New Hampshire
SIM Stakeholder Meeting

October 24, 2013

Meeting Agenda

1. Introductions
2. SIM Update
3. Cost Overview of Individuals Receiving LTSS
4. Straw Person 2.0 Issues Discussion
   - Where is the Life Plan created?
   - Review of scope of Team Coordinator
   - Approach for targeting who receives access to a Team Coordinator
   - Health Home Provider as Team Coordinator
   - Discussion of how services are provided to those choosing not to direct their own budget
   - Strategies for supporting transition to adult services
   - LTSS budget pricing options
5. Next Steps

High Level Summary of Populations Receiving Medicaid LTSS

SFY 2012

Exhibit I New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receivig Medicaid LTSS SFY 2012					
Population	**Member Months**	**Average Individuals**	**% Dual Eligible**	**Medicaid Only Expenditures**	**PMPM**
CFI Waiver Enrollees	34,420	2,868	85%	$79,699,122	$2,315.49
DD Waiver Enrollees	53,714	4,476	50%	$239,446,626	$4,457.81
ABD Waiver Enrollees	2,426	202	79%	$20,040,919	$8,260.89
IHS Waiver Enrollees	3,554	296	0%	$12,554,735	$3,532.56
Nursing Home Residents	53,873	4,489	95%	$213,232,829	$3,958.06
BBH Consumers	106,345	8,862	27%	$143,924,985	$1,353.38
Total*	245,213	20,434	54%	$674,665,438	$2,751.34
* A person may be on more than one category, so the total is less than the sum of the more detailed populations.					

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

Total Population

Exhibit G New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Total				
		SFY 2011		SFY 2012
Member Months		241,670		245,213
Average Number of Individuals		20,139		20,434
% that are dual eligible		54%		54%
% in more than one SIM population		4%		4%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$12,703,985	$52.57	$13,853,073	$56.49
	SNF and ICF	$190,315,614	$787.50	$202,192,918	$824.56
	Hospital Outpatient	$13,924,873	$57.62	$15,083,243	$61.51
	Professional and Other State Plan Services	$45,909,022	$189.97	$44,901,718	$183.11
	Prescription Drugs	$33,061,809	$136.81	$32,228,018	$131.43
	Mental Health Center	$74,372,791	$307.75	$72,861,483	$297.14
	State Plan Services - DCYF	$7,056,773	$29.20	$6,282,379	$25.62
	State Plan Services - BDS	$1,143,992	$4.73	$1,360,111	$5.55
	Waiver Services - BDS	$203,273,975	$841.12	$212,867,945	$868.09
	Waiver Services - BEAS	$51,993,076	$215.14	$50,873,074	$207.46
	Medicaid to School Program	$23,015,569	$95.24	$22,161,476	$90.38
	Total Medicaid Expenditures	**$656,771,480**	**$2,717.64**	**$674,665,438**	**$2,751.34**

High Level Summary of Populations Receiving Medicaid LTSS

Choice For Independence Waiver Enrollees

Exhibit A New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Choice For Independence Waiver Enrollees				
		SFY 2011		**SFY 2012**	
Member Months		34,512		34,420
Average Number of Individuals		2,876		2,868
% that are dual eligible		84%		85%
% that crossover with other SIM populations		12%		13%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$3,230,925	$93.62	$2,739,227	$79.58
	SNF and ICF	$1,755,493	$50.87	$1,692,479	$49.17
	Hospital Outpatient	$3,586,199	$103.91	$3,732,895	$108.45
	Professional and Other State Plan Services	$15,730,925	$455.81	$14,107,500	$409.86
	Prescription Drugs	$4,734,028	$137.17	$3,676,927	$106.83
	Mental Health Center	$2,604,637	$75.47	$2,682,118	$77.92
	State Plan Services - DCYF	$0	$0.00	$0	$0.00
	State Plan Services - BDS	$22,933	$0.66	$18,860	$0.55
	Waiver Services - BDS	$208,147	$6.03	$195,480	$5.68
	Waiver Services - BEAS	$51,976,056	$1,506.03	$50,838,827	$1,477.01
	Medicaid to School Program	$17,093	$0.50	$14,809	$0.43
	Total Medicaid Expenditures	**$83,866,436**	**$2,430.07**	**$79,699,122**	**$2,315.49**

