



# **NH Department of Health & Human Services**

## **State Innovation Models Initiative Stakeholder Overview**

September 12, 2012

# Meeting Agenda

---

- Highlight key elements of State Innovation Models (SIM) grant
- Discuss design approach
- Discuss initial DHHS design goals and principles
- Identify integration strategy with current programs and initiatives
- Propose next steps

# Purpose of State Innovation Models Initiative

---

**Test whether new payment and service delivery models will produce superior results when implemented in the context of a state-sponsored State Health Care Innovation Plan**

**Models should raise community health status and reduce long term health risks for beneficiaries of Medicare, Medicaid, and CHIP**

**Plan must improve health, improve health care, and lower costs...through a sustainable model of multi-payer payment and delivery reform, and must be dedicated to delivering the right care at the right time in the right setting.**

## **Model Design Grant**

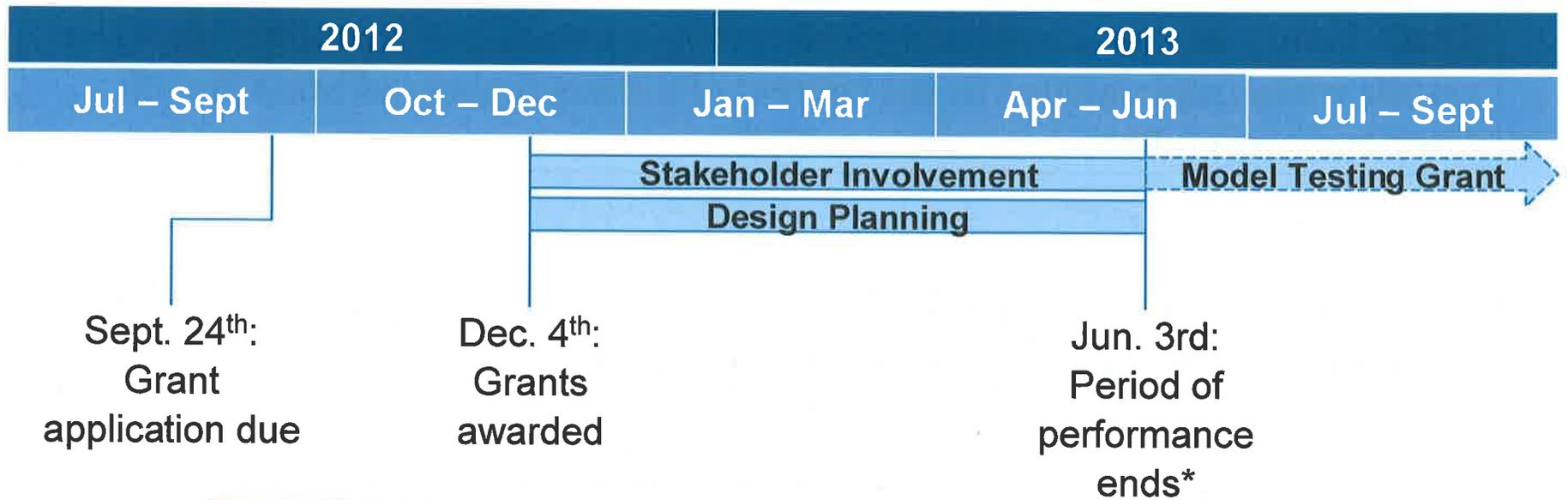
Support states that need financial and technical support to engage stakeholders and create a State Health Care Innovation Plan



## **Model Testing Grant**

Provide funds for the state to implement the State Health Care Innovation Plan and to test and evaluate the proposed service delivery and payment models

# Model Design Grant Timeline and Funding



CMS intends to:

- Award Model Design Grants to up to 25 states
- Fund between \$1 and \$3 million per state
- Allocate a total of \$50 million

\* Period of performance equates to the end date for the model design period

# Funding Dos and Don'ts

---

Grant funding is restricted to specific uses:

## Sample Allowable Funding Costs for Model Design Grant

- ✓ State staff costs to engage in model design
- ✓ Investments in state data collection and analysis capacity and cost utilization pattern analysis
- ✓ Consumer and provider engagement and focus group costs
- ✓ Actuarial modeling
- ✓ Business process analysis and requirements systems analysis
- ✓ Model design costs, including:
  - ✓ Model scope development
  - ✓ Theory of action development
  - ✓ Target population research
  - ✓ Setting performance targets
  - ✓ Budget planning
  - ✓ Travel to SIM workshops and conferences

## Sample Prohibited Funding Uses for Model Design & Model Testing Grants

- ✗ Services for individuals with services that are already funded through Medicare, Medicaid, and/or CHIP
- ✗ Reimbursement of pre-award costs
- ✗ To match any other Federal funds
- ✗ Services, equipment, or support that are the legal responsibility of another party under Federal or state law (e.g., criminal justice or foster care)
- ✗ To supplant existing Federal, state, local, private funding of infrastructure services
- ✗ To be used by local entities to satisfy state matching requirements
- ✗ To pay for the use of specific components, devices, equipment, or personnel that are not integrated into the entire service delivery and payment model proposal
- ✗ To lobby or advocate for changes in Federal and/or state law

## DHHS Approach to Design

---

- DHHS has done some preliminary thinking about the goals and strategy for the Innovation model to accelerate design, including:
  - Guiding strategy
  - Targeted populations
  - System improvement goals for the target populations
  - Payment reform principles

•DHHS will leverage other innovation activity in the marketplace and within DHHS

- DHHS will actively engage a wide range of stakeholders in the design of the innovation model throughout the entire design phase

# Guiding Strategy and Target Population

---

Individuals eligible for long-term supports and services

Individuals at-risk for long-term supports and services

DHHS seeks to achieve overall system transformation through payment reform for its costliest and most at risk consumers

Stakeholder-Designed Innovation Model

Payment Reform

System Transformation

## **System Improvement Goals for Target Population**

---

**Improve Integration &  
Access to Needed  
Services**

**Optimize Resources for  
Consumers**

**Enhance Person/Family  
Centered Approach**

**Improve Quality of  
Services**

**Improve Health and  
Health Care through  
Payment Reform**

**Improve Alignment  
between DHHS,  
Providers, & Consumers**

# System Improvement Goals for Target Population

**Improve  
Integration &  
Access to Needed  
Services**

- Enhance the use of natural supports
- Better coordination of financial and service eligibility
- Increase collaboration among providers
- More consistency of approach and goals across waivers
- Promote community prevention

