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)
- Tennessee spends nearly 2x the national average per person for this population
- Account for 50% of total program costs

TN

US

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

CHOICES Program

- Serves ~30,000 people who are elderly or have physical disabilities
- Serves ~9,000 people who have intellectual disabilities

ID Services*

- $1.2 billion
- $936 million

- $40,000 per person
- $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

Insufficient Employment Opportunities:

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

- Some people with developmental disabilities aren’t receiving HCBS

*Includes HCBS Waivers and ICFs/IID
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

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

* Not all services are available in every benefit package.
## 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
Learning from the FIDA-IDD Partnership in New York State

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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
- 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

Care Coordination Functions

- Linkage and Referral
- Advocacy
- Care Planning
- Assessment
- Record Keeping
- Monitoring
- Coordination with providers
- Cost Mgmt.
- Eligibility & Benefits Maint.
- Central Point of Contract
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

• 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.
“It’s All About Me” Assessment

Review of Progress / Analytics

PHP Model of Care

PHP Life Plan

Habilitation Plan, Active Treatment Plan, IPOP

PHP Charting, Daily Goals and Supports

PHP Monthly Summary

PHP Notification of Change
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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