITY OF CONNECTICUT HEALTH CENTER
- LEWIN GROUP
- interRAI
- dmhas
- CCCI
- Morrow Consulting
- DoRS
- Community Health Network of Connecticut, Inc.
- Southwestern CT Agency on Aging & Independent Living
- WCAAA Western Connecticut Area Agency on Aging
- Agency on Aging of South Central Connecticut
- MERCER
Connecticut’s Population

Total Population
3.5 M

Medicaid Population
725,000

Long-term service and support population
40,000
Percentage of Medicaid LTSS Users Compared to Overall Medicaid Expenditures

- **Population**: 725,000
- **Dollars**: $6.1B

- **Medical**
- **LTC**
State of Connecticut
Strategic Objectives and BIP Alignment

BIP Structural Change

No Wrong Door

Universal Assessment (CSA)

Conflict Free Case Management

Develop Online Screening Application

Integrate waiver application process with financial eligibility process

Develop core assessment

Develop and implement needs based budget allocations

Design and implement firewalls between case management and services

Strategic Objectives

Streamline participant access to information and services

Standardize assessment tools so that participants are assessed with one tool for multiple programs

Ensure equitable distribution of dollars based on need

Ensure decision making is person-centered
The Connecticut Balancing Incentive Program (BIP) is a person centered system allowing Consumers and their circle of support to have access to information and services across multiple LTSS Agencies and programs.
Connecticut’s LTSS Website:

www.MyPlaceCT.org
Key Components of the Balancing Incentive Program

The Implementation Roadmap outlines proposed implementation options to meet the key business requirements and system features that were identified during the requirements gathering phase.

---

**Key Business Requirements**

- Pre-Screen
- CSA
- Financial Assessment
- Dashboards
- Notifications
- Reports
- Single Sign-On (SSO)
- Information Exchange
- LTSS Websites

---

**System Modules**

- LTSS Information Websites
- Self-Service Portal (ConneCT)
- Worker Module (ConneCT and ImpaCT)
- Information Exchange Module (ImpaCT)
Current State of Assessment Tools / Consensus Building Process

**Current State of Assessment Tools**

**Weaknesses**

**Nine different assessment tools**
- Six state level tools for 1915c waivers and Preadmission Screening and Resident Review
- Six state level tools for 1915c waivers and Preadmission Screening and Resident Review
- Two national tools (OASIS and MDS 3.0)
- Community Health Network assessment

**Strengths**

Willingness to Work Together

**Consensus Building Process**

One week Kaizen event in February 2013
- Developed a common mission & vision
- Developed a common philosophy and practice of person-centeredness
- “Learned to see”

Reviewed existing tools
Selected InterRai tool for implementation across the entire system
- Population specific additional questions
Developed algorithm for need based allocations
Scheduled to launch in February 2015
Current State of No Wrong Door

Weakness

• LTSS case management systems specific to 1915c waivers
• Community access points lack standardization
• Current data systems and business processes are not integrated

Strength

• ConneCT established as No Wrong Door for eligibility
• Integrated with eligibility management system and MMIS
• Coordinated with Access Health (Connecticut’s health exchange)
• MyPlaceCT established as primary information hub for LTSS
State of Texas
Rebekah Falkner
Rebekah Falkner, Texas BIP Program Manager

- Bachelor of Social Work from the University of Mississippi
- Master of Social Work from the University of Arkansas at Little Rock
- Money Follows the Person Assistant Director
- Arkansas’ Employment First Task Force with the National Academy for State Health Policy
- Mental health outreach to homeless population
Overview of HCBS Program

- Texas serves approximately 540,000 people through HCBS Waivers
- Currently Texas operates eight 1915 HCBS Waivers
- Covered Populations:
  - Individuals with physical disabilities
  - Individuals with intellectual and developmental disabilities
  - Individuals age 60 and older, their family members and other caregivers, who are eligible for services under the Older Americans Act
  - Individuals with mental illness
Overview of HCBS Program

