

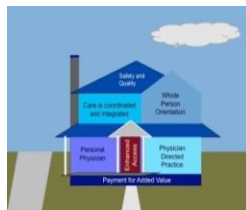


Connecticut HUSKY Health and CAHCH: the Benefits of Public/Private Partnership

Connecticut Association for Health Care at Home
Annual Conference

November 1, 2018

On a foundation of



Person-Centered
Medical Homes



ASO-Based Intensive
Care Management (ICM)



Pay-for-Performance
(PCMH, OB)



Data Analytics/
Risk Stratification

we are building in



Community-based
care coordination through
expanded care teams
(health homes, PCMH+,
rebalancing)



Supports for social determinants
(transition/tenancy sustaining
services, connections with
community-based organizations)



Value-based payment
approaches (PCMH+)

with the desired structural
result of creating



Multi-disciplinary (medical,
behavioral health, dental
services; social supports) health
neighborhoods/health
enhancement communities

A stronger and healthier next generation that avoids preventable conditions and is economically secure, stably housed, food secure, and engaged with community.

Families that are intact, resilient, capable, and nurturing.

Choice, self-direction and integration of all individuals served by Medicaid in their chosen communities.

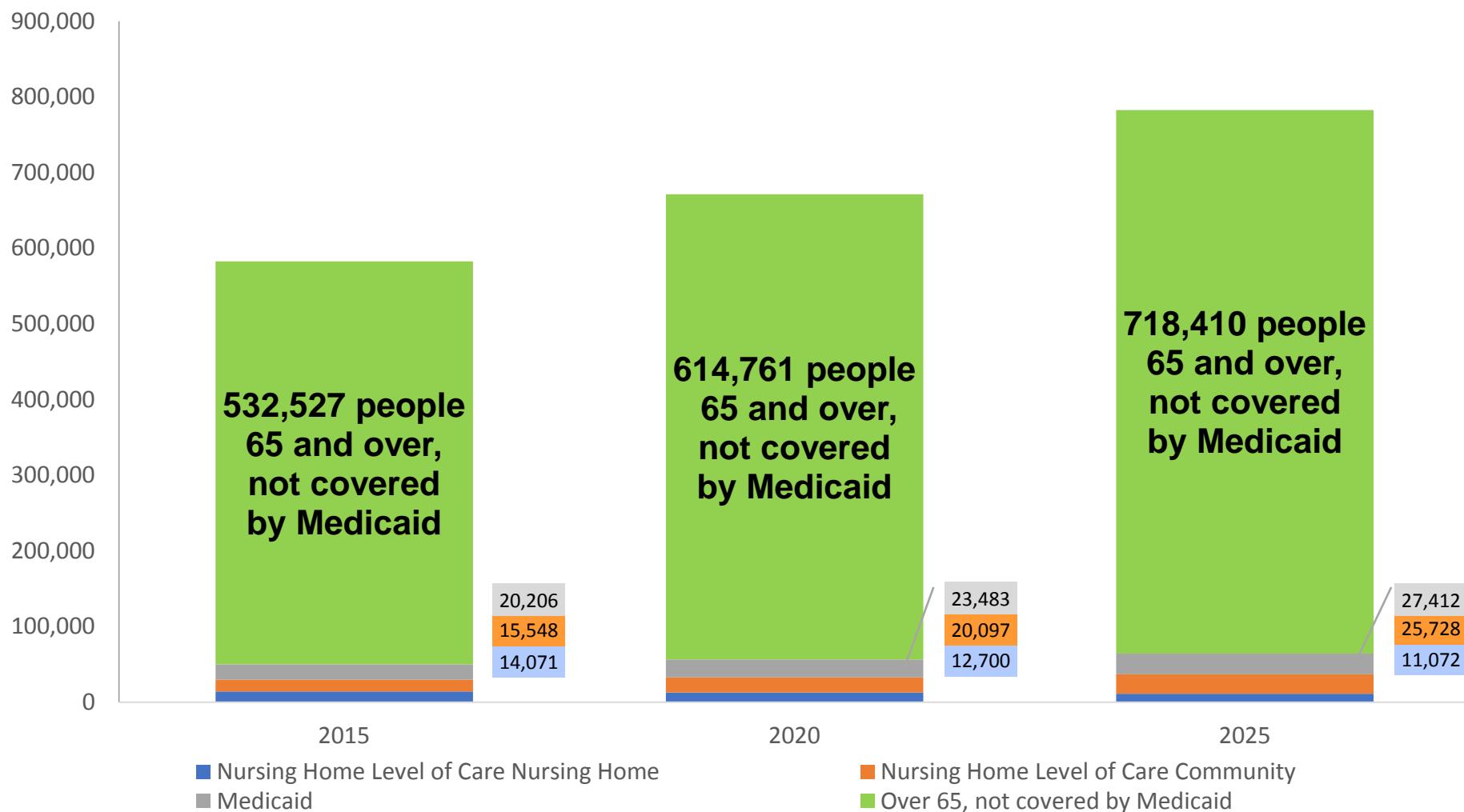
Empowered, local, multi-disciplinary health neighborhoods.

