Value Based Advancement in HCBS:

Development of A Winning Shared Savings Program

HCBS CONFERENCE
Home & Community-Based Services

2023 Home and Community-Based Services Conference

Value Based Advancement in HCBS

Your Speakers ~ leaders in their respective fields

Diane Kumarich, RN, MS, MBA is Senior Vice President of Clinical and Payer Innovations at Addus Homecare.

Diane previously served as Vice President of National Contracts and Managed Care Business Development of Addus HomeCare starting in 2006. Ms. Kumarich joined the Addus team in 1994 as a regional Vice President and has held a number of positions within the company over the past twenty years including operations management, network and business development. In her current role, Diane is responsible for developing and implementing value based and cost saving initiatives aimed at improving a client's health while decreasing overall cost. Prior to Addus, she worked as an Operations Director for National Hi-tech home health agency and performed various consulting services to home health agencies and large national insurers. Ms. Kumarich is a Registered Nurse and earned her BSN from Rush University as well as an MSN and MBA from the University of Illinois.

Lori Lomahan, LCSW CCM is the Director of HealthCare Services for Molina HealthCare of IL a fortune 500 Managed Care Organization with a national presence.

Prior to her work at Molina, Lori served roles as Director of Case Management at another Fortune 500 company and as Chief Operating Officer at a private Chicago area Case Management firm. Lori is a Licensed Clinical Social Worker, also holding the Certified Case Manager credential from Commission for Case Manager Certification. She earned her BS in Allied Health and Business Administration at Northern Illinois University and her Masters in Social Work at Jane Addams College of Social Work, University of Illinois.

Value Based Advancement in HCBS

Learning Objectives

During this presentation, you will learn how one national health plan came together with an HCBS Home Care provider to improve upon outcomes for the members they mutually serve. You will learn about how the two organizations collaborated to

- Develop a Shared Savings Model
- Develop an Intervention Model
- Monitor Outcomes
- Implement improvements
- Achieve Outcomes

Value Based Advancement in HCBS: Development

What is it?	• Longitudinal program which leverages Home Care Aides to provide member support in achieving wellness goals, early signaling of any change in a member's health status or non-adherence • Proactive in-home reminders for hydration, medications, meal preparation and gap closure in addition to personal care and enhancement of health literacy assistance to support health and wellness • Leverage Molina's knowledge of community services, benefits, utilization patterns and provider network to simplify closing gaps in care
What problem does it solve?	• High cost/frequent utilizers often lack the knowledge, skills, and support to proactively adhere to care plan goals or manage changes in their condition, resulting in preventable Emergency Room Encounters and Inpatient Admissions • Health plans have challenges collecting "a day in the life" member data on a real-time, consistent, scalable, and actionable manner
What is Different / Better?	Member centric model keeps the member's needs in forefront amongst provider, MCO integrated teams Predictable and/or observational risk analysis targets those most at risk: • Home Care Aides trained to observe early warning signals for eight root cause health conditions • Observations made based on a checklist of seven core questions plus additional questions directed by the individual's care plan • Two-way communication software captures observations and alerts from these questions plus directs Home Care Aide on specific actions to be taken • Ongoing, regular communication with health plan case manager/clinical provider ensures appropriate and timely action was taken • Home Care Aides participate in trans-disciplinary team meetings as advocate for the member and family
KPIs (Value)	• ED/IP utilization, targeted HEDIS measures, Social Determinants of Health resolved

Value Based Advancement in HCBS: Development

A winning model elevates the quality of care and quality of life our membership deserves

Key Model Features

- Regular clinical rounds meetings focusing on individual members
- Shared data, including a scorecard of program progress and member-level details
- Provider and member-facing educational materials
- SDoH referrals and support where Home Care Aides identify need
- Shared contact information to encourage on demand staff-level coordination
- Rewards outcomes that improve member well-being

