

#### **Medicaid Innovation Accelerator Program**



Value-Based Payment for Home and Community-Based Services: Strategies, Progress, and Accomplishments of Participating IAP States

HCBS Conference Presentation August 28, 2019



### **Welcome and Background**

#### **Melanie Brown**

Technical Director

Medicaid Innovation Accelerator Program (IAP)

Center for Medicaid and CHIP Services (CMCS)

Centers for Medicare & Medicaid Services (CMS)



#### **Session Agenda and Format**

- Overview of the technical support provided and lessons learned regarding value-based payment (VBP) for home and community-based services (HCBS), and the VBP for HCBS Roadmap
- Louisiana's VBP strategy for services provided to individuals with intellectual/developmental disabilities
- Minnesota's proposed Star Ratings for assisted living facilities
- Missouri's VBP strategy for avoidable Emergency Department visits
- Panel discussion



#### **Presenters and Panelists**

#### **Moderator and presenter:**

- Melanie Brown, Technical Director, IAP CMCS
- Robin Preston, Senior Director, IBM® Watson Health™

#### **State discussants:**

- Julie Foster Hagan, Assistant Secretary, Louisiana Department of Health
- Charles Ayles, Deputy Assistant Secretary, Louisiana Department of Health
- Bernard Brown, Chief of Staff, Office for Citizens With Developmental Disabilities, Louisiana Department of Health
- Kari Benson, Director, Aging and Adult Services Division, Minnesota Department of Human Services
- Angela Brenner, Director of Federal Programs, Missouri Division of Developmental Disabilities
- Jessica Bax, Division Director, Division of Senior and Disability Services



#### **IAP VBP for HCBS Overview**

Melanie Brown, Technical Director,

**IAP CMCS** 

**Robin Preston**, Senior Director, IBM Watson Health

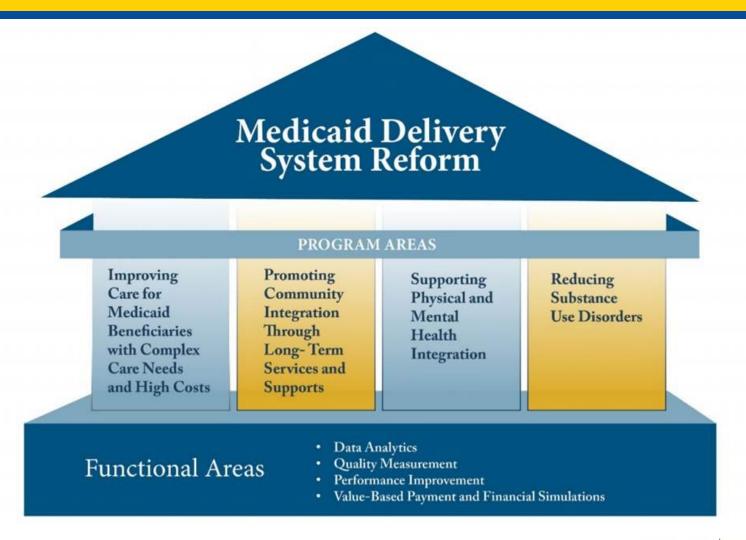


#### **Medicaid IAP**

- Commitment by CMS to build state Medicaid capacity and accelerate ongoing innovation in Medicaid through targeted program support.
- The end goal for IAP is to increase the number of states moving toward delivery system reform across IAP program priorities.



#### **IAP Program Areas and Functional Areas**



#### **How Do We Define Success for IAP?**

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in—
  - Data analytics, quality measurement, performance improvement, and VBP and financial simulations?



# IAP's Goals for Community Integration Through Long-Term Services and Supports

- The Promoting Community Integration through Long-Term Services and Supports Program Area includes the Value-Based Payment for Home and Community-Based Services (VBP for HCBS) track.
  - Goal: To increase state adoption of strategies that tie together quality, cost, and outcomes in support of community-based long-term services and supports programs.



