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Policy Research

Designing New Care Models and Payment Approaches for Persons with Intellectual and Developmental Disabilities (IDD)

Presentation at the National HCBS Conference
Washington DC

August 31, 2016

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Agenda

- Drivers of Innovation for Care and Services for People with IDD
  - Debra Lipson, Mathematica
- Care and Payment Innovations in Tennessee
  - Patti Killingsworth, TennCare
- Learning from the FIDA-IDD Partnership in New York State
  - JoAnn Lamphere, New York Office for People with Developmental Disabilities
- Discussion

Current IDD Care Model

- **People with IDD living in the community mostly receive support services, including residential care, through Medicaid HCBS waivers**
  - **Long waiting lists**
    - Average length of time spent on a waiting list was 47 months for I/DD waivers in 2012
    - In June 2013, an estimated 232,204 people with IDD were waiting to receive Medicaid LTSS services
  - **LTSS not integrated with medical care and behavioral health**
    - People with IDD have higher rates of epilepsy, neurological and gastrointestinal disorders, diabetes, and behavioral/psychiatric problems; living longer and aging
    - Primary care providers, medical specialists, and other clinicians who care for adults often get little or no training in intellectual or developmental disabilities
    - Even in states that enroll individuals with IDD in managed care, most do so only for acute care
    - Individuals with IDD typically receive little or no preventive care

Current IDD Care Model

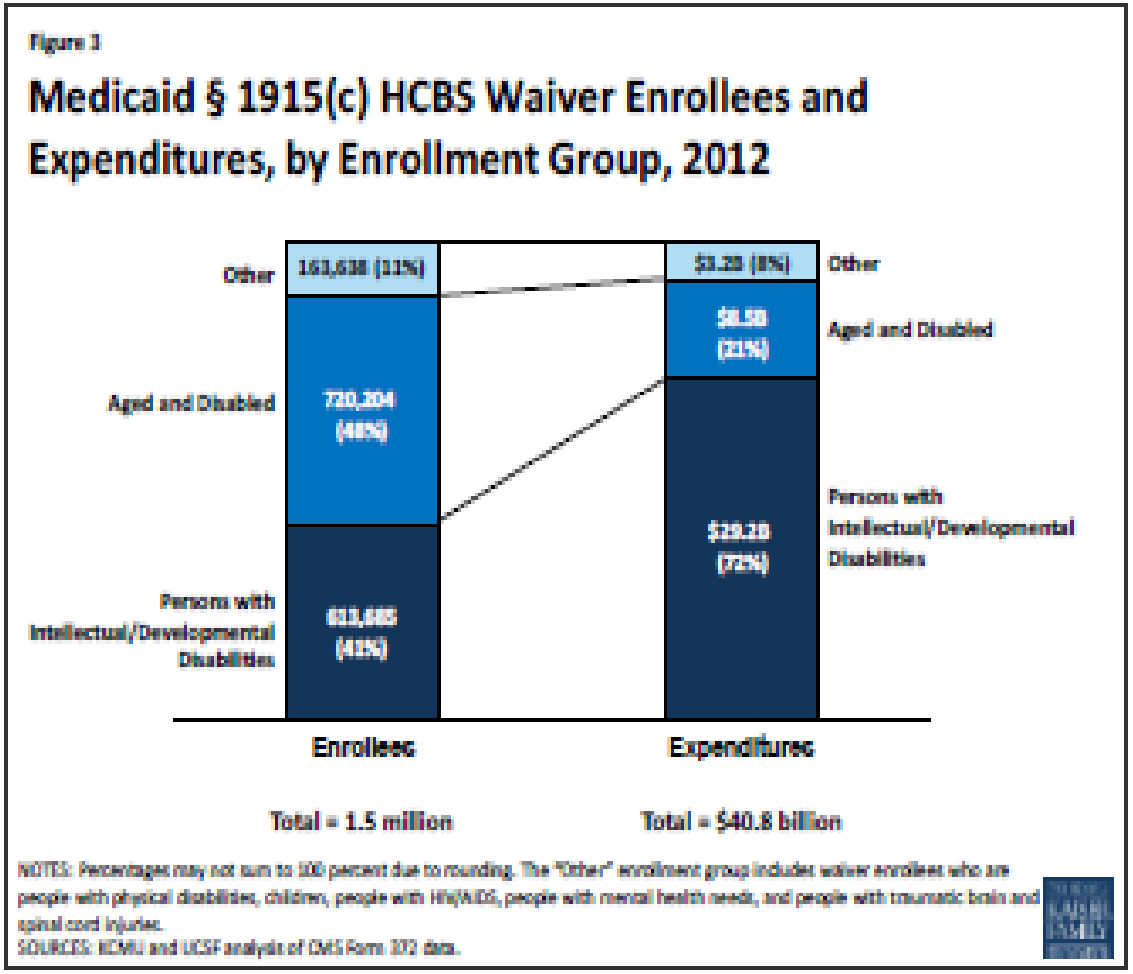
- **Quality and outcomes could be better**
  - Nearly all (90%) people like where they live, but 26% want to live somewhere else *
  - Just half (54%) of people with IDD *choose* where they live, less than half (45%) choose who they live with, and only 17% have a paid job in the community *
  - People with IDD typically have a shorter life expectancy than people without disabilities, increased morbidity, and greater rates of co-occurring conditions

