MERCER

TALENT • HEALTH • RETIREMENT • INVESTMENTS

Managed Long-Term Services and Supports

Building Sustainable Recovery-Oriented Community-Based Programs for Behavioral Health and Intellectual/Developmental Disability Populations

September 16, 2014

MARSH & McLENNAN COMPANIES

Introductions

Steven Dettwyler, PhD
Delaware

Deb Goda
North Carolina

Brenda Jackson
Mercer

Jessica Osborne
Mercer

Denise Podeschi, PhD
Mercer

Presentation Goals

Purpose of today's presentation is:

- To describe different approaches to expanding community-based services for individuals with behavioral health (BH) and intellectual/developmental disabilities (I/DD) under Home- and Community-Based (HCBS) waivers.

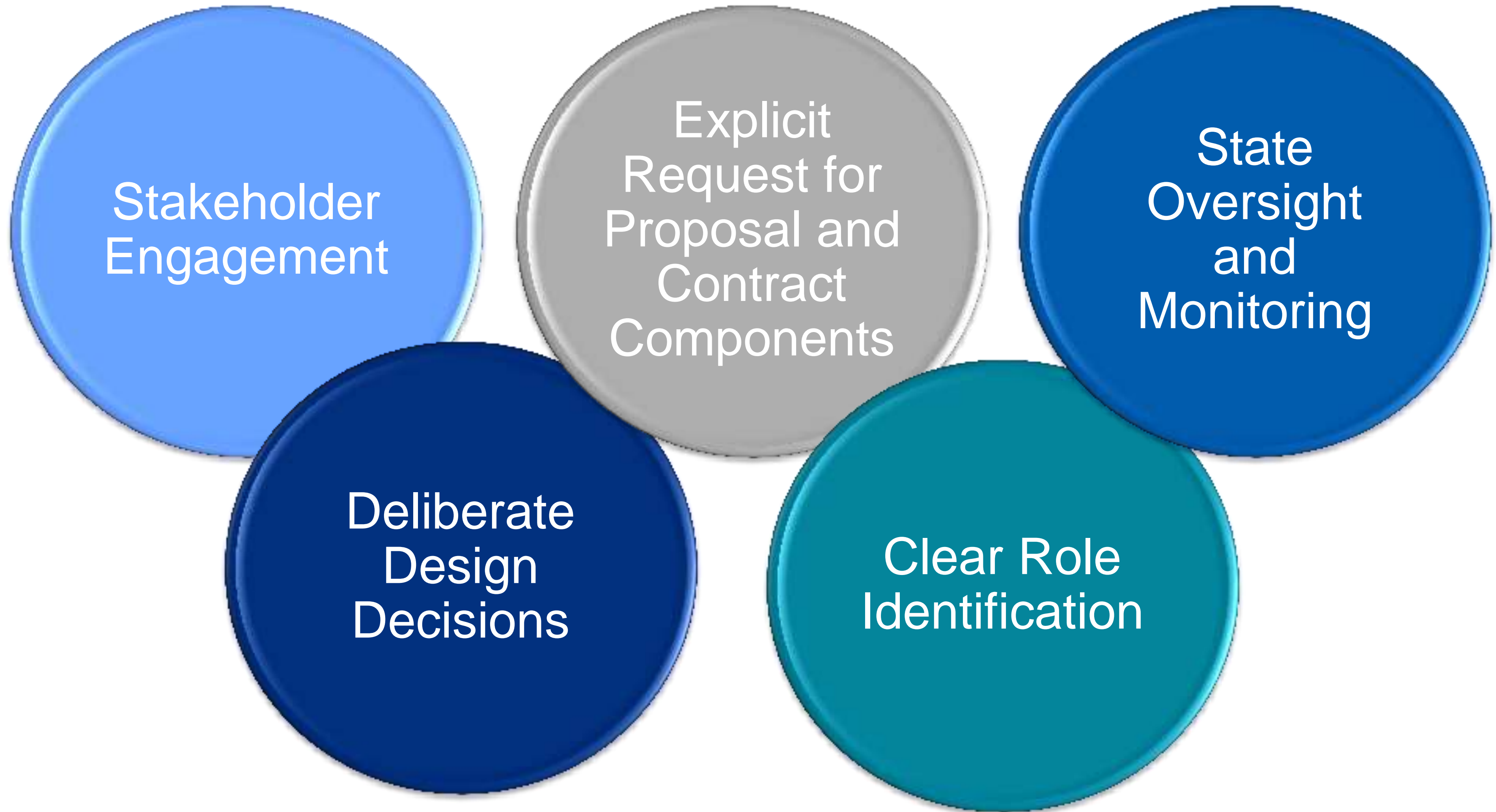
This session will highlight:

- Design considerations to align program goals with the Centers for Medicare & Medicaid Services requirements.
- Program management approaches that sustain long-term program success through expanding access to evidence-based, recovery-oriented community-based services.
- Perspectives and lessons learned from two states who are at different points in implementing HCBS for BH and I/DD populations.

Setting the Stage

- Why is it important to thoughtfully integrate the goals and vision of the program into the design, authorities, infrastructure, and operations of the program?
  - National trend toward managed HCBS for BH and I/DD populations.
  - Variations in program design drive different contracting and monitoring requirements.
  - Special considerations for vulnerable populations.

Key Elements of Successful Programs



What is Recovery Oriented Care?

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

– Substance Abuse and Mental Health Services Administration (SAMHSA) 2011

Source: Operationalizing Recovery-Oriented Systems, Expert Panel Meeting Report, May 22, 2012 and May 23, 2012, Prepared for SAMHSA, August 17, 2012.

Key Elements of A Recovery-Oriented System of Care

Challenges — Peeling Back Layers of the Onion

Financial Sustainability

Acuity — Co-occurring DX

Legal — Olmstead

Design and Operational Considerations

Financing Options

- Fee-for-service (FFS) with managed care organization (MCO) interface (Delaware)
- Administrative contract (Georgia)
- Non-risk (New York)
- Full capitation (North Carolina)

