Involvement of State Aging and Disability Advocates in Duals Integration

December 9, 2011
With support from The SCAN Foundation, NCOA leads a coalition of national aging and disability organizations working to protect and strengthen Home and Community-Based Services.

For more information about The SCAN Foundation visit: www.TheSCANFoundation.org
## Friday Morning Collaborative

- AARP
- Alliance for Retired Americans
- American Network of Community Options and Resources
- The Arc of the United States
- Association of University Centers on Disabilities
- Balezon Center for Mental Health Law
- Disability Rights Education & Defense Fund
- Easter Seals
- Families USA
- The Jewish Federations of North America
- Leading Age
- Lutheran Services in America
- National Alliance for Caregiving
- National Association of Area Agencies on Aging
- National Association for Home Care and Hospice
- National Council on Aging
- National Council on Independent Living
- National Committee to Preserve Social Security and Medicare
- National Consumer Voice for Quality Long-Term Care
- National Domestic Workers Alliance
- National Disability Rights Network
- National Senior Citizens Law Center
- Paralyzed Veterans of America
- Paraprofessional Healthcare Institute
- Service Employees International Union
- United Spinal Association
- Visiting Nurse Associations of America
- Volunteers of America
Webinar Overview

• Introduction
  – Joe Caldwell (National Council on Aging)

• Speakers
  – Edo Banach (CMS Medicare-Medicaid Coordination Office)
  – Hilary Dalin (National Council on Aging)
  – Kevin Prindiville (National Senior Citizens Law Center)
  – Mary Lou Breslin (Disability Rights Education & Defense Fund)

• Questions and Answers
  – 20 minutes

• Closing Remarks
Questions and Comments

All Lines Will Be Muted During the Call
To Ask A Question Use the Chat Function
Coordinating Care for Medicare-Medicaid Enrollees

Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
Edo Banach, Senior Technical Director
Medicare-Medicaid Enrollees Account for Disproportionate Shares of Spending

Dual Eligibles as a Share of the Medicare Population and Medicare FFS Spending, 2006:

- Total Medicare Population, 2006: 43 Million
- Total Medicare FFS Spending, 2006: $299 Billion

Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2007:

- Total Medicaid Population, 2007: 58 Million
- Total Medicaid Spending, 2007: $311 Billion
Who are Medicare-Medicaid Enrollees?

- Over 9 million Americans are enrolled in both Medicare and Medicaid (known as “dual eligibles” or Medicare-Medicaid enrollees).
- More likely to have mental illness, have limitations in activities of daily living and multiple chronic conditions.
- Few are served by coordinated care models and even fewer are in integrated models that align Medicare and Medicaid.
Medicare-Medicaid Coordination Office

Section 2602 of the Affordable Care Act

• Purpose: Improve quality, reduce costs, and improve the beneficiary experience.
  – Ensure dually eligible individuals have full access to the services to which they are entitled.
  – Improve the coordination between the federal government and states.
  – Develop innovative care coordination and integration models.
  – Eliminate financial misalignments that lead to poor quality and cost shifting.
Medicare-Medicaid Coordination Office
Major Areas of Work

The Medicare-Medicaid Coordination Office is working on a variety of initiatives to improve quality, coordination and cost of care for Medicare-Medicaid enrollees in the following areas:

• Program Alignment
• Data and Analytics
• Models and Demonstrations
Pursue opportunities to better align Medicare and Medicaid requirements to advance seamless, coordinated care for dual eligibles.

- **Alignment Initiative**: Initiative to identify and address conflicting requirements between the Medicare and Medicaid programs that are potential barriers to seamless and cost effective care.
  - Published as Notice for Public Comment May 16th
  - All comments are available through regulations.gov

- **Regional Listening Sessions held for**: New York, New Jersey, Puerto Rico, Virgin Islands, California, Arizona, Nevada, Kansas, Nebraska, Iowa, Missouri and other Territories.
**Data and Analytics**

*Improve State access to Medicare data for care coordination.*

- To date, 22 States have expressed interest in obtaining timely Medicare data. We are working with all of these States to understand what their interest is and walk them through their data request.

