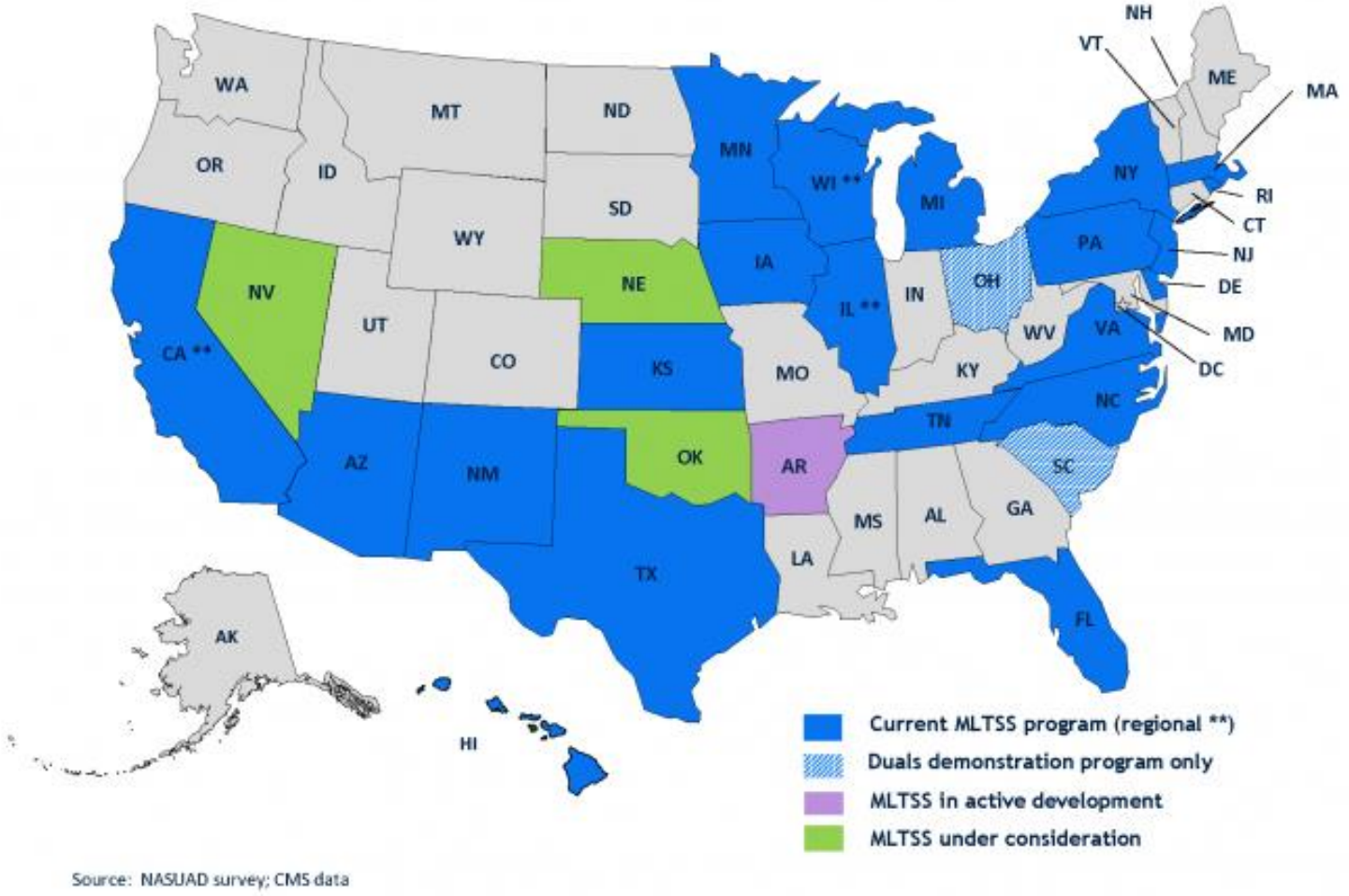
Rebalancing 2.0: Strengthening Managed Medicaid HCBS to Advance Optimal Community Inclusion & Self-Sufficiency

Serena Lowe

Administration for Community Living

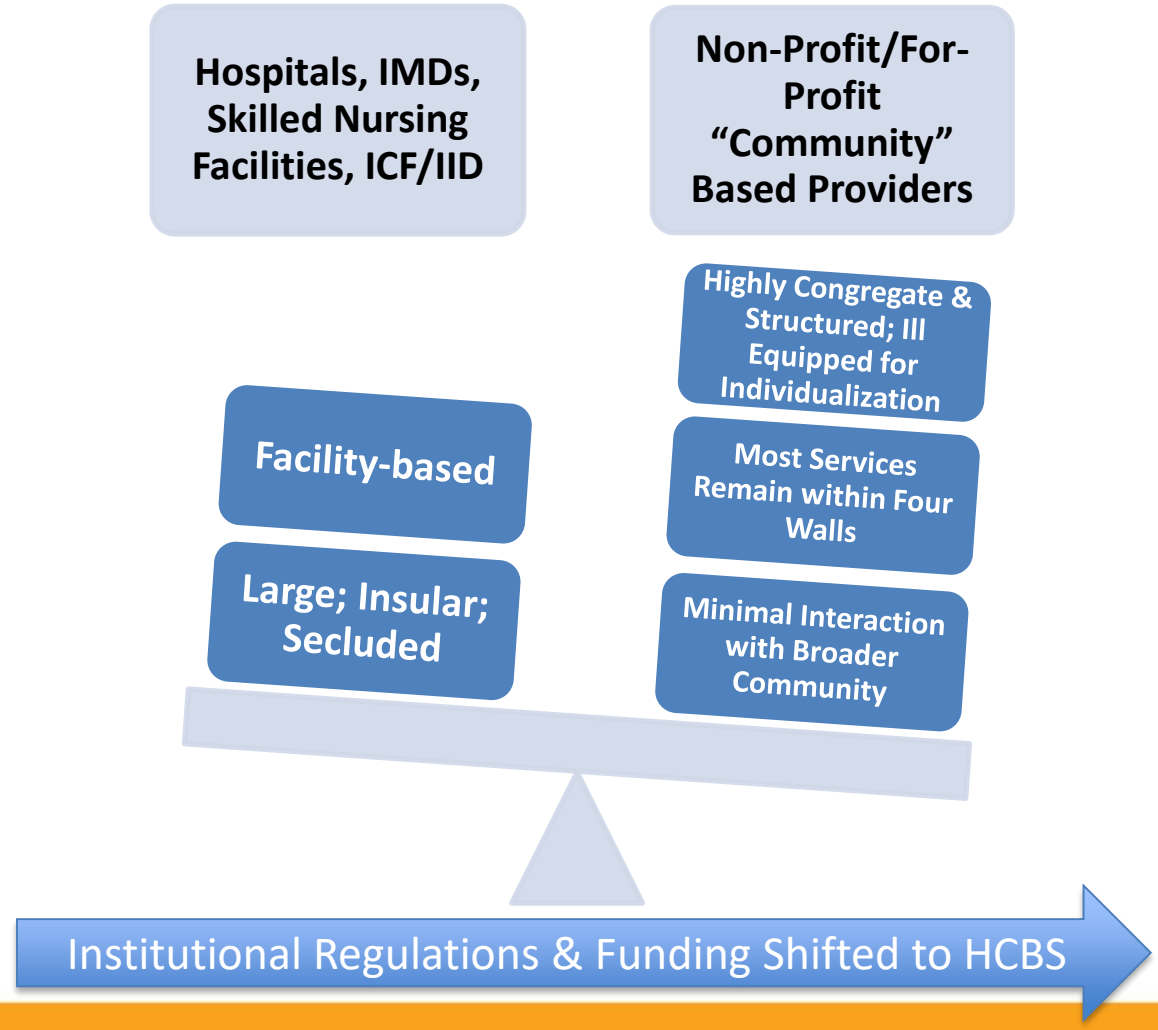
U.S. Department of Health & Human Services

Status of Managed LTSS



Source: NASUAD survey; CMS data

We've Been Riding the Train of "Rebalancing" for Awhile…But to What End?



Institutional Model
Issues Persist in Current HCBS Infrastructure

- Normal relationships/natural supports v. paid relationships/supports
- Dependency
- Limited choices, often not based on exposure to more individualized, inclusive options
- Artificial environments
- Not within public view
- Becomes the provider's/agency's source of continued revenue

Federal HCBS Settings Final Rule[1]: *CMS 2249-F and CMS 2296-F*

- To ensure that individuals receiving long-term services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915(k) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- To enhance the quality of HCBS and provide protections to participants.

