

Accountable Care Collaborative: Medicare-Medicaid Program Learning Symposium

October 29th and 30th

Day 1

Nov-15



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Symposium Objectives

- Build a shared understanding of the Accountable Care Collaborative: Medicare- Medicaid Program (ACC: MMP).
- Introduce and apply key tools for developing a strong team culture to support clients. Examine your font size
- Engage in peer-to-peer learning around key skills and best practices for care coordination.



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Welcome

- Introduce facilitators
- Katrina Branson from ConverSketch
- Webinar participants
- Housekeeping:
 - Experience wall
 - Bathrooms
 - Cell phones
 - Break rooms out back



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Speed Networking

1. What are you most looking forward to doing this weekend?
2. Describe what you like most about the work you do.
3. What are you looking forward to getting out of these next two days?



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Getting to Know Your Clicker



- Press the button that matches the answer you want
- The light will flicker when you vote
- It will register the last selection pressed before the poll closes



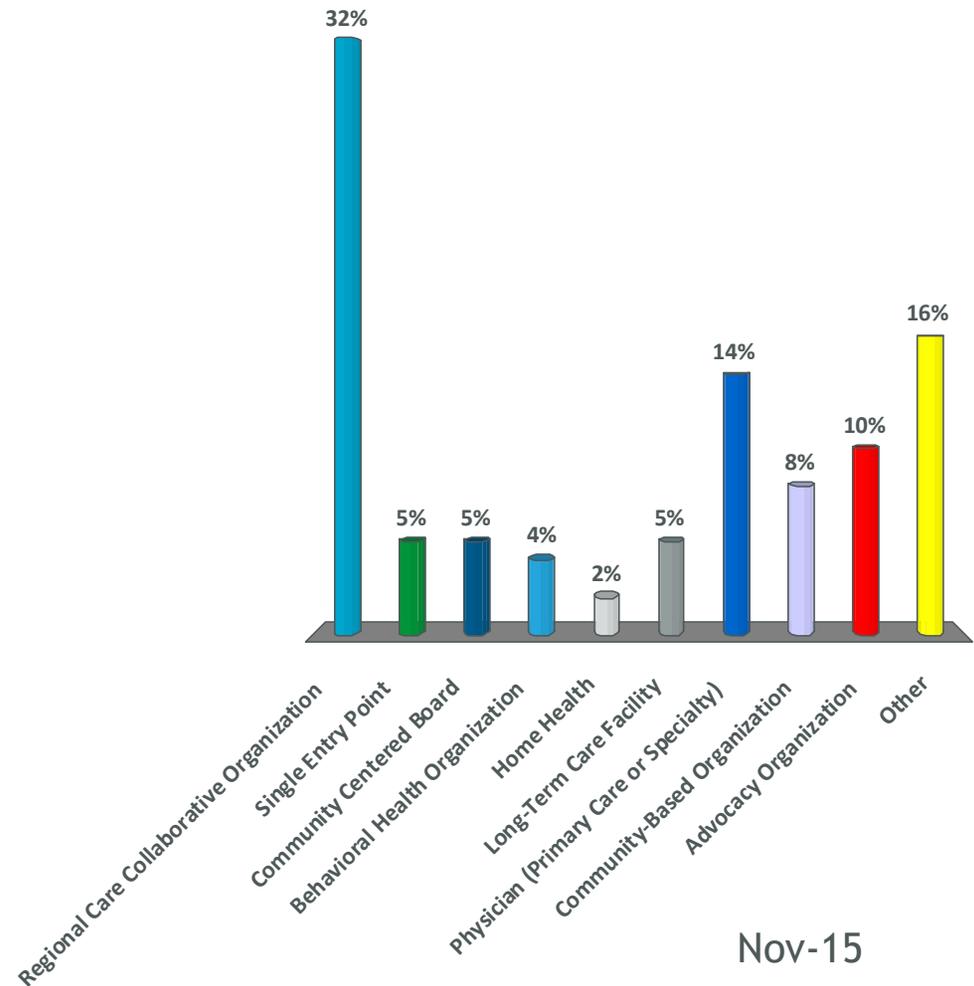
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Getting to Know YOU!

Who is in the room?

