

The Future of Community-Based I/DD Services

The 2020 I/DD Executive Summit: Strategies For The Future

June 4, 2020

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We are a health services innovation company

OUR MISSION

Helping people live healthier lives and helping make the health system work better for everyone

UNITEDHEALTH GROUP®

Ranked **6th**
of the Fortune 500



A diversified enterprise with complementary yet distinct business platforms



OUR BUSINESSES

OptumInsight | OptumHealth | OptumRx®

As of Q4 2019 data

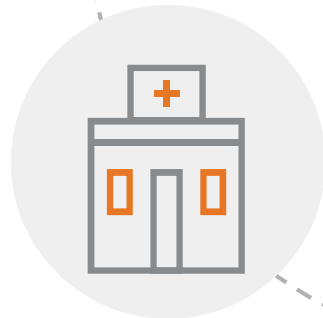
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Our capabilities

PHARMACY CARE SERVICES



HEALTH CARE DELIVERY



POPULATION HEALTH MANAGEMENT



- Prevention and well-being
- Advocacy and care management
- Behavioral health
- Intellectual / Developmental Disabilities
- Foster Care
- Specialty management
- Financial services

HEALTH CARE OPERATIONS



Market drivers

State budgets

- Pressures on state and local finances from the COVID-19 pandemic and resulting economic fallout are mounting and will quickly become severe.
- Federal policymakers have provided some emergency fiscal relief, but far too little to date.
- States appear on the brink of shortfalls that — based on historical patterns — could total more than \$500 billion.

Likely to result in budget cuts across States

Managed care considerations would be more important than ever

Current national landscape

- More than 5 million people live with an intellectual or developmental disability (I/DD) in the U.S.; **total public spend exceeds \$65B***
- Represents a **diverse community** of individuals with different talents and abilities across all cultural, economic, racial and ethnic backgrounds
- State I/DD programs are serving 680,000+ individuals in out-of-home settings: intermediate care facilities (ICF), group homes, skilled nursing facilities (SNF) and supported living (SL) settings
- New York state leads the nation in public spend at more than **\$10B* annually**

*Source: *State of the States in I/DD*, 11th Edition, 2017



Health issues of individuals with I/DD



3x the physical health issues of the general population¹



2x the anxiety and mood disorders of the general population³



Women with I/DD **5x** more likely to suffer sexual abuse⁵



4x as many prescriptions written as for the general population²



Children with I/DD **3–6x** more likely to suffer abuse⁴



Of adults with I/DD surveyed, **>90%** had associated medical conditions⁶

Sources: 1., 2. Thomas Cheetham, MD, FAAIDD (2015); 3., 4. American Psychiatric Association (2000); 5., 6. American Journal of Mental Retardation (1995)

Demographic looming challenges for the I/DD system

Longer duration of services

Life expectancies for individuals with I/DD are approaching those of the non-disabled, which means longer duration of services.

1M will need new service and support structure

Many I/DD individuals have caregivers over the age of 60. This means that there are close to 1M additional individuals who will soon need a new service and support structure.



The long line of challenges individuals with I/DD, their caregivers, providers and states face daily



Aging population

Aging caregivers and individuals with I/DD with longer lifespans needing more services for a longer time



Community employment

Meaningful employment in the competitive workplace vs. isolation in ICFs and sheltered workshops



Quality health care

Access to high-quality clinical, behavioral, dental, vision and other specialty health care



Transportation

Accessible and/or supportive transportation enabling independence and employment



Community housing

Self-directed housing in the community and more options and opportunities for recreation and leisure activities



Direct Service Workforce

Providers attracting and retaining qualified workers to provide direct services to individuals with I/DD

New stakeholder expectations



Emphasis on improving individual lives

- New opportunities to participate in the greater community
- Choice of housing and leisure activities; more meaningful jobs
- Aligns physical, behavioral and HCBS services to ensure health and quality of life



Person-centered planning

- Enables people to control their own services and shape their own lives
- Supports focus on the individual's goals
- Individuals in control; families and friends an integral part of the planning process



More predictable costs for states

- Measurable goals to comply with CMS
- Managed care to modulate the upward trajectory of FFS
- Eliminating the duplication and/or overlap of services

Pressing market issues today



Cultural shift to Home and Community Based Services (HCBS)



Loneliness

Many with I/DD experience loneliness as they move to independent lifestyles



Continuously changing landscape

Regulations, move to managed care, payment methods, current environment (COVID-19)



Amplifying voices of families and individuals

Need focus groups, facilitated conversations, increased support for choice and independence



Providers in state of flux

Continually changing health care environment (esp. given COVID-19)



Use of technology

Increase independence and decrease costs while protecting privacy and safety, dignity and respect; increased use in COVID-19 pandemic



Staffing challenges

Direct support professionals (DSP) turnover rate, 73% unemployment rate, need to build an employment culture



Natural supports

Looking for alternate sources of services/supports and the appropriate funding to provide services



Shifts in housing

Changes from congregate living to independent living



Employing those with I/DD

Championing recruiting and hiring those with I/DD

Key drivers for I/DD systems



Integrated delivery systems

- Viewing people holistically with a focus on enhancing quality of life
- Seeking positive outcomes through collaboration across the spectrum
- Seeking the right services by the right provider at the right time



Network administration

- Identify and recruit a broad spectrum of providers who understand the unique needs of people with I/DD and work to coordinate services
- Comprehensive 24/7 crisis supports network to address urgent care needs



Person-centered care coordination

- Clinical and functional assessments to guide person-centered care plans
- Development of individual care plans driven by the person and their needs



