

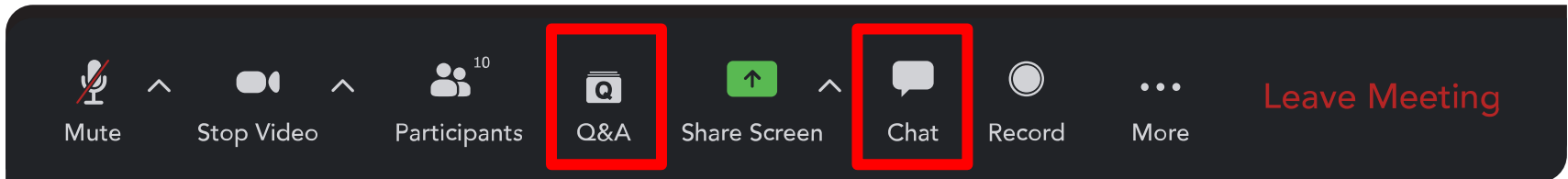


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***IDD Managed Care - It is
Coming to Your State
(...you just didn't know it)!***

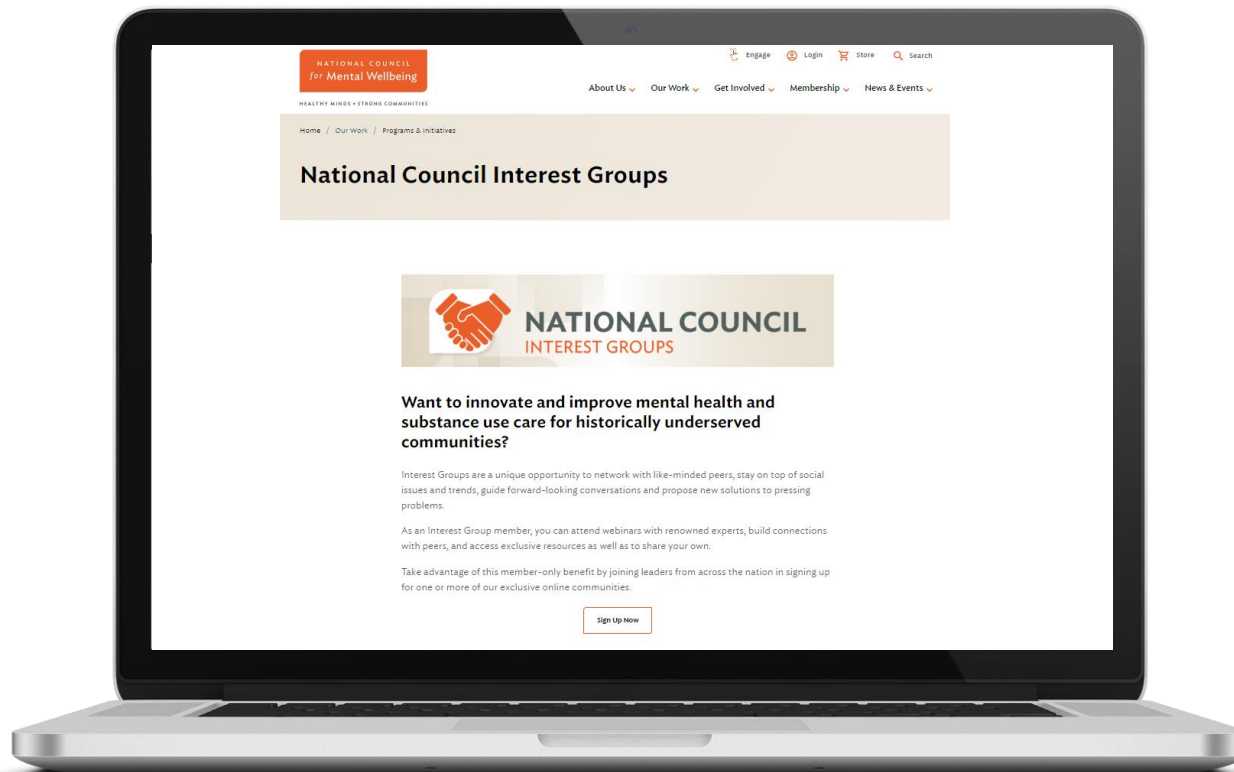
***Presented by the IDD Interest Group
May 1, 2024***

To Join the Conversation: Tips and Tricks



- You are currently in listen-only mode.
- **Want to speak?**
 - **“Participants”** at the bottom of the screen, then click on **“Raise Hand”**
- **Prefer to write?**
 - Type in the chat box or use the Q&A function. Both are located at the bottom of your screen. You can choose who to send a chat or question to

Learn More About Our Interest Groups



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Explore Our Interest Groups



**Intellectual and
Developmental
Disabilities**



LGBTQ+



Older Adults



**Children, Young Adults
and Families**



Rural Health



Crisis Response



Substance Use

<https://www.thenationalcouncil.org/program/interest-groups/>

Joining Us Today...