[1]Published in the Federal Register on January 16, 2014, under the title, *"Medicaid Program; State Plan Home and Community-Based Services, 5-year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community Based Services (HCBS Waivers (Section 1915(c) of the Act)"*.

2014 HCBS Final Rule

- Published January 2014 – Effective March 17, 2014
- Addressed HCBS requirements across:
  - 1915(c) waivers
  - 1915(i) state plan
  - 1915(k) Community First Choice
  - 1115 Demonstrations
  - 1915(b)(3) waiver services
- Requirements apply whether delivered under a fee for service or managed care delivery system
- States have until March 17, **2022** to achieve compliance with requirements for home and community-based settings in transition plans for existing programs.

Federal HCBS Setting Requirements

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimizes individual initiative, autonomy, and independence in making life choices

Facilitates individual choice regarding services and supports and who provides them

Additional Requirements for Provider-Controlled or Controlled Residential Settings*

Distinguishing between Settings under the Federal HCBS Rule

Settings that are not HCB

- Nursing Facilities
- Institution for Mental Diseases (IMD)
- Intermediate care facility for individuals with I/DD (ICF/IID)
- Hospitals

Settings presumed not to be HCB

- Settings in a publicly or privately-owned facility providing inpatient treatment
- Settings on grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals receiving Medicaid HCBS.

Settings that could meet the HCB rule with modifications

- Settings that are HCB but do not comport with one or more of the specific requirements outlined in the final rule.
- May require modifications at an organizational level, and/or modifications to the PCP of specific individuals receiving services within the setting.
- Must engage in remediation plan with the state, and complete all necessary actions no later than March 2019.

Settings presumed to be HCB and meet the rule without any changes required

- Individually-owned private homes
- Individualized supported employment
- Individualized community day activities

Promoting Community Integration in HCBS

Access

- Availability of supports to allow a person to engage in the broader community for the maximum number of hours desired daily.
- Activities designed to maximize independence, autonomy and self-direction.

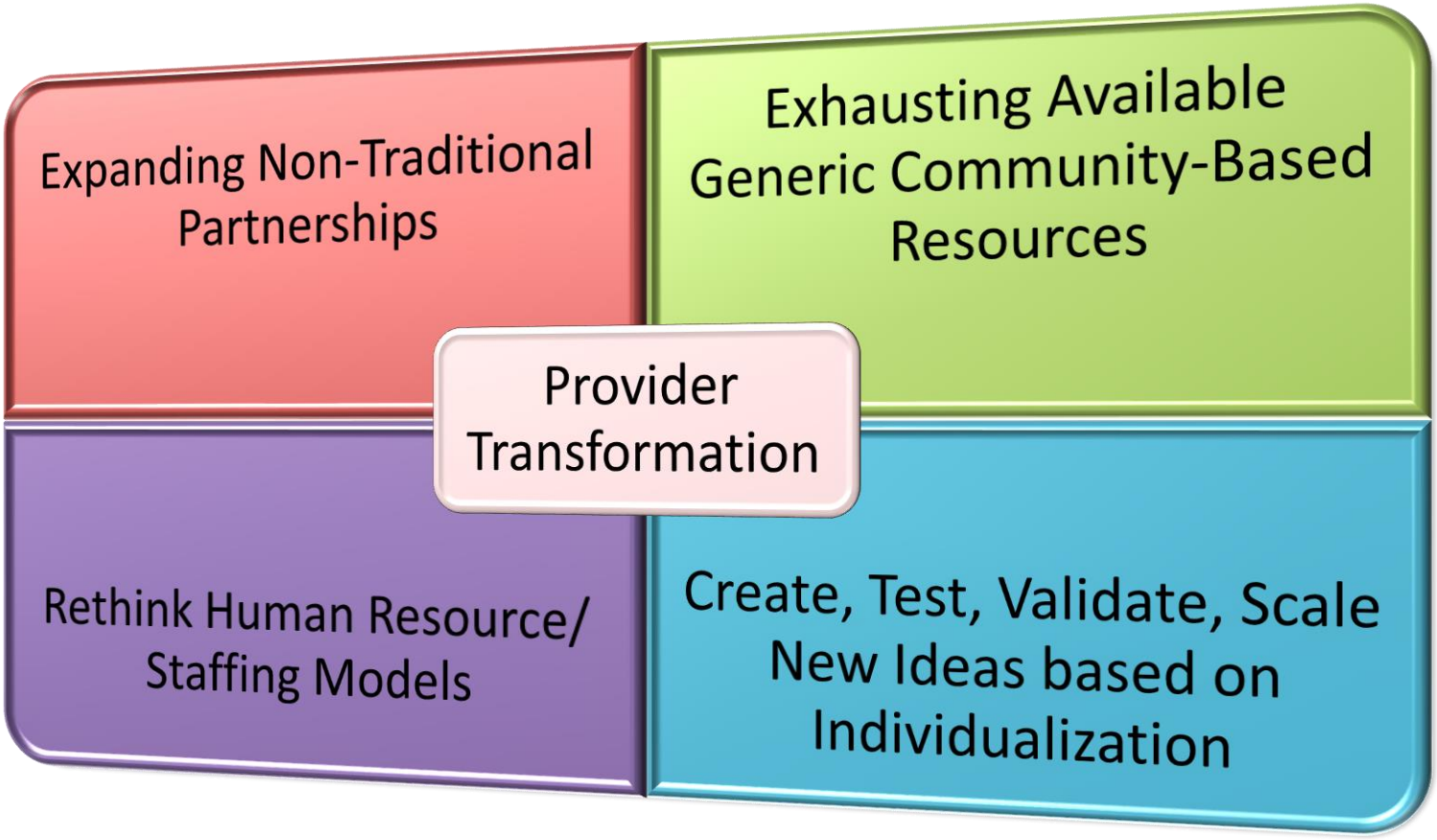
Variety

- Broad range of activities/offerings that are comparable to those in which individuals not receiving HCBS routinely engage.
- Access to both individualized and small-group activities, on and off site.

Quality

- Cultural competency
- Measurement focused on Increasing Community Access, Decreasing Social Isolation

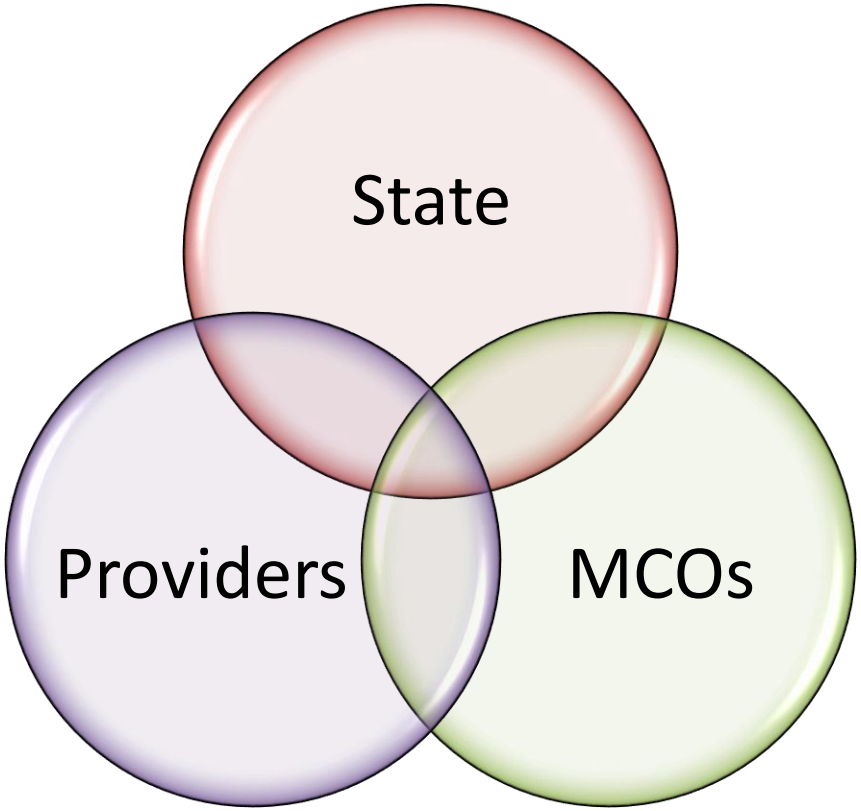
Modernizing HCBS: Provider Capacity Building