Quality assurance

- QI plans that value consumer feedback and comply with government regulations
- Development of outcome metrics and data analysis to help determine the effectiveness and efficiency of the service delivery system

Managed care on the horizon

Changing managed care landscape

An estimated 1.5 million people with I/DD enrolled in Medicaid



- 25% (approximately 360,000 consumers) are enrolled in a managed long-term services and supports (MLTSS) program in 10 states
- 22 states operate 26 Medicaid MLTSS programs; 10 of those states include consumers with I/DD
- Specialty vertical model operating in Arizona and Arkansas had a 250% growth from 2016 to 2019

There are four types of financing and delivery systems for I/DD MLTSS programs:

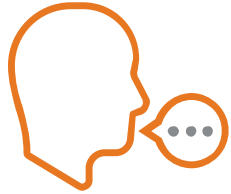
1. I/DD support services embedded in Medicaid acute care health plans
2. I/DD support services embedded in Medicaid LTSS health plans
3. Specialty vertical managed care models for I/DD consumers
4. Consumer-driven models for I/DD support services

Concerns about managed care and I/DD



- Would reduce costs by cutting services
- I/DD population would get “lost”
- Would ignore existing best practices
- Insufficient claims payment and administrative support for HCBS providers
- Would use “medical model,” which doesn’t acknowledge the importance of HCBS
- Emphasis on telephonic-based system versus face-to-face resources
- Increased administrative burdens

Medicaid managed care for individuals with disabilities



How to best coordinate HCBS and Medical?

- Whole-person perspective
- Support navigator
- Data essential for critical insights
- Centered around the individual

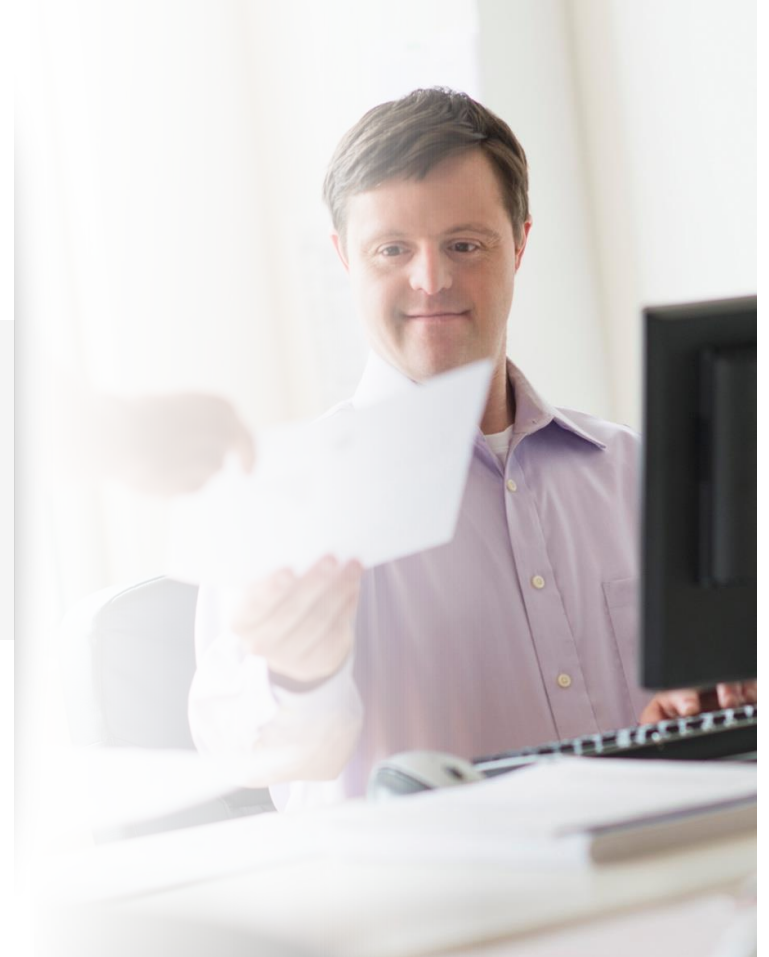


How does service delivery change under managed care?

- Comprehensive service integration
- Sharing data and information
- Coordination with medical plans
- New expectations of providers

Critical components of a managed care approach for I/DD

Support state administration and oversight	Involve individuals, advocates and other stakeholders	Utilize existing I/DD infrastructure
Match individual with appropriate services and resources	Improve care planning (ISP) to incorporate goals and aspirations	Help individuals on HCBS waiting lists access other programs and resources
Health homes	Support independent lifestyle with self-directed services	Maximize employment opportunities and housing options



Utilizing an informed approach in the managed care industry

- Engage the I/DD provider community, in-person, as early as possible
- Hire staff with local experience
- Provide in-person provider training
- Establish provider “helpdesk”
- Build comprehensive provider portal
- Pay claims on a timely basis
- Build provider partnerships
- Build relationships with individuals, families and advocates



Advantages of a managed care approach

Full integration and oversight of an individual's care and supports

- Medical
- Behavioral health
- Pharmacy
- HCBS
- Any other non-waiver and natural supports

Centralized support coordination and navigation

- Focus incentives on individual life goals and desired outcomes
- “Panoramic view” of an individual
- Consistent, conflict-free support planning
- Connect to resources outside of traditional provider networks
- Offer value-added services (transportation, technology assistance, housing, etc.)

