



# Integrated Care Management and Outcomes for Persons with I/DD

# Introductions



# *The Long-Term Quality Alliance (LTQA)*

- LTQA is an alliance of national stakeholder organizations: LTSS providers, medical providers, managed care plans, consumers
- Mission: Advance high-quality, person- and family-centered, integrated long-term services and supports
- Current Initiative: Developing the Business Case for LTSS Integration

Website: <http://www.ltqa.org/>

# *What is LTSS Integration?*

- Coordination of all medical care, behavioral care, and LTSS in a single capitated program
- Person-centered
- Care management
  - Comprehensive assessment and care planning
  - Interdisciplinary care teams that communicate
  - Single point of contact and accountability for the member

For further detail see LTQA's *Taxonomy of Integration*:

<http://www.ltqa.org/wp-content/themes/ltqaMain/custom/images//Taxonomy-of-LTSS-Integration.pdf>

# Centene Overview

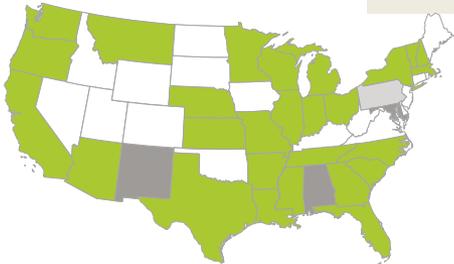
**WHO WE ARE**



## St. Louis

based company founded in Wisconsin in 1984

**WHAT WE DO**



## 28 states

with government sponsored healthcare programs & implementations, including:

**31,500 employees**

**12.2 million members**

includes  
**46,000 MMP Members**  
**215,000 MLTSS Members**

**Medicaid**  
(23 states)

**MLTSS**  
(7 States)

**MA SNP**  
(8 States)

**ABD Non-Dual**  
( 17 States)

**MMP**  
(6 States)  
CA, IL, MI,  
OH, SC, TX

**Marketplace**  
(13 States)

**Medicare**  
(13 States)

**Correctional**  
(8 States)

**248,000** & **2,300**  
Physicians Hospitals

In our provider networks



## *Sunflower at a Glance*

- Number of Employees | 380
- First Year of Operations | 2013
- Number of Providers | 20,539
- Number of Members | 130,000
- Number of Counties Served | 105 (Statewide)

# *Programs & Populations Covered*

- TANF (Temporary Assistance for Needy Families)
- Pregnant Women
- CHIP (Children’s Health Insurance Program)
- Foster Care
- ABD (Duals & Non-Duals)
- Long Term Care
- HCBS Waiver Programs
  - Autism
  - Developmental Disability
  - Physical Disability
  - Technology Assisted
  - Frail & Elderly
  - Severely Emotionally Disturbed (SED)
  - Traumatic Brain Injury

# Background and History





# *But people with I/DD are often carved out*

A few reasons:

- Challenge for the traditional managed care model
  - Individuals often have complex and very long-term needs
  - Very expensive service package, especially compared to typical Medicaid beneficiary
- Families have overcome silos and bureaucracy to make fee-for-service work
  - Families become experts in the system, act as care managers
  - Desire not to disrupt existing service package and provider relationships

# *Integrating the I/DD Population in KanCare*

- 2013 Medical, Behavioral Health and ICF/IID included; HCBS carved out
- I/DD LTSS Pilot March 2013-Feb. 2014 with about 500 voluntary participants- 250 with Sunflower
- Pilot Advisory Committee- State, MCOs, Providers and Advocates
  - Identified Gaps in Current Services- needed Value Added Services
  - Defined roles of TCM and MCO Care Coordinators
  - Reviewed changes in Eligibility to Service processes
  - Reviewed Pilot outcomes- Care Coordination and Claims Payments
- Fear of MCOs cutting services, and loss of Targeted Case Managers

# *Integrating the I/DD Population in KanCare*

- Feb. 2014- I/DD HCBS carved in with TCM service continuing
- Continuity of Care Period

## *Sunflower Health Plan*

- 48% of Kansas children and adults with I/DD in HCBS
- 62% of Kansas children and adults with I/DD in ICF/IID facilities
- About 48% of persons with I/DD on the State's waiting list
- I/DD-specific Value Added Services
- Local, integrated care teams
- LifeShare specialty services

# The Sunflower Care Model



# *Interdisciplinary Care Teams*

- Regionally organized care teams consisting of:
    - Nurses (specialize in physical health)
    - Social workers (specialize in non-medical supports)
    - Behavioral health specialists
    - Administrative support
    - “MemberConnections” team (expertise on local community resources)
  - Centralized clinical support:
    - Two medical directors
    - A psychiatrist
    - Two pharmacists
    - Dedicated manager for LTSS
- 

# *Team Communication*

- Frequent informal communication—especially within regional teams
  - “Rounds”: Regularly scheduled interdisciplinary team meetings
    - Attended by the full care management team
    - Discuss members with the most complex needs
    - Address challenges care managers are encountering
    - Debrief on any gaps in care management → Continuous quality improvement
- 

# *Care Management Process*

- Every member who receives LTSS is assigned a dedicated care manager
- Face-to-face comprehensive assessment
- Create an integrated service plan for all HCBS
  - Includes all services, contact information for all providers (medical, behavioral, LTSS, and family), backup plan for absent caregivers and emergencies
- Create an “Integrated Life Plan”
  - Person-centered tool
  - Documents member’s goals, preferences, and values
  - Regularly checked and updated with member

