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NASDDDS

National Association of State Directors of
Developmental Disabilities Services



LTSS INNOVATIONS IN THE CURRENT ENVIRONMENT

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INTRODUCTIONS



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Today's discussion

- ✓ LTSS in the current environment: challenges and opportunities
- ✓ States' efforts to build sustainable systems that meet needs, improve outcomes and deliver quality services
- ✓ Managed LTSS for older adults and people with physical disabilities
- ✓ State innovations in IDD systems
- ✓ Technology: administrative and clinical



GOAL:

Help states and stakeholders understand innovations states are implementing in financing structures, delivery systems, technology options and person-centered systems

State LTSS challenges

- ✓ Increasing demand for services
- ✓ Aging, low paid, decreasing direct care workforce; aging caregivers
- ✓ Lack of affordable, accessible housing
- ✓ Constrained state funding and need to “bend the cost curve”
- ✓ Continued implementation of HCBS Settings Regulation
- ✓ Uncertain future: federal funds (potential Congressional changes)



80% INCREASE
in elderly population by 2030

State approaches to sustainability

- ✓ Financing and management structures: managed care, capped HCBS waivers
- ✓ HCBS provider-led managed models
- ✓ Targeted, limited eligibility under multiple authorities
- ✓ Continued growth of self-direction
- ✓ Meeting lower-level needs earlier (preventative/diversion from 24/7)



New technologies



New pressures



New laws and
government
leadership



New growth in
populations
and eligibility

Trends and Themes – LTSS Delivery

- ✓ Preference for integrated community options
- ✓ Need for truly person-centered systems
- ✓ Integration of behavioral health supports
- ✓ “Preventative” approaches before residential
- ✓ Caregiver supports
- ✓ Relationship-based residential living
- ✓ Employment and related services
- ✓ Technology:
 - systemic integration
 - delivery (telehealth, monitoring, coordination)
 - personal/individual



STATE LTSS INNOVATIONS — MANAGED CARE

State challenges & opportunities driving MLTSS

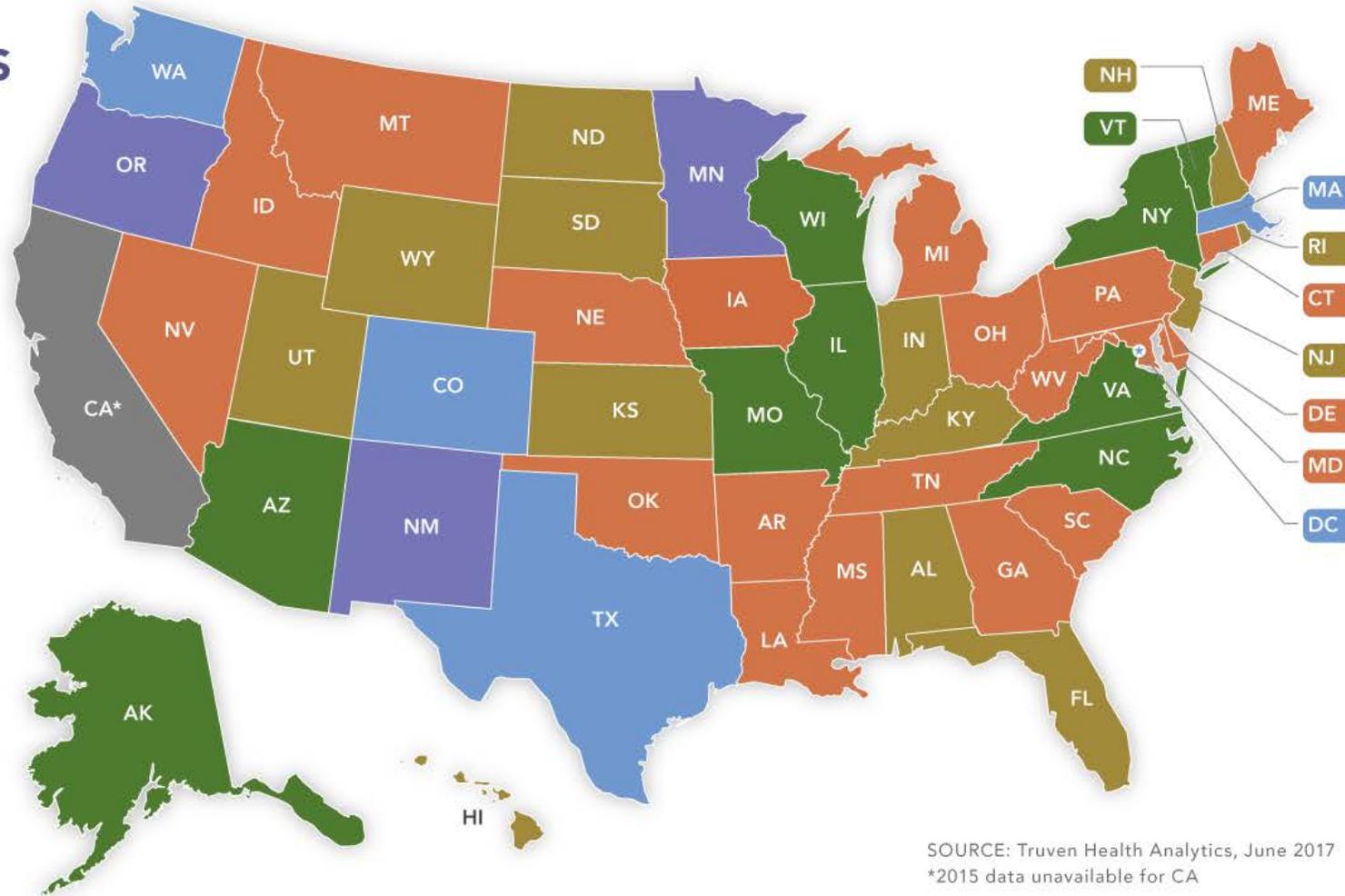
- ✓ Increasing demand for services
- ✓ Constrained state funding, need for sustainability
- ✓ Focus on quality and outcomes, including SDOH
- ✓ Need for better integration across medical care and LTSS
- ✓ Mismatch between consumer preference and service delivery (rebalancing)