Recognizing I/DD providers are *not* the same as other Medicaid-funded providers

Often small, with limited working capital reserves

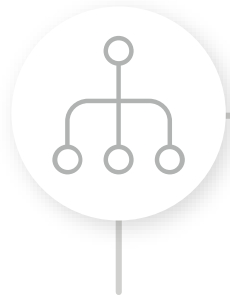
Have contact with the individuals they serve on a daily basis

Face challenges attracting and retaining qualified Direct Support Professionals (DSPs)

Are not familiar with working with MCOs

What to expect when doing business with MCOs

MCOs will ...



Have **more rigorous service authorization** procedures and controls



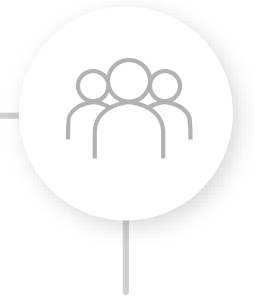
Have their own **network contract requirements and standards**



Institute **performance and quality metrics**



Encourage a **higher level of technology** sophistication



Expect **key leadership** competencies

Guidance for I/DD providers in preparing to work in a managed care environment



Update technology capabilities to better integrate with MCO systems and share information



Develop business cases on the value of your services



Consider alliances and partnerships with other providers to share investment costs



Build competencies



Conduct managed care “readiness assessment”



Forge partnerships with MCOs



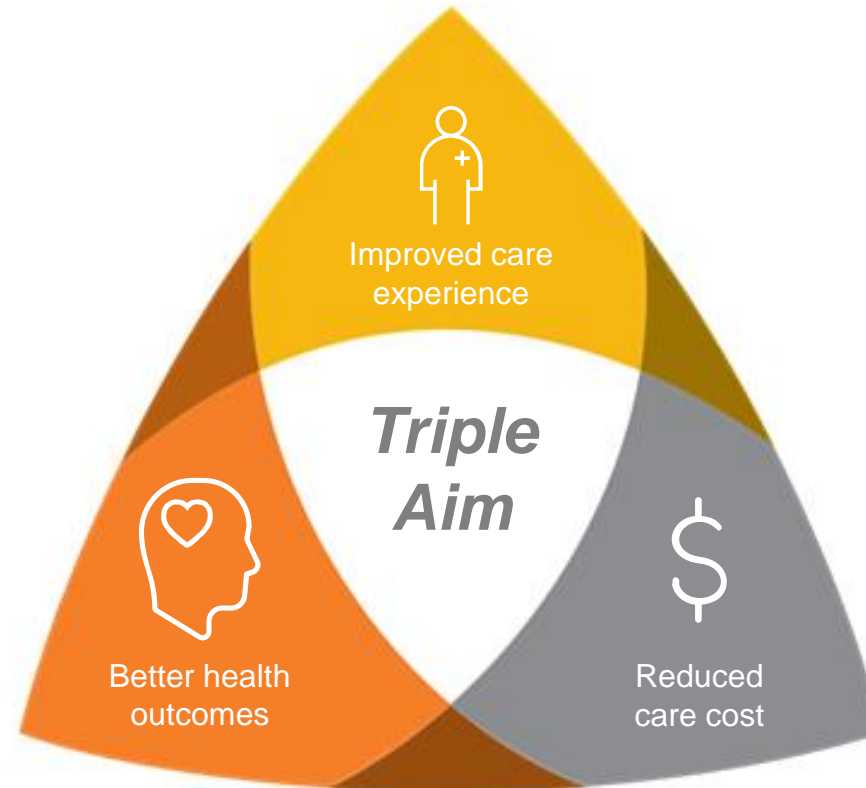
Affiliate with a larger entity who can perform managed care functions on your behalf

Care management for individuals with I/DD

Core elements of a complex care management approach

- Stratification and triage by risk/need
- Integration of services
- Designated care home and personalized care plan
- Consumer engagement strategies
- Provider engagement strategies
- Information exchange among all stakeholders
- Performance measurement and accountability
- Financial incentives aligned with quality care and health outcomes

Benefits of complex care management



An effective system starts with the individual at the center



Integrated solutions

Person-centered approach:

Self-determination

Built around innovative support model



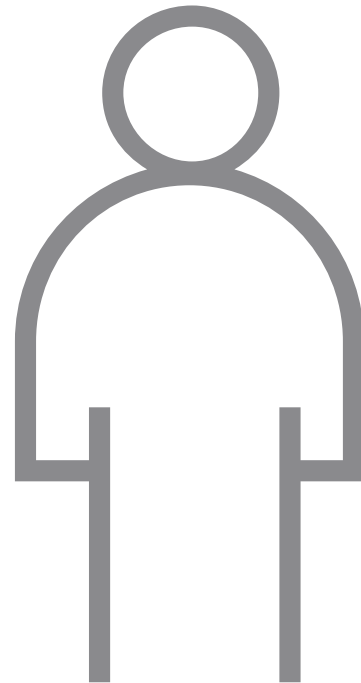
Self-advocacy

Same choices, opportunities and responsibility as others



Individualized plan

Services are driven by eligibility and individual needs



Carefully planned to:

Address

Fragmented delivery system



Strengthen

Person-centered planning



Improve

Quality of life and satisfaction



Our approach to service coordination

Support Navigators:

- Person-centered approach
- Promotes community contribution and participation

Support that is:

- Collaborative
- ISP update annually or as often as needed

Employment:

- Recognizes the satisfaction work provides
- Transitional support to workplace



Collaborative:

- Listens to learn member's goals, needs and aspirations
- Guides Individual Service Plan (ISP) development
- Relationship building across entire care team.