Optimize  
Resources for  
Consumers

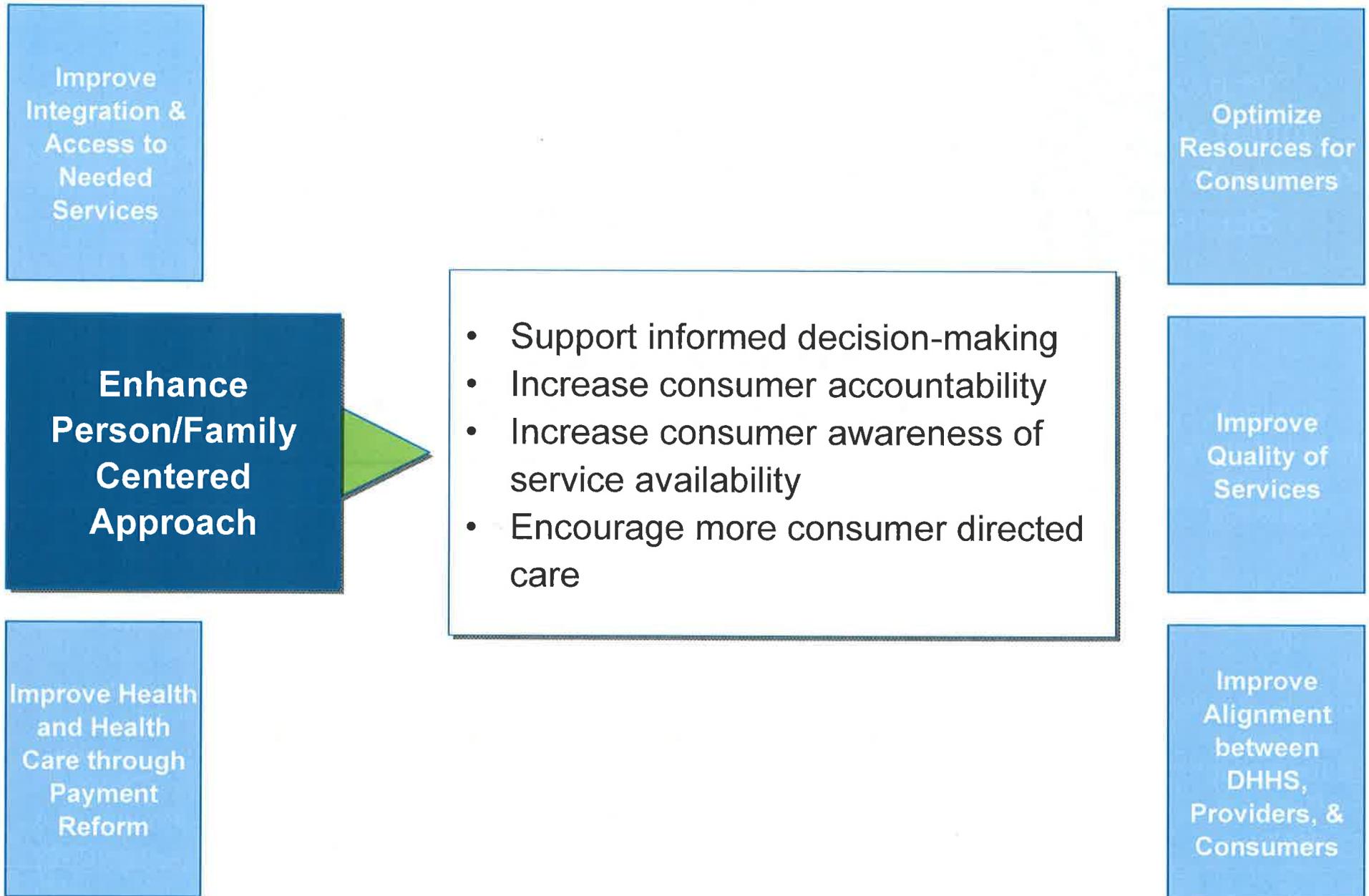
Enhance  
Person/Family  
Centered  
Approach