**** NCI 2014-15, Adult consumer survey (31 states, DC and one regional council)***

People with IDD need extensive services

In 2012, people with I/DD accounted for:

- 41% of total HCBS waiver enrollment
- But 72% of spending
- Per participant spending for persons with IDD was ($47,522) -- more than 4 times higher than average waiver spending for aged and disabled individuals ($11,600)



Costs are unsustainable

- IDD population expected to grow
  - Prevalence of developmental disabilities has increased 17% in 2006-2008, compared to a decade earlier (CDC)
  - People with IDD are living longer; the number of adults with IDD over 60 years of age is projected to nearly double from 641,860 in 2000 to 1.2 million by 2030

- Current payment models do not encourage or promote efficiency

MLTSS delivery and financing reform

- **State MLTSS programs for people with IDD**
  - **In 2012, 4 states had sizable MLTSS programs**
    - Arizona, Michigan, North Carolina, Wisconsin
    - Capped LTSS spending – total or per person
    - No fundamental change to traditional IDD service system
  - **2013-2016 – 11 more**
    - California, Delaware, Hawaii, Illinois, Kansas, Massachusetts, New York, New Mexico, Ohio, Rhode Island, Virginia
  - **Texas is in the midst of a multi-year development process to enroll people with IDD into STAR+PLUS**

Other delivery and payment reforms

- **Medicaid – integrated or coordinated medical and behavioral health services**
  - Patient-centered medical homes
  - Medicaid health homes
  - Pay-for-performance and value-based contracts with managed care network providers
  - Accountable Care Organizations – shared savings
- **LTSS largely excluded now, but some of these models are exploring partnerships with LTSS**

How to adapt these models?

- Applying these new models to LTSS for people with IDD requires significant adaptation:
  - Care systems and providers are very different
  - IDD providers lack experience with managed care, ACOs, etc.
  - MLTSS plans lack experience and understanding of IDD population and services
  - Different quality and performance metrics for IDD services

TN and NY Trailblazers

- **Both feature elements of MLTSS, but pursuing different approaches**
- **Common features:**
  - **Grounded in person-centered care principles**
  - **Payment rates to providers established by state**
  - **Payment incentives for delivering more efficient and effective care that aligns with individual goals and program objectives**
  - **Comprehensive benefits (inclusive of physical, behavioral health, and LTSS)**
- **Differences:**
  - **Funding – Medicaid-only versus Medicare and Medicaid**
    - NY model integrated with Medicare benefits for dual enrollees

Tennessee
Patti Killingsworth

New York
JoAnn Lamphere

Discussion

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Designing New Care Models and Payment Approaches for Persons with Intellectual and Developmental Disabilities:

Care and Payment Innovations in Tennessee

Service delivery system in Tennessee

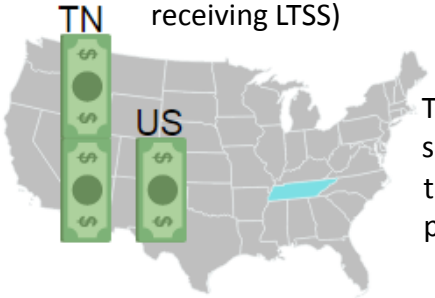
- TennCare managed care demonstration began in 1994
- Operates under the authority of an 1115 demonstration
- *Entire* Medicaid population (1.4 million) in managed care since 1994 (including individuals with I/DD)
- Three health plans (MCOs) operating statewide
- Physical/behavioral health integrated beginning in 2007
- Managed LTSS began with the CHOICES program in 2010
  - Older adults and adults with physical disabilities *only*
  - LTSS (3 Section 1915(c) waivers and ICF/IID services) for individuals with I/DD have been carved out
    (people are carved in for physical and behavioral health services)
  - New MLTSS program for individuals with I/DD began July 1, 2016: *Employment and Community First CHOICES*

Opportunities to improve delivery of I/DD services

Cost:

3% of TennCare members (includes 75% of people with I/DD receiving LTSS)

Account for **50%** of total program costs



Tennessee spends nearly **2x** the national average per person for this population

CHOICES Program

$1.2 billion

Serves ~ 30,000 people who are elderly or have physical disabilities

ID Services*

$936 million

Serves ~9,000 people who have intellectual disabilities

*Includes HCBS Waivers and ICFs/IID

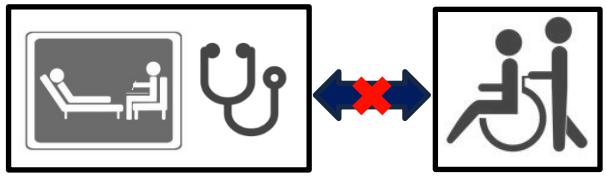
That's **$40,000** per person

VS

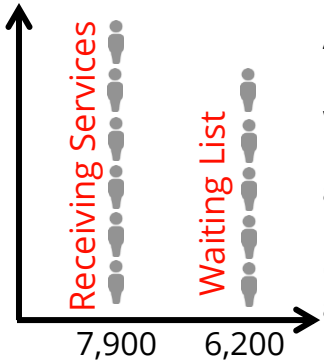
$106,000 per person

Fragmentation:

Little coordination between physical and behavioral health services and long term services and supports (LTSS)



Increased Demand for Services:



Almost as many people on the waiting list to receive Home and Community Based Services (HCBS) as those actually receiving services

Some people with developmental disabilities aren't receiving HCBS

Insufficient Employment Opportunities:

Significant gap between people with ID who want to work and those who are actually working

Opportunities to improve delivery of I/DD services

Create a new MLTSS program that will:

- Provide the services people and their families say they need most
- Allow us to provide services more cost-effectively
- Serve more people, including people on the waiting list and people with other kinds of developmental disabilities
- Align incentives toward employment, independent living, community integration and the things that people with disabilities and their families value most
- Build health plan and system capacity for person-centered practices

Stakeholder engagement

- Commenced in December 2013
  - Meetings with advocacy and provider groups
- January-February 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
- February-March 2014
  - Written comments and other follow-up recommendations
- March 26, 2014 - *Stakeholder Input Summary* issued
- May 30, 2015 - *Concept Paper* posted for public comment
- June 2014
  - Regional community meetings with consumers, family members, providers
  - Online survey tool
  - Consumer/family-"friendly" summaries of the Concept Paper disseminated and posted online
- July 18, 2014 - Stakeholder Input Summary on Concept Paper issued
- June 23, 2015 – 1115 Waiver amendment

Employment and Community First—benefits

- **3 benefit groups** (designed based on *services individuals and families say they need most*) include:
  - **Essential Family Supports** – supports for families caring for a person (primarily children under age 21) living at home with their families to help them plan and prepare for transition to adulthood
  - **Essential Supports for Employment and Independent Living** – targeted to young adults aging out of school to support transition into integrated, competitive employment and independent community living
  - **Comprehensive Supports for Employment and Community Living** – for people who need more support to help them achieve employment and community living goals and experience community life
- Benefit limits and expenditure caps help to ensure efficiency

Employment and Community First—benefits

- Array of employment services and supports
- Designed in consultation with experts from the federal Office on Disability Employment Policy
- Create a “pathway” to employment, even for individuals with significant disabilities
- Outcome or value-based reimbursement and other strategies to align incentives toward employment
- Wrap around services to support community integration
- No facility based services
- Many new services, based on stakeholder input, that will empower individuals and families toward independence and integration
- Residential services available when needed

