Nothing Compares
NORTH CAROLINA

NC Department of Health and Human Services
Whole Person Care Workgroup

Preliminary Conclusions as of April 2015

Background

Presentation reflects the work of the Whole Person Care Workgroup

- Work completed spring 2015, prior to passage of existing Medicaid Reform legislation
- Recommendations were not published

Goals

1. Generate proposed quality and performance measures that should be considered for integration regardless of the future model
2. Provide recommendations on identified potential models of service delivery
3. Identify ways to attain whole person care integration within the current delivery system

Process

Research subgroups looked at MCO/ACO models in other states nationwide, and incorporation of LTSS services within those models

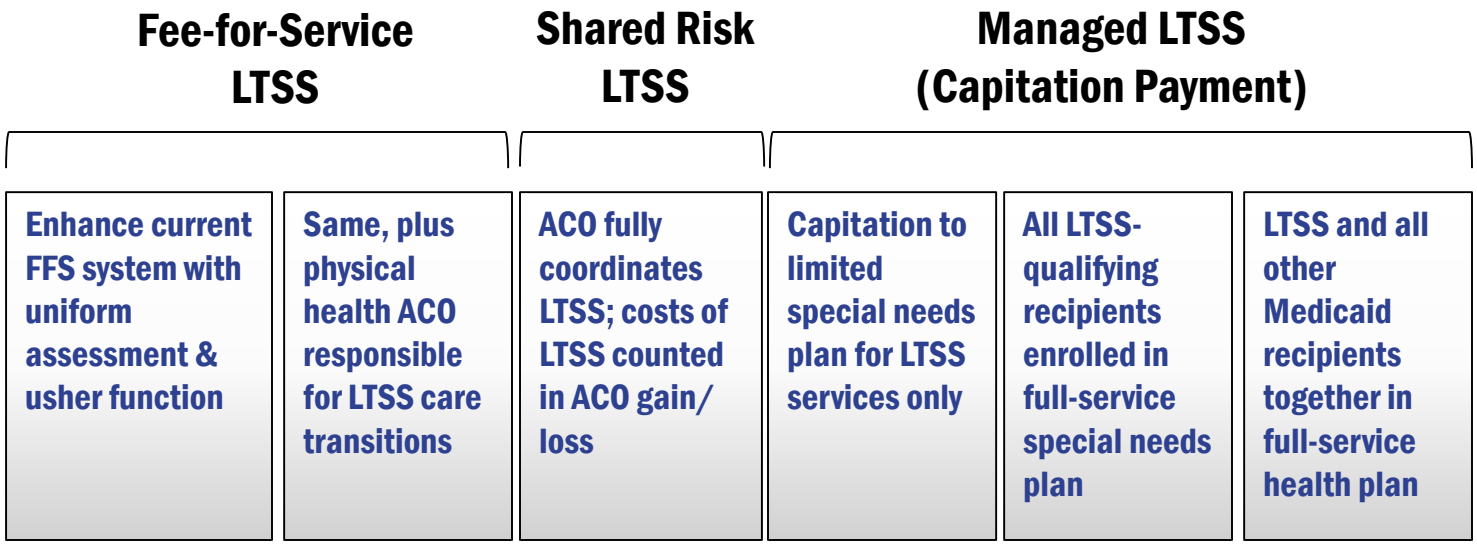
Workgroup members:

1. Identified states (where possible) that have comparable systems to the options being explored in NC
2. Developed two research committees that reached out to colleagues in other states to assess what was "happening on the ground"
3. Held a series of listening sessions with families across the state
4. Supplemented work with literature review and direct NC-specific experience.

List of participants is at the end of the presentation

Overview of Potential LTSS Reforms

Reflects options being considered at the time the workgroup began



APRIL 2015 – UNAPPROVED DRAFT

Assumptions

1. All observations are based on the discussions and research of the Whole Person Care Workgroup
2. The group acknowledges reform may involve "moving away" from the current fee-for-service (FFS) reimbursement structure
3. While a coordinating "entity" – a pre-paid health plan (PHP), accountable care organization (ACO) and/or a managed care organization (MCO) – may replace the current fee-for-service (FFS) model, many of these practices could also be better integrated into the existing FFS system. .
4. Except where noted, observations are relevant regardless of which type of management structure is eventually put in place

Overall Recommendations

1. Better integration of physical health and LTSS is critical under any circumstance; coordination of care is most effective when same entity is coordinating both domains

2. To ensure entity's capacity to effectively support LTSS beneficiaries, phase in LTSS services after competencies have been demonstrated

3. How and where services are accessed may impact service trajectory; NC's LTSS service delivery system is uncoordinated and confusing, resulting in procedural redundancy and delayed access to coordinated services

