



# BUSINESS ACUMEN IN PRACTICE: INSIGHTS FROM THE LEARNING COLLABORATIVE EXPERIENCE

National Aging and Disability I&R/A Pre-Conference Summit  
June 3, 2018

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# Learning Collaborative: Purpose



2

Explore Ideas  
Share Experiences  
Create Solutions, Think Out Loud  
Offer Resources  
No Wrong Questions  
Collaborate  
Ask Questions Learn  
Think Out Loud  
Create Solutions

# Two Collaboratives – Two Objectives



3

- Business Acumen Learning Collaborative
  - ▣ Develop and implement business-related strategies to state-specific challenges to integrating long term services and supports and healthcare services
- Business Development Learning Collaborative
  - ▣ Evaluate the CBO business environment and develop business strategies to strengthen and sustain community-based organizations that serve people with disabilities

# Business Acumen Learning Collaborative



4



Maryland



Missouri



New Hampshire



New York



Texas

# Business Development Learning Collaborative



Illinois



Minnesota



Virginia

## Business Acumen

Module 1:  
Prepare

Module 2:  
Plan

Module 3:  
Execute

- \* Identify/  
Manage Risk
- \* Pricing
- \* ROI
- \* Contracting

Module 4:  
Monitor,  
Evaluate,  
Adjust

BDLC

BALC

# Business Acumen Learning Collaborative

## Key Themes



7

- Key Themes
  - Increase CBO Capacity to Develop and Implement Sustainable Business Practices
  - Promote Disability Provider Organizations to be Successful in Building & Implementing Integrated Care Approaches
- Common Challenges
  - Transitions in Funding
  - System Transformations

# Maryland State Team Aim



8

Maryland's Centers for Independent Living will understand the components, timeline, and potential of the State's unique Total Cost of Care Model; evaluate their current capacity and service nature; and develop draft business plans for partnering with healthcare entities.

## 4 Priorities:

1. Training/Technical Assistance
2. Evaluation
3. Partnership Development
4. Creating a Business Plan





# Maryland's Team



9

## ■ Who's Part of the Team

- Maryland Department of Disabilities
- Maryland Association of Centers for Independent Living (CILs) and their members

## ■ Why did they come together?

- To explore opportunities to leverage the strengths and knowledge of the state's CILs and integrate their services into the healthcare delivery system to improve the quality of care for people with disabilities, in light of Maryland's decision not to pursue MLTSS and the conclusion of key federal initiatives.



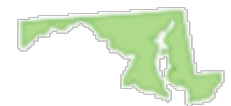
Maryland

# Maryland's Successes & Achievements To Date



10

- Two CILs have partnered with their local Aging and Disability Resource Center to serve a valuable role in the Hospital to Home Transition Program
- Determined the most advantageous partnership opportunity with healthcare entities within Maryland's Total Cost of Care Model roll-out.
- Scheduled a meeting with a leading Managed Care Organization in the state to discuss partnership opportunities



Maryland

# Missouri State Team Aim



11

- Create an integrated system that demonstrates improved health outcomes, reduced costs, and increased stakeholder satisfaction through building collaboration and CBO capacity for people with IDD who are aging and/or living with co-occurring conditions.



Missouri

# Missouri's Team



12

## ■ Who's Part of the Team?

- Missouri Department of Mental Health; Missouri Division of Health & Senior Services; Missouri Department of Social Services (Medicaid)
- Quasi Governmental Agencies
- University Center for Excellence in Developmental Disabilities
- Non-profit and for profit service agencies
- Trade Associations for service provider networks

## ■ Why Did They Come Together?

- Missouri needs to focus delivering integrated health care to individuals with intellectual and developmental disabilities (I/DD) who are aging, and building capacity to fully support individuals with co-occurring I/DD and mental illness. Missouri is currently focusing on efforts to bend the cost curve while improving the quality of care and population health for individuals with developmental disabilities, and needs technical assistance to improve efforts in this area.



Missouri

# Missouri's Team Achievements



13

- Building a vision around shared goals. Beginning stages of collective discussions around a vision for managing care and being partners at the table to build a better system rather than putting all efforts into resistance.
- They are having conversations and planning around value based outcomes and performance based contracting which will change everything about how they do business in Missouri.



Missouri

# Missouri's Team Achievements



14

- Early progress toward building collaboration between different groups represented. Building knowledge capacity of all members of team and extending to larger CBO networks through respective trade associations. Identified opportunities to integrate some services between DHSS, AAA and DMH systems.



Missouri

# Missouri Team Achievements



15

- Early progress toward building collaboration within the team. Focus on “Buy don’t Build” is helping to build bridges between departments and divisions.
  - ▣ State level collaboration to buy transportation services from AAA’s and expand capacity for people with IDD and providing alternatives for CBO’s.
  - ▣ Beginning strategic discussions and planning at local level between AAA’s and IDD CBO’s around dementia care and alternatives aging population.
  - ▣ Discussions between Community Mental Health Centers and CBOs which will diversify funding and expand use and impact of Health Care Homes for people with IDD.