1. Regional Care Collaborative Organization
2. Single Entry Point
3. Community Centered Board
4. Behavioral Health Organization
5. Home Health
6. Long-Term Care Facility
7. Physician (Primary Care or Specialty)
8. Community-Based Organization
9. Advocacy Organization
10. Other



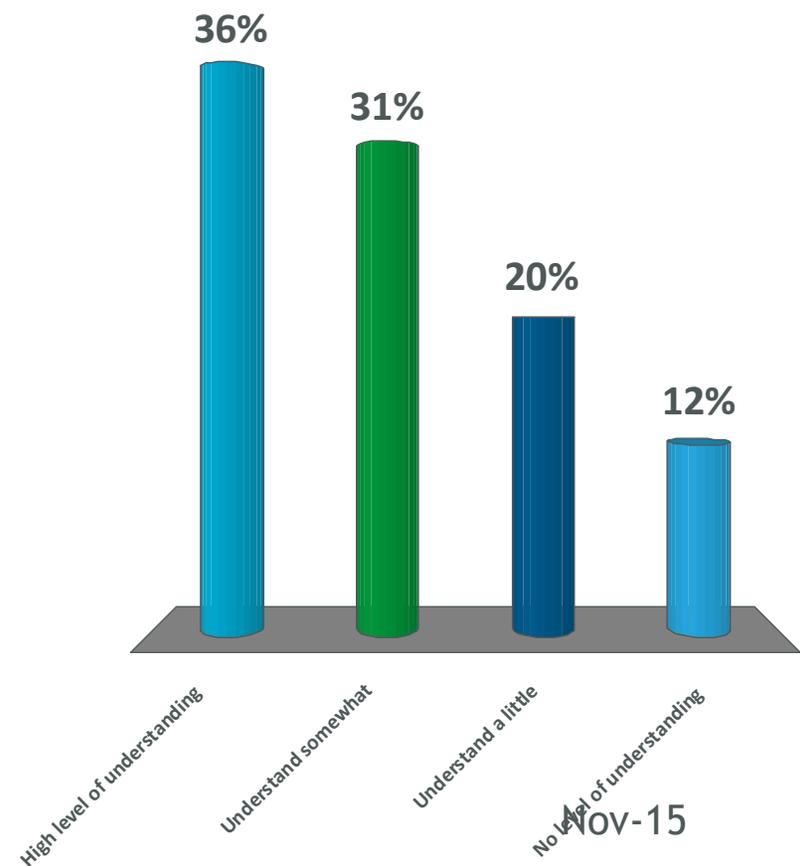
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Getting to Know YOU!

What is your level of familiarity with the MMP program?

1. High level of understanding
2. Understand somewhat
3. Understand a little
4. No level of understanding



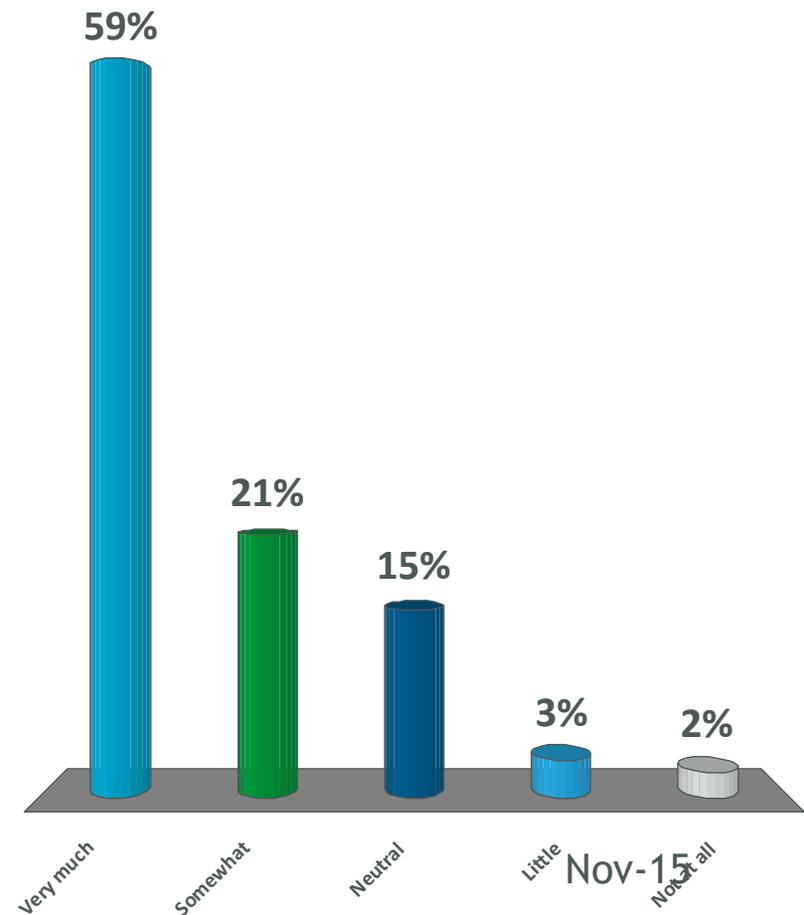
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Getting to Know YOU!

