Alabama Integrated Care Network Community Forum

St. Paul A.M.E. Church, Montgomery

Tuesday, 6/20/16

Agenda

Topic	Presenters
Introductions	
Housekeeping	
Current Long Term Care System	
Overview of Legislation and Process	
Goals of the Integrated Care Network	
Stakeholder Input Process & Timeline	

Restrooms

Comment Cards

Volume & Cell Phones

Questions

Goals of Today's Presentation

1. Explain the current services and program support for those in or at risk of going in to nursing homes.

2. Describe what the Integrated Care Network (ICN) is intended to provide.

3. Describe the parts of the ICN system and explain how they will work together with or change the current system of services and programs.

4. Describe the ICN implementation steps and time frames.

Goal of Today's Forum:

Obtain your feedback to make sure the Integrated Care System program we design reflects the _**needs**_, _**wishes**_ and _**goals**_ of the people it is meant to serve.

Key Terms

Acronym	Term	Definition
ICN	Integrated Care Network	
RCO	Regional Care Organization	
LTC	Long-Term Care	Long-Term Care is a range of services and support for your personal care needs. Most long-term care isn't medical care, but rather help with basic personal tasks of everyday life, sometimes called activities of daily living.
HCBS	Home and Community Based Services	Home and community-based services provide opportunities for Medicaid beneficiaries to receive services in their own home or community, as an alternative to nursing home care and to help those potentially at risk for nursing home placement.

The Current System

Legislation

May 2015

Planning &
Engagement

2016

Procurement
&
Engagement

2017

Readiness
and Go-Live

October
2018

- The medical care and services you need are paid for after the service is provided.
- **What are the challenges of this method?**
  1. Member experience high risk of emergency room and hospital visits
  2. The system is confusing and requires multiple medical providers, which can be confusing and lead to waste.
  3. It is hard for the State to budget for Medicaid, and predict how expenses might change in future years.
  4. There is little reason for medical providers to work together, and find the best setting for patients.

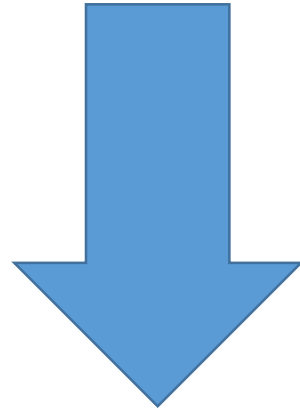*We are currently paying for quantity, not quality.*