Missouri

# Missouri Team Achievements



16

- Building knowledge capacity of all members of team and extending to larger CBO networks through respective trade associations. Identified opportunities to integrate some services between DHSS, AAA and DMH systems.
- Building knowledge library of all team members.
- Discussions are happening within CBO's trade associations.
- Trade associations are inviting speakers to meetings and building learning tracks around managing care, VBO and PBC in local conferences.



Missouri



# New Hampshire State Team Aim



17

- To strengthen and prepare New Hampshire's Long Term Supports and services system, including, but not limited to Community Based Organizations (CBOs), the Bureau of Developmental Services (BDS) and the Bureau of Elderly and Adult Services (BEAS) for the evolution of integrated, high quality and efficient services for individuals in need of support.



New Hampshire

# New Hampshire's Team



18

## ■ Who's on the Team?

- New Hampshire Bureau of Developmental Services; New Hampshire Bureau of Elderly and Adult Services
- Community Support Network, Inc.
- Disability Rights Center
- Community Bridges
- NH Legal Assistance
- Granite State Case Management

## ■ Why did they come together?

- New Hampshire has a long history of leading efforts related service delivery innovation and now has to take the next challenge to further refine its business practices and acumen to ensure continued high quality, sustainable service delivery for integrated healthcare



New  
Hampshire

# New Hampshire Team Achievements



19

- Assembling two stakeholder groups which has generated a large amount of interest across the state.
- Establishing four working committees to support our work and aligned with our priority areas which include:
  - ▣ Performance and Value Based Contracting and Payment Process
  - ▣ Utilization Review Process
  - ▣ Linkages between CBOs and Integrated Healthcare Organizations
  - ▣ Information Technology System Development



New  
Hampshire

# New Hampshire Team Achievements



20

- Value Based Contracting and Payment:
  - RFP Process Subcommittee – developing a statewide process to identify provider agencies to deliver waiver services to adults with DD
  - State agency discussion on implementation of 525 contracts (Participant Directed and Managed Services) and comparison of performance statewide.
  - Governance Audit: Three year review of Area Agency performance as required by annual contracts was just published and shared with Area Agencies.



New  
Hampshire

# New Hampshire Team Achievements



21

- Utilization Review Process:
  - ▣ High Cost Budget Calls
  - ▣ Post Payment Review Process drafted and is being combined with the existing “clinical review” which requires a sampling of clinical records for audit and quality assurance review.
  - ▣ Wait List Registry Tracker tracks money that has been allocated to individuals that are receiving wait list dollars. This formula identifies areas of “lapse” due to delays in start dates, which allows for reallocation of funds.



New  
Hampshire

# New Hampshire Team Achievements



22

- Linkages between CBOs and Integrated Healthcare Organizations:
  - Hosting an education session for Integrated Delivery Networks to educate them on Medicaid Services and how Medicaid works.
  - Wrap Meetings occur monthly at the State level to between multiple state bureaus
  - ED Protocol for people who are in the Emergency Department for 24 hours or more for behavioral needs; requires a case conference with all members of the individual's support team, including MCOs, primary care, psychiatric, etc.



New  
Hampshire

# New Hampshire Team Achievements



23

- Information Technology System Development:
  - ▣ IT Core Team working on the development of IT System to streamline various applications that are being used
  - ▣ RFI has been written and published; they are awaiting consultant RFP update



New  
Hampshire

# New York State Team Aim

24

- The NY State team, led by the Office for People With Developmental Disabilities (OPWDD), proposed a collaborative learning project amongst emerging Care Coordination Organizations (CCO) / Health Homes (HH). Through the CCO / Health Home entities, the project would expand the readiness of community-based provider organizations that serve individuals with intellectual and developmental disabilities (I/DD) for managed care.
  - That I/DD provider organizations will be successful in building & implementing integrated care systems (CCO/HHs) for I/DD population served
  - That CCO/HHs will be implemented with an eye to both building specialized “home grown” I/DD MCOs and to meeting MCO needs
  - That these emerging organizations can engage as partners with MCOs and other integrated care organizations in meeting needs of those with I/DD
  - That CBO provider agencies will learn to innovate and articulate the “value proposition”



# State Team Profiles



25

## ■ Who's Part of the Team

- NY Office for People with Developmental Disabilities; NY State Department of Health; NY State Office of Aging
- Seven Care Coordinating Organizations (CCO)

## ■ Why did they come together?

- Moving to Managed Care within 5 years, beginning with a move to People First Care Coordination. Given the magnitude and timeframes, wanted a framework to support CBOs in managing through the changing environment.



# New York Team Achievements



26

- Designed a “virtual university” for stakeholders by compiling existing national Business Acumen Learning Collaborative resources and publishing them in one place. This “virtual university” is on OPWDD’s website:  
[https://opwdd.ny.gov/providers\\_staff/business\\_acumen](https://opwdd.ny.gov/providers_staff/business_acumen)
  - They have updated content each month and, in many forums, have marketed its availability.
  - They have emphasized the importance of first completing the specified Environmental Scan and Needs Assessment as a learning exercise and sound place to begin skill-building among boards of directors and senior managers of community-based provider agencies.