Advocates / service providers:

- Emphasizes continuity
- A trusted collaborator

Optum technology solution - OSSM

Optum Supports and Services Manager (OSSM) components

Utilization Management

Manage service and supports authorizations: providers, dates, rates, units, real-time totals to budget management, etc.

Individual Portal

View alerts, appointments, service plans, authorizations, control support team access, add notes, amend plan, electronic signatures, team members

Provider Portal

Access to authorizations, claims and referrals. Upload and entry of claims, request authorizations

Network and Claims Management

Interfaces with Optum contracting and credentialing system(s), supports all HCBS provider types, coding, edits, adjudication, and payment of HCBS claims, Medicaid eligibility (834), claims (835/837), ADT, etc.

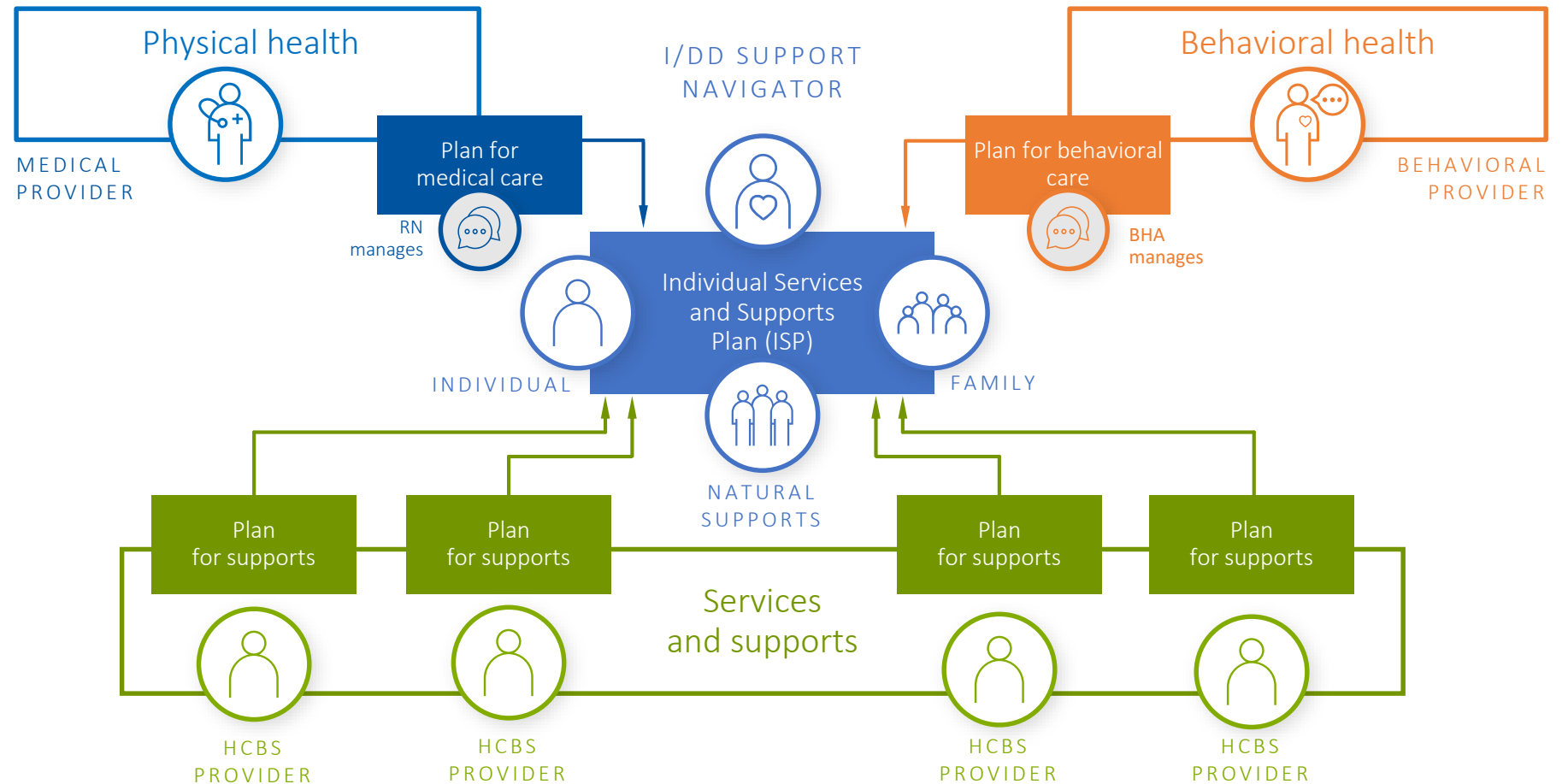
Care Coordination

Eligibility, assessments, support plans, waiver budgeting, notes, enrollments, tasks, etc.

Full-risk MCO Solution

Integrated support team comprised of clinical and support services, as well as participants

The I/DD Support Navigator owns the Individual Services and Supports Plan and ensures all provider plans are incorporated.



What is needed to achieve integration – I/DD, BH and PC

Review of research and literature on best practices

- I/DD Health Homes
- START crisis intervention and prevention
- Intersystem service planning
- Interdisciplinary teams
- Tertiary specialists
- Recovery focus
- Education and training of health care professionals
- Provider accommodations to treatment room setup, approach and duration
- Meaningful quality measures
- Incentives
- Active engagement
- WRAP planning
- Appropriate assessment tools (DM-ID)
- Psychotropic medication monitoring
- Increased medical screening
- Strong community advocacy relationships

NACBHDD survey on integration

What outcomes for this population (those with DD and MI) are you tracking and what are you learning from this data?