# Overview of VBP for HCBS Technical Support

- The VBP for HCBS track emphasized planning, designing, and developing a VBP strategy for HCBS with two main objectives:
  - Build state knowledge and capacity to design a VBP strategy for HCBS.
  - Move states toward implementation of a VBP strategy for HCBS.
- States in the track represented a continuum of VBP experience, from building knowledge, to planning, to implementing a strategy.

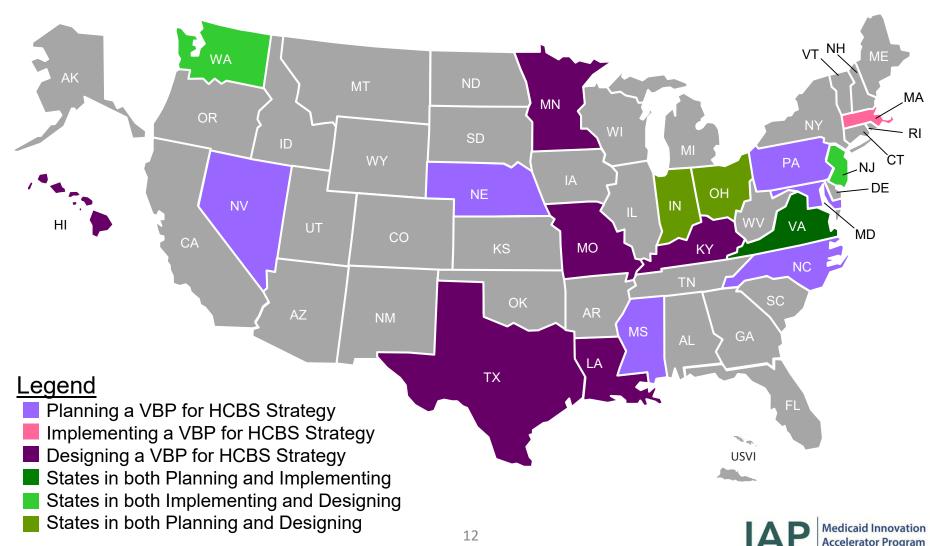


#### **Types of Program Support**

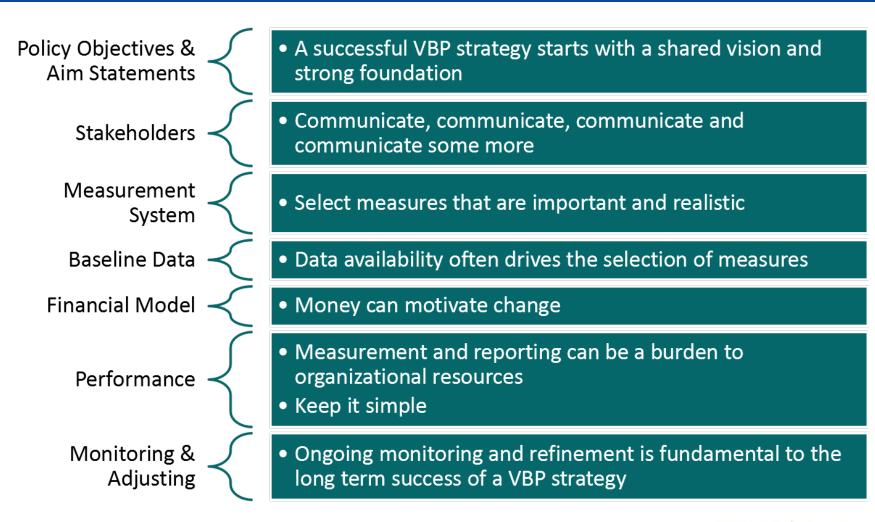
- Program support included—
  - Aligning financial incentives in a VBP for HCBS strategy with overall state policy objectives for HCBS.
  - Identifying a quality measurement strategy, including support with measure review and selection.
  - Engaging with stakeholders to ensure that a VBP strategy for HCBS is widely understood and supported.
  - Designing VBP for HCBS strategies (financial and nonfinancial incentives).



#### **VBP for HCBS States**



# **VBP for HCBS Roadmap Summary**



#### **Lessons Learned**

- Data are important. They should—
  - Show where the problems to be addressed by VBP exist.
  - Be able to provide a benchmark of current performance.
  - Show clearly what entities improved, and by how much, for VBP incentives to be rewarded.
- Stakeholders affected by VBP may include funders (state legislators), providers, provider associations, licensing bodies, and participants or their family members.
  - Stakeholder engagement should be expansive to include as many involved parties as possible.