How much do you see person centeredness overlapping with teamwork?

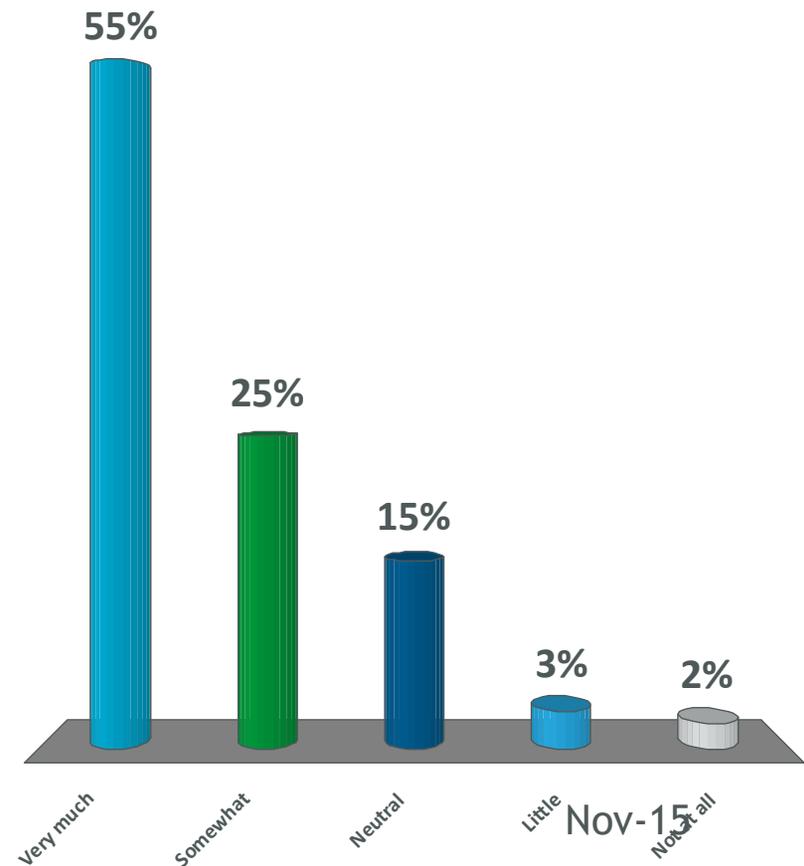
- A. Very much
- B. Somewhat
- C. Neutral
- D. Little
- E. Not at all



Getting to Know YOU!

