

HEALTH MANAGEMENT ASSOCIATES

**2014 Home and Community
Based Services Conference**

ACOBIPPSIMLTSS?

Gourmet Alphabet Soup Created by Many Cooks

The Iowa Department on Aging (IDA)
Iowa Department of Human Services (DHS)
Health Management Associates

Overview



- Consumer input
- Approaches
- How to replicate

Never get to far ahead of your troops...



State Unit on Aging

- ADRC
- LTSS
- Planning, development, advocacy & collaboration

Building Together in Iowa



ADRC – NWD/SEP



Every Door is an Opening



Balancing Long Term Care within Health Care Redesign

Deborah Johnson

Medicaid Long Term Care
State of Iowa



Why change?

- Health care delivery system is fragmented
- Cost of health care is unaffordable and unsustainable for citizens and taxpayers
- We need to increase quality/outcomes & lower cost
- Iowa's long term care system relies more on institutional services than community based care

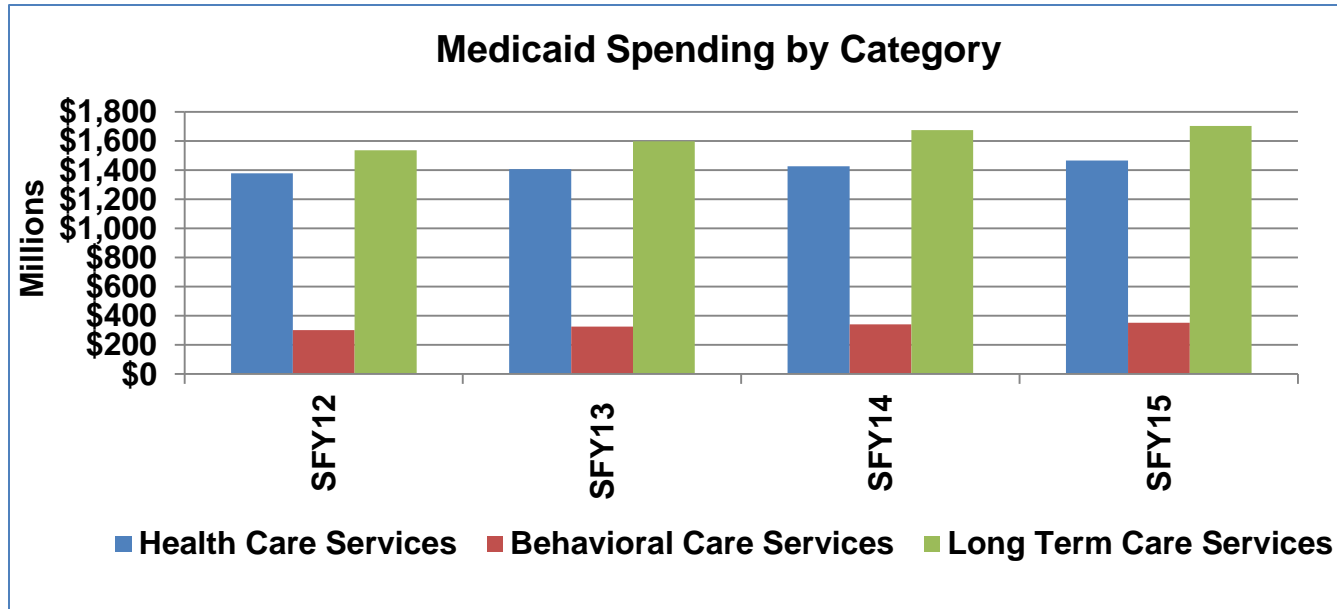


Why is Long Term Care Important?

- The populations have diverse needs and are our most vulnerable
- It is more than half of Iowa Medicaid expenditures for about 10% of the population
- Olmstead decision is calling for inclusion and the development of community based options



Medicaid Services Provided





Current System: Context

- Multiple unique populations with distinct delivery systems and needs – chronically ill, elderly, intellectually disabled, seriously mentally ill, etc.
- Silos for good reason, but with poor results: delivery systems targeted to these unique populations to meet their needs, but not coordinated
 - e.g. Persons with mental illness die, on average, 25 years sooner than other populations
- How do we create integration and balancing while at the same time ‘do no harm’?