ECF CHOICES Benefits*

14 different employment services/supports

1. Exploration
2. Discovery
3. Situational Observation and Assessment
4. Job Development Plan
5. Self Employment Plan
6. Job Development Start Up
7. Self-Employment Start Up
8. Job Coaching for Individual Integrated Employment
9. Job Coaching for Self-Employment
10. Co-Worker Supports
11. Supported Employment – Small Group
12. Career Advancement
13. Benefits Counseling
14. Integrated Employment Path Services (Pre-Vocational)

Plus employment wrap-around services like:

- Independent Living Skills Training
- Community Integration Support Services
- Community Transportation

**** Not all services are available in every benefit package.***

Supportive services

- Personal Assistance
- Community Living Supports
- Community Living Supports-Family Model
- Assistive Technology, Adaptive Equipment and Supplies
- Minor Home Modifications
- Specialized Consultation and Training
- Adult Dental Services

Family caregiver supports

- Supportive Home Care (SHC)
- Family Caregiver Stipend (in lieu of SHC)
- Respite

Family empowerment supports

- Family Caregiver Education and Training
- Family-to-Family Support
- Community Support Development, Organization and Navigation
- Health Insurance Counseling/Forms Assistance

And self-advocacy supports

- Individual Education and Training
- Peer-to-Peer Person-Centered Planning, Self-Direction, Employment, and Community Support and Navigation
- Conservatorship and Alternatives to Conservatorship Counseling and Assistance

Other I/DD Care and Payment Innovations

Initiatives to Reduce Inappropriate Use of Psychotropics

- Partnership with I/DD agency and UCED to create toolkit and training for physicians, people with I/DD, and families
  - IDDToolKit.org
  - *Appropriate Use of Psychotropic Medications for People with IDD: Helping Individuals Get the Best Behavioral Health Care*
- New pharmacy prior authorization requirements for psychotropic medications

Behavioral Health Crisis Prevention, Intervention and Stabilization Services

- Implemented in March 2016
- Delivered under managed care program
- Focus on crisis prevention, in-home stabilization, sustained community living and building a person-centered "system of support" ("SOS")
- Reimbursement aligned to support improvement and independence
- Technology platform tracks outcome measures to establish a value-based purchasing component (incentive or shared savings) for reimbursement

I/DD Health Homes

- Begin with I/DD-specific behavioral health home in 2016
  - Leverage technology platform and telehealth to ensure timely access to psychiatrists and behavioral health providers with expertise serving individuals with I/DD
- Implement comprehensive I/DD health home in 2017
  - Interdisciplinary approach to care coordination/delivery across physical, behavioral health, pharmacy, dental and LTSS
  - Education, training and support for community (including LTSS) providers

Thank you

NEW YORK STATE OF OPPORTUNITY.

Office for People With Developmental Disabilities

Learning from the FIDA-IDD Partnership in New York State

National HCBS Conference, NASUAD
Washington, DC
August 31, 2016

A Partnership with National Significance

- OPWDD is partnering with NYS Department of Health (DOH) and the federal Centers for Medicare and Medicaid Services (CMS) to offer a unique program to people with intellectual and developmental disabilities who receive services through Medicare and Medicaid
- A part of CMS' dual demonstration initiative – NYS is unique in its focus on IDD in one FIDA

What is the FIDA-IDD

- Fully Integrated Duals Advantage program for individuals who have Intellectual and Developmental Disabilities
- **One** health plan that brings together Medicare, Medicaid and Waiver HCBS developmental disability services
- A personal health care plan that's centered on **the individual**
- A health plan that gives one all the care and supports needed in one place
- Services are provided by a network of providers contracted with the health plan
- **Partners Health Plan** (PHP) is the only plan selected by CMS to offer the FIDA-IDD program: PHP grew from downstate ARC consortium

