

Integrated Care Network Workgroup Meeting
Tuesday, April 12, 2016

Workgroup Members: John Beard, Justin Blackburn, Richard Brockman, Anna Pritchett, Jim Carnes, Norman Estes, Dan Kessler, Emily Marsal, Neal Morrison, Bill O'Connor, Cheryl Smith, James Tucker, Marlene Word, Kelly Watters, Melissa Wilbanks, Donna Wilhelm

AMA: Stephanie McGee Azar, Kathy Hall, Flake Oakley, Robert Moon, Ozenia Patterson, Ginger Wettingfeld, Robin Rawls, Luzenia Lawson, LaQuita Robinson, Robin Arrington, Bob Northcutt, Jimmy Walter

Navigant: Betsy Walton, Jay Bulot, Jason Gerling

Presentation:

- Commissioner Azar welcomed the workgroup, pledged commitment to the development of the Integrated Care Network, and assured the group that the project remains a priority of the agency.
- Ginger Wettingfeld introduced the Integrated Care Network Stakeholder Manual; flash drives with contents were distributed to attendees. The Integrated Care Network webpage was introduced with the request that collaborating parties complete and submit collaboration certificates as quickly as possible.
- Navigant delivered the presentation which summarized the ICN Legislation, AMA's progress to date, information gleaned from a February meeting with CMS, a general overview of program goals, and an introduction to the public stakeholder strategy.

SWOT Analysis:

Following the completion of the presentation, Jay Bulot from Navigant facilitated a review of Strengths, Weaknesses, Opportunities and Threats. The following feedback was provided:

Strengths include:

- Quality and availability of Institutional LTC in the State
- Presence of HCBS models, including PACE programming which has been successful in parts of the State and serves a model program
- Collaborative focus in key State agencies including Medicaid, Senior Services and Public Health as well as other organizations including AARP and other community based agencies.
- Increased collaboration between Nursing Homes and the Ombudsman component of the Department of Senior Services
- A successful Money Follows the Person Program, changing operations of Medicaid waiver services, which resulted in significant savings

Weaknesses Include:

- A need to improve communication and service to disabled adults who are non-elderly, including those with mental illness and other dis-engaged pockets of consumers
- A shortage of qualified workforce to support the provider network and relieve family and other caregivers
- Person Centered planning models are not as consumer driven as they could be and there has been limited push to improve
- There are service gaps throughout areas of the State, particularly following federal regulation changes in the Civil Monetary Penalties fund several years ago
- There is a lack of adequate housing and transportation resources to support community based care
- The Legislature lacks understanding of LTSS programs, and who they serve
- There are too many silos, and efforts need to be better coordinated including elements like public outreach, stakeholder engagement, state planning, etc. so that there is cross-consideration of how efforts overlap or can support one another

Opportunities include:

- AARP has resources including their interactive phone system for webinars and educational meetings on the ICN
- There is a significant opportunity to provide education to beneficiaries and advocacy groups using a well-coordinated communication strategy, particularly to make inroads with the non-elderly disabled adult population. A white paper was suggested for distribution throughout the state to this population to increase awareness
- In order to optimize the opportunity in obtaining Stakeholder input AMA needs to add meetings in the Muscle Shoals/Florence, Anniston/Gadsden, and Dothan regions to reach all pockets of LTSS consumers
- There is opportunity to tackle health disparities among LTSS recipients using this model, although that issue is broader than the scope of this program
- The Ombudsman program has started conducting community-based outreach for nursing home residents who transition back to the community; there is opportunity to build on this momentum and advocacy

Threats include:

- Insufficient communication to consumers and a lack of engagement and consumer input if not handled correctly
- Whether or not an ICN will be required to be for-profit or non-profit and how that impacts the model
- Inadequate workforce to provide direct care in the community
- Insufficient funding to see the program to fruition

The meeting adjourned with the recommendation that this workgroup meet on a frequent, ongoing basis, with regularly scheduled meetings – with several key entities including AQAF and Public Health attending.