1. **None (11)**
2. Access to BH (7)
3. Behavior (6)
4. Independence (6)
5. Contact with criminal justice system (5)
6. IP use or diversion from IP (5)

What specific services do you offer for individuals with DD and MI?

1. **Psychiatry (97%)**
2. Care Mgmt/Care Coordination (93%)
3. Crisis Intervention (93%)
4. OP Counseling (89%)
5. Transportation (80%)

What best practices or evidence-based practices inform your service delivery for individuals with DD and MI?

1. **CBT (18)**
2. DBT (12)
3. Person-Centered Planning (8)
4. Trauma-Informed Care (8)
5. Motivational Interviewing (6)

NACBHDD survey on integration (cont.)

What do you feel are key components of an ideal system of care for individuals with DD and MI?

1. **Care Mgmt/Care Coordination (82%)**
2. Crisis Intervention (74%)
3. Psychiatry (65%)
4. OP Counseling (60%)

What challenges are you experiencing in treating individuals with a dual diagnosis of DD/MI and how have you addressed those challenges?

1. **System Barriers (89%)**
2. Lack of Knowledge of How to Diagnose (76%)
3. Inadequate Funding (72%)
4. Lack of Collaboration Across Systems (66%)

What gaps exist in service delivery for individuals with DD/MI?

1. **Psychiatry (67%)**
2. OP Counseling (61%)
3. Crisis Services/ST Stabilization (52%)
4. Respite (50%)
5. Residential (50%)
6. Transportation (49%)
7. START/SKILLS (46%)

How have you approached culture and language differences of the two care delivery systems (i.e. DD and MI)?

1. **Joint Systems Discussion/ Collaboration (20)**
2. Still a Challenge (11)
3. Training on Both Systems (11)
4. Integrated Care Training/Delivery (6)

Support for I/DD is support for the entire life

Although 85 percent of an individual's Medicaid expenditures comprise waiver services and institutional care, we are responsible for managing services across their life span and all areas of their life



Mark



Time alone



Pre-vocational training



Time with friends



Volunteering



Job discovery



Medical care



Neighbor transportation



Behavioral health care



Community center



Supportive living



Family time

We support 100% of Mark's life and his life transitions (childhood to adulthood, housing transitions, aging parents)



Natural supports
\$0 PMPM



Medical and BH services
\$525 PMPM



Waiver services
\$3,850 PMPM*

Optum has incorporated the Charting the LifeCourse framework

Life Stages and Life Domains



Meaningful Day & Employment:

What you do as part of everyday life – school, employment, volunteering, communication, routines, life skills.



Community Living

Where and how you live – housing and living options, community access, transportation, home modifications.



Safety & Security

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.



Healthy Living

Managing and accessing health care and staying well – medical, mental health, behavior, developmental, wellness and nutrition.



Social & Spirituality

Building friendships and relationships, leisure activities, personal networks, faith community.



Citizenship & Advocacy

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.



Transition

Transitions from school to adult life – realizing school is almost over!



Adulthood

Living life as an adult



Aging

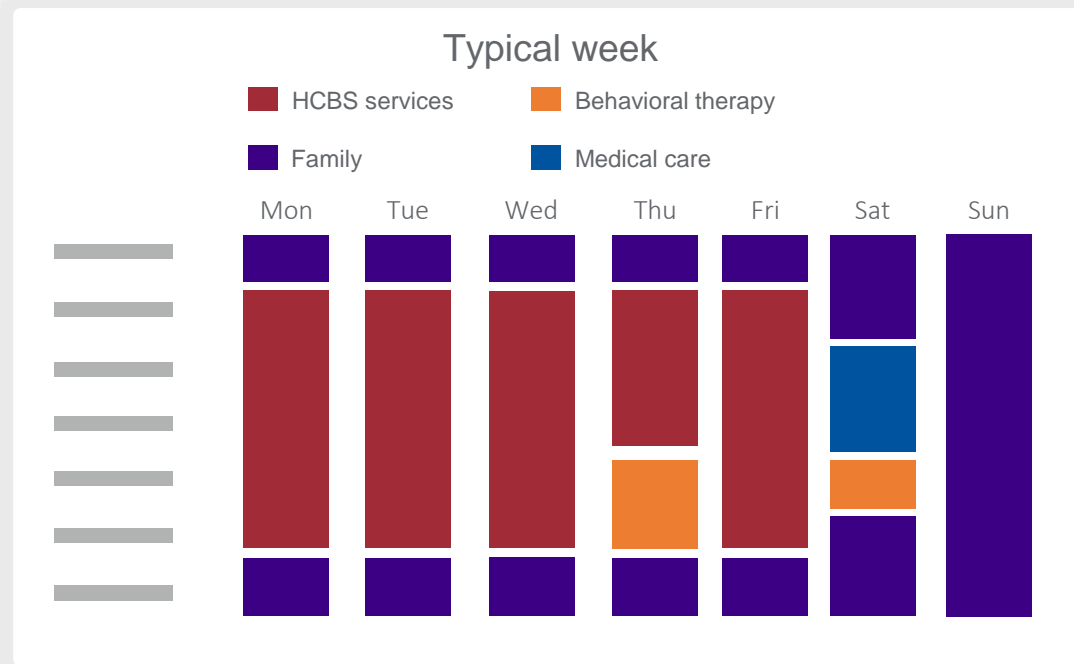
Getting older and preparing for end of life (parent/family/individual)

Source: LifeCourse website, <http://www.lifecoursetools.com>; used with permission.

