

Balancing Incentive Program:
*Perspectives from Multiple States on how
BIP Initiatives Support Broader Program
Objectives*



Agenda

Topics

Presenters

Welcome / Introduction

Meghan Sullivan

Commonwealth of Kentucky: Integrated Processes

Carla Crane

State of Connecticut: Person Centered View

Dawn Lambert

State of Texas: Integrated Service Delivery

Rebekah Falkner

Closing / Panel Q&A

All

Speaker Introduction



Carla Crane

- Senior Policy Advisor
- Commonwealth of Kentucky – Office of Health Policy



Rebekah Falkner

- Balancing Incentive Program Manager
- State of Texas – Department of Aging and Disability Services



Dawn Lambert

- Project Director
- State of Connecticut – Department of Social Services



Meghan Sullivan

- Senior Manager
- Deloitte Consulting – National Home and Community Based Services Practice Lead



Commonwealth of Kentucky

Carla Crane, Ph.D.



Introduction: Carla Crane

Office of Health Policy, Senior Policy Advisor

Marshall University (Go Herd!)

B.A. Psychology

M.A. Family & Consumer Science

University of Kentucky (Go Cats!)

Ed.S. Education

Ph.D. Educational Psychology

- **Early Interventionist**
- **Medicaid Program Administrator**
- **Program Evaluator, Researcher, Grant Administrator**
- **Last 15 Years with the Cabinet for Health & Family Services**



Office of Health Policy

- Workforce Development**
- Legislation & Policy**
- Grants Management**

Overview of HCBS Programs in Kentucky

HCBS Program Overview

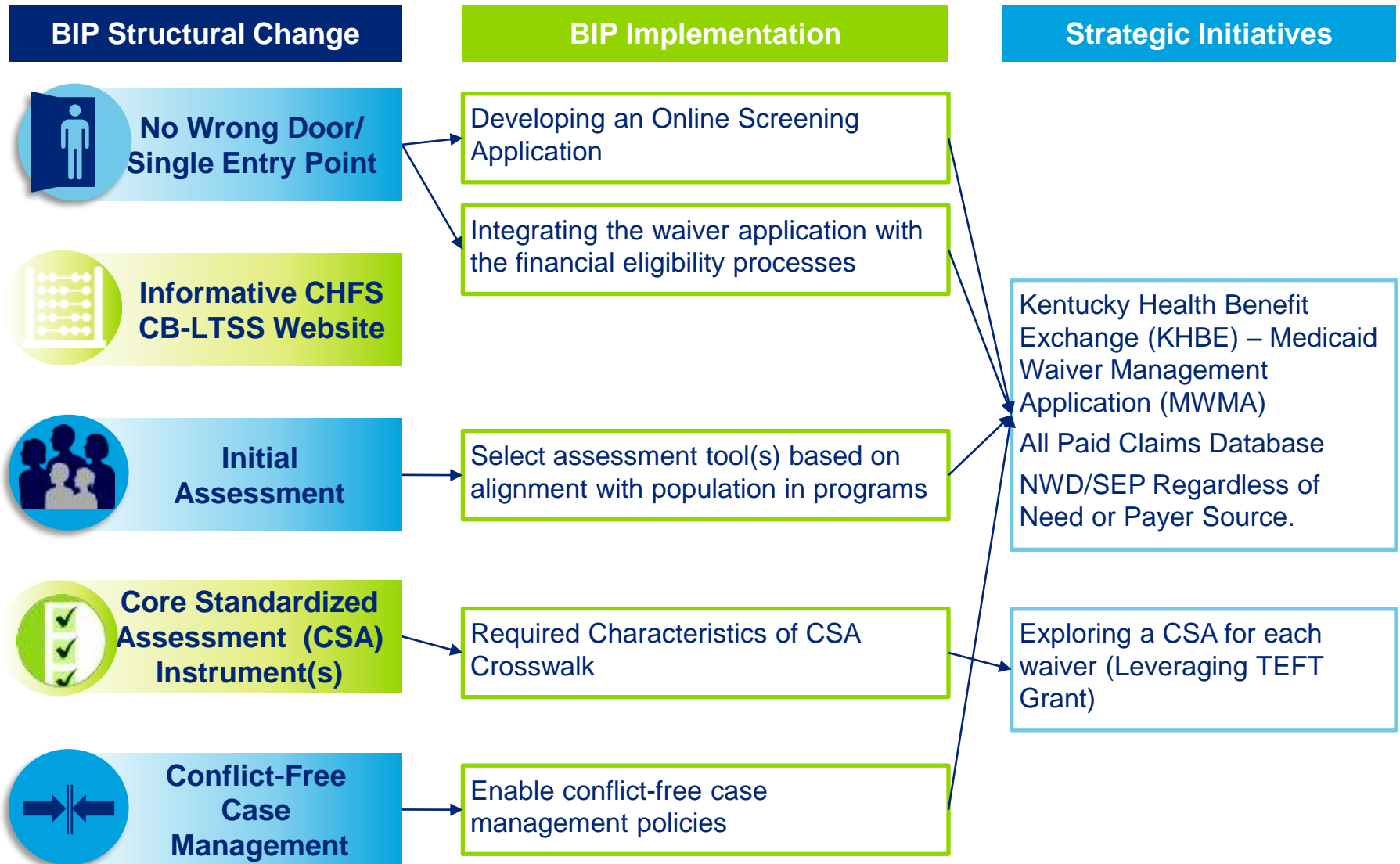
- DMS serves ~24,500 people through HCBS Waivers with an average monthly enrollment count of ~21,150 for FY2013