Rebekah Cunningham
Chief Executive Officer
The Arc of Centre County



Doug Finley
Chief Development Officer
Abound Health Group



Richard Edley, PhD
IDD Interest Group Board Liaison
National Council Board Member,
CEO of Rehabilitation and
Community Providers
Association (RCPA)



Nicole Cadovius
IDD Interest Group Staff Lead &
Director, Mental Health First Aid
National Council for Mental
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Common Factors in traditional Medicaid Managed Care populations

- Limited network of providers credentialed and contracted to provide care.
- Focus on Utilization management and Quality Measures
- Some level of financial incentives or risk-sharing by the provider for the care provided.

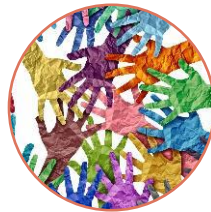
Quick Facts about Managed Care for IDD populations

- While 41 States currently have Medicaid Managed Care (MMC) programs, only 10 States have fully included people with IDD in those programs.
- Most states still draw lines between healthcare and Home and Community-Based Services (HCBS) which causes additional effort to manage and fails to maximize the benefits of whole person care.
- States struggle to find cost savings in HCBS programs and lack rate setting expertise.
- Commercial MCO's do not understand IDD populations well and care coordination is poor or lacking with waiver programs.

The Goals of Installing Managed Care

NC's Plan

It is important to understand the goals of our reform efforts as we embark on yet another massive change effort.



MCO Launch

- Improved Care Coordination
- Cost Control and Efficiency
- Improved Quality of Care



Standard Plans

- Improved Health Outcomes
- Financial Sustainability
- Reduced Substance Use



Tailored Plans

- Enhanced care for complex needs
- Continuity of Care
- Improved BH Services

2013

Counties become MCO's

In a massive shift, the state uses its county based service monitoring system to morph into the first MCO's for our high need BH and IDD citizens. 12 regional MCO's are formed. These entities manage the 1915b/c waiver as a PIHP for IDD and BH services.

2020

MCO's fail and care splits

Over the years many MCO's failed to manage their populations efficiently and were forced to merge or disband. Disruption was widespread. 4 "mega" MCO's remain standing. Basic care moves to the MMC "standard plans."

2024

MCO's morph yet again

July 2024 will see the big 4 go live with full MMC for their "tailored plans" This gives them the full weight of healthcare and HCBS/BH services for members.



NC's Reality of Managed Care

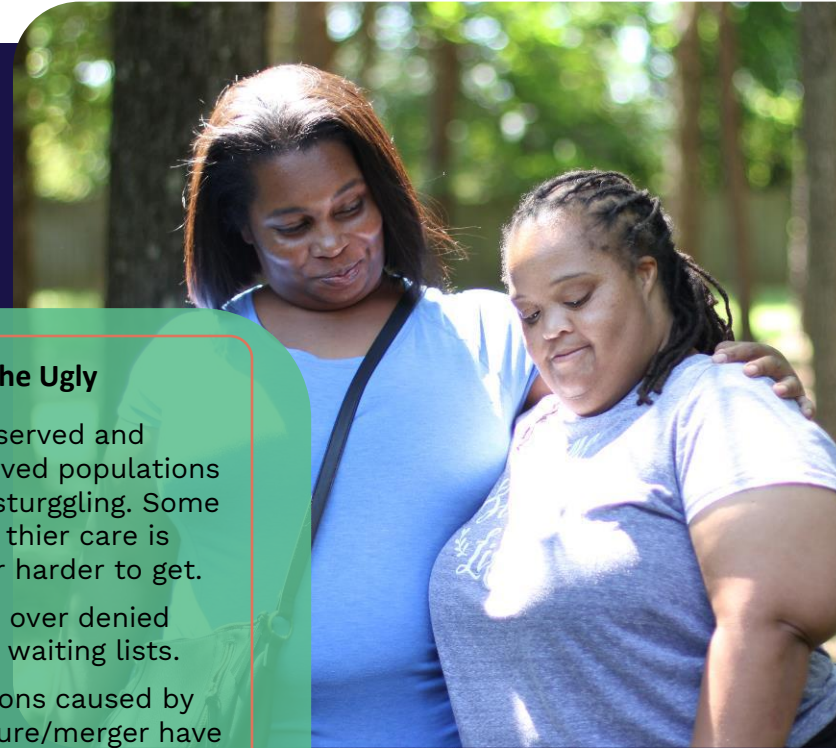
Ours is a story that is still unfolding. We have struggled to deliver on the promise of doing more with less while improving the lives of people with IDD. This has not been from lack of effort however as we have been locked in a long period of reform and restructure in the name of improving outcomes for those that we serve.

abund
HEALTH

We empower people.