#### **Lessons Learned**

- Interim steps, such as pay for reporting, may help states collect needed data to develop a benchmark and help providers get used to doing the extra step of collecting and reporting the data.
- Nonfinancial incentives can be developed if a financial incentive cannot be funded.



#### Louisiana

Julie Foster Hagan, Assistant Secretary,
Louisiana Department of Health
Charles Ayles, Deputy Assistant Secretary,
Louisiana Department of Health
Bernard Brown, Chief of Staff, Office for
Citizens With Developmental Disabilities,
Louisiana Department of Health

#### **IAP Participation**

- Before participating in the IAP, Louisiana was actively developing incentive-based outcome measures to improve the health, safety, and overall quality of life for existing waiver recipients and creating additional units of services for citizens currently in need of care.
- The IAP was in step with the direction that Louisiana was heading.

#### **VBP for HCBS Goal**

#### **Focus of VBP for HCBS Initiative**

Increase independence at home and in the community for individuals with intellectual/developmental disabilities by increasing and expanding the number and types of services used.



#### **VBP Objectives**

The state's original objective was a VBP model to—

- (1) increase service utilization mix,
- (2) address complex behavioral needs,
- (3) improve critical incident reporting, and
- (4) increase the use of supported/competitive employment.



### **VBP Implementation Challenges**

The original objective for the Louisiana HCBS VBP model was a rubric of measures across three provider classifications; however, after conducting various stakeholder sessions, we decided that we needed to make changes in how to determine the effectiveness of service provision.



#### **Importance of Data**



#### **Data to Support VBP HCBS Initiative**

Louisiana's basis for its VBP design was derived from utilization trends and analysis from the past 5 years, focusing on the utilization spread among the various services offered through the waiver.

#### Hindsight

# State wishes it had—

- Actual budget dollars for VBP incentive model.
- Existing framework for quality outcome measures.
- A data infrastructure with emphasis on quality outcome data points.
- Adequate provider rate.



#### **Lessons Learned**

# Lessons Learned From VBP HCBS Initiative

Start simple—be open to a phase-in strategy.

Start dialogue early with **all** stakeholders, internal and external.

Consider distribution of funding.



# **Looking Ahead**

- Louisiana is moving forward with a funding strategy for a pilot of its VBP HCBS model, as well as developing a performance analysis and incentivizing structure.
- In addition, the state intends to hold more statewide information sessions, focused on engaging stakeholders, in 2019.

#### **Minnesota**

**Kari Benson,** Director, Aging and Adult Services Division, Department of Human Services, Executive Director, Minnesota Board on Aging

#### **IAP Participation**

#### Minnesota participated in IAP to—

- Reinvest and recommit to measuring quality in the delivery of assisted living services and other HCBS.
- Receive technical support on the nuts and bolts of developing VBP payment models.
- Learn from CMS staff, IAP technical support coaches, and other states in our IAP cohort.



#### **VBP** Goal

# Focus of VBP for HCBS Initiative

Improve the quality of assisted living services delivered to older adults.

Improve the quality of life for older adults receiving assisted living services.



#### **VBP Objectives**

# Minnesota's VBP for HCBS objectives are to develop and implement—

Measures of resident quality of life and other domains of quality.

A report card for assisted living sites, for all payers.

A public website with quality rating results.

A VBP model for public-pay assisted living.



#### **VBP Implementation Challenges**

# Challenges to Implementing a VBP Strategy for Assisted Living

Relative lack of data at the provider/site level, especially data about individual satisfaction, experience, and outcomes.

Need for a measurement framework that can track measures over time to support payment adjustments.

Legislative support for funding that might help implement VBP.



#### **Importance of Data**

- Minnesota currently has very little data to support VBP for assisted living. However, this is changing.
- In 2019, the legislature—
  - Established a new license and new license survey standards for assisted living, which will provide valuable compliance data at the setting level.
  - Appropriated funds to support resident surveys, family surveys, quality measure development, and a public website to report results.