Iowa's Goals

- Integration of long term care and physical health care to improve quality outcomes and lower cost
- Increase use of home and community based services through integrated settings and choice of options



Complex Systems can change by influencing 'levers'

- Medicaid has ability to influence delivery systems through 'levers' or aspects of the system that drive behaviors, for example:
 - What and how we pay for services: Accountability, payment, and contracting methodologies
 - Ensuring individuals know their options and have access to coordination of care
 - How well we assess needs and provide the right services at the right time



Strategies

- Iowa is braiding together several new options that provide funding/flexibility for strategies that support Iowa's goals:
 - State Healthcare Innovation Model (SIM/ACO)
 - Integrated Health Homes
 - Balancing Incentive Program



Iowa seeks to target particular strategies to specific levers to achieve goals

Goal	Lever	Strategy
Accountability for value (cost and quality)	Contracting and payment strategies	State Innovation Model: Accountable Care Organizations
High quality care coordination	Pay for Care coordination with accountability for results	Integrated Health Homes
Increase use of Home and Community Svc.	Point of entry / navigation	Balancing Incentive Program
Assess needs and get the right services	Improve use of assessment tools	Balancing Incentive Program



Iowa State Innovation Model Plans

Improve value and align payment models

- ✓ Valued based payment reform
- ✓ Organized, coordinated delivery systems
- ✓ Build on developing health homes / medical homes
- ✓ Align payors to provide 'critical mass' to support needed investments in change

- Strategy 1: Implement a multi-payer ACO* methodology across Iowa's primary health care payers
- Strategy 2: Expand on the multi-payer ACO methodology to address integration of long term care services and supports and behavioral health services
- Strategy 3: Population health, health promotion, member incentives

* 'Accountable Care Organizations' are a reimbursement method that incents accountability for outcomes and lowers costs



Balancing Incentive Program (BIP)

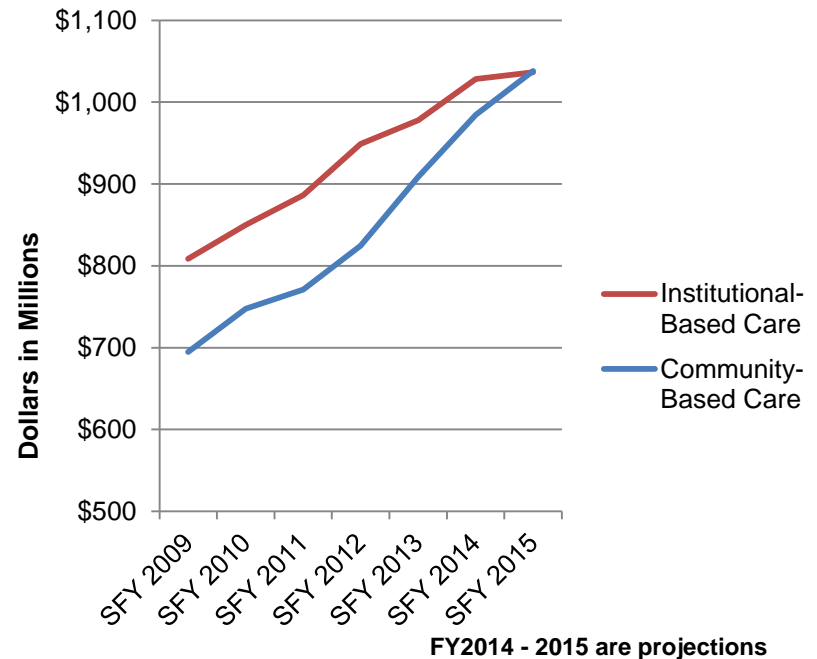
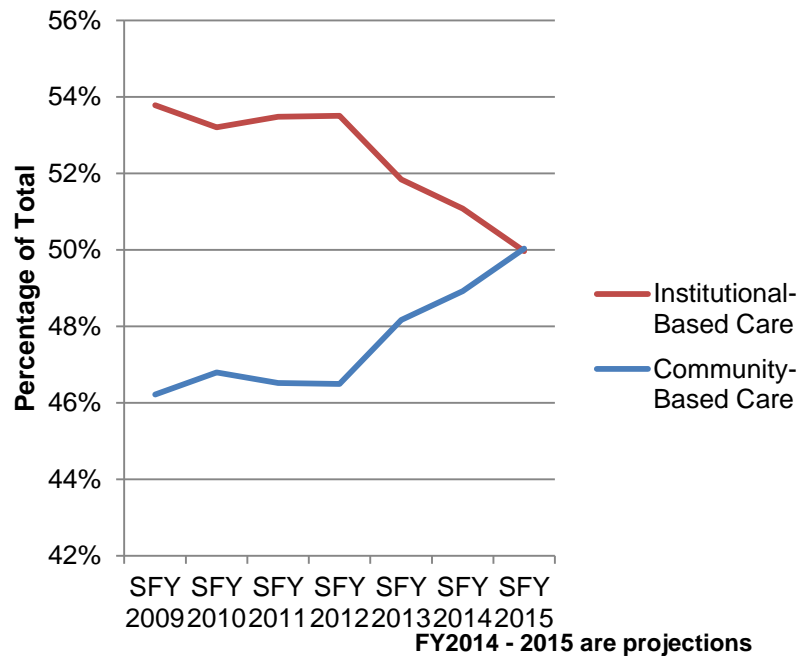
- Affordable Care Act Section 10201
- Increased FMAP to “states that undertake structural reforms to increase access to non-institutional long-term services and supports (LTSS)” as an incentive to states to increase access to Home and Community Based Services (HCBS)
- States required to implement specific steps to streamline access to services, improve efficiency, consistency and fairness in eligibility determination and assessments, and ensure conflict-free case management

