1115 Medicaid Transformation Waiver Project Status Report

June 22, 2015

1115 Medicaid Transformation Waiver Program in RHP 18

- RHP 18 pursues growth and innovation in the three county emerging healthcare market through seven Participating Provider organizations
- 23 Infrastructure expansion and services innovation projects
- 25 Quality Improvement or Population Health Improvement projects
- Five Demonstration Years
  - DY1 was for planning
  - In DY2 the four-year projects were primarily gearing up
  - In DY3 most projects were engaged in a "shake-down cruise" mode, and additional three-year projects (statewide) were initiated
  - In DY4 three projects (statewide) withdrew, and RHP18 projects have recovered from challenges in DY3
  - DY5 will begin sustainability plans and possible Waiver Extension Plans
- Executive Committee includes the seven DSRIP providers and two county health department directors
- We hold regular meetings – for learning, planning, and decision making

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Schedule

Time Table

Last report April 2014

Mid Point Assessment late 2014 – early 2015

DY4 October 2014 – September 2015

DY5 October 2015 – September 2016

Extension in planning stages (2016-17)

Statewide Summit August 2015

Process Activities Since April 2014 – Part 1

- Completely switched from an excel based report to a web-based reporting system
- Finalized all quantifiable patient impact numerical goals and CAT3 outcome metrics
- Responded to Mid-Point Assessment
- Reviewed and finalized all narratives, metric tables, outcome measures (tools and targets)
- Reported first half of DY4 in April 2015
- Now in process of responding to HHSC review of April 2015 reports

Process Activities Since April 2014 – Part 2

- Troubleshooting and problem solving with all participating providers
- Continued Learning Collaborative events and Executive Committee Meetings
- Reviewed and provided feedback on Waiver Extension proposal to Center for Medicaid and Medicare Services (CMS)
- Identification of gaps in the system such as access to specialty care
- Developing data sharing capabilities
- Narration of impact on the system not captured in quantitative reports
- Completed payment process for April 2015 progress including carry-forward

Investments and Payments

DY2 Reported in October 2015 Compensation Status as of January 2015						
		Categories 1, 2, and 4				
Provider	Value	Paid	Approximate IGT	Category 4	Approximate IGT
LifePath Systems	$9,273,547	$9,273,547	$4,451,303		
Texoma Community Center	$2,258,516	$2,258,516	$1,084,088		
Lakes Regional Community Center	$1,941,405	$1,941,405	$931,874		
UT Southwestern	$901,443	$901,443	$432,693		
Children's Health	$5,314,865	$5,314,865	$2,551,135	$295,270	$141,730
Centennial Medical Center	$136,800	$136,800	$65,664	$8,100	$3,888
Texoma Medical Center	$4,177,422	$4,177,422	$2,005,163	$100,000	$48,000
Totals	$24,003,998	$24,003,998	$11,521,919	$403,370	$193,618
Category 3 Outcomes		$1,452,610			
Grand Total 2013-14		**$25,859,978**			

Investments and Payments

DY3					
	Categories 1, 2, and 4				
Provider	Value	Paid	Approximate IGT	Category 4	Approximate IGT
LifePath Systems	$10,319,585	$11,106,727	$5,331,229		
Texoma Community Center	$2,480,210	$2,745,710	$1,317,941		
Lakes Regional Community Center	$2,040,711	$2,040,711	$979,541		
UT Southwestern	$969,460	$0	$0		
Children's Health	$6,160,623	$4,585,197	$2,200,895	$1,026,770	$513,385
Centennial Medical Center	$181,440	$74,844	$35,925	$31,752	$30,252
Texoma Medical Center	$4,259,097	$4,259,097	$2,044,367	$570,000	$570,000
Totals	$26,411,126	$24,812,286	$11,909,897	$1,628,522	$781,691
Category 3 and carry-forward to DY4		($1,598,840)			
Grand Total Estimated		**$28,039,648**			

Challenges

1. Obstacles to acquiring hospital data on preventable admissions for DSRIP project clients: We are addressing this during last quarter of DY4.
2. One provider could not occupy a clinic facility due to physical plant problems, thus impeding project milestone achievement: Partially resolved.
3. One project was at risk for not achieving goals: We have resolved this problem.
4. Anchors have limited authority to intervene to ensure or facilitate project success: There are discussions at HHSC regarding Anchor roles.
5. Some projects were undervalued or overshot per goals: These issues may be correctable in an extension period.

Summary

1. DY3 presented more challenges in meeting goals than DY2. All providers completed DY3 goals in first quarter of DY4.
2. DYs 3 and 4 have required more involvement from the Anchor team for problem solving and interactions with HHSC.
3. Payment process has been smooth, with any problems resolved.
4. DY4 Round Two Reporting is in October 2015.
5. Providers and anchor team are routinely communicating.
6. Providers are networking with each other and other key stakeholders.
7. All required processes are on target.
8. Anticipating updates on Waiver extension late summer 2015.


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Collin County Behavioral Health

Transition Planning out of NorthSTAR to Independence

Review

- August 2014 – December 2014: Sunset Advisory Commission recommends discontinuation of the 1915(b) Medicaid Waiver program
- January 2015 – Planning process with PIA project team begins
- March 2015 – Preliminary Plan for Indigent Behavioral Health Care submitted
- April 2015 – Preliminary Plan approved by DSHS and HHSC
- May 2015 – final appropriation decisions made for State Biennium 2015-17

Purported Benefits of this Waiver

- A broad array of providers
- Choice of the most appropriate treatment & services
- Continuity of care (for people who gain or lose Medicaid eligibility)
- Improved access to services
- Local oversight with ombudsman services (provided through the local behavioral health authority)
- Positive outcomes attributed to a total separation of authority & provider entities (i.e., the entity responsible for authorization is not the provider of services)
- Continued inclusion of stakeholder involvement in the program.

Actual Effects of the Management System

- Large system of fragmented service providers with duplication of services
- Lack of continuity of care and limitations on level of care yield a crisis-system driven system
- Medicaid match dollars used for indigent care with ineffective Medicaid retention practices
- No prioritization of need – lower level needs may be placed ahead of more critical needs
- NTBHA limited powers – plan is not a plan followed by ValueOptions that receives the dollars
- Separation of authority and provider results in VO selecting providers with no transparent process; no systematic planning or bid process
- Consumers and providers recommendations are not adopted
- Collin County residents forced to depend on Dallas-based services
- No growth in Collin County

What We Know

- Effective date for new systems (currently) January 2017
- "Final" Indigent Care Plan scheduled for approval by 1 October 2015
- LifePath Systems is nominated as the proposed LMHA for Collin County
- Dallas and the other five counties will be in a new Dallas-based LMHA
- Local Match must be included
- Medicaid funds will be held at the State Medicaid agency with Managed Care Organizations getting the contracts and negotiating with each local provider
- Non-Medicaid funds will be distributed to the LMHA in buckets tied to services menus

What We Are Doing

- Interacting with other LMHAs and MHMRs, and with key organizations with existing components in the current system
- Acquiring data for planning and rationale to support the proposed plan
- Conducting local planning meetings with a focus on defining an outpatient system that will reduce dependence on higher levels of care, while ensuring a robust crisis response system
- Expanding the Preliminary Plan: Due in September, 2015