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W W W . H E A L T H M A N A G E M E N T . C O M

OUR PEOPLE

Webinar Panel

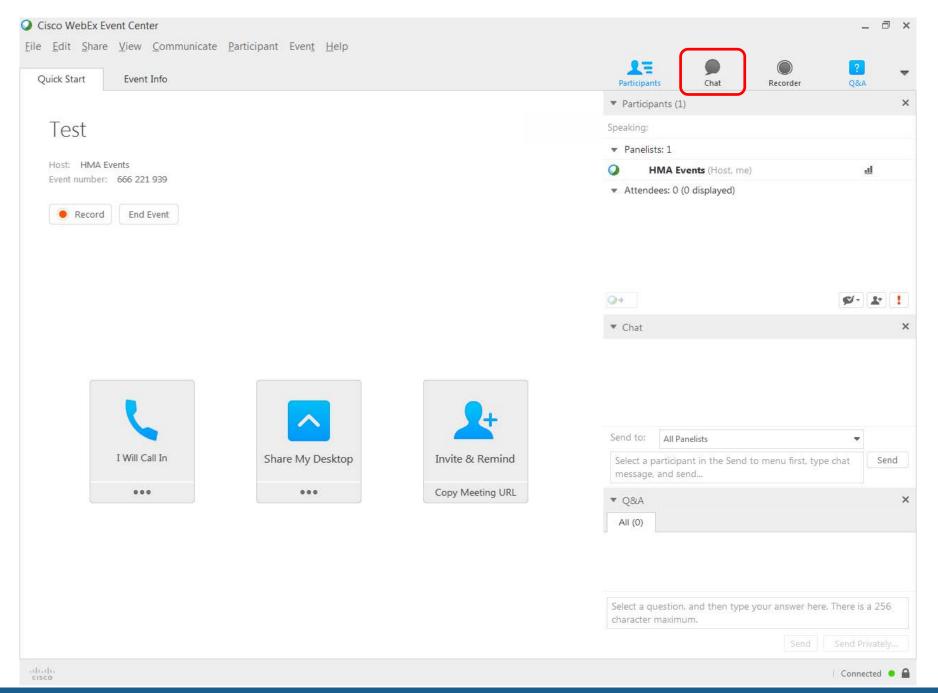


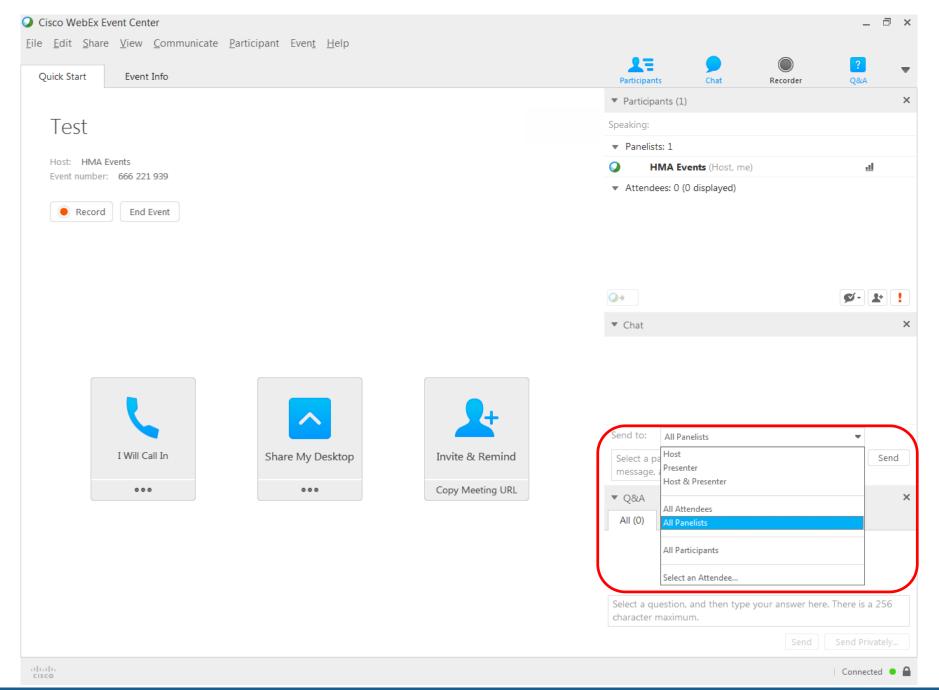


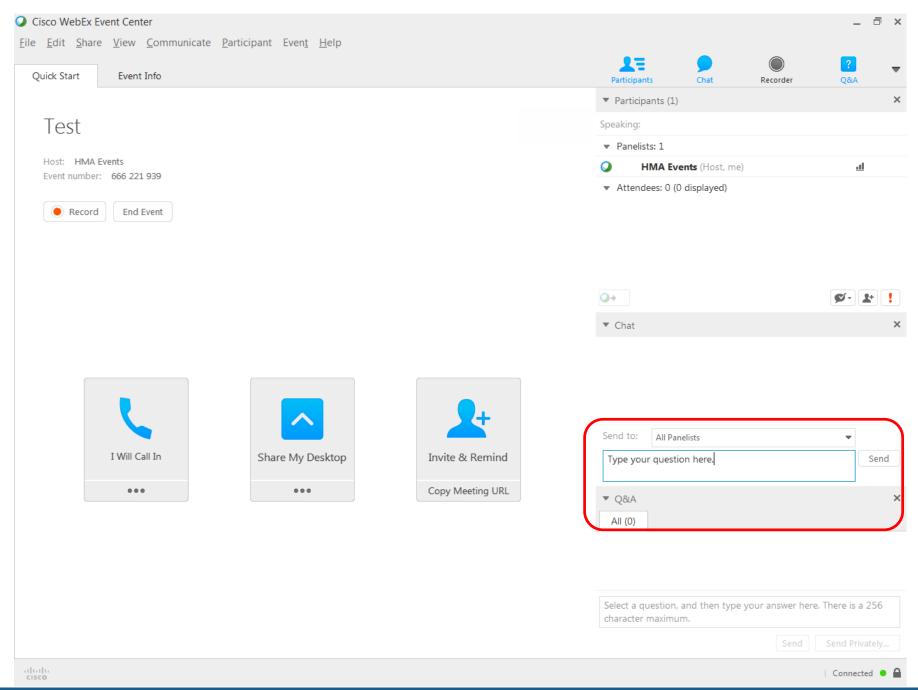
Karen Brodsky



Liddy Garcia-Bunuel









■ WEBINAR AGENDA

- □ ABOUT HMA
- □ INTRO TO CBOS AND THEIR ROLE IN MEDICAID MANAGED CARE
- □ CBO RELATIONSHIPS AND MLTSS
- □ ASSESSING AN MCO'S CBO ROSTER FOR MLTSS
- MAXIMIZING CBO PARTNERSHIPS IN MCO OPERATIONS
- ☐ INNOVATIONS IN CBO RELATIONS
- □ Q&A

OUR FIRM

We are a leading independent, national healthcare research and consulting firm providing technical and analytical services.

We specialize in publicly-funded health programs, system reform and public policy.



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MANAGEMENT
ASSOCIATES

We work with purchasers, providers, policymakers, program evaluators, investors and others.

Our strength is in our people, and the experience they bring to the most complex issues, problems, or opportunities.

OUR PEOPLE



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Innovators with unmatched real-world experience

OUR COLLEAGUES ARE FORMER:

- State Medicaid directors, mental health commissioners and budget officers
- CEO, COO, CFO and other hospital, health system and state-based health insurance marketplace leaders
- Managed care executives
- Physicians and other clinicians who have run health centers and integrated systems of care—many still practice medicine
