

Tuesday, 12:30 – 2:00, B5

The benefits of the Affordable Care Act for persons with Developmental Disabilities

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Objectives:

1. Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities
2. Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Notes:

The Benefits of the Affordable Care Act for Persons with Developmental Disabilities in the State of Michigan


30th Annual Developmental Disabilities Conference
Kellogg Hotel and Conference Center, East Lansing, MI
April 22, 2014



4/24/2014 v1.aes

OUTLINE of Presentation


- ▶ The Affordable Care Act
- ▶ The Current Delivery System in Michigan
- ▶ State of Michigan Reform- PIHP Consolidations and Substance Use Disorder Coordinating Agency Merger into Regional Entities
- ▶ Dual Eligible Demonstration Program (MI Health Link)
- ▶ Stakeholder Engagement Opportunities
- ▶ Timelines



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Affordable Care Act

The Affordable Care Act puts consumers back in charge of their health care. Under the law, a new "Patient's Bill of Rights" gives the American people the stability and flexibility they need to make informed choices about their health.



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CMS Medicare/Medicaid State Demonstration Programs

- ▶ 15 States were selected to design programs to better coordinate care for dual eligible individuals. The 15 States are California, Colorado, Connecticut, Massachusetts, **Michigan**, Minnesota*, New York, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, Washington and Wisconsin.



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7

Current Delivery System for MMEs in Michigan (Cost) ...

- ▶ In 2010, Michigan spent over \$3.7 billion for Medicaid services on people who hold full dual eligibility for Medicare and Medicaid.
- ▶ For the same period, Medicare spending was more than \$4 billion for this group of people. These numbers are trending upward.



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8

Current Delivery System for MMEs in Michigan (Penetration) ...

- ▶ Until November 2011, this population of roughly 200,000 people was unable to elect to receive physical health care through Michigan's Medicaid Health Plans (MHPs) despite the fact that roughly two-thirds of the state's Medicaid beneficiaries are enrolled in managed care.
- ▶ Michigan has relatively low penetration of Medicare enrollees choosing to receive health care through Medicare Advantage plans.



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9

Current Delivery System for MMEs in Michigan (Waiver services) ...

- ▶ Persons enrolled in Michigan's two 1915 (c) waiver programs (MI Choice and HSW) were pleased that they could access supports allowing them to live in the community instead of a facility, but they also expressed concern at the inconsistent ability to find physicians or specialists to address medical needs.
- ▶ The substantial waiting list for access to MI Choice is a major frustration and significant barrier to accessing services and supports in a community setting.



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10

Current Delivery System for MMEs in Michigan (Hospitalization) ...

- ▶ Today, Michigan only has four psychiatric hospitals and one forensic center.
- ▶ Medicare, on the other hand is covering most acute inpatient psychiatric admissions for people who are dually eligible.



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11

Current Delivery System for MMEs in Michigan (Care Coordination) ...

- ▶ Michigan has a very well-established and successful behavioral health and developmental disability delivery system, there are no formal ties to medical care through which beneficiaries can access primary and acute services when needed.



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12

Current Delivery System for MMEs in Michigan (Administrative) ...

- ▶ Navigating the administrative complexities inherent to the existing Medicare and Medicaid structures.
- ▶ Multiple appeals processes and other administrative differences between the two systems.



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13

Current Delivery System for MMEs in Michigan (Person Centered Care) ...

- ▶ Notably lacking in the existing service delivery system is an **effective person-centered care and supports coordination model that connects individuals** and their various health care providers and community support systems across service domains.
- ▶ There is little, if any, sharing of information and coordination across the **Medicaid delivery systems for Medicaid beneficiaries, and there is even less between the Medicare and Medicaid systems at the macro level for people who are MMEs.**



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14



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15

Dual Eligible Demonstration Program in Michigan (MI Health Link)

- ❖ The State of Michigan (State) was selected by Centers for Medicare and Medicaid (CMS) Services as one of 15 states to participate in the Demonstration to Integrate Care for Persons who are eligible for Medicare and Medicaid (MMEs).
- ❖ The State and CMS will contract with Integrated Care Organizations (ICOs) to coordinate and manage the comprehensive physical health care, long term supports and services, and pharmacy services for MMEs.