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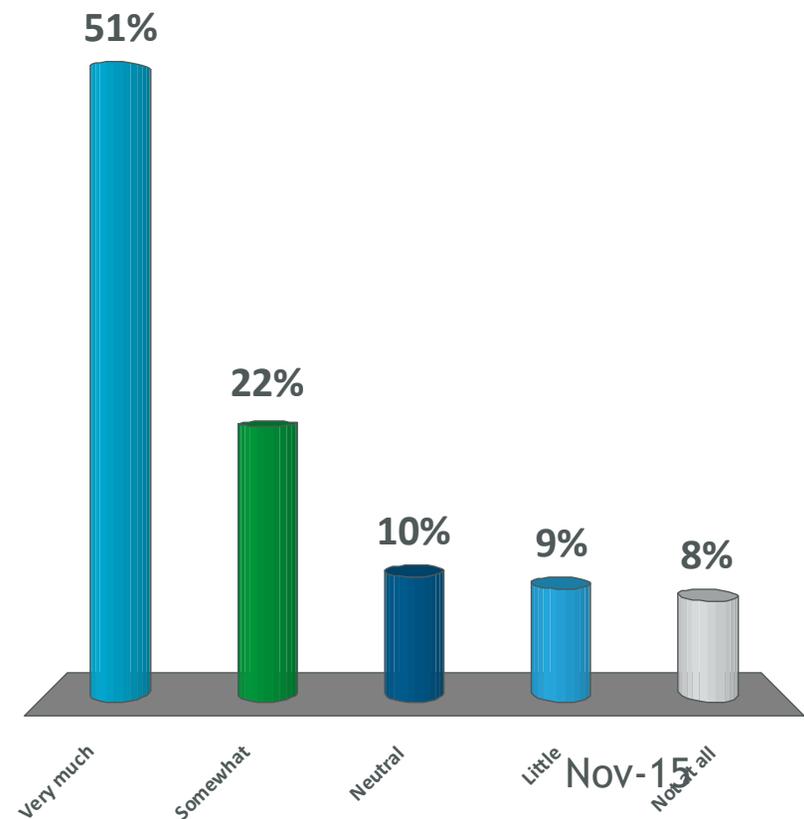
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Getting to Know YOU!

How much do you see yourself as part of a healthcare team?

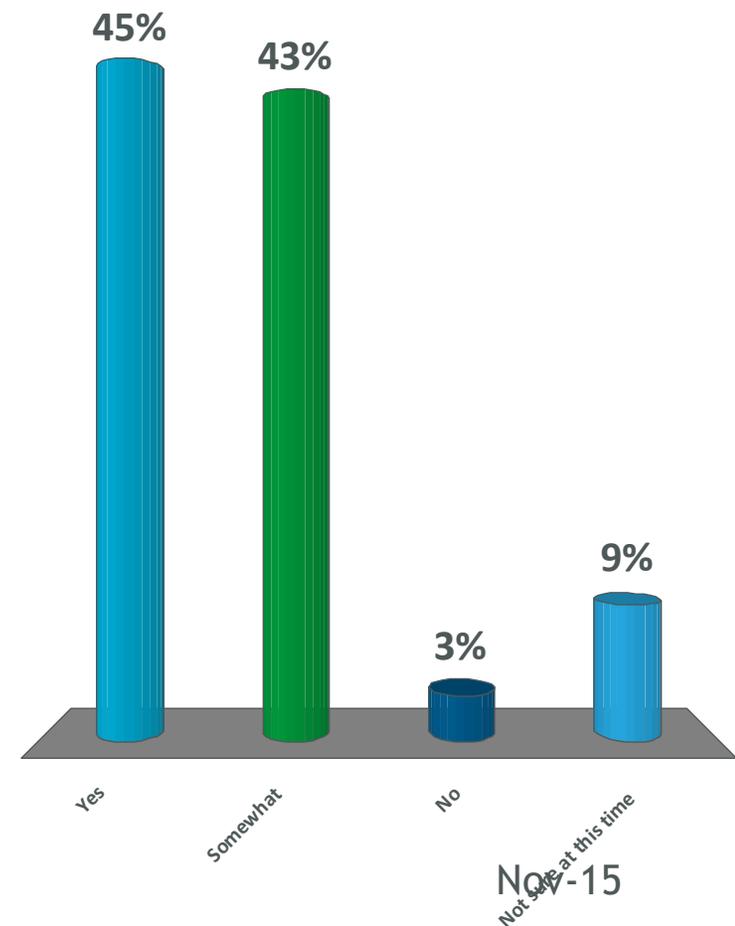
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- E. Not at all



Getting to Know YOU!

I have the knowledge and skills I need to help improve my team's performance.

- A. Yes
- B. Somewhat
- C. No
- D. Not sure at this time



State and National Perspective

- Gretchen Hammer, Medicaid Director
- Tim Engelhardt, Director for the CMS Medicare-Medicaid Coordination Office
- Jed Ziegenhagen, Director, Office of Community Living



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Questions, Concerns or Thoughts?



