

The Transformation of New York's Long Term Services and Supports - Implications for the Aging Services Network

Neal E. Lane

Neallane_opc@yahoo.com (518) 961-3990

Overview

- The ACA Briefly
- ACA's Opportunities & Challenges
- NY's Medicaid Redesign Briefly
- Medicaid Redesign's Opportunities & Challenges

Moving Targets

ACA

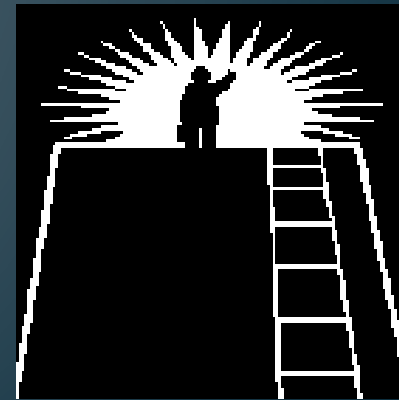
- Failure of States to Implement HBEs
- What opportunities exist for my organization
 - How many of you knew about the RFA for
 - Enrollers (for public programs) (Chosen)
 - In Person AssistOr/Navigators (Due 4/8)
 - How many applied
 - How many of you know about and/or participate on Reg. Adv. Comms.

Redesign

- New Waiver – Significant Implications
- MLTCPs and Delivery Issues
- MLTCPs in Non-Urban Areas

The ACA

- Older Adults are the Biggest Winners
- Emphasis on Prevention
- Access to Insurance for Older Adults Not Yet Eligible for M'Care
 - Cannot be Discriminated Against (e.g. Age Rating, Pre-Existing Conditions)
 - Affordability
 - X Donut Hole, etc.
- Accountable Care
 - Care Coordination
- Reduce Hospital Readmissions



Aging Services Network Assets Matching ACA Goals (AKA. Opportunities)

- ASN is Very Successful in Reaching Difficult to Reach Populations
- It is a Trusted Resource for All Older Adult Populations (and others)
- ASN is Accustomed to Supporting Individuals in Choosing and Enrolling in Complex Insurance Products
- ASN is Experienced in Determining or Assisting in Determining Eligibility for State and Federal Programs
- These Core Assets Match with Key ACA Requirements:
 - Reach Out To, Engage And Support Populations As They Access The Health Benefit Exchange
 - Provide Health Insurance Counseling To, And Advocacy On Behalf Of, Consumers
 - Facilitate Enrollment Into Approved Insurance Products, Including Medicaid Managed Care, Especially For Diverse And Hard To Reach Populations
 - Determine Eligibility For Health Insurance Subsidies And Medicaid

ASN Assets & the ACA continued

ASN Understands the locale's Home and Community Based Care System and It is a Major Provider of Key Supports for Frail At-Risk Individuals, Including the Provision of Care Management

- This Asset Matches with the ACA Requirements:
 - Reduce Hospital Readmissions
 - Reduce Costs Associated with Care for Duals
 - Develop Community Based Health Teams
 - Strengthening People's Choice in How and Where They Receive Long Term Services and Supports
 - Increasing the Availability of Home and Community Based Services

ASN Assets & the ACA continued

ASN is a Strong Advocate for At-Risk Populations

- This Asset Matches with the ACA Requirement to:
 - Identify and Report Insurance Provider Malfeasance in Marketing and Outreach

ASN has Successfully Diverted Frail Individuals to Community Based Care

ASN has Participated in Initiatives to Move Nursing Home Residents Back to the Community

ASN has Extensive Reach Into the State's Nursing Care Facilities

- These Assets Match with the ACA Goal to:
 - Transition Persons (Who Can) From the Nursing Home Back to Their Communities

Hospital Transitions – A Very Big Deal

- Currently 20% to 30% of Readmission are Avoidable
- Older Adults Represent the Lion's Share
- A Significant Number of Readmissions Occur as a Result of the Absence of Key Supports:
 - Failed to See Their Physician Shortly After Discharge
 - Multiple Reasons (lack of follow up, lack of transportation, etc.)
 - Obtaining Meds., Managing Meds., Reconciling Meds., etc.
 - Poor Nutrition
- Most of These are Readily Addressed by Non-Medical Care Mgt.