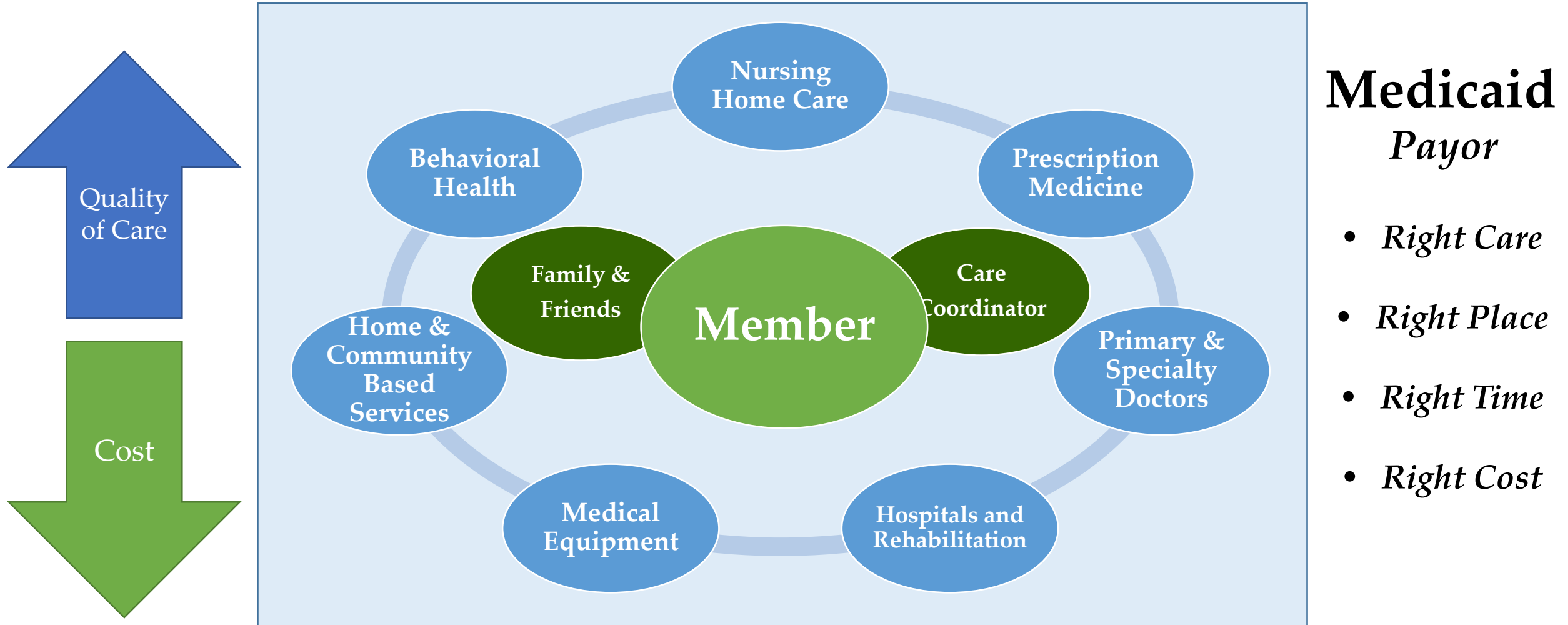# The Current Long Term Care System in Alabama
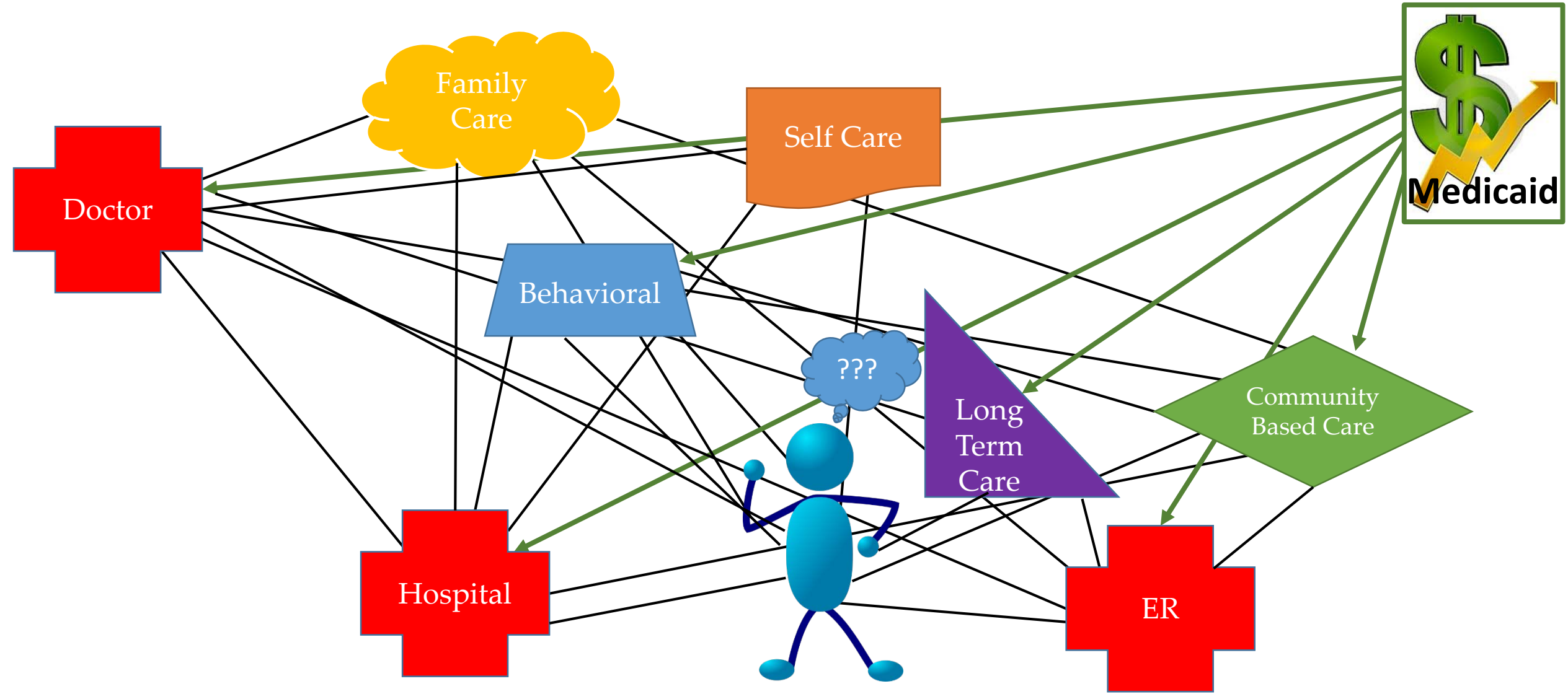
What are states doing?