New York

# New York Team Achievements



27

- They have carried out all the extensive legal, financial and operational requirements to launch CCO / HHs, including negotiations with CMS, publicizing documents for public comment, specified organizational requirements, reviewed CCO / HH applications, prepared organizations for extensive Health Home readiness reviews, secured initial funding, etc.



New York

# New York Team Achievements



28

- They have reached out directly to individuals they serve, such as self-advocates.
  - ▣ They spoke with Self Advocates of NYS (SANYS) Board of Directors and are keynote speakers at three upcoming regional meetings.
  - ▣ Self-advocates appear to embrace the idea of “more better” care management!
  - ▣ OPWDD also prepared brochure in simple language that is being distributed to self-advocates.



New York

# New York Team Achievements



29

- The Business Acumen Learning Collaborative team has been invited to speak at many different statewide association meetings, including NYSACRA Leadership Institute (now the NY Alliance for Inclusion and Innovation), Provider Association, and others.
- Their purpose has been to paint a picture of how the I/DD environment is changing and highlight areas of culture change and business acumen skill building that are required if the field is to flourish in years ahead.



New York

# New York Team Achievements



30

- The Learning Collaborative has helped them break down silos, as they understand what other state teams are facing and as they learn from content-rich meetings and conferences.
- The Collaborative has helped their partnering agencies have ongoing and constructive dialogues about how to build stronger coordination structures to brace community-based organizational supports.
- The Collaborative has also fostered frank discussions among provider agencies about their future.



New York

# Texas State Team Aim

31

- Promote a long-term services and support system (LTSS) that takes full advantage of the strengths of both community-based organizations (CBOs) and managed care organizations (MCOs) to help people with disabilities transition from institutions to the community.
- Create a sustainable relocation process that can efficiently serve people with disabilities seeking to live in the most integrated setting of their choice.
- CBOs and MCOs will collaborate to facilitate a transition from a cost reimbursement payment system to the most effective contracting and payment system under Medicaid managed care.



Texas

# Texas Team Profile



32

## ■ Who's Part of the Team

- Organizations Contracted to Provide Relocation Services
- Disability Advocacy Organizations
- Managed Care Organizations
- Texas State Medicaid Agency

## ■ Why did they come together?

- The State of Texas moved relocation services to Managed Care creating an opportunity to help CBOs providing those services to navigate the transition from a cost reimbursement model.



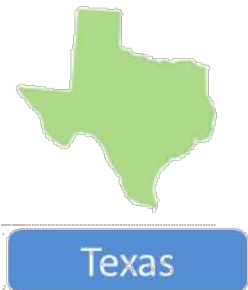


# Texas Team Achievements



33

- Understanding each other's business practice and shared goals.
  - Devoted one meeting to discussing the history, philosophy, goals and activities of each partner entity.
  - Identified common goal of helping individuals with disabilities live in the setting of their choice.
  - Recognition that each partner brings a unique set of skills and resources to the table.



# Texas Team Achievements



34

- All CBOs entered into contracts with MCOs, ensuring the relocation function continued to be provided by these organizations.
  - Six CBOs had a very short time frame to negotiate contracts with up to five MCOs each.
  - The MCO contracts were complex and most CBOs did not have in-house attorneys to help them understand or negotiate on their behalf.
  - Even as the change to managed care was occurring, CBOs and MCOs continued to assist individuals desiring to relocate from a nursing facility to the community.

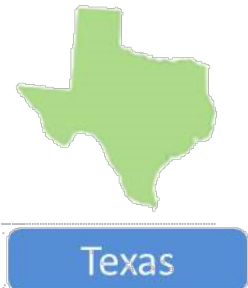


# Texas Team Achievements



35

- The two entities are working together to revise the current contracts with MCOs.
  - Contracts subgroup (comprised of MCOs and CBOs) obtained pro bono legal assistance to review and recommend changes to future contracts for more consistency and clarity.
  - CBOs and MCOs collaborated to develop a common scope of work for inclusion in future contracts.
  - CBOs and MCOs successfully collaborate and problem solve as new areas of concern are identified.

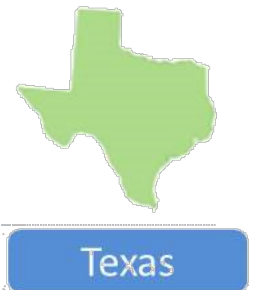


# Texas Team Achievements



36

- The two entities are working together to revise the current contracts with MCOs.
  - Attorneys are reviewing contracts and making recommendations to address potential “problem areas” for CBOs.
  - CBOs and MCOs agreed on standard data to be collected monthly and reported quarterly – contributing to improved service monitoring and identification of potential trends.