Mismatch – Consumer preference & service delivery

Percentage of LTSS going to HCBS for Older Adults and People with Physical Disabilities (2015)

- 12–25%
- 26–40%
- 41–55%
- 56–70%
- 71–81%



SOURCE: Truven Health Analytics, June 2017
*2015 data unavailable for CA

States can address challenges through delivery system reforms, program design changes, or BOTH

- ✓ Contract with health plans on at-risk basis (MLTSS)
- ✓ Provide limited benefits before needs trigger Medicaid eligibility (At-risk programs)
- ✓ Measure consumer quality of life and address gap areas



Why MLTSS?

Accountability rests with a single entity	Administrative simplification for state	Budget predictability	Shift services to community settings	Innovation and quality	Consumer becomes the center, not their services
<ul style="list-style-type: none"> • Financial risk for health plan provides opportunity to incentivize/penalize performance • Plans can integrate siloed streams of care (primary/behavioral/long term care) more effectively 	<ul style="list-style-type: none"> • Eliminates need to contract with and monitor hundreds/thousands of individual providers • Managed care plans take on claims payment, member management, utilization review, etc. 	<ul style="list-style-type: none"> • Capitation payments greatly minimize unanticipated spending • Can more accurately project costs (especially with LTSS as enrollment does not have as much variation based on economic circumstances) 	<ul style="list-style-type: none"> • Most consumers express preference for community-based services • Health plans have demonstrated effectiveness in diverting and reducing institutional stays 	<ul style="list-style-type: none"> • MCOs can deliver services more flexibly than states • National companies, in particular, can bring best practices from other states/product lines • Local plans are grounded in their communities • Demonstrated improvement in quality outcomes (HEDIS) over FFS 	<ul style="list-style-type: none"> • LTSS interventions can lower acute care costs • Increased likelihood of “bending the cost curve”

MLTSS results

✓ Findings from NASUAD/CHCS May 2017 brief¹ include:

Florida	Reinvested \$20 million (avoided NF expenditures) in 2014 to enroll individuals from their waiting list with the most critical needs into its MLTSS program
Minnesota	LTSS members (compared to FFS) were 48% less likely to have a hospital stay; 13% more likely to receive HCBS and were 6% less likely to have an outpatient emergency department visit
Tennessee	Had only 19% of total LTSS in community in 2009; by 2016, TN was above the national average at 56% in community

¹ <https://tinyurl.com/y9nkvgu6>

Early interventions to improve health & quality of life

- ✓ Handful of states use 1115 authority to provide more limited set of LTSS to consumers before they meet clinical eligibility (LOC):
 - Delaware – DSHP-Plus “at risk” group
 - Hawaii – At Risk population in Quest Integrated
 - Rhode Island – Preventive Need group
 - Tennessee – CHOICES group 3
 - Vermont – Choices for Care Moderate Need group
 - Washington – Tailored Supports for Older Adults program



Early interventions to improve health & quality of life

- ✓ Washington implemented the Tailored Supports for Older Adults (TSOA) program in 2017
- ✓ TSOA provides a limited set of services and supports for individuals at risk of 'spending down' to Medicaid eligibility
- ✓ Intended to help individuals avoid or delay the need for Medicaid-funded services



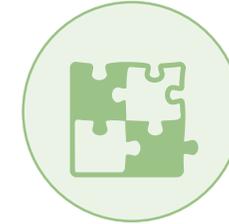
Measuring and improving consumer quality of life



National Core Indicators
– Aging and Disability
consumer quality of life
survey began in 10
states in 2015; in its 3rd
year, 22 states will be
using the survey



