

Medicaid Innovation Accelerator Program (IAP)

Information Session:

Promoting Community Integration in
Long-Term Services and Supports
Programs—
Value-Based Payment for Home and
Community-Based Services

January 16, 2018 –
3:30-4:30 PM (ET)



Logistics for the Webinar

- All lines will be muted
- To participate in a polling question, exit out of “full screen” mode
- Use the chat box on your screen to ask a question or leave comment
 - Note: chat box will not be seen if you are in “full screen” mode

Welcome

- Karen LLanos
Director Medicaid IAP
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare and Medicaid (CMS)

Today's Speakers

- Karen LLanos, Director Medicaid IAP
- Melanie Brown, Technical Director, Disabled and Elderly Health Program Group, Division of Community Systems Transformation, Medicaid IAP
- Brian Burwell, Truven Health Analytics, an IBM Company

Agenda for Today's Call

- What is the Medicaid Innovation Accelerator Program?
- Why Focus on Community-Based Long-Term Services and Supports?
- Overview & Approach of Program Support Available to State Medicaid Agencies
 - Value-Based Payment (VBP) for Home and Community-Based Services (HCBS)
- How to Apply for Program Support and Next Steps

Polling Question #1

- Who has joined today's webinar?
 - State Medicaid agency
 - Other state agency
 - Support and service provider
 - Health plan
 - Advocacy organization
 - Contractor/vendor
 - Other