What has the impact been?

It is impossible to describe a decade of change in one slide, but i'll try and cover the major issues we have experienced as a provider of IDD services...



The Good

- The winds of change have ultimately resulted in Medicaid expansion in NC.
- Rate increases for HCBS services have finally been achieved.
- Greater focus on the question of what constitutes quality and how to achieve it.
- Increased focus on the massive waiting list for services.
- Professionalization of the provider community.

The Bad

- Many failed MCO's and Providers in the early days of the changes impacted people served and their caregivers.
- Too many levels of bureaucracy have absorbed dollars that belong in the community for providing care.
- Unfunded mandates have further increased provider overhead – training, pass thru reporting, auditing, transition issues and troubleshooting.

The Ugly

- Many unserved and underserved populations are still struggling. Some feel that their care is worse, or harder to get.
- Lawsuits over denied care and waiting lists.
- Interruptions caused by MCO failure/merger have caused interruptions in care and provider failure or industry exit.
- The pace of constant change has driven many talented people from the field prematurely.

How to Maximize the Good



Invest in Technology

Data rules the day in managed care and you **MUST** be in control of your data and be able to use it to tell your story of quality and value. An EHR is just the beginning, BI and automation are critical as well.



Invest in your people

There will never be enough talent in our industry to go around, so when you find good people, pay them, develop them, and support them to the fullest!



Don't work alone

Provider associations, business networks, and shared resource groups can all become valuable tools. From defraying overhead costs to influencing legislation, you need the power of a network.



Always be Growing

Managed care wants to work with fewer providers that offer a comprehensive service to the population they serve. If you can't expand your offering organically, look for a partner to help or acquire you.

Performance-Based Contracting- Provider Perspective



Building the ship



as you sail

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The Basics

- PERFORMANCE-BASED CONTRACTING RESIDENTIAL SERVICES Implementation Plan
 - Waiver changes- “To improve quality, ODP is changing the way it manages residential services and supports coordination.”
 - “ODP is applying for a statewide 1915(b)(4) Selective Contracting waiver for residential services, including Residential Habilitation, Supported Living, and Life Sharing, which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs...”
 - “...Everyday Lives was the first step in deciding to start performance-based contracting. Performance-based contracting allows ODP to have new standards for residential providers. Based on how well providers do at meeting the new standards, they will be assigned to different levels called "tiers." Providers in the top tiers will be paid higher rates.”

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Performance-Based Contracting- Impact Areas

- Each agency will be able to support a widely diverse range of individuals.
- Clinical supports/services will be readily available and provided by appropriately credentialed employees.
- Workforce will be upgraded on a number of dimensions
- Compliance with regulations will increase
- More clients will be competitively employed
- Agencies may have reduced control of their admission/discharge process
- Use of technology will be expanded