Implementation with Integrity: *System Issues*

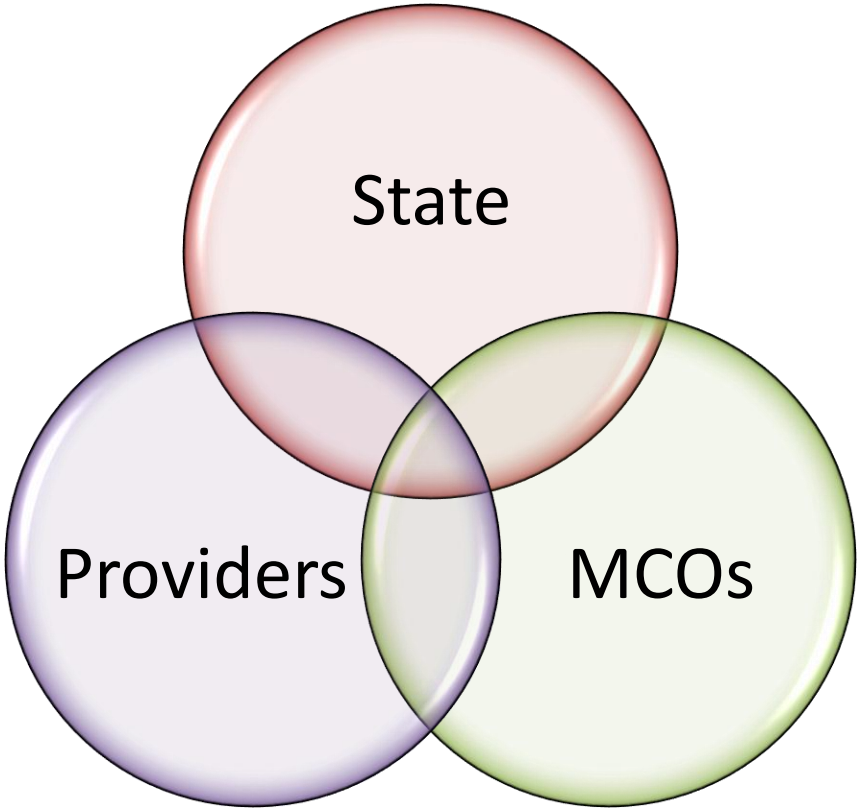
Trends/Concerns in HCBS Rule Implementation in MLTSS States (1)

- MCO Knowledge around HCBS Rule varies
  - State Medicaid agencies need to assure all MCOs have consistent, adequate level of information on the tenants of the rule and how it implicates their role



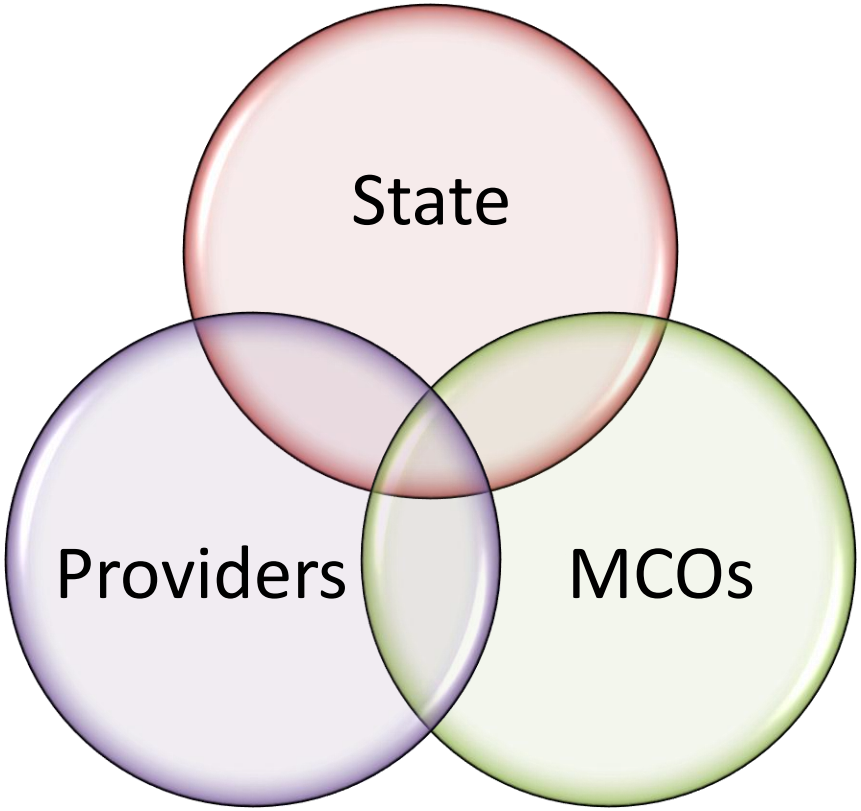
Trends/Concerns in HCBS Rule Implementation in MLTSS States (2)

- Large variance across states in terms of guidance, training, technical assistance and/or capacity building to providers and managed care organizations (MCOs).
  - Unclear roles/responsibilities re: compliance with settings criteria
  - High-performing states: clear guidance, comprehensive training, and ongoing meaningful stakeholder engagement



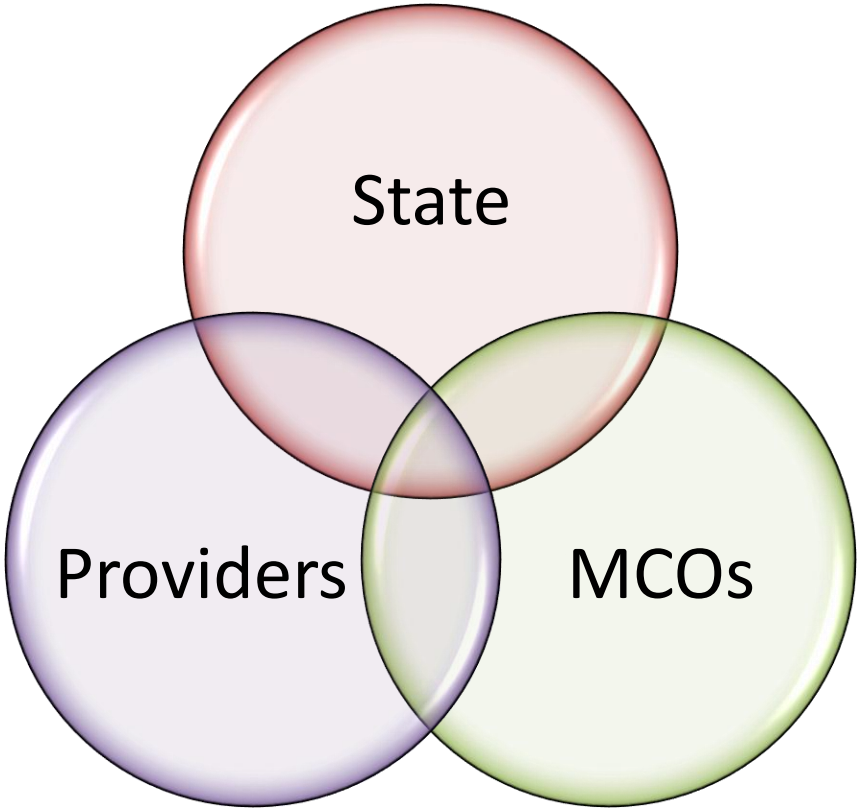
Trends/Concerns in HCBS Rule Implementation in MLTSS States (3)

- Too much responsibility for HCBS rule implementation being put into the hands of MCOs in some states, with little to no guidance or additional resources for implementation.



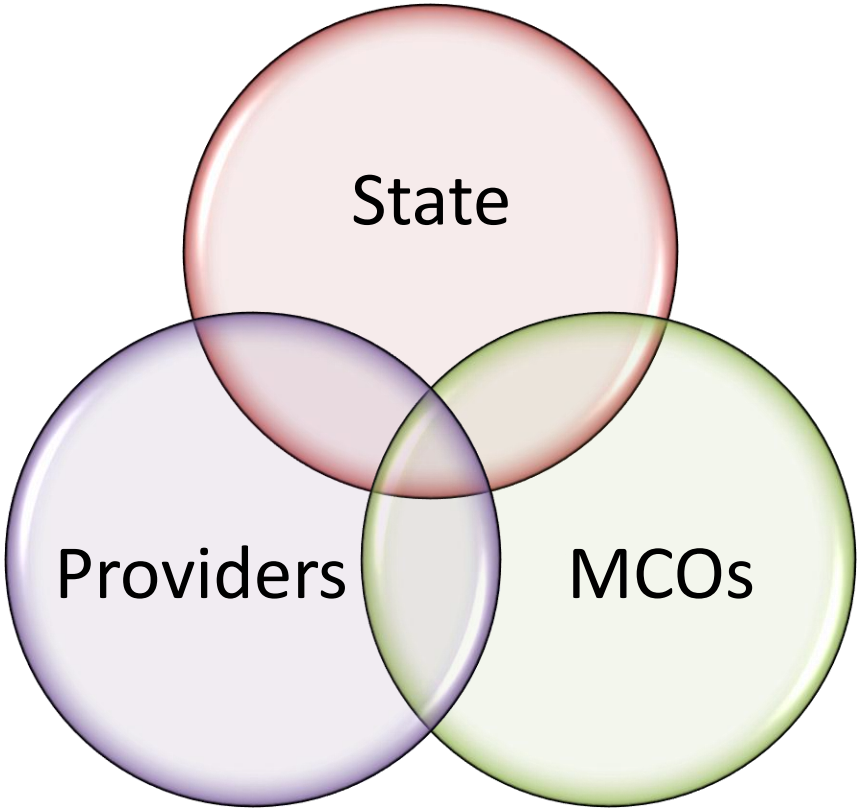
Trends/Concerns in HCBS Rule Implementation in MLTSS States (4)

- Lack of transparency on how the state is utilizing the data collected from the provider assessment process, as well as what the validation of this information looks like.