2023 IL Home Care Quality Program Summary			
	Platinum Agency	**Gold Agency**	**Silver Agency**
	Recognition Criteria		
Demonstrated Quality*	Platinum Home Care Agencies have high volume Molina member censes and have met or exceeded 3 of 4 Quality Measures plus both of the Outcome Measures.	Gold Home Care Agencies have high volume Molina member censes and have achieved demonstrated outcomes by meeting or exceeding 2 of 4 Quality Measures plus 1 of 2 Outcome Measures.	Gold Home Care Agencies have high volume Molina member censes and have achieved demonstrated outcomes by meeting or exceeding the 1 of 3 Quality Measures plus 1 of 2 Outcome Measures.
Quality Measures	Goal (meet 3 of 4)	Goal (meet 2 of 4)	Goal (meet 1 of 4)
AAP Rate	95.00%	95.00%	95.00%
CBP Rate	64.46%	64.46%	64.46%
BCS Rate	53.79%	53.79%	53.79%
HBD Rate	22.97%	22.97%	22.97%
	AND	AND	AND
Outcome Measures	Goal (meet both)	Goal (meet 1 of 2)	Goal (meet 1 of 2)
Inpatient Stays	3% reduction	3% reduction	3% reduction
ER Encounters	7% reduction	7% reduction	7% reduction

Value Based Advancement in HCBS: Intervention Model

The Molina- Addus Care Ecosystem

Health Plan Care Coordination

- Comprehensive assessment
- Develop and Oversee Care Plan
- Develop and Oversee Waiver Service Plan
- Review and Escalation of Change in Condition
- Coordination of Clinical, Social and other supportive services

Molina
Expert CM

Other Social Supports

Addus CCN

MD.BH Providers

Member

Addus Aide

Other Clinical
Supports

Family and Significant
Others

Home Care Aide (HCA) Provider

- Functional & Social Care
- Situational Support of Clinical Care Plan
- Support of ADLs outlined in Waiver Service Plan
- Identification and Reporting of Changes in Condition
- In home Social / Safety Assessments
- Family & Member Education

MD and Clinical Providers

- Longitudinal Primary Care
- Behavioral Health Care
- Palliative Care & Advanced Care Planning

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Value Based Advancement in HCBS: Intervention Model

This Value Based Program is designed to enhance the well-being of the member through focused support of both the Health Plan, assigned Hone Care Aide and key Agency resources

Molina	Addus
Primary Case Manager	Home Care Aide + Comprehensive Care Nurse (CCN)
Comprehensive initial, annual & change in condition assessment	Monitor and report changes in condition
Develop and guide member through member centered care plan	Support member centered care plan
Develop waiver service plan addressing ADL/iADL assessed needs	Implement waiver services aligned with waiver service plan
Coordinate care needs aligned with member need and standards of care	Educate Home Care Aide on diagnosis specific symptoms, interventions
Phone and face to face visits to all enrollees to advance care plan, needs	Interventions with Comprehensive Care Nurse for highest risk enrollees
Share risk level, utilization and claims data	Advance interventions based upon shared data
Participate in monthly clinical rounds	
Assure Care Plan & Service Plan are meeting member's needs and addressing member's goals	
Identify and address Social Determinants of Health	

Value Based Advancement in HCBS: Outcomes

Collaboration has successfully improved well being of members serviced

ANNUAL IMPACT

High Risk Member Support

- 213 members were identified as needing additional support
- Utilization via monthly reports, CIC reports, ER or IP hospital event
- 30 members were visited in home by CCN
- 67 members followed remotely