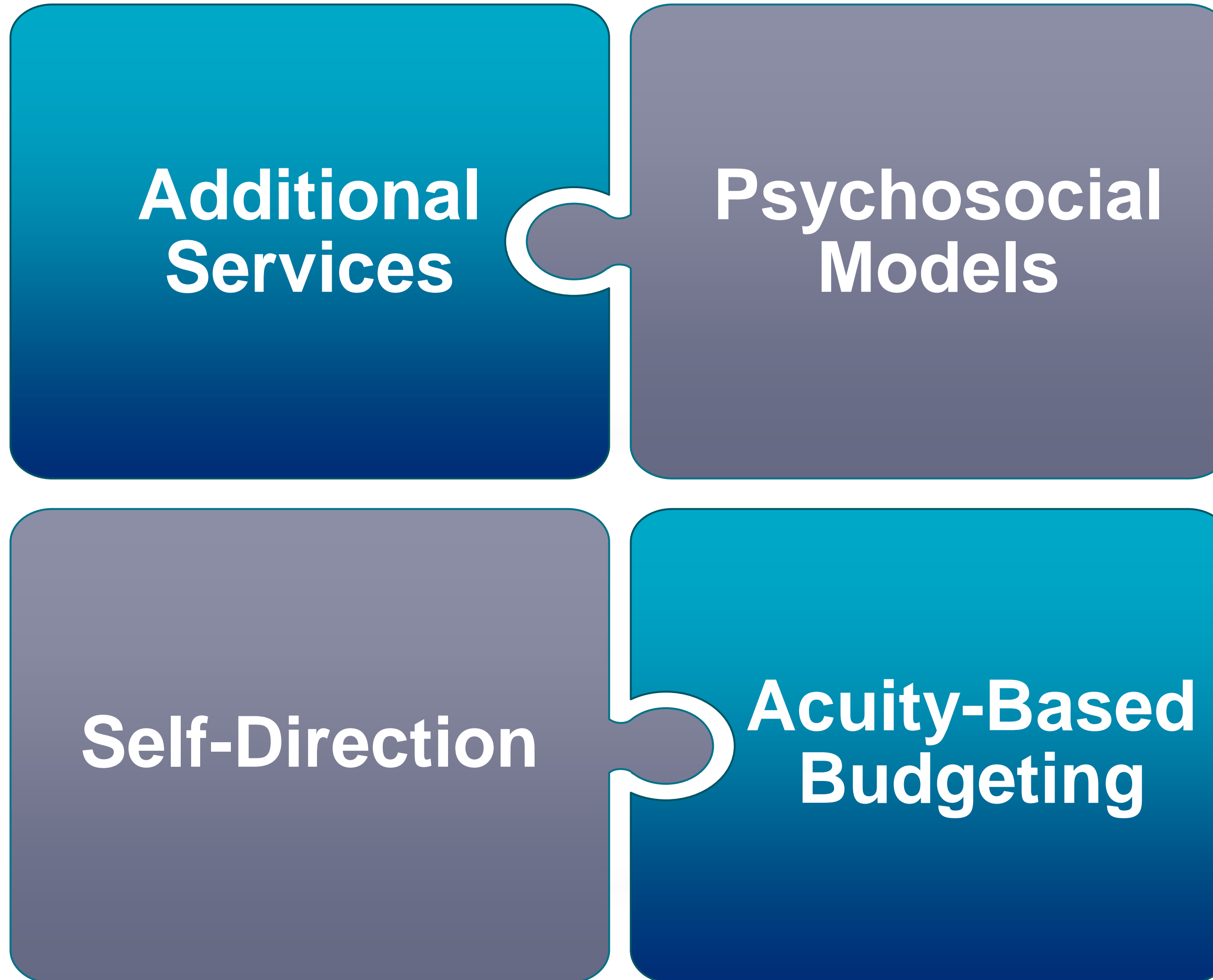
Delivery System Options

- Role of managed care entity for prior authorization and utilization review versus role of state staff

Care Management Options

- Targeted case management (CM) (South Carolina)
- Administrative CM
- HCBS CM (Delaware)
- Treatment planning for managed care (Louisiana and North Carolina)
- Health homes (New York)

Role of HCBS in BH and I/DD System Redesign



How to Integrate HCBS Assurances

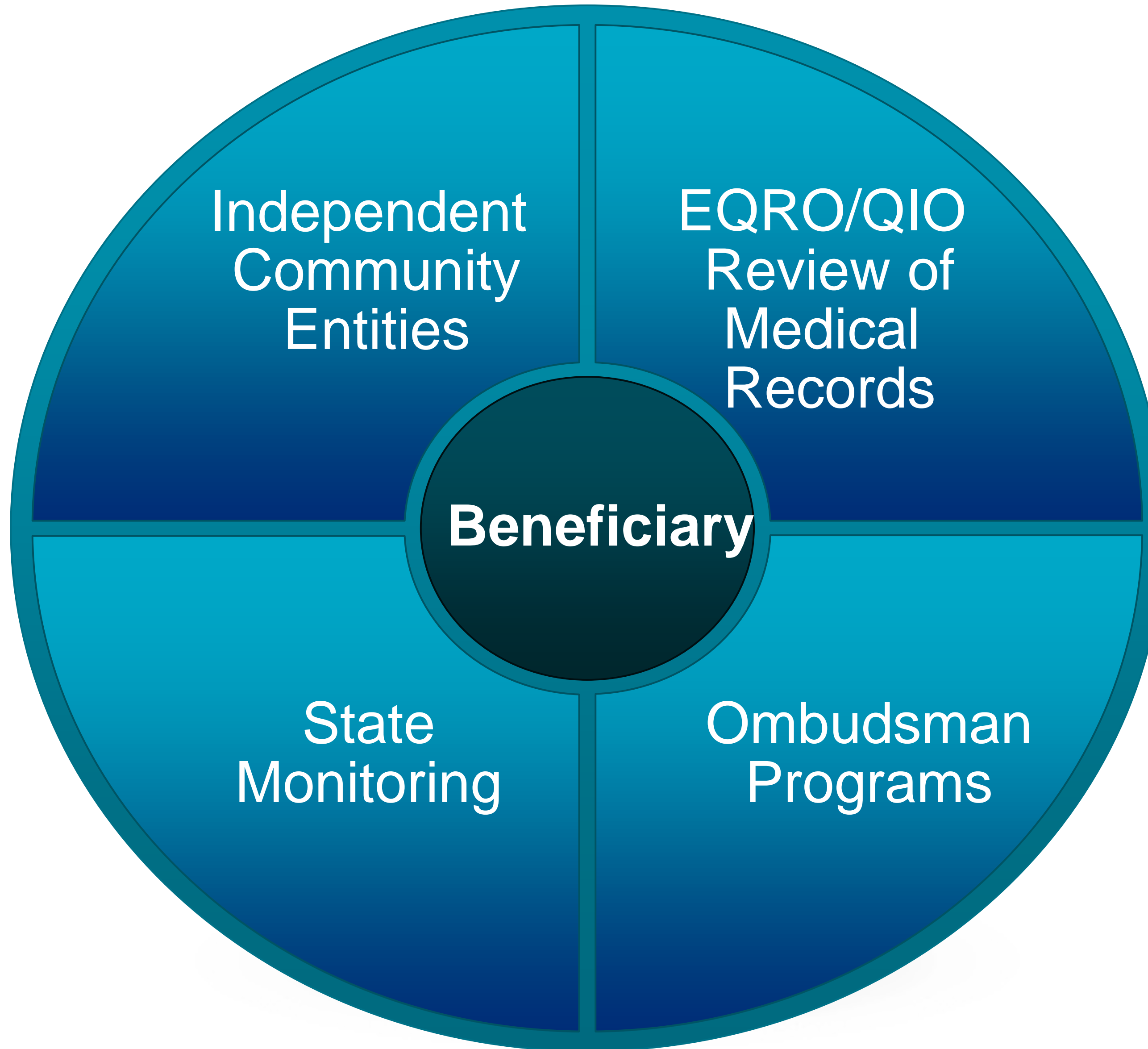
Design HCBS assurances into the processes from the beginning.

