



# **Choices For Independence Independent Case Management**

**Integration ~ Capacity ~ Transitions**

# Agenda

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- **The Choices for Independence Program:** A well-established, cost-effective, high quality solution to managing services in the community:
  - Program Description
  - Waiver Description
  - Eligibility
  - Benefits and Services
  
- **Lessons Learned Step I (CFI):** in providing unique value and access to quality services at a low cost to meet the complex needs of our most vulnerable populations:
  - Depicting Conceptual Framework/Construct
    - NH's Care Coordination Ecosystem
  
- **Lessons Learned from Others:**
  - Truven Health Analytics: Focus on Tennessee
  
- **Considerations Step II (LTSS/HBCS):**
  - Test Assumptions
  - Gap Analysis Current State to Ideal State
  - Assess State Needs
  - Integration of Services: Link



# Choices for Independence

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A Medicaid program funded by the Department of Health and Human Services that offers home care and community-based services to chronically ill individuals and frail elders who face the risk of institutionalization.

***“Providing In Home Supports to more than 3,000 frail, disabled, and elderly people statewide”***

Facilitating the integration of all LTSS through a statewide infrastructure of Independent Case Management that is conflict-free and the heart of the CFI Program.



# Medicaid Waiver Description

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## **What is a Medicaid Waiver?:**

- Medicaid pays for nursing home care for persons with limited financial resources
- Waivers are state specific Medicaid programs that allow for services to be provided outside of nursing homes
- Examples are Home and Community Based Services (HCBS) Waivers or Waiver Funded Services



# Medicaid Waiver Description (continued)

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## Waiver Description:

- Provides support to help NH residents live at home or in assisted living **communities** instead of nursing homes. Examples include:
  - Assisted Living
  - Resident Care Homes
  - Adult Family Care
  - And, other types of supportive housing:
    - Betty's Dream
    - Congregate Housing
- Choices for Independence offers participants a degree of consumer direction or self-direction in which they are able to choose some of their care service providers:
  - Unskilled or non-medical care services



# CFI Eligibility

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- ▶ **Age:**
  - ▶ At least 18 years of age
  - ▶ Persons between 18 years & 64 years designated as disabled by Social Security
  - ▶ Disability not a requirement for those 65 years and greater
  
- ▶ **Level of Impairment:**
  - ▶ Nursing Home Level of Care is determined by Medical Eligibility Assessment (MEA)
  
- ▶ **Income:**
  - ▶ Must meet the requirements for NH Medicaid, which is impacted by age
    - ▶ 2016 Seniors:
      - Income and monthly medical and care expenses are taken into consideration
      - If income less than \$ 2,199, they will qualify
  
- ▶ **Assets:**
  - ▶ Single: Must have < \$2,500 in countable resources
  - ▶ Married: Whose husband/wife is not receiving Medicaid, can transfer joint assets to the non-applicant up to \$119,220.
  - ▶ Owner occupied homes with equity of up to \$552,000 can be excluded from countable assets