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

Developmentally Disabled Waiver Enrollees

Exhibit B New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Developmentally Disabled Waiver Enrollees				
		SFY 2011		**SFY 2012**	
Member Months		50,644		53,714
Average Number of Individuals		4,220		4,476
% that are dual eligible		50%		50%
% that crossover with other SIM populations		7%		7%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$1,590,672	$31.41	$1,628,735	$30.32
	SNF and ICF	$2,841,709	$56.11	$2,983,956	$55.55
	Hospital Outpatient	$2,138,298	$42.22	$2,354,801	$43.84
	Professional and Other State Plan Services	$16,082,537	$317.56	$16,627,549	$309.56
	Prescription Drugs	$7,706,349	$152.17	$7,861,436	$146.36
	Mental Health Center	$2,699,494	$53.30	$2,861,173	$53.27
	State Plan Services - DCYF	$485,776	$9.59	$934,988	$17.41
	State Plan Services - BDS	$921,381	$18.19	$1,144,921	$21.32
	Waiver Services - BDS	$180,862,225	$3,571.25	$189,882,551	$3,535.07
	Waiver Services - BEAS	$2,939	$0.06	$6,806	$0.13
	Medicaid to School Program	$13,603,418	$268.61	$13,159,710	$245.00
	Total Medicaid Expenditures	**$228,934,799**	**$4,520.47**	**$239,446,626**	**$4,457.81**

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

Acquired Brain Disorder Waiver Enrollees

Exhibit C New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Acquired Brain Disorder Waiver Enrollees				
		SFY 2011		**SFY 2012**	
Member Months		2,223		2,426
Average Number of Individuals		185		202
% that are dual eligible		78%		79%
% that crossover with other SIM populations		8%		10%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$170,679	$76.78	$95,763	$39.47
	SNF and ICF	$659,697	$296.76	$1,221,871	$503.66
	Hospital Outpatient	$144,485	$65.00	$149,405	$61.58
	Professional and Other State Plan Services	$521,117	$234.42	$486,898	$200.70
	Prescription Drugs	$237,447	$106.81	$314,283	$129.55
	Mental Health Center	$36,134	$16.25	$51,883	$21.39
	State Plan Services - DCYF	$0	$0.00	$0	$0.00
	State Plan Services - BDS	$8,750	$3.94	$9,265	$3.82
	Waiver Services - BDS	$16,670,053	$7,498.90	$17,708,491	$7,299.46
	Waiver Services - BEAS	$3,390	$1.53	$3,061	$1.26
	Medicaid to School Program	$0	$0.00	$0	$0.00
	Total Medicaid Expenditures	**$18,451,752**	**$8,300.38**	**$20,040,919**	**$8,260.89**

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

In Home Supports Waiver Enrollees

Exhibit D New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: In Home Supports Waiver Enrollees				
		SFY 2011		**SFY 2012**	
Member Months		3,634		3,554
Average Number of Individuals		303		296
% that are dual eligible		0%		0%
% that crossover with other SIM populations		11%		12%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$262,720	$72.30	$194,769	$54.80
	SNF and ICF	$151,176	$41.60	$170,147	$47.87
	Hospital Outpatient	$159,267	$43.83	$181,862	$51.17
	Professional and Other State Plan Services	$1,336,582	$367.80	$1,127,970	$317.38
	Prescription Drugs	$1,076,660	$296.27	$1,075,148	$302.52
	Mental Health Center	$358,953	$98.78	$299,947	$84.40
	State Plan Services - DCYF	$43,555	$11.99	$63,628	$17.90
	State Plan Services - BDS	$16,143	$4.44	$17,244	$4.85
	Waiver Services - BDS	$5,388,821	$1,482.89	$4,867,653	$1,369.63
	Waiver Services - BEAS	$0	$0.00	$0	$0.00
	Medicaid to School Program	$4,827,002	$1,328.29	$4,556,368	$1,282.04
	Total Medicaid Expenditures	**$13,620,880**	**$3,748.18**	**$12,554,735**	**$3,532.56**

