

# HEALTH MANAGEMENT ASSOCIATES



## How CBOs Contract, Receive Reimbursement for HCBS in Medicaid Arrangements - A Blueprint for Success

March 1, 2017

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

## ■ SPEAKERS

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- **Julie Hamos**, Principal, Health Management Associates, Chicago
- **Marisa Scala-Foley**, Director, Office of Integrated Care Innovations, Administration for Community Living, U.S. Department of Health and Human Services
- **Mary Kaschak**, Deputy Director, Aging and Disability Business Institute, National Association of Area Agencies on Aging
- **Erica Anderson**, Senior Director, National Association of States United for Aging and Disabilities

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Panelists: 1

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## THE MEDICAID LANDSCAPE

### MANAGED CARE IS THE PREDOMINANT MEDICAID DELIVERY SYSTEM IN MOST STATES

#### 39 states have MCO contracts

Of these, 7 also operate PCCM programs

#### 16 states have Primary Care Case Management (PCCM) programs

Down from 19 states in July 2015

#### Only 3 states have no comprehensive managed care

Alaska, Connecticut and Wyoming

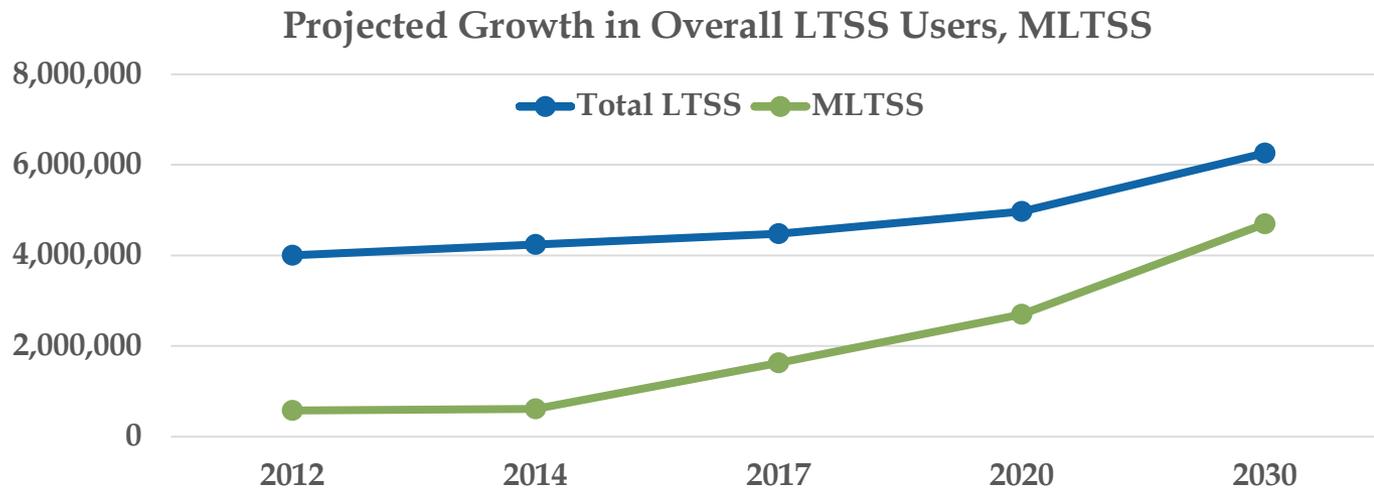
Recent trend is to move more complex populations into managed care:

- Users of long-term services and supports (LTSS)
- Persons with behavioral health needs or serious mental illness (BH/SMI)
- Persons with intellectual/developmental disabilities (I/DD)

**This shift is occurring with extraordinary speed.**

## ANTICIPATED GROWTH OF OVERALL LTSS AND MLTSS ENROLLMENT THROUGH 2030

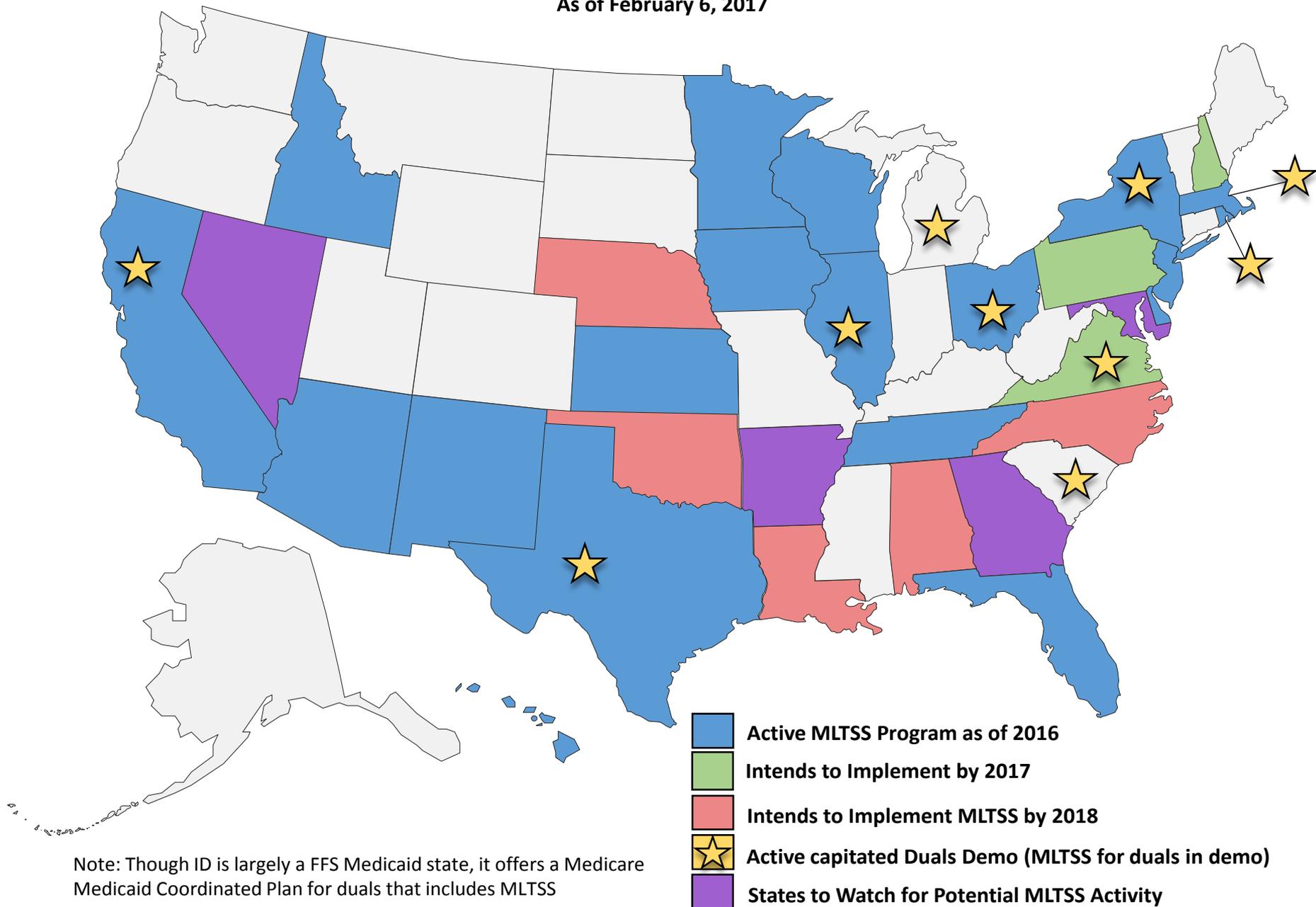
- Overall users of LTSS in the Medicaid program are anticipated to increase by roughly 1 million (25% increase) from 2012 through 2020.
- Another 1.2 million anticipated by 2030, as the over-65 population experiences significant growth.