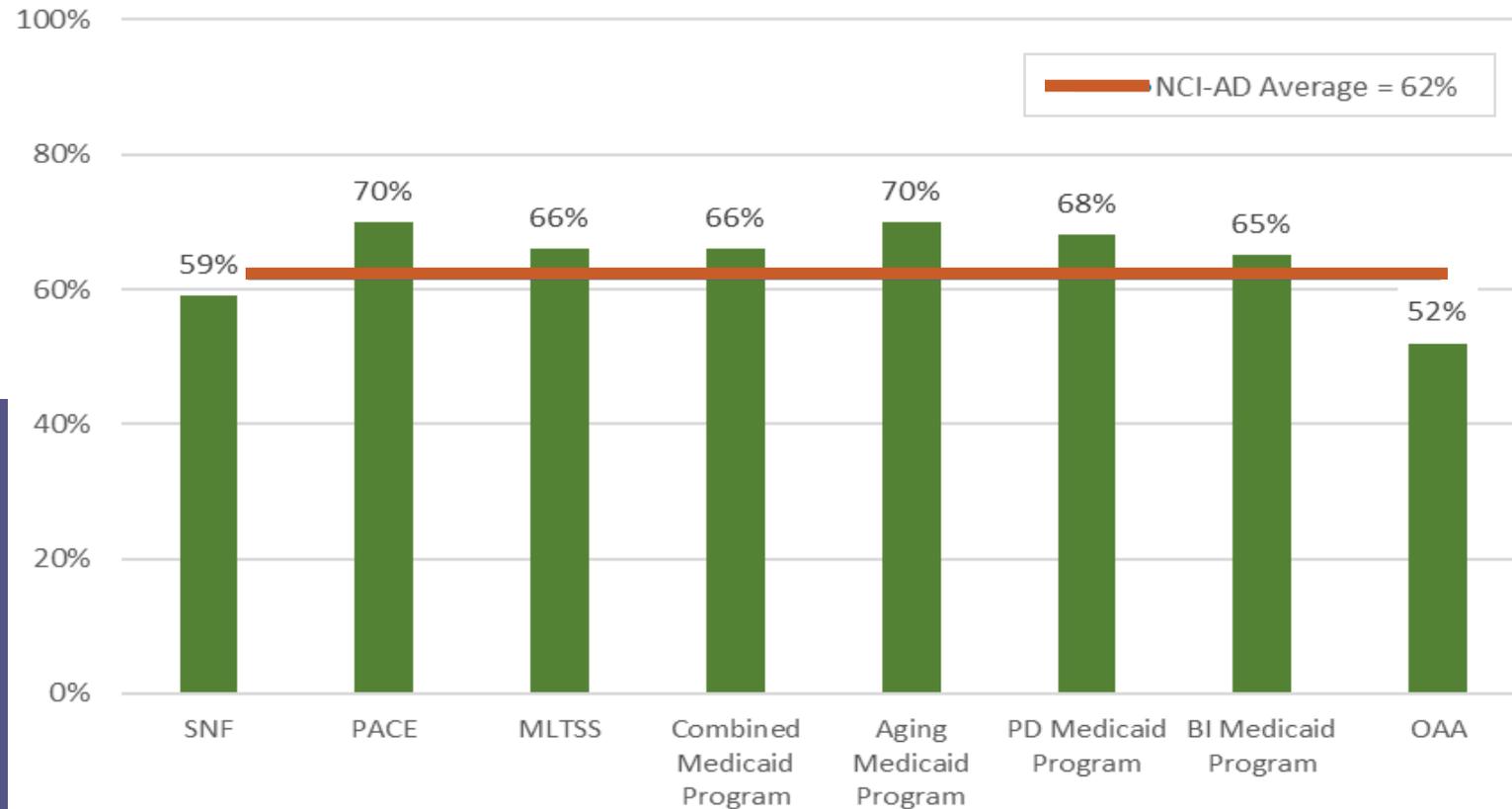
Survey assesses the
quality of life, service
satisfaction, and
outcomes of service
recipients



Results are parsed
based on factors
including waiver
program, care setting,
and/or MCO enrollment
(if applicable)

Measuring and improving consumer quality of life

*Proportion of people whose services meet all their needs and goals
(risk adjusted)*



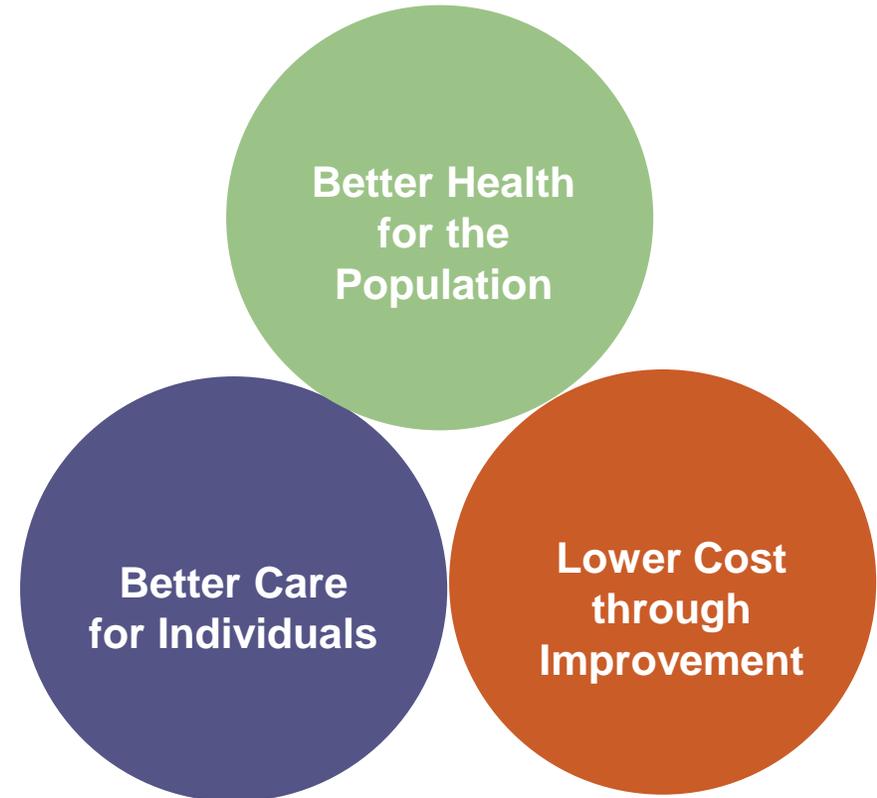
State with this data might change its person-centered planning processes to improve

A group of diverse people, including men and women of various ethnicities, are shown in profile, smiling and engaged in conversation. They appear to be in a meeting or collaborative work environment. The lighting is warm and soft, suggesting an indoor setting with natural light. The text is overlaid on the left side of the image.