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Topics we will cover today

- Why a Federal Demonstration?
- National Context
- What we are doing in Colorado?
- The Power of Teams
- A Playbook for Effective Teamwork



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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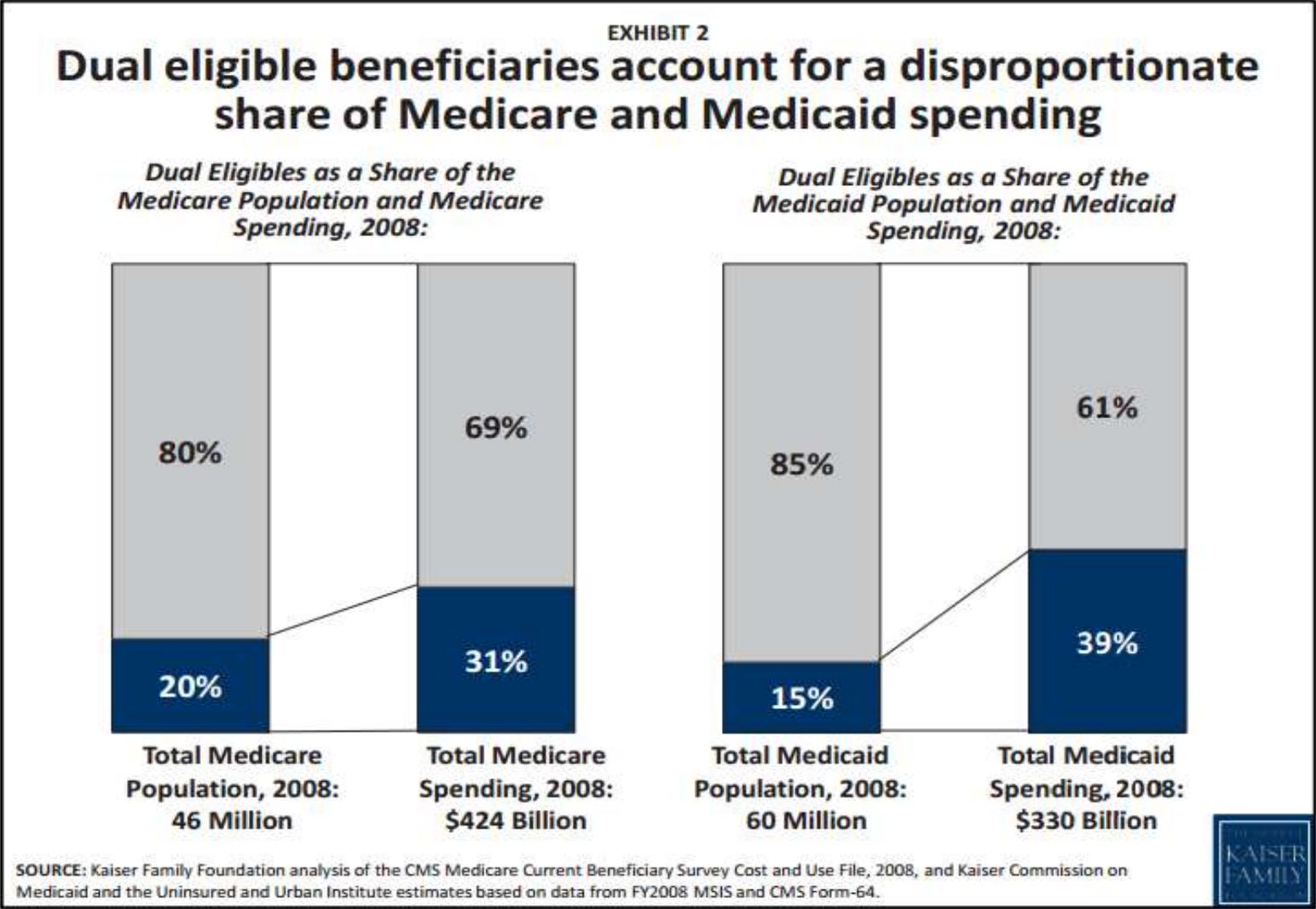
Federal Context



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Why a Federal Demonstration?