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

Nursing Home Residents

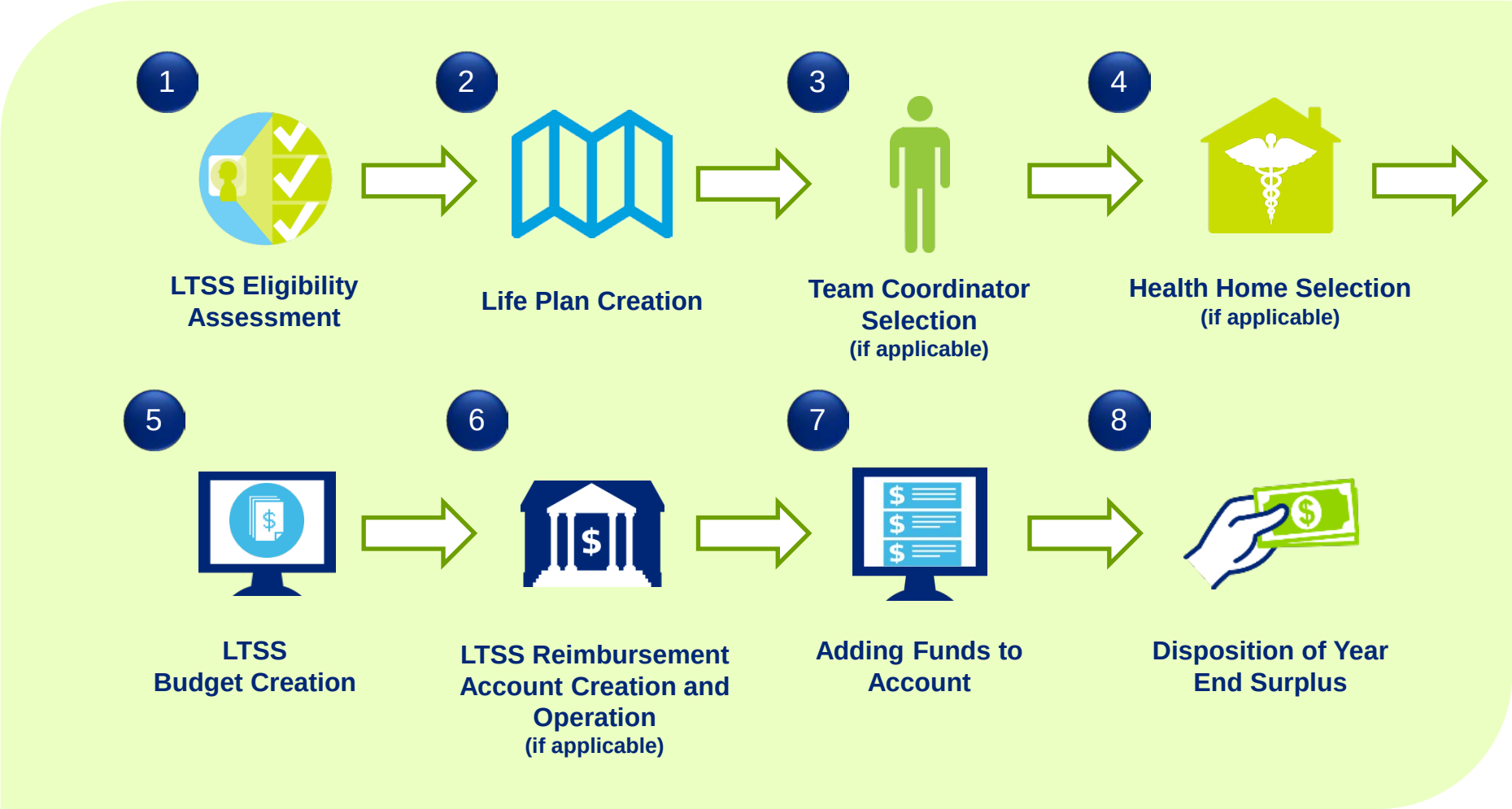
Exhibit E New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Nursing Home Residents				
		SFY 2011		**SFY 2012**	
Member Months		53,734		53,873
Average Number of Individuals		4,478		4,489
% that are dual eligible		95%		95%
% that crossover with other SIM populations		3%		3%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$2,088,383	$38.87	$2,433,832	$45.18
	SNF and ICF	$190,302,558	$3,541.57	$202,170,285	$3,752.72
	Hospital Outpatient	$1,690,274	$31.46	$1,881,886	$34.93
	Professional and Other State Plan Services	$3,268,045	$60.82	$3,297,096	$61.20
	Prescription Drugs	$2,156,721	$40.14	$2,037,160	$37.81
	Mental Health Center	$141,468	$2.63	$110,235	$2.05
	State Plan Services - DCYF	$2,976	$0.06	$1,711	$0.03
	State Plan Services - BDS	$35,148	$0.65	$46,794	$0.87
	Waiver Services - BDS	$222,913	$4.15	$250,385	$4.65
	Waiver Services - BEAS	$467,847	$8.71	$477,813	$8.87
	Medicaid to School Program	$531,243	$9.89	$525,633	$9.76
	Total Medicaid Expenditures	**$200,907,577**	**$3,738.93**	**$213,232,829**	**$3,958.06**

