

# Medicaid Pathway A Brief Overview

DAIL Advisory Board  
Sept. 8 2016

# Critical Concepts

- AHS payment and delivery system reform to align with the all-payer model (regulated revenue/cap)
- AHS Central Office is leading the Medicaid Pathway process in partnership with the Agency of Administration. This includes Medicaid service providers and services that are not included in the initial APM implementation, such as Long Term Services and Support, Mental Health Health, Substance Abuse Treatment and Children's Service providers.
- The Medicaid Pathway advances payment and delivery system reform for services not subject to the additional caps and regulation required by the APM.
- The goal is alignment of payment and delivery principles that support a more integrated system of care, and pursue the triple aims.

# Critical Concepts

## Ends or Goals:

- Improve outcomes
- Improve access
- Control costs

## Means:

- Reform service delivery to achieve ends  
(eg Model of Care)
- Reform payment to support delivery reform

# Discussion of Delivery System Design: Broad Options

## Service Coordination Model

- Community providers within each region coordinate to achieve Model of Care requirements and support other health reform goals

## Integration or Partial Integration Model

- Community providers create regional or statewide consortium to support service delivery and payment reform goals (eg receive payments)

# Payment Reform Options

Option	Opportunities	Delivery Design Model Considerations	
		Integration Model	Coordinated Model
<p><b>Community, Population Based or Global Budget:</b> Develop total budget by community and require providers to collaborate in order to manage to budget.</p>	<ul style="list-style-type: none"> <li>Maximizes flexibility to develop service options that meet individual needs</li> <li>Could promote early intervention/prevention</li> <li>Payments could be tied to performance</li> <li>Creates more predictable funding level</li> </ul>	<ul style="list-style-type: none"> <li>Design supports global payment models</li> </ul>	<ul style="list-style-type: none"> <li>Scope could be defined</li> <li>Difficult to implement global payment models in coordinated model unless one or two large providers offered a comprehensive array of services.</li> </ul>
<p><b>Case Rates:</b> Develop daily/weekly/monthly rates per enrollee (e.g. per member per month or PMPM). Rate could vary based on program or need.</p>	<ul style="list-style-type: none"> <li>Provides additional flexibility to develop individualized service packages</li> <li>Payments could be linked to performance rather than volume</li> </ul>	<ul style="list-style-type: none"> <li>Some programs currently have case rates</li> <li>Payment tied to active program participation</li> </ul>	<ul style="list-style-type: none"> <li>Some programs currently have case rates</li> <li>Payment tied to active program participation</li> </ul>
<p><b>Individual Budgets:</b> Develop individual budgets based on need.</p>	<ul style="list-style-type: none"> <li>Care planning process/providers would have flexibility to offer alternative services</li> <li>Payments could be tied to performance, depending on level of organization at the community level</li> </ul>	<ul style="list-style-type: none"> <li>Would require development of complex needs assessment process and risk adjustment model</li> <li>Would require extensive clinical coordination across providers</li> <li>Less effective approach for promotion of early intervention/prevention</li> </ul>	<ul style="list-style-type: none"> <li>Would require development of complex needs assessment process and risk adjustment model</li> <li>Would require extensive clinical coordination across providers</li> <li>Payments underlying budget may continue to be paid on fee-for-service basis</li> </ul>
<p><b>Care Coordination Case Rates/Enhanced Care Coordination Payments:</b> Develop payment model for care coordination that is fully compliant with Model of Care.</p>	<ul style="list-style-type: none"> <li>Provides additional flexibility at the community level to coordinate care and adhere to Model of Care requirements</li> <li>Funding potentially could be derived from projected savings/ACO</li> </ul>	<ul style="list-style-type: none"> <li>Does not require integrated model design to implement</li> </ul>	<ul style="list-style-type: none"> <li>Care coordination services reimbursed as part of current case rate models</li> </ul>

# Two pathways

1. Mental health, substance abuse, developmental disabilities services
2. Long term services and supports

# VT Integrated Model of Care

## *draft review of DAIL specialized services programs*

Core Elements Vermont Model of Care*	Choices for Care	Developmental Disabilities	Traumatic Brain Injury
1. Person Centered and Directed Process for Planning and Service Delivery	✓	✓	✓
2. Access to Independent Options Counseling & Peer Support	✓	✓	Partial
3. Actively Involved Primary Care Physician	Partial	Partial	?
4. Provider Network with Specialized Program Expertise	✓	✓	✓
5. Integration between Medical & Specialized Program Care	Partial	Partial	?
6. Single Point of Contact for person with Specialized Needs across All Services	✓	✓	✓
7. Standardized Assessment Tool	✓	✓	✓
8. Comprehensive Individualized Care Plan Inclusive of All Needs, Supports & Services	Partial	✓	?
9. Care Coordination and Care Management	✓	✓	✓
10. Interdisciplinary Care Team	No	✓	✓
11. Coordinated Support during Care Transitions	✓	✓	✓
12. Use of Technology for Sharing Information	Partial	No	Partial

# Pathway #1: Mental health, substance abuse, developmental disabilities services

- Scope of programs/services
- Activities and accomplishments
- Next steps

## Pathway #2: Long term services and supports

- Scope of programs/services
- Activities and accomplishments
- Next steps

Discussion...