Connecticut HUSKY Health and CAHCH: the Benefits of Public/Private Partnership

Connecticut Association for Health Care at Home Annual Conference

November 1, 2018
On a foundation of Person-Centered Medical Homes, ASO-Based Intensive Care Management (ICM), Pay-for-Performance (PCMH, OB), and Data Analytics/Risk Stratification, we are building in Community-based care coordination through expanded care teams (health homes, PCMH+, rebalancing). With the desired structural result of creating Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods/health enhancement communities, we achieve Value-based payment approaches (PCMH+). Supports for social determinants (transition/tenancy sustaining services, connections with community-based organizations).
A stronger and healthier next generation that avoids preventable conditions and is economically secure, stably housed, food secure, and engaged with community.

Families that are intact, resilient, capable, and nurturing.

Choice, self-direction and integration of all individuals served by Medicaid in their chosen communities.

Empowered, local, multi-disciplinary health neighborhoods.
Rebalancing of long-term services and supports is a key component of our Medicaid reform strategy:

- Consumers overwhelmingly wish to have **meaningful choice** in how they receive needed long-term services and supports (LTSS).

- Average per member per month **costs are less in the community**.

- In Olmstead v. L.C., 527 U.S. 581 (1999), the Supreme Court held that title II **prohibits the unjustified segregation** of individuals with disabilities. Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
Projected Growth, Age 65+, 2015-2025

- **2015**: 532,527 people 65 and over, not covered by Medicaid
- **2020**: 614,761 people 65 and over, not covered by Medicaid
- **2025**: 718,410 people 65 and over, not covered by Medicaid

- **2015**: 20,206 Nursing Home Level of Care, of which 14,071 are not covered by Medicaid
- **2020**: 23,483 Nursing Home Level of Care, of which 12,700 are not covered by Medicaid
- **2025**: 27,412 Nursing Home Level of Care, of which 11,072 are not covered by Medicaid

- **2015**: 15,548 Nursing Home Level of Care Community
- **2020**: 20,097 Nursing Home Level of Care Community
- **2025**: 25,728 Nursing Home Level of Care Community

- **2015**: 718,410 Over 65, not covered by Medicaid
- **2020**: 718,410 Over 65, not covered by Medicaid
- **2025**: 718,410 Over 65, not covered by Medicaid
Medicaid LTSS as a Proportion of Spend

800,000

Medicaid Non-LTSS 94%

$8.0 B

Medicaid Non-LTSS

Community LTSS $1.8 B

Community LTSS 4%

Institutional LTSS $3.4B

Total LTSS 6%

Total LTSS

800,000

Medicaid Non-LTSS

$8.0 B

Medicaid Non-LTSS

Community LTSS $1.8 B

Community LTSS 4%

Institutional LTSS $3.4B

Total LTSS 6%

Total LTSS
High quality, person-centered home care services and a robust, financially viable home care network are critically important in:

- enabling thousands of Connecticut residents who receive services under the LTSS “waivers” (Connecticut Home Care Program for Elders and others) to remain in place in the community
- furthering transition of individuals from institutional settings to the community (over 5,000 people have transitioned to date)
- supporting effective self-direction through personal care assistants (PCAs) under Community First Choice
That said, there are features of the landscape that can either facilitate or inhibit progress:

- adequacy of reimbursement rates
- regulatory requirements
- eligibility processing
- referral and authorization processes
- claiming processes
In Fall, 2017, CAHCH conducted an intensive LEAN process examination to review each of these aspects, and invited DSS to take a new approach:

A public/private partnership to examine each facet of the processes for authorizing, providing, documenting and claiming for home care services to identify potential areas of improvement that would both support consumers and reduce the real costs of doing this business.
CAHCH’s Analysis

Insert LEAN process diagram
DSS and CAHCH have:

- been successful in gaining authorization from OPM for an increase in companion and non-nursing home health rates

- set up sub-committees:
  - with DPH to review regulations for the purpose of aligning federal and state requirements and reducing duplication of effort
  - to examine means of improving information sharing and timeliness of eligibility processing
  - to increase timeliness in referrals and reduce duplication of work in the authorization processes
  - to examine means of smoothing the claiming process