



Shared Health

Where knowledge meets need

Meet in the Middle

How Nursing Facilities and HCBS co-exist and thrive

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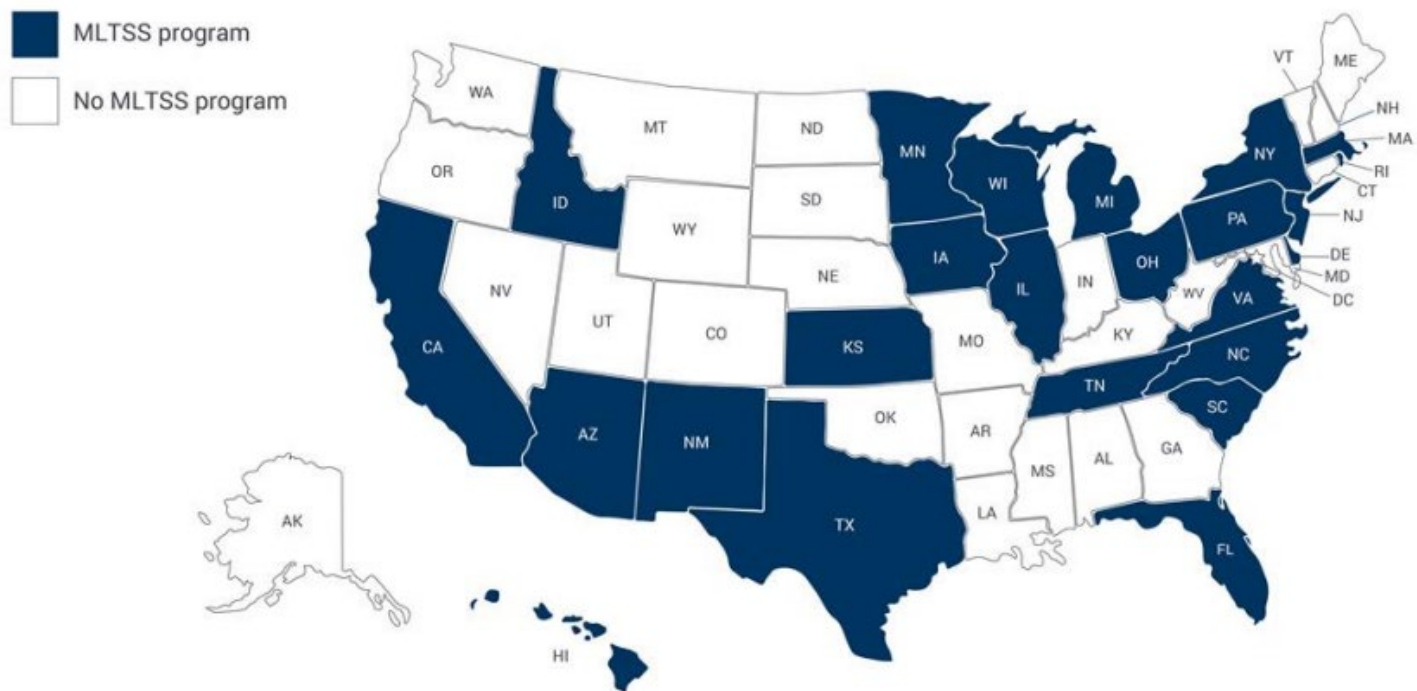
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States with MLTSS, January 2018



Source: MACPAC analysis of Lewis, E., S. Eiken, A. Amos, and P. Saucier. 2018. *The growth of managed long-term services and supports programs: 2017 update*. Ann Arbor, MI: Truven Health Analytics/IBM Watson Health. <https://www.medicaid.gov/medicaid/managed-care/downloads/ltss/mltssp-inventory-update-2017.pdf>.