STATE INNOVATIONS — IDD SUPPORT

State approach to innovation and outcomes

- ✓ Many states have embraced the CMS three-part aim in their efforts at improved outcomes for individuals with I/DD supported with LTSS, and are using Medicaid Home and Community Based Service structures to:
 - improve quality of life outcomes
 - increase budget predictability
 - provide more person-centered supports and services



State approach informed by federal policy climate

<p>CMS, OIG and GAO – Emerging Priority Areas</p>	<ul style="list-style-type: none">• Financial Accountability<ul style="list-style-type: none">– Rate reviews, high levels of scrutiny on state financial submissions• Fraud, Waste and Abuse Prevention<ul style="list-style-type: none">– OIG Audits– EVV implementation• Focus on Abuse, Neglect and Exploitation<ul style="list-style-type: none">– Multi-state reviews– Findings from CT, MA, ME – additional state reports and engagements expected soon, as well as comprehensive report and recommendations from OIG
<p>Continued emphasis on HCBS regulation implementation</p>	<p>As of January 15, 2018, 7 states had received final approval of their STP: TN, KY, OK, AR, DE, DC, WA</p>
<p>Conflict of interest requirements</p>	<p>At least 14 states are working to ameliorate issues of identified conflict</p>
<p>Person-centered planning expectations</p>	<p>CMS placing increased emphasis on meaningful person-centered planning</p>

State I/DD Systems – Long Term Support

State I/DD agencies, in partnership with Medicaid

- Support across lifespan
- Support across decades

Provide the right supports across the lifespan

- Design HCBS waivers aimed at supporting individuals who live in family home
- Design HCBS programs that promote employment and community integration
- Design strategies to intercede at earlier intervals to avert potential crisis

State I/DD Systems – Long Term Support

- ✓ “Support Waivers” accomplish many of these objectives:
 - Budgetary limits commensurate with the program goals
 - Recent approvals in Pennsylvania and Maryland
 - Active development efforts afoot in the District of Columbia
 - Offer a menu of lower-intensity services to reach individuals at earlier periods to avert potential crisis or more costly interventions, while promoting community integration and choice

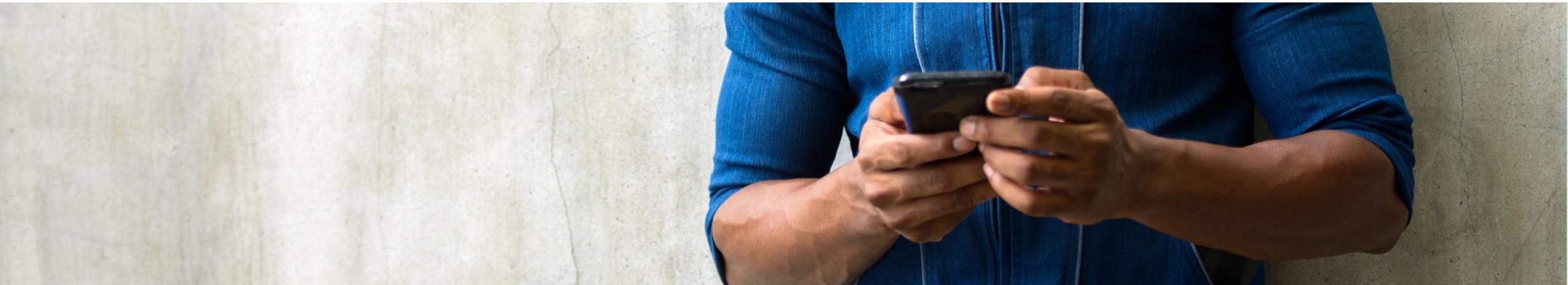


State I/DD Systems – Long Term Support

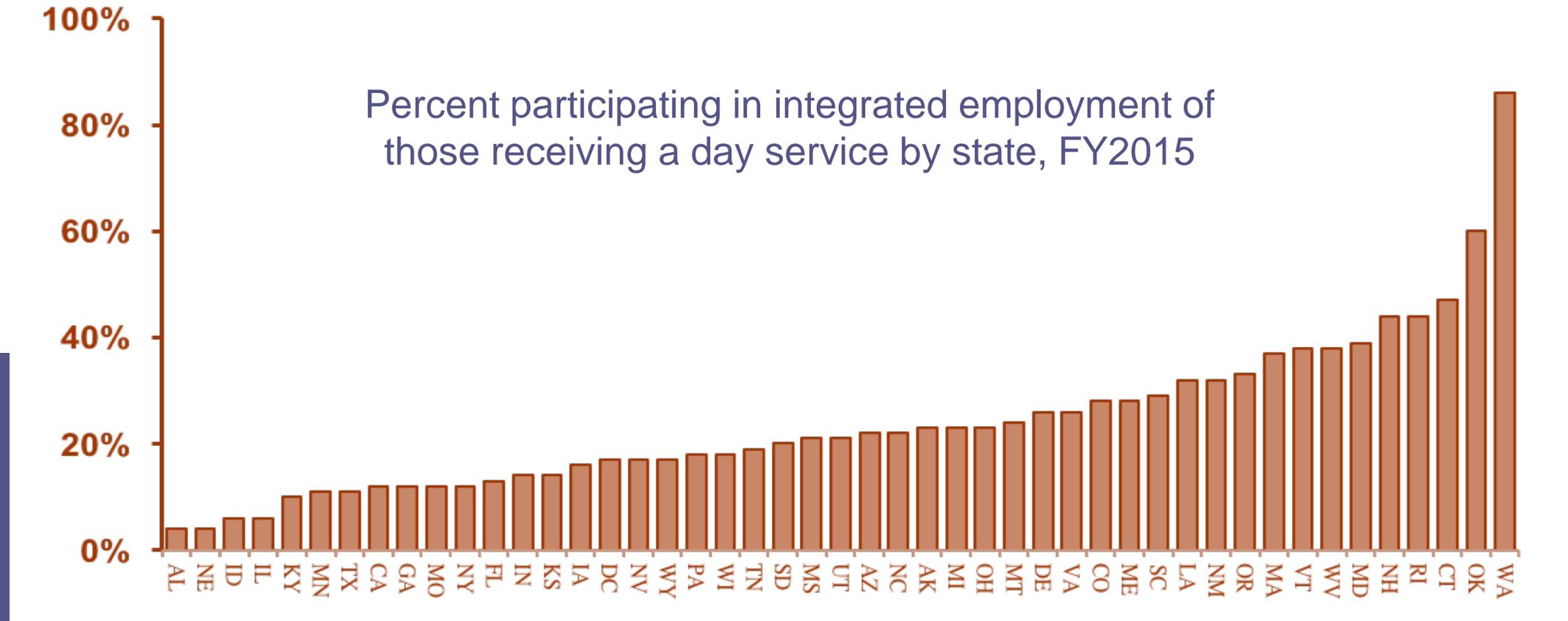


Why employment?

