IBM Watson Health

How do Managed Long-Term Services and Supports Programs Play with Other Federal Long-Term Services and Supports Initiatives?

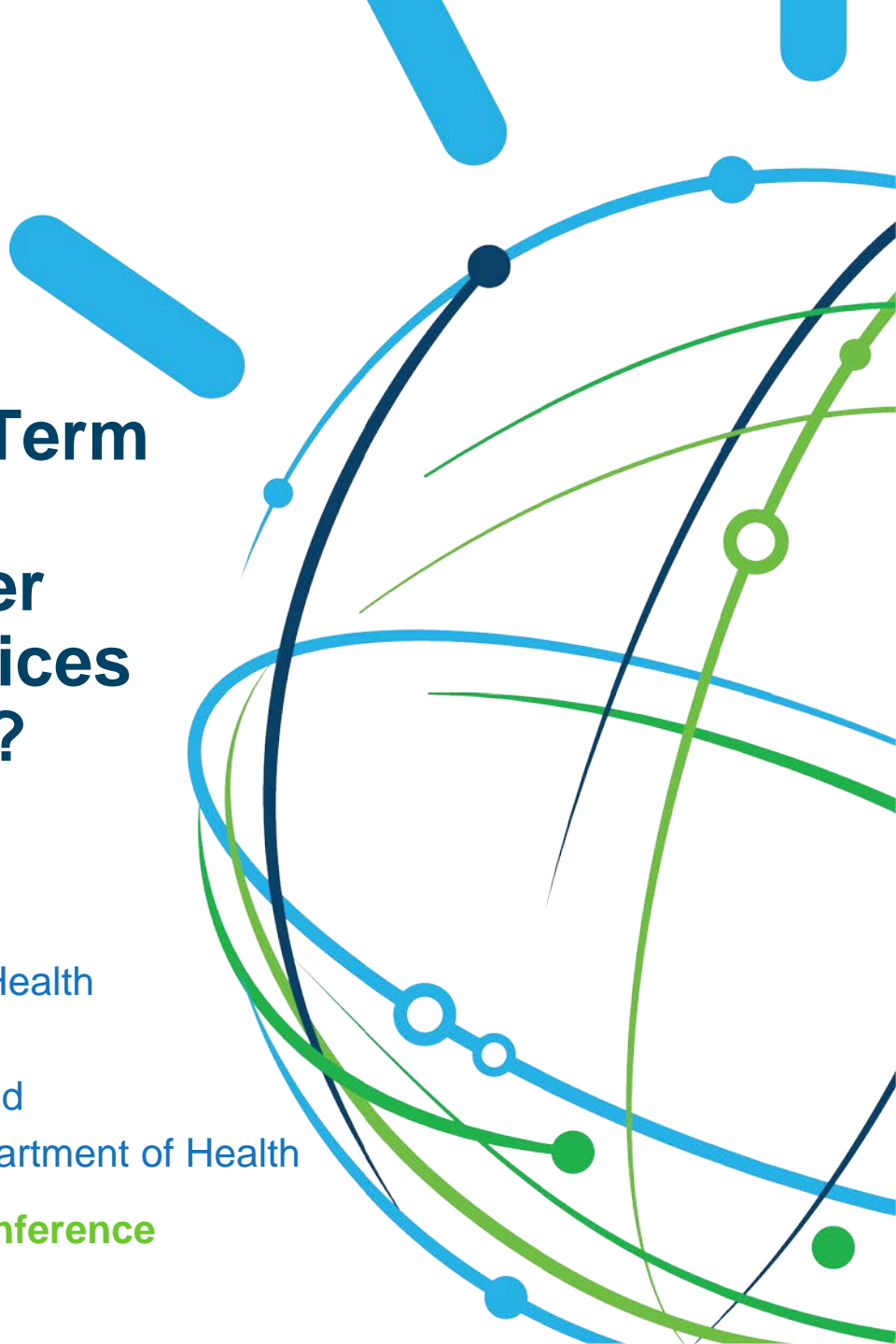**Angie Amos & Kristen Pavle**, IBM Watson Health