Iowa's Award

- ✓ Approved effective July 1, 2012 through September 30, 2015.
- ✓ Up to \$61.8 million
- ✓ Amount based on an increased federal match of 2% for non-institutional community based services.
- ✓ As of July 2012, Iowa spent approximately 46.5% of its Medicaid LTSS funds on HCBS



Iowa LTSS Expenditure Trends





No Wrong Door/ Single Point of Entry (SEP) System

- Network of designated SEP agencies
- Website and Statewide 1-800 number
- Assists individuals with navigation to find services and options counseling
- Iowa Medicaid working with Iowa Dept. on Aging - Aging and Disability Resource Centers (ADRCs), and new Regions to implement
- Will assist in increasing awareness and access to HCBS



Core Standardized Assessment

- Uniform assessments to determine individual need
- Promotes person-centered approach to needs assessment
- More accurate reflection of individual need prevents over- and under- utilization
- Iowa released Request for Proposals this month. RFP includes:
 - Selection of assessment tools, including Service Intensity Scale (SIS) for Persons with Intellectual Disabilities
 - Performing assessments statewide
 - Assessments to inform level of care and development of service plans
 - Will improve quality, consistency, and independence of assessments



Conflict-Free Case Management

- Agency policies and firewalls protect member choice
- Prevent conflict of interest in assessment and LTSS referral- Core Standardized Assessments
- Iowa largely in compliance, but some policy changes needed



Integrated Health Homes

- Option under 2703 of the Affordable Care Act
- Allows payment for Health Home teams to perform care coordination, peer support, health coaching
- Provides 90% federal match for 8 quarters
- Iowa has two approved programs:
 - Chronic disease (primary care model)
 - Integrated Health Homes for adults with Chronic Mental Illness and children with Serious Emotional Disturbance



Integrated Health Homes

- Partnered with Behavioral Health Managed Care Plan – Magellan Health Services
- Magellan contracts with and supports Integrated Health Homes
- Adults with Chronic Mental Illness and children with Serious Emotional Disturbance
- Improve integration of physical and behavioral health care
- Whole person approach
- Accountability for outcomes



Other Strategies

- Mental Health & Disability Services Redesign
- Money Follows The Person
- HCBS Settings
- Mental Health Services to Managed Care
- Health Home
- Medicaid Expansion



Heavy Lift

- Listen, Listen Listen!
- Share Information
- Limited State Staff



Input

- Listening Sessions
- Webinar's
- Website for Information Sharing
- Presentations to Advocacy Groups and Associations
- Engaging other State Agencies as Partners
- Steering Committees
- Governor Office involvement



Getting Things Done

- Need Help from the Experts
- Hired Consultants –Health Management
- Objective people to hear from stakeholders
- Meaningful process



Questions?

Deborah Johnson

Medicaid Long Term Care

Iowa Department of Human Services

djohnso6@dhs.state.ia.us

515-256-4662

Iowa Stakeholder Approach: What were the Key Concepts?

- Engage the right people
- Engage them early and continuously
- Be clear about where input will be used
- Provide multiple and varied opportunities for input
- Provide opportunities for information to flow both ways
- Be clear about how input was (and wasn't) used

Iowa Stakeholder Approach: Who Was Involved?

- State staff
- Consulting Team
- Steering Committee
- Work Groups
- General Public Listening Sessions
- Governor's Office

Other Possible Approaches

- “Town Hall” type meetings
- Dedicated website
- Updates to broad email distribution list
- Periodic webinars
- Other committee and work group structures

Success?

- How do you know if your stakeholder efforts have been successful?
 - No last minute barriers/concerns
 - Have letters of support
 - May not have consensus

Roles States Can Play

- Convening
- Directing the Process
- Sharing Information
- Listening
- Weighing Input
- Ultimately, being responsible for decisions and the model



 IowaAging.gov

HEALTH MANAGEMENT ASSOCIATES

Thank You

Donna K. Harvey, Iowa Dept on Aging
www.iowaAging.com

Deb Johnson, Iowa Dept of Human Services
www.dhs.iowa.gov

Marci Eads, Health Management Associates
www.HealthManagement.com



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