# Texas Team Achievements



37

- Addressed issues, unanticipated effects of moving to a managed care system.
  - Under previous system, CBOs helped relocate children out of nursing facilities.
  - The change to managed care did not provide for this; MCOs do not serve children under the Medicaid plan used to pay for relocation.
  - HHSC is working with the nonprofit responsible for relocating children, and other HHSC programs, to develop a system to ensure no child unnecessarily remains in a nursing facility.

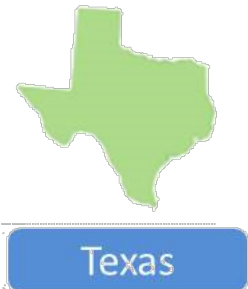


# Texas Team Achievements



38

- The number of individuals assisted in transitioning is approximately the same as last year.
  - First quarter data were below expected levels; CBOs were still negotiating contracts and the data collection system was new.
  - After the first quarter, HHSC, CBOs and MCOs worked to identify and resolve outstanding issues. As a result, second quarter data are closer to prior levels. HHSC continues to monitor performance data.
  - HHSC holding quarterly calls to improve communication and address outstanding issues.



# Texas Team Achievements



39

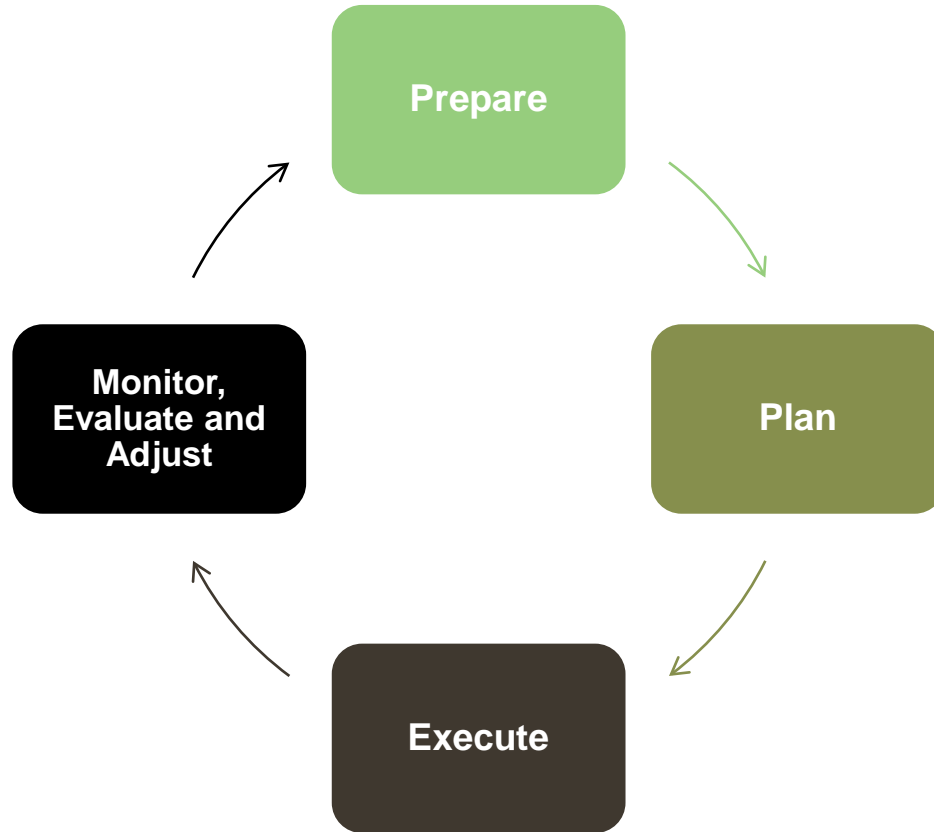
- Still in progress: Pricing the relocation function.
  - Not enough data to amend the current pricing system:
  - Less than one year of performance data;
  - Need data on time and effort involved in performing function;
  - Need data on value of relocation function – reduced costs related to moving individuals from institutions to community.



# Business Acumen Learning Collaborative: Overall Lessons Learned



# Business Acumen Approach



# Lessons Learned: Prepare



42

- Be visible and stay informed – attend conferences, join local health improvement coalitions, introduce yourself and your organization to others
- Commit to the effort and to on-going relationship building – up and down the chain
- Work to develop buy-in at all levels but has to start with leadership
- Don't be constrained by today - think beyond the current constraints and regulations

# Lessons Learned: Prepare



43

- It is difficult to move forward when there are so many voices at the table – start with a framework and ask people for their input on what has already been determined as the plan.
- Use communication to foster understanding and build on commonalities
- It is important to have the right people at the table at the appropriate time; i.e. CBO financial staff need to be involved in pricing discussions.

# Lessons Learned: Prepare



44

- Breaking down silos between services and identifying opportunities for collaboration is important
- Communication with all parties from the beginning is essential to ensure trust and collaboration throughout the process.
- Find out what is important to the MCO (health plan, ACO etc..) Ask questions and listen, while keeping their goals in mind.