Mike Randol, Iowa Medicaid Enterprise

Tonya Hawkins, Ohio Department of Medicaid

Karen Meier & Andrea Juris, New York Department of Health

Home and Community-Based Services Conference
Tuesday August 28th, 2018

Agenda

I.   Introductions (5)

II. 1115 Demonstration Evaluations: Rapid Cycle Reports (10)

III. Overview of Featured States' Managed Long-Term Services and Supports Programs (30)

  –   Iowa

  –   Ohio

  –   New York

IV. Moderated Panelist Discussion (20)

V.   Audience Question and Answer + Discussion with Panelists (10)

Introductions

State	Panelist
Iowa	**Mike Randol**, Medicaid Director, Iowa Medicaid Enterprise
Ohio	**Tonya Hawkins**, Section Chief, Front Door Policy, Ohio Department of Medicaid
New York	**Karen Meier**, Policy Director, Long-Term Care, New York Department of Health **Andrea Juris**, Project Director, Money Follows the Person, New York State Department of Health

IBM Moderators

Angie Amos and Kristen Pavle, Senior Research Leaders, Government Health and Human Services, IBM Watson Health

1115 Demonstration Evaluations: Rapid Cycle Reports

National Evaluation of Medicaid 1115 Demonstrations

- The Center for Medicaid and CHIP Services within the Centers for Medicare & Medicaid Services (CMS) contracted with Mathematica Policy Research to conduct an independent evaluation of the implementation and outcomes of section 1115 Medicaid demonstrations*

  – One of the four categories of demonstrations featured in the evaluation is managed long-term services and supports (MLTSS)

  – IBM Watson Health produces one of the research products: a series of rapid-cycle reports, or RCRs, that feature key aspects of MLTSS

*contract number HHSM-500-2010-0026I

MLTSS Rapid Cycle Reports

- A qualitative approach to evaluating MLTSS programs through both 1115 and 1915 Medicaid authorities

  – Offers a deep-dive into states MLTSS programs through key-informant interviews and analysis of state MLTSS documentation

- RCR topics selected based on identified priorities for MLTSS programs

- 4 RCRs completed to date

  – Who Enrolls in Medicaid Managed Care Programs that Cover Long-Term Services and Supports (LTSS)?

  – Do Managed Care Programs Covering LTSS Reduce Waiting Lists for Home and Community-Based Services (HCBS)?

  – How MLTSS Programs Interact With Federal LTSS-Related Initiatives*

  – The Impact of MLTSS on Access to LTSS

Featured in our presentation today

Rapid Cycle Reports

"How do MLTSS Programs Interact With Federal LTSS-Related Initiatives?"

- 4 featured states:
  - Illinois, Iowa*, New York* and Ohio*

- 4 featured federal LTSS-related initiatives:
  - Money Follows the Person
  - Balancing Incentive Program
  - Health Homes Program
  - Financial Alignment Initiative

*Participating on today's panel

Featured Federal LTSS-Related Initiatives

Money Follows the Person
- Grants to states
- Supports the transition from institutions to home and community-based settings

Balancing Incentive Program
- Enhanced federal Medicaid matching funds
- Increased access to home and community-based LTSS

Health Home State Plan Option
- Enhanced federal Medicaid matching funds
- Care coordination services provided through Health Homes to beneficiaries with chronic conditions

Financial Alignment Initiative
- Integrated care for Medicare-Medicaid dual eligibles
- The "duals demonstration" program

High-Level View of How MLTSS Programs Interact with Other LTSS Initiatives

LTSS-related Federal Initiatives	Potential Synergies	Challenges
Money Follows the Person (MFP)	Offer consumer-level synergies with MLTSS	Care coordination roles and communication protocols must be articulated
Health Homes		
Balancing Incentive Program (BIP)	Complements MLTSS at the system level (expanding HCBS capacity)	Operational interfaces (e.g., core standardized assessment, conflict-free case management) between MLTSS and BIP are complex
Financial Alignment Initiative (FAI)	Can build on a Medicaid-only MLTSS program	Seamless transitions between FAI and MLTSS are possible but complicated by procurement strategy and enrollment policy