# Benefits and Services: Creative Solutions

## Integration ~ Capacity ~ Transitions

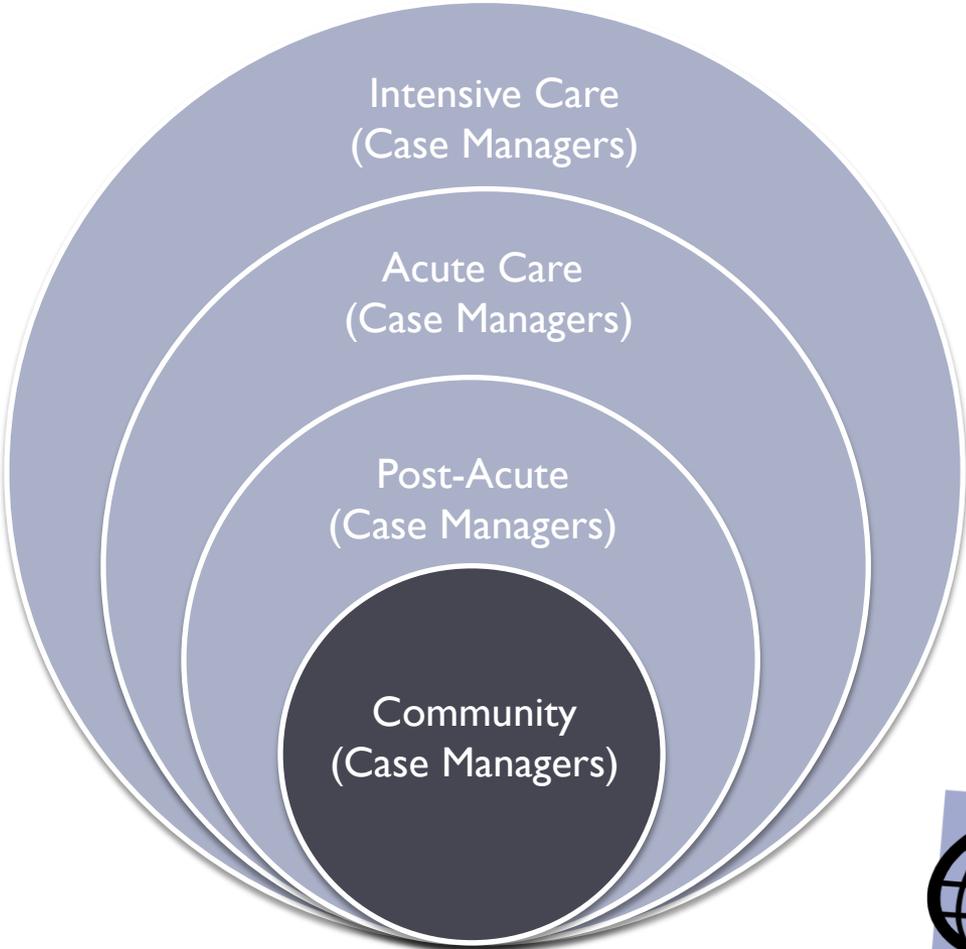
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Home Health/Medical	Safety/Independence	Alternate Supportive Housing	Benefits/Appeals
Nursing	Assistive Technology	Residential Care	Medicaid Redeterminations
Home Health Aid	Environmental Accessibility	Assistive Living	Tracking Authorizations
Personal Care Service Provider	Personal Emergency Response System	Adult Family Care	Medicare D
Homemaker	Specialized Medical Equipment	Kinship Care	MCO Enrollment
Adult Medical Day Programs	Hoarding/Extermination	Respite Care	Fuel Assistance
Meals on Wheels	Assistance with Guardianship	Congregate Housing	Assistance Appeal Process
Skilled Nursing Care	Accessing Emergency Funding	Betty's Dream	Housing Assistance/Section 8

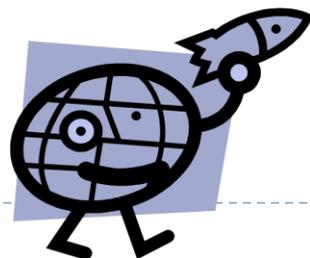


# Lessons Learned Step I (CFI): Care Coordination Ecosystem

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Throughout the CC Ecosystem, there is an infrastructure where Case Managers partner with MCOs to facilitate care and transitions



# Lessons Learned:

## Other State(s) Experience

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### ▶ **Capacity:**

#### ▶ Population Growth:

- ▶ Babyboomers

#### ▶ Network Adequacy:

##### ▶ Midlevel Care Options Required

- Increase population
- Decreased Nursing Home Beds
- Lack of Home Care Staff

#### ▶ MCO Staffing Adequacy:

- ▶ Turnover
- ▶ Subject Matter Expertise
- ▶ Numbers

# Lessons Learned:

## Other States Experience (Continued)

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### ▶ Payment Reform:

- ▶ Inadequate Rate Structures
- ▶ Denied Claims
- ▶ Limited Training (resource challenges)
- ▶ Billing Software (interoperability/accessibility)
- ▶ Bottlenecks Authorization Processes (Delays)
- ▶ Mitigate Financial Risk (Contingency Plan)

### ▶ Quality/Risk:

- ▶ Care Coordination more research on Best Practice Models
  - ▶ Evidence-Based Practice
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# Considerations and Cautions for Step II: (LTSS/HBCS)

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- ▶ **Test Assumptions:**
  - ▶ What do you believe to be true now?
- ▶ **Gap Analysis:**
  - ▶ Current State
  - ▶ Ideal State
- ▶ **State Needs Assessment**
- ▶ **Integration of Services**
- ▶ **Evidence-Based Utilization Review**
- ▶ **Quality Standards and Metrics**
- ▶ **LTSS System Focus**