Source: HMA Estimate

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

As of February 6, 2017



## ■ MLTSS: NEW CONCEPTS OF COMPLEXITY

- Members requiring MLTSS are fundamentally different from those managed care health plans have served in the past
- The nature, breadth, intensity and frequency of contact with the health care system is completely different, as well as level of resources required
- Managed care health plans will be challenged in understanding and serving these populations
- States without managed care structures are also seeking to improve care integration across medical and social services

**Health plans and states need the help of CBOs to engage, assess, manage the care and deliver services for these members.**

## ■ NEW FEDERAL MEDICAID MANAGED CARE REGULATIONS

New CMS managed care regulations codify MLTSS policies:

- Person-centered processes
- Network adequacy standards, accessibility of providers
- Protections for beneficiaries
- Comprehensive and integrated service packages
- Non-medical community based services to support members with functional needs
- Rebalancing towards community living
- Mechanisms to assess the quality and appropriateness of care
- MLTSS-specific performance-based incentives
- More oversight by state Medicaid programs

**These regulations present new opportunities for CBOs to partner with managed care health plans.**

## ■ LEARNING OBJECTIVES FOR TODAY'S WEBINAR

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- Learn where CBOs fit within Medicaid-funded long-term services and supports, in an increasingly value-based and integrated healthcare landscape.
- Understand the challenges in moving from grant-based funding to capitated payment structures that rely on networks, utilization management, and quality.
- Identify various contracting strategies available to CBOs in working with Medicaid managed care health plans.
- Obtain case studies of successful CBOs' approaches to contracting and reimbursement, including tips on how to form networks of community-based providers.
- Learn how to address back-office functions, reporting requirements, and IT challenges that come with managed care contracting arrangements or participation in a CBO network.