Featured MLTSS States Operating Other Federal LTSS Initiatives

State	MLTSS[1]	MFP[2]	BIP[2]	Health Homes[1]	FAI[1]
Iowa	April 2016	2007	2012	July 2012	
New York	Jan. 1998	2007	2013	Feb. 2012	Jan. 2015
Ohio	May 2014	2007	2013	Oct. 2012	May 2014

1 = earliest effective enrollment date
2 = year of grant award

Overview of Featured States' MLTSS Programs

Iowa Health Link

Director Mike Randol

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MLTSS Population in Iowa

- 37,412 – as of March 2018
  - About 60 percent are receiving Community Based Services
  - 40 percent are receiving Facility Based Services – ICF/ID, Nursing Facility, PMIC
- Two MCOs; Third to join July 2019
- Iowa currently has 7 HCBS Waivers

MLTSS Overview

- Managed Care started in Iowa in 2016 – IA Health Link

  - MFP grant awarded in 2007

- Iowa has MLTSS for:

  - Children with disabilities;

  - Adults with physical, intellectual or developmental disabilities; and

  - Adults age 65 and older

- Iowa participates in: MFP, Balancing Incentive Program, Health Homes

Health Homes

- Target populations of Health Homes:
    1. Individuals with two or more chronic conditions or individuals with one chronic condition and at risk of developing another
    2. Adults and children with severe and persistent mental illness

MFP to MLTSS

- Developed contract language with MCOs to designate unique value-added services
- MLTSS plan covers these value-added services for its members that support community integration
  - Examples: Cell phone program, Home delivered meals after hospitalization, Tobacco cessation, Durable Medical Equipment and Supplies

New York's LTSS Programs

Karen Meier, Policy Director, Long-Term Care, New York Department of Health
Andrea Juris, Project Director, Money Follows the Person, New York State Department of Health

MLTSS in NYS

- Began MLTSS in 1998. NY currently serves over 4 million in mainstream managed care (MMC) and over 215,000 in four types of managed long term care programs (partially capitated plans (29), PACE (12), FIDA (8) and MAP (8)).
- Most MLTC plan members are duals. Most have a nursing home level of care, although this is not required of the mandated population.
- Despite our success in bending the Medicaid cost curve due to changes in our service delivery model, NYS is experiencing greater than anticipated growth in the MLTC population in terms of both enrollment and utilization.
- As FIDA sunsets, we're looking at the next model of integrated care to address some of the challenges we've faced in terms of difficulties planning for growth and meeting demand (workforce) and meeting our goals to control the total cost of care and assure continuity of care for our diverse Medicaid population.

Balancing Incentive Program

- NYS earned over $600 million through BIP. Much of this award was used to strengthen the required structural components the federal authorities believed necessary to better rebalance the provision of long term care in the community:
    - Core standardized assessments (UAS-NY and new assessments for OMH and OPWDD in the same suite);
    - No Wrong Door/Single Entry Point for Community Based LTSS (NYConnects); and
    - Conflict Free Assessment and Care Planning (Managed Care/firewalls/state authorization processes).
- In addition, NY invested in innovation grants across the disability spectrum to design and implement new delivery methodologies and new partnerships to improve access and availability of cost-effective LTSS (telehealth, enhanced care coordination, discharge planning, person-centered planning models, integrated day care, and medically tailored home delivered meals, for example).

Fully Integrated Duals Advantage (FIDA)

- NY's most generous MLTC plan type, covers all LTSS, Medicare services and many services otherwise available only through waiver programs;
- Interdisciplinary Team Approach to care management popular with CMS and members, challenging to providers;
- Very well liked by enrollees; difficult to grow enrollment;
- Ultimately, FIDA struggled to gain traction in NY;
- Our efforts to develop any additional integrated models will be informed by both the successes and challenges of FIDA.