**Transitioning to *Coordinated Care Models* that
organize patient care activities between two or more participants (including the
patient) involved in a patient's care to facilitate the appropriate delivery of
health care services.**

The Coordinated Long Term Care System

The ICN Program

ICN Approved by Alabama Legislature in 2015

Legislation allows for one or more ICNs

ICNS are providers who assume responsibility for providing care to Older and Disabled Adults

They will be coordinating both nursing home and home and community based care.

Members cannot receive care from the Regional Care Organizations (RCO) and the ICNs
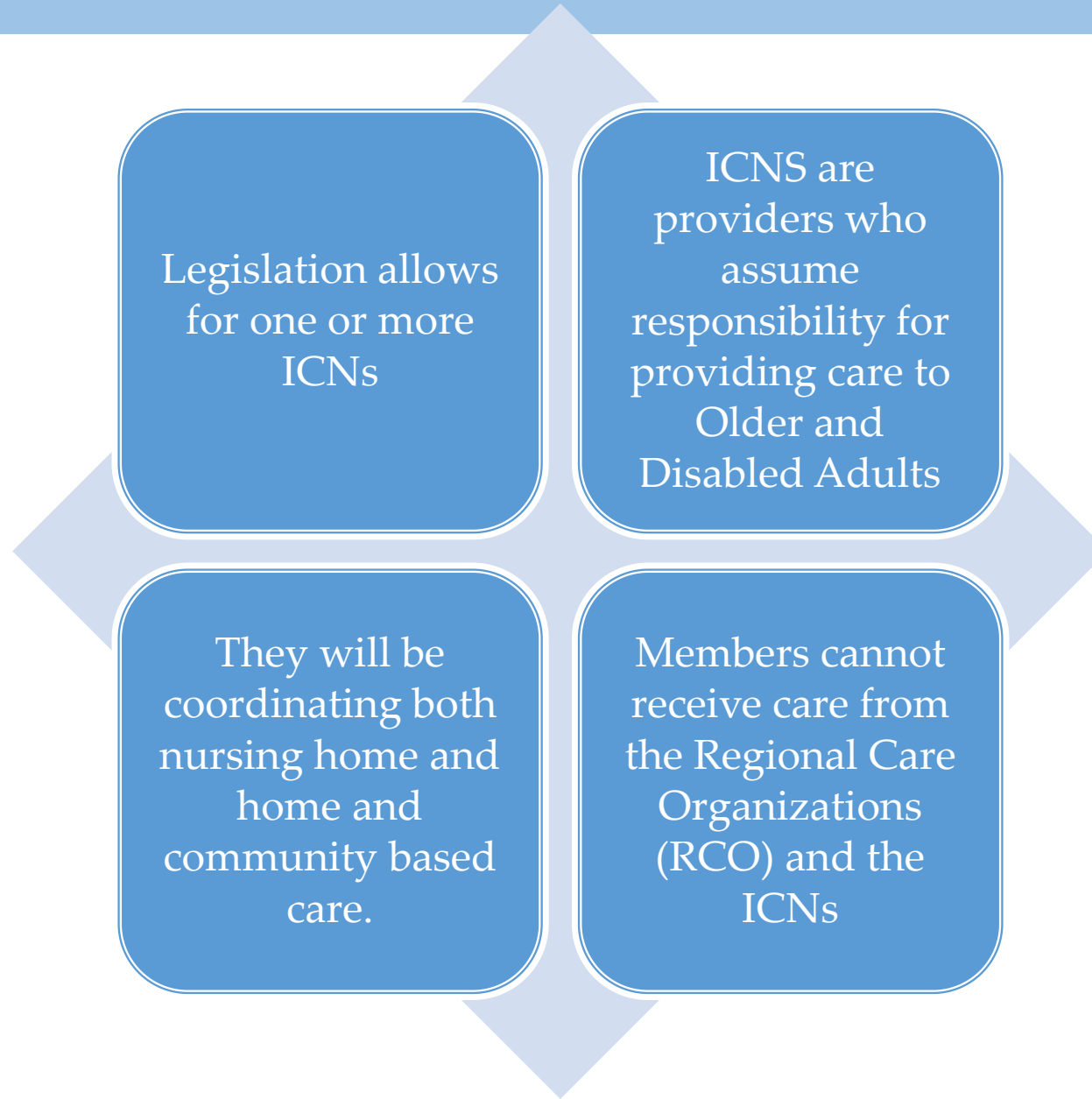
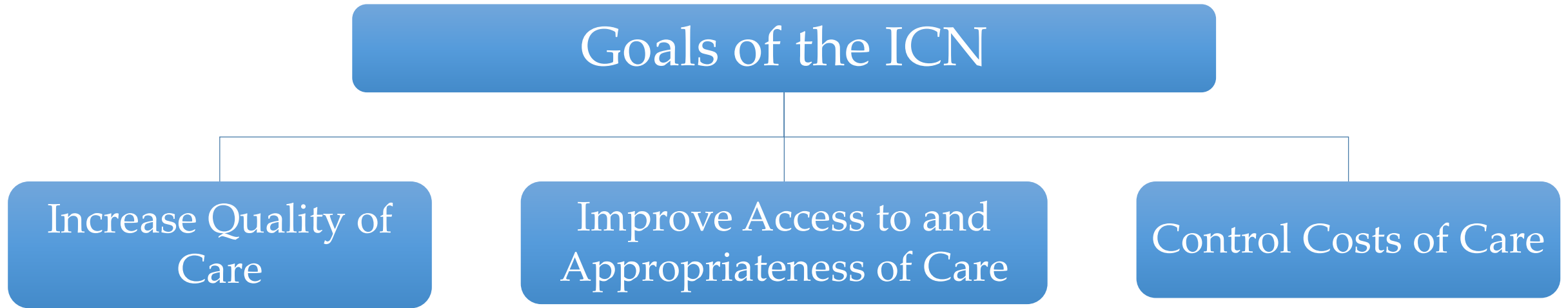# Who will be eligible to participate in the ICN?