National Context



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What are we doing in CO?

Timeline (the big stuff)

- **November 2011:** First Stakeholder planning meetings
- **May 2012:** Proposal submitted to CMS; Subcommittee formed
- **July 2014:** MOU and Final Demonstration Agreement signed
- **September 2014:** Phased-in enrollment begins
- **July 2015:** Phased-in enrollment concludes
- **October 2015:** State-wide conference

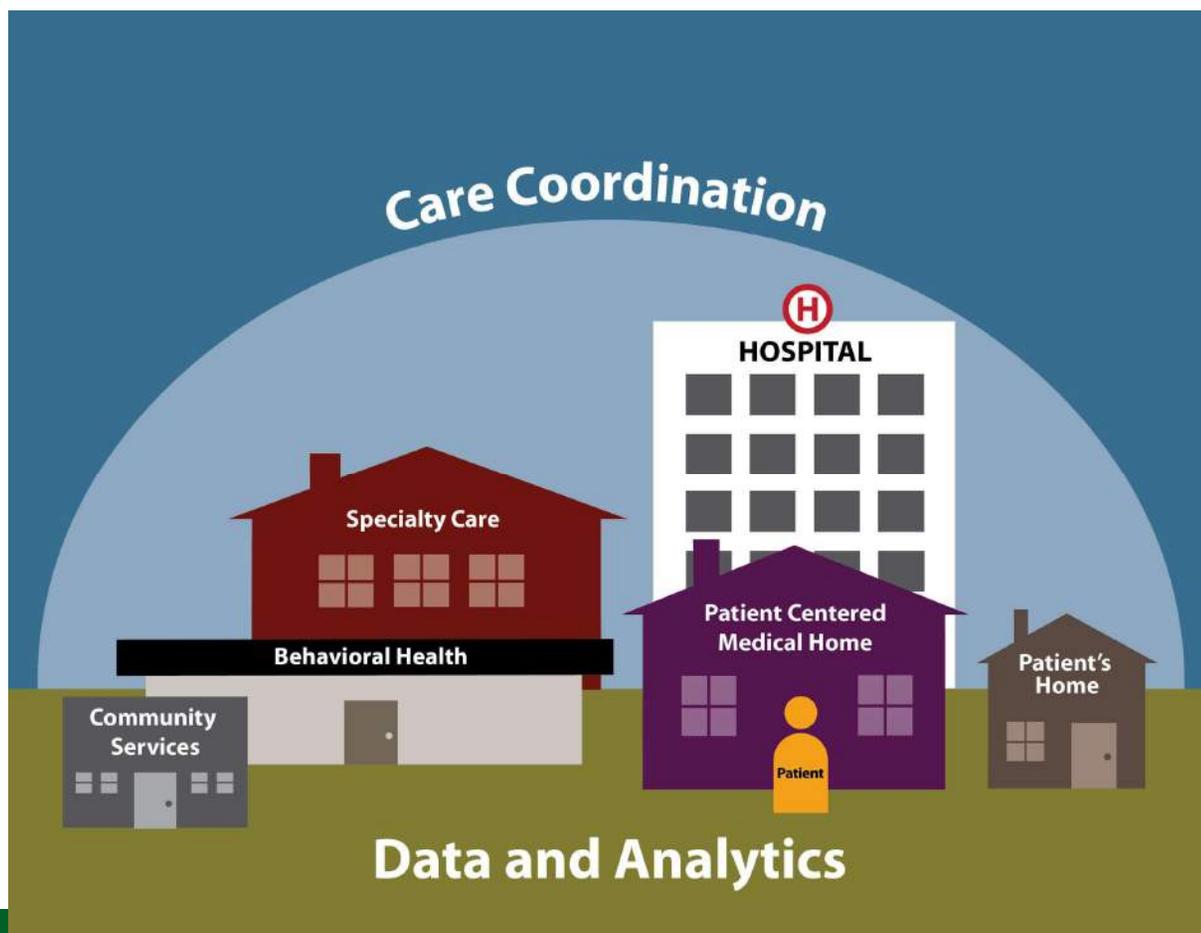


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What are we doing in CO?