Improve  
Quality of  
Services

Improve Health  
and Health  
Care through  
Payment  
Reform

Improve  
Alignment  
between  
DHHS,  
Providers, &  
Consumers

# System Improvement Goals for Target Population



# System Improvement Goals for Target Population

Improve  
Integration &  
Access to  
Needed  
Services

Optimize  
Resources for  
Consumers

Enhance  
Person/Family  
Centered  
Approach

Improve  
Quality of  
Services

**Improve Health  
and Health Care  
through Payment  
Reform**

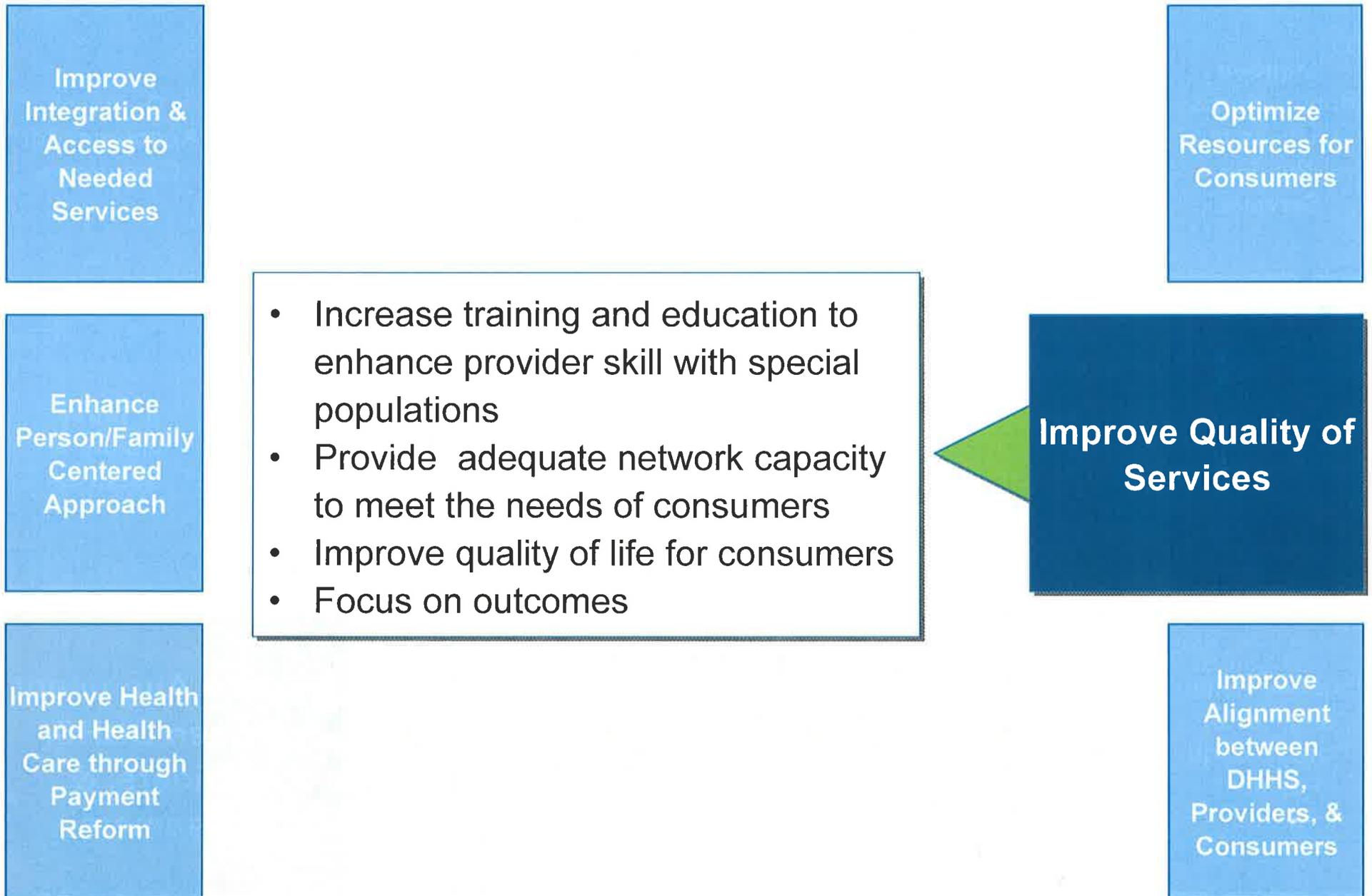
- Assure funding stability
- Maximize the availability of services to consumers in need
- Support payment innovation