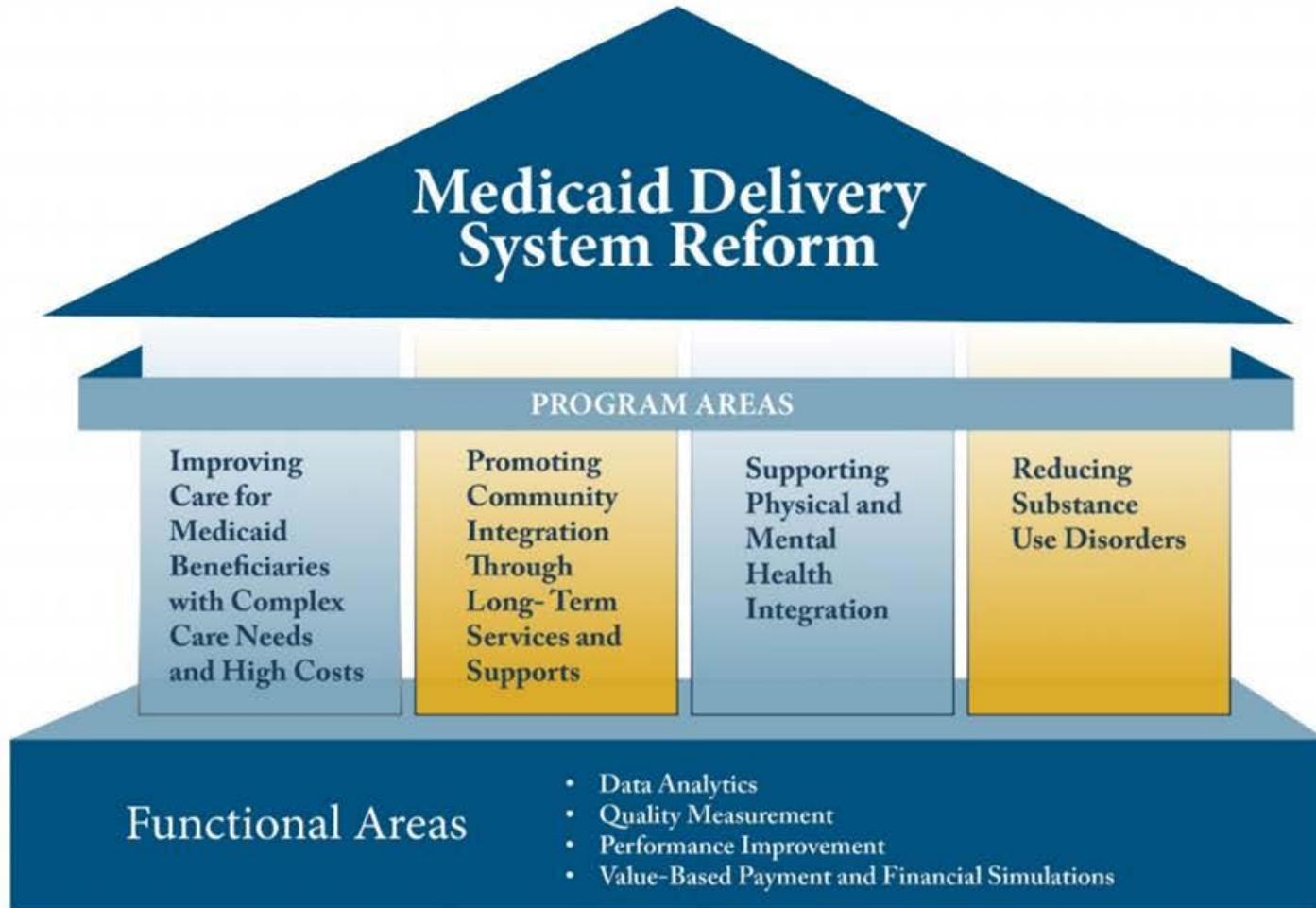


What is the Medicaid Innovation Accelerator Program (IAP)?

Medicaid IAP

- Four-year commitment by the Centers for Medicare & Medicaid services to build state capacity and accelerate ongoing innovation in Medicaid through targeted program support
- A Center for Medicare & Medicaid Innovation (CMMI)-funded program that is led by, and lives in, the Center for Medicaid and CHIP Services
- Supports states' and HHS delivery system reform efforts
 - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities

IAP Program Areas and Functional Areas



How do We Define Success for IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
 - Better care, Smarter spending, Healthier people?
- Has IAP built states' capacity in the following areas:
 - Data analytics, quality measure, performance improvement, value-based payment and financial simulations?

Community Integration in Long-Term Services and Supports Programs (CI-LTSS)

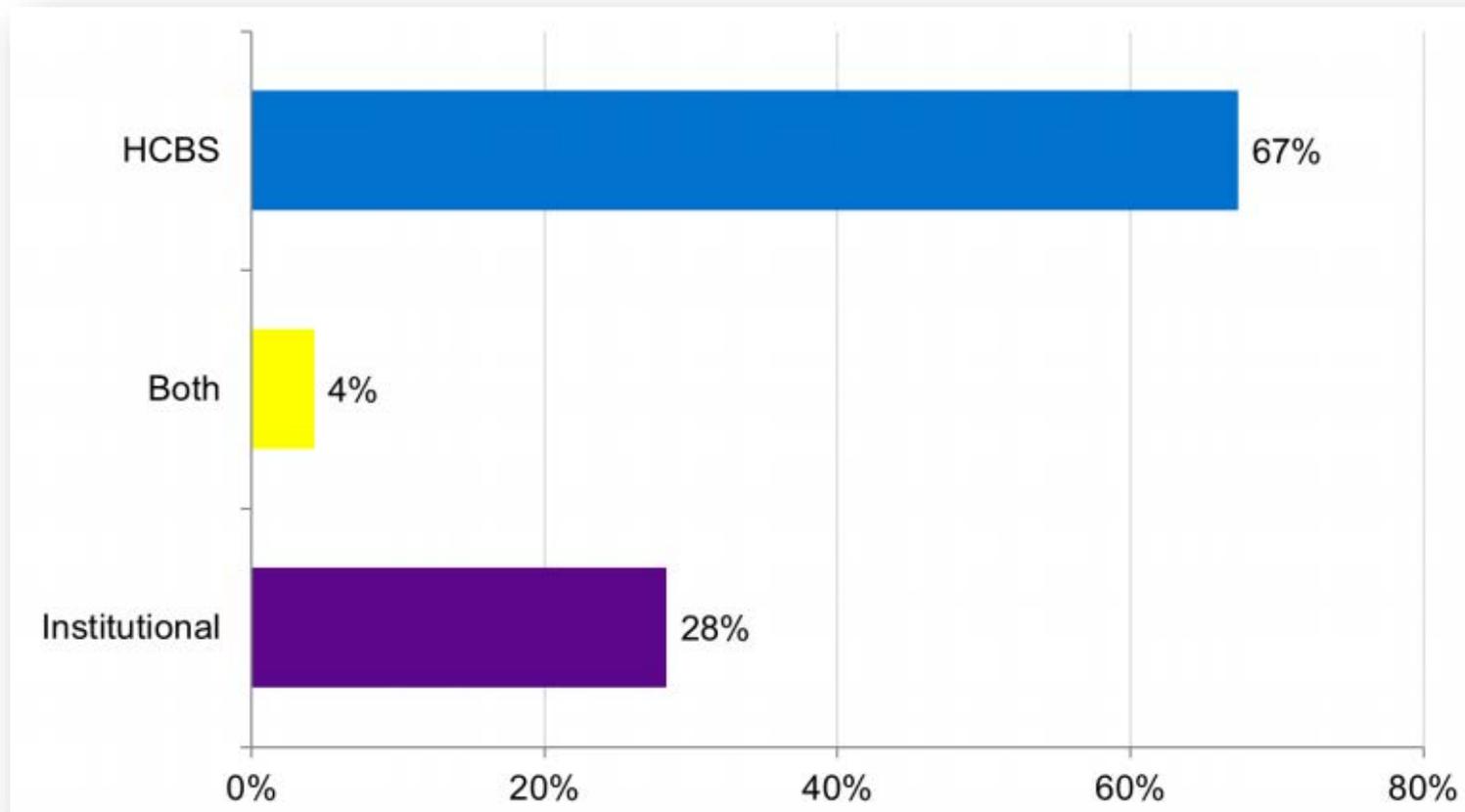
Why Focus on People with Long-Term Services and Supports Needs?