# Resources to Help CBOs Prepare

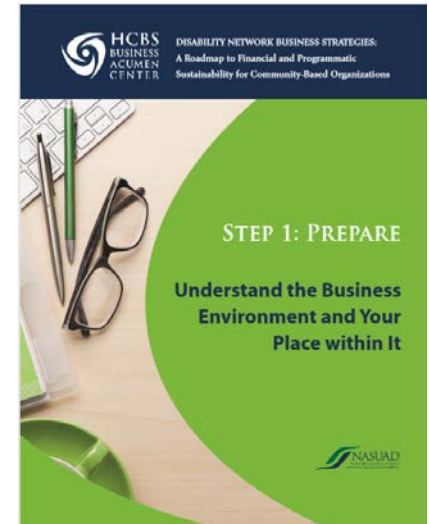


## Disability Network Business Strategies: A Roadmap to Financial and Programmatic Sustainability for Community-Based Organizations

Step 1: Prepare

Understand the Business Environment and Your Place Within It

<http://nasuad.org/sites/nasuad/files/BACStep1Prepare.pdf>



## Webinars:

- Business Acumen 101: Modernizing Your Community Based Business in a Changing Environment (Webinar)
- Are We Saying the Same Thing? The Language of Long Term Services and Supports and Managed Care (Webinar)
- Are They Buying What You're Selling? An Inside Look at What Health Plans Need from Community Based Organizations (Webinar)
- From Mission to Fruition: Developing your Relationships with Payers (Webinar)

All located at <http://www.hcbsbusinessacumen.org/webinar-archive.html>

# Lessons Learned: Plan



46

- Completing a thorough SWOT before engaging with integrated care entities is essential
- Partner with other CBOs to build on strengths and share resources
- Leverage Your Contacts and be on the look-out for non-traditional partners who can help with the effort – Texas C-Bar
- Need to develop a script / talking points to respond to people's assumptions about your services

# Lessons Learned: Plan



47

- Define their goal and detail plans for reaching them, including scalability.
- Build IT capabilities, data requirements to “build your business case” and to comply with payer requirements likely more robust than what is required with current payers.
- Use data to tell their story. What do you bring to the table that the MCO wants or needs, or that can demonstrate improved quality of life and efficient use of resources.

# Resources to Help CBOs Plan



## Building Your Understanding of How to Get Started

- Personal Stories—Moving into a Business Market Approach (Webinar - <https://www.acl.gov/node/571>)
- The Making of a Successful CBO (Article)
- A matter of mindset: CBOs must master “outside-in” thinking to partner up and deliver quality, cost-efficient care (Article)



# Lessons Learned: Execute



49

- MCOs and CBOs contracting is new for everyone – be open and accommodating as everyone learns together
- It is important to have coordination and communication between MCO contracting team and MCO program and policy staff who were on the transition planning team.
- Each payer has their own contract and statement of work – which adds a layer (or two) of complexity
- Contracts with MCOs should have clear and concise deliverables
- Measure Success – data has to show you what is and is not working

# Resources to Help CBOs Execute



## Develop and Implement a Strategic Business Plan

- Planning to Plan? Tools to Use to Help You Better Understand your Current Business Environment (Webinar)
- Information to Action: Strategic Planning and Change Management (Webinar)
- Expand Your Vision and Grow Your Mission! Driving Culture Change in Aging and Disability CBOs Looking to Work with Health Care Partners
- Leadership and Change Management for Community Based Organizations

# What's Next?

## Business Acumen

Module 1:  
Prepare

Module 2:  
Plan

Module 3:  
Execute

- \* Identify/  
Manage Risk
- \* Pricing
- \* ROI
- \* Contracting

Module 4:  
Monitor,  
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BALC

# Understand the Needs of the Collaborative



53

- Purpose: To determine the business acumen needs of the learning collaborative participants
  
- Asked about...
  - Most Important Skills
  - Organization's Current Capabilities
  - Organization's Priorities

# Skills and Expertise



54

- Achievement & Performance Orientation
- Analytical, Data-Driven Decision-Making
- Articulating your Value
- Building Effective Teams
- Building Enthusiasm for Change
- Building Essential Infrastructure Support
- Care Management Roles
- Communication Skills
- Consumer Engagement
- Consumer Satisfaction
- Cost Savings
- Developing Information Technology Systems
- Developing Quality and Performance Management Systems
- Effective Sales Techniques
- Evaluating Competition
- Identifying your Product/Service Line
- Innovative Thinking
- Licensing or Credentialing the Workforce
- Making the Business Case for your Services
- Managing Risk in a Managed Care Environment
- Measures (e.g. outcomes, consumer satisfaction)
- Negotiation Skills
- Network Development
- Overcoming Resistance to Change
- Pricing and Rate Determination
- Relationship Building and Maintenance
- Strategic Organization
- Understanding and Articulating Return on Investment
- Understanding Customer Needs
- Understanding Legal Terms and Issues
- Using Data to Generate Reports

