Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

August 8, 2024 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and introductions
- Perspectives from IL and CA 1115 Waivers
- Discussion breakouts & read-out
- Public announcements and other business
- Next meeting and opportunities for staying connected

Level-Setting Norms and Expectations for the HSR Subcommittee

- **The role of this subcommittee is to inform the policy development and implementation of 1115 waiver renewal services.**
  - Subcommittee participants will inform policy development and implementation guidance, bring best practices, lived experiences, and additional critical expertise
  - DHCF staff will support administrative functions, transparently communicate materials and decisions, bring Medicaid subject matter expertise, and ensure a continued feedback loop between the subcommittee and agency decision-making processes

- **HSR Subcommittee Goals:**
  - Inform DHCF policy development and implementation of waiver services
  - Bring community insights, lived experience, and provider perspectives to bear in program design considerations
  - Build new community and connections to support best practice implementation

Expert Perspectives on 1115 Waiver Community Engagement and Implementation

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What are the best practices you have seen across states in engaging with community and integrating feedback in the development and implementation of 1115 waiver HRSN services?

HMA

CalAIM: California Advancing and Innovating Medi-Cal

PRESENTED BY:

Elvia Delgado, MBA

HMA CalAIM Program Director and Principal

Los Angeles, CA

August 8, 2024

WHAT IS CALAIM?

- CalAIM: **California Advancing and Innovating Medi-Cal**
- Five-year initiative by DHCS that promotes broad **delivery** system, **program**, and **payment** reform across the Medi-Cal
- CalAIM is implemented through:
  - Section 1115 Demonstration Waiver renewal
  - Section 1915(b) Waiver renewal
  - State Plan Amendments (SPAs)
  - Contractual changes
- Whole Person Care Pilots
- Health Homes Program

Best Practices

Community Engagement

- **County and Regional Collaborative Planning**

- **MCP Contracting**:
  - Local CBO's
  - CBO's currently serving the population of focus
  - CBO's with lived experience

Infrastructure

- **Engaging in CalAIM through Medi-Cal Managed Care**

- **Building data and reporting capacity**

- **Financial and operational sustainability models**

Implementation

- **Referral coordination**

- **Driving market awareness and utilization**

- **Standardized MCP processes (i.e., contract precertification, billing codes)**

- **Building Housing Capacity**

- **Improving Data Exchange**

HMA

Insights from the Illinois 1115 Waiver

PRESENTED BY:
Leticia Reyes-Nash, MBA
Principal
Chicago, IL

August 8, 2024

ILLINOIS 1115 DEMONSTRATION APPROVAL OVERVIEW

- Illinois received approval for an extension of their Section 1115 Demonstration on 7/2/2024
- This extension will include a Reentry Demonstration Initiative and HRSN Services
- The State submitted their acceptance letter to CMS on 7/26/24
- Links to official approval documents:
  - CMS Medicaid.gov 1115 page – https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81581
  - Illinois 1115 page – https://hfs.illinois.gov/medicalproviders/cc/1115demonstrationwaiverhome/1115demonstrationwaiverbhtfiveyearextension.html

ILLINOIS 1115 DEMONSTRATION APPROVAL OVERVIEW

New authority

- **Health Related Social Needs** (HRSNs)
  - **Housing supports** (include recuperative care/medical respite, community reintegration from institutions)
  - **Food & nutrition services**
- **Reentry Services** (transition from incarceration)
- **Violence prevention & intervention**
- **Non-medical transportation** (NMT)

Continuing authority

- **Supported employment** (continuing 2018 transformation waiver authority)
- **SUD IMD, SUD Case Management**