- Policy advisors to governors and other elected officials
- Senior officials from the Centers for Medicare & Medicaid Services (CMS) and the Office of Management & Budget (OMB)



■ WHY DO MEDICAID MCOS PARTNER WITH CBOS?

- ☑ Improve care coordination, access and delivery
- ✓ Strengthen the community and safety-net infrastructure
- Prevent illness and loss of function
- ✓ Improve person-centered care
- Prevent and address health disparities
- ☑ Support the MCO's public health mission
- Promote the MCO brand
- Improve the MCO's bottom line

HOW DO MEDICAID MCOS PARTNER WITH CBOS?

- ◆They connect more vulnerable members with social services that address social determinants of health, e.g.
 - Housing needs
 - Non-medical transportation
 - Food and nutritional services
 - Health and wellness programs
 - Counseling
 - Screenings and referrals

■ CBO SERVICES AVAILIBLE FOR MEDICAID ENROLLEES

NON-MEDICAL TRANSPORTAION

Public transportation vouchers, free ride vans for seniors

HEALTH & WELLNESS

Classes in wellness, physical fitness, nutrition, fall prevention, weight management.











HOUSING

Identify/apply for affordable housing, security deposits, household furnishing, moving expenses, roommate matching.

FOOD

SNAP, WIC, food pantries, food vouchers, prepared meals, congregate meal sites.

COUNSELING

Medical and social service coverage options, parenting, domestic violence, caregiver support.