### Hindsight

- Ideally, Minnesota would like to have current data to support quality measurement. In that case, we could have used the IAP year to focus more on measure development and VBP payment models.
- IAP was a springboard. It accelerated Department of Human Services efforts on measure development work. For example, it led us to initiate a research contract with the University of Minnesota.

#### **Lessons Learned**

Through the VBP for HCBS initiative, Minnesota—

- Affirmed that one of the cornerstones of VBP is data.
- Learned that an outside research partner can accelerate measure development.
- Explored assisted living quality measurement activities underway across the country, especially in Ohio and Oregon.
- Considered potential financial and nonfinancial incentives for assisted living providers.



# **Looking Ahead**

#### In State Fiscal Year 2020, we will—

- Engage with stakeholders about University of Minnesota's research findings.
- Continue measure development work.
- Prepare resident and family surveys for pilot testing.

#### In State Fiscal Year 2021, we will—

- Implement the first resident and family surveys.
- Develop a report card website.
- Prepare VBP payment models based on baseline provider data.



#### Missouri

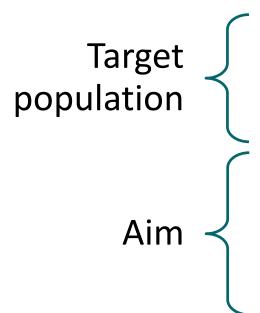
Angela Brenner, Director of Federal Programs,
Missouri Division of Developmental Disabilities
Jessica Bax, Division Director, Division of Senior and
Disability Services

# (IAP) Participation

- Missouri participated in IAP to—
  - Build state knowledge and capacity to design a valuebased payment (VBP) strategy for home and communitybased services (HCBS).
  - Move toward implementation of a VBP strategy.
  - Understand the value of VBP for participants, providers, and the state.
  - Understand the resources needed and barriers likely to be encountered.



#### **VBP** Goal



 Participants receiving personal care services through state plan and section 1915(c) waivers.

 By 2021, reduce by 20 percent the emergency department (ED) utilization rate of those receiving personal care through waivers and the state plan.

#### **VBP Objectives**

# The HCBS system affects the overall health of participants by—

Promoting healthier lives.

Increasing preventative care.

Improving overall knowledge of individual health history.

Enhancing training and properly equipping direct support professionals with knowledge of health care resources and health management techniques.

#### The Importance of Data

- Missouri used paid claims history data to support its VBP for HCBS initiative. The state reviewed the data for ED visits.
- Missouri then defined what constituted an avoidable ED visit.
- Using its definition, Missouri reviewed the paid claims data a second time looking for avoidable ED visits. The state discovered that avoidable ED visits currently are at a level below the aim and have dropped over the past 3 years.



#### **VBP Implementation Challenges**

#### Challenges Missouri encountered—

- Knowing what data were needed and how the data should be analyzed.
- Resources for pulling data.



# Hindsight

#### Missouri would have liked—

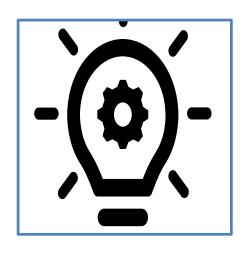
To have known that avoidable ED visits already were below the aim.

To have started small with something basic and simple to identify and measure.

To have met with stakeholders before determining an aim.



#### **Lessons Learned**



- Be leery of assumptions based on anecdotal information.
- Clearly identify the strategic goals that need to be addressed, the impact on stakeholders, and the barriers that will be encountered.
- Data availability greatly affects what one can implement.
- To inform decision-making, use data from the beginning to understand the environment and the goal.
- Ensure that the individuals with the data are involved from the beginning.



### **Looking Ahead**

- At the conclusion of the IAP track, Missouri will—
  - Continue to explore the possibility of revising the current aim or developing a new aim.
  - Continue to involve stakeholders in the process.
  - Use IAP coaching to assist with next steps after technical support ends.

#### **Questions and Panel Discussion**



#### **Thank You!**

Thank you for joining us for this panel discussion.

Contact Information: MedicaidIAP@cms.hhs.gov