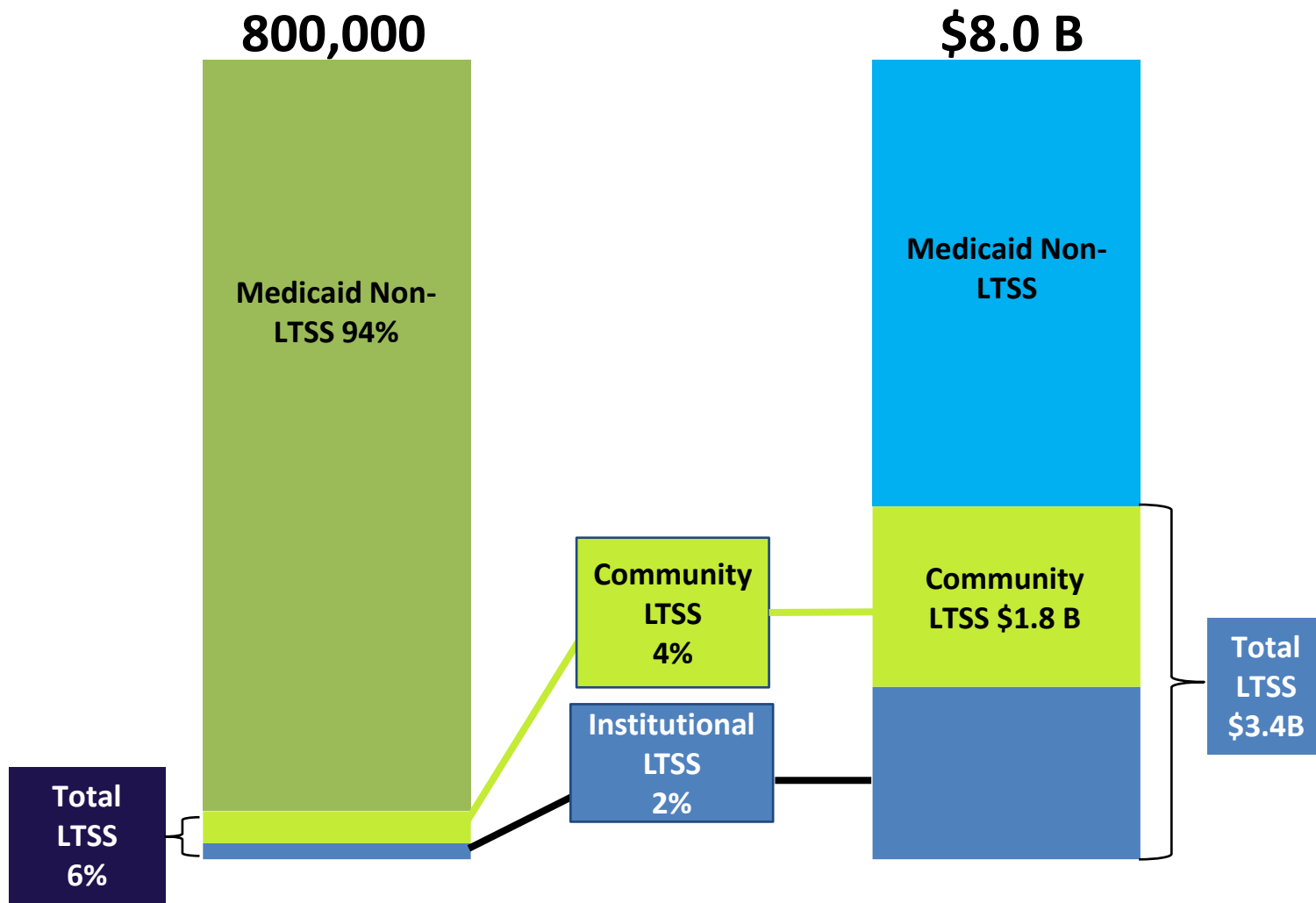




Rebalancing of long-term services and supports is a key component of our Medicaid reform strategy:

- Consumers overwhelmingly wish to have **meaningful choice** in how they receive needed long-term services and supports (LTSS).
- Average per member per month **costs are less in the community.**
- In *Olmstead v. L.C.*, 527 U.S. 581 (1999), the Supreme Court held that title II **prohibits the unjustified segregation** of individuals with disabilities. Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.







High quality, person-centered home care services and a robust, financially viable home care network are critically important in:

- enabling thousands of Connecticut residents who receive services under the LTSS “waivers” (Connecticut Home Care Program for Elders and others) to remain in place in the community
- furthering transition of individuals from institutional settings to the community (over 5,000 people have transitioned to date)
- supporting effective self-direction through personal care assistants (PCAs) under Community First Choice



That said, there are features of the landscape that can either facilitate or inhibit progress:

- adequacy of reimbursement rates
- regulatory requirements
- eligibility processing
- referral and authorization processes
- claiming processes



In Fall, 2017, CAHCH conducted an intensive LEAN process examination to review each of these aspects, and invited DSS to take a new approach:

A public/private partnership to examine each facet of the processes for authorizing, providing, documenting and claiming for home care services to identify potential areas of improvement that would both support consumers and reduce the real costs of doing this business.



Insert LEAN process diagram



DSS and CAHCH have:

- been successful in gaining authorization from OPM for an increase in companion and non-nursing home health rates
- set up sub-committees:
 - with DPH to review regulations for the purpose of aligning federal and state requirements and reducing duplication of effort
 - to examine means of improving information sharing and timeliness of eligibility processing
 - to increase timeliness in referrals and reduce duplication of work in the authorization processes
 - to examine means of smoothing the claiming process