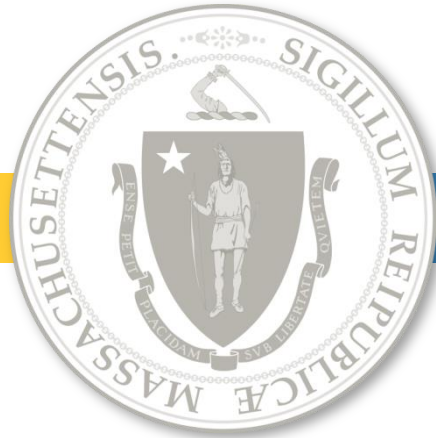


MassHealth Payment and Care Delivery Innovation

Executive Office of Health & Human Services



Community Partners Open Meeting

1 Ashburton Place, 21st Floor
Boston, MA 02108

February 10, 2017



Material in this PowerPoint is presented for informational purposes only.

The information provided in this presentation is subject to change and is not binding on EOHHS.

All official participation and performance requirements related to the CP procurements will be posted on COMMBUYS. Interested parties are encourage to check COMMBUYS regularly to obtain the most up-to-date information regarding the procurements.



- **Recap on MassHealth Delivery System Reform efforts**
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- Procurement Overview
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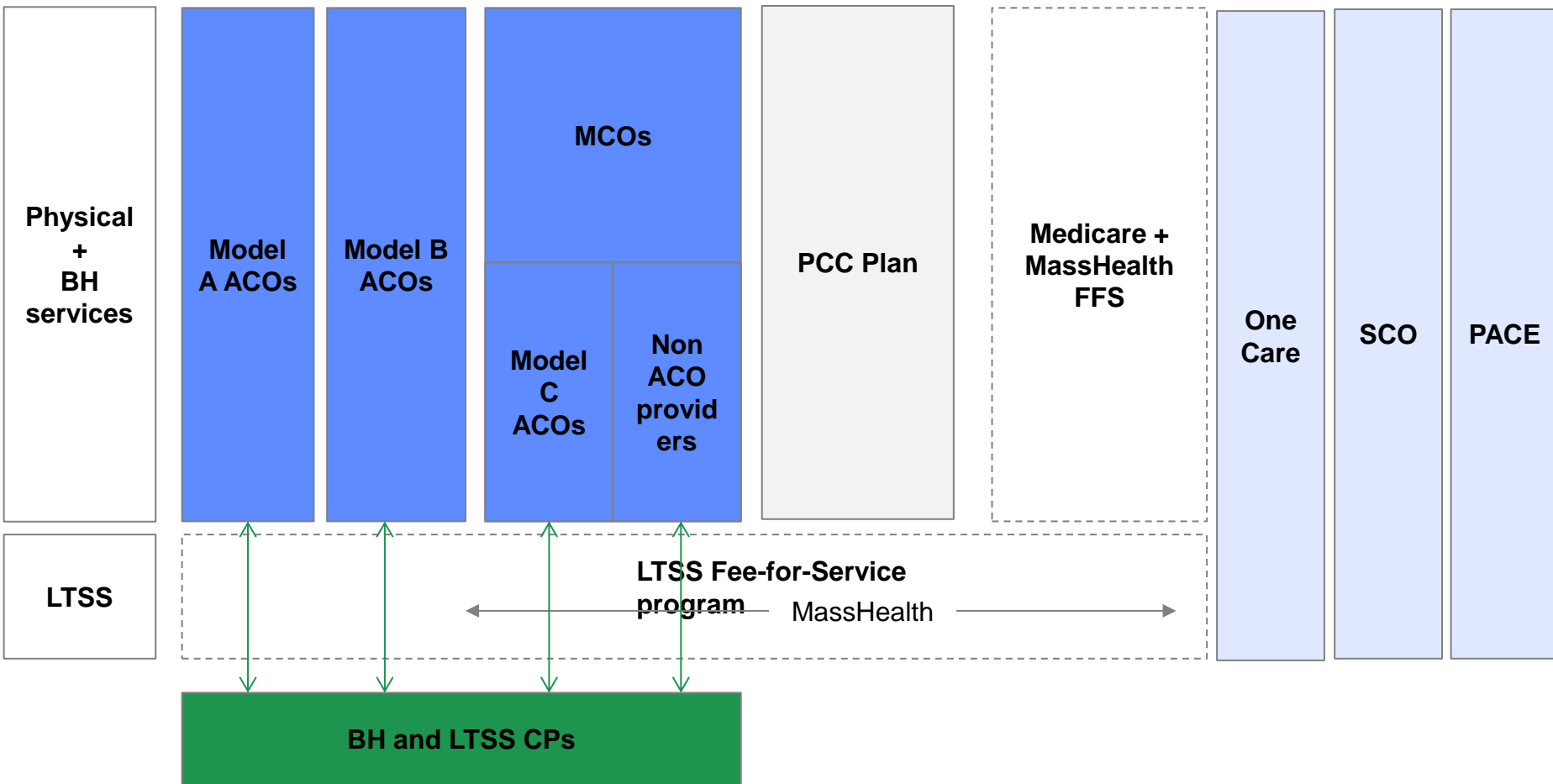
BH and LTSS CPs will support ACO and MCO-enrolled members