<table>
<thead>
<tr>
<th>11 States actively seeking timely Medicare Parts A/B data</th>
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<tr>
<td>• Approved to Receive: 4 States</td>
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<td>• Request in Process: 3 States</td>
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<td>• Drafting Requests: 4 States</td>
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<th>14 States actively seeking timely Medicare Part D Data</th>
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<tr>
<td>• Approved and Received: 2 States</td>
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<td>• Request in Process: 4 States</td>
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<tr>
<td>• Drafting Requests: 8 States</td>
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- Create national and State profiles of the Medicare-Medicaid enrollee population.
- Analyze the impact of eligibility pathways to better understand the beneficiary experience.
State Demonstrations to Integrate Care for Medicare-Medicaid Enrollees

Develop, test, and validate fully integrated delivery system and care coordination models that can be replicated in other States.

- 15 states selected receive up to $1 million to design new models for serving Medicare-Medicaid enrollees.

- **Participating States:** California, Colorado, Connecticut, Massachusetts, Michigan, Minnesota, New York, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, Washington, and Wisconsin.
Financial Alignment Demonstrations to Support State Efforts to Integrate Care

- **Capitated Model:** Three-way contract among State, CMS and health plan to provide comprehensive, coordinated care in a more cost-effective way.

- **Managed FFS Model:** Agreement between State and CMS under which States would be eligible to benefit from savings resulting from initiatives to reduce costs in both Medicaid and Medicare.

- **38 States and the District of Columbia** submitted letters of intent to participate in these financial demonstrations. CMS will work with these States to further develop these approaches.

- States must meet established standards and conditions, including implementation by 2012.
New Models Expand and Promote State Partnerships
Financial Alignment Initiative

Financial Alignment Initiative
State Letter of Intent Map
Integrated Care Resource Center (ICRC)

Support for All States

Assist States in delivering coordinated care to high-need, high-cost beneficiaries.

- Provides technical assistance to all States to better serve beneficiaries, improve quality and reduce costs.

- Examples of assistance available by the ICRC include:
  - Developing resources to support States' efforts to integrate care for Medicare-Medicaid enrollees.
  - Assisting States in implementing MIPPA 2013 requirements.
  - Working with States to develop and expand on health home models that build and enhance coordination and integration of medical and behavioral health care to better meet the needs of people with multiple chronic illness.

http://www.integratedcareresourcecenter.com
More Info on the Medicare-Medicaid Coordination Office’s Initiatives

• Visit our CMS Website:
  – **Alignment Initiative:** [http://www.cms.gov/medicare-medicaid-coordination/07_AlignmentInitiative](http://www.cms.gov/medicare-medicaid-coordination/07_AlignmentInitiative)
  – **Design Contracts to Integrate Care:** [http://www.cms.gov/medicare-medicaid-coordination/04_StateDemonstrationsIntegrateCareforDualEligibleIndividuals](http://www.cms.gov/medicare-medicaid-coordination/04_StateDemonstrationsIntegrateCareforDualEligibleIndividuals)
  – **Integrated Care Resource Center:** [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com)

**Questions & Suggestions:** MedicareMedicaidCoordination@cms.hhs.gov
Top 5 Reasons You Should Be Engaged

• How you and your clients who are duals gain access to health care and LTSS is going to change
• You are a stakeholder, whether you get involved or not, and your engagement will make a difference in the design, implementation and operations of the new integrated systems
• We are greater than the sum of our parts; that’s why we all need each other to share and learn together about very complex concepts that have major impact on our lives and those in our communities
• Engagement is the way to make sure consumer rights and protections are robust in access, delivery and planning
Protecting the Rights of Low-Income Older Adults
Involvement of State Aging and Disability Advocates in Duals Integration: Consumer Protections

Friday Morning Collaborative
The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all.
Integration

- States proposing a new level of integration in many places
  - Medicaid and Medicare
  - Medicaid: primary, acute, LTSS, BH
- Promise: person-centered programs that increase coordination, decrease unnecessary hospitalization, improve access to HCBS
- Risk: programs focused primarily on savings and administrative efficiencies that could create new barriers to care
Model Review

- Capitated
  - 3 way contract between CMS, state and health plans
  - All services, blended funding
  - CMS and state jointly select plans
  - Program rules simplified and unified
  - CMS permitting passive enrollment with opt-out

- Managed FFS
  - CMS and state agreement for state to provide care coordination services/activities
  - State eligible to share in savings accrued to Medicare
  - Providers still get paid on FFS basis by state for Medicaid services and by CMS for Medicare services
Expressed interest in testing capitated model
Expressed interest in testing managed FFS model
Expressed interest in testing both models
Did not submit letter of intent

Why Consumer Protection?