High Level Summary of Populations Receiving Medicaid LTSS for SFY 2012

Bureau of Behavioral Health Consumers

Exhibit F New Hampshire Department of Health and Human Services State Health Care Innovation Model (SIM) Baseline Summaries High Level Summary of Populations Receiving Medicaid LTSS Population: Bureau of Behavioral Health Consumers				
		SFY 2011		**SFY 2012**
Member Months		105,508		106,345
Average Number of Individuals		8,792		8,862
% that are dual eligible		27%		27%
% that crossover with other SIM populations		7%		7%
Medicaid Expenditures by Service	Expenditures	PMPM	Expenditures	PMPM
	Hospital Inpatient	$6,276,834	$59.49	$7,935,142	$74.62
	SNF and ICF	$685,066	$6.49	$816,396	$7.68
	Hospital Outpatient	$7,012,923	$66.47	$7,786,152	$73.22
	Professional and Other State Plan Services	$10,808,800	$102.45	$11,281,461	$106.08
	Prescription Drugs	$19,415,220	$184.02	$19,697,908	$185.23
	Mental Health Center	$73,770,266	$699.19	$72,183,074	$678.76
	State Plan Services - DCYF	$6,637,450	$62.91	$5,598,890	$52.65
	State Plan Services - BDS	$218,829	$2.07	$220,669	$2.08
	Waiver Services - BDS	$8,717,762	$82.63	$8,251,472	$77.59
	Waiver Services - BEAS	$4,385,663	$41.57	$4,765,832	$44.81
	Medicaid to School Program	$5,462,513	$51.77	$5,387,989	$50.67
	Total Medicaid Expenditures	**$143,391,325**	**$1,359.06**	**$143,924,985**	**$1,353.38**

Prevention, Transition and Person Centered and Driven LTSS Process



Life Plan Creation

- After eligibility is determined, the individual/family will be referred to Options Counseling for the creation of a multi-systemic "Life Plan". The nature and scope of the Life Plan will vary depending on the needs of the individual
- Counselors will work with individuals and families to identify values and issues that need to be supported to promote independence, better health and vitality
- Potential services and supports from all payer sources will be identified, and services and supports that are not currently covered by any payer will be included in the Life Plan
- Life Plans will be periodically updated
- The Life Plan informs the creation of the LTSS budget
- If appropriate, the individual will be offered a Team Coordinator
- The Team Coordinator will be responsible for the creation of the LTSS budget
    - **Who creates the LTSS budget if a Team Coordinator is not selected is TBD**

Role of Team Coordinator

- Coordinates with providers and payers to help assure seamless delivery of needed services
- Assists in accessing needed services and supports from all payers; Supports individual through prior authorization process and appeal process, if necessary
- Assists individual with LTSS provider selection and assists in resolving issues with the provider
- Periodically updates Life Plan with the individual

- Creates LTSS Budget
- Assists individuals and families with the management of their LTSS reimbursement account
- Supports individual when individual is in need of LTSS budget augmentation
- Assists individual wanting to access contingency fund for non covered services

Team Coordinator and Health Home Selection

- The Options Counselor will work with the individual to determine the necessity of a Team Coordinator and to select a Team Coordinator
  - Selection of a Team Coordinator who is already part of the individual's Life Plan will be encouraged to minimize duplication or additional layering
  - Guidance needs to be developed to determine most appropriate Team Coordinator
- Individuals may decline a Team Coordinator
- Anyone, with the exception of the individual, can be a Team Coordinator upon completion of training
  - BIP develops training program
  - Re-certification is required
  - Outcomes measurement is needed
- Team Coordinators are compensated. Compensation is funded by all payers participating in the SIM LTSS initiative and is outside the individual's LTSS budget

- If the individual has LTSS needs with a behavioral health co-morbidity and a physical health co-morbidity the individual is also given the opportunity to select a Health Home provider
  - Enhanced compensation for the provider is paid by the individual's primary health insurer
  - The Health Home provider could be a physical health, behavioral health or LTSS provider
  - Health Home provider will also serve as Team Coordinator

LTSS Reimbursement Account Creation and Operation

- The budget threshold for a LTSS Reimbursement Account is TBD
- Additional eligibility criteria related to safety is TBD
- Eligible individuals will be offered the opportunity to manage their LTSS budget through an LTSS Reimbursement Account
    - **Whether individuals opt in or opt out is TBD, but the goal is to greatly increase adoption of individual budgets**
- MCOs will administer the individual's LTSS Reimbursement Account and provide web based tools for the individual to manage their account **(other options still under consideration)**
    - Tracks expenditures
    - Pays claims on behalf of the individual
    - Makes contributions to the account when rewards/ incentives are earned
- Individual's Team Coordinator will support the individual's selection of providers and helps monitor the individual's activity against their annual budget
- Individuals will be allowed to manage their budget and access services not used in the development of their LTSS budget, including non-traditional services and supports
- Only individuals who opt into an LTSS reimbursement account may use their budget funds to pay for non-traditional services
- MCOs will be responsible for providing pricing information for non traditional LTSS services
    - **Credentialing for non traditional providers/suppliers is TBD**
- Provider pricing and quality information (when available) will be provided to the individual
- Rewards and incentives will be provided to augment budget amounts
    - **Nature of the incentives is TBD**