Health Homes

- Began in 2012 to address the complex needs of high-need, high-cost Medicaid utilizers – those with multiple chronic diseases and behavioral health issues or those with HIV/AIDS and other serious illnesses.
- Integrated into MMC to meet the complex needs of the behavioral health population.
- Currently serves over 200,000 people.
- Challenges include cost to providers to find appropriate members and retaining care managers to ensure consistency of care to a frequently transient and difficult to serve population.
- NYS has committed to reforming outreach efforts to be more cost-effective (i.e. ER Referral) and smaller case loads to retain care management staff.

MFP in New York State

- Awarded 2008 – Serves older adults and individuals with physical and developmental disabilities
- Competitive procurement with NY Association for Independent Living (NYAIL) for Open Doors program (24 regional Transition Centers) (2015)- provides transition assistance, information about HCBS, barrier resolution, community preparedness education
    - 7,622 individuals assessed; 2,918 transitioned (2008-17)
- Education and Outreach – dedicated staff provide education on MFP and Local Contact Agency referral process to all nursing homes in NYS on bi-annual basis
- Peer Support – provides one-on-one peer support during transition period
- Quality of Life Survey – NYS results similar to MFP's National Evaluation conducted by Mathematica Policy Research

NEW YORK STATE | Department of Health | Office of Health Insurance Programs

MFP in New York State

- Collaboration and Partnerships
- Rebalancing Initiatives
    - Enhanced Identification and Outreach Services
    - Access to Guardianship Project
    - Volunteer Caregiver Project
    - Housing Education and Accessible Housing Registry
    - Community Care Connections - Lifespan
    - Access to Assistive Technology and Durable Medical Equipment (TRAID)
    - Person-Centered Planning Systems Transformation Initiative
- Sustainability through State funding post Federal Funding

Ohio's Long-Term Services and Supports (LTSS) Balancing Efforts

Tonya W. Hawkins
Section Chief, Front Door Policy
Ohio Department of Medicaid

Ohio | Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

MyCare Ohio

What is MyCare Ohio?

- MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a managed care plan

- Administered in partnership with CMS – three-way contract and provider agreement

- Implemented May 2014

MyCare Ohio Eligibility

- Eligible for all parts of Medicare (Parts A, B and D) and be eligible for Medicaid

- Age 18 and older

- Reside in one of the demonstration counties

- This includes individuals who are:

  » In nursing facilities

  » Enrolled in nursing facility Medicaid waiver programs

  » Receiving behavioral health services in community settings

MyCare Ohio Enrollment Rebalancing

Enrollment Rebalancing
Percent of NFLOC Members in an Institutional Setting

Legend: MyCare Ohio — Fee for service equivalent
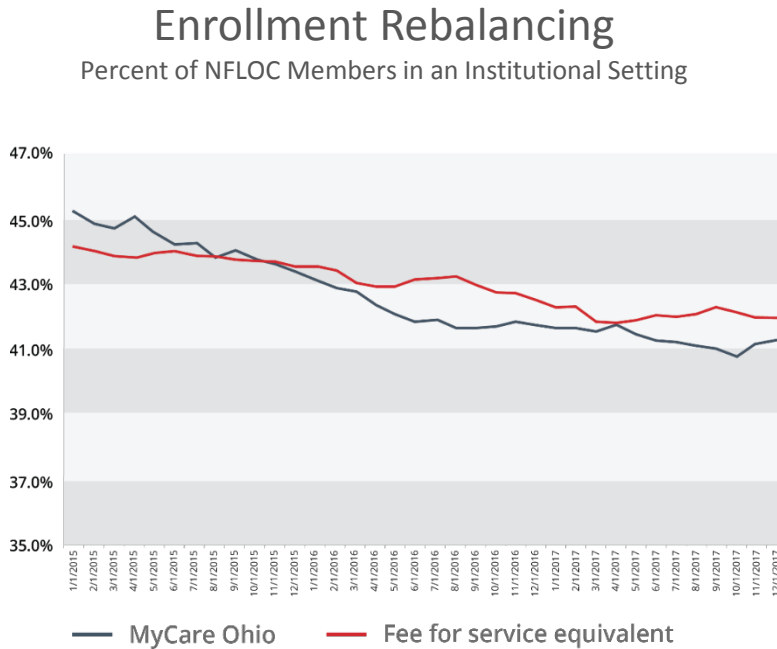
- This chart illustrates the percentage of nursing facility LOC members in a nursing facility (NF) between the MyCare program and a FFS Equivalent population.