1. All Alabama Medicaid members residing in a Nursing Home

2. All Alabama Medicaid members receiving home and community based services under the following waiver programs:
   o Elderly & Disabled Waiver
   o State of Alabama Independent (SAIL) Living Waiver
   o Technology Assisted Waiver
   o HIV/AIDS Waiver
   o Alabama Community Transition (ACT) Waiver

NOTE: *Being deemed eligible for a Nursing Home does <u>not</u> require an adult to move into a Nursing Home.*
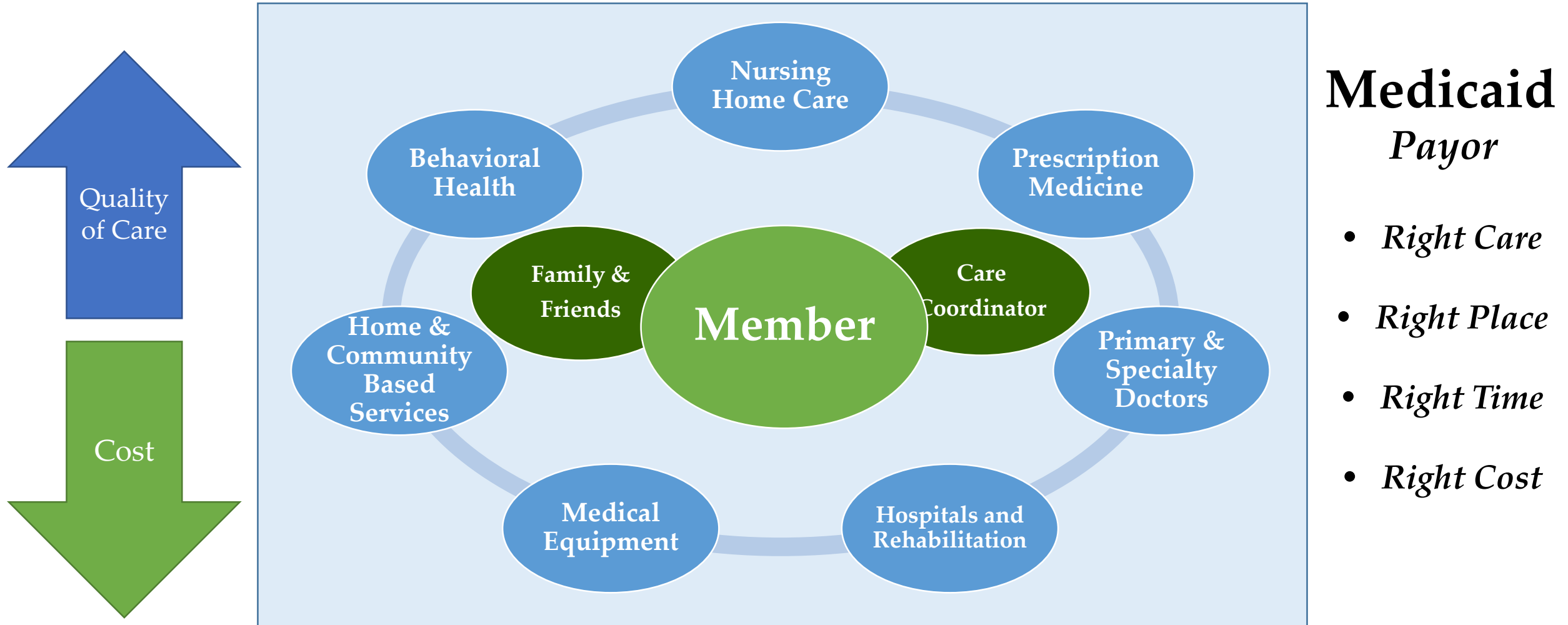
Goals of the ICN