# *I/DD Care Management Investments*

- Sunflower dedicated substantial resources to the launch of the I/DD program
  - Invested in care management team specialization and training
    - Hired a dedicated LTSS manager with extensive I/DD experience
    - Hired care managers with I/DD experience
    - Extensive staff training – all care manager now competent in serving I/DD members
    - I/DD behavioral specialists in each regional team
  - Piloted the program with 280 volunteer members for a year prior to roll out
  - Contracted with LifeShare (specialty provider for I/DD population)
  - Outreach and education to expand network of medical and other providers across Kansas to serve patients with I/DD
- 



## Five Pathway Specialty Services:

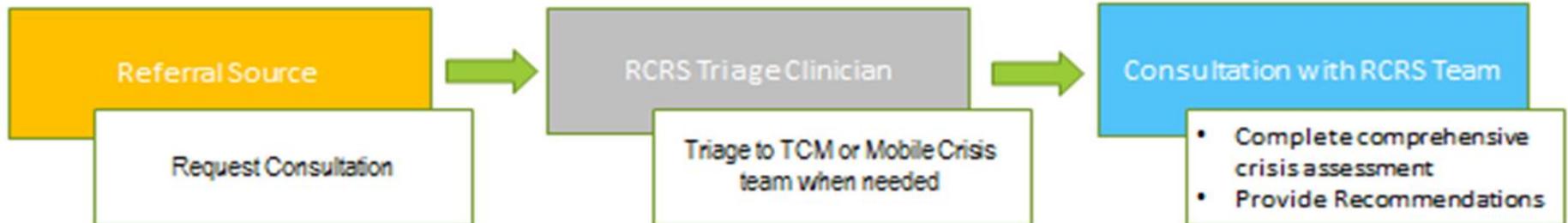
Employment

Community Living

Physical Health

Emotional/Behavioral Health

Self Direction/Family Support



# *Project Search*



## *Statewide Coordinator for Project SEARCH*

- **School-to-work** transition program for young adults with I/DD
- **Three internship rotations** in a host business across 9 months that teach marketable, transferrable work skills
- **Fully integrated** work settings
- **Competitive employment** in an integrated community business for 16+ hours per week paid at minimum wage or higher
- **70% Success Rate:** both nationally and in Kansas
- **Expanded locations & adult options in Kansas**
- **Sunflower Health Plan-** host business site

# Benefits of Moving to Managed Care



# *I/DD Population Psychotropic Med Review*

1. Absence of a thorough assessment for the DSM-5 diagnosis(es) in the medical record
2. Four (4) or more psychotropic medications prescribed concomitantly (side effect medications are not included in this count)
3. Prescribing of:
  - Two (2) or more concomitant stimulants \*
  - Two (2) or more concomitant alpha agonists \*
  - Two (2) or more concomitant antidepressants
  - Two (2) or more concomitant antipsychotics
  - Three (3) or more concomitant mood stabilizers
4. The prescribed psychotropic medication is not consistent with appropriate care for the person's diagnosed mental disorder or with target symptoms usually associated with a therapeutic response to the medication prescribed.
5. Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy
6. The psychotropic medication dose exceeds usual recommended doses
7. Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of: Stimulants: Less than three (3) years of age
  - Alpha Agonists Less than four (4) years of age
  - Antidepressants: Less than four (4) years of age
  - Mood Stabilizers: Less than four (4) years of age
  - Antipsychotics: Less than five (5) years of age

# I/DD Population Psychotropic Med Review

8. Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis, with exceptions

9. Antipsychotic medication(s) prescribed continuously without appropriate labs at least every 6 months

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	YTD Totals
IDD Population Referrals	10	11	22	23	11	10	16	9	12	13	27	7	171
Request Does Not Meet Criteria For Review			5		2	4	4		3	6	11	5	43
Medication regimen is within parameters		1	1	1									6
Medication regimen outside Parameters, but within standard of care	2	3	10	9	4	4	5	4	2	2	3	1	50
Medication regimen outside Parameters, and there is opportunity to reduce polypharmacy	8	7	6	13	5	2	7	4	7	5	13	1	73
Medication is outside of parameters and there is potential of adverse side effects								1					4

# Challenges and Lessons Learned



# ***Key Lessons Learned***

- **Understand the history of advocacy for persons with I/DD**
- **Provide early Educational Sessions and Opportunities for Input specific to individuals, families**
- **Partner with Providers and Eligibility entities to offer educational sessions**
- **Eligibility File: key components**
- **Have a single, local point of contact for Members with I/DD and their families- Care Manager**
- **Importance of Local, Integrated Teams that offer specialized supports**
- **Understand the importance of member/family preference, and person-centered teams, planning and supports**

# *Key Lessons Learned*

- Know who your partners are for assisting the member with accomplishing his/her goals, and improving health and behavioral health outcomes
- I/DD-specific provider representative
- Contracting and Credentialing differences
- Understand the needs of persons on the waiting list
- Determine gaps in services through stakeholder input
- Determine areas of member need through available data
- Know and track provider capacity, and offer supports
- LTSS Advisory Committee

# *LTSS Advisory Committee*

- Started in late 2016; meetings Quarterly
- Topics include: LTSS outcomes measures, member satisfaction survey, value-based payment strategies, policy & work processes, and other LTSS initiatives
- Current Membership:

Association of AAA's

InterHab

Disability Rights Center

KACIL

TILRC

MindsMatter

The Alliance

CLO

Craig HomeCare

Maxim Healthcare

Johnson County Developmental Supports