# Business Acumen Learning Collaborative Survey



55

## Gap Between Very Important and Very Strong

<b>Managing Risk in a Managed Care Environment</b>	36.9%
Pricing and Rate Determination	30%
Building Essential Infrastructure Support	29.3%
Understanding & Articulating Return on Investment	28.5%
Overcoming Resistance to Change	28.4%

# Business Acumen Learning Collaborative Survey



56

## ■ Top 6 Priority Areas

Pricing and Rate Determination	47.5%
Analytical, Data-Driven Decision-Making	35%
Innovative Thinking	27.5%
Cost Savings	25%
Making the Business Case for your Services	25%
<b>Managing Risk in a Managed Care Environment</b>	25%



# Skills for Success



**What skills and expertise are most important when modernizing the delivery of care and services:**

<b>Community Based Organizations</b>	<b>Managed Care Organizations</b>	<b>States</b>
Analytical, Data-Driven Decision-Making	Consumer Engagement	Communication Skills
Consumer Satisfaction	Consumer Satisfaction	Articulating your Value
Consumer Engagement	Innovative Thinking	Building Essential Infrastructure Support
Understanding Customer Needs	<b>Managing Risk in a Managed Care Environment</b>	Consumer Engagement
Articulating your Value	Measures (e.g. outcomes, consumer satisfaction)	Consumer Satisfaction

# Focusing our efforts: Managing Risk in an Integrated Care Environment - Identification of Risks



58

- Risks related to core business areas
  - ▣ What are the risks
  - ▣ Include resources to assist in managing/mitigating risks
  - ▣ Clarify core competencies within the risk area
- Risks related integrated care
  - ▣ How are common business area risks impacted with the move to integrated care?
  - ▣ Identify additional risks related to moving to integrated care?
  - ▣ Include resources to assist in managing/mitigating risks
  - ▣ Clarify core competencies with the risk areas