# How CBOs Contract, Receive Reimbursement for HCBS in Medicaid Arrangements - A Blueprint for Success

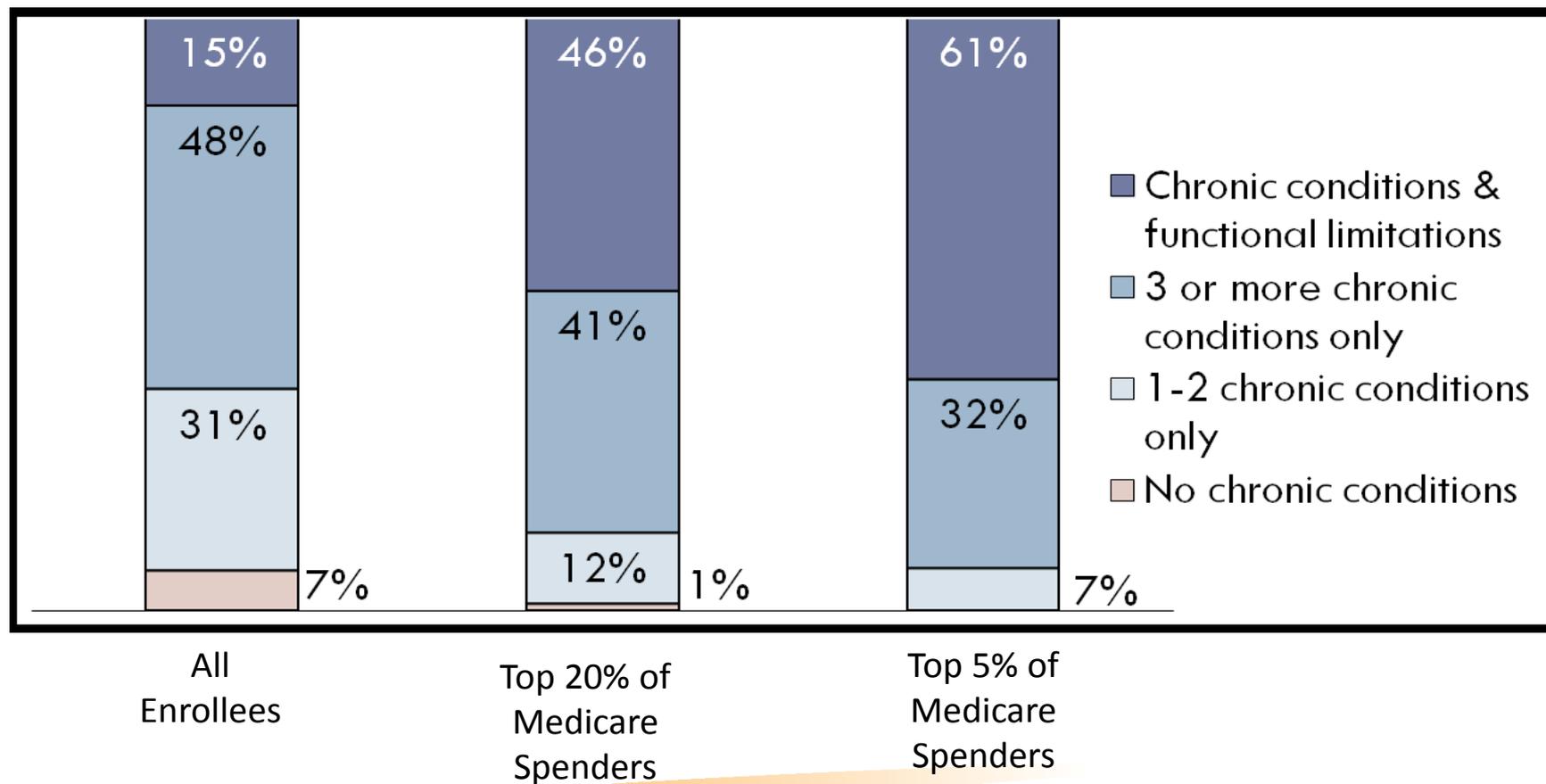
Marisa Scala-Foley

*March 1, 2017*



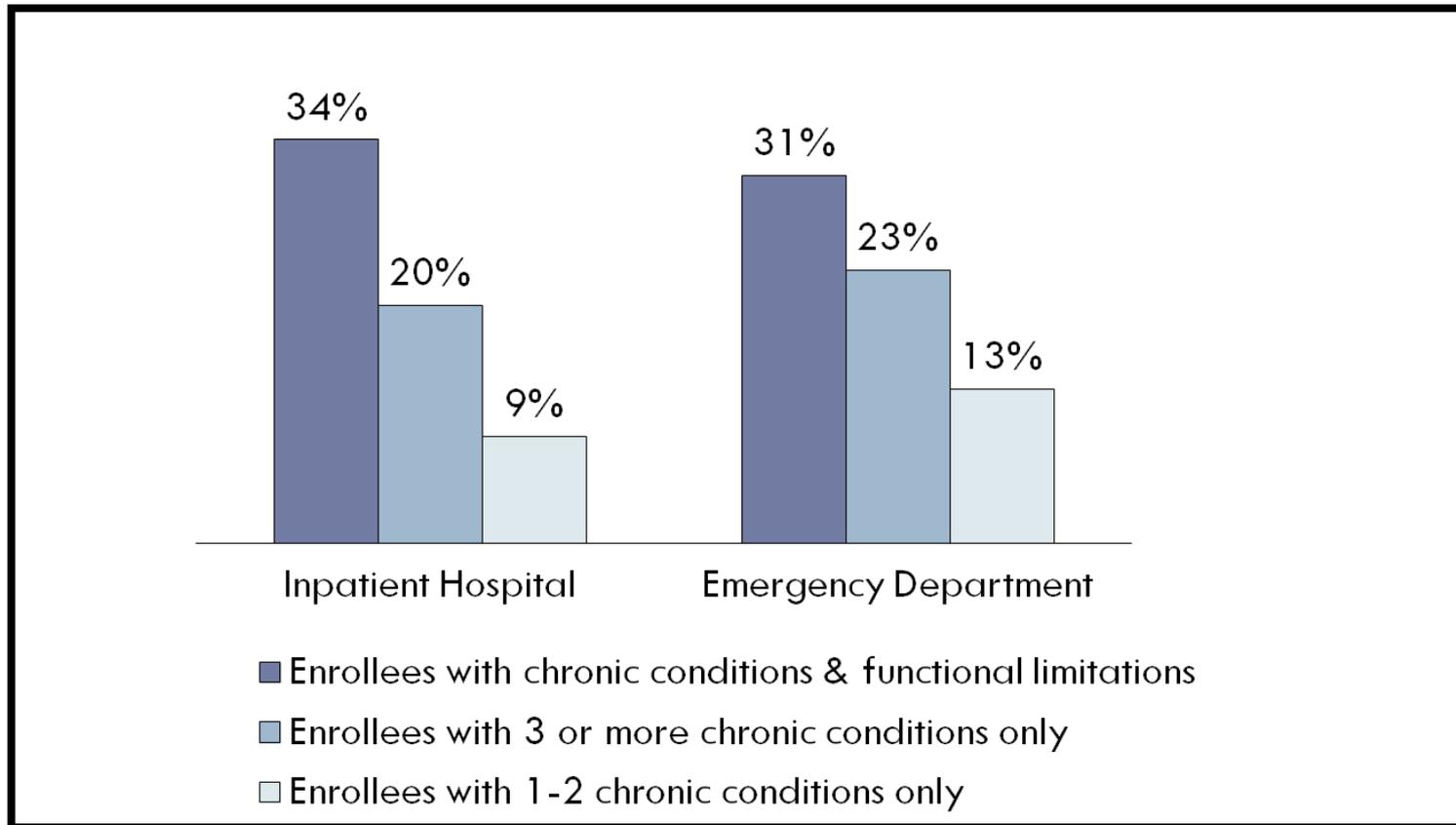
# High risk, high cost individuals = Those with chronic conditions AND functional needs

Medicare enrollees with chronic conditions and functional limitations represent over half of Medicare's highest spenders