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Key objectives of MI Health Link

- ▶ Provide **seamless access** to supports and services for Medicare-Medicaid enrollees
- ▶ Create a **person-centered model** to coordinate supports and services that communicates with and links back to all domains of the delivery system
- ▶ **Streamline administrative processes** for Medicare-Medicaid enrollees and providers
- ▶ Eliminate barriers to and encourage the **use of home and community based services**
- ▶ Provide **quality services** that also focus on enrollee satisfaction
- ▶ Demonstrate **cost effectiveness** for the state and federal governments through **improved supports and care coordination, financial realignment, promotion of best practices, and payment reforms.**



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Who Will Administer the Services for MI Health Link?

Four Regions of the State were selected in which to implement the Demonstration program.

Upper Peninsula: Upper Peninsula Health Plan

Southwest Michigan: CoventryCares of Michigan and Meridian Health Plan

Macomb and Wayne: AmeriHealth, CoventryCares of Michigan, Fidelis SecureCare, Midwest Health Plan, Molina Healthcare, and United Healthcare



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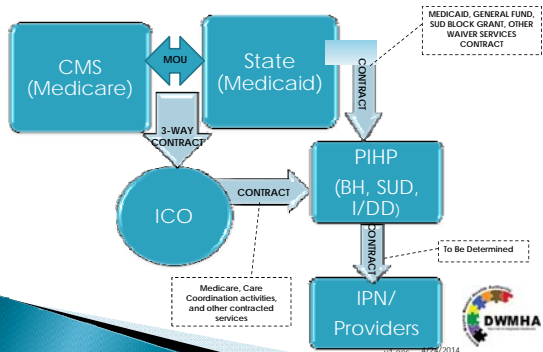
How will MI Health Link Work?

- ❖ Capitated payment model using new entities called Integrated Care Organizations (ICOs) and existing Michigan Pre-paid Inpatient Health Plans (PIHPs)
- ❖ The ICO will contract with the Prepaid Inpatient Health Plan (PIHP) in the Demonstration region to manage all behavioral health (BH), intellectual/developmental disabilities (I/DD) and substance use disorder (SUD) services.



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High Level Funding Flow



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Who is Eligible for MI Health Link?

- People who
- ▶ Are age 21 and over and are eligible for both Medicare and Medicaid
 - ▶ Reside in one of the four demonstration regions
 - ▶ Are not enrolled in hospice

People enrolled in PACE and MI Choice are eligible but will not be passively enrolled in MI Health Link



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What Benefits are Covered by MI Health Link?

- ▶ All acute and primary health care covered by Medicare and Medicaid
- ▶ Pharmacy
- ▶ Dental
- ▶ Home and community based services and Nursing Facility care
- ▶ All behavioral health services currently covered by Medicare and Medicaid
- ▶ Other benefits identified by the ICOs



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22

MI Health Link Enrollment Process

- ❖ The State will use an enrollment broker, MMAP, Area Agencies on Aging, MI Enrolls to facilitate MMEs selection and information about the demonstration program.
- ❖ 60 days prior to passive enrollment, MMEs will be given the opportunity to enroll or opt-out of enrollment in the demonstration program.
- ❖ MMEs who do not make a choice within the 60 days may be passively enrolled in the demonstration program.
- ❖ MMEs may choose to opt out, enroll or change ICOs in the demonstration program at any time.



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23

What is Different with MI Health Link for PIHPs?