FIDA-IDD Implementation

- FIDA-IDD plan delivering integrated health and long term care benefits to individuals with Medicare and Medicaid who reside in targeted geographic area and ***who choose*** to participate in the Demonstration.
  - Target area - NYC, Nassau, Suffolk, Westchester, Rockland
  - Target population (n = 20,000 adults)
  - Enrollment in FIDA available in all targeted counties; no phased implementation and no passive enrollment
  - Plan is responsible for coordination of ***all*** the individual's services (Medicare acute, Medicaid, specialty OPWDD services, and any others required to meet the individual's needs)
  - FIDA-IDD Demonstration period is from April 2016 -- December 2020
  - Enrollment is voluntary

FIDA-IDD Offers Comprehensive Benefits & Services

- Medicare primary care, physician & specialty services, hospitalization, prescription drugs
- Medicaid
  - Care Management
  - Long Term Supports & Services
  - Behavioral Health
  - OPWDD waiver services if already enrolled in the 1915(c) HCBS Waivered Services
  - Pharmacy and Dental
  - Other (residential)
  - Enrollee can self-direct

What's Different About FIDA-IDD

- Health Plan provides person centered care management and comprehensive health coverage – not bounced between Medicare & Medicaid
- Individuals enrolled actively participate in planning for their medical, behavioral, long-term services & supports and social needs -- develop a "Life Plan" *(service plan)*
- Individual has a Care Manager and an ***Interdisciplinary*** Team (IDT) to help plan, coordinate and assist individuals in accessing services & supports, improving quality of life & accomplishing life goals
- The IDT/ Plan is responsible for making coverage determinations as part of service planning

