



Building the Business Case: I&R/AQ and Delivery System Reforms

Marisa Scala-Foley





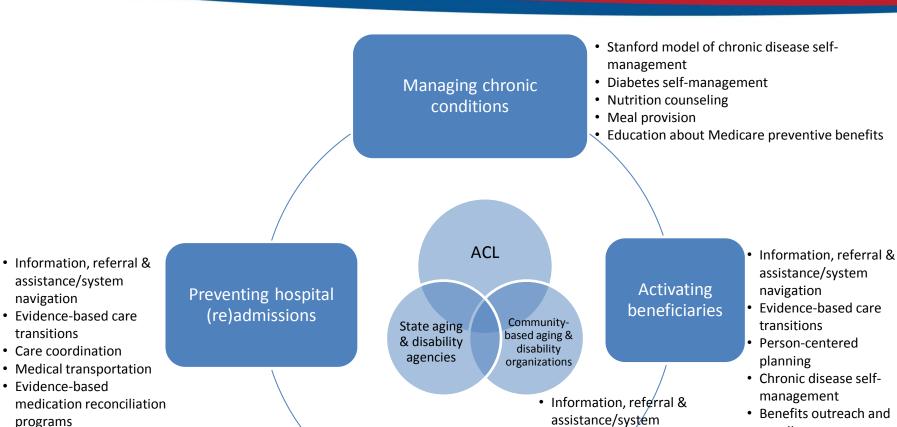
Where do community-based organizations (CBOs) fit into delivery system reform?

- Working with their state in an outreach/education/advocacy role
 - Assisting consumers with selecting plans
 - Monitoring quality of services provided to older adults and persons with disabilities (e.g., secret shopping and other forms of monitoring)
 - Individual complaint resolution (through ombudsman programs)
- Contracting with integrated care entities (e.g., health systems, ACOs, managed/integrated care plans) as part of their longterm services and supports (LTSS) provider networks

For integrated care entities (especially health plans), the question is...



Where do CBOs add value?



programs/home risk

• Evidence-based fall

assessments

prevention

Caregiver support

 Environmental modifications

Diversion/ **Avoiding** long-term residential stays

- assistance/system navigation
- Nursing facility transitions (Money Follows the Person)
- Person-centered planning
- Assessment/pre-admission review
- Environmental modifications
- Caregiver support
- LTSS innovations

- enrollment
- Employment related supports
- Community/beneficiary/ caregiver engagement

ACL Business Acumen Activities

2012: Grants to national partners to build the business capacity of aging and disability organizations for MLTSS

2012 - Present: Engagement with public and private partners 2013-Present: Business
Acumen Learning
Collaborative(s)

2013-2014 Business acumen learning collaborative

- Targeted technical assistance to build business capacity of community-based integrated care networks
- **Goal:** Each network would have at least one new contract with an integrated care entity by the end of 2014.
- Site leads:
 - Partners in Care Foundation (CA)
 - San Francisco Department of Aging and Adult Services (CA)
 - Healthy Aging Regional Collaborative (FL)
 - Elder Services of the Merrimack Valley (MA)
 - The Senior Alliance and the Detroit Area Agency on Aging (MI)
 - Minnesota Metro Aging and Business Network (MN)
 - AAAs of Erie and Niagara counties (NY)
 - PA Association of AAAs, Inc. in partnership with the PA Centers for Independent Living (PA)
 - North Central Texas Council of Governments (TX)



9 networks,15 signed contracts

Most common service under contract

Care Transitions (12 of 15 contracts)

Other services under contract

- Assessment and medication reconciliation in home
- Care coordination and navigation
- Evidence-based programs (EBP)

Most common population served

 Dual eligibles -- in particular, duals with chronic conditions (9 of 15)

Other populations served under contracts

- Special diagnosis patients
- EBP targets
- High risk

Most common payer

Dual Eligible Plans (8 of 15)

Other payers

- Accountable Care Organizations
- Medicaid MCO
- Physician Group
- State Healthcare Exchange

Most common payment model

Case rate

A few success stories

- Conversation among the sites has evolved over the course of the collaborative, and sites are now exploring issues related to network infrastructure – information technology, billing, accreditation, and more
- One management services organization being established, and at least one more under development

2015 Business acumen learning collaborative

Network leads:

- County of San Diego, Health and Human Services Agency Aging & Independence Services (CA)
- Alameda County Aging, Disability, and Resource Connection (CA)
- Indiana Association of Area Agencies on Aging, Inc., and the Indiana Aging Alliance, LLC (IN)
- Aging and Disability Resource Consortium of the Greater North Shore, Inc. (MA)
- St. Louis Metropolitan Integrated Health Collaborative (MO)
- Center on Aging and Community Living (NH)
- INCOG Area Agency on Aging and Ability Resources, Inc. (OK)
- The Arc Tennessee (TN)
- Vermont Association of Area Agencies on Aging (v4a) and the Vermont Community-Based Collaborative (VT)
- Aging and Long Term Care of Eastern Washington (WA)
- Wisconsin Institute for Healthy Aging (WI)

What we've learned

- Culture matters
- Relationships (and champions) are critical to the process
- Contracts take TIME
- Infrastructure to deal with "back office" functions (e.g., billing, tracking outcomes, information technology) is as important – if not more important – as pricing
- Contracting and network development are a "both-and", not an "either-or"
- What you want to sell may not be what they want to buy
- Still many issues that need more work: Network service quality, performance measurement, information technology, accreditation, and more

For more information:

Marisa Scala-Foley

Marisa.scala-foley@acl.hhs.gov

202-357-3516

http://www.acl.gov/Programs/CDAP/BusinessAcumen/index.aspx