Non-duals

Managed care eligible (~1.2M members)

Duals

FFS and integrated care models (~0.7M members)



MH – MassHealth
FFS – Fee-for-Service
SCO – Senior Care Options

PACE - Program of All-Inclusive Care for the Elderly

Summary of MassHealth stakeholder engagement



1. Stakeholder Workgroups Phase 1 (Aug 2015 – Feb 2016)

- Strategic Design
- Attribution
- Payment Model Design
- ACO Certification Criteria
- Quality Improvement
- Behavioral Health (BH) Payment Model
- Long-Term Services and Supports (LTSS) Payment Model
- Health Homes

2. Stakeholder Workgroups Phase 2 (Sep 2016 – Jan 2017)

- BH Community Partners
- LTSS Community Partners
- Quality

3. Public Meetings (Aug 2015 – current)

4. Request for Information (RFI) released Oct 2016

5. Notice of Intent (NOI) to Procure posted Dec 2016



Objectives for Community Partners (CP) program

- Support members with high BH needs, complex LTSS needs and their families to help them **navigate the complex systems of BH and LTSS** in Massachusetts
- **Improve member experience, continuity and quality of care** by holistically engaging members with high BH needs (SMI, SED and SUD¹) and complex LTSS needs
- Create opportunity for ACOs and MCOs² to **leverage the expertise and capabilities of existing community-based organizations** serving populations with BH and LTSS needs
- **Invest in the continued development of BH and LTSS infrastructure** (e.g. technology, information systems) that is sustainable over time
- **Improve collaboration** across ACOs, MCOs, CPs, community organizations addressing the social determinants of health, and BH, LTSS, and health care delivery systems in order to break down existing silos and **deliver integrated care**
- **Support values** of Community First, SAMHSA recovery principles, independent living, and promote cultural competence

¹ SMI = Serious Mental Illness; SED = Serious Emotional Disturbance; SUD = Substance Use Disorder

² ACO = Accountable Care Organization; MCO = Managed Care Organization

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Overview of BH and LTSS CP models



	BH Community Partners	LTSS Community Partners
CP Focus Population	ACO and MCO enrolled members ages 21 and older with SMI and/or SUD	ACO and MCO enrolled members ages 3 - 64 with complex LTSS needs
Member Identification	<ul style="list-style-type: none"> Analytic identification process – claims and service analysis (MassHealth) Qualitative identification process - referral to ACO or MCO 	<ul style="list-style-type: none"> Analytic identification process – claims and service analysis (MassHealth) Qualitative identification process – referral to ACO or MCO
Assignment to CP	By MassHealth, ACO or MCO	By ACO or MCO
Overview of CP Functions ¹	Comprehensive care management including coordination of physical, BH, LTSS and social services needs	LTSS care planning and LTSS care coordination including LTSS and social services needs

¹ACOs and MCOs must delegate these functions to CPs (exceptions to be defined by EOHHS)



BH CP model: Who will the BH CP support?