Improve  
Alignment  
between  
DHHS,  
Providers, &  
Consumers

# System Improvement Goals for Target Population

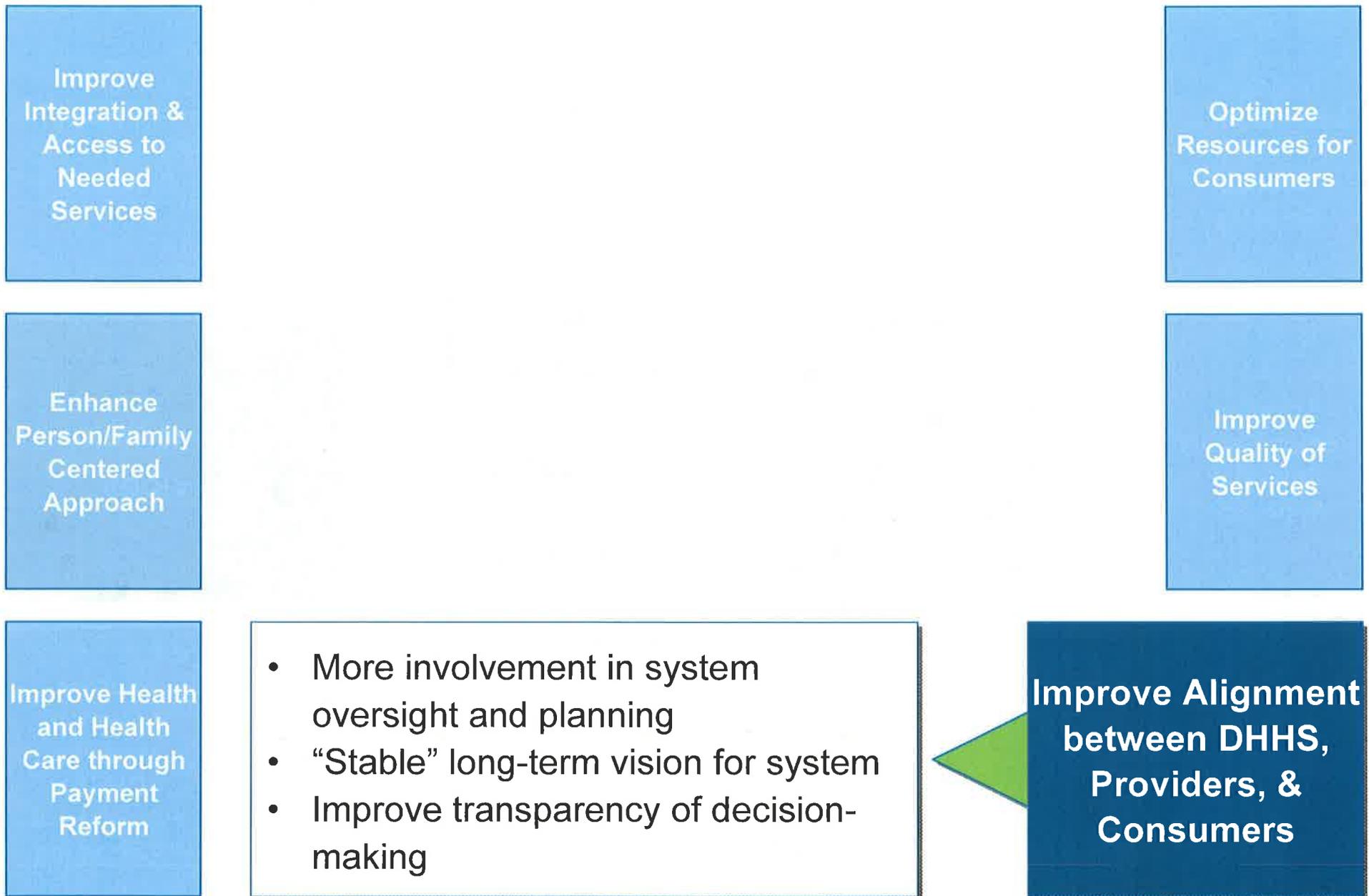


# System Improvement Goals for Target Population



# System Improvement Goals for Target Population

---

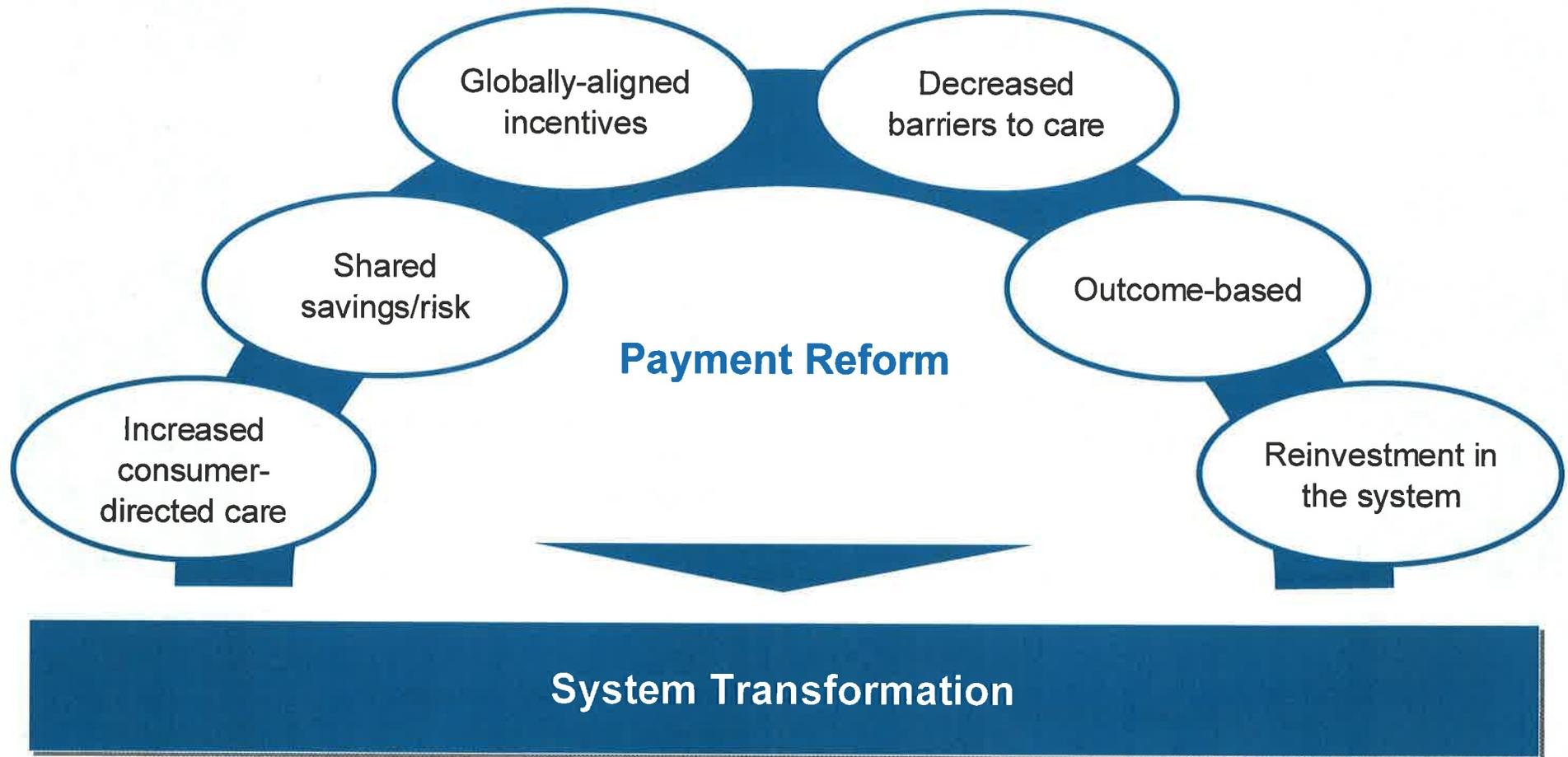


# System Improvement Goals for Target Population

<p><b>Improve Integration &amp; Access to Needed Services</b></p>	<ul style="list-style-type: none"> <li>• Enhance the use of natural supports</li> <li>• Better coordination of financial and service eligibility</li> <li>• Increase collaboration among providers</li> <li>• More consistency of approach and goals across waivers</li> <li>• Promote community prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Better and more proactive collaborative planning</li> <li>• Better response to changes in circumstances and needs</li> <li>• Support for family care-givers</li> <li>• Better response to crisis</li> <li>• Leveraging community resources</li> </ul>	<p><b>Optimize Resources for Consumers</b></p>
<p><b>Enhance Person/Family Centered Approach</b></p>	<ul style="list-style-type: none"> <li>• Support informed decision-making</li> <li>• Increase consumer accountability</li> <li>• Increase consumer awareness of service availability</li> <li>• Encourage more consumer directed care</li> </ul>	<ul style="list-style-type: none"> <li>• Increase training and education to enhance provider skill with special populations</li> <li>• Provide adequate network capacity to meet the needs of consumers</li> <li>• Improve quality of life for consumers</li> <li>• Focus on outcomes</li> </ul>	<p><b>Improve Quality of Services</b></p>
