Choices For Independence
Independent Case Management

Integration ~ Capacity ~ Transitions
Agenda

- 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

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

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)

**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

- **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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Lessons Learned Step I (CFI): Care Coordination Ecosystem

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

- **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

Source: How Have Long-Term Services and Supports Providers Fared in the Transition to Medicaid Managed Care? A Study of Three States, Truven Health Analytics, 2013
Lessons Learned:
Other States Experience (Continued)

- 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
Considerations and Cautions for Step II: (LTSS/HBCS)

- 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