

Model Design Work Group

November 16, 2012





Today's Agenda

Review progress and next steps regarding Connecticut's Demonstration to Integrate Care for Dual Eligible Individuals:

- Goals and Key Structural Features
- Key Activities
- Issues Pending Resolution
- Health Home Funding and the Health Neighborhoods

Review and discuss the Leadership and Composition section of the draft Health Neighborhood Operations Plan

Goals

Through the Demonstration, stakeholders and the Department seek to create and reward innovative local systems of care and supports that provide better value over time by:

- integrating medical, behavioral and non-medical services and supports
- providing financial incentives to achieve identified health and client satisfaction outcomes

Key Structural Features

- Enhanced ASO Model (“Model 1”)
 - Under the Demonstration, the ASO will address the need for more coordination in providing services and supports, through such means as:
 - integration of Medicaid and Medicare data
 - predictive modeling
 - Intensive Care Management (ICM)
 - electronic tools to enable communication and use of data

Key Structural Features (cont.)

- Expansion of Person-Centered Medical Homes (PCMH) pilot to serve MMEs
 - Under the Demonstration, the Department will extend the enhanced reimbursement and performance payments to primary care practices that serve MMEs

Key Structural Features (cont.)

- Procurement of 3-5 “Health Neighborhoods” (HNs) (“Model 2”)
 - HNs will reflect local systems of care and support and will be rewarded for providing better value over time
 - HNs will be comprised of a broad array of providers, including primary care and physician specialty practices, behavioral health providers, long-term services and supports providers, hospitals, nursing facilities, home health providers, and pharmacists

Key Activities

- The Department submitted the final application to CMMI on May 31, 2012
- Final submission reflected revisions related to feedback received during the thirty-day public comment period
- Application is posted on Department's web site:
<http://www.ct.gov/dss/lib/dss/pdfs/mmedemo.pdf>

Key Activities (cont.)

- The Department has mapped best practices associated with other integrated care initiatives and produced white papers on:
 - care coordination
 - structure of provider networks
 - performance measures

Key Activities (cont.)

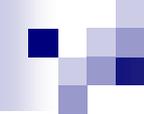
- Further, the Complex Care Committee has heard presentations from Connecticut stakeholders on existing models of care coordination (medical and behavioral health ASOs, Access Agencies, behavioral health partnerships), as well as coordination of providers across disciplines

Key Activities (cont.)

- The Department is now drafting an operations plan for the proposed “health neighborhoods”, three to five of which are expected to be procured by RFP in 2013.
- The plan will be circulated in three broad sections:
 - Leadership and Composition
 - Beneficiary Enrollment, Rights, and Care Coordination
 - Financing Model

Issues Pending Resolution

- Need to negotiate and finalize the parameters of our Demonstration with CMS
- CMS has not yet issued formal guidance on shared savings and performance standards. However, the recent MOU between CMS and Washington State for its Managed Fee-for-Service duals demo indicates CMS's thinking on:
 - Methodology for shared savings calculation
 - Performance measures on which shared savings will depend (core and state-selected measures)



Health Home Funding and the HNs

Question presented by CMS:

Will Connecticut elect Affordable Care Act (ACA) “health home” (HH) funding within the duals demonstration’s Health Neighborhood (HN) model?

Background:

- ACA “health home” amendments qualify states to receive eight quarters of **enhanced (90%)** Federal Medical Assistance Payment (FMAP) in support of “health home services” to coordinate care for Medicaid beneficiaries with chronic conditions
- DMHAS has been partnering with a work group of the CT Behavioral Health Partnership Oversight Council (BHPOC) since enactment of the ACA health home option to assess how this model could be implemented in support of the needs of individuals with Serious and Persistent Mental Illness (SPMI)

DSS/DMHAS Working Agreement:

- Connecticut should not elect health home funding within the Health Neighborhood model that will be implemented under the duals demonstration
- Connecticut should elect health home funding outside the context of the duals demonstration and implement a number of condition-specific health homes for both dually-eligible and single-eligible individuals with Serious and Persistent Mental Illness (SPMI)
- Health Neighborhoods should include a Behavioral Health Partner Agency (BHPA)

Rationales:

- Incorporating health home funding under the HN would introduce a level of complexity to the funding model that is undesirable.
- Individuals with SPMI should be prioritized for participation in the health home model because they face serious access barriers in receiving integrated medical and behavioral health care.

Rationales (cont.):

- Implementing health homes in this way supports best practices demonstrated in other states that have already done so.
- Connecticut can build on lessons learned from both HH and HN models in developing future HHs without having “run the clock” on the enhanced federal match by broadly incorporating HH within HNs.

Feature	Health Neighborhood (3-5 to be procured)	Health Home (number to be determined)
Provider composition	Broad range of medical, behavioral health, and long-term services and supports	Care team selected from among three options identified in State Medicaid Director letter
Population served	Minimum of 5,000 dually-eligible individuals	Smaller scale, targeted for individuals with SPMI, both dually-eligible and single-eligible individuals
Care Coordination	Multi-disciplinary care team, PMPM to support costs of care coordination and supplemental services	Care team defined as selected, PMPM to support costs of care coordination



Questions or comments?