■ MORE CBOs THAT SUPPORT MEDICAID ENROLLEES

SCREENS/REFERRALS

Blood pressure, vision, cancer screens, depression, glucose, BMI.

FINANCIAL ASSISTANCE

SSI application, other cash assistance, utilities assistance, loans.









EDUCATION & TRAINING

Chronic disease management, diet, navigating health coverage, parenting, managing stress.

EMPLOYMENT ASSISTANCE

Job placement services and supports, vocational training, supported employment.

PART TWO CBOS RELATIONSHIPS AND MLTSS PROGRAMS

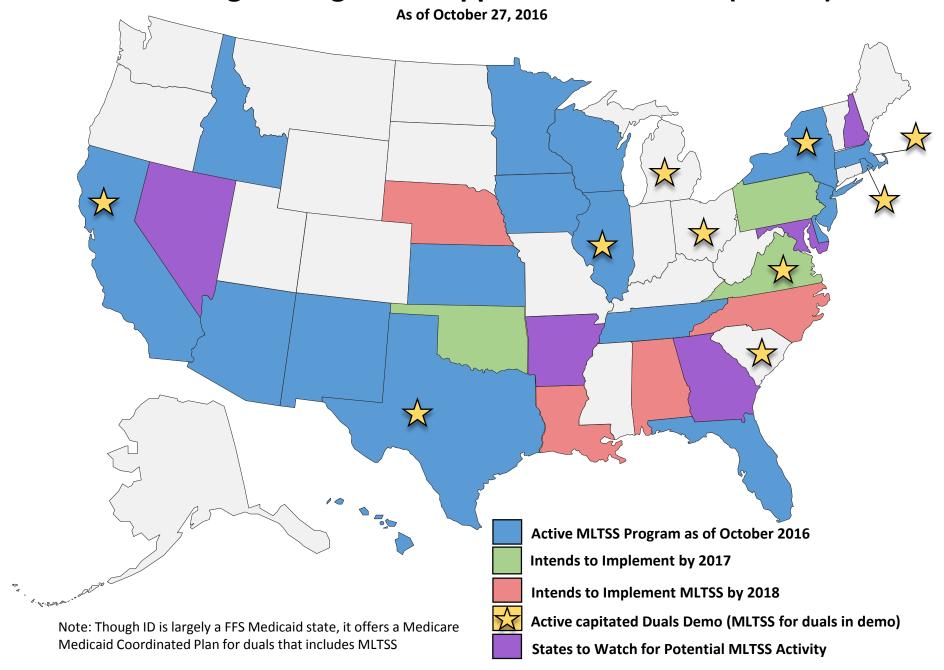
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MLTSS definition

"The delivery of long term services and supports (including both home and community based services (HCBS) and institutional-based services) through capitated Medicaid managed care programs. These programs can be operated by a variety of health plans, including a managed care organization, a prepaid inpatient health plan or a prepaid ambulatory health plan. HCBS are services made available to support individuals living at home or in a community based setting; these may include home health care, durable medical equipment, assistive technology, chore services, nursing care, transportation, adult day care, in-home meal services, and more.."



Medicaid Managed Long-term Supports and Services (MLTSS) Status



■ TYPES OF LTSS CBOs AND THEIR SERVICES

HOUSING & TRANSITIONS

Transitional housing support, home modifications

FAMILY & CARE GIVER SUPPORT GROUPS

Training, respite, family care giver support programs (AARP, senior centers, local affiliates of Family Caregiver Alliance, faith-based organizations)











AREA AGENCIES ON AGING and ADRCs

Collaborates with CBOs to connect seniors and adults w/physical and mental disabilities

CENTERS FOR INDEPENDENT LIVING

Empower people w/disabilities to move from dependence to independence

FOOD

Meals on Wheels, congregate meal sites, food pantries, community centers for nutritional education

■ TYPES OF LTSS CBOs

DISEASE SPECIFIC

e.g., Alzheimer's Association, AIDS Foundations, Epilepsy resource center, Brain Injury Associations

BEHAVIORAL HEALTH

NAMI (state & local chapters) and other community mental health providers











DISABILITY ORGANIZATIONS

e.g., PACE, Easter Seals, Resources for the Blind

SENIOR CENTERS

Health, social, nutritional, educational and recreational programs

CULTURAL COMPETENCY

Local office on minority health, disability rights group

ADDITIONAL TYPES OF LTSS CBOS

Protective Services

 Services/resources to eliminate, reduce and protect individuals from physical, emotional, verbal, financial and sexual abuse, as well as neglect



PART THREE

ASSESSING AN MCO CBO ROSTER FOR MLTSS PROGRAMS

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LTSS CBO ASSESSMENT CHECKLIST

Conduct a full assessment of your MCO's LTSS CBO options, partnerships, and opportunities.

