

**Missouri Business Acumen Learning Collaborative**

Project Abstract

The overall goal of this initiative is to enhance integrated health care services for individuals with IDD in Missouri by improving the capacity of Missouri Community Based Organizations to implement sound business practices that better prepare them to meet the growing needs of individuals who are most at risk (e.g. those who are aging, those with co-occurring disabilities).

The Business Acumen Learning Collaborative will provide an opportunity for Missouri’s network for individuals with intellectual and developmental disabilities (I/DD) to make organizational changes both at the statewide systems level and the local community level to more effectively address the healthcare needs of this population. Missouri’s community-based organizations (CBOs) need the tools and technical assistance to work together to develop and implement business-related strategies to address Missouri specific challenges in integrating long-term services and supports with health care services. Missouri is currently focusing on efforts to bend the cost curve while improving the quality of care and population health for individuals with developmental disabilities. These present many challenges and those can be mitigated by coordinating medical, behavioral, and long term supports and services including habilitation services. To effectively serve individuals, Missouri must develop CBOs that can work together utilizing sound business practices that will better prepare agencies to meet the needs of individuals who are challenging to serve.

Helping Missouri CBOs improve accounting and reporting systems, documentation of client contact and service interventions, communication systems, while developing mature partnerships with other service agencies is integral to create a necessary integrated care environment.

Missouri System Overview

MO HealthNet, organizationally within the Department of Social Services, is the single state Medicaid authority for Missouri. MO HealthNet currently serves almost one million individuals.

The Division of Developmental Disabilities (Division of DD), organizationally within the Department of Mental Health, serves nearly 35,000 individuals with I/DD, of whom about 85% are eligible for MO HealthNet. Case management, or Targeted Case Management (TCM) for individuals with I/DD, (also called Support Coordination in Missouri) is provided under the authority of 1915(g) of the Social Security Act. Local county DD agencies, known as “Senate Bill 40 Boards,” provide TCM to nearly 65% of individuals served by the Division of DD, while TCM is provided by division staff in areas of the state where there is no local provider. Contracts with TCM providers establish an optimal caseload of 1:40, while case managers employed by the Division of DD may have caseloads of up to 80 individuals or more. This issue has compelled the state to work toward increasing the capacity of local agencies to provide TCM.

The Division of DD, lead state agency for this project, is the operational agency for four home and community-based (HCB) waivers serving individuals with I/DD. Those waivers are:

* The Comprehensive Waiver: This includes a wide variety of supports, the most highly utilized is residential supports (group homes, individualized supported living, and shared living) currently serves up to 8882 participants (all ages), approximately 7,000 of those have residential supports.
* The Community Support Waiver: This waiver includes all of the supports covered under the comprehensive waiver except for residential supports and serves up to 3954 annually, with no age limit.
* The Partnership for Hope Waiver: This waiver is a unique partnership of the state, the local County DD agencies, and CMS, and is available in all but 11 of Missouri’s counties. Participating County DD agencies provide half of the non-federal share for services, which together with state general revenue is matched with federal funds. This waiver has a service package identical to the Community support waiver, but has an annual spending cap of $12,000. This waiver serves up to 3125 people annually, with no age limit.
* The Missouri Waiver for Children with Developmental Disabilities: This waiver includes the eligibility provision to disregard parental income and assets, and serves up to 366 children ages 0-17.

The Division of Senior and Disability Services (DSDS), organizationally located within the Department of Health and Senior Services and acting as the designated State Unit on Aging, has the responsibility of monitoring compliance with Older American Act (OAA) mandates, as well as providing technical assistance to Missouri’s ten Area Agencies on Aging to enhance their program operations. Through the Area Agencies on Aging and their partner and contract network more than nine million units of OAA services were provided to almost 130,000 Missourians in 2016. These services included information and assistance, congregate and home delivered meals, caregiver respite, case management, Medicare Education and Outreach, Public Benefits Counseling, access to the Long Term Care Ombudsman, options counseling, in-home and personal care services, recreational and volunteer opportunities, physical fitness and exercise, legal assistance, advocacy, and adult day care.

Additionally, DSDS provides Adult Protective Services to Missourians age 65 and over, and age 18 and older with disabilities. DSDS administers Missouri’s Medicaid state plan personal care program, and is final authority for program eligibility and service authorizations. DSDS also administers the Consumer Directed Services personal care plan. Consumer-directed services (CDS), although similar in nature to the state plan personal care program, are provided to individuals with a physical disability and do not include any task performed by a licensed professional. A participant of CDS must be able to direct the care planning process and hire an attendant. In general, CDS consists of personal care (bathing, cleaning and meal preparation).

DSDS is operational authority for 3 HCB waivers, whose target population may include people with I/DD. Those waivers are:

* The Aged and Disabled Waiver: This waiver includes homemaker/chore, respite care, home delivered meals and adult day care and serves individuals age 63 and older. This waiver allows for a division of assets for married individuals, and higher income limit than regular Medicaid for the spouse requiring HCB services, providing access to MO HealthNet and HCB services to many individuals who would otherwise enter a nursing facility.
* The Independent Living Waiver: This waiver includes consumer-directed personal assistance in excess of the limits of the state plan, and serves individuals ages 18-64.
* The Adult Day Care Waiver: This waiver includes adult day care and serves individuals ages 18 to 62.

MO HealthNet, the Division of DD and DSDS have a long-standing collaborative relationship as they jointly administer Missouri’s system of long terms supports and services, with overlapping responsibilities for the target population of individuals with I/DD. All three agencies will participate on Missouri’s team, with the Division of DD as lead.