Overall Recommendations

4. Strengthen the hospital discharge process to improve coordination of LTSS supports
5. Ensure that all LTSS services are included
6. Align practices and requirements with existing practices wherever possible
7. Quality measures matter and a coordinating entity's quality measures must include LTSS-specific measures

Overall Recommendations

8. With the anticipated increase in NC's LTSS population, ensuring LTSS provider capacity is critical
9. Capitation creates opportunities to support LTSS priorities but does not guarantee cost savings, and can also negatively impact beneficiaries if not implemented properly
10. Care coordination is a critical lynchpin component of ensuring quality of care, particularly if multiple entities are supporting the same person

Integration

Integrate physical health and LTSS service delivery models

To better ensure appropriate service utilization and flexibility across the lifespan, reform should prioritize integrating physical health and LTSS, regardless of entity in place

- Medical homes play a key role in LTSS service access and enrollment
- Any coordinating entity should have the capacity to manage the physical health care needs of LTSS beneficiaries according to quality outcome and performance criteria outlined in contracts
- Ensure measures and contract mechanisms ensure strong communication among care partners
- Ensure that entity has strong mechanisms for ensuring physical, LTSS teams and providers work together

Integration

Also integrate other critical health care supports

- Workgroup noted the importance of supporting adequate therapy options within the network (occupational, speech, physical)
- Workgroup observed the disproportionate impact the lack of dental health providers has on the LTSS community

Behavioral Health

Integrate behavioral health supports with the LTSS service delivery system

- Ensure reformed behavioral health system recognizes that for LTSS individuals, the physician is often the "first call" when seeking behavioral health
- Ensure program/contract requirements promote continuity of care between services and streamlined communication between service systems; e.g., CAP for children beneficiaries often become innovations waiver adults
- Ensure appropriate access to behavioral health services in LTSS facility settings
- Ensure capacity to provide appropriate behavioral health services and outreach to specialty LTSS populations:
  - Geriatric psychiatry
  - Traumatic brain injury (TBI)

Build LTSS Capacity First

Regardless of management structure, any coordinating entity in a reformed system must first build LTSS capacity

- Delay implementation of LTSS
- Ensure entity has demonstrated competence prior to integrating LTSS services
  - Coordinating entities should begin coordinating physical health and intermittent services from the beginning (including for LTSS beneficiaries) but should not manage LTSS services until after competency is demonstrated
- Additional ramp-up time needed for provider preparation and data/IT design
  - States that have managed LTSS have extensive prior experience with capitation

Build LTSS Capacity First

Regardless of management structure, any coordinating entity in a reformed system must first build LTSS capacity

- Consider a phased-in approach
  - Plans are often inexperienced with LTSS
  - Going "cold turkey" with LTSS in capitation too abrupt
  - Ensure entity has "cultural competence" for LTSS supports (supporting family caregivers, self-direction, housing, etc.)
- Maintain current services until entity goes live

Usage of Services

How and where services are accessed may determine service trajectory

- Effectively supporting a LTSS beneficiary often impacts multiple systems: LTSS, physical health and behavioral health; and also education (school age); employment (working age); or housing.
- Families are often in crisis when they need the LTSS services.
- Sometimes services are accessed because of expediency, not appropriateness
- There is a critical need for ensuring services are "integrated at the front door" of the LTSS service system.
- A growing number of states develop the "options counseling" function to assist individuals and families in navigating the LTSS system
  - States are mixed on whether the options counseling entities can also serve as plan enrollment broker in capitated systems

Importance of Hospital Discharge Planning Process

In a reformed system, focus on the hospital discharge planning process and ensuring all LTSS services are included

- Hospital discharge is often first source of information for individuals who require LTSS, particularly with children or when an individual's LTSS needs are triggered by a health crisis
  - Improve synchronizing and "rapid response" of assessment and enrollment into available services

Incorporate/Coordinate All LTSS Services

Many experienced managed care states have included all LTSS services or intend to include all LTSS services to better ensure "whole person" supports and cost efficiencies or include all services for identified timeframes

Align Entity Practices with Existing Practices

Specific areas identified:

- Quality measures/mechanisms
- Reporting requirements
- Assessment and planning tools
- Ensure practices are also informed by Medicare practices and requirements

Care Coordination Function is Critical Under Any Model

- Regardless of model, care coordination function is critical to ensuring efficient, whole person care and is "more than just putting someone on a waiting list"
- The more entities involved, the more important a care coordinator becomes
- In a reformed system, consider assigning care manager / coordinator based on level of care and need over specific services
- Challenges observed are a result of:
  - High care coordinator to beneficiary ratios
  - Perceived conflict of interest
  - Uninformed on resources and option
  - Lack of responsiveness