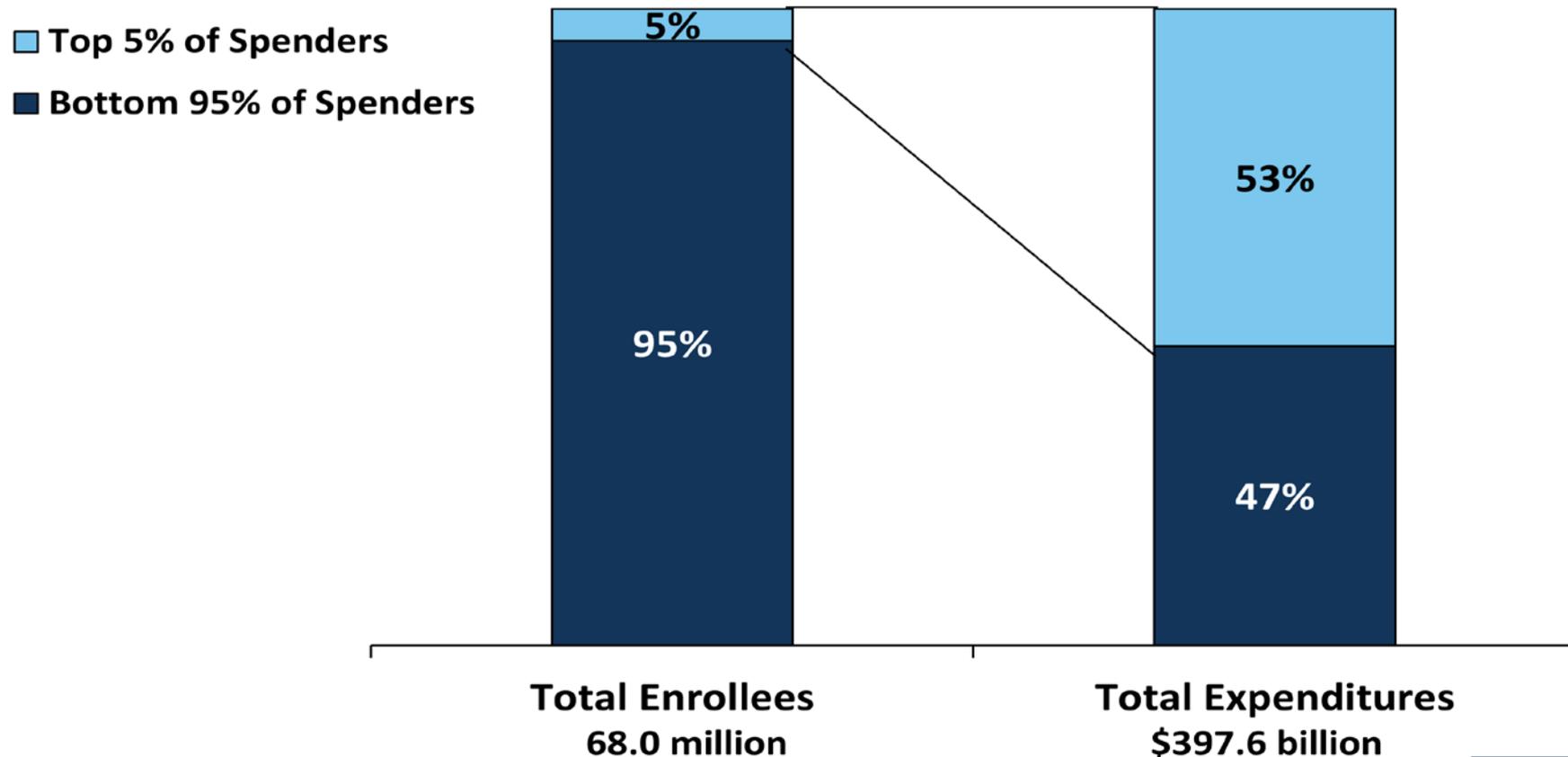
Source: H. Komisar & J. Feder, *Transforming Care for Medicare Beneficiaries with Chronic Conditions and Long-Term Care Needs: Coordinating Care Across All Services*, The SCAN Foundation, October 2011.

## Medicare beneficiaries with chronic conditions and functional limitations are more likely to use hospital inpatient and emergency department services



Source: H. Komisar & J. Feder, *Transforming Care for Medicare Beneficiaries with Chronic Conditions and Long-Term Care Needs: Coordinating Care Across All Services*, The SCAN Foundation, October 2011.

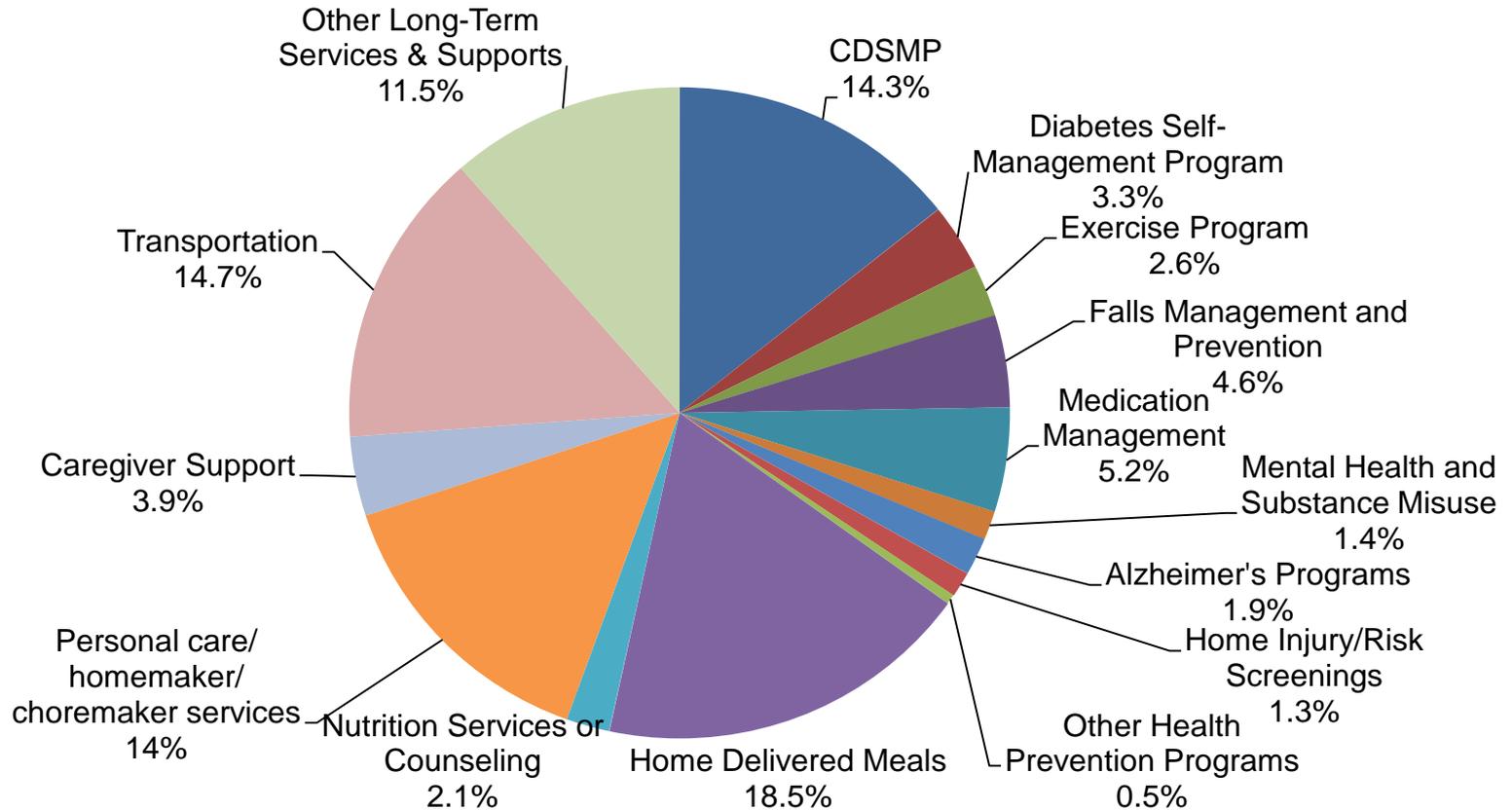
# Top 5% of enrollees accounted for more than half of Medicaid spending, FY2011



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.