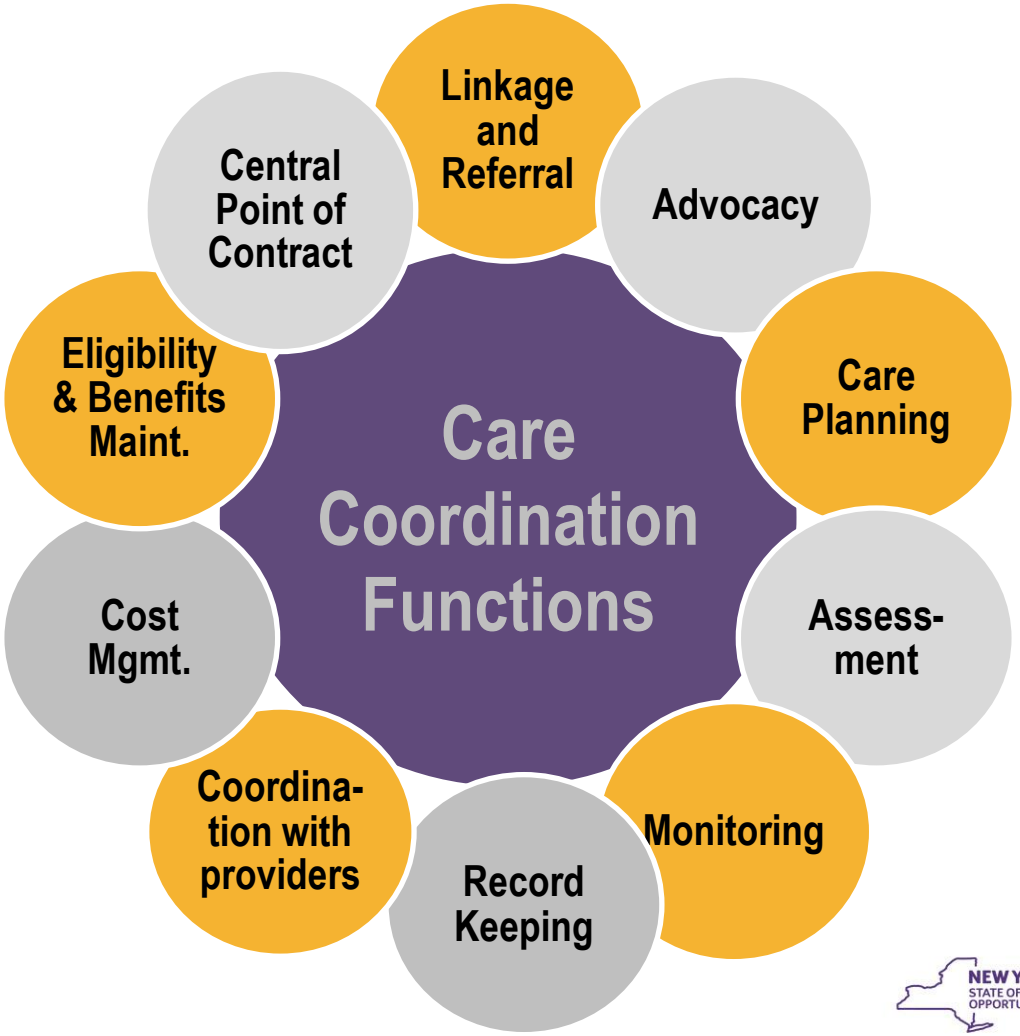
What Else Makes FIDA-IDD Unique

- Capitated to provide Medicare, Medicaid, Part D and Medicaid drug benefits
- No deductibles, premiums, copays or coinsurance cost to enrollees
- One benefit card to access all services
- Person Centered Planning Team
- Additional outside supports through the new Ombudsman

FIDA-IDD Milestones

- FIDA-IDD MOU signed 11/ 2015
- FIDA-IDD CMS press release: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-11-05.html
- Three-way contract among PHP, State and CMS executed 1/ 2016
- Go live April 1, 2016; now nearly 300 enrollees

Care Coordination is a *System*



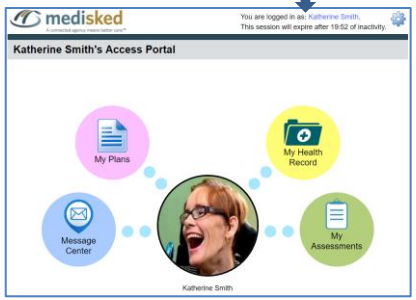
PHP Coordination Tool & IT Supported

- Partners Health Plan (PHP) designed and uses a state-of-the-art tool to support person-centered planning and care coordination, with IT enabled communication and data collection (quality metrics)
- The vision of person-centeredness anchors assessment, development of Life Plan, activation of Interdisciplinary Care Team, authorization of services, monitoring delivery of supports, data analysis, etc.
- Technology application (not usual in IDD world) creates efficiency in coordinating activities, monitoring results and achieving desired results