Current Waivers

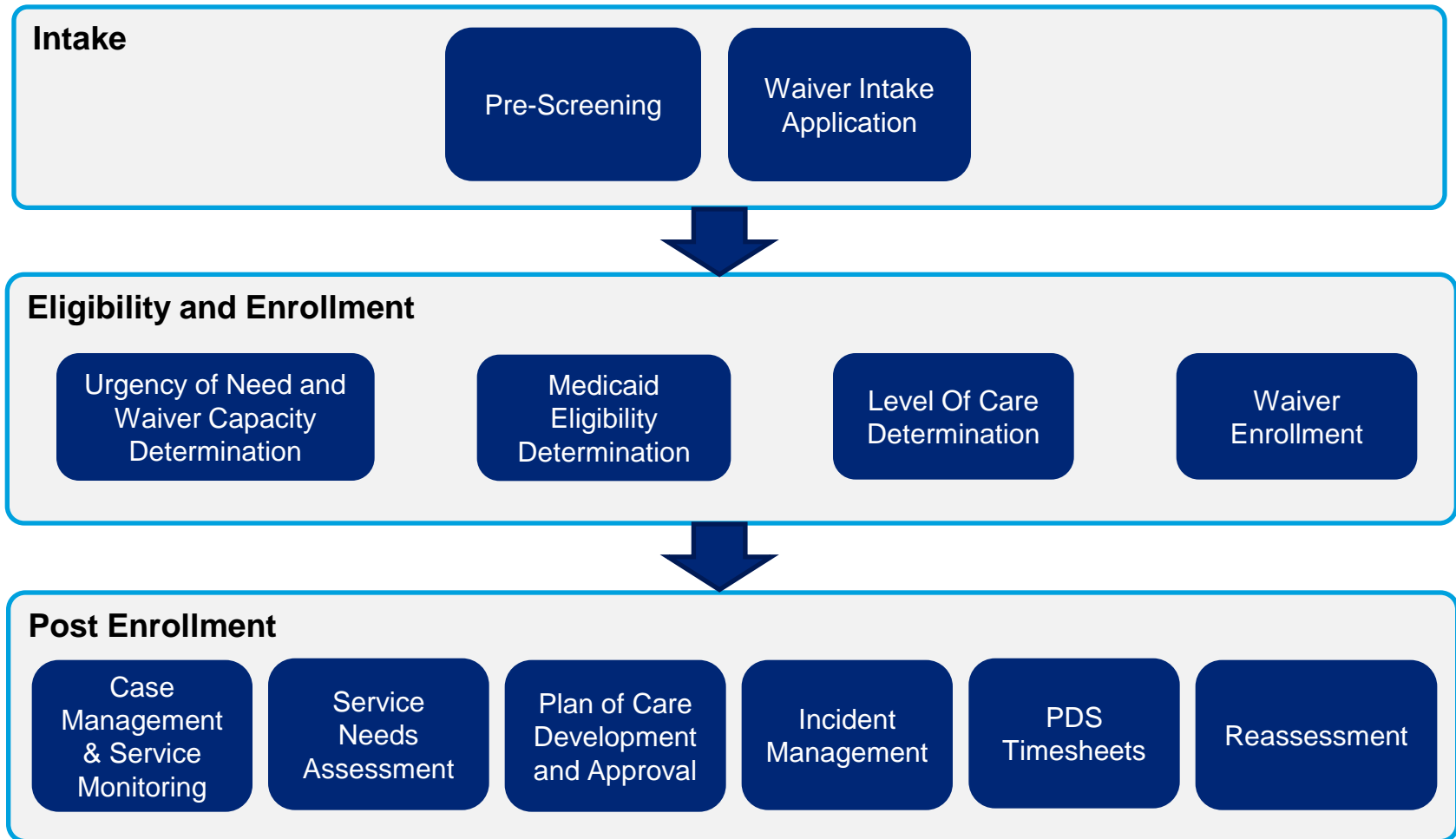
Waiver	Description
ABI	Short-term, intensive supports for those with an ABI (Adults)
ABI-LTC	Long-term supports for those with an ABI (Adults)
HCB	Primarily In-Home and some Community Based Services targeted to Individuals who are Elderly and/or Disabled (All Ages)
Michelle P.	Non-residential, Community Living and Education Supports for individuals with a developmental or intellectual disability (All Ages)
Model II	In-Home Ventilator Supports for individuals who are dependent for 12 hours or more per day (All Ages)
SCL	Residential, Adult Day and Non-Residential community supports for individuals with a developmental and intellectual disability (All Ages)

- Total HCBS expenditures: Total LTC expenditures for Kentucky were approximately 1.48 Billion in 2009 out of which about 31% (0.46 Billion) were spent on HCB Services.
- Current improvement opportunities:
 - Implementing a system that automates the various waiver processes and integrates with other existing enterprise systems
 - Standardizing the processes, policies and procedures across the different waivers