<p><b>Improve Health and Health Care through Payment Reform</b></p>	<ul style="list-style-type: none"> <li>• Assure funding stability</li> <li>• Maximize the availability of services to consumers in need</li> <li>• Support payment innovation</li> </ul>	<ul style="list-style-type: none"> <li>• More involvement in system oversight and planning</li> <li>• “Stable” long-term vision for system</li> <li>• Improve transparency of decision-making</li> </ul>	<p><b>Improve Alignment between DHHS, Providers, &amp; Consumers</b></p>

# Payment Reform Principles

---



# Integration with other State Initiatives

---

Model Design will define desired future state and then determine how to best leverage and integrate other reform initiatives, such as

## Balancing Incentives Program (BIP)

NH's BIP will serve as "no wrong door" for consumers at-risk or in need of long-term supports and services.

## Managed Care

NH's Care Management model design will influence roles and responsibilities of the MCOs for Step 2 and the MCOs' payment reform strategies.

## Money Follows the Person

NH's Community Passport enhances access to community-based long-term services and supports following a facility stay.

## Integration with other State Initiatives *(continued)*

---

Model Design will define desired future state and then determine how to best leverage and integrate other reform initiatives, such as

### Medicaid Incentive for Prevention of Chronic Disease

The NH Healthy Choices, Healthy Changes program will address this dramatic health disparity of individuals receiving public mental health services and the associated high costs by providing incentivized health promotion programs to individuals with co-occurring mental health and substance use disorders, overweight/obese, and/or tobacco-smoking Medicaid beneficiaries.

### Pioneer ACO Models

The NH community ACO models will test a rapid transition to a population-based model of care, requiring organizations to engage other payers in moving towards outcome-based contracts.