- 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)



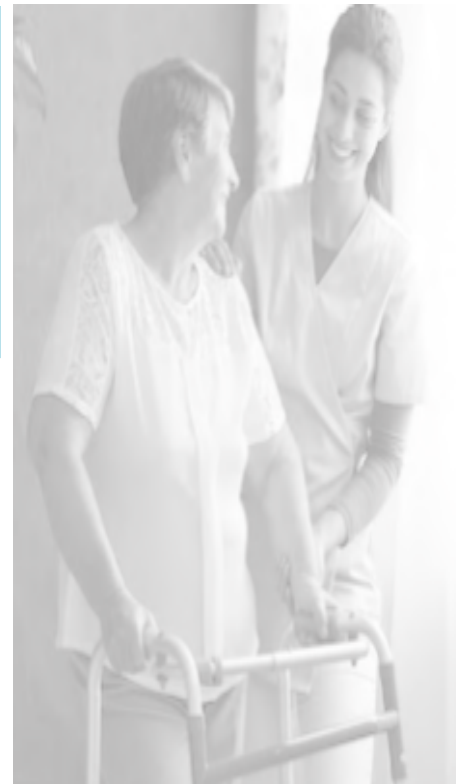
Quick Facts Alabama

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



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



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

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



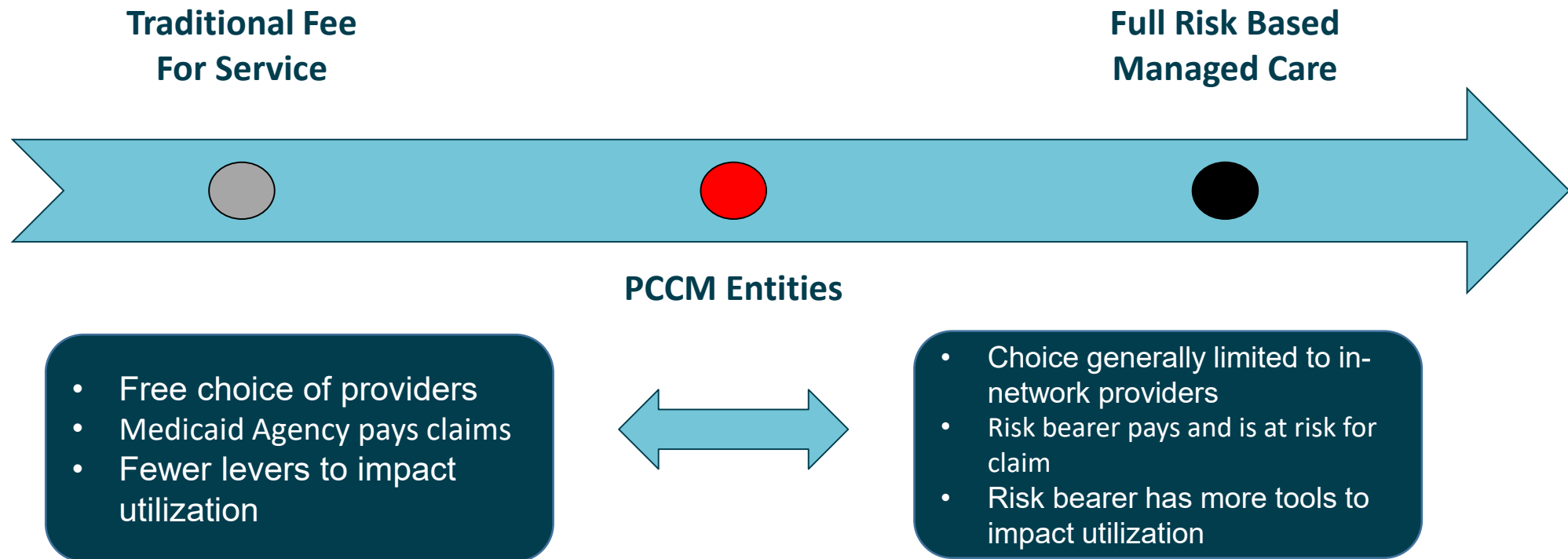
Program Development : Integrated Care Network (ICN)

- 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)