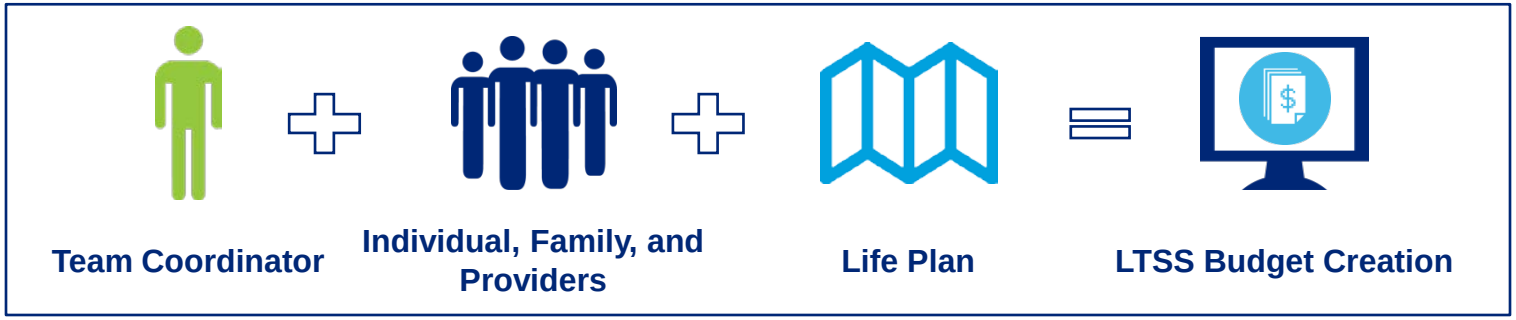
Comparison between participating and not participating in the Consumer Directed Budget Initiative

Individuals participating in CDBI	Individuals not participating in CDBI
• Have a Life Plan created • Can select a Team Coordinator • Can use budget to pay for non-traditional services • Have the opportunity to receive rewards and/or incentive payments • Have the ability to “shop” for providers based upon price for and quality of services • May retain a portion of savings from year-to-year	• Have a Life Plan created • Can select a Team Coordinator • Must utilized payer-authorized set of services • Will not receive rewards and/or incentive payments • Will not be able to select providers by price • Surpluses from anticipated spending authorizations will not be retained

LTSS Eligibility Assessment

- Criteria to be added to assess risk of higher level of service (within a year?) if LTSS is not provided
  - Drafting of new criteria assigned to BIP
- Assessment will be available to under 21 population
  - If eligibility would have been granted except for being under 21, Life Plan and Team Coordinator would be offered to the family
- Assessment will also be available to seniors and if eligibility would have been granted except for income and/or asset levels and there is likelihood of gaining eligibility in the near future then a Life Plan and Team Coordinator would be offered
- Also considering how to proactively assess individuals soon to be released from state or county correctional facilities

LTSS Budget Creation



- The Team Coordinator, working with the individual and with assistance from providers, will create the annual LTSS budget based on the LTSS needs derived from the individual's Life Plan
  - **Who creates the budget when a Team Coordinator is not selected is TBD**
- How services will be priced is still TBD
  - **Provider supplied vs. standard fee schedule**
- Current budget neutrality and savings methodology will be applied
- Who approves the LTSS budget is TBD
  - **Individuals have the right to appeal budgets**
- Budget information will be sent to the MCO
- A portion of the budget will be withheld to fund a re-insurance pool. The MCO will send the withhold amount to the state who will administer the pool
- State staff will also determine the services that should be provided by other payers for LTSS and participating payers agree to pay for those services

Next Steps

- State Innovation Plan submission target of **December 20th**
- Presentation of State Innovation Plan draft during **November 21st** stakeholder meeting
- Online consumer survey tool available **November 25th** to **December 9th**
- Additional consumer focus groups conducted from **December 2nd** to **December 10th**
- Presentation of final consumer focus groups/survey results and final State Innovation Plan during **December 12th** stakeholder meeting