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Provider Perspective-Timing

374 Days

RELEASE OF THE
CONCEPT PAPER TO
PROJECTED PROVIDER
AGREEMENT

625 Days

FIRST MENTION OF
"SELECTIVE
CONTRACTING" TO
PROJECTED
IMPLEMENTATION



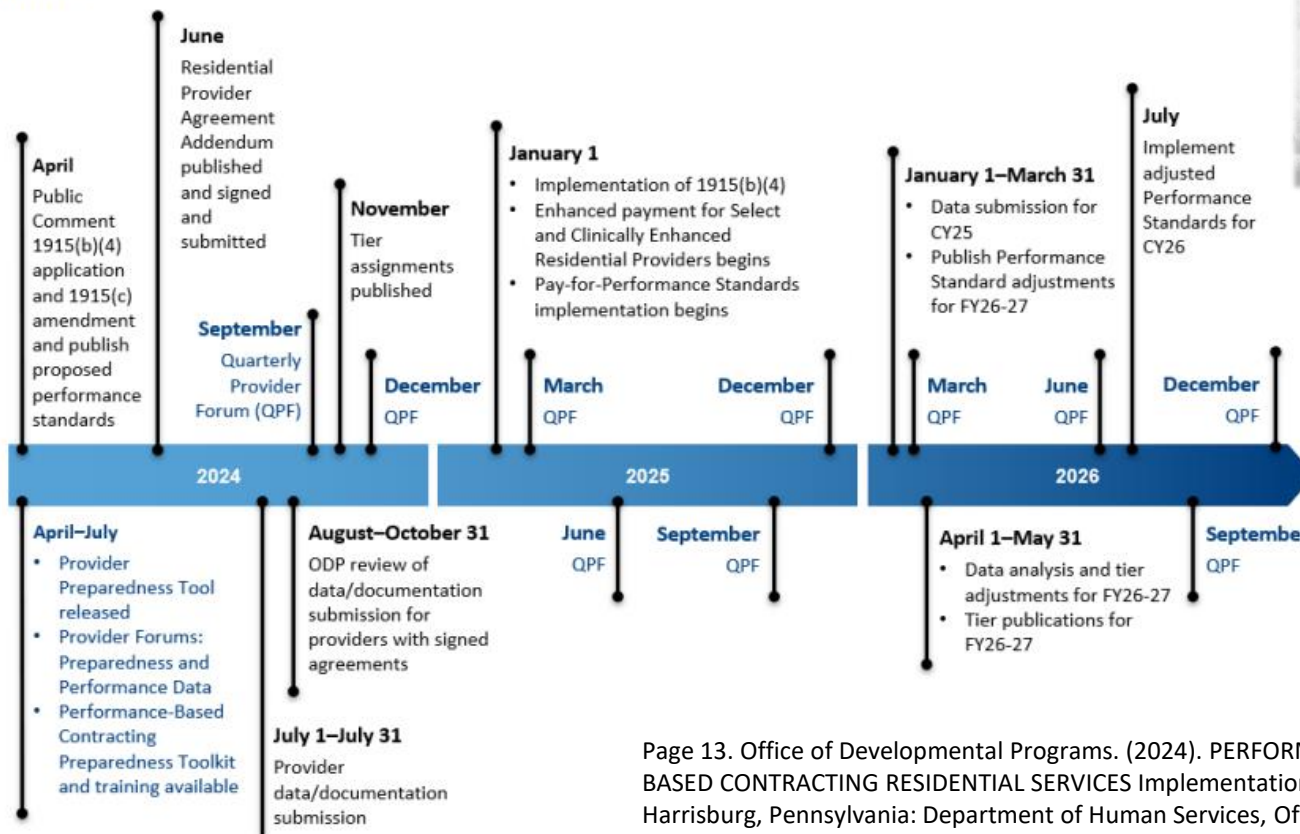
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Building & Sailing

Page 13
 Performance-Based Contracting Residential Services
 Implementation Plan

Timeline

Figure 5.



Page 13. Office of Developmental Programs. (2024). PERFORMANCE-BASED CONTRACTING RESIDENTIAL SERVICES Implementation Plan. Harrisburg, Pennsylvania: Department of Human Services, Office of Developmental Programs.



Provider Perspective- Scope

10

STANDARDS IN THE ORIGINAL
CONCEPT PAPER, MAY 2023


31-69

SUB-STANDARDS IN
PERFORMANCE BASED
CONTRACTING, APRIL 2024

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Performance Areas

- Continuum of residential services
- Supporting individuals with complex needs
- Referral and discharge practices
- Data management
- Risk management
- Individual employment
- Use of remote support technology
- Regulatory compliance
- Community integration
- Workforce
- Administration
- Quality



Page 8-9. Office of Developmental Programs. (2024). PERFORMANCE-BASED CONTRACTING RESIDENTIAL SERVICES Implementation Plan. Harrisburg, Pennsylvania: Department of Human Services, Office of Developmental Programs.

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Performance Based Tiers

Providers will be placed in one of the following tiers based on their performance in the areas described below:

- ***Conditional*** for providers operating under provisional or revoked licenses.
- ***Primary*** for providers that meet current standards and a few additional measures.
- ***Select*** for providers that deliver at least two of the three residential services in the performance-based contracting model and meet the additional measures.
- ***Clinically Enhanced*** for providers that offer clinically enhanced medical or behavioral supports and meet the enhanced measures.

Standards- Past, Present & Future

Past

- Review of data and fidelity
- Measurement of specific programming activities and priorities

Present

- Evaluations and Attestations
- Test and Case Files
- Provider Readiness Tool*

Future

- Rates
- Referrals
- Annual Re-evaluation

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Questions Left Unanswered

- Timing and Transparency
- Preparedness
- Quality
- Choice
- Person-Centered
- Cost
- Availability of Residential Services
- Data & Management - crossover in data sets
- Engagement with Stakeholders



Provider Perspective

“A year from now, you will wish you had started today.” — Karen Lamb

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Have Any Questions?



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We Welcome Your Input



Please take a few moments to complete the survey that will pop up in a new window when our session closes.