• Protections necessary to limit risk; increase potential to provide promise
  – Keep focus of new programs on serving the individual

• Rights, rules and requirements that assure access to needed services
  – Preserve current protections
  – Strengthen to limit risk; fulfill potential

• Protections take many forms; most effective when woven throughout the program
Our Process

- Assessment of consumer protections in existing systems
- Ongoing dialogue with other advocacy organizations
- Review of recommendations by other organizations
Key Consumer Protections

- Choice
- Access to All Support and Services
- Assessments and Care Plans
- Continuity of Care
- Appeals and Grievance Procedures
- Meaningful and Clear Notices
- Accessible Services
- Provider Networks
- Oversight and Monitoring
- Financial Structures
- Phased Implementation
Choice

• Dual Eligibles Must Retain Their Right to Choose
  – Choose all of one’s providers;
  – Choose whether and how to participate in care coordination services;
  – Decide who will be part of a care coordination team;
  – Self direct care (with support necessary to do so effectively); and

• Choose, ultimately, which services to receive and where to receive them.
Choice

• Choice begins with a truly voluntary, “opt in” enrollment model
  – Key to maintaining access to providers
  – Ensures ‘buy-in’ from individual
  – Retains an existing protection
  – Part of many current models

• If an “opt-out” model is used, additional protections are necessary
Access to All Supports and Services

• An integrated model must provide access to all necessary supports and services.
  – All Medicaid and Medicare services
    • Access to distinct benefits offered by each program
    • Where a service is covered by both, access to the full benefits entitled to under each
  – Enhanced services not currently available under either program
    • Potential to increase access to home and community based services
  – Clear standards for all services
Assessments and Care Plans

- Person-centered assessment tools and processes
  - Assessments which account for medical and social needs, reflecting available supports and family and preferences of the person
- Person-centered care plans
  - Plans which reflect the goals and choices of the person and make available all benefits and services
- Strategies for ensuring assessments and care plans are person-centered
Continuity of Care

• Continuity of care must be maintained at initial enrollment and throughout.
• Access to:
  — Current services, treatments and drug regimes
  — Providers
• Examples of effective transition models exist
• Key issue for the population; transitions can be very disruptive
Appeals and Grievances

• Right to appeal:
  – Eligibility for or enrollment in the model
  – Assignment to a provider or care team
  – A decision regarding provision of a particular service
  – Elements or non-elements of a care plan
  – For a second opinion or evaluation of eligibility for a service
  – A denial of coverage of a service
• Right to file a grievance/complaint about the integrated model and/or its providers.
Enrollees must receive meaningful and clear notices about programs, services and rights. For example:

- Enrollment rights and options;
- Plan benefits and rules;
- The individual’s care plan (including care options that were considered but not included in the plan of care);
- Coverage denials;
- Appeal rights and options;
- Transition protections and
- Potential conflicts that may arise from relationships between providers, suppliers and others.
Accessible Services

• Services must be culturally and linguistically appropriate and physically accessible.
• Language and cultural accessibility at every level
• Physical accessibility
  – Includes programmatic accessibility
Provider Networks

- Robust provider networks able to serve the unique needs of duals.
  - Primary care providers with geriatrics training
  - Specialists with expertise in conditions common among duals
    - Mental health and home and community based services providers
- Providers must be committed to the care coordination model
- Access should include geographic considerations
- Process for getting care out of network when necessary
Oversight and Monitoring

- Comprehensive and coordinated oversight to ensure that integrated models are performing contracted duties and delivering high quality services.
  - State Medicaid and other agencies
  - CMS
  - Independent advocate
  - Stakeholder committees
Financial Structures

• Promote delivery of optimal care
• If capitated, rates adjusted for health needs of population
• Emphasize and reward provision of home and community based services
• Provider rates high enough to guarantee access
• Encourage participation of non-profit and safety net providers
Phased Implementation

- Designed and implemented thoughtfully and deliberately, taking into consideration the structures and readiness of existing service delivery systems.
- Phase enrollment
- Phase geographic or population expansion
- Phase service/benefit integration
  - Do no harm to existing, effective systems
A Role for Advocates