Increase Quality of Care

Improve Access to and Appropriateness of Care

Control Costs of Care

The Coordinated Long Term Care System

How Will a Coordinated Program Work?

A prediction is made of how much it *should* cost to provide care

This predicted amount is paid to ICN, who is responsible for delivering care through doctors and other providers

The ICN is responsible, or "at risk," for the costs should the care cost more than the predicted amount

A Month of Care Delivery for Alice and Roy
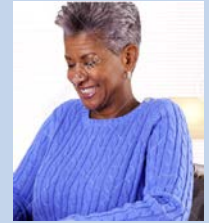
Alice:

- 62 Years Old

- Lives Alone in a Senior Apartment in Huntsville

- Suffers from:
  - Diabetes
  - Heart Disease
  - GOUT

- Receives Home & Community Based Services

Roy:

- 77 Years Old

- Lives in a Nursing Home in Mobile

- Suffers from:
  - Alzheimer's Disease
  - History of Stroke
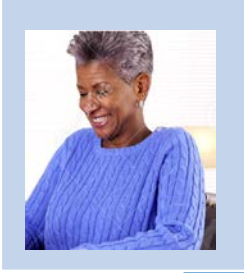
- Requires Nursing Home care

Ben:

- 34 Years Old

- Lives at home with wife in Birmingham

- Suffers from:
  - Paraplegia
  - Epilepsy

- Receives Home & Community Services

A Month of Care Delivery for Alice and Roy

Alice:

Monthly Budget:
$ 2500

Doctor's Visit: $500
HCBS: $1000
Cardiology: $300
Medicine: $250
Transportation: $200

No one realizes Alice's new medicine makes her dizzy – she falls and goes to the hospital

Hospital: $3000
Total   **$5000**
Difference   **-$2000**

Roy:

Monthly Budget:
$ 5000

Doctor's Visit: $500
Nursing Home: $3000
Physical Therapy: $500
Medicine: $400
New Wheelchair: $250

Roy's Nurse identifies that he has an infection at an early stage – Roy gets antibiotics and avoids the hospital

Antibiotic: $ 50
Total: **$4700**
Difference: **$300**

Ben:

Monthly Budget:
$ 3500

Doctor's Visit: $500
HCBS: $1500
Adaptive Equip: $250
Medicine: $400
Transportation: $300

Ben's care coordinator learns he has a pressure sore, home health starts quickly treat the sore.

Home Health: $ 500
Total: **$3450**
Difference: **$50**

What is Important About a Coordinated System?