# Business Development Learning Collaborative: Following the Roadmap



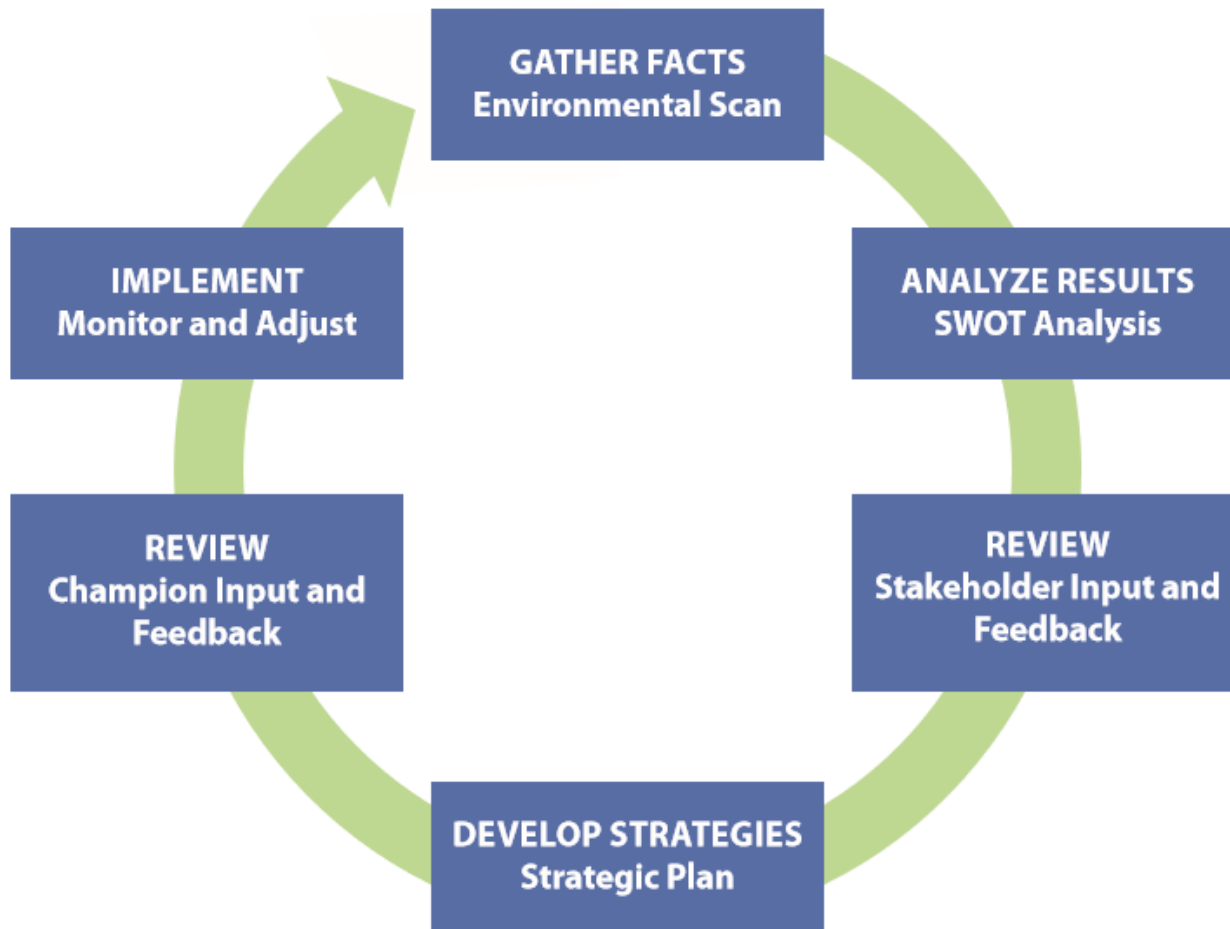
## ■ Step 1: Prepare

Understand the Business Environment and Your Place within It

### ▣ Strategic Plan

- Vision and Mission
- Environmental Scan
- SWOT Analysis
- Champions

# Strategic Plan



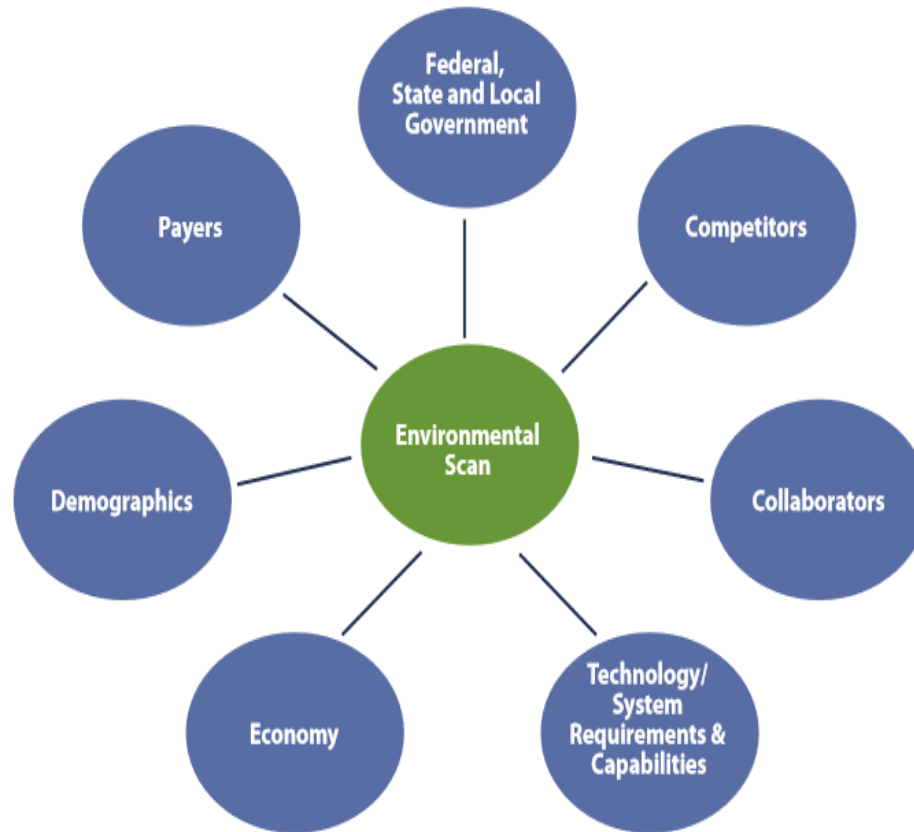
# Vision and Mission

Vision  
Mission  
& Values



# Environmental Scan

62



Past Trends

Current Trends

Emerging Trends

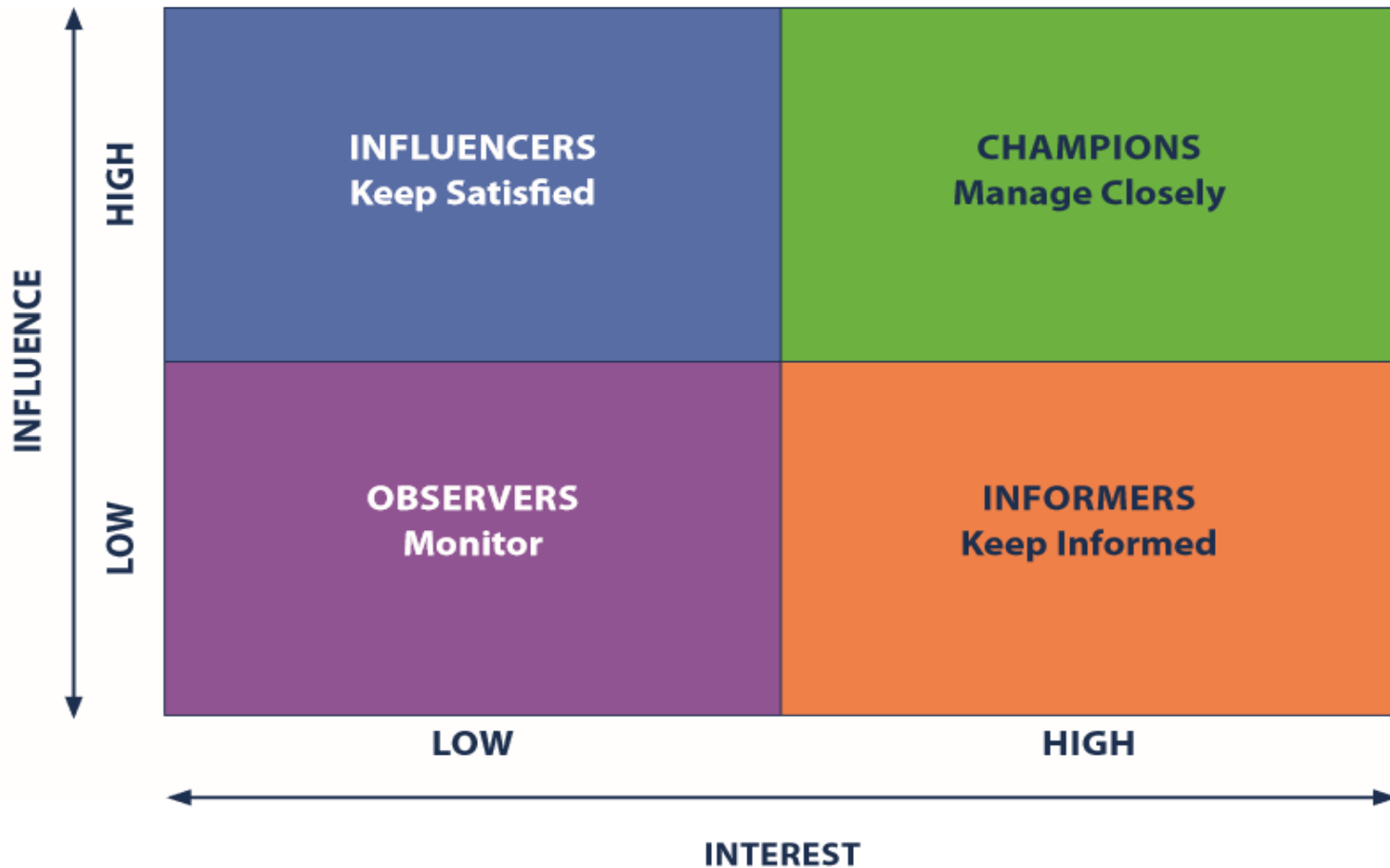
# SWOT Analysis



**S**trengths  
**W**eaknesses  
**O**pportunities  
**T**hreats



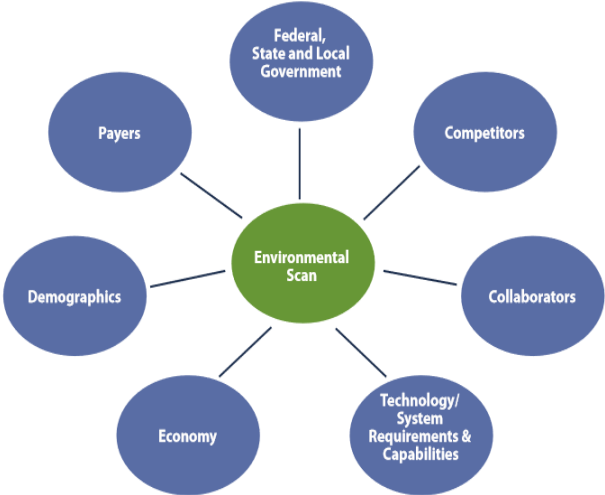
# Stakeholder or Champion?





# Now what?

Vision  
Mission  
& Values



Strengths  
Weaknesses  
Opportunities  
Threats



# Business Development Learning

## Collaborative Purpose and Objectives



66

- Complete a thorough environmental scan of each CBO service area;
- Complete a thorough analysis of Strengths, Weakness, Opportunities, and Threats (SWOT) for each CBO and state system;
- Analyze results of the environmental scan and SWOT analysis;
- Develop a strategic plan for each CBO or network of CBOs; and
- Identify and begin to implement strategies to address barriers to implementation.

# Business Development Learning

## Collaborative Purpose and Aim



67

- To accomplish these objectives, each team will work together to:
  - Define project goals and milestones
  - Understand the market & environment in their community or state;
  - Identify the needs of their partners and integrated healthcare entities in order to identify service and/or product lines responsive to those needs;
  - Articulate the business case for CBO, integrated healthcare entities, and/or state partnerships;
  - Address the organizational change needed to support these cultural shifts;
  - Understand costs, pricing and cash flow; and
  - Measure outcomes based on the team's specific project goals.

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# Thank You!



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For more information, please visit: [www.hcbsbusinessacumen.org](http://www.hcbsbusinessacumen.org)

E-mail: [businessacumen@nasuad.org](mailto:businessacumen@nasuad.org)

Or Call: 202.898.2583