- Care manager data collection.
- Provider qualification verification through provider relations and credentialing role.
- Prior authorization and utilization review for HCBS plans of care.
- Contractual requirements for quality reviews of critical incidents, grievances, appeals, etc.

In these arrangements, when one entity is responsible for, or in some cases "at risk" for, the services provided to the individual, tailored strategies to ensure objectivity, conflict mitigation, truly person-centered approaches to care delivery, and positive outcomes must be constructed.

Role of the State — Paramount in Person-Centered Planning

Role of State in Person-Centered Planning — Tools



Department of Health and Social Services

Division of Substance Abuse and Mental Health

PROMISE

Promoting Optimal Mental Health for Individuals through Supports and Empowerment

September 2014

Contents

- Background
- Description of the ***PROMISE*** program
  - Program goals
  - Program highlights
  - ***PROMISE*** services and supports
  - Person-centered planning
  - Measuring success and quality

Background: Putting Policy into Practice

- On July 6, 2011, Delaware entered into an Olmstead suit settlement agreement with the United States Department of Justice to ensure that persons with mental illness are served in the most integrated settings appropriate to their needs.
- To assist with implementation of settlement agreement goals, Delaware has sought Medicaid authority for:
  - Crisis intervention, substance use disorder (SUD) treatment, and treatment by other licensed practitioners;
  - HCBS for individuals in the settlement agreement target population through the State's new ***PROMISE*** program; and
  - Competitive procurement of vendors under ***PROMISE*** to meet quality standards required under the settlement agreement.

PROMISE — Program Goals

- ***PROMISE*** will modernize and improve the delivery of mental health and substance use services and align the philosophy of care under Olmstead with private insurance and public funding available in Delaware.

- The goals of ***PROMISE*** are:
  - Assist individuals with BH needs to work in a competitive work environment.
  - Provide BH supports in community-based settings.
  - Provide individually tailored services for individuals with BH needs.
  - Improve clinical and recovery outcomes for individuals with BH needs.
  - Stretch limited State dollars.
  - Ensure that individuals with BH needs live in the community.

PROMISE — Program Highlights

- ***PROMISE*** will serve any individual in Delaware who has BH needs and meets eligibility criteria. Medicaid and private insurance will be charged for any individuals with insurance coverage where covered.
- ***PROMISE*** will be a stand alone program under Delaware's Medicaid program for anyone with Medicaid coverage.
- Eligible individuals will be:
  - Over the age of 18;
  - Have a BH diagnosis;
  - Meet needs-based criteria: either a **moderate** or **severe** functioning level on the Delaware-specific *American Society for Addiction Medicine* assessment tool that evaluates both mental health and SUD conditions. The individual may also be found to continue to need at least one service or support in order to live and/or work independently.