SUMMARY BENEFIT DESCRIPTIONS PER SPECIAL TERMS AND CONDITIONS

BENEFITS

- **Housing Supports** including pre-tenancy and tenancy sustaining services for individuals and families experiencing or at risk of homelessness
- **Medical Respite** for those experiencing or at risk of homelessness to avoid or step down from higher levels of care
- **Justice Involved Community Reintegration** to connect adults and youth with vital services and supports for up to 90 days preceding release from incarceration
- **Community Reintegration** for individuals transitioning to the community from institutional settings such as nursing facilities
- **Violence Prevention and Intervention** services including home visiting and dyadic therapy for individuals and families impacted by violence as well as those at risk of experiencing violence
- **Employment Assistance** for adults with disabilities, behavioral health conditions, and/or very low income
- **Food and Nutrition Services** such as case management, nutrition education, and medically tailored meals for people who are food insecure
- **Non-medical Transportation** to empower individuals to engage with resources and supports in their communities
- **Substance Use Disorder (SUD) Case Management** for individuals with SUD who qualify for diversion into treatment from the criminal justice system
- **SUD Services in Institutions for Mental Disease** for short term residential and inpatient treatment (continuation of existing pilot and scope)

IDEAS FOR STAKEHOLDER ENGAGEMENT BEST PRACTICES

- Work with state and national organizations, sister agencies, MCOs, and providers to inform the development of 1115 applications and post-approval deliverables
- Consider additional avenues for providers and Medicaid customers to share their feedback and input, such as in the form surveys, focus groups, and town halls
- Provide Section 1115 Demonstration updates at scheduled Medicaid Advisory Committee (MAC) Meetings and other meetings where providers and customers may be present
- Consider key operational and infrastructure needs throughout the stakeholder engagement processes to support the effective implementation of the 1115 Demonstration

Question & Answer Session

Breakout Group Reminders

- **Breakout groups in the HSR subcommittee meetings help us to efficiently use time to reach our goals.**
  - Facilitate diving deeper into topics areas, having more people involved in conversation, allowing for a freer flow of ideas, and developing cross-organizational relationships
  - We encourage participants to introduce themselves before they speak and keep cameras on (if able)
  - Be mindful of your participation and allow space for all participants to engage in conversation
  - DHCF staff will facilitate conversation, keep time, and take notes during conversations

- **Instructions for today's breakout groups:**
  - Select the domain group you would like to join when option pops up on the screen to join your assigned breakout room. If you have any issues, please message the DHCF staff Webex hosts
  - Assign 1 person from your breakout to report back to the larger group about your discussion

Questions for Today's Breakout Group Discussion

- What did you take away from today's guest speakers?
  - What new information did you learn?
  - What are the key insights the District should consider as we embark on further community engagement and waiver implementation?
  - Based on today's presentation, are there any topics you want to make sure we discuss at a future meeting?

- What places, spaces, groups, or other forums would support getting beneficiary feedback and community input on reentry , nutrition, and housing?
  - How can we connect with and leverage those efforts without unnecessary duplication?

Group 1 - Reentry
Report Out from Breakout Discussion

- **Question 1: What did you take away from today's guest speakers?**
  - Important to get contact information from Leticia from Cook County work – Allie to follow up
  - Group members wanted to understand outcomes data from other waivers – however waivers haven't yet been implemented (or just recently implemented), so data isn't available. DHCF to come back with more detailed information on implementation timelines and material from other states
  - Other states have piloted prior to full implementation with time in between
  - Group members have heard that there have been issues with CA CBO-MCP model – curious on DC model choice. It seems like many states are leaning towards the middle – between fully MCP and fully hub
- **Question 2: What places, spaces, groups, or other forums would support getting beneficiary feedback and community input on reentry, nutrition, and housing?**
  - There are a number of groups and entities working on reentry – how do we ensure that we aren't being duplicative?
  - Progressive life center works in this space
- **Additional group discussion topics:**
  - We can think about the possible directions for waiver providers to deliver services in 3 categories – existing carceral/ secure detention providers, CBOs (non-Medicaid enrolled), and current Medicaid providers (e.g. MHRS)
  - All three types of providers will be involved and are critical to success – key to figure out how to leverage existing infrastructure and efficiently maximize the strengths of these groups
  - A good first step would be to look at what the current utilization and connections are with available services
  - It will be critical to look at the physical location and timing of connections depending on the length of stay in a given setting (e.g. long-term stay, short-term stay, halfway house, etc.)