- ❖ Services to be provided by the PIHP
 - ❖ All BH services, including those traditionally covered by Medicare, exclusive of Medicare Part D medications
 - ❖ Outpatient visits (Medicaid and Medicare) for MMEs with mild, moderate, SMI, SUD, I/DD, and SED
 - ❖ Other Medicaid BH services for MMEs with specialized needs related to the BH, I/DD beyond covered acute care services



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24

Services and Benefits for Dually Eligible Persons will be Integrated in a Dynamic Care Coordination Process Using Person Centered Planning and Principles



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MI Health Link Care Bridge

- ❖ The ICO will employ a web-based technology to support the care coordination platform.
- ❖ The Care Bridge will secure access to information on the MMEs to all members of the Integrated Care Team (ICT).
- ❖ The Care Bridge must be able to share information with PIHPs, across providers and between ICOs.
- ❖ The Care Bridge will support the Integrated Care Bridge Record (ICBR).
- ❖ The Care Bridge must include an alert mechanism to ICT members for ER and Inpatient admissions.
- ❖ *The Metro Region Healthcare Integration Group (MI CARE Connect) is the desired method for the Care Bridge.*



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MI Health Link Care Bridge

- ▶ ICO will employ a care coordination platform, supported by web based technology, that allows secure access to information and enables all enrollees and members of the ICT to use and update information.
- ▶ ICO will be required to share information with PIHPs across providers and between ICOs through their care coordination platform.
 - Care Connect 360- State's Medicaid Data
 - MI Care Connect- Metro Region (Macomb/Oakland/Wayne) Care Coordination solution



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MI Health Link Care Coordination

- ❖ The ICO's Care Coordinator will facilitate the Care Coordination Process.
- ❖ Level I Assessment
- ❖ Level II Assessment
- ❖ PIHP Support Coordinator
- ❖ Individual Integrated Care Supports Plan (IICSP)
- ❖ Integrate Care Bridge Record (ICBR)
- ❖ Integrated Care Team (ICT)



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ICO Care Coordinator- Initial Screening

- ▶ Review Initial Screening that will be conducted via telephone when individuals call the Enrollment Broker to enroll in the Demonstration.
- ▶ Purpose of the Initial screening is to identify enrollees with immediate needs to prioritize for a Level I assessment
- ▶ Needs to be completed within 15 calendar days of enrollment.



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ICO Care Coordinator- Level I Assessment

- Conduct the Level I Assessment.
- ▶ Level II Assessment and referral that focus more specifically on LTSS, BH, SUD, I/DD and complex medical needs.
 - ▶ Enrollees who may require institutional level of care.
 - ▶ Needs to be completed with 45 calendar days of enrollment.



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ICO Care Coordinator- Level II Assessment LTSS

- ▶ Level II Assessment must be completed in person within 15 days of the completion of the Level I Assessment.
- ▶ Home Help services approved through the ICO
- ▶ Further assessment using the Michigan Medicaid Nursing Facility Level of Care tool is necessary to determine eligibility for Waiver or Medicaid nursing facility services.



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31

PIHP Care/Supports Coordinator- Level II Assessment

- ▶ Intellectual/Developmental Disabled Persons the Supports Intensity Scale will be conducted
- ▶ Severe Persistent Mentally Ill Persons the LOCUS will be conducted
- ▶ Substance Use Disorder Persons the ASAM will be conducted
- ▶ The Level II needs to be completed in person within 15 days of the Level I completion.



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32

Integrated Care Team (ICT)

- ▶ The ICT will offered to the enrollee.
- ▶ The ICT will honor the enrollee's choice about his/her level of participation.
- ▶ Members could include the enrollee, enrollees chosen allies, primary care physician, LTSS Supports Coordination and the PIHP Supports Coordination as indicated.
- ▶ Family caregiver, natural supports, paid supports, specialty providers can all be part of the ICT.



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33

Individual Integrated Supports Care Plan (IISCP)

- ▶ The ICT is to work collaboratively with the enrollee and other team members to ensure the IISCP is fulfilled according to the person-centered planning process and the enrollee's stated goals.
- ▶ The plan must focus on supporting the enrollee to achieve personally defined goals in the most integrated setting.
- ▶ The IISCP must be completed with 90 calendar days of the enrollment.