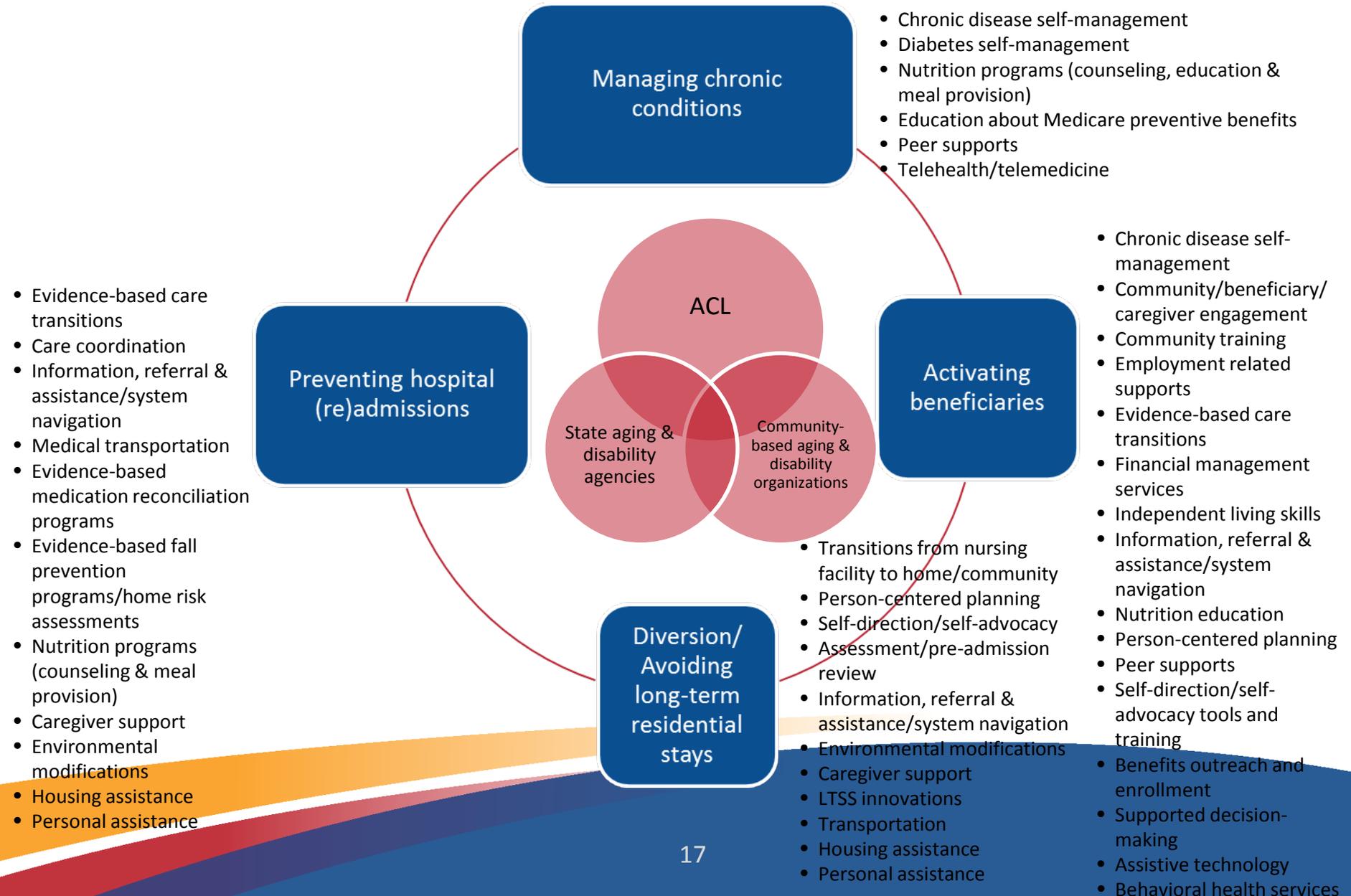
# What kinds of services do these populations need?

**9,053** people connected to **12,131** services and supports  
(n= 30 sites in 14 states between April – September 2013)



Data Source: Aging and Disability Resource Center Semi-Annual Report Fall 2013

# The critical role of community-based organizations in delivery system reform



# ACL & business acumen

*ACL, in partnership with foundations, is providing aging & disability organizations with the tools they need to partner and contract with health care payers and providers in delivery system reform.*

2012: Grants to national partners to build the business capacity of aging and disability organizations for MLTSS