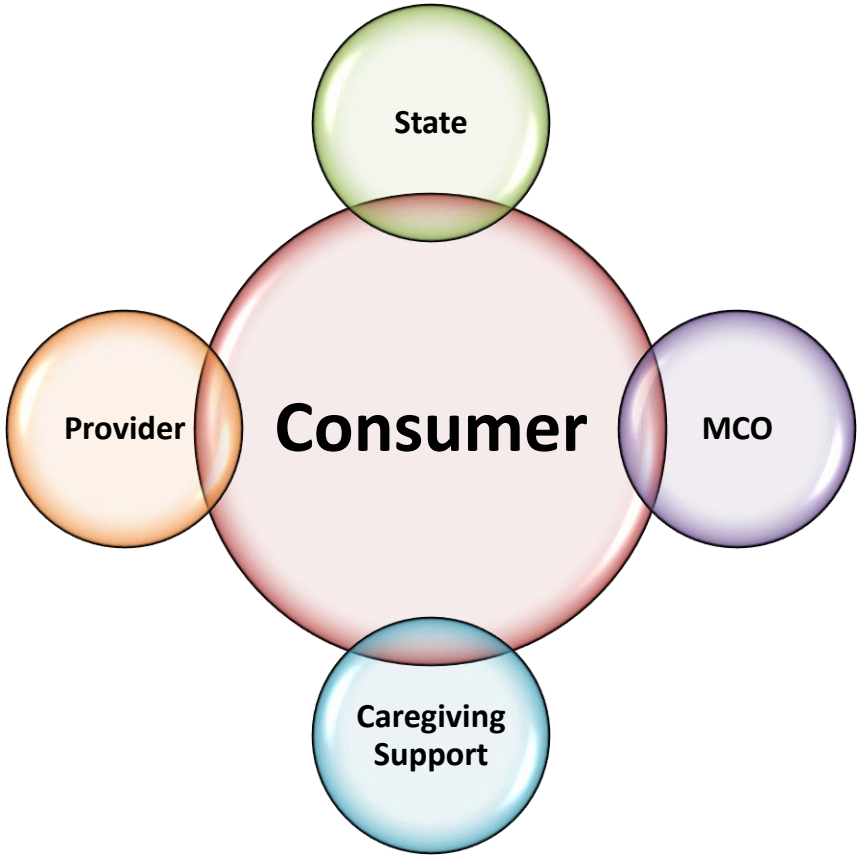
Trends/Concerns in HCBS Rule Implementation in MLTSS States (5)

- Concerns whether certain states are implementing the settings rule with fidelity across certain categories of settings

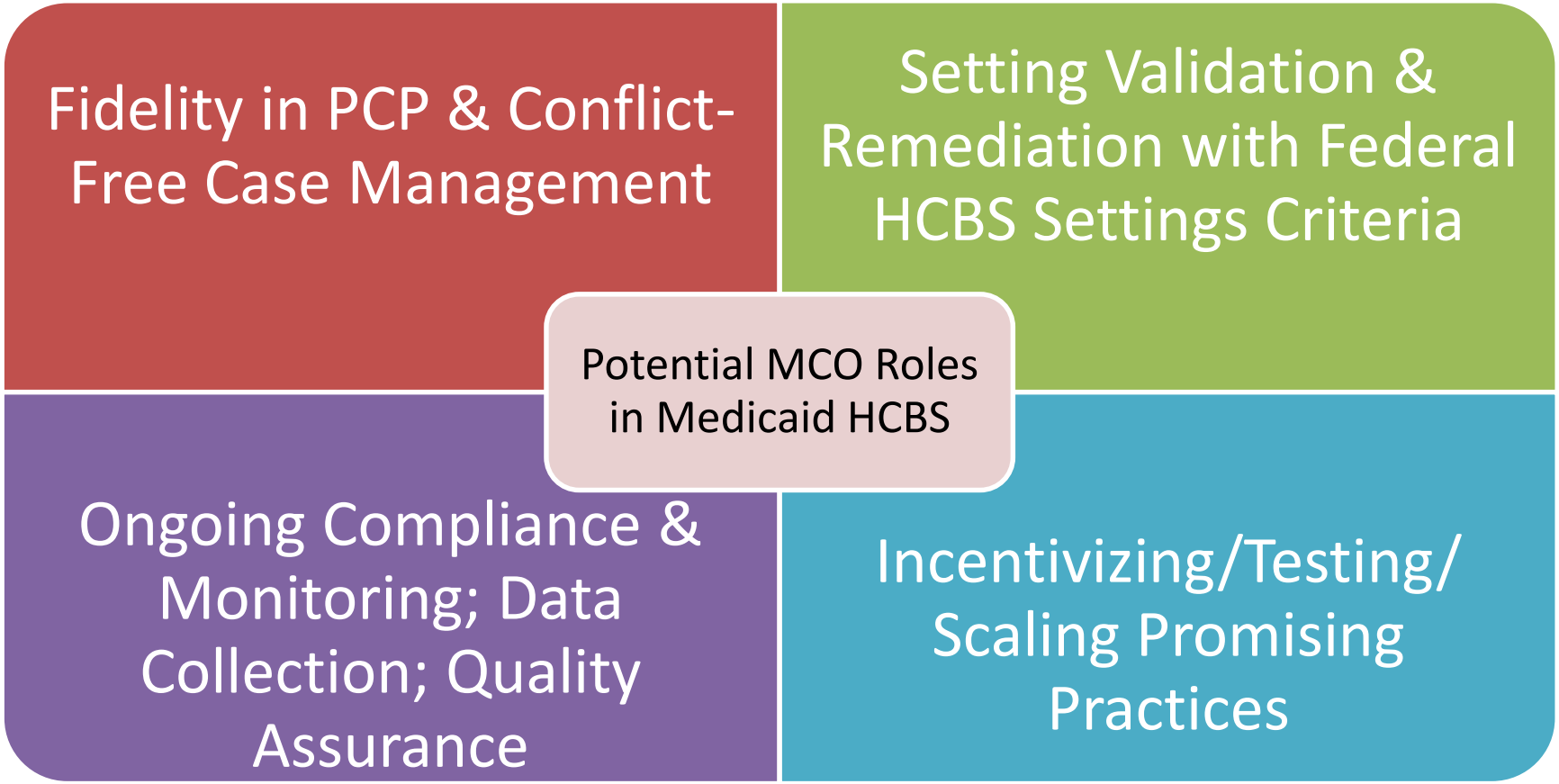


Trends/Concerns in HCBS Rule Implementation in MLTSS States (6)

- Consumer beneficiary engagement is limited in several MLTSS states
  - Consumers may have little to no guidance on settings criteria and implications on provider selection
  - This is an area where MCOs can really help states get good information out as part of the ongoing PCP, service coordination, and case management processes