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34

Integrated Care Bridge Record (ICBR)

- ▶ The ICO Care Coordinator is responsible for creating and maintaining the ICBR for each enrollee to manage communication and information regarding referrals, transitions and care delivering.



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35

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36

Stakeholder Involvement

MDCH is expanding its stakeholder engagement efforts

- Quarterly Regional Open Forums
- MI Health Link Advisory Committee
- Enrollee Participation in ICO Advisory Council



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37

MDCH Open Forums

- ▶ Host an open forum every quarter
- ▶ Rotate the location of the forum between the 4 regions
- ▶ The next Forum will be in Macomb County, the date and location are to be determined



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38

MDCH Advisory Committee

- ▶ Being formed for the MI Health Link
- ▶ Provides a mechanism for enrollees and stakeholders to provide input
- ▶ Membership represents the diverse interests of stakeholders



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39

Roles and Responsibilities

- ▶ Work with MDCH to solicit input from stakeholders and other consumer groups
- ▶ Provide feedback on quality of services
- ▶ Provide input to the State on evaluation design
- ▶ Review ICO and PIHP quality data and make recommendations for improvement
- ▶ Provide feedback in the development of public education and outreach campaigns
- ▶ Identify areas of risks and potential consequences
- ▶ Participate in the demonstration Open Forum sessions



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40

Membership Selection

- ▶ Individuals and organization representatives will apply to serve on the Advisory Committee
- ▶ MDCH will evaluate all applications
- ▶ Membership will include representation from various populations within the demonstration regions
- ▶ Submitted applications will be evaluated on
 - Qualifications including interest, knowledge, skills, and experience
 - A person who is eligible for both Medicare and Medicaid, or has experience working with this population



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41

MDCH Advisory Committee Application

- ▶ A completed application form is required; a letter of reference is optional
- ▶ The form will be made available online on the website
- ▶ Email INTEGRATEDCARE@michigan.gov or call 517-241-4293 if you need the form mailed to you
- ▶ The completed form can either be sent to MDCH by email, fax or regular mail



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42

ICO Advisory Council

- ▶ ICOs required to have separate advisory council specific to the demonstration
- ▶ Membership: 1/3 enrollees, majority comprised of enrollees, family members, and advocates
- ▶ State requested grant funds to support enrollee participation on the advisory council



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43

MI Health Link Implementation Timeline

Memorandum of Understanding

- ▶ An agreement between MDCH and CMS that provides the design of the demonstration specific to Michigan
- Signed by CMS and MDCH on April 3, 2014
- Available on the CMS website

Readiness Review

- ▶ CMS and MDCH develop Readiness Review Tool
- ▶ Two components: desk review and on-site review
- ▶ Systems testing part of Readiness Review



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44

MI Health Link Implementation Timeline

Phase 1: Beneficiaries in Upper Peninsula and Southwestern Michigan

Opt-In: October 1, 2014
 Enrollment date: January 1, 2015
 Passive Enrollment Begins: April 1, 2015

Phase 2: Beneficiaries in Macomb and Detroit/Wayne

Opt-In: March 1, 2015
 Enrollment Date: May 1, 2015
 Passive Enrollment Begins: July 1, 2015



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45

Website References

- ▶ Affordable Care Act
- ▶ <http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html>
- ▶ CMS Medicare/Medicaid State Design Contract Summaries
- ▶ <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDesignContractSummaries.html>
- ▶ Michigan's Dual Eligible Demonstration Memorandum of Understanding with CMS, FAQs, and State's Proposal
- ▶ <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Michigan.html>
- ▶ State of Michigan, Integrated Care Contact
- ▶ Email INTEGRATEDCARE@michigan.gov or call 517-241-4293



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46