BH CPs will serve a population with high BH needs:

- ACO and MCO-enrolled members ages 21 and older with SMI and/or SUD and high service utilization
- MassHealth will define the categories of members that BH CPs may support. The following is an example of members who may be supported by BH CPs. These criteria are for example purposes only and are subject to change:

Members must have a diagnosis from the below list, e.g., ...

- Any SUD diagnosis excluding caffeine and nicotine
- Schizophrenia
- Bipolar disorder
- Personality / other mood disorders
- Psychosis
- Trauma
- Attempted suicide or self-injury
- Homicidal ideation
- Major depression
- Other depression
- Adjustment reaction
- Anxiety
- Psychosomatic disorders
- Conduct disorder
- PTSD

...AND meet at least one of the following criteria, e.g.,

- ESP interaction
- Detoxification
- Methadone treatment
- IP visits (e.g., 3+)
- ED visits (e.g., 5+)
- Select medical comorbidities (e.g., 3+)
- High LTSS utilization
- Current DMH enrollment

Anticipated BH CP model: What will the BH CP do for members?



BH CP Functions

1. **Outreach and active engagement** of assigned members;
2. Identify, engage, and **facilitate member's care team**, including PCP, BH provider, and other providers and individuals identified by the member, on an ongoing basis and as necessary;
3. Conduct **comprehensive assessment** and **person-centered treatment planning** across BH, LTSS, physical health, and social factors that leverages existing member relationships and community BH expertise;
4. **Coordinate services across continuum of care** to ensure that the member is in the right place for the right services at the right time;
5. Support **transitions of care** between settings;
6. Provide **health and wellness coaching**; and
7. **Facilitate access and referrals to social services**, including identifying social service needs, providing navigation assistance, and follow-up on social service referrals, including flexible services where applicable.

BH CP model: How will members be identified and assigned to a BH CP?



MassHealth anticipates members will be identified and assigned for BH CP supports by:

1. Analytical Process (i.e. claims and services-based analysis) by MassHealth

- MassHealth intends, where possible, to maintain existing member-provider relationships by assigning member to the CP that provides services to that member
- ACOs and MCOs will also assign a portion of members to a CP

OR

2. Qualitative process (e.g. provider referral or member self-identification)

- Referrals from members, providers and others familiar with member are made to ACO or MCO for approval
- ACOs and MCOs may assign members to a CP

Members have choice. Members may decline assignment to a particular CP or to any CP at all



Community Service Agency (CSA) intersection with the BH CP program

- CSAs will continue to deliver the services as they do today; medical necessity criteria and service specification will remain unchanged; CSAs will be paid for services as they are today
- CSAs will be eligible for DSRIP funding for **infrastructure and capacity development**
- A CSA must partner with all ACOs and MCOs in the service areas it serves to be eligible for DSRIP funding, and will be subject to contract requirements with MassHealth.

LTSS CP model: Who will the LTSS CP support?



LTSS CPs will serve a population with complex LTSS needs:

- ACO and MCO-enrolled members ages 3 – 64
- MassHealth will define the categories of members that LTSS CPs may support. The following is an example of members who may be supported by BH CPs. These criteria are for example purposes only and are subject to change:

**Members with \geq \$300 spend on LTSS over 3 consecutive months.
Example LTSS spend includes the following services:**

- Personal Care Attendant Program
- Home Health
- Independent Nurse Services
- Adult Foster Care
- Group Adult Foster Care
- Adult Day Health
- Day Habilitation

Anticipated LTSS CP model: What will the LTSS CP do for members



LTSS CPs Supports

1. Perform **outreach** and **orientation** to assigned members;
2. Conduct **LTSS care planning** and **choice counseling** to develop a LTSS Care Plan using person-centered processes;
3. **Participate on the member's care team**, to provide LTSS expertise and support integration of LTSS into the member's care, as directed by the member;
4. Facilitate member access to LTSS through **care coordination and navigation**;
5. **Support transitions of care** between settings;
6. Provide **health and wellness coaching**; and
7. **Facilitate access and referrals to social services**, including identifying social service needs, providing navigation assistance, and follow-up on social service referrals, including flexible services, where applicable.