Various Roles Managed Care can play in Strengthening Medicaid HCBS



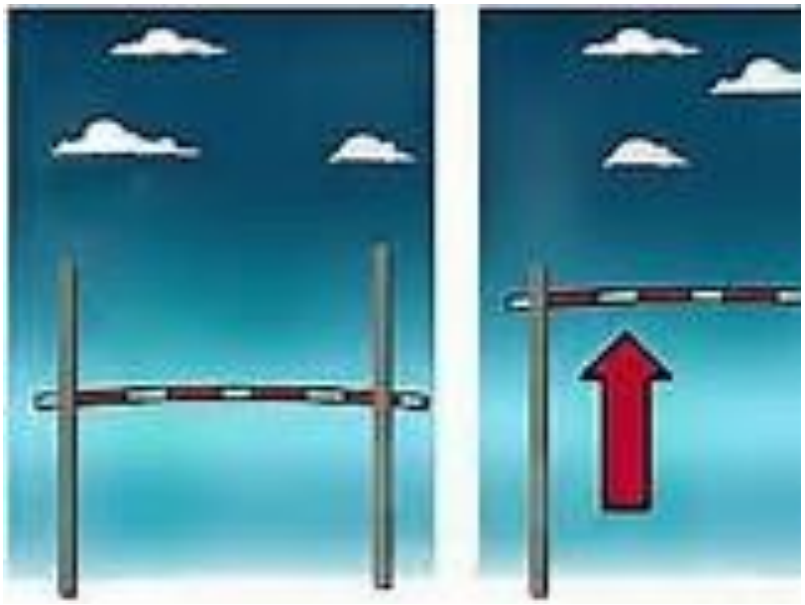
Rebalancing 2.0 Panel

- **Serena Lowe,** Senior Policy Adviser, Center for Policy and Evaluation, ACL
- **Patti Killingsworth,** Assistant Commissioner and Chief of LTSS
  Division of TennCare, Long-Term Services and Supports
- **Larry Atkins**, Executive Director
  Long-Term Care Quality Alliance and
  National MLTSS Health Plans Association
- **Caroline Ryan**, Acting Director
  Office on Business Acumen, Center for Integrated Programs, ACL
- **Jodie Sumeracki**, Policy Advisor, Disability & Elderly Health Programs, Centers for Medicare & Medicaid Services (CMS)

Division of TennCare

Raising the Bar

Rebalancing to HCBS 2.0 in MLTSS:
Strategies for Assuring Optimal Consumer Outcomes & Community Integration



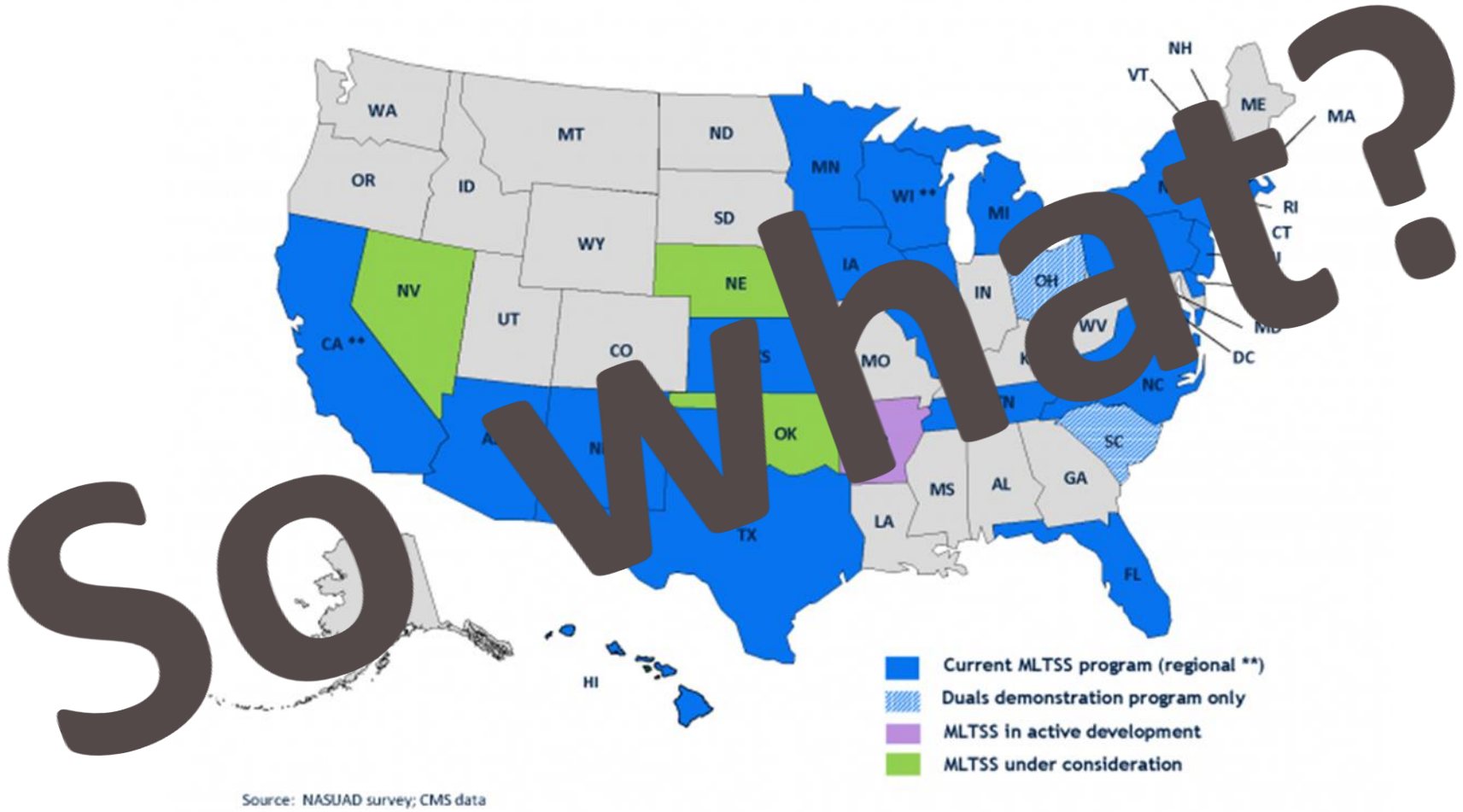
Patti Killingsworth

Assistant Commissioner/Chief of LTSS

Service Delivery System in Tennessee

- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
  - 3 Section 1915(c) waivers and ICF/IID services for individuals with I/DD carved out; operated by Department of Intellectual and Developmental Disabilities (DIDD) (people carved in for physical and behavioral health services)
  - New MLTSS program for individuals with I/DD began July 2016: *Employment and Community First CHOICES*

The Growth of MLTSS



Source: NASUAD.org

The "Promise" of MLTSS

Better Experience	Coordination of services; integration with primary, acute, and behavioral
Better Outcomes	Health, function, quality of life
Flexibility	Ability to tailor unique services/supports
Predictable, Managed Costs	Budget stability and trend management
Alignment of financial incentives	Pay for quality and value
Expanded access to HCBS	The potential to provide services to more people and for increased flexibility in service provision—if done "right"
System Balancing	Increase use of community services and decrease inappropriate use of institutional services

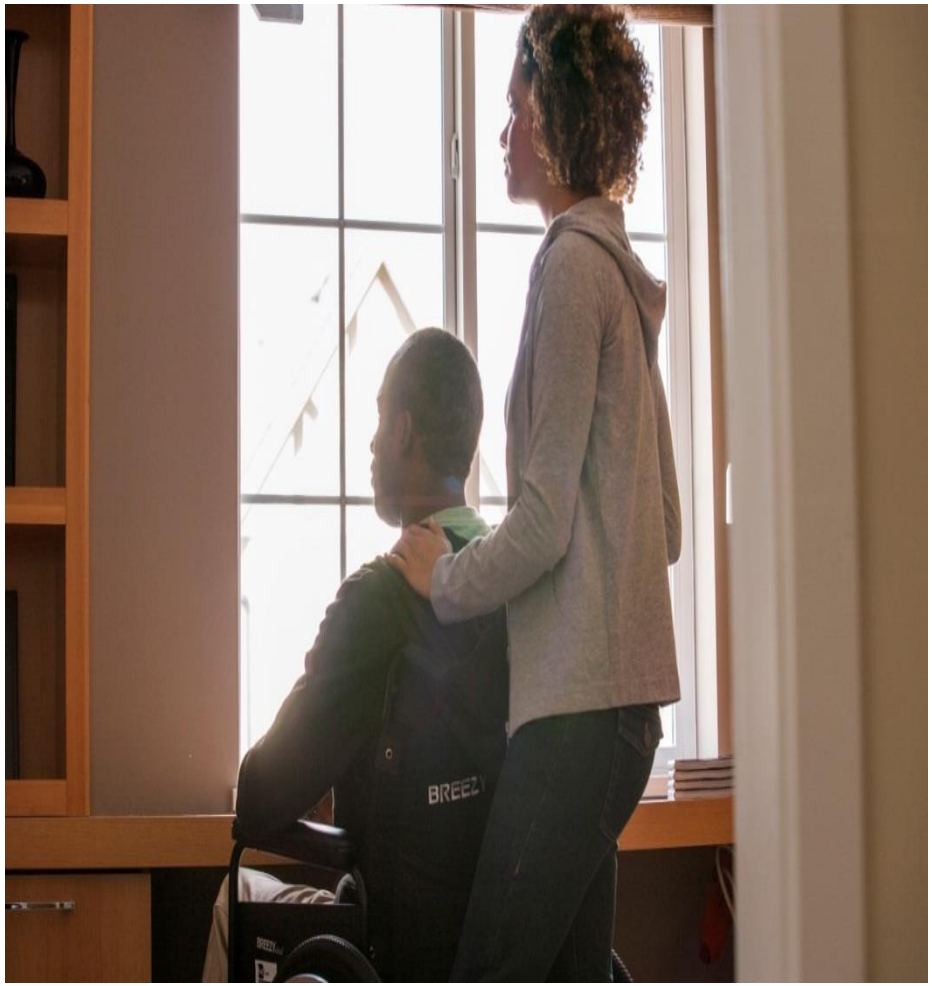
Source: TruvenHealth—*modified*

The "Promise" of MLTSS (cont'd)

We must not promise what we ought not, lest we be called on to perform what we cannot.

