

Developing Integrated Care Delivery Systems in Ohio

Discussion with the Unified Long-
Term Care System Advisory
Workgroup

January 12, 2012

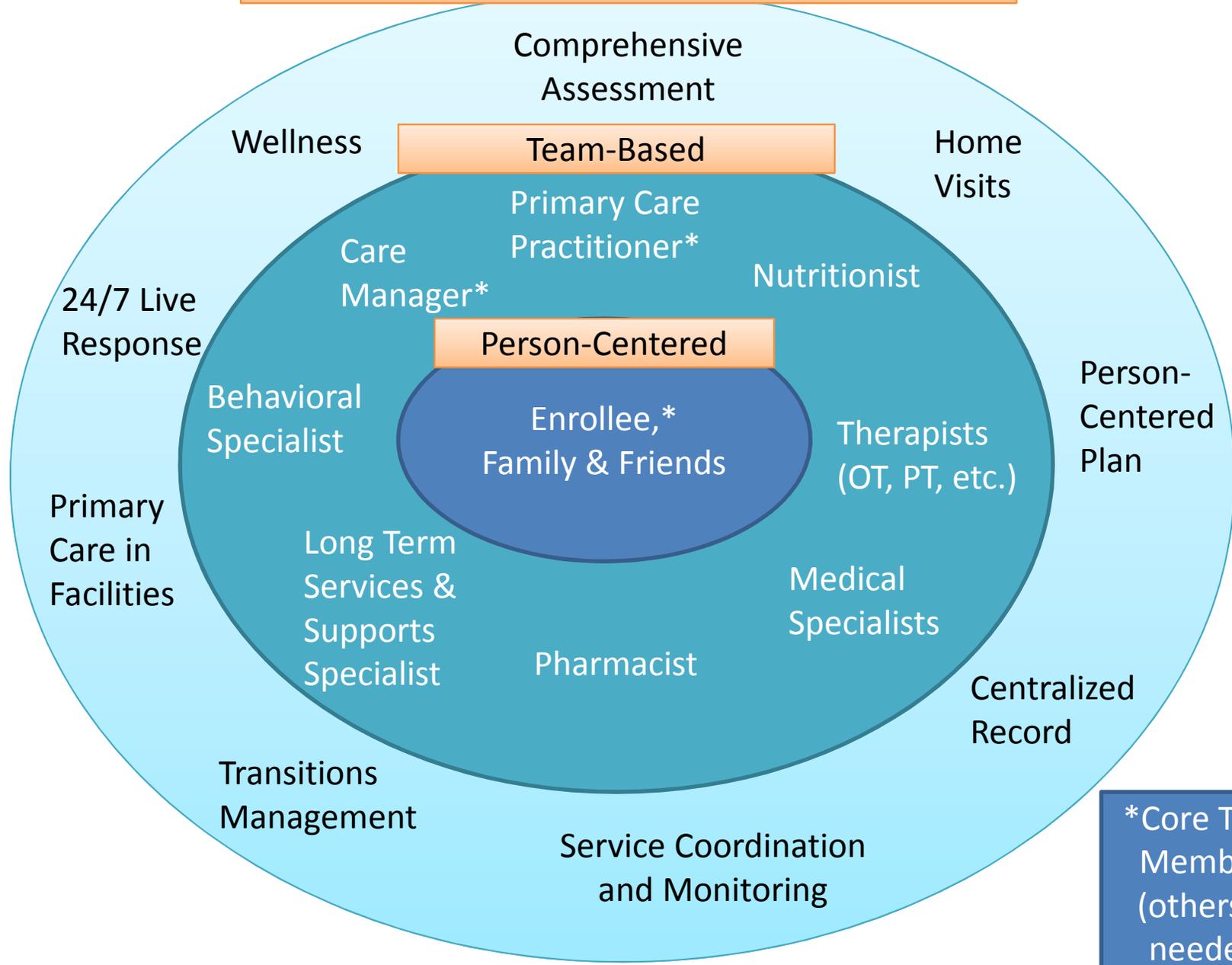
Why must we act now?

- The current system is confusing and difficult to navigate.
- No entity accountable for the whole person.
- Despite years of substantial investments, Ohio's LTSS system remains in the third quartile of states. (35th in AARP 2011 Scorecard)
- The aging of Ohio's population has arrived—and is accelerating rapidly. Current trends in spending are unsustainable.

What are we trying to achieve?

- One point of contact for enrollees.
- Person-centered care, seamless across services and settings of care.
- Easy to navigate for enrollees and providers.
- Lower cost of care through wellness, prevention, coordination and community-based services.

Comprehensive and Integrated Care Management



*Core Team Members (others as needed)

Enrollee Protections

- Choice of two ICD Systems
- Ability to opt out of Medicare portion of ICDS
- Standing structures for enrollee input and advice
- A unified grievance and appeal process
- Strong quality management oversight

Benefits

- Benefit package includes all benefits available through the traditional Medicare and Medicaid programs, including LTSS and behavioral health
- In addition, prospective ICD Systems will be encouraged to include supplemental “value-added” benefits in their offers

Self-Direction and Special Initiatives

- ICD Systems will be required to offer self-directed options as are available in the traditional program
- ICD Systems will be expected to participate in other initiatives e.g., Health Homes, Money Follows the Person, Balancing Incentive Payments, and Community First Choice

Eligible Groups

- Receive Medicare and full Medicaid benefits
- Adults with disabilities and persons 65+ yrs
- Persons with serious mental illness will be included in the program, via the health home model currently under development
- Persons served by Ohio's developmental disabilities system will be exempt from the demonstration. They may be added later.

Enrollment

- Eligible enrollees will have a choice of two ICD Systems.
- Enrollees will be able to opt out of the Medicare part of the program, in which case they would stay with their current Medicare options. The ICDS will be responsible for coordinating with whatever Medicare option the enrollee has selected.
- Initial enrollment will be phased in by birth month of enrollees.

Core ICDS Requirements

- Commitment and capacity for person-centered approach.
- Comprehensive quality management system.
- Robust network of primary, acute, LTSS, and behavioral health providers.
- Experience on the ground, in the community, with the target population and services.
- Capacity to manage full spectrum of Medicaid and Medicare services and supports.



**INTEGRATED CARE DELIEVERY
SYSTEM**

Seamless Experience
Person-Centered Care
Quality Management
Efficient Utilization
Community Partnerships
Service System Development

Geographic Area

- ICDS will be phased-in by region or by county.
- The phase-in areas and schedule will be determined at a later date.

Next Steps

- Refine concept based on your feedback
- Gather broader feedback through series of consumer forums
- Finalize model
- Formalize collaboration with CMS
- Develop procurement specifications
- Develop waiver application

Discussion Questions

- Are the goals of the initiative clear?
- What are some good indicators of person-centered care?
- Are there additional enrollee protections we should be incorporating into the design?

Discussion Questions

- What supplemental value-added benefits would be most attractive to enrollees?
- What types of support should enrollees have in making enrollment decisions?
- What characteristics should we be looking for in initial demonstration areas?