Kentucky Strategic Initiatives and BIP Alignment



Overall Process Flow



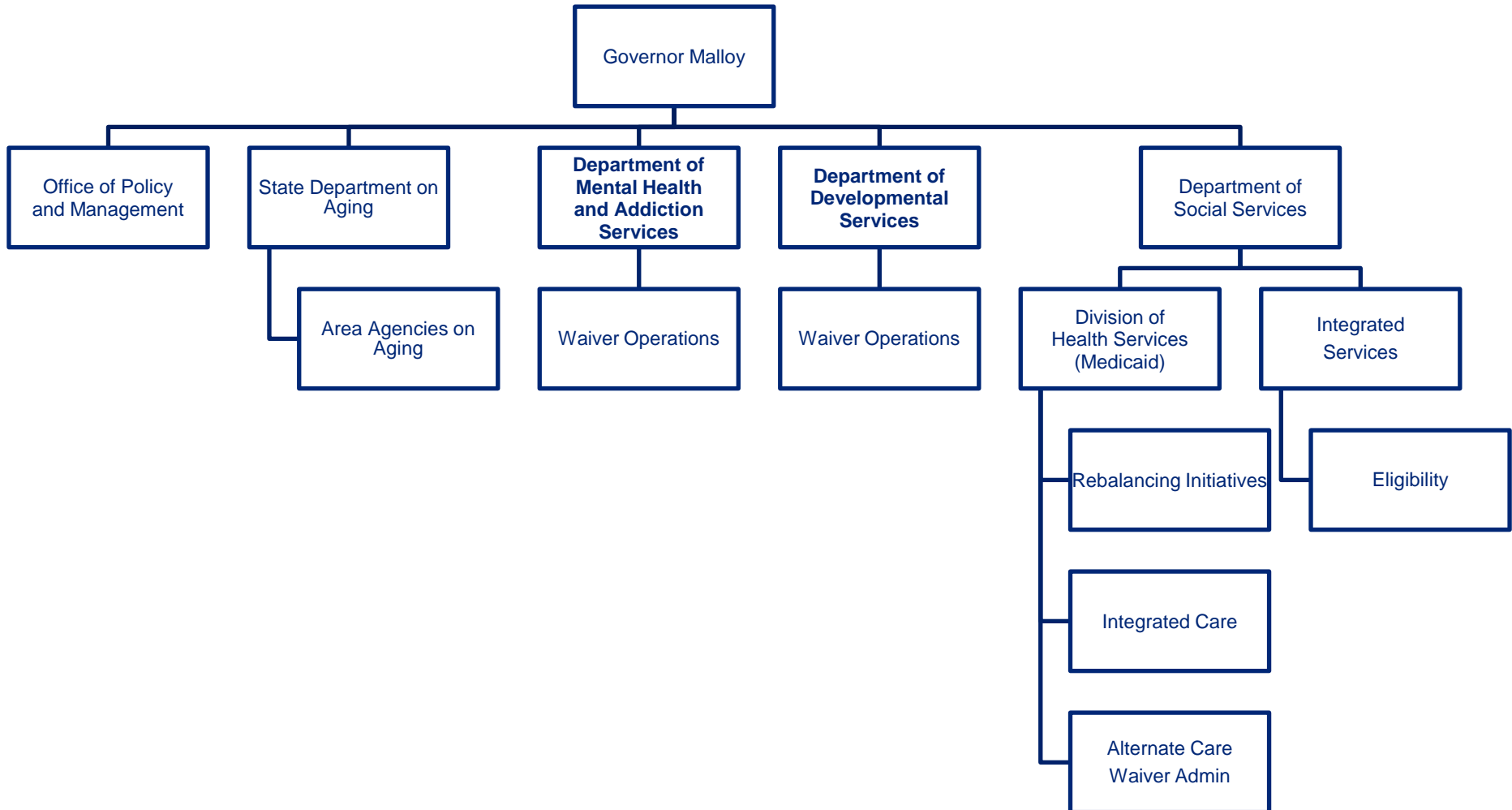


State of Connecticut

Dawn Lambert



State of Connecticut



Stakeholders



BEST



DoRS