2012 - Present: Engagement with public and private partners

2013-2016: Business Acumen Learning Collaboratives

Fall 2016 & beyond: New technical assistance opportunities

# Success on contracting

**20 Business Acumen Learning Collaborative networks**

**28 signed contracts**

**More under negotiation**

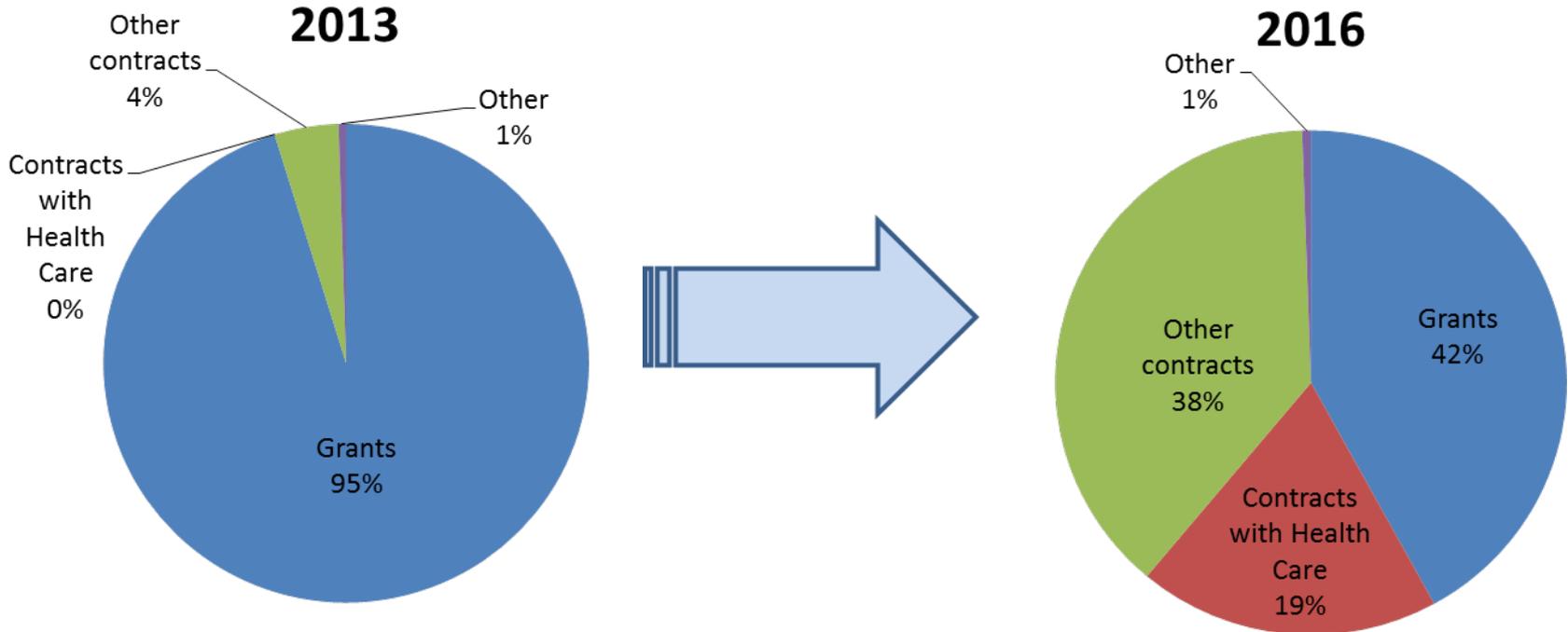
Services under contract	Populations served	Payers
<ul style="list-style-type: none"><li>• Care transitions</li><li>• In-home assessment</li><li>• Medication reconciliation</li><li>• Care coordination</li><li>• Evidence-based programs (EBP)</li></ul>	<ul style="list-style-type: none"><li>• EBP targets</li><li>• Dual eligibles</li><li>• Other high risk populations</li></ul>	<ul style="list-style-type: none"><li>• Duals plans</li><li>• ACOs</li><li>• Medicaid health plans</li><li>• Physician group,</li><li>• State healthcare exchange</li></ul>

# What we've learned

- Culture is critical
- Networks need to match their strengths with a payer's needs
- Contracts take TIME
- Flexibility is key...but so is selectivity
- Relationships (and champions) are critical to the process
- Policy shifts offer new opportunities (and challenges)
- Still issues needing more work: Continuous quality improvement, generating and managing volume, network infrastructure, information technology, outcomes data, & more

# Progress!

*(An example from a CBO in one of our Business Acumen Learning Collaborative networks)*



Source: Elder Services of the Merrimack Valley and the Healthy Living Center of Excellence

*For more information:*

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<http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx>



# Aging and Disability **BUSINESS INSTITUTE**

*Connecting Communities and Health Care*

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advocacy | action | answers on aging

# Reimbursement for HCBS in Medicaid Arrangements – A Blueprint for Success

Mary Kaschak

Aging and Disability Business Institute

National Association of Area Agencies on Aging (n4a)

# The National Aging Network

- The Older Americans Act of 1965
- Established Area Agencies on Aging (AAAs) in 1973
- Mission: *To support older adults to live with dignity and independence at home and in the community for as long as possible.*
  - Develop a comprehensive and coordinated system of home and community-based services (HCBS) and long-term services and supports (LTSS)
  - Provide alternatives to nursing home care
  - Serve as the access point for information on LTSS



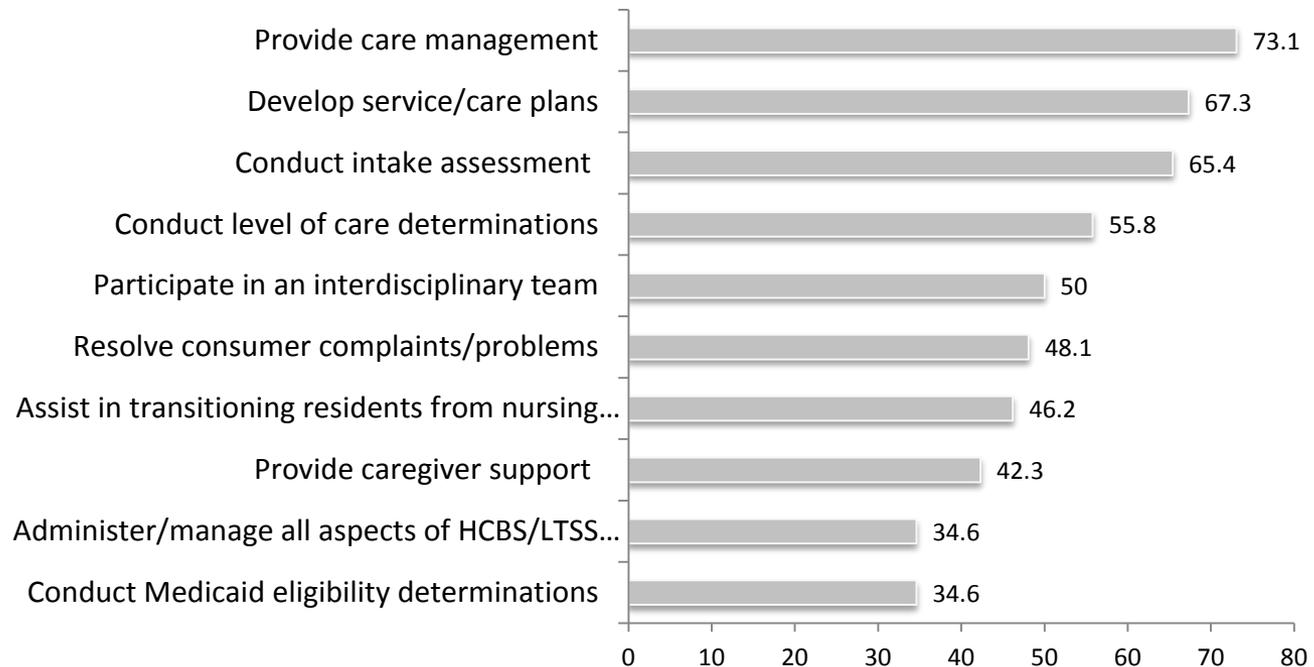
# Aging Network Strengths & Opportunities in Medicaid

- Already established infrastructure/network with experience serving vulnerable populations
- Know the community-based provider network resources available and can access care
- Experience with hospital transitions & evidence-based programs
- Possess cultural and linguistic competence
- Can help MCOs reduce complaints and grievances
- Know the communities they serve and their varied needs
- Established relationships and trust
- IN THE HOME!