Enhanced Supports

1. ACOs and/or MCOs and LTSS CPs may collaboratively identify members with complex LTSS needs who would benefit from comprehensive care management provided by the LTSS CP
2. Enhanced Supports arrangements may be made available through a competitive grant arrangement
3. MassHealth anticipates releasing additional information on the Enhanced Supports model in Spring 2017

LTSS CP model: How will members be identified and assigned to LTSS CPs?



MassHealth anticipates members will be identified and assigned for LTSS CP Supports by

1. Analytical Process (i.e. claims and services based analysis) by MassHealth
 - MassHealth intends to identify members with high LTSS utilization using a claims and services based analysis.
 - ACOs and MCOs will assign identified members to a LTSS CP

OR

2. Qualitative process (i.e. provider referral or member self-identification)
 - Referrals from members, providers and others familiar with the member are made to ACO or MCO for approval
 - ACOs and MCOs may assign members to a CP

Members have choice. Members may decline assignment to a particular CP or to any CP at all



LTSS CP: Comprehensive assessments and LTSS care planning

Comprehensive assessment^{1,2}: a person-centered assessment of a member's physical, behavioral, LTSS and social service needs including functional and accessibility needs

Completed by

ACO or MCO

LTSS care planning: Incorporating the results of the comprehensive assessment to develop a person-centered LTSS care plan with the member's goals, preferences, strengths and needs, including identifying the strategies and LTSS options needed to meet these goals. The LTSS care plan will be developed under the direction of the member by staff trained in person-centered care planning

Completed by

LTSS CP

¹Pursuant to 1115 Demonstration Waiver Special Terms and Conditions (Section 61), Comprehensive Assessment will be independent:

Providers of facility- or community-based LTSS may not conduct LTSS needs assessments, except as explicitly permitted and monitored by the state (e.g. because a provider has select expertise, or is the only qualified and willing entity available). In such circumstances, the state will require that the provider entity establish a firewall or other appropriate controls in order to mitigate conflict of interest. An organization providing only evaluation, assessment, coordination, skills training, peer supports, and Fiscal Intermediary services will not be considered a provider of LTSS.

²Note: Assessment does NOT result in determination of service levels and types

Conflict of Interest



CPs will be required to have **conflict of interest policies** that may include provisions such as:

- CP staff are not related to member, or their caregivers nor are they financially responsible for the member;
- Administrative separation between staff providing care coordination and service delivery;
- Member choice in services, programs and providers;
- Disclosure of financial affiliation with providers to the member; and
- Members are informed of the availability of the Ombudsman program as well as grievances and appeals processes.

MassHealth will also monitor self referrals by CPs and may do random audits

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MassHealth will select BH CPs across the state through a competitive procurement

MassHealth may establish minimum Bidder requirements such as that the Bidder:

1. Must be **community-based provider or consortium of providers** with experience and expertise supporting populations with SMI, SUD, and co-occurring disorders through the service categories:
 - **Community based mental health services** (e.g., ESP, PACT, CSP, CBFS, crisis stabilization, respite services, residential services)
 - **Substance Use Disorder treatment services** (e.g., ATS, CSS, SOAP, MAT, outpatient SUD treatment)
 - **Outpatient mental health services** (e.g., clinical, day treatment, medication, intensive outpatient); and
 - **Integrated care management services** (e.g., One Care Health Home, MBHP PBCM, Here For You)
2. Must be a **MassHealth provider** or a provider in the network of a MassHealth-contracted managed care entity
3. Must have **at least one contract with a state agency** or bureau such as: DMH, DPH BSAS, or DCF as a provider of clinical services
4. If a partnership or consortium, **consortium must be a legal entity** capable of entering into a contract with EOHHS, **or the consortium must identify a lead entity** with the power to bind constituent entities to the terms of the contract

- MassHealth will ask Bidders to specify specific service areas in which they propose to operate
- MassHealth anticipates procuring approximately **four to five BH CPs per region**
- MassHealth may select a bidder to be a BH CP in more than one region or service area

LTSS CP selection



MassHealth will select LTSS CPs across the state through a competitive procurement

MassHealth may establish minimum Bidder requirements such as that the Bidder:

1. Must be a **community-based organization or consortium** of community-based organizations with experience and expertise supporting all of the following populations of individuals with complex LTSS needs, which include:
 - Individuals with complex LTSS and BH needs;
 - Individuals with brain injury or cognitive impairments;
 - Individuals with physical disabilities;
 - Individuals with Intellectual Disabilities and Developmental Disabilities (I/DD), including Autism;
 - Older adults (up to age 64) with LTSS needs; and
 - Children and youth (ages 3 - 21) with LTSS needs;
2. Must be a MassHealth provider or a provider in the network of a MassHealth-contracted managed care entity, including SCO, PACE or One Care;
3. If a partnership or consortium, **consortium must be a legal entity** capable of entering into a contract with EOHHS, **or the consortium must identify a lead entity** with the power to bind constituent entities to the terms of the contract

- MassHealth will ask Bidders to specify specific service areas in which they propose to operate
- MassHealth anticipates procuring approximately **four LTSS CPs per region**
- MassHealth may select a bidder to be a LTSS CP in more than one region or service area

Examples of potential CP bidder models MassHealth may consider



The following are examples of CP bidder models:

1. Bidder is a new legal entity

- Multiple entities create a new legal entity (e.g. Limited Liability Company (LLC))
- Multiple entities collectively meet all bidder qualifications
- New legal entity is responsible for meeting all terms and conditions of the contract

2. Bidder is a lead entity with multiple partners

- Collaboration through formal agreement (e.g., management contract)
- Lead entity with multiple entities collectively meet all bidder qualifications
- Lead entity is responsible for meeting all terms and conditions of the contract

3. Bidder is a single entity with subcontractors

- Bidding entity is responsible for all terms of the contract and may subcontract for certain responsibilities
 - *All models may include subcontracting relationships*
 - *Entities may participate in multiple CPs*
 - *MassHealth may provide additional guidance on these arrangements*

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Relationships between ACOS, MCOs, CPs and CSAs



- **ACOs and MCOs will be expected to contact with all BH CPs and CSAs** in the service areas in which the ACO or MCO operates and vice-versa.
- **ACOs and MCOs will be expected to contract with at least two LTSS CPs** in the service areas in which the ACO or MCO operates.
- MassHealth may provide a set of **minimum requirements** to be included in ACO and MCO contracts with CPs. ACOs or MCOs and CPs may choose to go beyond the minimum requirements. MassHealth will further define contracting requirements for CSAs.
- **Contractual requirements may include** the following domains:
 1. Focus population
 2. Member assignments
 3. Care team roles and participation
 4. Care model and care coordination requirements
 5. IT systems and information sharing
 6. Critical incidence reporting
 7. Conflict resolution



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CP payment and accountability

PENDING CMS APPROVAL

1. Care coordination funds (at-risk)

- Per member per month payments paid by MassHealth
- Payments may be subject to change and are anticipated to be \$180 PMPM for BH CPs and \$80 PMPM for LTSS CPs

2. Infrastructure and capacity building funds (at-risk)

- Paid by MassHealth to support projects such as:
 - Technology (e.g., HIT and care management software, mobile technology)
 - Workforce development (e.g., recruitment support, training and coaching)
 - Business startup costs (e.g., staffing and startup costs to develop full caseloads)
 - Operational infrastructure (e.g., IT project management)

3. Outcome-based payments

- Incentive pool may be available to CPs achieving or exceeding excellence benchmarks.

Funds begin to be at-risk in Year 2 for reporting only and in Year 3 for performance

* Community Service Agencies (CSA) will be eligible for infrastructure and capacity building funds only.

CP quality measures considerations

PENDING CMS APPROVAL



Goals for measures:

- Integration of CPs with ACOs and MCOs
- Align with ACO quality measure slate
- CP, along with ACO, should be accountable for traditionally medical measures in order to promote integration of care
- CP supports should impact avoidable utilization including ED and readmissions
- Measures for engagement - CPs should ensure:
 - For BH CPs - members have comprehensive assessments completed and shared with the PCP
 - For LTSS CPs – person-centered LTSS care plan is developed under the direction of the member and shared with the PCP and integrated into the overall care plan