• Ensure that the focus is on improving the beneficiary’s experience and not just lowering costs
  – Be at the table when decisions are being made
  – Lend your expertise and ‘on the ground’ experience
  – Ask questions
  – Talk with advocates in other states
  – Team with others in your state – integration of advocates!
Contact Information

Kevin Prindiville
kprindiville@nsclc.org

Georgia Burke
gburke@nsclc.org

National Senior Citizens Law Center
www.nsclc.org
510-663-1055
Protecting the Rights of Low-Income Older Adults
Stakeholder Involvement
Duals Integration Proposals
Promise and Risk
Topics

• Advocacy opportunities and goals
• Evaluation of duals models in light of fundamental principles
• Action steps
• Resources
Opportunities and Goals

• Advocacy Goals
  • Increase home and community based services and supports options
    • Embed commitment to consumer direction/person-centered
    • Policies/incentives to enhance development and availability of such services and supports
Opportunities and Goals

• Strengthen consumer protections
  • Network adequacy
  • Cultural and linguistic competence
  • State and federal admin. complaints
  • Strong oversight
  • Data collection and analysis/health outcomes
Opportunities and Goals

• ADA compliance--increase accessibility of medical facilities and services
  • Survey capacity of medical providers to accommodate people with physical and/or mental limitations and disabilities
    • Health plans use physical and programmatic accessibility info. to assist patients select providers
    • Assist plans in evaluating network adequacy
Opportunities and Goals

• Increase programmatic accessibility
  • ASL interpreters
  • Accessible medical equipment
  • Lifting/other assistance
  • Alternative print formats
  • Modification of policies, e.g. longer exam/communication time
  • All increase access to wellness and prevention
Opportunities and Goals

- Methods: Contracts, terms and conditions, between states, health plans, provider groups, CMS
  - Commitment to increasing consumer directed, home and community based services and supports
  - Require provider/plan training
    - State and plan trainer training
    - Disability literacy
    - ADA requirements
    - Policies and procedures
  - California experience
Principles

• Evaluate duals proposals in light of basic principles
  • Right to choose
  • Right to community based long term supportive services
    • Consumer direction
  • Do no harm
    • M/M benefits and protections at highest level available
  • Individual at center
Principles

• Meaningful, effective communication and stakeholder input on policies
• Honor established provider relations
• Robust consumer protections
• No financing and payment systems that incentivize denial of care or less care
Action Steps

• Duals initiatives represent a ground shift in health care delivery and coordination, and potentially, community based LTSS

• Disability and aging communities must be at the table now

• Priorities include adopting a statement of principles—line in the sand

• Action steps
Action Steps

• Determine state’s interest/action thus far
  • HHS/CMS websites
  • State websites
  • Health advocacy groups

• Determine current aging/disability stakeholder involvement
  • Health advocacy groups
  • Aging, disability groups
  • Communication with state
  • Concerns, positions
Action Steps

• Determine interest, goals among coalitions, networks
  • Promote principles
  • Establish goals (e.g., enhanced community based LTSS, training, consumer protections, etc.)

• Identify state’s stakeholder engagement process

• Create a strategy
  • Meetings
  • Letters
  • Press/social media
Resources

- **Medicare-Medicaid Coordination Office**
  - Works to align and coordinate benefits between the two programs
    (https://www.cms.gov/medicare-medicaid-coordination/)

- **Center for Medicare and Medicaid Innovation**
  - Identifies, tests and spreads new models of care and payment
    (http://innovations.cms.gov/)

- **DREDF-NCOA Duals Resource List**
  - Articles, web sites, and related resources
    (http://dredf.com/duals-resources/)
Contact Information:

Mary Lou Breslin  
*Senior Policy Advisor*  
**Disability Rights Education and Defense Fund (DREDF)**  
3075 Adeline Street  
Berkeley, CA 94703  
510-644-2555 ext. 5247  
mlbreslin@dredf.org  
www.dredf.org
To Ask A Question
Use the Chat Function
Continue the Conversation

Join to discuss what you learned today!

www.NCOACrossroads.org/HCBS

• New online community with over 300 aging and disability advocates across country interested in home and community-based services
  – Listserv and message board functions
  – Share information and resources with others
  – Post questions and discuss issues
  – Access archives of previous webinars

• Please complete follow up survey