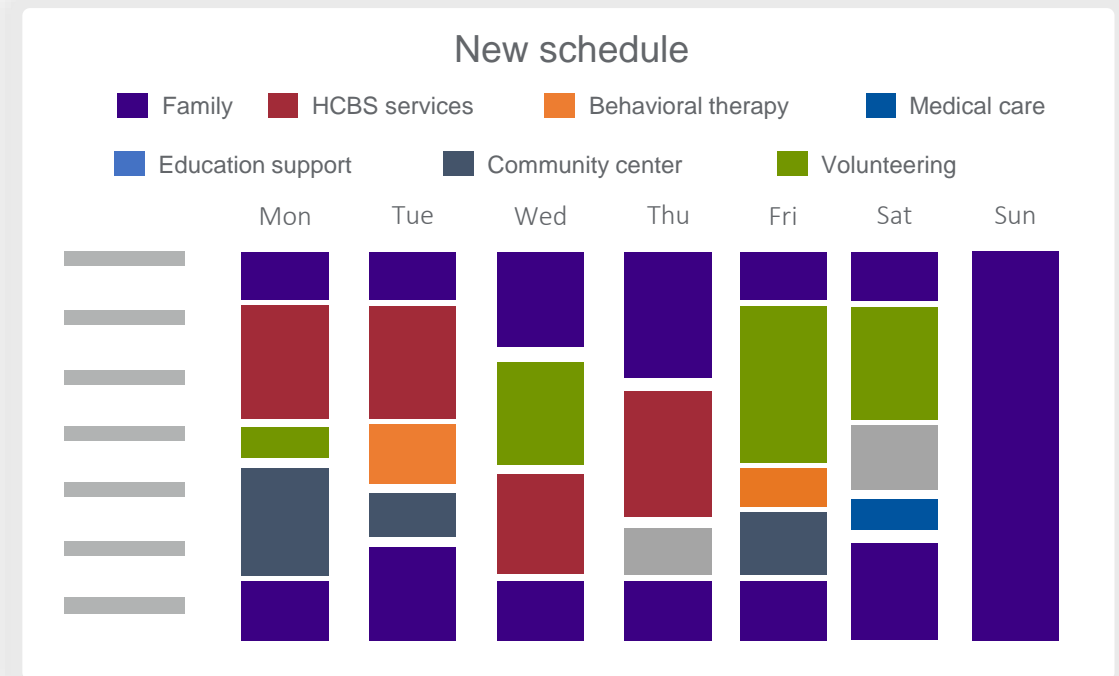
Helping them build, maintain a more colorful life

Effective support in all areas of life results in less focus on paid services and more emphasis on community inclusion.

Before



After



Hypothetical example shows 7-8%* of dollars converted from paid services to community supports



*December 2011, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, *The PBH Managed Care Experience, A Comparison to Non-Managed Care Local Managed Entities*

Observations, trends and thoughts on provider/MCO partnerships

Medicaid agencies: Charting a strategic direction

- “Think bigger” in regards to scope
- Strengthen approach to managed care
- Redesign payment
- Enhance their special needs strategy
- Measure public health return on investment
- Assess provider market role
- Consider interactions between Medicaid and other state healthcare markets
- Harness innovation
- Ensure program integrity across the state and managed care
- Improve quality measurement
- Improve stakeholder engagement
- Simplify member interface
- Deploy advanced analytics
- Improve data transparency



The health care space



Emphasis on value-based care



Greater need for access to affordable and quality care



Increased focus on individualized care



Attention to effectiveness of approaches



Importance of member engagement



More application of digital health



Increased use of analytics capabilities

Organizational health is critical to success of transformation efforts

- One of the most common pitfalls is neglecting to identify and pursue the changes needed for organizational health—how well an organization sets and aligns on a direction, executes priorities, and renews itself over time to sustain its financial and operational results.
- Good organizational health reflects a company's culture, behavior, and management practices.
- Some common areas of focus: direction, leadership, the work environment, accountability, coordination and control, motivation, capabilities, external orientation, and innovation and learning.
- The relationship between organizational health and performance is just as important for providers as it is for any other industry.
- Drive performance by developing and deploying strong leaders and supporting them with coaching, training and growth opportunities.
- Innovating at all levels, and understanding your customers and competitors
- Continuous improvement – get all employees involved in driving performance
- Create value by attracting top talent

Focus on value-based purchasing

Defining value



Value

=



**Increased
Quality**

+



**Decreased
Cost**

x



**Service
Volume**

Therefore...

In order to define value,
we need to define
Quality

If we don't define quality in a way that is meaningful to all of the different stakeholders in the system, the only way to improve value is to reduce costs

Key areas of focus for VBP in I/DD

Medical and I/DD Providers

- Health and wellbeing
- System performance
- Effectiveness/ quality of services
- Productivity
- Medical indicators (height, weight, BP, HbA1c, etc.)
- Equity
- Workforce