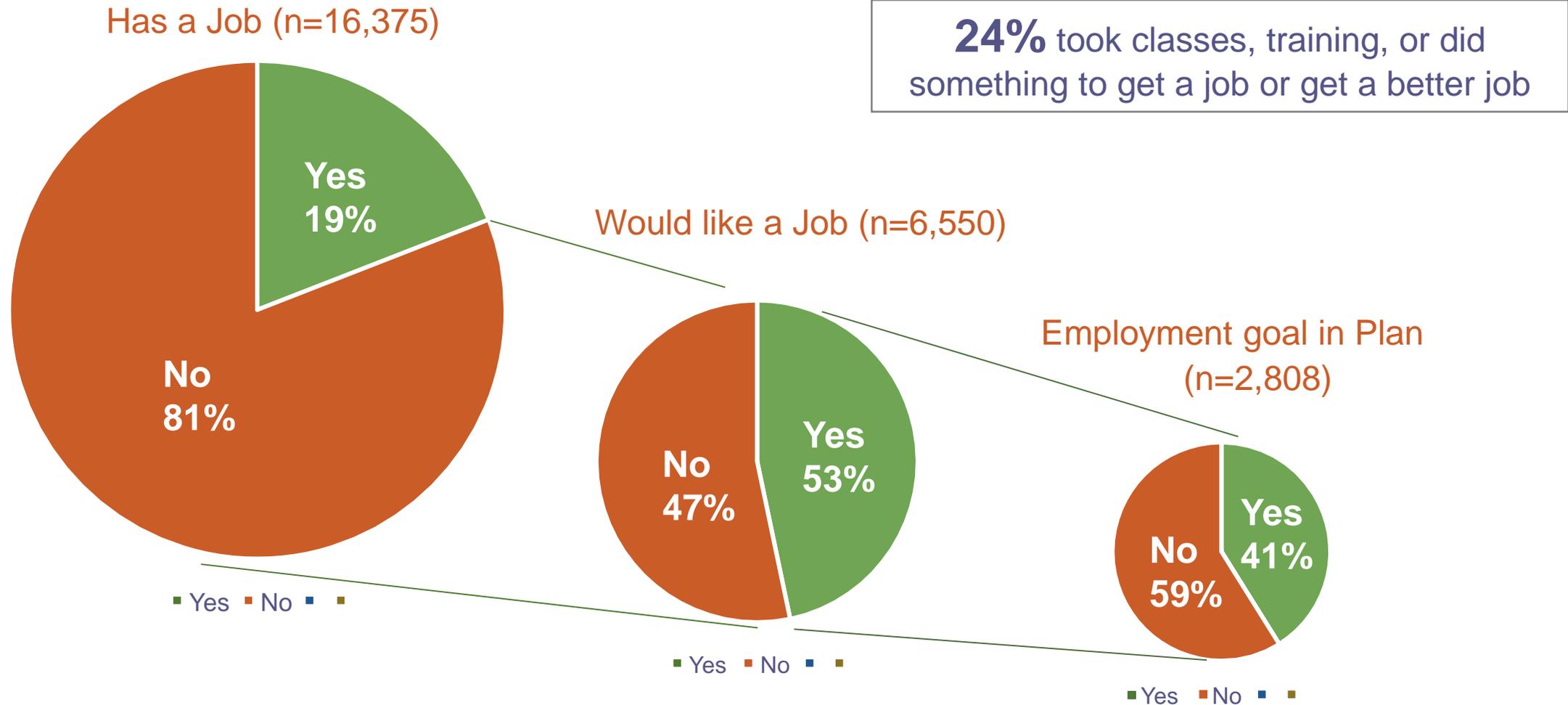
- ✓ Get out of poverty
- ✓ More independence
- ✓ Make friends
- ✓ Make a contribution to the community
- ✓ Positive image and valued role within family and community
- ✓ Opportunities for learning and expanding relationships
- ✓ Because people want to work



Can everyone work?