PROMISE — Services and Supports

PROMISE **will offer individually-tailored, community-based, and recovery-oriented services to help individuals live independently in the community:**

- Care Management
- Individual Employment Supports
- Short-Term Small Group Supported Employment
- Financial Coaching
- Benefits Counseling
- Peer Support
- Non-Medical Transportation
- Community-Based Residential Supports, Excluding Assisted Living
- Nursing
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Respite
- Independent Activities of Daily Living/Chore
- Personal Care
- Community Transition Services

PROMISE — Person-Centered Planning

- State employed conflict-free care managers will ensure that individuals in ***PROMISE*** will have the key voice, with support as needed, in directing planning and service delivery, and will indicate who they want to be involved.
- There is no one size fits all service plan. Recovery-oriented services will be delivered according to a written person-centered plan of care, called a Recovery Plan, developed through a process led by the individual including people he or she has chosen to participate.
- The person-centered planning process must identify the individual's physical and mental health support needs, strengths, preferences, and desired outcomes.

PROMISE — Coordination with Acute Care and PLUS Program

- For individuals receiving other Medicaid services, ***PROMISE*** will provide a coordinated approach to services across somatic and psychiatric care.
  - ***PROMISE*** care managers will assist individuals with a holistic approach to care planning including care provided by the capitated MCOs.
  - For ***PROMISE*** members meeting nursing facility level of care, MCO care managers for the PLUS program will lead the care planning team and ensure coordination of care.

PROMISE — Measuring Success and Quality

- Delaware is developing the quality strategy for ***PROMISE*** to make sure that the services delivered are having positive results.
- A key element of quality will be to:

> "Ensure that all mental health services funded by the State are of good quality and are sufficient to help individuals achieve positive outcomes, including increased integration and independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, health care, and relationships), stable community living, avoidance of harms, and decreased hospitalization and institutionalization."

- Questions?
- For information, please contact:

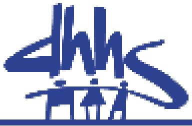
Steve Dettwyler

Steven.Dettwyler@state.de.us

1915(b)(c) Waiver in North Carolina

Deb Goda, DMA

September 5, 2014



Legislation

In 2011, North Carolina legislature passed a law that requires DHHS to change how services are delivered (Session Law 2011-264).

- 23 Local Management Entities will become 11 Managed Care Organizations known as LME-MCOs.
- Services for people with I/DD will be funded through a Medicaid home & community based waiver program called “Innovations.”
- People will receive financial resources to get services based on their needs. Needs will be measured by the Supports Intensity Scale® (SIS) assessment. The SIS measures a person’s level of support needs for daily life activities.

LME-MCO = PIHP

- LME-MCOs are Prepaid Inpatient Health Plans (PIHPs).
- PIHPs provide BH services to enrollees on the basis of prepaid capitation payments.

1915(b)(c) Waiver

- (b) waiver allows for managed care rules – closed network, rate setting authority.
- (b) waiver supports all BH services included in the State Plan – examples: inpatient/outpatient, mobile crisis, community support team, assertive community treatment team, psychosocial rehab, PRTF, Day Treatment.

1915(b)(c) Waiver

- (b)(3) services from savings – i.e. Supported Employment, Respite, Physician Consult, Innovations waiver look-alike, Community Guide.

1915(b)(c) Waiver

- (c) waiver – Innovations.
- For individual's with I/DD who meet Intermediate Care Facility for Individuals with Intellectual Disabilities.
- Capacity to support 12,488 individuals.
- $135,000 maximum limit.

1915(c) Waiver Services

Base Budget Services	Add-On Budget Services
▪ Community Networking Services	▪ Assistive Tech. Equipment & Supplies
▪ Supported Employment	▪ Community Guide Services
▪ Day Supports	▪ Community Transition Services
▪ In-Home Skill Building	▪ Crisis Services
▪ In-Home Intensive Supports	▪ Financial Support Services
▪ Personal Care	▪ Individual Goods & Services
▪ Residential Supports	▪ Natural Supports Education
▪ Respite	▪ Specialized Consultation Services
	▪ Vehicle Modifications
	▪ Crisis Services
	▪ Home Modifications

Goals of the Innovations Waiver

- Value & support waiver participants to be fully functioning members of their community.
- Promote promising practices that result in real life outcomes for participants.
- Offer service options that will facilitate each participant's ability to live in the homes of their choice, have employment or engage in a purposeful day of their choice, and achieve their life goals.
- Provide opportunities for all participants to direct their services to the extent that they choose.
- Provide educational opportunities & support to foster the development of stronger natural support networks & enable participants to be less reliant on formal support systems.