In addition to community-based organizations, Missouri is including several statewide member organizations on our team. We believe this will enhance our ability to ensure the learning collaborative has a statewide impact, as these organizations are committed to providing education to their members to enhance their business acumen and prepare them to be an integral part of the health care delivery system. These organizations will be critical to our efforts to sustain this initiative well beyond the time period of this project.

Organizational Challenges and Opportunity
Missouri has had some form of managed care in its Medicaid system, known as MO HealthNet, for over three decades. Early forms of managed care included both a coordinated care model, where primary care physicians (PCP) were paid a monthly case rate, and contracts with managed care organizations, paid a per member/per month rate, limited to the Kansas City region of Missouri. In the early 1990’s, the PCP model was phased out when managed care was implemented along the “I-70 corridor” including the metro regions and outer counties surrounding St. Louis, Kansas City and Columbia, where most of Missouri’s large health care systems are located. Until May 2017, when Missouri expanded managed care statewide, the MO HealthNet managed care program served over half of MO HealthNet eligible families and children. Beginning May 1, 2017, MO HealthNet has enrolled 756,000 in the statewide managed care program, with services provided by three managed care health plans.

With the exception of a PACE program in St. Louis which was in operation from 1999 through 2016, Missouri’s capitated managed care programs have excluded the population whose costs are clearly the highest; people with disabilities and individuals age 65 and older.

Missouri was the first state to submit and receive approval for a state plan amendment for Health Homes in late 2011, launching the program in January 2012. Missouri has two types of Health Homes; the Primary Care Health Home (PCHH), which includes Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and public hospital-based clinics, and Behavioral Health homes, including Community Behavioral Health Centers and BHC affiliates. Both of Missouri’s health home models include intellectual and developmental disabilities (I/DD) as one of the qualifying conditions. Currently, 652 individuals served by the Division of DD are enrolled with a Primary Care Healthcare Home, and 1422 are enrolled in with a CMHC health care home, although it is estimated many more have two or more qualifying diagnoses.

Missouri’s team has come together to develop skills and relationships that will enable us to focus delivering integrated health care to individuals with I/DD who are aging and building capacity to fully support individuals with co-occurring I/DD and mental illness, with a statewide geographic area. Topics and issue areas we intend to address include, but are not limited to:

* Strategic business planning;
* Organizational culture change (including staff qualifications, characteristics, inter-organizational operations);
* Developing and structuring community-based networks;
* Marketing and sales strategies to integrated care entities;
* Communicating and negotiating with health care providers/plans;
* Scaling up (e.g., workforce development, cash flow/capital);
* Quality – defining and measuring outcomes, monitoring, setting standards;
* Accepting and managing risk; and
* Information technology strategies.

The Missouri team proposes to work with these integrated health care entities:

* Primary Care Health Homes: The Missouri Primary Care Association is Missouri’s federally designated primary care association, representing the Federally Qualified Health Centers.
* Community Mental Health Center Health Homes: The Missouri Association for Behavioral Health Care represents 26 behavioral health care providers from across the state.
* MO HealthNet managed care providers; which include Missouri Care, United Health Care, and Home State Health

Adults with I/DD experience poorer health outcomes than people without I/DD. These disparities mean that people with I/DD are more likely to:

* Live with complex health conditions
* Have limited access to quality health care and health promotion programs
* Miss cancer screenings
* Have poorly managed chronic conditions
* Be obese
* Have undetected poor vision
* Have mental health problems and use psychotropic medications

<http://www.cdc.gov/ncbddd/developmentaldisabilities/index.html>

Missouri’s local DD agencies who provide TCM and providers of HCB services (in particular, providers of residential supports) report challenges in ensuring health care needs of those whom they support are met. Challenges include, but are not limited to

* The aging of primary care providers: As these experts, many of whom may have provided primary care for an individual with I/DD since their birth, retire or pass away, they are replaced with a new cadre of providers. Many of those are recent graduates who may have had extremely limited experience with individuals with I/DD during their education and residency.
* Lack of access to oral health care: Of Missouri’s 3200 licensed dentists, only 589 are enrolled with MO HealthNet, and of those only 400 filed a claim during the past year. While the MO HealthNet managed care plans have a contractual mandate to ensure access, as mentioned earlier, most individuals with I/DD are not enrolled with managed care and are served through the fee-for-service system.
* Lack of access to behavioral health care: The health home program is a resource for individuals with I/DD; however, only a fraction of individuals with I/DD with a qualifying diagnosis are participating in health home, and that program does have limited capacity. In addition, it has been noted that many providers in the DD system do not understand the benefits of the health home program, and have actively discouraged enrollment of the people they support, and in some instances, have even convinced the individual or guardian to decline the service.

Missouri’s health home providers have encountered challenges in effectively serving individuals with I/DD. Because individuals with I/DD represent approximately 1.58% of the general population and 7% of the Medicaid population, it is difficult for these integrated systems to specialize their health care delivery models to most effectively serve this relatively small population. Individuals with I/DD who have residential supports (approximately 7,000) and who are also enrolled with a health home, have what could be considered a “Gold Card” access to health care, in than each has a residential provider responsible for LTSS 24/7 plus at least 1.25 hours of RN services each month, and a support coordinator employed by a local agency or the Division of DD who provides TCM addition to the health home. However, the issues identified previously exemplify some of the challenges that are experienced at the local level.

Missouri is including several statewide provider associations on our team, as we believe these partners will lend experience and expertise to the learning collaborative from across the continuum. Also, the associations collectively represent hundreds of local community-based organizations serving over 160,000 Missourians, and will take responsibility to educate their members on the strategies and techniques we will gain from this initiative. These team members will play a vital role in ensuring sustainability of the activities of the Business Acumen Learning Collaborative beyond the scope and time period of this initiative. In addition, these organizations are influential with policy makers, and will advocate for funding and legislative actions necessary to change the system to more effectively meet the health care needs of the target population.