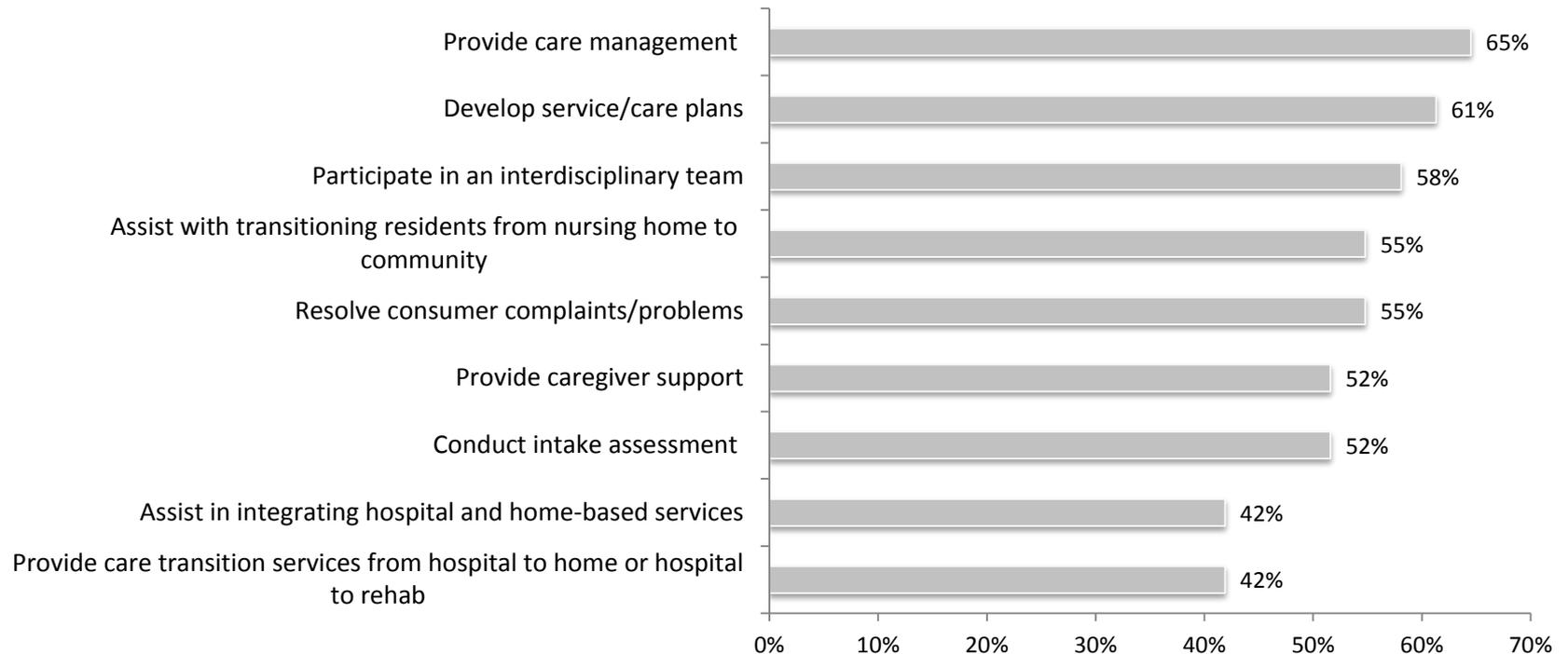
# Medicaid Managed Care and the Aging Network

## Most Common AAA Activities Related to Medicaid 1915(b) Managed Care Waiver



# Duals and the Aging Network

**Most Common AAA Activities Related to CMS Financial Alignment Demonstration**



# Example: Massachusetts

Since 2004, Elder Services of the Merrimack Valley (ESMV) has contracted with Senior Care Organizations (SCOs) to provide a range of various services.

- Geriatric Support Services Coordinator (GSSC)
- Provider network management

# Example: Massachusetts

Over time, plans began contracting with ESMV for additional services.

- Care Transitions
- Personal Care Attendant (PCA) program
- Evidence-based programs
- Money management programs
- Behavioral Health
- Medicaid “reconciliation”



# Factors Contributing to Success: ESMV

- Advocacy
- Relationships with hospitals, HCBS providers, consumers
- Single contract for evidence-based programs through the Healthy Living Center of Excellence
- Outcomes and proof of value... Data!



# Advice and Lessons Learned: ESMV

- Start to build it before they come
- Be proactive
- Create on-going QI and evaluation processes
- Go above and beyond & have a “can do” attitude  
ALWAYS!
- Address provider’s core needs/problems and  
identify additional opportunities
- Look at outcomes broadly

# Example: Virginia

The Eastern Virginia Care Transitions Partnership (EVCTP) began contracting with health plans as part of Virginia's duals demo.

- Care transitions
- Complex care coordination

Results: The average readmission rate dropped from 25% to 13%

# Example: Virginia

Expansion of EVCTP to a statewide coalition:

VAAACares – a statewide coalition of AAAs that will serve as the one-contract, on-stop legal entity for comprehensive coordination, care transitions and other community-based services for MLTSS

# Factors Contributing to Success: VAAACares

- Creating champions and building partnerships
- “One-Stop Shop” network model = capacity
- Proven results

*“Be invaluable so they (health care) can’t afford NOT to do business with you.”*

- Bill Massey, CEO, Peninsula Agency on Aging

# Advice and Lessons Learned: VAAACares

- Take advantage of opportunities and focus on performance
- Be prepared, be flexible and tailor your services
- Truly understand contract details and expectations
- This work requires culture change at all levels of the organization
- Data! Data! Data!