Hallmarks of a Person Centered Approach

Assessment

Life Plan

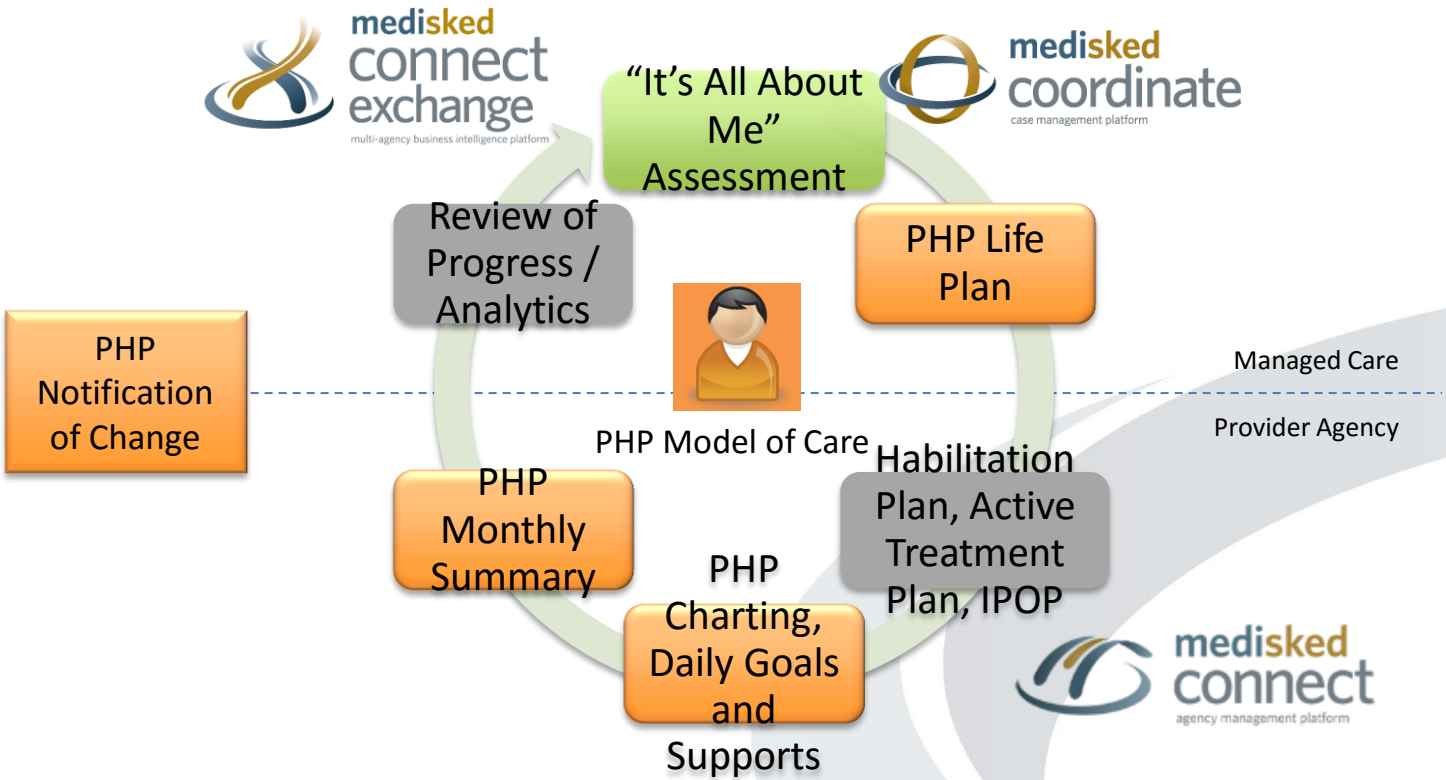


Portal

- The person's activities, services and supports are based upon his or her **interests, preferences, strengths and capacities**
- The person and people important to him or her are included in lifestyle planning, and have the opportunity to exercise control and make **informed decisions**.
- The person has **meaningful choices**, with decisions based on his or her experiences.
- The person uses, when possible, **natural and community supports.**
- Activities, supports, and services **foster skills** to achieve personal relationships, community inclusion, dignity and respect.
- The person's **opportunities and experiences are maximized**, and flexibility is enhanced within regulatory and funding constraints.
- **Planning is collaborative**, recurring, and involves an ongoing commitment to the person.
- The person is **satisfied** with his or her activities, supports, and services.

PartnersHealthPlan
SUPPORTING THE LIFE YOU CHOOSE

I/DD Managed Care



Benefits to Consumers

- Increased individual satisfaction and choice through person-centered planning
- Service authorization, activation and monitoring with reduced paperwork
- Improved access to services and providers and reduction of unnecessary delays
- Enhanced integrated opportunities for independence to the extent possible
- Support of meaningful outcomes and value-based performance metrics
- IT enabled communication
- Increased system accountability

63 Core Quality Measures for FIDA-IDD

FIDA-IDD Specific measures:

- Council on Quality and Leadership, Personal Outcome Measures (POMs) and some other metrics

Others largely from Medicare Advantage measures:

- **Behavioral Health**-e.g., screening for clinical depression & follow-up care
- **Transitional Services**-e.g., care transition record transmitted to health professional, medication reconciliation after discharge from facility, real time hospital admission notifications, discharge follow-up
- **Enroll Ranking of Quality of Care**-e.g., rating of plan by individual
- **Customer Service-**e.g., timely processing of appeals, complaints about the plan
- **Service and Goal Realization-**e.g., documentation of care goals, P-C Life Plans, self-direction participation, institutional diversion
- **Care for Older Americans-**e.g., medication review, functional status assessment and pain screening
- **Preventive Health-** e.g., risk of falling, controlling blood pressure, diabetes related exams, flu vaccine, cancer screening

Benefits and Challenges of Provider Participation

- Providers are an essential conduit for information to individuals (and families) in voluntary enrollment
- Extensive outreach by Partners Health Plan and State to IDD providers:
  - No financial risk to providers when they enter into contract agreement
  - Providers that are first to table gain valuable experience, potential to increase clients, support and training from PHP
- Provider participation remains challenging; many ***IDD*** LTSS providers are not yet participating

Still Learning How to Support Individual Choice

- How to more effectively communicate with potential enrollees
  - What really matters to them
  - How overcome bias of status quo
  - Who makes the decision to enroll
- What LTSS quality and outcome metrics are most meaningful to track

Questions?

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