

Community Integration Through Long-Term Services and Supports Value-Based Payment for Home and Community-Based Services

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and Children’s Health Insurance Program (CHIP) Services and the Center for Medicare and 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 states in their ongoing payment and delivery system reforms. IAP provides targeted technical assistance to states across program areas, including Community Integration Through Long-Term Services and Supports (CI-LTSS). Under this program area, states receive technical assistance to promote community integration for Medicaid beneficiaries requiring LTSS. From 2018 through 2019, IAP provided technical assistance to 10 states 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. IAP offers additional technical assistance to states addressing other health care delivery system reform efforts, including reducing substance use disorders, improving care for Medicaid beneficiaries with complex care needs and high costs, and supporting physical and mental health care integration.

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

IAP supported 10 state Medicaid agencies in 2018–2019 to (1) build state knowledge and capacity to design a value-based payment (VBP) strategy for home and community-based services (HCBS) and (2) move states toward implementation of a VBP strategy for HCBS. The track was open to states at varying stages—ranging from building knowledge and embarking on developing a VBP strategy for HCBS to beginning to implement a VBP strategy for HCBS. Participating states defined measurable goals, developed state technical assistance plans, and had access to a range of resources, including one-on-one technical assistance from HCBS experts, performance improvement tools, site visits, webinars, and peer-to-peer calls. This fact sheet presents a brief summary of the objectives and accomplishments of each of the 10 participating states.

HAWAII

Hawaii’s objective was to increase the average length of stay in adult foster homes for newly placed adults with challenging behaviors. The state wished to increase the number of capable residential providers and increase the level of support and training to providers and case managers who serve adults with challenging behaviors. With support from IAP, Hawaii developed a detailed driver diagram, identified data needs, created a comprehensive resource list of behavioral assessment tools, connected with several peer states, and explored different financial and nonfinancial incentive approaches. Hawaii continues to work with its stakeholders to explore the best areas to incentivize.

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INDIANA

Indiana's aim was to incentivize providers in the Children's Mental Health Wraparound Program, with a goal of achieving implementation in 2020. With IAP technical assistance and collaboration, the Indiana team designed a three-tier system that incentivizes providers to maintain fidelity to the wraparound facilitation model and thus improve beneficiary outcomes such as family functioning, caregiver knowledge, and caregiver social resources.

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KENTUCKY

Kentucky focused on optimizing case management to support person-centered planning through timely and effective outreach, plan-of-care planning facilitation, and timely options counseling. In partnership with the IAP coach team, the state collected data to analyze case management services. The data were used in support of Kentucky's waiver redesign. Once the redesign is completed, Kentucky will implement a VBP model.

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LOUISIANA

The Louisiana VBP for HCBS model was designed to (1) increase independence at home and in the community for individuals with intellectual/developmental disabilities who are receiving section 1915(c) waiver services through the New Opportunities Waiver and (2) expand the number and types of services used to ensure valued outcomes. In partnership with the IAP coach team, Louisiana developed a pay-for-performance model to assess a provider's performance by measuring the percentage change in the number of waiver recipients with a varied weekly schedule. In addition, Louisiana developed a way to measure the implementation of an approved employment improvement plan. Louisiana's next steps are to launch a pilot and develop its performance analysis and incentivizing structure.

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MINNESOTA

Minnesota aimed to improve the quality of assisted living services for older adults. The state's strategies included developing and implementing (1) measures of quality of life and other domains of quality, (2) a report card for assisted living sites, (3) a public website with quality rating results, and (4) a VBP model for public-pay assisted living services. IAP served as a springboard to accelerate Minnesota's measure development work, strategic planning, identification of options for a VBP financial model, and understanding of Star Rating systems and HCBS quality frameworks. Minnesota crossed a significant hurdle when the 2019 legislature appropriated funds for developing and implementing resident and family surveys for assisted living.

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MISSOURI

Missouri aimed to expand its knowledge and capacity to design a VBP strategy for HCBS and learn about the value of VBP for participants, providers, and the state. Missouri's initial goal of reducing emergency department (ED) utilization did not prove beneficial once avoidable ED visits were defined and the data were analyzed. The state met with stakeholders to discuss the original goal and what had been learned and received feedback on other potential goals. Missouri then developed a revised goal focused on ensuring that individuals receiving personal care services feel that their personal care aide understands them and that the aide is competent in providing services. The IAP coach team assisted the Missouri team with defining avoidable ED visits, developing a state engagement plan, and developing the state's revised goal.

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NEW JERSEY

New Jersey aimed to improve the delivery of services for community-dwelling individuals receiving HCBS by 2023. To accomplish that goal, the state will incentivize managed care organizations to provide specific services that are consistent with the individual's plan of care. The IAP coach team provided support for New Jersey's efforts to adjust an existing managed care organization's contractual performance measure (which currently is validated by its External Quality Review Organization) to use for VBPs. The IAP coach team reviewed and provided feedback on the measure specifications as well as the allocation formula.

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OHIO

Ohio focused on using assisted living services to help nursing facility residents with community living potential realize a less-restrictive setting. The IAP coach team provided support by researching regulations and connecting the Ohio team with other states. In addition, with support of the IAP coach team, a VBP model was developed and presented to the Ohio Department of Medicaid leadership and actuaries to receive approval and vet the possible proposals.

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TEXAS

Texas concentrated on increasing opportunities for community integration in a managed care HCBS program through attendants who are better qualified and better trained, improved networks of attendants, and better-informed members. Texas selected short-term strategies such as incentivizing attendant training and increasing available attendants. The IAP coach team collaborated with Texas by providing feedback on its plan, researching current practices, and facilitating a large stakeholder meeting with providers, consumers, and health plans.

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WASHINGTON

Washington's aim was to increase the average number of hours per week worked by high-acuity clients with intellectual/developmental disabilities who are eligible for HCBS. With support from IAP, the state designed a VBP model with milestone payments to incentivize improved employment outcomes for individuals transitioning from school to work. The initiative required collaboration across a broad range of stakeholders, including providers, counties, the state Department of Education, and the Division of Vocational Rehabilitation. The state is working to implement the new VBP model.

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Additional information on the CI-LTSS program and the Housing-Related Services and Partnerships track is available on the [Medicaid IAP CI-LTSS web page](#).