Meet in the Middle
How Nursing Facilities and HCBS co-exist and thrive

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Alabama Medicaid
States with MLTSS, January 2018

Quick Facts
Alabama

- State Population: 4.8 Million
- Average Monthly Eligible: 1.02 Million
- Percentage of population on Medicaid: 21%
- Annual Budget: $6.5B

2017 Data

All Human Services Agencies are separate and Cabinet level:
- Alabama Department of Senior Services
- Alabama Department of Rehabilitation Services
- Alabama Department of Mental Health
- Alabama Department of Human Resources
- Alabama Department of Public Health

- 6 HCBS Waiver Programs 1915c
- 4-Nursing Facility Level of Care-10,800 slots
- 2-ICF Level of Care-7,000 Slots

- 1915j-3,000 Participants
- 1915b-23,000 Participants (ICN)
Background of LTSS System in Alabama

Comprised of 23,000 elderly & disabled adults, meeting the Nursing Facility Level of Care, receiving either institutional or Home and Community Based Services (HCBS) who meet the Medicaid financial requirements.

Approximately 200 nursing facilities (NF) provide nursing facility care to more than 23,000 unduplicated Medicaid beneficiaries each year.

There are 10,800 waiver slots across 4 NF LOC Waivers for HCBS members receiving services at home.

Average of 16,000 individuals in a nursing facility on any given day across the state.

Trends suggest aging adult population in Alabama will double between the years 2000 and 2040.

Stakeholders lack knowledge and awareness of HCBS options and Long-Term Services and Support (LTSS) services.
Problems faced by LTSS in AL

• Medicaid recipients and primary care physicians had a lack of knowledge of HCBS options in the state, therefore nursing facilities were the go-to option for individuals needing assistance.

• Collaborative efforts between Primary care and Specialists were difficult for Medicaid recipients.

• Many Medicaid recipients were using emergency rooms to obtain primary medical attention and struggled with self-management of medications.

• Percentage ratio of Medicaid long term care beneficiaries on average was 70% nursing home residents and 30% community based and was not sustainable under the current budget.
Program Development: Integrated Care Network (ICN)

- State developed a long-term care program to strengthen current LTSS programs in place
- Primary Care Case Management Entity approach
- Care coordination navigates patient to appropriate care
- Targets Medicaid population
  - Nursing Home (~16,000 daily)
  - 2 of 6 HCBS Waivers (~9,600 daily)
- Partnership receives NF Diversion Incentives
Alabama Medicaid Agency Goals for New Program

- Improve education and outreach about Long-Term Services and Support (LTSS) options

- Provide more comprehensive and integrative Case Management that drives person-centered planning, enhances quality of life and improves health outcomes

- Help drive a shift in the percentage of the LTSS population residing in nursing homes to Home and Community Based Services (HCBS)
Primary Care Case Management (PCCM)

- Free choice of providers
- Medicaid Agency pays claims
- Fewer levers to impact utilization

Full Risk Based Managed Care

- Choice generally limited to in-network providers
- Risk bearer pays and is at risk for claim
- Risk bearer has more tools to impact utilization
ICN's Unique Bid Winner

Alabama Select Network, LLC (ASN)
company formed for the purpose of bidding on the Alabama Medicaid Integrated Care Network procurement

SeniorSelect Partners
Sponsored by providers who operate skilled nursing facilities, long term care pharmacies, nurse practitioner companies, DME companies, Medicare certified home health agencies and hospice companies in Alabama

Shared Health
Wholly owned subsidiary of Blue Cross and Blue Shield of Tennessee specializing in government programs and special populations

AlaHealth
Wholly owned subsidiary of Blue Cross and Blue Shield of Alabama specializing in Medicaid programs
Why is this partnership Unique?

**Trend-setting Innovation**

- Over 52% of nursing facilities within the State are participating (SeniorSelect Partners)
- Two Blues plans are collaborating
- Multiple state AAAs (including ADRCs) are part of the larger team
- Savings and incentive sharing with all Stakeholders above
- Focusing on State outline goal of cost reduction and improving member quality/outcomes
- Usually competing and pulling nursing facilities where you need to be, but this relationship the nursing facilities are a part of the owning entity
Nursing Facility → HCBS

60,000/year/person → 10,642/year/person
Financial Structure

- Two PMPM rates based upon Nursing Facility (NF) enrollees and HCBS enrollees
- Agency pays for case management
- Alabama Select Network handles administrative oversight
- Eligible for incentive bonus based on performance
Integrated Care Network Functions

- Provides enhanced case management, education and outreach to Medicaid members needing long-term services and supports (LTSS)

- Promotes holistic approach to case management and person-centered planning encouraging care in the least restrictive setting

- Educates LTSS members about Home and Community Based Services (HCBS) to defer them from needing to go to a nursing facility for as long as possible or until the member requests it
State Gains
• Nursing facility (NF) Diversion Savings
• Quality of Life improvement for members

Health Plans Gain
• Experience with new ICN & LTSS innovation
• Program Expansion with membership & revenue

Nursing Facilities Gain
• NF Diversion incentives within partnership
• Proactively offsetting potential facility losses
Fulfilling the Statement of Work

- Main office is in Birmingham
- Regional Case Management Approach
  - Regional Case Management Supervisors oversee each of the 5 regions
- Area Agencies on Aging (AAAs) provide HCBS care coordination
  - AAAs have 13 locations throughout the state
- ICN Support Center
  - Removing administrative responsibilities from CMs to allow more focus on improving Enrollee services and outcomes
All 13 AAA offices have different processes and procedures.

Spent time with each office to learn processes and discover quality opportunities for streamlining.

Developed trainings to be given to all offices to achieve streamlining in specific areas.
Diversion Methods

- Being aware of reoccurring events or critical incidents where additional educational or medical case management could benefit the member
- Recognizing hospitalized members that could benefit from supportive services in the home and do not need full time care
- Collaborating with Case Managers and NFs to identify trends in member facility admissions and performing outreach services to assist
Communication Methods

ADRCs refer Medicaid eligible individuals in need of LTSS to ICN.

If ICN receives inquiries to LTSS outside of the Medicaid system, ICN refers to ADRCs.

ICN provides educational resources on HCBS placement to all entities.
ICN Clinical Staff focus on:
• Medical interventions
• Medication management
• Hospital transitions
• Comprehensive coordination of services
• Oversight of holistic care planning

ICN Clinical Staff with nursing facilities to:
• Recommend interventions to avoid preventable hospital admissions and ED visits
• Suggest quality improvements to enhance current care planning process

ICN coordinates with the program for transitions from nursing facilities to the community. ICN coordinates community transitions to nursing facilities.
Success Story
QUESTIONS?

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