- Using the Accountable Care Collaborative as the system of care for Medicare-Medicaid Enrollees (MMEs)

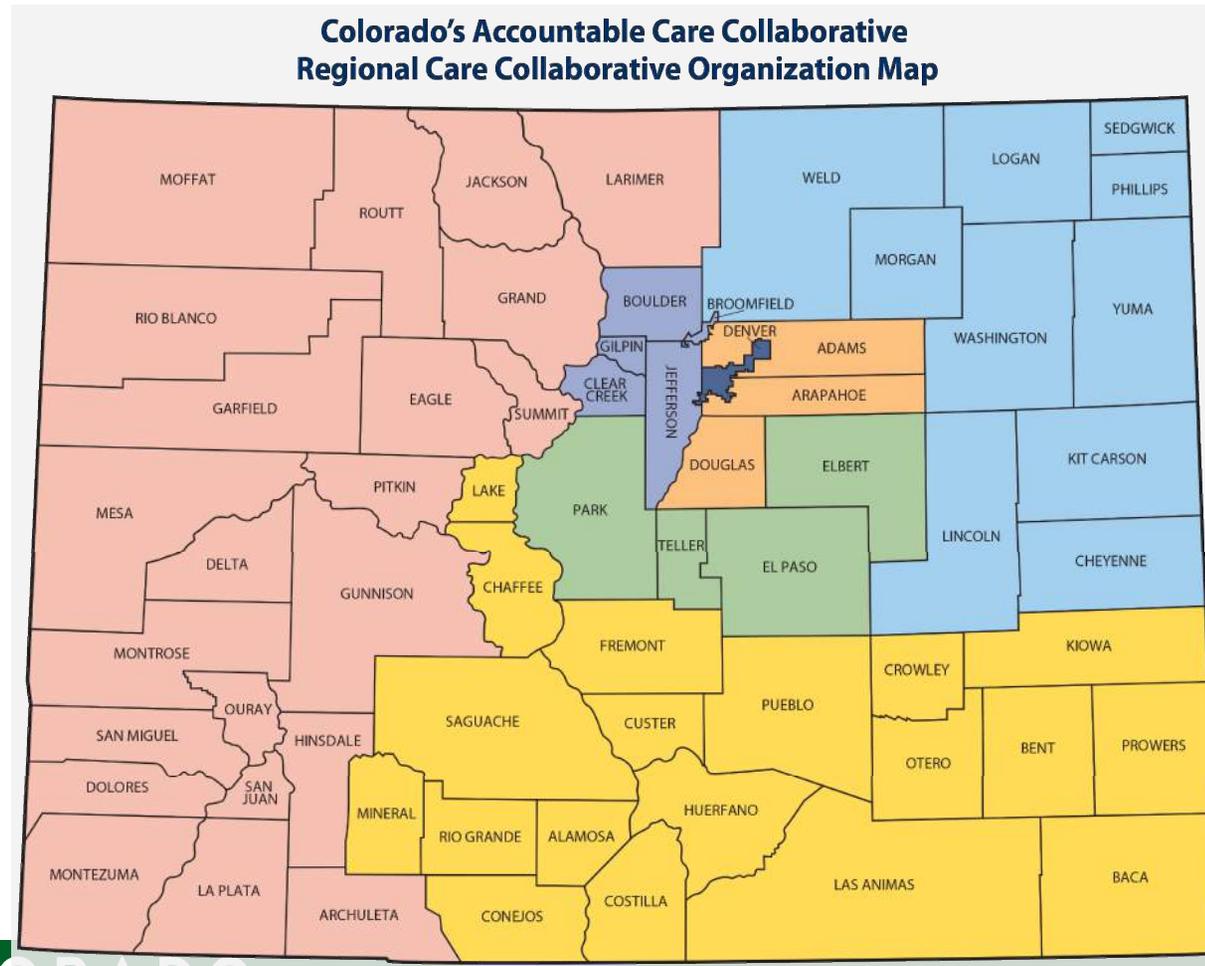


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What are we doing in CO?