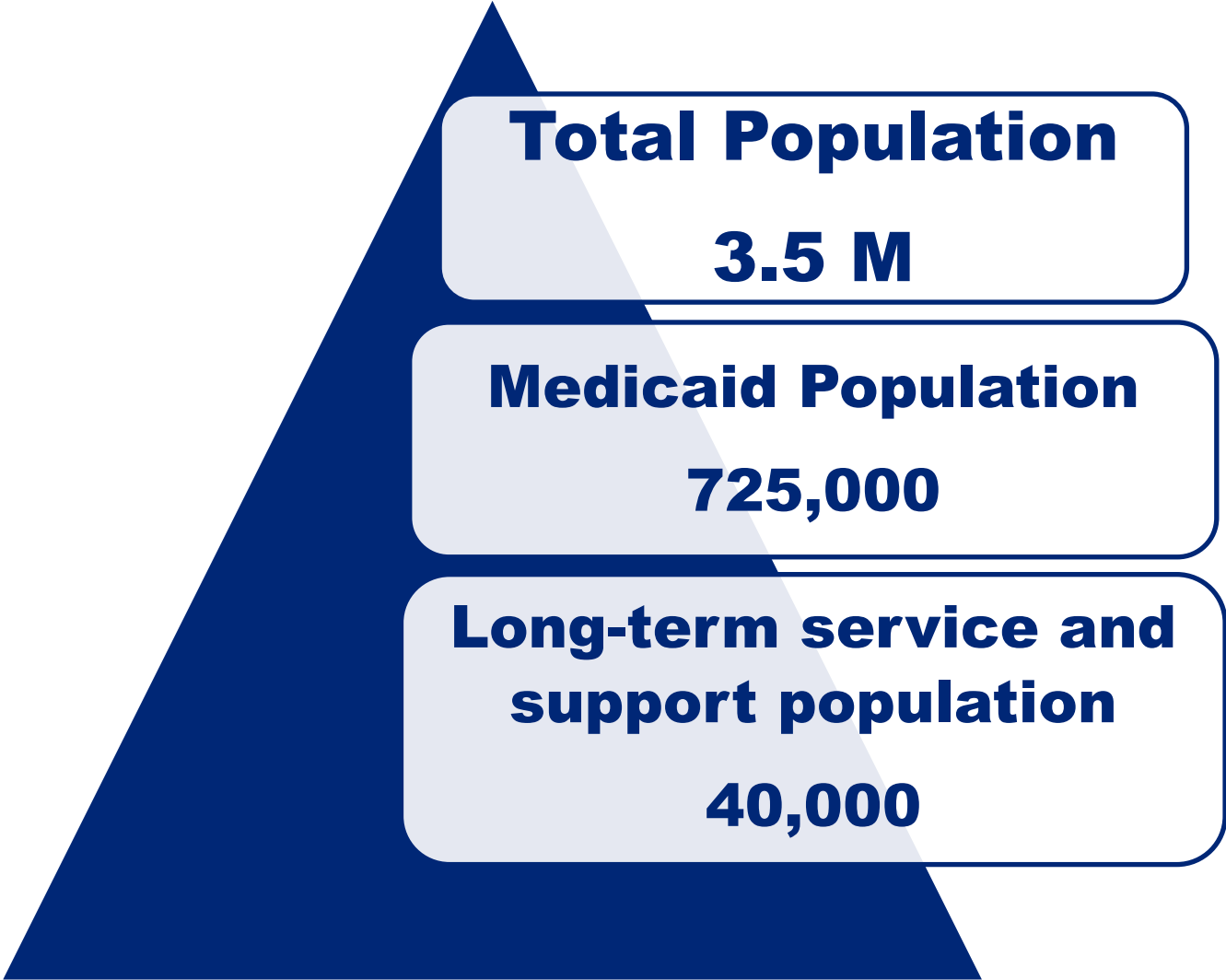
CCI



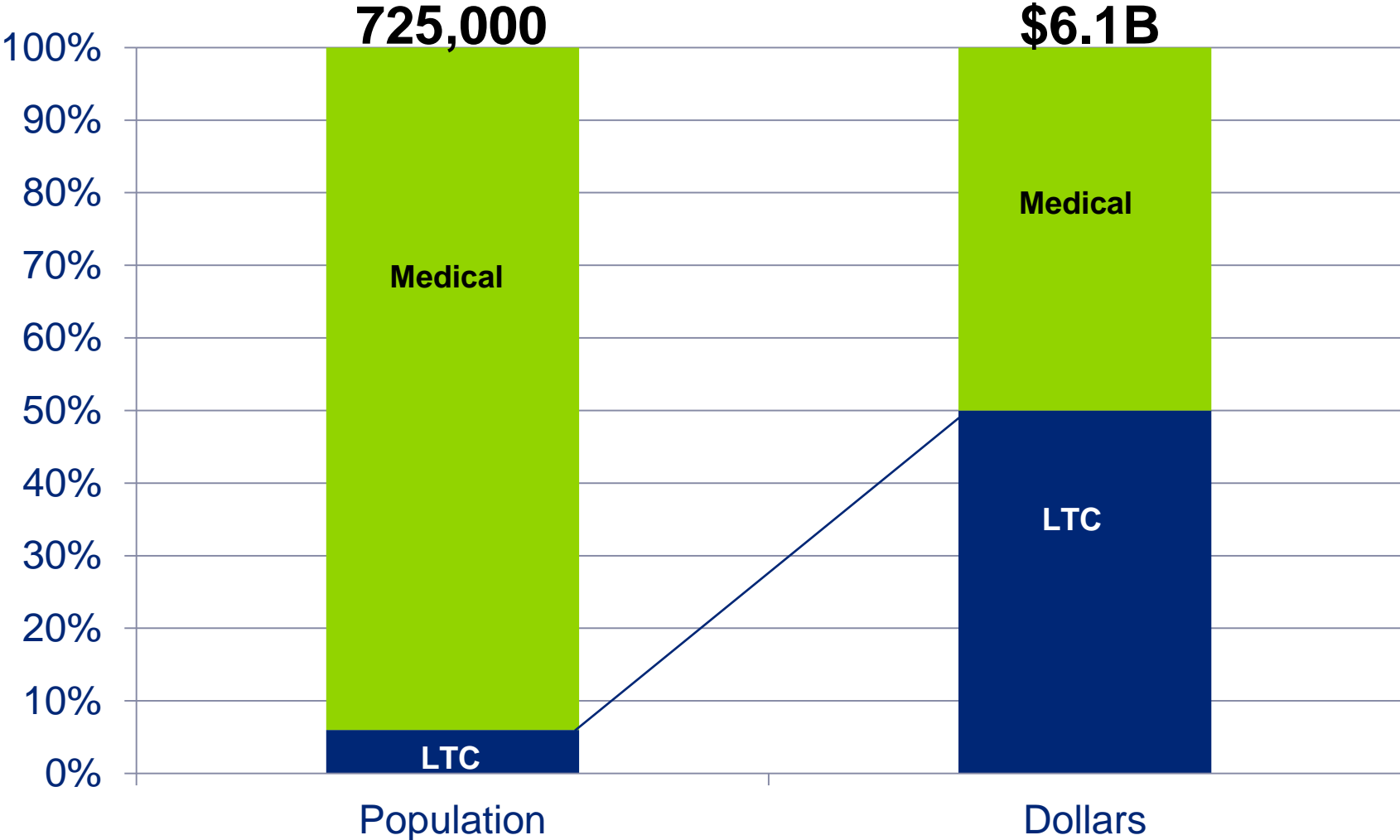
Morrow Consulting



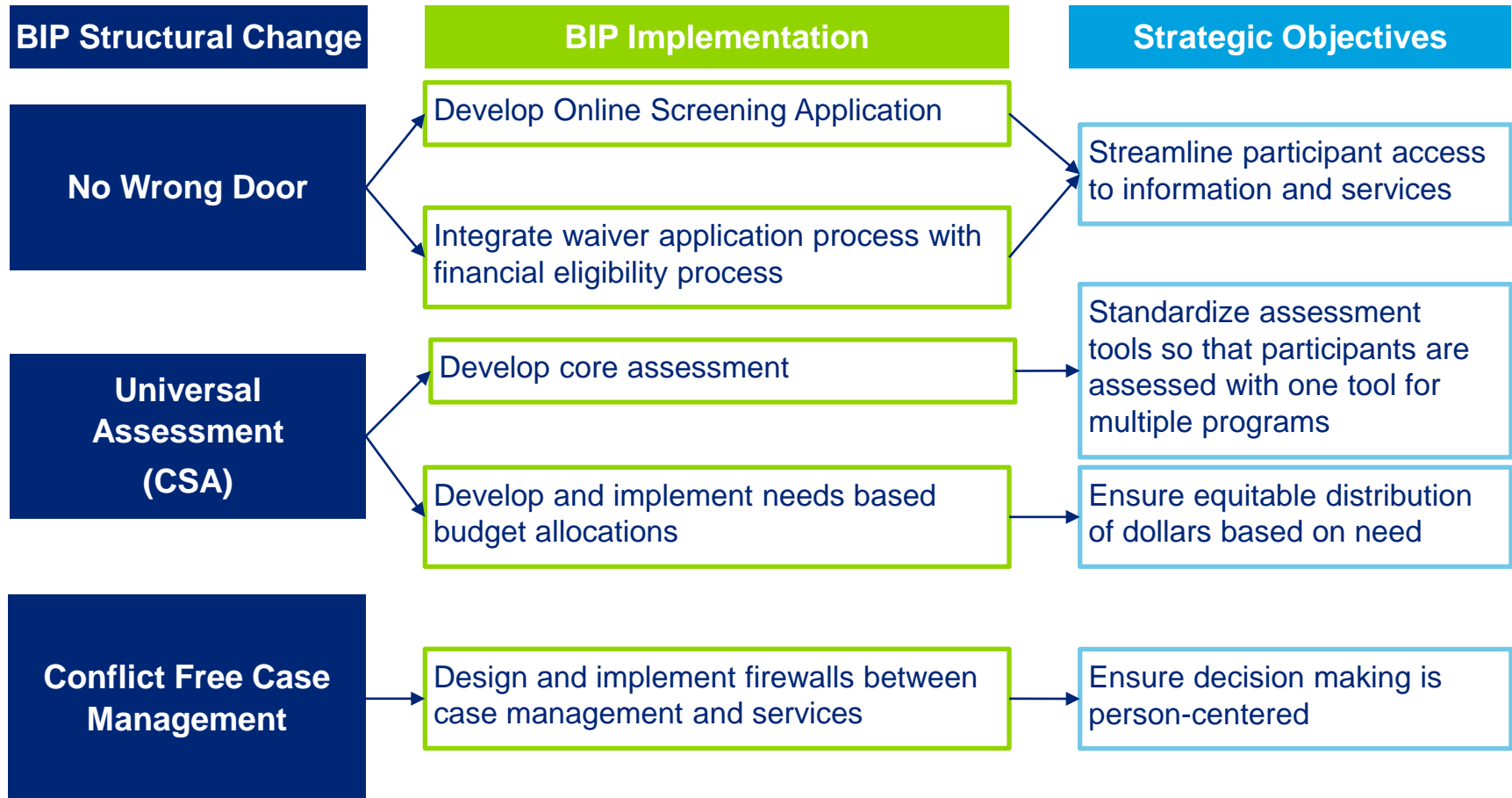
Connecticut's Population



Percentage of Medicaid LTSS Users Compared to Overall Medicaid Expenditures