- Total LTSS expenditures were approximately $8 billion in 2013

- Texas had 49% LTSS expenditures in an inclusive setting in 2009, which increased to 60.3% in 2014
Texas is committed to fulfilling the BIP objectives of helping individuals with LTSS needs live healthy, independent lives in their homes and communities and improving quality of care while reducing costs by diverting individuals from institutional settings.
State of Texas HCBS Strategic Objectives

Current State:
• Siloed information about individuals receiving our services
• No statewide ADRC standards
• Lack of information about where to go for LTSS

Strategic Objectives
• Integrated health and human service delivery
• ADRCs will function as a front door into LTSS services
State of Texas Strategic Objectives and BIP Alignment

BIP Structural Change

Level I Screen

ADRCs as Statewide No Wrong Door

Toll Free Number & Marketing Campaign

BIP Implementation

Developing a person-centered tool to get individuals to the right front doors

Integrating the information and referral process with the financial eligibility processes

Standardized ADRC operations

Person centered planning for complex Level I screen users

Launching a targeted, statewide marketing campaign

Strategic Objectives

Integrated health and human service delivery

Consistent experience

Person Centered Process

Raise awareness about ADRCs as front doors to LTSS services
Key Components of the Balancing Incentive Program

Level 1 Screen

Key Changes

• Developing a person-centered tool to get individuals to the right front doors

• Enhanced integration of LTSS access points promotes continued rebalancing – more individuals have increased points of entry into the system and BIP IT infrastructure changes ensure streamlined access from a wider variety of entry points

ADRC as Statewide No Wrong Door

Key Changes

• Expansion includes increasingly consistent processes and protocols across 22 ADRCs to ensure a consistent customer experience in all Texas ADRC regions.

• Person centered planning for complex Level I screen users

Toll Free Number / Marketing Campaign

Key Changes

• Launching a targeted, statewide marketing campaign

• Targeted approaches to providing information and referral which clearly delineate community-based options available to support individual needs.

• Broad range of stakeholders including referring entities to increase awareness of community-based options.

Technology Changes

Key Changes

• Texas “self-service” portal will use a redesigned interface that empowers individuals to assess their needs or explore options for service either on their own or with assistance
Level I Screen on YourTexasBenefits.com

- Creates a single entry point for individuals to obtain information about Medicaid LTSS programs for which they may be eligible

- Screens individuals using a person-centered set of questions that gathers information about the individual’s needs, strengths, concerns, preferences, and informal resources

- Creates referrals to various LTSS agencies based on screening inputs

- Your Texas Benefits also houses tools that determine eligibility and where eligible individuals can enroll in appropriate services
Level I Screen on YourTexasBenefits.com

Advantages

• This system will reduce processing timeframes for individuals and their support systems, such as family, friends and healthcare professionals.

• The data that is collected will be more accessible to the authorized individuals providing real time accurate information for analysis.

• Facilitates the sharing of data between state agencies to better address the needs of individual.
Where Texas is Headed

- Fully functional No Wrong Door system
- Standardized core assessments
Where Texas is Headed

- Community First Choice
- Commitment to rebalancing
Panel Q&A
Presenter Contact Information

**State of Texas**
Rebekah Falkner  
- Balancing Incentive Program Manager - Department of Aging and Disability Services  
  - Rebekah.Falkner@dads.state.tx.us

**State of Connecticut**
Dawn Lambert  
- Project Director – Medicaid Rebalancing Initiatives  
  - Dawn.Lambert@ct.gov
Karen Law  
- Project Manager – Balancing Incentive Program  
  - Karen.Law@ct.gov
Tamara Lopez  
- Project coordinator – Balancing Incentive Program  
  - Tamara.Lopez@ct.gov

**Commonwealth of Kentucky**
Carla Crane  
- Senior Policy Advisor – Office of Health Policy  
  - Carla.Crane@ky.gov

**Deloitte**
Meghan Sullivan  
- Senior Manager – Public Sector  
  - msullivan@deloitte.com