2015-2016 National Core Indicators: Adult Survey



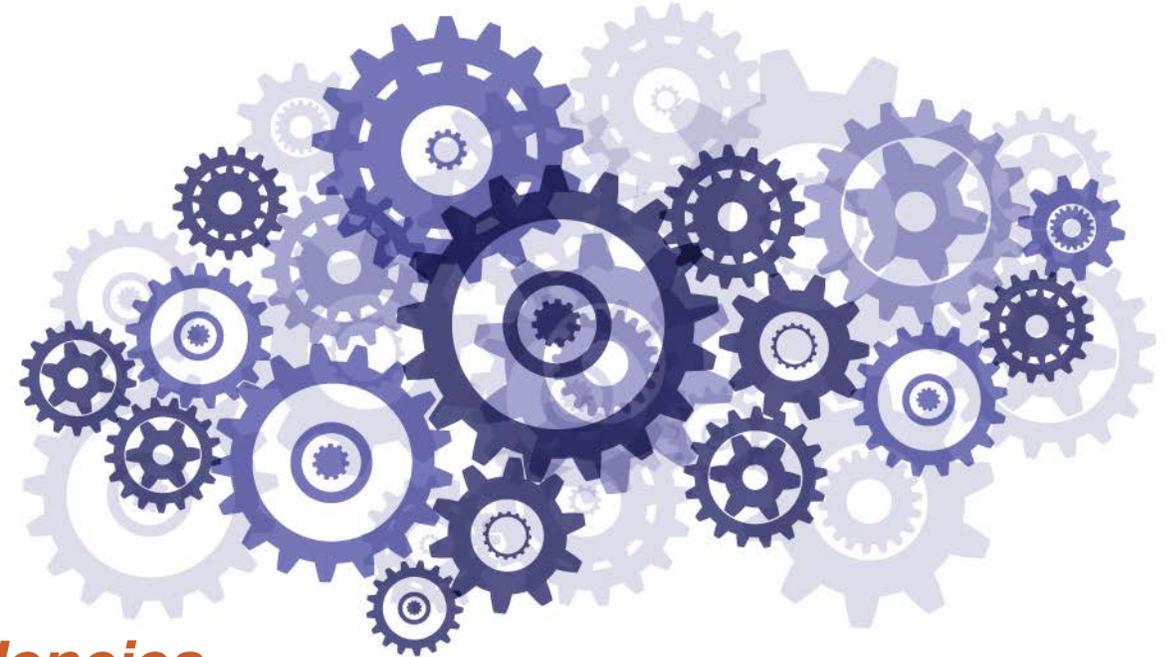
States continue to emphasize employment as an important key to community integration

- ✓ Employment First – not Employment only
- ✓ States are continuing work to develop an array of services that wrap around employment supports while supporting and enabling meaningful community integration



Effective strategies to increase sustainability

- ✓ In Medicaid, nothing stands alone
- ✓ To enable gains in employment specifically and in sustainability more broadly, states must consider all interconnected elements that contribute to the State's overall objectives



There are countless interdependencies within State Medicaid Systems

A man with short dark hair, wearing a red button-down shirt, is shown in profile, looking upwards and to the right with a thoughtful expression. He is in a meeting setting, with other people's heads and shoulders visible in the foreground and background. The background is a blurred office environment.

STATE INNOVATIONS — TECHNOLOGY

Technology – innovating LTSS administratively and clinically



Functional
Eligibility



Financial
Eligibility

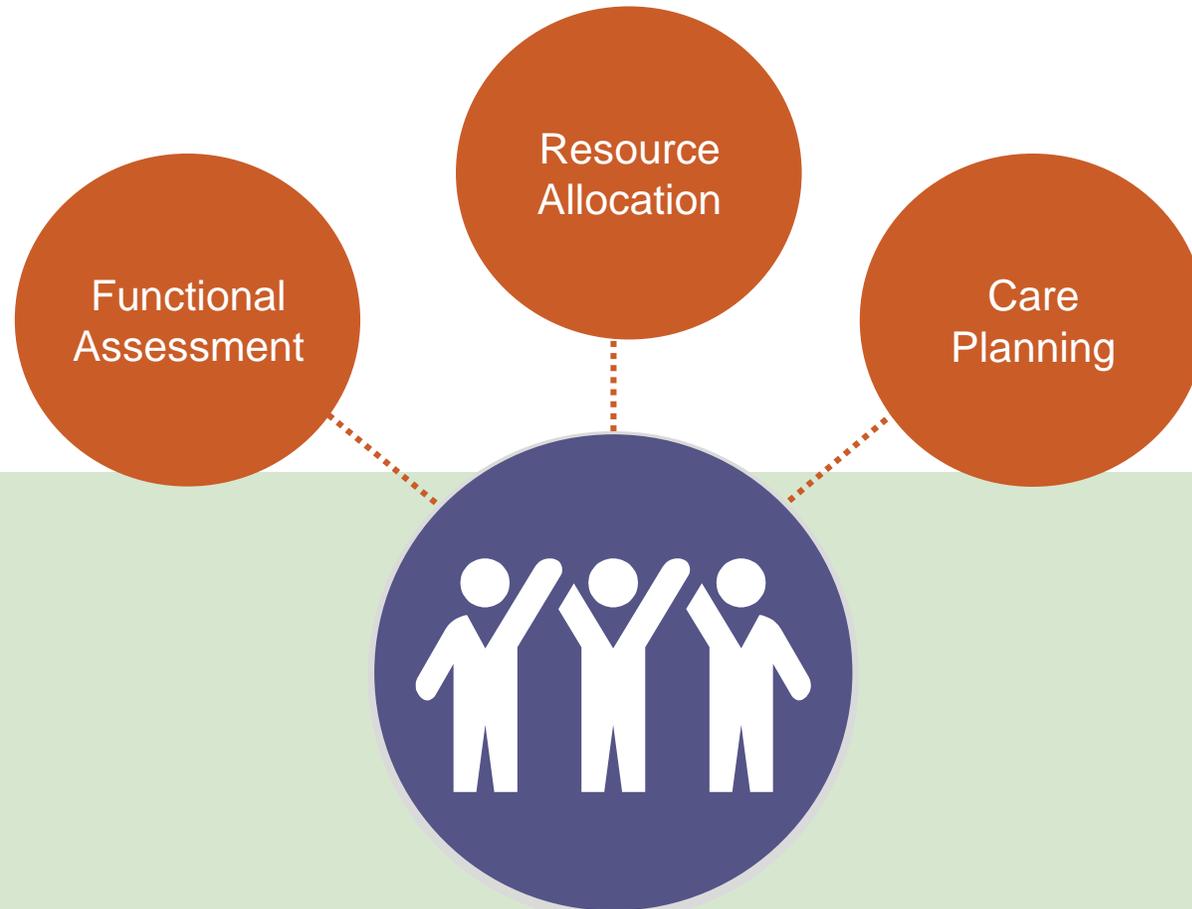


Employment
First Support



Care Transitions/
Aging In Place

Functional Assessments – automated and linked to service authorization



HOW CAN TECHNOLOGY EXPEDITE FUNCTIONAL ASSESSMENTS?