- Enrollment rebalancing in MyCare outpaced the FFS Equivalent population.

- **This implies that the MyCare program resulted in a 2.0% increase in the number of members transitioning to the community.**

Money Follows the Person (MFP)

Money Follows the Person (MFP)

- HOME Choice (Helping Ohioans Move, Expanding Choice) is Ohio's MFP transition program
  - » Implemented in fall of 2008
  - » 70 transitions during 2008
  - » 12,223 transitions to date; 758 occurring in 2018
  - » Serves all age and disability populations

Balancing Incentive Program (BIP)

Balancing Incentive Program (BIP)

- Ohio Benefits Long-Term Services and Supports (OBLTSS) is the result of Ohio's participation in the Balancing Incentive Program (BIP)
  - » July 2013 - Ohio was one of 18 states approved for BIP
  - » Key difference from MFP is focus on nursing facility diversion to promote home and community-based long-term services and supports (LTSS)

Balancing Incentive Program (BIP)

- States had to reach a balancing benchmark (50-50) by September 30, 2015
    - » 2009 CMS data for Ohio from CMS 64 shows a balance of 32/68 – Community/Institutional
    - » December 2013 – 43/57
    - » Ohio reached its benchmark by June of 2014 - 51/49
    - » June 2016 – 68/32 – reversal of initial balance
- What do we attribute to the reversal of LTSS balance?
    - » HCBS waiver programs
    - » MyCare Ohio
    - » HOME Choice

Future of OBLTSS

- Incorporate components from MLTSS and HOME Choice that align with nursing facility diversion and transition activities
  - » Add/modify functions of OBLTSS agencies
  - » Further promote OBLTSS as the front door for Medicaid waiver programs
- Promote Base Medicaid coverage as diversion from LTSS
  - » Ohio's Base Medicaid coverage is very robust and includes behavioral health/mental health services as well as LTSS that can delay the need for institutional care or Medicaid waivers

Facilitated Panelist Discussion

Question #1

What lessons learned would you share with the audience when it comes to coordinating an MLTSS program with the other federal initiatives we have highlighted today?

– What worked well?

– What didn't work so well and required a bit more attention?

Question #2

Each of these programs (MLTSS and other federal LTSS initiatives) consist of various provider entities, case management agencies and managed care plans that typically operate based on a unique set of policies and processes. When they're serving the same member, their efforts can collide rather than complement one another.

- – Can you offer examples of how these entities have collaborated or incorporated standardization in their process to meet their shared goals?

Question #3

Do you, at the state-level, provide any cross-program coordination support?

–   Is this something you have considered?

Question #4

If there is one thing you could change about how your state coordinates its MLTSS program(s) with other federal initiatives, what would it be and why?

Question #5

How do you view your state's MLTSS program(s) as a vehicle to sustain the other federal initiatives?

– In other words, are there aspects of the other Federal initiatives that you plan to incorporate into your MLTSS programs after these other programs sunset?

Questions from the audience

- What additional questions do you have for our panelists?

Thank you for your time today!

- A big thank you to our state panelists—thank you for sharing your experience and expertise
    - For more information on the 1115 Demonstrations Evaluation and to find the MLTSS related reports, please visit: https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/index.html

- Feel free to reach out to Angie Amos or Kristen Pavle for more information on our MLTSS work
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