Yes, But.....Real Barriers

- You Are Not of Their World (Health Care)
- They May Not Understand What Your Organization Does
- They May Not Understand How Your Organization Has Any Role to Play
- Their Traditions and Philosophy of Care Are Different
- They Are Accustomed to Working With Other Health Care Professionals
- They See the Person as a Patient Requiring Further Medical Intervention
- They Have Little to No Training on the Importance of Non-Medical Supports in Helping “Their Patient” Thrive in a Community Setting



Peer Learning Opportunities

- New York State Funded Community-based Care Transition Programs
- Brooklyn Care Transition Coalition
- Lifespan of Greater Rochester Inc.
- P2 Collaborative of Western New York
- Tompkins County

- CSN Counties
- Albany
- Tompkins

A Tectonic Shift in MA LTSS



\$54+ Billion Gorilla

A Very Different Future – Not Your Father's Oldsmobile

- Questions:
 1. In 5 Years Will There be Consumers Accessing LTSSs Similar to Today or Will Even the Private Pay be in MLTCPs
 2. Who Will You Be
 3. Can You Adapt With Your Current Mission or Will Your Mission Change
- Our History is Problematic
- A Thoughtful Business Plan is Essential

Medicaid Redesign

- Intent is to Move all Medicaid (MA) Recipients in Need of LTSS Into Managed Long Term Care 2 Types
 1. Fully Capitated (Medical & LTSSs)
 2. Partially Capitated (LTSSs Only)

New 1115 Waiver \$2 Billion a Year for 5 Years

- NY Connects
- Implied Commitment to Social Supports
- \$ For Housing with Supports

Partnering With MLTPs

- **IT IS ALL ABOUT BLACK INK IN THE LEDGER**
- What are Their Challenges/Requirements (**The Problem**)
- They are Capitated – Incentivized to Deliver Care as Inexpensively as Possible
- Who Knows Better How to Support Frail Persons in a Very Cost Effective Manner – ASN Entities
 - Service Substitution – Adult Day Services for Personal Care (Home Attendant)
- Remember the “Yes But” Slide
- All the Challenges Identified in That Slide Apply Here
 - Who are You and Just What is it That You Do and How Does That Help Me?????
- Even More Challenging is Overcoming Our History With Managed Care

Partnering With MLTPs

- Contracting for Services May Not be New to You, But it May be Different
- Serious Negotiations Requiring Skills Commensurate with the Task
 - Not Negotiating with Governmental Entities
- Pricing Services
 - ASN has Limited Experience
 - Cannot Afford to Lose \$
 - Cannot use Governmental \$ to Subsidize
 - May be Competing in the Market Place
- Marketing Services - Way Beyond Current Outreach
- Transfer of Knowledge (e.g. VA HCBSs; ASN Entities Contracting with MLTCPs)

Partnering With MLTCPs

- A Gradual Improvement in the Understanding of the Importance of Non-Medical LTSSs.
- The Most Successful Models of Care Management are Those That Bring Together the Disciplines of Health and Social Work
 - Evidence Exists re Customer Outcomes
 - Costs, Not so Much – However.....
- The Opportunity (and the challenge) is to Integrate the MLTCPs' Medical Model Care Management with the ASN Social Model

MLTCPs and Blended C. Mgt.

- Strategy (you are there to learn what their problems are and been seen as a solution to their problems)
- Engage with the MLTCP
- Detail Your Efficiency (cost) and Outcomes (and Customer Satisfaction)
- Imagine the How's
- Propose to Demonstrate by Sharing Test Cases/Customers
- Propose Partnering on a Test Group of Hospital Transition Cases/Customers
 - There are Real Financial Incentives to Reduce Readmissions

Partnering With MLTPs

- There is Also a Strong Body of Evidence that Sustaining the Informal Caregiver(s) Improves Outcomes and Costs Less
- This is a Core Competency of the ASN
- Though it is Likely to be a Stretch for the MLTCP
- Has Not Been Part of Their Approach
- Further, Their Customer Mix Will Also Determine Their Openness
- Many MA Consumers Have Exhausted Their Caregivers or Did Not Have Them in the First Place
- MLTCPs That Have Consumers with Active Caregivers are a Real Opportunity for the ASN to Establish Partnerships with MLTCPs