- People with LTSS needs account for 30 percent of all Medicaid expenditures
- States want better tools for managing the growth of LTSS expenditures
- States are investing in policies and programs to increase the percentage of the LTSS population served in community settings
- States are putting increased emphasis on measuring program and population outcomes in LTSS

Source: Eiken S, Sredl K, Burwell B, and Saucier P. *Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015* Truven Health Analytics, April 14, 2017.

Medicaid LTSS Beneficiaries who Received HCBS and Institutional Services

Percentage of Medicaid LTSS Beneficiaries Who Received Institutional Services and HCBS, 2013

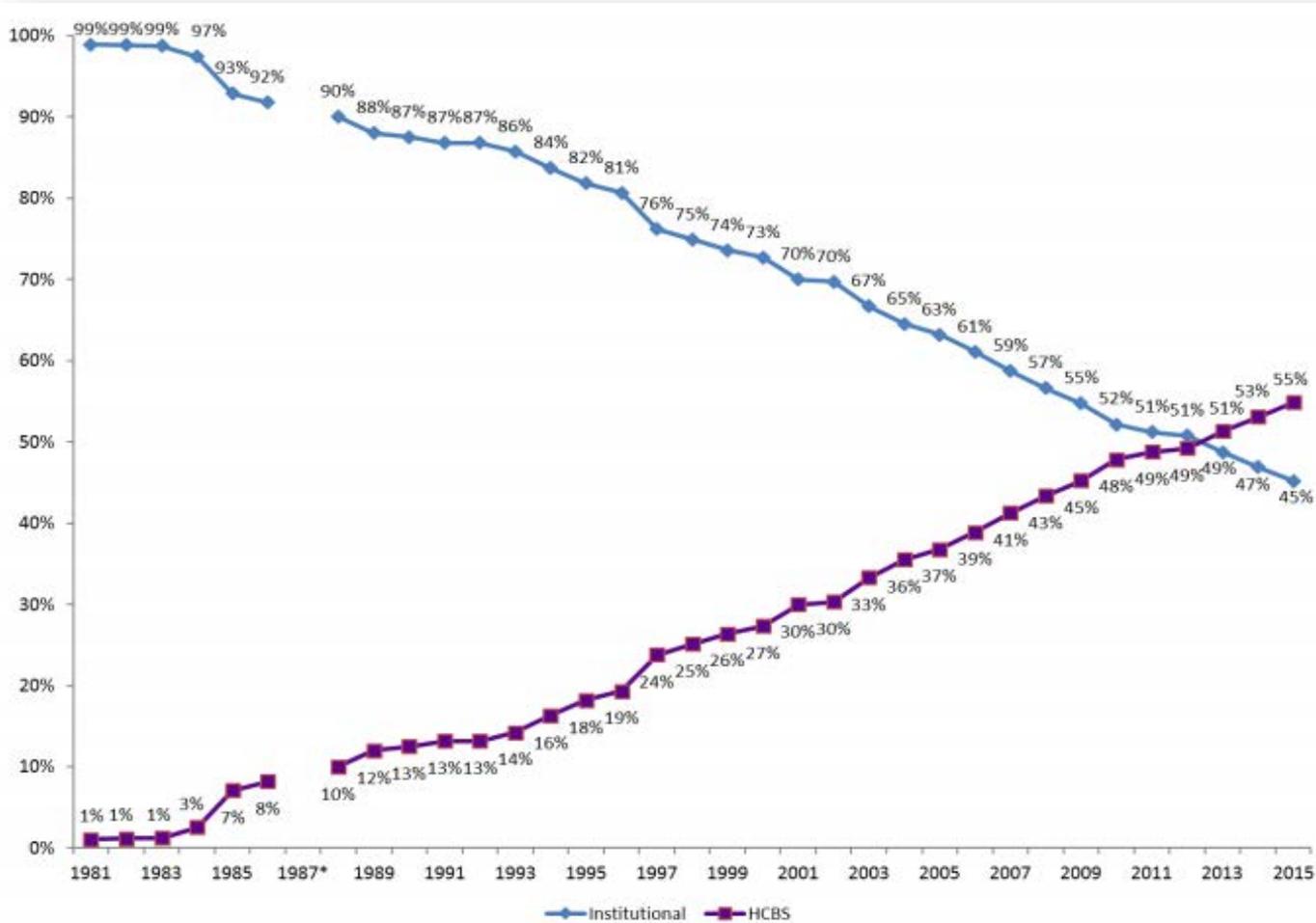


**Percentages do not add up to 100% due to rounding*

Source: Eiken S. *Medicaid Long-Term Services and Supports Beneficiaries in 2013*. Truven Health Analytics, an IBM Company. September 22, 2017.

Medicaid LTSS Expenditures for HCBS and Institutional Services

Medicaid HCBS and Institutional LTSS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2015



**ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.*

Source: Eiken S, Sredl K, Burwell B, and Woodward R. *Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015*. April 14, 2017.

Community-Based LTSS Program Models are Becoming More Outcomes-Focused

- Residing in a community-based setting is not sufficient— HCBS program participants should be actively involved in their local communities
- HCBS participants should have individually tailored objectives outlined in an individual care plan
- Person-centered planning recognizes the unique circumstances and preferences of every individual

Polling Question #2

(State Medicaid Participants Only)

- How prominent is community-based LTSS reform on the Medicaid policy agenda in your state?
 1. One of the very top priorities
 2. Near the top, but not at the top
 3. A priority, but one of many
 4. Not a priority



Questions or Comments?

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Overview & Approach of Program Support Available to State Medicaid Agencies

IAP's Goals for Community Integration- Long-Term Services and Supports

- VBP for the HCBS track of the Community Integration Long-term Services and Supports program area
 - To increase state adoption of strategies that tie together quality, cost, and outcomes in support of community-based LTSS programs

VBP for HCBS Program Support Available for State Medicaid Agencies

- Second VBP for HCBS cohort*
- Previous VBP for HCBS cohort consisted of two tracks (2016 and 2017)
 - Planning track – comprising an interactive webinar series
 - Implementation track – one-on-one technical support for states in the process of developing a VBP strategy for HCBS

** The prior cohort was called “Incentivizing Quality and Outcomes for Home and Community-Based Services”*

Overview of VBP for HCBS

Program Support

- VBP for HCBS cohort emphasizes planning, designing, and developing a VBP strategy for HCBS with two main objectives:
 - Building state knowledge and capacity to design a VBP strategy for HCBS
 - Moving states toward implementation of a VBP strategy for HCBS
- States are encouraged to apply regardless of where they are in the design or planning process
 - I.e., States are welcome even if they have not yet begun planning a VBP strategy

Types of Program Support

- 11 month program support opportunity beginning in April 2018
- Content of program support will be customized to states' needs and may include:
 - Aligning financial incentives in a VBP for HCBS strategy with overall state policy objectives for HCBS
 - Identifying a quality measurement strategy, including support with measure review and selection
 - Engaging with stakeholders to ensure a VBP strategy for HCBS is widely understood and supported
 - Designing VBP for HCBS strategies (financial and non-financial incentives)

Performance Improvement Support

- States will receive support in using performance improvement tools in order to translate high-level improvement goals into a logical set of steps and processes within a VBP for HCBS initiative
- Assistance includes:
 - Access to performance improvement experts
 - Identifying long-term goals or aims for a VBP initiative
 - Building performance improvement activities into a VBP initiative for HCBS

Access to a Technical Support Coach and Subject Matter Experts

- Each state will have access to a VBP for HCBS technical support coaching team
 - Assignment of a coaching team will be based on the state's unique goals
 - A lead coach will be assigned to each state as a primary point of contact
 - Coaching team members may include VBP for HCBS subject matter experts and other health policy and program experts
 - Coaches will connect states with other experts and more experienced states