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



60,000/year/person

HCBS

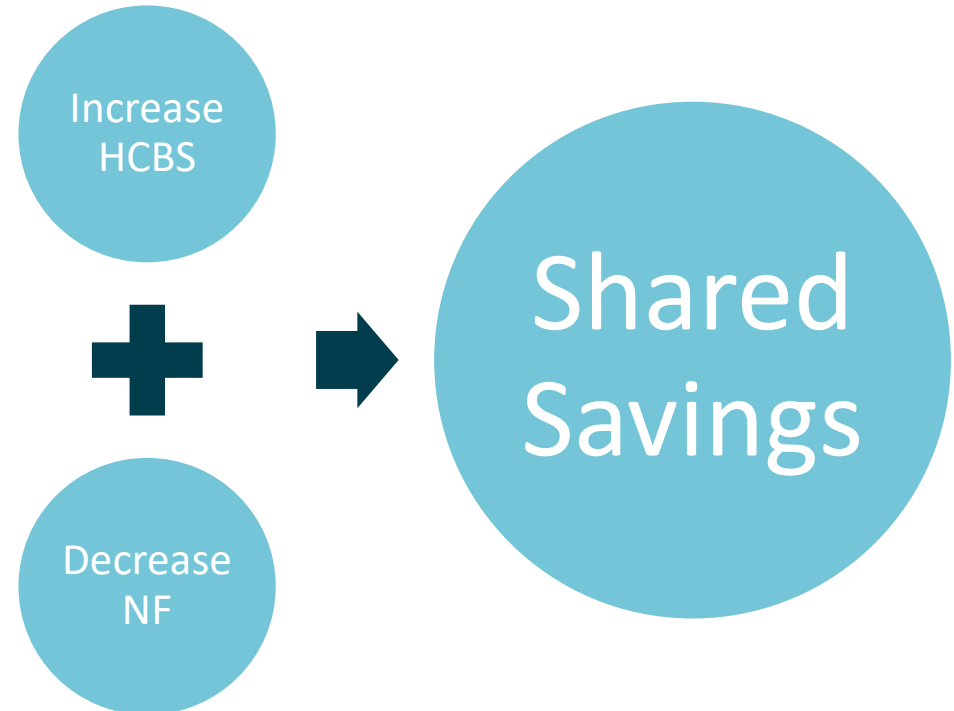


10,642/year/person



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

SeniorSelect Partners, Inc.