Group 2 - Nutrition
Report Out from Breakout Discussion

- **Question 1: What did you take away from today's guest speakers?**
  - We have an opportunity to consider innovative payment models that are population-based.
  - We can also consider implementing nutrition benefit that follows the person, even if they later enroll in a different managed care plan.
  - Centralized billing and referral processes are key to implement. Additionally, group members recommended we strengthen case management support.

- **Question 2: What places, spaces, groups, or other forums would support getting beneficiary feedback and community input on reentry, nutrition, and housing?**
  - Organizations' client services councils: conversations would help the MCAC HSR workgroup better understand client needs, acknowledging some needs may move beyond nutrition.
  - Narrowing down the type of input we need is an efficient way for us to figure out who else needs to be at the table to provide perspective.

Group 3 - Housing
Report Out from Breakout Discussion

- **Question 1: What did you take away from today's guest speakers?**
  - We need to have a system that better serves our community, and we need to leverage the resources we already have. We also need to determine the best mechanism for facilitating service delivery (i.e., MCOs, FQHCs, etc.) and innovating mechanisms for financing those providers. MCOs and FQHCs both have unique barriers to entry and resource needs if they are to be used for services delivery or other facilitation means.
  - We need a centralized data sharing agreement - opt-in infrastructure. Current systems do not share between sister agencies or between CBOs and other organizations. Building ground up infrastructure will require easy points of entry, particularly around data sharing. We should also consider the many agencies that may work with one person and consider ways to streamline the services offered to those beneficiaries and identify where there may opportunities for collaboration due to the similarity of services.
  - Challenges in case management should be reviewed to ensure an easy and consistent experience for patients. There are many challenges to following patients during their time with the community. We should also examine opportunities for additional funding streams, like Medicare.

- **Question 2: What places, spaces, groups, or other forums would support getting beneficiary feedback and community input on reentry, nutrition, and housing?**
  - Working directly with housing services organizations to connect with people in the community should be considered; meeting patients/beneficiaries where they are and where they're comfortable to solicit their feedback

Public Announcements and Other Business

Notes on public announcements shared during this section:

- See subsequent slide with additional information about Integrated Care DC's Value-Based Care Learning Collaborative opportunity.

APPLY NOW! JOIN INTEGRATED CARE DC'S NEW VALUE-BASED CARE LEARNING COLLABORATIVE

INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

- Integrated Care DC, managed by DC Department of Health Care Finance in partnership with DC Department of Behavioral Health, offers technical assistance at no charge for DC Medicaid providers.
- Our yearlong Value-Based Care Learning Collaborative, launched in July 2024, aims to help providers improve patient care, enhance financial performance, and succeed in value-based payment (VBP) arrangements with the District's managed care plans (MCPs).
  - **Engage** in group and 1:1 coaching tailored for providers in a VBP program with an MCP, or with an interest in participating
  - **Elect** from 3 tracks aligned with MCP programs to deep-dive into improving performance on a VBP quality metric:

    Track 1**:** Pediatric Care

    Track 2**:** Care of Acute and Chronic Conditions

    Track 3**:** Maternity Care
  - **Earn** continuing education credit (CE/CME) for live webinars

Apply to join the Value-Based Care Learning Collaborative by August 15!

www.integratedcaredc.com/learning-collaboratives

Request a consultation to learn more:
www.integratedcaredc.com/signup-form

Get Involved and Make Sure You're Getting Updates

The next meeting will be Thursday, September 12, 2-4pm – we look forward to seeing you all there!

- Refer someone – are there people who you think we should reach out to?
- Are you on the email list to receive updates on the 1115 waiver?

Email DHCF.WaiverInitiative@dc.gov and we will add you to the list and/or outreach to any referred stakeholders.