—Abraham Lincoln

Being *"in the community"* is <u>not</u> enough!



Supporting *full citizenship*

Some Key Questions

- Can we demonstrate the value of MLTSS?
  - For states
  - Most importantly, for beneficiaries
- Are we *"measuring what we value"* or *"valuing what we can measure?"*
- Can health plans be *truly* "person-centered?
- Are we really *coordinating* services **and** supports (SDH)?
- Can health plans help people become more independent, achieve employment, participate fully in their communities?
- Is *real* "integration" possible?
- Can we serve the most complex populations?
- Can we use managed care to make transformational changes?
- Can it really make people's lives better?
- What capacities do health plans need to develop?
- How do states *partner* to make that happen?

Some Fundamentals in MLTSS

- Managed care is a set of tools and principles that when brought to bear in the right way has the *potential* to align incentives toward achieving better outcomes
- How a state *designs*, *implements*, and *oversees* managed care is critical
- Move to managed care *can* provide a spring board for re-thinking entire system and how existing money is being spent

System transformation

Requires us to:

- **Think** *differently*
- **Plan** *differently*
- **Support** people *differently*

System transformation (2)

Think *differently* about employment:

- People with disabilities , including those with significant disabilities, want to work
  - Older adults *may* want to work too, and even if they don't, every one needs meaning and purpose in their life
- People with disabilities , including those with significant disabilities, are capable of work
- Companies will hire people with disabilities to work for them
- People with disabilities, including people with significant disabilities, can and *should* earn a competitive wage

System transformation (3)

Think *differently* about community integration:

- Every person has gifts and abilities that bring value to others
- People with disabilities *belong* in our schools, workplaces, neighborhoods and communities
- Being *in* the community doesn't make you *part of* the community
- The purpose of being in community is to learn and grow, contribute and build relationships
- People with disabilities should choose what they want to do and who they want to do it with
- People who don't have disabilities will want to be friends and have relationships with people who have disabilities
- Both will benefit from the relationship

System transformation (4)

Think *differently* about independence:

- More paid services do not equal a better qualify of life
- The goal of everything we do should be to reduce reliance on paid services, to support independence
- We should only provide the level of support people truly need to be able to live and work in the community and to pursue their personal goals
- People, including people with significant disabilities, should be permitted to go places and do things without paid staff, unless there are specific reasons they shouldn't
- There is dignity in risk

System transformation (5)

Plan *differently* for employment:

- *Expect* employment for all working age adults—not "Do you want to work?" but "Where would you like to work? What kind of work would you like to do?"
- Expect employment in integrated community settings and a competitive wage
- Identifying strengths and interests is key to pursuing employment options
- What services and supports are needed to develop a personal pathway to employment?

System transformation (6)

Plan *differently* for community integration:

- What is important to the person?--activities they enjoy; things they want to learn/do
- Where are the activities/places that align with the person's interests/goals?
- What services/supports does *this* person need to participate in those activities, do or learn those new things, to help accomplish the things that really matter *to him/her*—not a program, but a life
- Community integration doesn't just happen as part of community-based day services
- Community integration doesn't have to cost more, and in fact, may cost less

System transformation (7)

Plan *differently* for independence:

- How and where would this person prefer to live?
- What support do they really need to be able to do that?
- What are the potential risks?
- How can we mitigate those risks?
- How can we support the person in exercising legal capacity to make decisions?
- Can technology be leveraged to support greater independence?

System transformation (8)

Support *differently* for employment:

- Build on individual interests and strengths – where do the person's interests/passions and a need align?
- Don't just look for employment opportunities; *create* them one person at a time
- Explore/develop internship opportunities (paid/unpaid)
- Begin with the end in mind; fading supports and increasing personal and economic self-sufficiency

System transformation (9)

Support *differently* for community integration:

- One person, one environment
- Seek out the relationship, not the activity. Who can the person get to know here? Make personal introductions, focusing on strengths, interests.
- Create opportunities for relationships to grow
- Support reciprocity (give *and* take)
- Accept that some relationships will fail; that doesn't mean you stop trying

System transformation (10)

Support *differently* for independence:

- Encourage individual choice and freedom
- Teach, support; don't do
- Support good decision making by the person—a learned skill
- Become a problem solver

Cultural Transformation

"Here's where it gets a little challenging."

Beyond Compliance

What states need/expect from health plans in MLTSS

- **Partnerships** – with the State, other MCOs, providers, advocates and CBOs, families, beneficiaries
- **Innovation** (thought leadership)
- **Investments** – in building the capacity of physical and behavioral health providers to serve complex populations, LTSS providers/workforce, technology, health plan expertise (employment, housing, behavior supports, dental)
- A *different* approach to network development, provider services
- A *different* approach to care coordination
- **Results** (outcomes, including personal outcomes/quality of life)
- **Cultural transformation**: Person-centered *organizations*

Beyond Contracting

How states partner with health plans in MLTSS

- **Clear value-based policy goals**
- **Aligned incentives**
- **Open, ongoing communication and collaboration** – b/t state and health plan, health plan and providers, stakeholders, etc.
  - **Advisory groups, working groups, Systems Transformation Leadership Group**
- **Well-defined contract expectations**; ongoing review/revision
- **Training and technical assistance**
- **Investments** – in building the capacity of the health plan to serve complex populations, manage LTSS; LTSS providers/ workforce, technology, state expertise (employment, housing)
- **Readiness review**
- **Accountability**
- **Performance measurement/feedback**

National MLTSS Health Plan Association

Strategies for Assuring Optimal Consumer Outcomes & Community Integration

HCBS Conference

Baltimore, MD

August 28, 2018

Who we are

- Aetna
- Amerihealth Caritas
- Anthem, Inc.
- CareSource
- Centene Corporation
- Commonwealth Care Alliance
- Health Plan of San Mateo
- L.A. Care Health Plan
- Molina Health Care, Inc.
- Tufts Health Plan
- UPMC Health Plan
- WellCare Health Plans, Inc.

- 12 organizations
- In 18 states
- 1 million MLTSS members (75% of market)
- 246,400 MMP members (50% of market)

MLTSS Association

* A voice for a unique market – built on functional need, not medically defined.
* Articulating the value of MLTSS and integrated care generally.
* Leadership on quality metrics, Medicare and Medicaid alignment, person-centered care, etc.

National MLTSS Health Plan Association

Value of MLTSS

- Person-centered care management and care coordination for individuals with LTSS needs
  - Person- and family-centered assessment and care planning
  - Care manager – single point of contact -- Interdisciplinary care team
  - Accountability – attention to quality – alignment with person's goals and preferences
- Supporting people in their home and community
  - Incentive for home- and community-based services (HCBS)
  - Incentive to support family caregivers
  - Investing in housing supports, preventive measures
  - Avoiding unnecessary institutional placement
- Reducing medical expenditures for complex care individuals
  - Transitions in care support to reduce re-hospitalizations
  - Care manager coordination to avoid unnecessary ER/hospital/SNF stays
  - Preventive measures to manage chronic disease, prevent falls, etc.
  - Promoting social inclusion, community engagement

PLANS' PARTNERSHIP WITH THE STATE

MLTSS: A State-Plan Partnership

- State Role
  - Engage stakeholders – ensure understanding and support for MLTSS launch.
  - Set standards for qualification and performance of plans through RFP and contract.
  - Ensure access for people who are eligible.
  - Hold plans accountable for outcomes. Evaluate plan performance.
  - Ensure payment adequately compensates for population's needs and provides incentives for HCBS.
  - Manage Medicaid (particularly LTSS) expenditures.

- Plan Role
  - Ensure assessments, care planning and care delivery are person centered.
  - Effectively manage care to ensure Members' needs and goals are met.
  - Oversee delivery of care and ensure providers have the capacity to meet and do meet performance and outcomes expectations.
  - Monitor performance and measure and report outcomes.
  - Assist states in achieving Medicaid LTSS expenditure targets.