Prepare comprehensive list of LTSS CBO types

Define the purpose/value proposition of each type.

Review current MCO roster of CBOs

Which existing CBO partners meet LTSS needs? Cover your service area? Which types are missing?

Develop an LTSS
CBO outreach
strategy/timeline
to fill gaps

Consider frequency of contact/interaction.

Are there unrealized opportunities with LTSS CBO types or specific LTSS CBOs?

Which LTSS CBOs are underutilized?



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MCO UNITS THAT WORK WITH LTSS CBOs

Many MCO units can benefit from CBO partnerships, maximizing these services for members



■CBO's Can Address Highest Utilizers

Reduced 60-day Readmissions by 40%



Engage bedside

Build rapport with patient prior to discharge



2

Medicine Reconciliation and Care Plan

Within 3 days of discharge, team visits patient at home to create care plan and do a full medicine reconciliation. Includes follow up with PCP within 7 days.

Community Care Team

Healthy Howard's program modeled off of the Camden Coalition model in New Jersey addresses those transitioning from hospital to home.



Address Social Determinants of Health

Community Health Workers provide a multitude of referrals to other CBOs to ensure member has needs met.

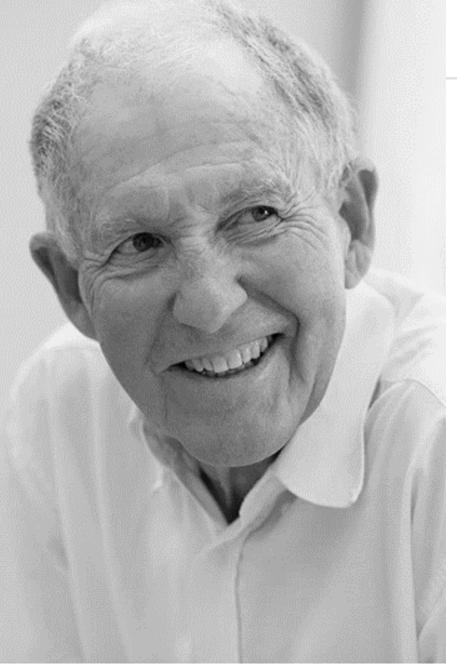
■CBO's Can Address Highest Utilizers



PART FIVE

INNOVATIONS IN THE MANAGEMENT OF CBO RELATIONS

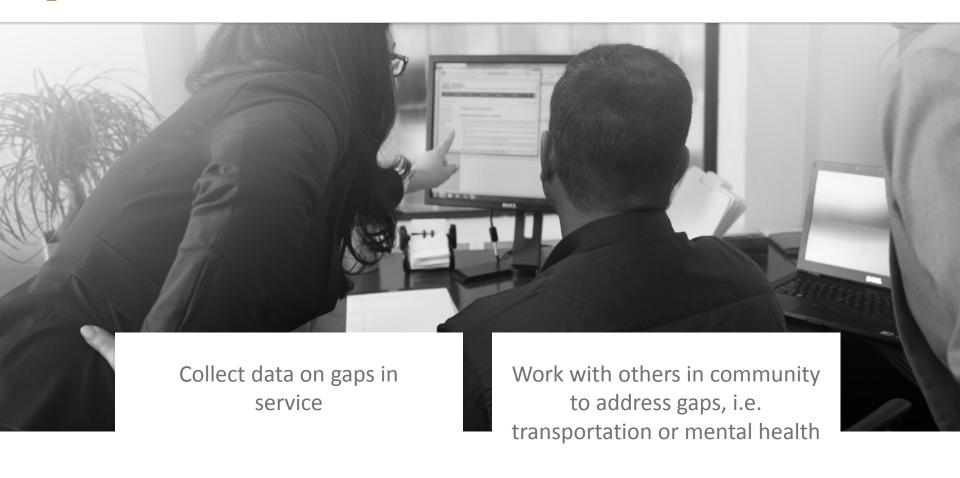
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BUILDING TRUSTING RELATIONSHIPS

- Key communication to ensure effective and impactful services
- Ensure CBO gets what they need, i.e. data to ensure they can maintain funding.

ADDRESSING GAPS IN SERVICE







FOLLOW UP IS CRITICAL





MAINTAINING CBO ROSTER

- Time consuming and resource intensive
- Consider purchasing licenses to an already existing database;
 - Search for local services
 - Make community referrals
 - Analyze outcomes

ANY QUESTIONS



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