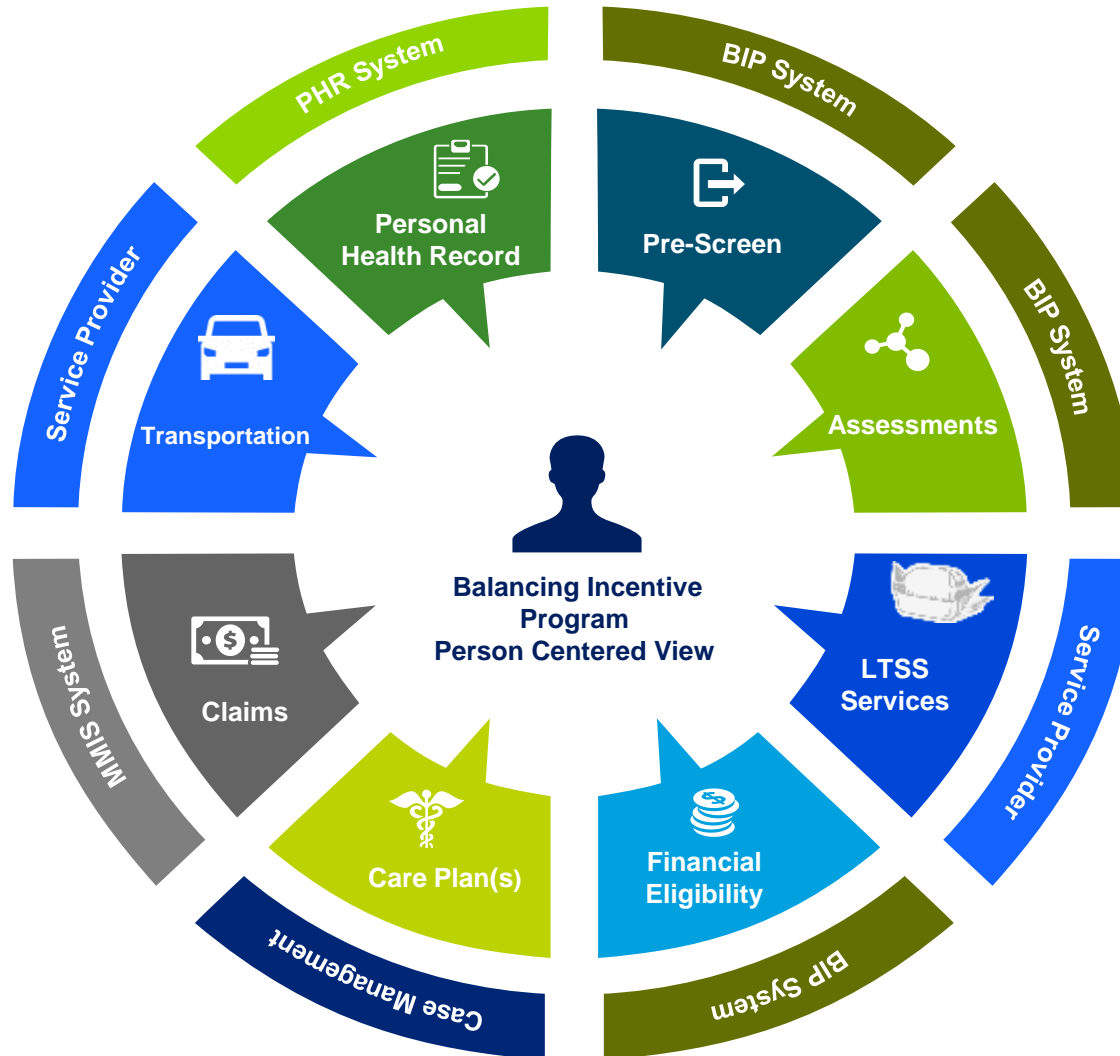


State of Connecticut Strategic Objectives and BIP Alignment



Balancing Incentive Program – A Person Centered View

The Connecticut Balancing Incentive Program (BIP) is a person centered system allowing Consumers and their circle of support to have access to information and services across multiple LTSS Agencies and programs.



Connecticut's LTSS Website:



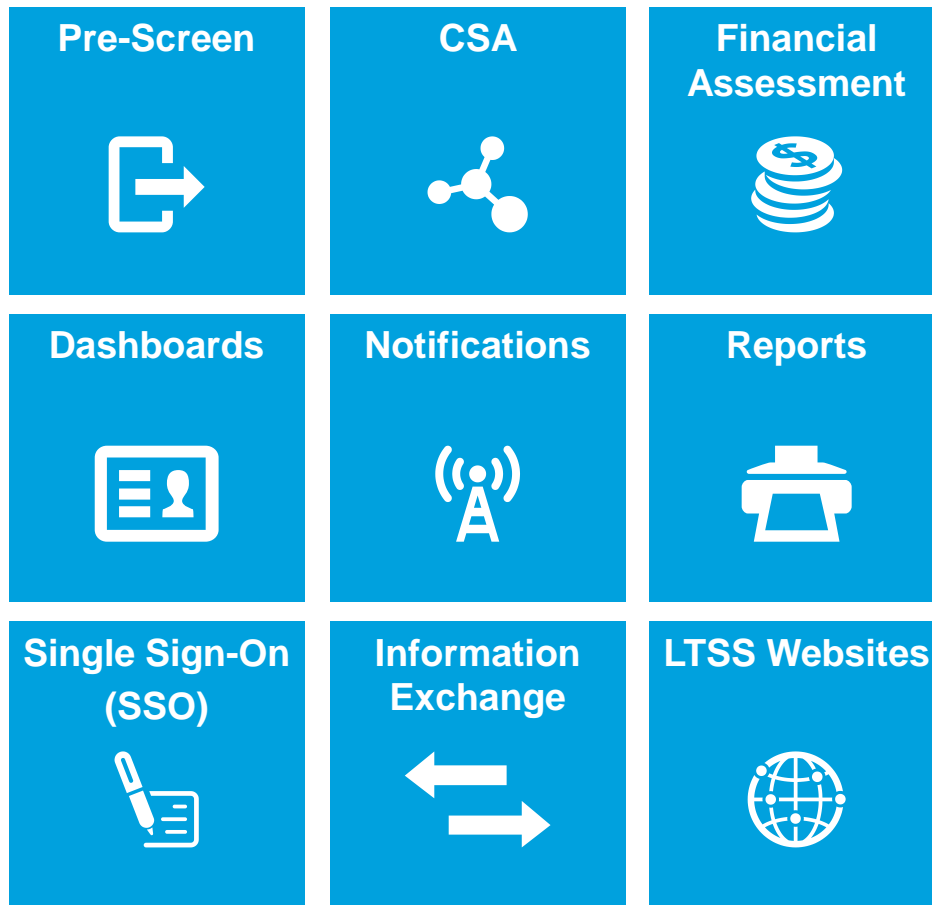
MY PLACE CT

www.MyPlaceCT.org

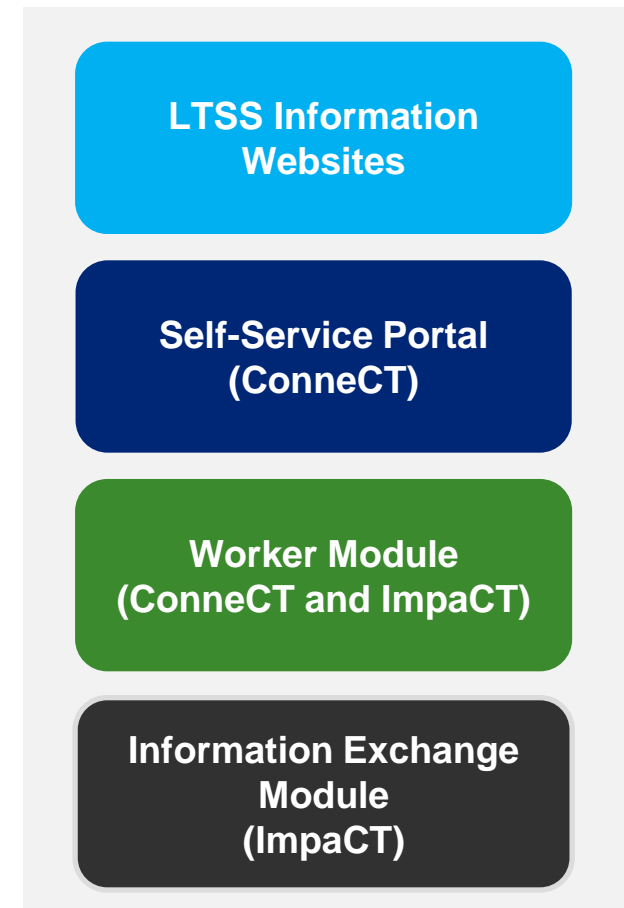
Key Components of the Balancing Incentive Program

The Implementation Roadmap outlines proposed implementation options to meet the key business requirements and system features that were identified during the requirements gathering phase.

Key Business Requirements



System Modules



Current State of Assessment Tools / Consensus Building Process

Current State of Assessment Tools

Weaknesses

Nine different assessment tools

- Six state level tools for 1915c waivers and Preadmission Screening and Resident Review
- Six state level tools for 1915c waivers and Preadmission Screening and Resident Review
- Two national tools (OASIS and MDS 3.0)
- Community Health Network assessment

Strengths

Willingness to Work Together

Consensus Building Process

One week Kaizen event in February 2013

- Developed a common mission & vision
- Developed a common philosophy and practice of person-centeredness
- “Learned to see”

Reviewed existing tools

Selected InterRai tool for implementation across the entire system

- Population specific additional questions

Developed algorithm for need based allocations

Scheduled to launch in February 2015

Current State of No Wrong Door

Weakness

- LTSS case management systems specific to 1915c waivers
- Community access points lack standardization
- Current data systems and business processes are not integrated

Strength

- ConneCT established as No Wrong Door for eligibility
- Integrated with eligibility management system and MMIS
- Coordinated with Access Health (Connecticut's health exchange)
- MyPlaceCT established as primary information hub for LTSS



State of Texas

Rebekah Falkner



Rebekah Falkner, Texas BIP Program Manager

- Bachelor of Social Work from the University of Mississippi
- Master of Social Work from the University of Arkansas at Little Rock
- Money Follows the Person Assistant Director
- Arkansas' Employment First Task Force with the National Academy for State Health Policy
- Mental health outreach to homeless population

Big Bend National Park

Overview of HCBS Program

- Texas serves approximately 540,000 people through HCBS Waivers
- Currently Texas operates eight 1915 HCBS Waivers
- Covered Populations:
 - Individuals with physical disabilities
 - Individuals with intellectual and developmental disabilities
 - Individuals age 60 and older, their family members and other caregivers, who are eligible for services under the Older Americans Act
 - Individuals with mental illness



Overview of HCBS Program

- Total LTSS expenditures were approximately \$8 billion in 2013
- Texas had 49% LTSS expenditures in an inclusive setting in 2009, which increased to 60.3% in 2014



State of Texas HCBS Strategic Objectives



Texas is committed to fulfilling the BIP objectives of helping individuals with LTSS needs live healthy, independent lives in their homes and communities and improving quality of care while reducing costs by diverting individuals from institutional settings.