The member is the primary focus of the system

Each member has a Care Coordinator

The member receives most of his or her healthcare from a Primary Care Doctor
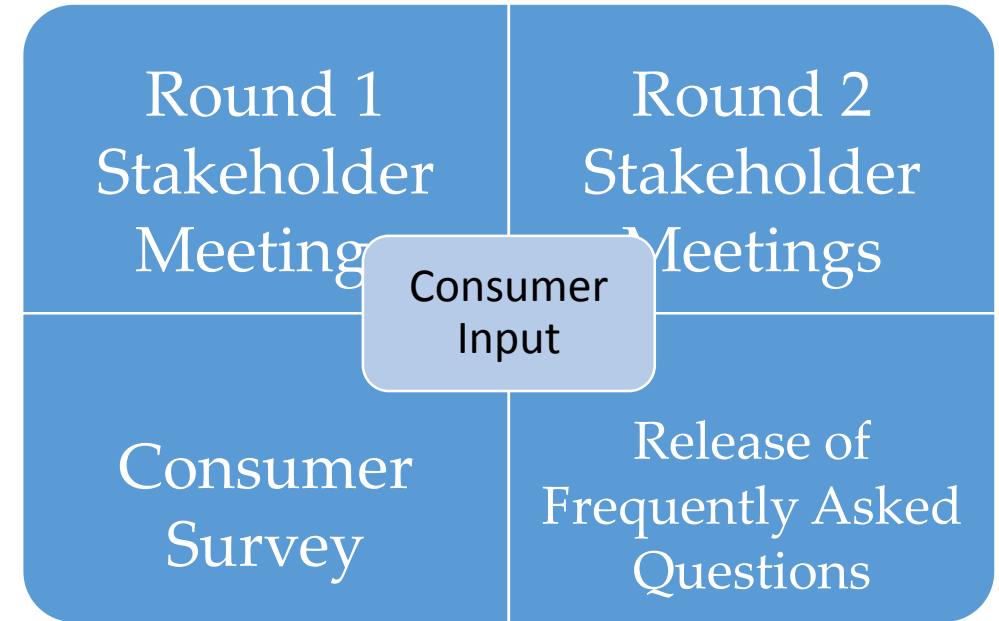
All members of the care team work together

Feedback, Timeline and Next Steps

Consumer Input Plan

Stakeholder Regions
A   (Huntsville, Florence)
B   (Birmingham, Gadsden)
C   (Tuscaloosa, Demopolis)
D   (Montgomery, Dothan)
E   (Mobile)

Round 1 Stakeholder Meetings	Round 2 Stakeholder Meetings
Consumer Survey	Release of Frequently Asked Questions

Consumer Input

Feedback

ICN Program

July to Mid-August: Compile feedback, identify feedback trends and pinpoint where feedback can guide concept design elements. Findings and modifications based on feedback will be demonstrated in the second round of stakeholder meetings.

Timeline

Date	Milestone
Summer 2016	Stakeholder Input Meetings and Identify Quality Assurance Council
Summer/Fall 2016	Draft Concept Paper
Fall 2016	Solicit feedback from Stakeholders
Winter 2017	Finalize and Release Concept Paper
	Draft Waiver Request
Spring 2017	Solicit Feedback on Waiver Request
	Submit Waiver
Fall 2017	Release RFP
Fall 2017 - Fall 2018	Member outreach, readiness and enrollment and Go-Live

1. **<u>Comment Cards</u>**: we ask that you take the next five minutes to write your comments on INDEX CARDS, located on your table. These cards will be collected and reviewed by the Alabama Medicaid agency.

2. **<u>Send Questions in!</u>** Have a question you would prefer to ask? Don't like speaking in public? Feel free to email questions to <insert email>

3. **<u>Take the Survey!</u>** Alabama Medicaid will be posting internet surveys on the agency website. Notice that the survey has been posted will be provided to all Area Agencies on Aging, AARP and other organizations to share statewide. Assistance taking the survey will be available to those who may need it by contacting your Area Agency on Aging at <insert contact>

4. **<u>Question and Answer</u>** –
   o What do you think of the program model we have explained today?
   o Do you have questions about how this model might work?
   o What do you like about the model, as it has been explained to you today?
   o What concerns you about the model, as it has been explained to you today?

Finally….

We want to especially thank the following groups for their help in assembling these forums:

- **Alabama Department of Senior Services**
- **St. Paul U.M.E. Church**
- **AARP of Alabama**

Thank You for your participation today, your feedback is important to us.
We hope you'll join us again during the next round of meetings.