Only I/DD Providers

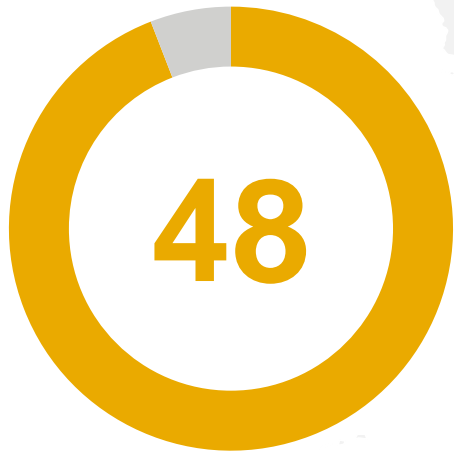
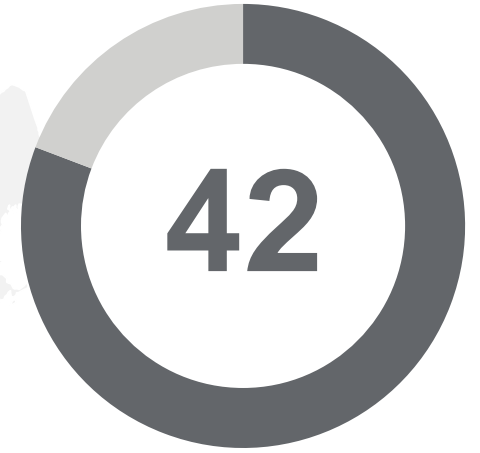
- Person-centered goals
- Personal preferences
- Seclusion and restraint
- Employment status
- Relationships
- Community inclusion
- Family engagement

Quality measurement in HCBS is evolving



States with at least one quality measure

States that measure community integration



States that measure beneficiary quality of life


States that use LTSS rebalancing measures




Source: Kaiser Family Foundation, Key State Policy Choices about Medicaid HCBS Services, April 2019.

In support of goals


Payment reforms should support goals for HCBS services for people with I/DD



Helping individuals with I/DD achieve life goals



Helping people move from institutions to home, family and community settings



Providing stability and develop lifelong relationships and trust with individuals and families



Empowering people with disabilities to make their own life choices



Advancing self-direction



Supporting families and caregivers

Source: ANCOR, "Advancing Value & Quality in Medicaid Services for Individuals with Intellectual and Developmental Disabilities," January 2019.

Alternative payment models (APM)



**Pay-for-
performance
(P4P)**



**Bundled
payments**



**Shared
savings**



**Full
risk**

Value-based payment challenges

- Individual & family engagement
- Workforce challenges
- Problem of small numbers
- Developing payment methods
- Culture change
- Provider capacity to track, report, etc.
- Payer/Provider collaboration
- Care coordination
- Accurate attribution

State programs that are leading payment innovation



New York: Fully Integrated Dual Advantage plan for people with I/DD dually eligible for Medicare and Medicaid; health home care coordination models; shared savings program



Pennsylvania: Provider-lead adult **Community Autism Program** accepts risk and shares risk with providers, provides flexible services provision and has a strong staffing approach



Tennessee: **Employment and Community First Choices Program** provides integrated, comprehensive service package of physical, behavioral, and LTSS through commercial MCOs. Expanded to I/DD in 2016; focus on training and career ladder for direct service workers

What Optum is building in this VBP arena for I/DD



- Potential to increase efficiency, quality, and flexibility in service provision
- Improve services, allocate more resources, and show the successes of programs
- Advance community integration, individual independence, supporting life goals
- Stakeholder participation
- Promote maximum flexibility
- Promote coordination of physical health services with LTSS and behavioral health.
- Reduce system complexity and administrative burdens
- Promote the use of technology
- Assure high levels of accountability and transparency to providers, individuals and governments and assure effective and efficient use of resources

Building the bridge to payment innovation

Success will
require a
commitment
to address:

Technical issues (such as risk,
payment methodology, quality measurement)

Leadership issues (such as
fostering collaboration with payers and other
providers, engaging individuals and families)

The impact of COVID-19 on provider systems

COVID-19 impact on systems

Highlights from an April 2020 American Network of Community Options and Resources (ANCOR) survey

68% had to close one or more service lines;
resulting in **32%** average loss of revenue

That revenue loss combined with the additional expenditures related to training, onboarding, and overtime accounts for about **40%** of annual revenue

About 50% of organizations serving individuals with I/DD would not be able to stay in business for much more than **1 month** given their financial resources

Among the challenges affecting the organizations:

- Staffing – **57%**
- PPE – **34%**
- Financial Concerns – **25%**
- Providing Services – **19%**

Challenge for providers

Survival

Economic sustainability

***Executive Blueprint for Crisis Management:
Building Resiliency in the Face of Adversity***
(available from *OPEN MINDS*)

**The *OPEN MINDS* Executive Blueprint
For Crisis Management:
Building Resiliency In The Face Of Adversity**

The Series: The *OPEN MINDS* Executive Blueprint For Crisis Management – Building Organizational Sustainability & Success In A Disrupted Market



Tuesday, April 7, 2020

Presented by Monica E. Oss, CEO, *OPEN MINDS*

www.openminds.com ■ 15 Lincoln Square, Gettysburg, Pennsylvania 17325 ■ 717-334-1329 ■ info@openminds.com

Provider crisis management and beyond (from Monica Oss)

Strong organizations invest in the foundational infrastructure for success

Strong
teams

Solid financial
management

Performance
reporting

Customer
relationship
management

Consumer
experience
optimization

Contemporary
clinical
practices

Optimized
operating
processes

And much
more

These “fundamentals” become important assets in a crisis—the framework for crisis management.

Provider crisis management and beyond (cont.)

More insights from
OPEN MINDS and
Monica Oss:

- Build replicable practices
- Synthesize available information and analyze the short-term and long-term consequences of various options
- Maximize the safety of consumers and staff

Planning for market disruption

OPEN MINDS' Executive Blueprint for addressing crisis has five key components:

1. A crisis management plan
2. A cash management plan
3. A plan for short-term revenue maximization
4. A plan for aggressive short-term business development
5. A strategic plan for post-disruption sustainability

In the current COVID-19 pandemic disruption, *OPEN MINDS* added:

6. a plan for virtual service delivery/operations
7. a plan for virtual revenue generation

States/Feds ensuring access


States are working rapidly to ensure that individuals with complex medical conditions and their families have access to necessary home- and community-based services during the coronavirus (COVID-19) crisis.