State of Texas HCBS Strategic Objectives



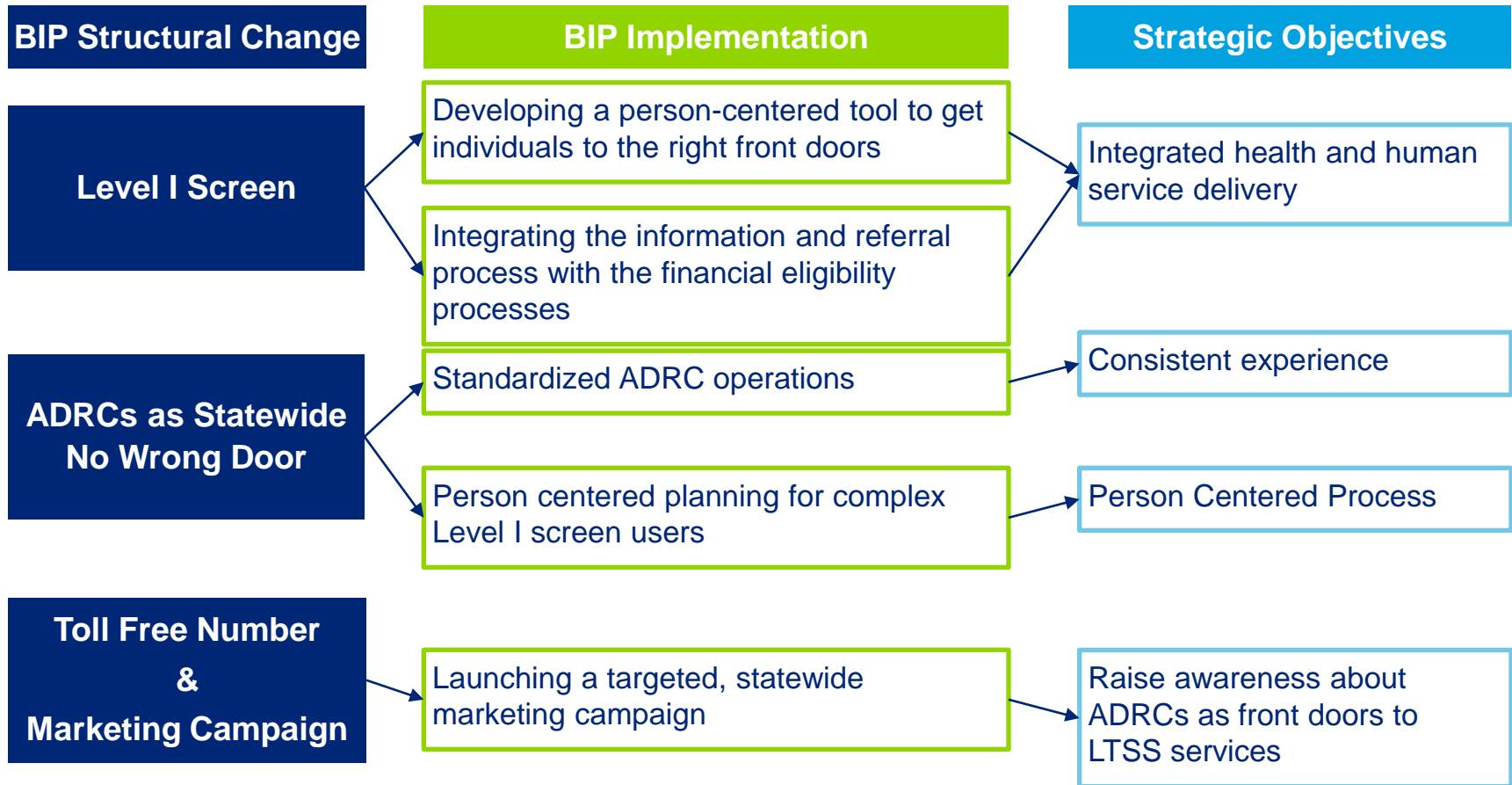
Current State:

- Siloed information about individuals receiving our services
- No statewide ADRC standards
- Lack of information about where to go for LTSS

Strategic Objectives

- Integrated health and human service delivery
- ADRCs will function as a front door into LTSS services

State of Texas Strategic Objectives and BIP Alignment



Key Components of the Balancing Incentive Program



Level 1 Screen

Key Changes

- Developing a person-centered tool to get individuals to the right front doors
- Enhanced integration of LTSS access points promotes continued rebalancing – more individuals have increased points of entry into the system and BIP IT infrastructure changes ensure streamlined access from a wider variety of entry points



ADRC as Statewide No Wrong Door

Key Changes

- Expansion includes increasingly consistent processes and protocols across 22 ADRCs to ensure a consistent customer experience in all Texas ADRC regions.
- Person centered planning for complex Level I screen users



Toll Free Number / Marketing Campaign

Key Changes

- Launching a targeted, statewide marketing campaign
- Targeted approaches to providing information and referral which clearly delineate community-based options available to support individual needs.
- Broad range of stakeholders including referring entities to increase awareness of community-based options.



Technology Changes

Key Changes

- Texas “self-service” portal will use a redesigned interface that empowers individuals to assess their needs or explore options for service either on their own or with assistance

Level I Screen on YourTexasBenefits.com



No Wrong Door/Single Entry Point

- **Creates a single entry point for individuals to obtain information about Medicaid LTSS programs for which they may be eligible**
- **Screens individuals using a person-centered set of questions that gathers information about the individual's needs, strengths, concerns, preferences, and informal resources**
- **Creates referrals to various LTSS agencies based on screening inputs**
- **Your Texas Benefits also houses tools that determine eligibility and where eligible individuals can enroll in appropriate services**

Level I Screen on YourTexasBenefits.com



No Wrong Door/Single
Entry Point

Advantages

- This system will reduce processing timeframes for individuals and their support systems, such as family, friends and healthcare professionals.
- The data that is collected will be more accessible to the authorized individuals providing real time accurate information for analysis.
- Facilitates the sharing of data between state agencies to better address the needs of individual.

Where Texas is Headed



- Fully functional No Wrong Door system
- Standardized core assessments

Where Texas is Headed



- Community First Choice
- Commitment to rebalancing

Panel Q&A

Presenter Contact Information

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