

Community Integration through Long-Term Services and Supports Value-Based Payment for Fee-for-Service Home and Community- Based Services

In July 2014, the Centers for Medicare & Medicaid Services launched a collaborative between the Center for Medicaid and Children’s Health Insurance Program (CHIP) Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting Medicaid agencies in their ongoing payment and delivery system reforms. IAP provides targeted technical assistance to states across four priority program areas. The third program area—Community Integration through Long-Term Services and Supports (CI-LTSS)—offers targeted technical assistance to Medicaid agencies seeking to promote community integration for Medicaid beneficiaries requiring LTSS. In 2020, IAP provided technical assistance to three Medicaid agencies to build the knowledge base and capacity of states to increase their adoption of strategies that tie together quality, cost, and outcomes in support of community-based LTSS.

Value-Based Payment for Fee-for-Service Home and Community-Based Services Technical Assistance

IAP provided technical assistance to three Medicaid agencies in 2020 to: (1) build state knowledge and capacity to design a value-based payment (VBP) strategy for fee-for-service (FFS) in home and community-based services (HCBS); and (2) move states toward implementation of a VBP strategy for FFS HCBS. Participating states defined measurable goals, developed action plans, and had access to a range of resources, including technical assistance from HCBS experts, performance improvement tools, virtual site visits, webinars, and peer-to-peer calls. This fact sheet presents a brief summary of the objectives and accomplishments of the three participating states. Two of the three Medicaid agencies had more than one initiative, which allowed IAP to provide technical assistance to a total of six state teams. As this cohort was launching, states began to shift their resources to address the Coronavirus Disease 2019 (COVID-19) pandemic, thus limiting their ability to engage fully in IAP.

CALIFORNIA

California’s IAP objective was to increase participant direction and expand choice for people with intellectual and developmental disabilities (I/DD) and their families to better meet each person’s individualized needs. The state sought to build on innovative service delivery approaches that nonresidential service providers have taken to meet participants’ needs, while limiting their potential exposure to COVID-19. With technical assistance from IAP, California developed materials to use in discussions with stakeholders and explored potential VBP models that incentivize the transition to a sustainable, outcome-based, and participant-focused service delivery system.

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INDIANA

Indiana Division of Aging Team

Indiana’s Division of Aging (DA) IAP team aimed to: (1) reduce disparities in access to care and outcomes between privately insured individuals and all participants receiving HCBS; and (2) increase the proportion of Medicaid beneficiaries receiving HCBS in lieu of institutional care in five years. IAP focused the technical assistance to the

state on reducing fragmentation of care and improving integration of services and supports across funding streams. The DA team and the Office of the National Coordinator for Health Information Technology, which supported IAP technical assistance efforts, discussed ways to improve data exchange related to acute care hospitalizations as a mechanism for improving care transitions. The DA team also examined ways to improve care coordination and care transitions as measured by service interruptions, number of days for service re-initiation following an inpatient stay, and participant experience of quality.

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Indiana Division of Disability and Rehabilitative Services Team

Indiana's Division of Disability and Rehabilitative Services (DDRS) aimed to implement a strength-based system to promote community inclusion for participants with I/DD. The state noted that this aim would require a shift in case management, focusing on participant needs instead of available services. The DDRS team has worked on piloting a new person-centered individualized support plan (PCISP) and rating system to evaluate the number of PCISPs meeting person-centeredness, strength-based, and integrated supports criteria. Based on the state's experience with the PCISP ratings, the technical assistance focused on developing a bronze/silver/gold star rubric including the PCISP rating scores, training completion and demonstration of competency, and National Core Indicator scores to measure participants' experience of care. Noting a budget shortfall due to COVID-19, DDRS identified a number of nonfinancial incentives for case managers meeting the performance benchmarks, including: publishing the star level of the case managers on the picklist to guide participants as they choose providers; publishing posts on the DDRS Facebook page that highlight a case management company and a case manager doing gold-star work; and reducing case record reviews for providers with a history of high scores in each area to ease administrative burden.

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Indiana Division of Mental Health and Addiction Team

Indiana's Division of Mental Health and Addiction (DMHA) IAP team focused on developing a strategy that supports a participant's transition from Medicaid Rehabilitation Option (MRO) state plan services to Adult Mental Health and Habilitation (AMHH) state plan HCBS. Before participating in this cohort, the state already had an approved State Plan Amendment to support reduced administrative burden and an enhanced service package for AMHH. DMHA will continue to work on choosing metrics and identifying data that will help measure performance in these areas. With technical assistance from IAP, DMHA developed a potential phased-in approach to implement VBP, starting with a pay-for-training model to incentivize community mental health centers (CMHC) to learn about the referral process for AMHH for approximately one year and then transitioning into a pay-for-performance model. With this approach, CMHCs would receive an incentive payment based on achieving yet to-be-determined metrics for provider training and competency, referrals made for participants determined to be appropriate to transition from MRO to AMHH, and participant satisfaction with services. DMHA is currently exploring the viability of such an approach, and when such an approach can be utilized.

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MAINE

Maine Aging and Long-Term Services and Supports Team

Maine's Aging and LTSS IAP team focused on increasing tenure in the community for individuals served by the waiver for older adults and people with physical disabilities. In concert with modifying the payment methodology for the waiver service coordination agencies (SCAs), Maine sought technical assistance from IAP to incentivize the SCAs to concentrate its care coordination efforts on individuals at most risk for an institutional stay. The IAP coach team facilitated the development of a roadmap for this effort, helped to connect the state with peer states also focused on care coordination, and developed a presentation on the VBP program for the state's Aging and LTSS Advisory Committee.

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Maine Office of MaineCare Services and Developmental Disability and Brain Injury Services Team

Maine's IAP team aimed to identify strategies to increase employment outcomes for adults with intellectual disabilities. The state wanted to increase the number of waiver-eligible transition-age (18–21 years) individuals who pursue competitive integrated employment post high school, striving for waiver members to obtain employment for at least 20 hours a week. With technical assistance from IAP, the Office of MaineCare Services and Developmental Disability and Brain Injury Services, developed a strategy to raise expectations of employment, increase access to quality employment opportunities, improve knowledge of and coordination with all Maine employment services and programs, and align incentives to encourage employment. The state also developed a plan to coordinate implementation with a concurrent rate study and client data system for Developmental Services, Adult Protective Services, and Long-Term Care launching in 2020.

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Additional information on the CI-LTSS program area and the VBP for HCBS track is available on the [Medicaid IAP CI-LTSS web page](#).