Quality Measures

Quality measures are important and entities must be held accountable for LTSS-specific measures

- Ensure LTSS-specific quality measures for physical health are integrated into measures (e.g., pressure ulcers)
- Utilize measures that assess "whole person" quality of life
- Track performance measures specific to LTSS population (e.g., waiting lists for identified LTSS services)
- Place strong emphasis on care coordination measures
- For all outcome measures
  - Align quality measures with existing measure tracking methods
  - Ensure entity is held accountable to measures

Capitation Specific

If entities are capitated, ensure capitation structure more effectively meets the needs of growing LTSS population

- Explore reinvestment of savings into additional waiver slots, other supports that promote cost efficiencies and consumer choice
  - 1115 waiver potentially facilitates this better

- Streamline assessment and enrollment procedures for LTSS

Capitation Specific

LTSS cost savings in capitation are not guaranteed

- Recognize that multiple factors that can influence cost savings:
  - Longevity of system; savings are typically not realized immediately
  - Rate setting and risk adjustment methodologies must be accurate
  - Entity/state's "starting point" reliance on higher cost services and entity's responsibility for higher cost services

- Work to ensure that cost containment methods are based on cost efficiencies gained through a more coordinated system and preventing high cost episodes, not global rate reductions

LTSS Provider Supports

Design elements that support providers

- Single care manager
- "Cradle to grave" coverage
- Streamline forms and contracts
- Clear parameters for rate setting
- All reporting passes the "does this have value?" test
- Ensure provider network adequacy
  - Establish provider to beneficiary ratios in entity contracts
  - Acknowledge geographic access disparities within NC; consider "drive time" requirements in measuring provider network adequacy
  - Require standardized policies and practices across entities
  - Develop streamlined enrollment practices across entities

LTSS Provider Supports

Ensure rates and payment methodologies support a quality LTSS network

- Clarify who will set rates: entity or state?
- Establish clear parameters for rates, including a rate floor and allowable rate adjustments
- Consider regional rates to acknowledge regional cost and access disparities
- Require one uniform billing method

Direct Support Staff: Observations

- LTSS service continuity requires adequate, well-trained front line staff; because of the complexity of support needs, LTSS beneficiaries are disproportionately impacted by inadequate competencies of front line staff and staff turnover
- Staffing becomes more critical with medical advancements that enable individuals with increasingly complex needs to live longer
- Promotion of self-direction can help support adequate provider network, but self-directed supports must also be held accountable to quality and performance standards

Preparing for Reform

Support LTSS providers to prepare

- Ensure sufficient training and assistance (TA)
- Encourage state sponsorship of neutral forums between LTSS providers and PHPs
- Adopt implementation schedules that allow for sufficient preparation
- Conduct practice billing sessions
- Develop continuity of care requirements at time of transition/conversion into capitation
- Require uniform billing practices among all plans
- Consider TA need for small "mom and pop" programs

Preparing for Reform

Ensure coordinating entity is prepared

- Ensure adequate preparation for building LTSS-specific competencies and supports:
  - Adequate provider network (including specialists)
  - Strong care coordination
  - Alignment with Medicare
  - Interconnected IT
- Invest in robust readiness review processes

Preparing for Reform

Support beneficiaries to prepare

- Ensure beneficiary input on design and planning
- Provide adequate outreach and educational opportunities prior to "go live"
- Ensure beneficiaries clearly understand what benefit plans and non-Medicaid services are available to them and ensure this counseling is not a "one and done" but can be accessed again as needs change

Preparing for Reform

Support state systems to prepare

- Ensure adequate staffing and competencies
  - Contracts, actuaries, quality oversight
- Ensure adequate communication with local DSS
  - Use reform as an opportunity to strengthen consistency among DSS offices related to eligibility and enrollment practices across counties

Preparing for Reform

Consider piloting or investing in "upstream" LTSS

- Establish mechanisms for delaying or diverting from Medicaid enrollment
- Intensive options counseling and transition planning to assist people prior to Medicaid spend-down
- Assist in access to long-term care insurance

Whole Person Care Workgroup Participants

Organizations	Participants
	Walker, Helen
AARP	*Bethel, Mary
Accreditation Commission for Health Care	Flippin, Debbie Harbour, Teresa
ACHC	Pazun, Julie
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*Individuals who participated in the April 8, 2015, Whole Person Integration Workgroup Meeting in person or by phone.

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Title V Parent Consultant	**Bowman Fuhrmann, Sam
Transitions LifeCare	*Thoma, John

*Individuals who participated in the April 8, 2015, Whole Person Integration Workgroup Meeting in person or by phone.

** Sam Bowman-Fuhrmann initiated focus groups to gather information from families of children and youth with special health care needs about their experience with LTSS.