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Frequently asked questions



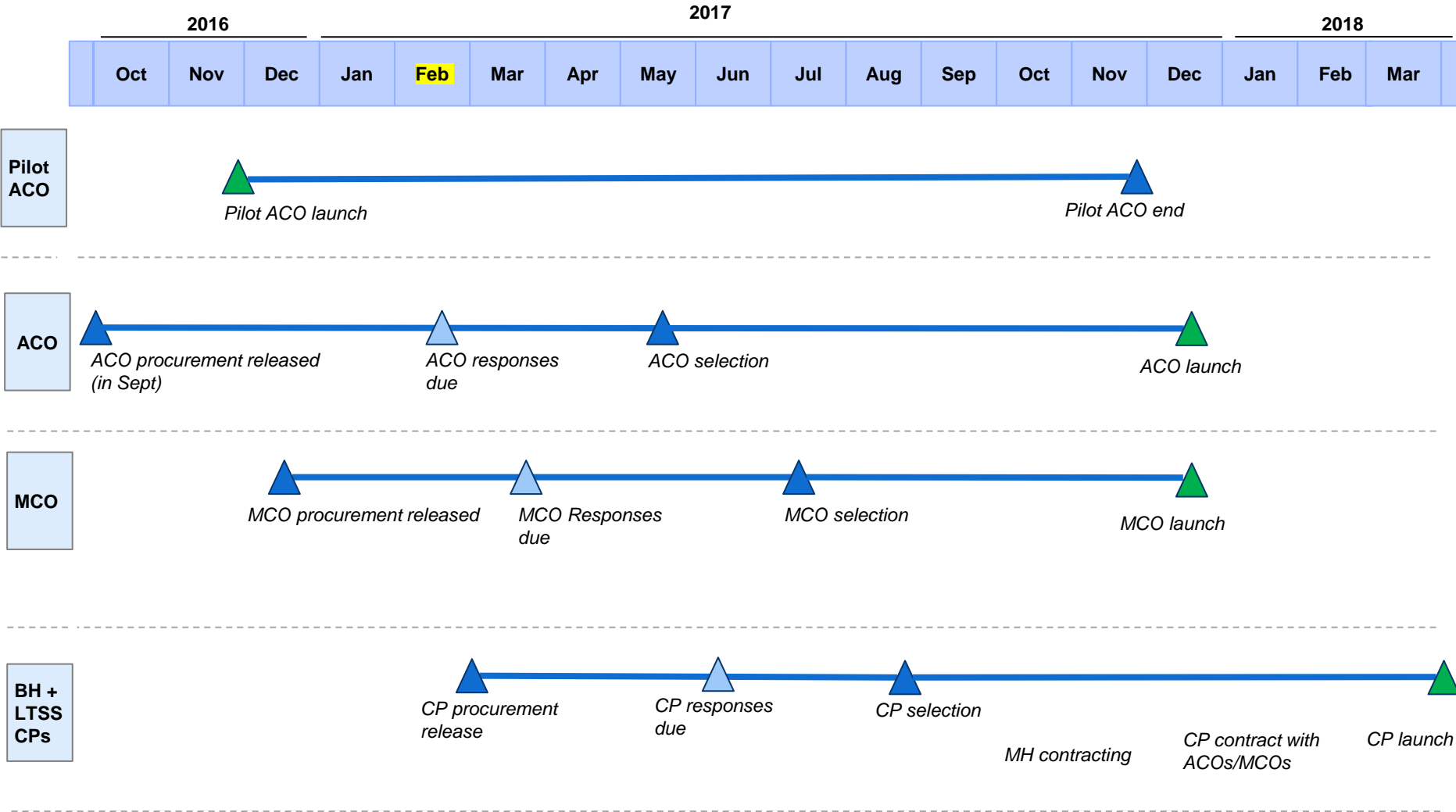
- Why are BH CP and LTSS CP models different?
- Can a bidder apply to become both a BH CP and LTSS CP?
- May organizations be members of multiple CP consortiums? If so, are there restrictions on the number consortiums an organization can be a part of per region?
- Can a CP be procured across more than one MCO region?
- Can you give further guidance on governance structure of a CP consortium?
- What are the requirements around staffing and frequency of contact between CP staff and member?



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MassHealth restructuring: ACO, MCO and CP anticipated timeline



Questions