MLTCPs and Sustaining Caregivers

- Gain an Understanding of the MLTCP's Customer Base and the Presence of Caregivers
 - May be an Illuminating Exercise
- Imagine What Services You Would Provide to Sustain Customers' Caregivers
- Engage with the MLTCP and Describe What You Can Do for Them
 - How it can Improve Their Bottom Line
 - How it Will Strengthen Customer Satisfaction
 - Bring all the Evidence You Can

Partnering With MLTPs

- Consumer Direction as an Opportunity
- CDPAP is a Required Component/Option
- Very Small in Numbers
- Very, Very Limited in Scope
- Not Where the Future Lies
- CMS View
- Robust Program Much Like Cash and Counseling
- True Consumer Management of “Service Budget”
- The ASN has Implemented Consumer Direction in its Programs
- It is the CMS Preferred Approach

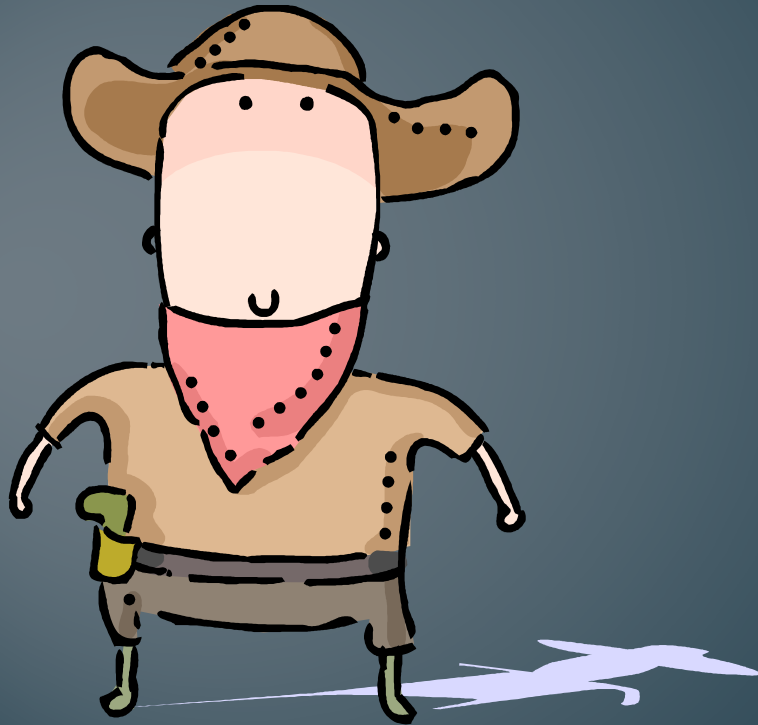
MLTPs & Consumer Direction

- While New; Develop the ASN CD Experience
 - Focus on Cost and Satisfaction
 - Highlight Other Important Outcomes
 - Understand “How” You Would Partner with the MLTCP
 - Meet with the Target MLTCP
 - Describe How They Can Meet Their CDAP Requirement and How They Can go Beyond CDPAP
 - Describe the Why
 - Cost Effectiveness
 - Customer Satisfaction
 - Be Seen as an Innovator
 - Be Seen as Consumer-Centric

Partnering With MLTPs

- Other Solid Areas of the ASN to Partner with MLTCPs:
- Transportation
- Adult Day Services
- Home Delivered Meals & Nutrition Education/Counseling
- Disease Prevention and Health Promotion Services

Finish



Waiver Resources

-
- Link to page on DOH Website that discusses MRT Waiver
- http://www.health.ny.gov/health_care/medicaid/redesign/mrt_waiver.htm
-
- PDF of Medicaid Waiver: Tool to Fully Implement MRT Action Plan
- http://www.health.ny.gov/health_care/medicaid/redesign/docs/2012-05-14_mrt_waiver.pdf
-
- Link to Stakeholder Engagement and Public Hearing Announcements
- http://www.health.ny.gov/health_care/medicaid/redesign/stakeholder_engagement_process.htm
-
- Link to MRT Final Report
- http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrtfinalreport.pdf