Plan Innovation
LA Care: In-home Caregiver Training

* Training In-home Caregivers
  * IHHS workers who support dual eligible members in their CCI program (Medicaid FFS) – no clinical relationship.
  * Partnering with SEIU.
  * Developed curriculum matching Model of Care in the MMP.
  * 12 module training program – to improve quality of care in CCI and introduce member to MMP.
  * Aim to improve: readmission rates, ER visits, ADLs.
* Graduated 950 workers in 2017 and another 1400 in 2018.
* Will track member conversions to MMP.

Plan Innovation
Aetna-AAA Partnership

- Current Program
  - For MyCare (Ohio MMP) program, Aetna partners with local AAAs to provide care management services.
  - Aetna fully delegates care management for members receiving HCBS to AAAs – Aetna supplies technology and analytics– as well as medical and behavioral health expertise – to each AAA.
  - AAA dedicates staff to Aetna members and provides care management to members of all ages, including: health risk assessments, waiver service coordination, care and service plan review, crisis intervention, event-based visits, institution-based visits.
  - Aetna meets monthly with each AAA for operational meetings and clinical rounds.
  - AAA utilizes Aetna care management system – one record for each member accessible by all individuals on the member's care team.

- Future Focus Areas
  - New ways for training and oversight
  - Ensuring connectivity and access
  - Addressing staffing demands in the marketplace

Plan Innovation
CareSource: Care Management Training

- For MyCare (Ohio MMP) program, CareSource delegates care management services.
  - Delegated care manager is also the Waiver Service Coordinator.
  - Delegates have full access to EMR.
  - Dedicated trainer ensures requirements are communicated and trained to.

- Training
  - Appropriate documentation of activity (service plan, medication review, etc.) to meet audit requirements.
  - Care Plan Smart Goals
  - Care of Aging Adult
  - Respecting Choices - training and certification
  - End of Life Skills - training and certification
  - HEDIS and addressing quality in contacts

Plan Innovation
Centene: Person-Centered Thinking and Practice

- Training
  - All Centene MLTSS/MMP leadership and care managers
  - 2-day Person-Centered Thinking (PCT) training
  - Training materials developed by the Learning Community for Person Centered Practices (Smull) at Univ. of MD.
- On-Going Support
  - Centene Person Centered Center of Excellence (CPCCE)
  - Imbeds certified PCT trainer in health plan training program
  - New hire training/support – PCT training update every 2 years
- Contract Revisions
  - Revising provider contracts to clarify expectation of full compliance with PCT provisions of 2013 HCBS Settings rule.
- Member Education
  - PCT educational video and brochure for care managers to share with MLTSS and MMP members.

QUALITY MEASUREMENT

Why we started with a focus on measures

* Quality matters – MLTSS isn't just about saving money
* Gap exists – no nationally recognized measures (except NCI-AD and CAHPS-HCBS)
* Managed Care Rule– States are required to develop measures; new QRS system being developed
* Leadership – we felt a responsibility to help solve the problem

We tried to build on work already done

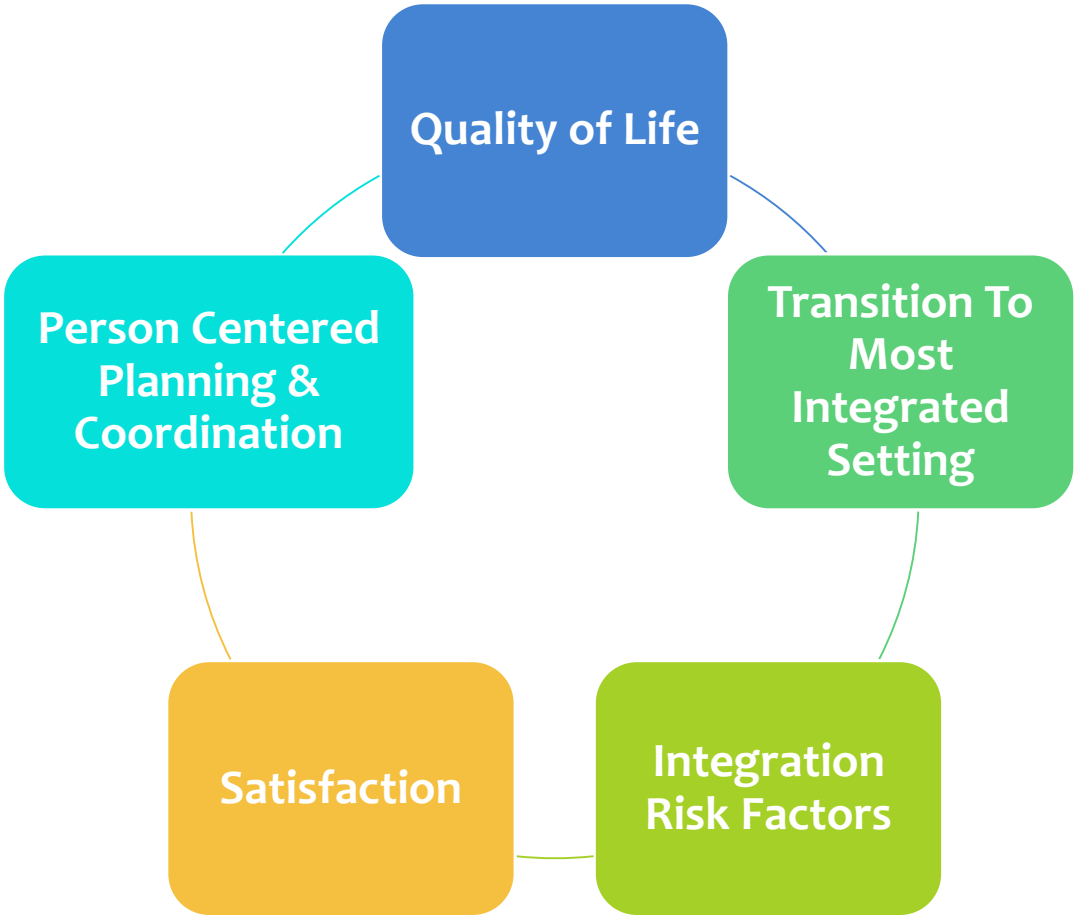
NQF HCBS Addressing Gaps in Performance Measurement

CMS/Mathematica/NCQA HCBS measure development

NCI-AD measures

HCBS CAHPS measures

We developed five main domains



National MLTSS Health Plan Association

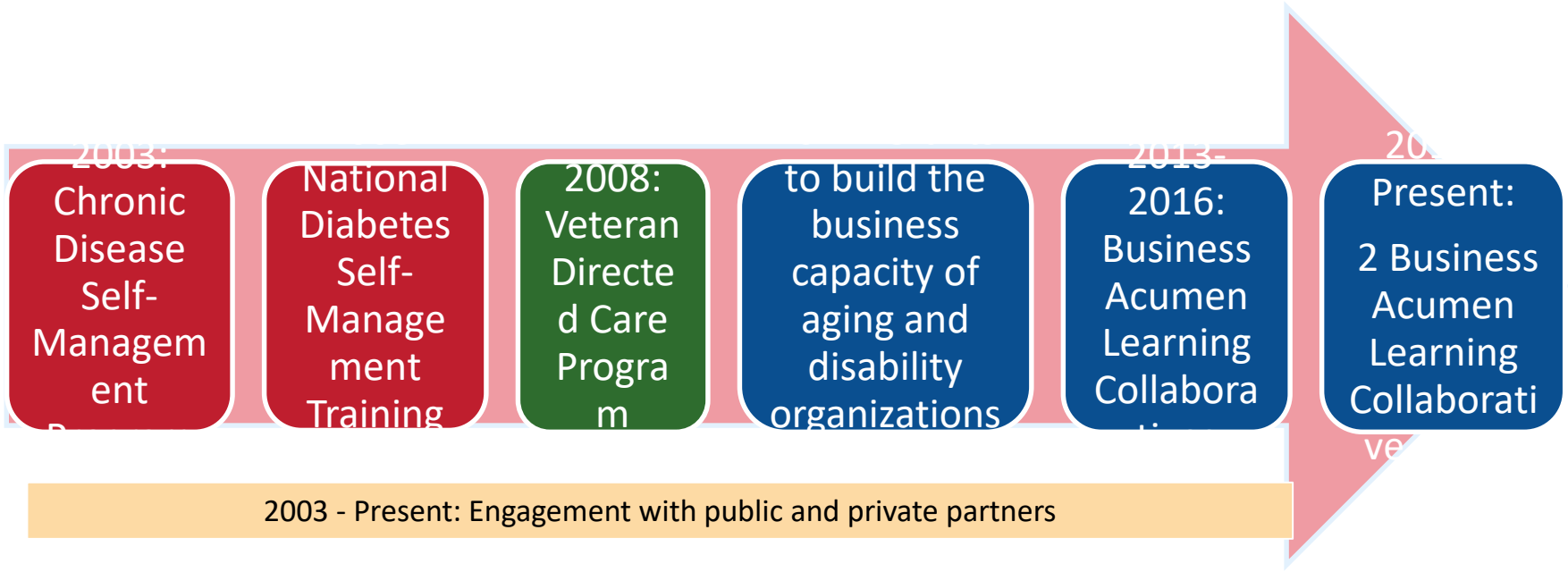
Where We Are In The Process

Step	Status
Gained agreement from member plans on framework	Complete
Sharing with broader community	Complete, ongoing
Developing measure specifications & data collection methodology	Complete for 2 of the 3 tiers
Data capture and reporting	To be completed

