|  |
| --- |
| **Overall Aim / Objective** |
| Create an integrated system that demonstrates improved health outcomes, reduced costs, and increased stakeholder satisfaction through building collaboration and CBO capacity for people with IDD who are aging and/or living with co-occurring conditions |
| **State Team Members** |
| * State Agencies: Department of Mental Health, Division of Health & Senior Services, Department of Social Services (Medicaid) * Quasi-Governmental Agencies: Area Agencies on Aging, Senate Bill 40 Boards (County) * University Center for Excellence in Developmental Disabilities * Non-profit and for profit service agencies * Trade Associations for service provider networks * See attached roster of individual contributors |
|  |
|  |
| **Team Achievements & Successes, as of January 2018** |
| * Common vision and partnership to work toward better solutions. * Robust meeting agendas involving individual contributors educating group on services outside traditional scope, individual contributors using their contacts to gather information from other states and sharing information, agencies currently contracting with MCOs are scheduled to speak with the learning collaborative this month and MCOs will join a meeting in March or April. * Calls with several states or providers from those states scheduled or in process. * We have identified more than 7,000 individuals who currently have a developmental disability and are in managed care. Working to identify opportunities our providers might have to contract with an MCO on these individuals. * Local resource book in development. |
| **Team Lessons Learned, as of January 2018** |
| * Still gathering information and too early in process. |

|  |
| --- |
| **Team Achievements & Successes, as of August 2018** |
| * Managed Care Organizations. Numerous discussion around managed care. Panel discussion with Missouri’s MCO’s and TCM providers to sell the value of their case management services. Vaya representative from NC traveled to Missouri to share their system approach as well as phone interviews with representatives from other state’s systems. Resolved to support movement toward managed care not as a business entity but as a business model. Agree that moving system forward under that framework would yield positive results regardless of whether Missouri goes down the traditional managed care path in the future. * Health Home Partnership. Launched a pilot in St. Louis with two service providers, one TCM provider and a community mental health center (CMHC) creating a partnership in health home model. Still working on details but will include some financial incentive for CBO but perhaps the biggest advantage will be access to physical and behavioral healthcare data to improve the sophistication of outcome systems, planning and programming. * AAA Partnership. Building partnership in Kansas City between AAA, service provider and TCM provider around strategic planning for the dementia care and the aging population. * Alzheimer’s Grant. The Division and TCM provider submitted for CMS Alzheimer’s grant. If awarded, will align with efforts in KC partnership. * Value Based Purchasing. Missouri received the IAP for VBP. The BA team put priority around developing statewide outcomes on hold to see what we could take away from the work of the VBP team. The VBP team presented their driver diagram to the BA team and explained the process. Also reviewed driver diagram developed by Division for a residential service with consultation from NASDDS. Will incorporate driver diagram for any services/programs developed for target populations. * Independent Living Centers. Recommendation from Services Advisory Team to include Independent Living Centers as qualified provider for home modification assessments in waiver renewals. Modifications will be important in program for dementia sensitive care services. BALC has opened up thinking toward integrated care across all of the Division’s efforts. * Show Me Summit on Aging. Division of Senior and Disability Services and Division of Developmental Disabilities presenting at Summit in September. Focus on building integrated system. |
| **Team Lessons learned, as of August 2018** |
| * Finding compromise around how to talk about managed care has allowed us to move the conversation forward. * Overcoming the negativity associated with Managed Care takes time and is difficult.  Getting people to understand that Managed Care is really about “value based” and is not necessarily associated with a particular health care management company is very important to the process moving forward. * Driver Diagrams creates focus to set outcome and organization around activities and drivers to guide the work. * I am not sure if these are lessons learned but we have gained a better understanding of MC and MCO, we learned about various structures for MC in other states and we are learning about opportunities and partners available now such as health homes, CHMCs, PACE. |