Where are we going?

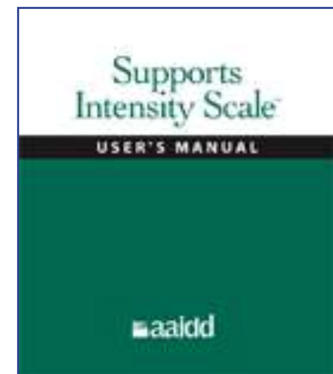
- 9 MCOs → 4 MCOs.
- SIS and Individual Budgets.

Assessment – Supports Intensity Scale®

The Supports Intensity Scale (SIS) is an assessment tool to measure the supports an individual needs to live a meaningful life in the community. It is used to inform supports planning and also resource allocation.

People are asked questions about their specific level of need for support in these areas:

- Home activities
- Community activities
- Health & safety
- Medical & behavioral challenges



For information on SIS reliability, validity go to: aaidd.org/sis

SIS Assessment

The SIS is completed during a meeting with the person and others who know the person well.

A SIS interviewer asks questions and fills out the form about the kind of support a person needs throughout the day and night.

They will ask questions about every day support such as help with preparing meals or getting to a doctor’s appointment, and questions about extra support for medical conditions and behavior that involve greater levels of support.

SIS information for each person is entered into a database and level of need scores are generated.

Supplemental Questions and Other Factors

The 4 supplemental questions identify those with the highest level of medical and/or behavioral support needs.

- Training for Interviewers on the Supplemental Questions
- Establish a process for verifying affirmative responses to the questions

We also consider where people live and the individual’s age.

Service Planning

SIS results may be used to guide service planning but not necessarily to drive planning.

The SIS interview may push participants to discuss topics they might not ordinarily talk about.

Valuable personal or habilitation goals may lay outside the bounds of the SIS interview.

Use conversational & other means to develop person-centered plans.

Lessons Learned

- MCO Readiness
- IT Platforms
- Flexibility of Service Definitions

Delaware and North Carolina

A Tale of Two BH Long-Term Services and Supports Programs

Delaware PROMISE is a model of BH long-term services and supports (LTSS) aimed at increasing community living for adults with serious mental illness or co-occurring disorders of mental illness and substance use and adult substance abuse services.

North Carolina provides recovery-oriented care for adults and children with serious mental illness, I/DD, and SUDs.

Though the objectives and program structures differ, they both use LTSS to achieve specific state goals.

Two States' Approaches: Similarities

Authority	Populations	Service Delivery Model
• Utilization of Medicaid authorities to effectuate the programs.	• Delaware and North Carolina targets adults with serious mental illness and SUDs.	• Use LTSS to modernize and make improvements to an aging service delivery system, increasing use of community services and recovery-oriented care. • Using HCBS and managed care entities in the delivery of services to people with significant support needs, including the need for LTSS.

Two States' Approaches: Differences

Authority

- Delaware has requested an amendment to their 1115 demonstration waivers.
- North Carolina utilizes a 1915(b)(c) concurrent waiver.

Populations

- North Carolina targets adults with I/DD in addition to serious mental illness and SUDs.

Service Delivery Model

- Delaware utilizes full-risk prepaid inpatient health plans.
- Delaware utilizes a full-risk MCO for acute care services for all BH recipients and adults with nursing facility level of care; and FFS additional services for HCBS adults meeting 1915(i)-like BH needs criteria services.

In Summation

- HCBS and managed care are tools that can be utilized to achieve a wide array of objectives.
- Successful outcomes in BH and I/DD depend on strong design with well-constructed elements addressing:
  - State roles and responsibilities, including detailed strategies for oversight.
  - Initial and ongoing stakeholder engagement.
  - Structures aligned with desired outcomes:
    - Service array and opportunities for participant direction.
    - Payment structures.
    - Quality measurement strategies — measure what is important.
    - Assessment and person-centered planning and service delivery, including care management.
  - Clear articulation/understanding of program, including participant rights.

For More Information Please Contact

Denise Podeschi at Denise.Podeschi@Mercer.com

Brenda Jackson at Brenda.D.Jackson@Mercer.com

Jessica Osborne at Jessica.M.Osborne@Mercer.com

MERCER