Under new federal rules, states can now temporarily amend programs serving Medicaid enrollees using long-term services and supports through waiver and state plan amendment applications.


- Add services, such as necessary technology and home-delivered meals;
- Relax cost and coverage limits;
- Expand service settings, such as to hotels and shelters;
- Permit temporary payment for services rendered by family caregivers or legally responsible individuals;
- Modify provider qualifications to expand provider pools;
- Loosen reporting requirements;
- Expand or institute opportunities for individuals to self-direct their services; and
- Allow telephonic and videoconferencing to continue services remotely in home settings.

Role of Medicaid in supporting providers


CHCS Blog, 4/28/20




Prioritize helping providers serving diverse populations




Collaborate with public health peers in disseminating new workflow protocols




Develop guidance to ensure equitable access to telehealth services




Ensure appropriate personal protective equipment




Provide guidance and require for MCOs and providers to identify and reach high-risk patients




Train and pay family caregivers



Ensure access to testing and antibody screening



Expand and sustain telemedicine services



Implement a learning forum for safety net providers

Role of States: Addressing health-related social needs

CHCS Blog 4/28/20

States can leverage existing Medicaid flexibilities to provide patients with the health-related services they need to quarantine effectively if infected and stay healthy if not, as well as to reduce health disparities.

Specifically, States can:

- Provide guidance to MCOs for covering value-added or in lieu of services
- Require providers to screen for health-related social needs
- Implement incentives for MCOs and providers to accelerate local partnerships
- Pursue “low hanging fruit” in terms of patient-level data sharing
- Collaborate with state human services agencies

Transitioning to new payment models

CHCS Blog 4/28/20

It is an opportune time to transition to more flexible payment models that can support the changes in care delivery.

Stabilizing providers financially will have positive downstream impacts on MCOs as well, helping them meet medical loss ratio requirements and support more predictable future capitation rate calculations.

State Medicaid agencies can consider the following approaches:

Seek CMS approval for retainers via 1135 waivers

Provide a monthly prospective per patient per month payment

Give hardest hit providers one-time grants

Implement incentive payments or parity payments for MCOs and providers

Pay for antibody testing and contact tracing

Avoid unfairly penalizing providers

Successful service planning

Optum is a corporate affiliate to the National Association of County BH and DD Directors (NACBHDD) and is bringing together healthcare policy experts from throughout the country to discuss various aspects of successful service programming.

Topics will include:

- Remote clinical operations best practices
- Services for special populations
- Staff burnout during remote operations
- Technology Solutions for COVID-19 Response
- The dos and don'ts of PPE
- Staff testing protocol: tracking and communication
- Strategic partnerships and crisis response
- Cares Act: A deep dive
- Effective community education campaigns
- Transition to traditional service delivery
- Behavioral health institutions in a post-Covid-19 world

Telehealth and virtual visits

- Increased use of telehealth and virtual visits will likely remain a fundamental part of the service delivery system after the crisis fades
- Telehealth is not the optimal solution for every consumer
- Treatment plans and protocols must be adjusted for a virtual platform

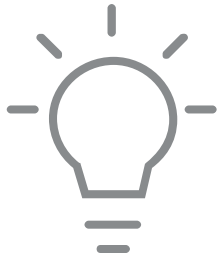


Emphasizing person-centered planning

Moving from a medical model to person-centered model

	Medical Model	Person-Centered Model
Authority	The authority is the medical director and/or health plan employee	The authority for this model is the person receiving services. Quality of life is defined by the person who lives it.
Control	We fix people and their problems	We support people and transfer control to them. We create opportunities for choice and freedom, including taking risks.
Focus of the Plan	Care is focused on problems, medical diagnoses, disability and deficits, using standardized assessments and treatments.	The focus is on the individual and his/her abilities, preferences, values and individual needs, goals and aspirations. Disability is only one of the characteristics considered, not the defining one.
Plan Span of Time	The plan is point in time, dynamic and can change at any point by the care coordinator/Support Navigator.	The plan is forward thinking and spans a year. The plan is written a couple of months in advance of the start date and is reviewed and approved and signed off on by all members of the team and the individual before put into action. Plans are also flexible and can be changed and amended during the year if required.
Plan Participation	The care team is made up of medical professionals who are appointed to the team, along with the individual and their family.	The support team is made up of people chosen by the individual. No team member may participate that is not chosen or approved by the individual.
Plan Goals	The goals of the plan are based on problems defined in assessments, diagnoses and by medical experts.	The plan goals are in first person, in the words of the individual, and are strength based. They are oriented around the domains of the person's life, such as Daily Living and Employment, Community Living and Citizenship and Advocacy. The plan is aligned with assessed clinical and support needs.
Decision Making	Professionals make major decisions about the plan and services; decision-making is centralized and the medical director has final approval.	The individual selects people to be a part of his/her support team and together they make decisions about the plan, led by the individual. Providers and medical experts are part of the team and are selected by the individual.

What can we do together? -



Develop ideas

to improve service delivery for I/DD individuals



Co-design incentive-driven programs

to help individuals reach their goals (from a “paid services” model toward an “outcomes” model)



Increase the dialogue

between MCOs and providers to maintain alignment on program goals

Thank you.

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