### Aging and Disability Resource Center Grants

NH's ServiceLink Centers seek to facilitate uniform state-wide access to long-term services and supports for older adults, individuals with disabilities and family caregivers.

## **Integration with other State Initiatives *(continued)***

---

Model Design will define desired future state and then determine how to best leverage and integrate other reform initiatives, such as

### **NH Access to Recover Initiative (NHATRI)**

NHATRI will reduce health disparities for NH adults by providing client-centered care to individuals with substance use disorders, and will utilize an electronic voucher system to facilitate service access already developed by DHHS for the NHATRI, to institute a fee-for-service approach and provide client choice and portable care.

### **Center for Mental Health Services Child Mental Health Initiative**

The grant seeks to improve clinical outcomes and child functioning in home, school and community for NH's youth by expanding the array of services and by creating infrastructure changes to sustain the expansion.

### **NH Deployment Cycle Support Program**

Funded by the Department of Defense, the NH Deployment Cycle Support Program is a nationally recognized model of care coordination between public and private providers for the care and support of NH service members and their families.

## Next Steps

---

- Prepare and submit application
- Solicit stakeholder letters of support
  - DHHS will distribute a template for guidance
  - Letters will must be submitted by Wednesday, September 19th at 4:00 PM to be included in application
- Schedule follow up stakeholder involvement meeting to establish foundational elements of design strategy in anticipation of award
  - To be scheduled mid to late October

All communication regarding the State Innovation Models grant should be directed to: **[SIMGrant@dhhs.state.nh.us](mailto:SIMGrant@dhhs.state.nh.us)**



# Questions