HEDIS

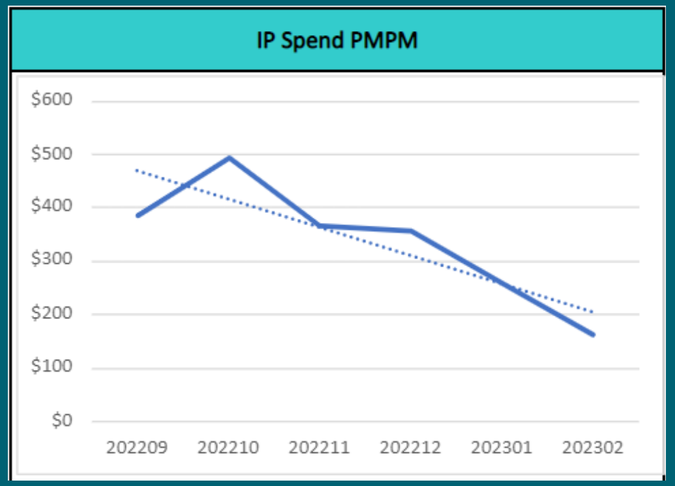
- 3 targeted gaps
- > 150 members had some gap open during the year
- 143 post cards mailed with general information regarding gaps and a QR code linking members to an Addus sponsored website with additional information on care gaps and links to resources
- >150 blood pressure monitors provided to members
- > 500 calls made to inform member of open gaps and assist with appointments

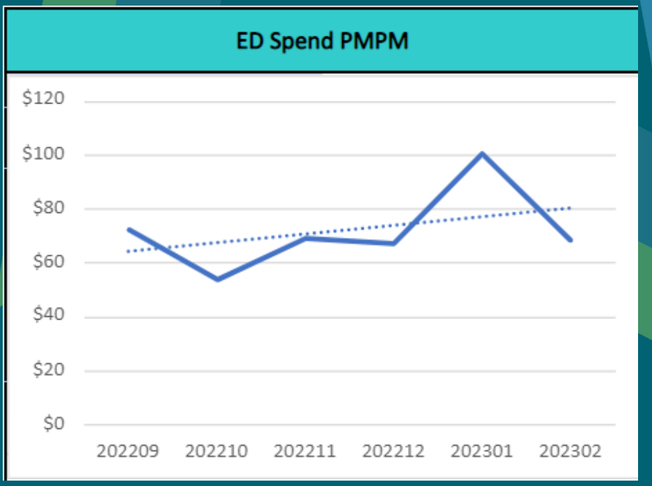
Value Based Advancement in HCBS: Outcomes

The member benefits of this model are irrefutable

2022 OUTCOMES

- 7% reduction in Inpatient Stays and Spend
- 10% improvement in Controlling Blood Pressure (CBP)
- 9% improvement in Breast Cancer Screening (BCS)
- 3% performance over goal for Annual Physical Exam (AAP)
- Priceless success stories
- Innumerable SDOH needs addressed





Value Based Advancement in HCBS: Improvements

Improvements through lessons learned have informed a more engaged, member-centric and value added model

- Critical that business, contracting and clinical teams collaborate in development
- Set up realistic goals and commit *the partnership* to achieving them
- Clinical Rounds assures model remains member centric
- Set up system for interim communication of emergent needs and findings
- Co-branded materials aide in member recognition of their care team members and roles
- Education throughout both organizations and to front lines is imperative for success
- Creativity in breaking down barriers is necessary
- Adjustments to model based upon each partner's feedback is critical to advancing program's tenure

Value Based Advancement in HCBS: Success Stories

Keeping our members at the core of our model

SUCCESS STORY – LL MMP	
Hospitalized frequently for exacerbation of COPD requiring ventilation	
Molina	**Addus**
Attendance at pulmonology follow up	Stability of service provision by Addus' HCA
Reinforcement of Value of Addus HCA	Reinforcement of Medication and Diet Adherence
Medication Access, Education and Adherence	Home environmental assessment
OUTCOME	
Has not had any re-hospital events in the last 6 months despite several very difficult co-morbid and SDOH issues	

SUCCESS STORY – CH caid	
Multiple hospital and rehab admissions for overdose and injuries sustained while intoxicated. Co-morbid SDOH insecurities including lack of income, abusive domestic partner/family and subsequent homelessness.	
Molina	**Addus**
Identified and moved mbr to short term shelter housing,	HCA identified that she was in an abusive relationship
Scheduled supported housing interviews	
Assisted with Disability Application	
OUTCOME	
member finalizing disability application, is participating in ETOH treatment, currently in long term shelter housing. Has not been back to the hospital	

SUCCESS STORY - PC	
Member at risk of losing her Home Care Aide due to bed bug infestation in her home	
Molina	**Addus**
Identified need through VBC clinical rounds	
Implemented value added pest control benefit	
Received all clear from pest control company	
OUTCOME	
Member remains safely at home and Home Care Aide able to resume services.	