# Aging and Disability Business Institute

## **Mission:**

The mission of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations (CBOs) and the health care system.

## **Long-term outcome:**

Increase in the number of CBOs successfully implementing business relationships (contracts) with health care payers.

## **Goals:**

- Build a national resource center
- Develop an assessment tool to determine the capacity of CBOs
- Provide training and technical assistance
- Conduct an outreach and educational campaign targeting the health care sector
- Develop and implement a strategy to establish a new norm of business partnerships between CBOs and health care entities



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# NASUAD

National Association of States  
United for Aging and Disabilities



**BUSINESS  
ACUMEN  
CENTER**

**Providing Resources  
to Sustain Disability  
Organizations**

## **Disability Network Business Acumen**

Erica Anderson, MA  
Senior Director of Business Acumen

March 1, 2017

[www.nasud.org](http://www.nasud.org)

# ABILITY360



# Ability360:

## What they do and how it gets paid

### Programs and Services

- ADA Services and Counsel
- Employment Services
- Youth in Transition
- Home Care Services
- **Home Modifications**
- Individual & Systems Advocacy
- Information & Referral
- Social and Recreational Opportunities

### Funding Sources

- **Medicaid Funding**
  - Arizona Long Term Care System
- City Programs
  - Community Development Block Grant
  - General City Funds
- Private Pay

# Types of Home Modifications

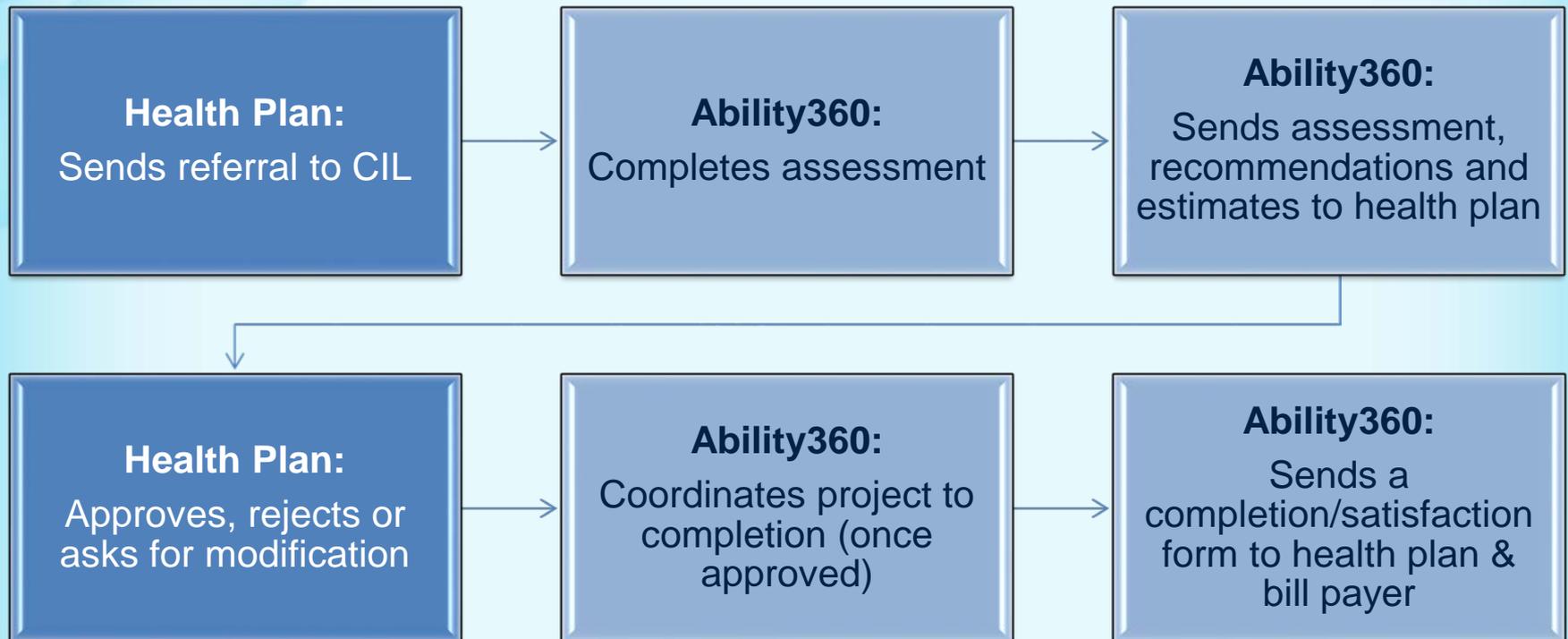
- Medically Necessary Services
  - Ramps
  - Widen Doorways
  - Bathroom modifications
- Other Modifications:
  - Lighting
  - Shelving
  - Handles
  - Low-Tech Solutions

# Understand the Problem:

What is *NOT* working for the payer –  
What can you improve?

- Efficiency
- Cost
- Quality
- Independence

# Establish a System That Works



# Ability360's Private Pay

- Assessment with detailed report including modification options
- Options:
  - Assessment and project coordination by Ability360
  - Assessment and contractor list – project managed by the individual

# Home Modification: Bathroom

- Woman in her mid 50s
- Problem:
  - Difficulties stepping into shower due to leg instability without help from others
- Solution:
  - Grab bars installed and tub cut for access
- Result:
  - increased independence in performing hygiene activities



# Home Modification: Ramp

- Female in her late-60s
- Problem:
  - She uses a wheelchair and could not leave her home which had outside steps
- Solution:
  - Installed a straight ramp at the door
- Result:
  - She can now attend medical appointments and be more involved in the community



# Business Acumen for Disability Organizations Grant

- Build the capacity of disability community organizations to contract with integrated care and other health sector entities
- Improve the ability of disability networks to act as active stakeholders in the development and implementation of integrated systems within their state



**BUSINESS  
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CENTER**

**Providing Resources  
to Sustain Disability  
Organizations**

# How will we do this?

- **Develop baseline knowledge** of current community organizations
- **Provide broad-based training and technical assistance** for disability networks to build their capacity
- **Convene and provide targeted technical assistance** utilizing a learning collaborative model
- **Engage integrated care organizations, managed care plans, and other health care entities** regarding the needs of individuals and the roles of community organizations



For more information, please visit: [www.nasuad.org](http://www.nasuad.org)

Or call us at: **202-898-2578**



# Q&A

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