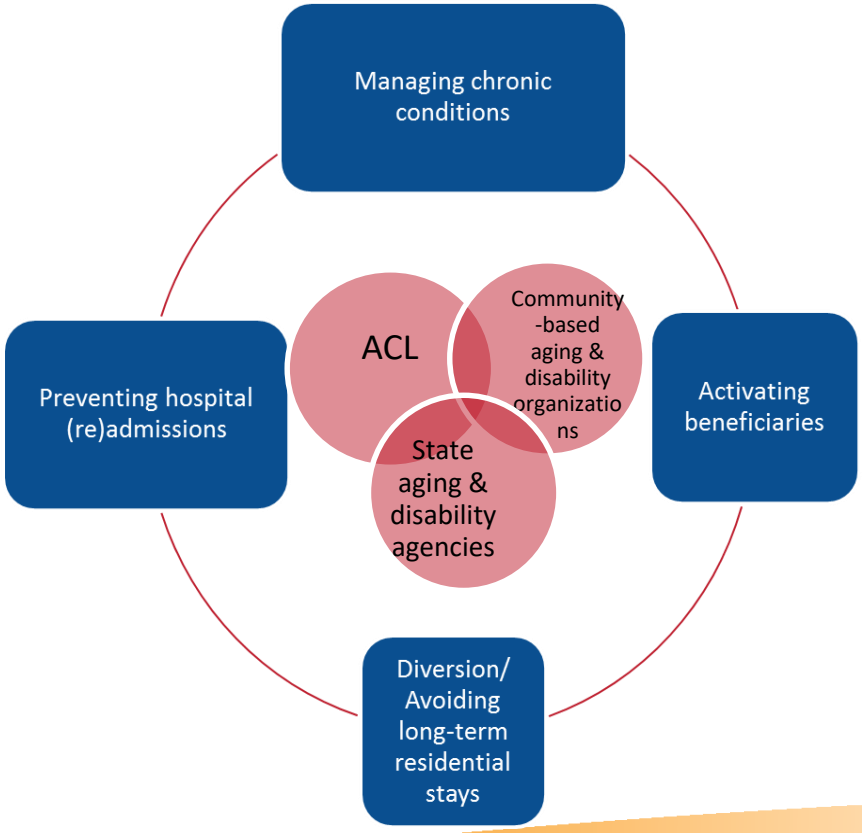
This Is Just the Beginning

* Framework is meant to be a start, not an end
* Attempted to develop measures relevant to *all* populations impacted, but not complete for any one given group
* Many refinements required (e.g., risk adjustment, standardized data collection, etc.)

Strengthening the Aging and Disability Network
"Business Acumen"



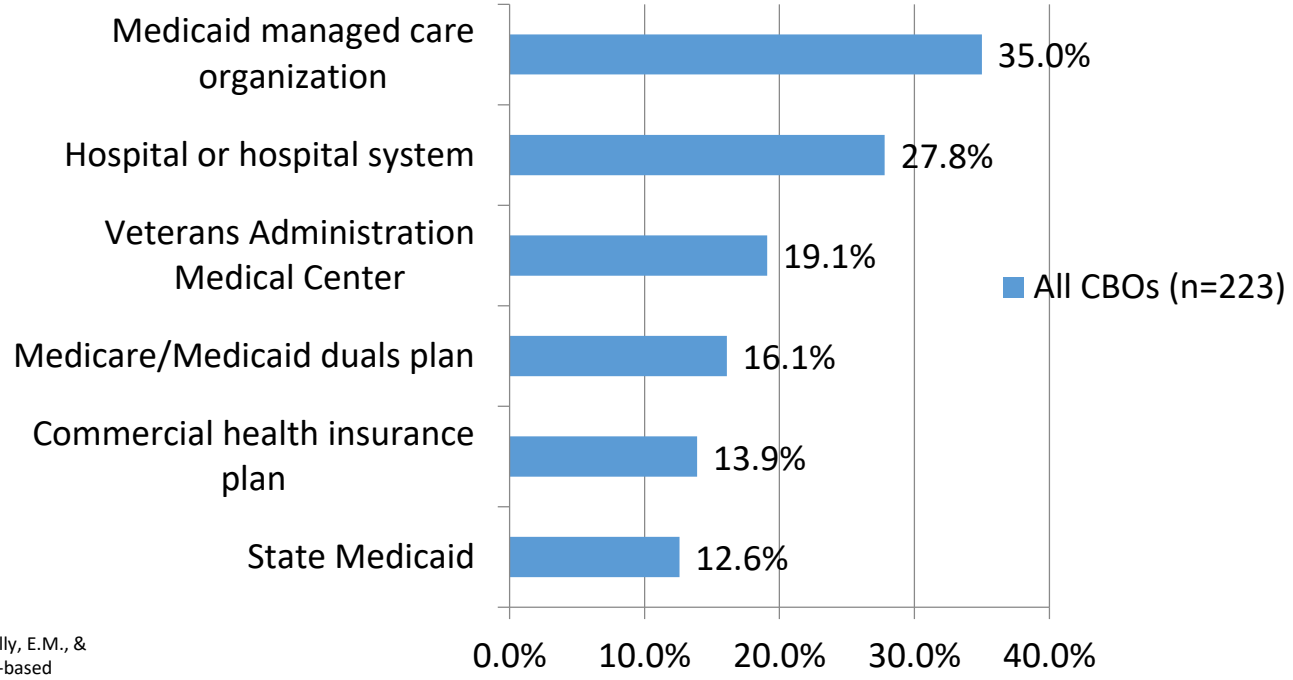
The Critical Role of the Aging and Disability Network in Delivery System Transformation



- Evidence-based care transitions
- Care coordination
- Information, referral & assistance/system navigation
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Nutrition programs (counseling & meal provision)
- Caregiver support
- Environmental modifications
- Housing assistance
- Personal assistance
- Evidence-based care transitions
- Benefits outreach and enrollment
- Chronic disease self-management programs (CDSMP)
- Diabetes self-management)

- Person-centered planning
- Self-direction/self-advocacy tools and resources
- Peer supports
- Telehealth/telemedicine
- Financial management services
- Independent living skills
- Behavioral health services
- Nutrition education
- Transitions from nursing facility to home/community
- Person-centered planning
- Assessment/pre-admission review
- LTSS innovations
- Transportation
- Employment related supports
- Community/beneficiary/ caregiver engagement
- Community training
- Supported decision-making
- Assistive technology
- Education about Medicare preventive benefits

Aging and Disability Organizations Are Contracting With A Variety of Integrated Care Entities



Source: Kunkel, S.R., Straker, J.K., Kelly, E.M., & Lackmeyer, A.E. (2017). Community-based organizations and health care contracting: Research brief. Scripps Gerontology Center, Oxford, OH.

Resources

HCBS Business Acumen Center

http://www.hcbsbusinessacumen.org/toolkit.html

- **Step 1: Prepare** Understand the Business Environment and Your Place Within It http://nasuad.org/sites/nasuad/files/BACStep1Prepare.pdf

Aging and Disability Business Institute

https://www.aginganddisabilitybusinessinstitute.org/

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Reflections and Technical Resources from CMS

JODIE SUMERACKI, DISABILITY & ELDERLY HEALTH PROGRAMS GROUP, CMCS/CMS

Moderated Discussion

- ***In an ideal world, what is the most important change that in your mind state Medicaid agencies, managed care plans, and/or CBO's could do to engage consumers in a more meaningful way in addressing the challenge of accessing and improving the quality of HCBS?***

- ***What steps can you as federal partners take to lift up promising practices in MLTSS and encourage SMAs, MCOs, and providers to engage consumer advocates in a more meaningful way in the development/implementation of MLTSS strategies?***

Thank You

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