Thank you!

Questions?

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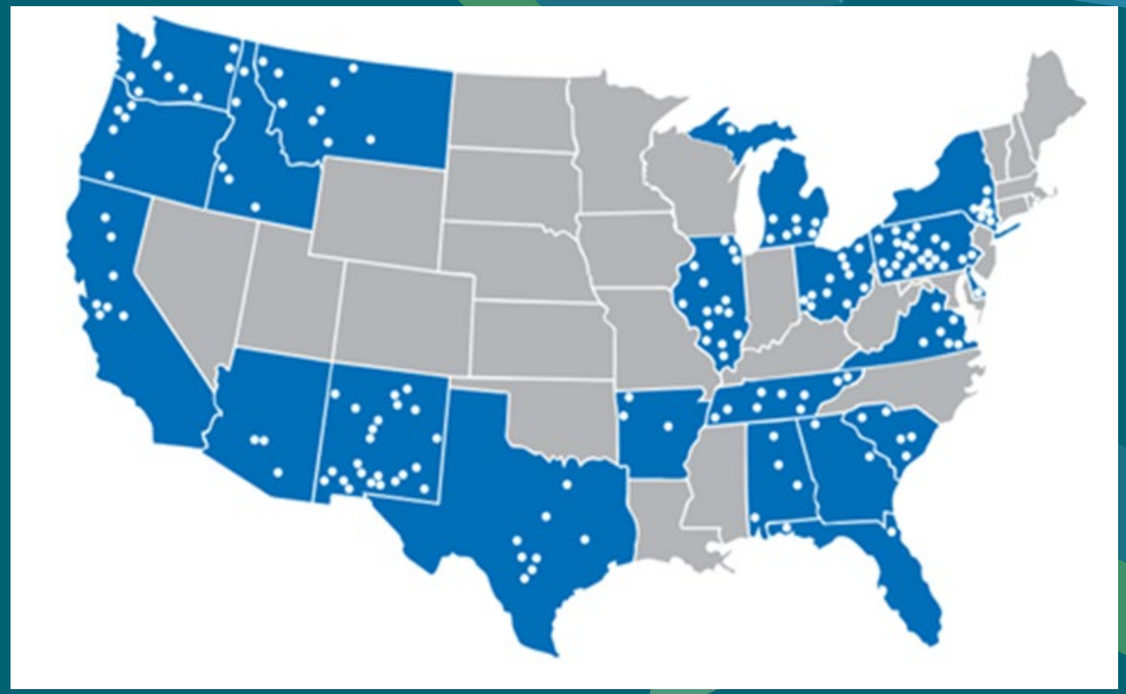
Addus Snapshot

- Addus is one of the fastest growing public home care companies
  - A home care services provider primarily focused on personal care, hospice and home health services
  - Since 1979 Addus has been a leading provider of home and community based personal care services
- Operates over 221 locations in 22 states with over 30,000 employees
- Serves approximately 49,000 patients - typically elderly, chronically ill or disabled and at risk of hospitalization or institutionalization
- Provides personal care (non-medical services) on a long-term continual basis, with an average duration of approximately 26 months per consumer

Geographic Footprint



Molina Healthcare of Illinois – Snapshot

- Nationally, Molina is a Fortune 500 company (currently ranked 155) serving over 5.2 million Medicaid, Medicare, and Marketplace members.
- Molina Healthcare of Illinois (MHIL) is one of 19 state-level health plans that are part of the overall Molina family.
- As of August 2022, MHIL has over 360 employees helping to support over 340,000 Medicaid members.
- MHIL provides government sponsored health insurance to Medicaid, Medicare, Marketplace and Medicare Advantage participants since 2013.