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



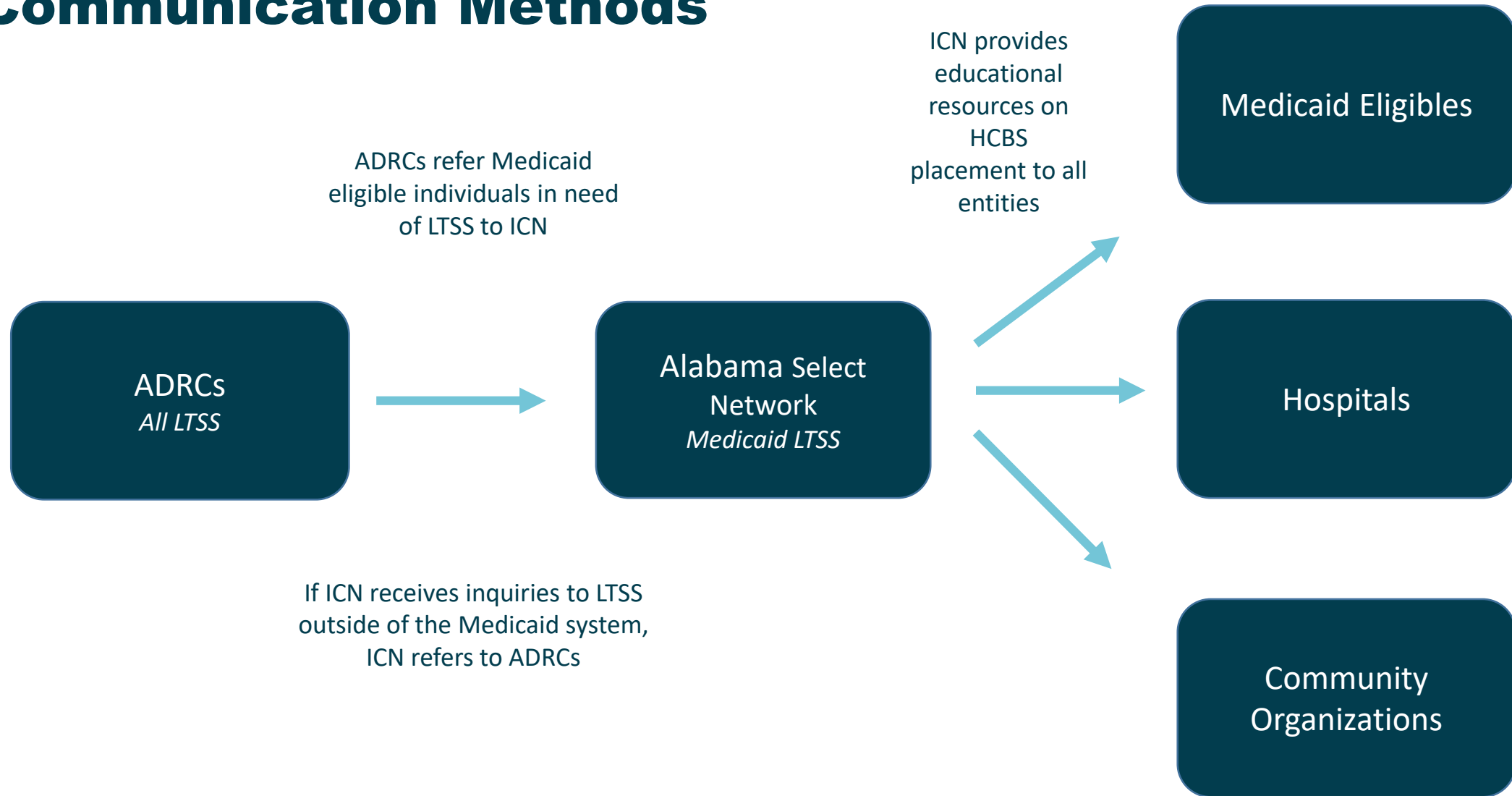
Discovery and Learning Process

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



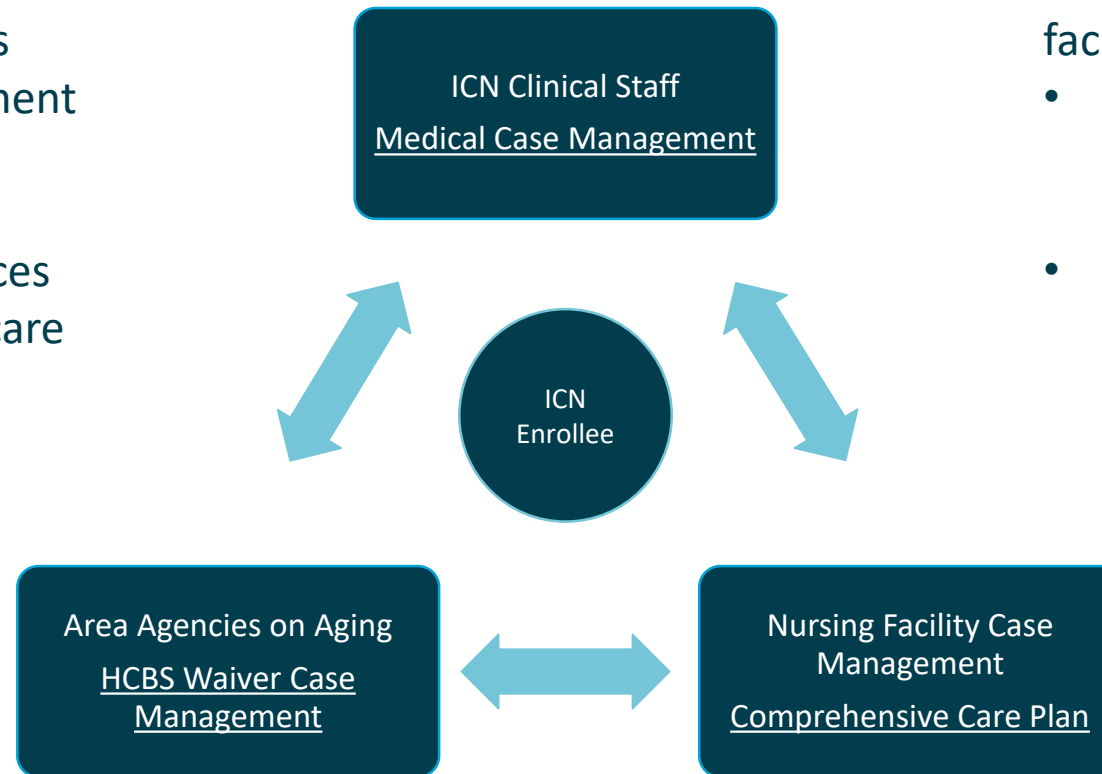
Communication Methods



Clinical Coordination

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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