Case study:

Mental Health/Disability Screening & Evaluation System

States: Connecticut, Indiana, Iowa, Nebraska, North Dakota & Tennessee

Task:

- Algorithm reviews screens for clinical triggers
- Automated, instantaneous approvals
- Triaged nurse desk reviews of screens in gray area
- Face-to-face evaluations and care plans completed only for those with real need

1M+

Disability screens conducted

70%

of screens automatically approved via algorithm on average

2 week

Reduction in screening turnaround time in one state

HOW CAN TECHNOLOGY STREAMLINE FINANCIAL ELIGIBILITY, WHILE REDUCING FRAUD AND ABUSE?

Case study:

Automating Financial Transaction Analysis

States: Maine & New Jersey

Task:

- Digitize all bank and credit card transactions
- Analyze financial transactions during 60 month look-back period
- Identify unreported assets and asset transfers
- Identify recurring payments such as pension payments

150

Customers replace manual review with automation

99+%

Accuracy of data extracted from all bank statements

.1% LTSS Eligibility Applications

If Medicaid Genius identifies 1 ineligible application out of 1,600 then it pays for itself

Automated financial transaction analysis helps to identify fraud and abuse

- Analyzes bank and credit card statements
- Filters and sorts data
- Detects account transfers
- Identifies recurring transactions
- Generates a summary

The screenshot shows a web application interface for document management. At the top, there is a 'Document Manager' header with a dropdown arrow. Below this, the main area is titled 'Demonstration Application'. It features two large buttons: 'Upload Documents' on the left and 'Analyze' on the right. Below these buttons is a section titled 'UPLOADED DOCUMENTS' containing a table with the following data:

File Name	Progress	Pages	
TDBank2014.PDF	✓+ Verified	6	  
Chase2010.PDF	✓+ Verified	66	  

HOW CAN TECHNOLOGY SUPPORT EMPLOYMENT COMMUNITY FIRST?

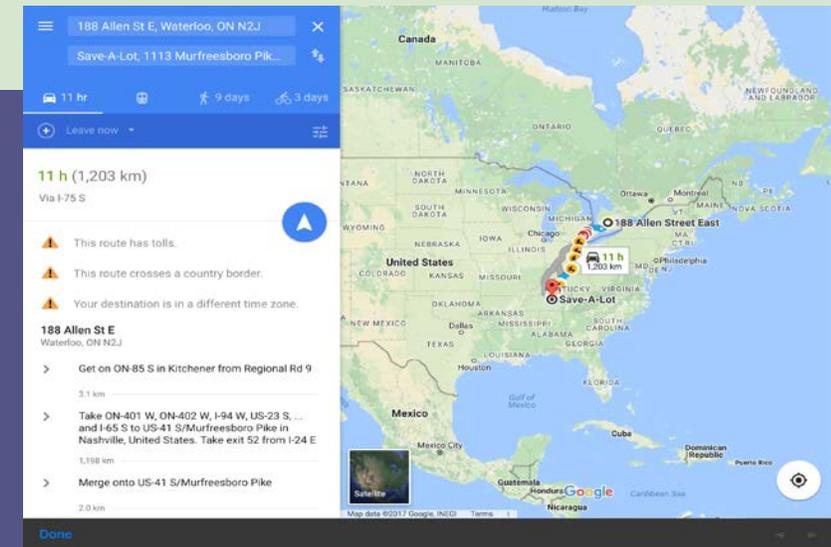
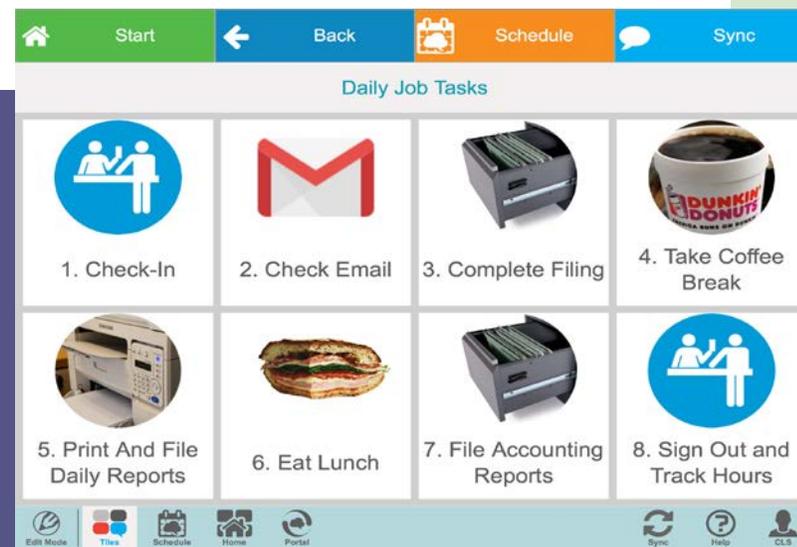
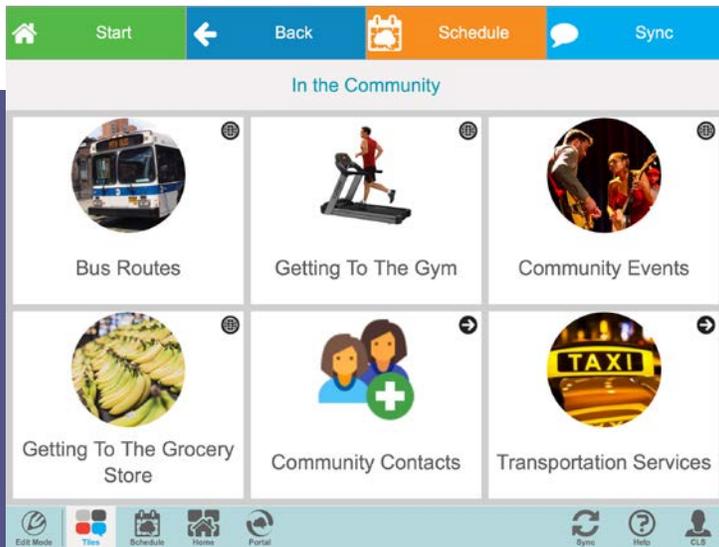
Case study:

Employment Community First

States: Tennessee

Task: Use mobile app to:

- Plan transportation routes
- Identify community resources
- List specific work tasks and coach on how to perform the tasks
- Provide schedule of activities
- Advise participant on appropriate behaviors when unexpected occurs



Customized images for individuals enable increased independence and work success

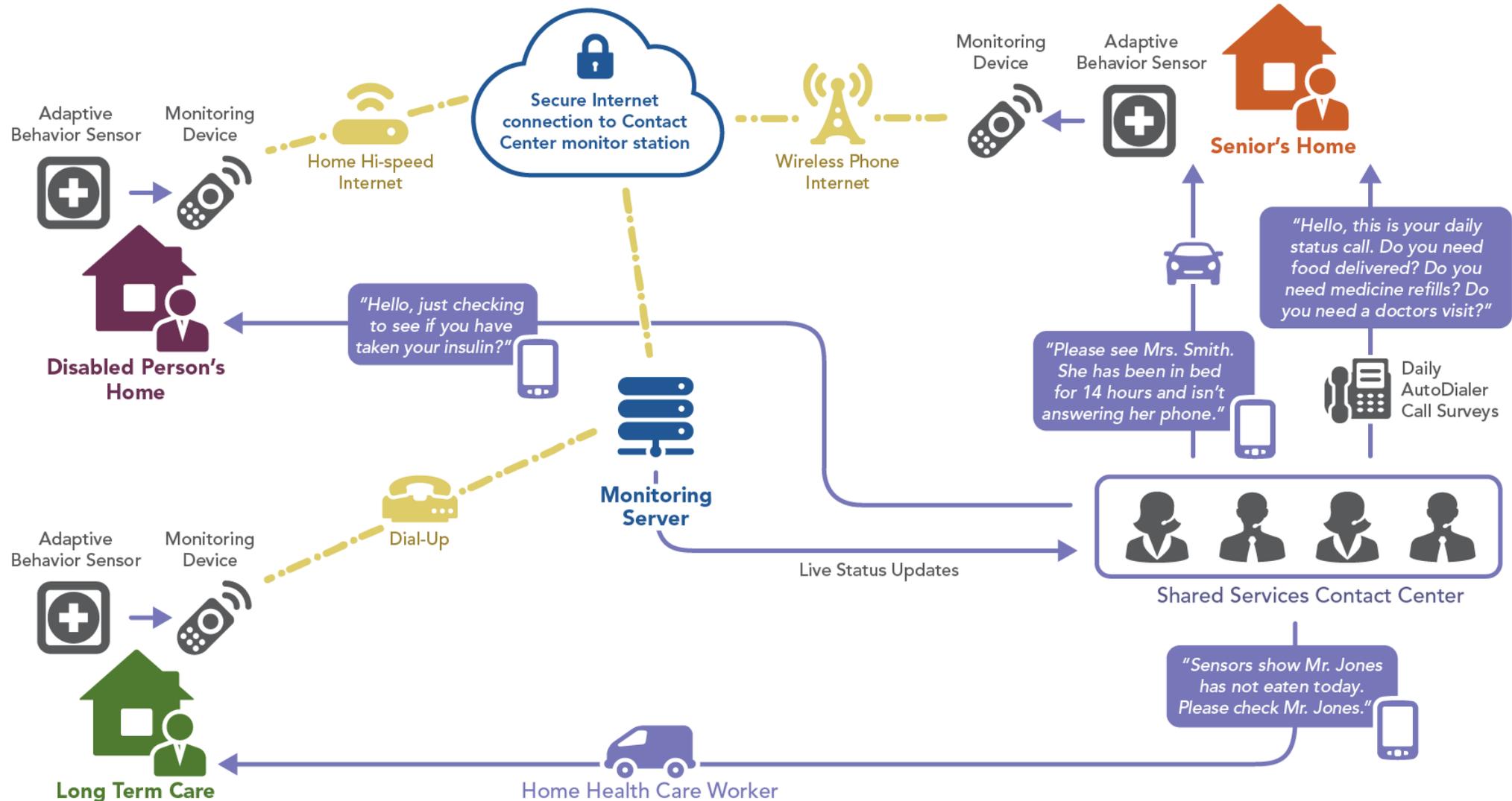


Telecare/Telehealth – enables the elderly to age in place and improve care transitions

- ✓ Extend aging in place, postponing or avoiding nursing facility admission
- ✓ Reduce adverse events – hospital readmissions, ER usage, falls – and improve chronic care outcomes
- ✓ Improve utilization and better target use of limited health professionals and personal care assistants
- ✓ Encourage family care-giving by offering convenient, safe, and in-expensive respite for family caregivers



Telecare operations model in HCBS environments



Sustainability efforts drive innovation

- ✓ As states explore opportunities for greater sustainability in LTSS systems, innovative approaches to financing, systemic structures and service options have emerged.
- ✓ States are designing structures that promote autonomy and choice, while emphasizing person-centered, individually tailored approaches to supports, including fostering relationship-based services, caregiver supports and self-direction.



QUESTIONS AND DISCUSSION



Thank you!

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