One-on-One Technical Support

- States will receive two on-site visits from their coaching team:
 - The first site visit will occur in the first three months of the program to facilitate relationship building, review resources, and develop an action plan
 - The second site visit will occur in the last three months of the program to support action plan activities, sustain progress toward VBP goals, and plan for maintaining momentum after the program concludes
- States will also participate in conference calls, webinars, and/or other activities with their coaching team as needed

Peer-to-Peer Interaction

- Webinars during the first three months to ensure all states receive the same baseline information and to build state knowledge in VBP for HCBS strategies
- Peer-to-peer calls and webinars throughout the program on topics of common interest such as selecting HCBS measures or selecting appropriate payment models
- A final peer-to-peer webinar at the end of the program to share accomplishments and lessons learned

Program Timeline

Activity	Date
Kick-off webinar with selected states	April 2018
Knowledge-building webinar series	May – July 2018
Develop driver diagram and action plan	May – July 2018
First on-site visit	May – July 2018
Work towards goals (using action plan as a guide)	August 2018 – February 2019
Bi-monthly webinars, peer-to-peer discussions, and other cohort activities	August 2018 – February 2019
Second on-site visit	December – February 2018-2019
End-of-Cohort Webinar	March 2019

Program Support Example

- A state requests help with selecting HCBS measures. Your VBP technical support team can help with:
 - Alignment of potential measures with policy goals
 - Assessing existing measures across state programs
 - Determining the state's accessibility and quality of data sources for potential measures
 - Identifying appropriate measurement domains
 - Determining how selected quality measures could be linked to financial and non-financial incentives
 - Planning for future measure development based on identified measure gaps and current trends in HCBS quality measurement

Polling Question #3

- What types of support would be most helpful?
 - Examples of VBP models used in HCBS
 - HCBS measures for VBP
 - Effective stakeholder engagement
 - Defining populations for VBP
 - Selecting accountable entities
 - Understanding available financial and non-financial incentive options



How to Apply for Program Support and Next Steps

Key Considerations

- Expression of Interest
- State Selection Factors
- Key Dates
- Where to go with questions or for more information

State Selection Factors

- Team Composition
 - Commitment from State Medicaid Director
 - State Medicaid staff as the state lead
 - Option to include a co-lead from the state's HCBS services agency
 - Active engagement from other key staff
- Technical Support Needs
 - Articulated interest and a clear vision in developing a VBP strategy in HCBS
 - Alignment of the state's identified goals to the VBP for HCBS cohort goals
 - Commitment to designing a VBP strategy for HCBS
 - Readiness to engage shortly after selection

Key Dates

Event	Date
Expression of Interest Forms due	February 15, 2018
IAP conducts 1:1 calls with states that submit Expression of Interest Forms	March 2018
Selected states notified	March 2018
Program support begins	April 2018

For More Information Visit the Medicaid IAP Home Page

Medicaid Innovation Accelerator Program



Overview

In July 2014, CMS launched the Medicaid Innovation Accelerator Program (IAP), a collaborative between the Center for Medicaid and CHIP Services (CMCS) and the Center for Medicare & Medicaid Innovation (CMMI). The goal of IAP is to improve the health and health care of Medicaid beneficiaries and to reduce costs by supporting states' ongoing payment and delivery system reforms. Medicaid IAP

supports state Medicaid agencies to build capacity in key program and functional areas by offering targeted technical support, tool development, and cross-state learning opportunities.

IAP selected, in consultation with states and stakeholders, four [program areas](#) in which to offer technical support: [reducing substance use disorders; improving care for Medicaid beneficiaries with complex care needs and high costs; promoting community integration through long-term services and supports](#); and [supporting physical and mental health integration](#).

In addition, IAP also works with states through its [functional areas](#), or levers, for Medicaid delivery system reform: [data analytics](#), performance improvement, quality measurement, and [value-based payment and financial simulations](#).

Policy and Program Topics

[Program Areas](#)[Functional Areas](#)[IAP CMS Commentary](#)[Related Tools and Resources](#)

Featured

[SUD Tools and Resources](#)

Where can Interested States go With Questions?

States with questions about this opportunity can email: melanie.brown@cms.hhs.gov. Include subject line “Value-Based Payment for HCBS”

Watch for SOTA emails from CMS for additional information on IAP

Questions or Comments?



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Polling Question #4

- Is your state interested in applying for participation in the 2018 VBP for HCBS cohort?
 - Yes
 - Unsure if we will apply
 - Unlikely to apply



Thank You and Survey

- Thank you for joining today's webinar!
- Please take a moment to complete a short feedback survey.