- Regional Care Collaborative Organizations (RCCOs) are providing enhanced level of care coordination for all MMEs



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Colorado's Eligible Population

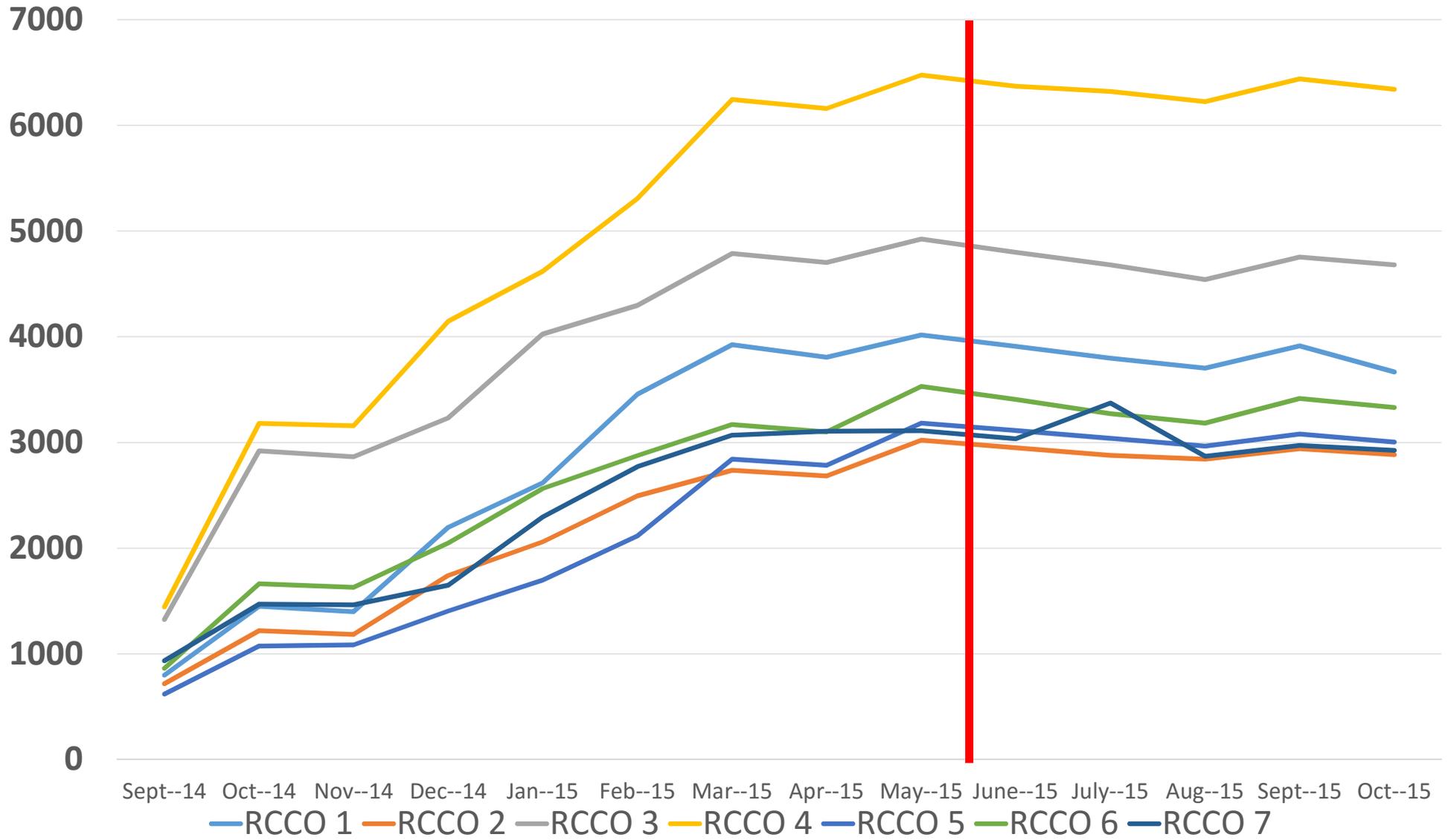
- ~32,000 Eligible *full-benefit* Medicare-Medicaid Enrollees
- As of Oct 1, 2015 just over 27,000 enrolled in the ACC: MMP
- Very vulnerable population - high prevalence of chronic and behavioral health conditions



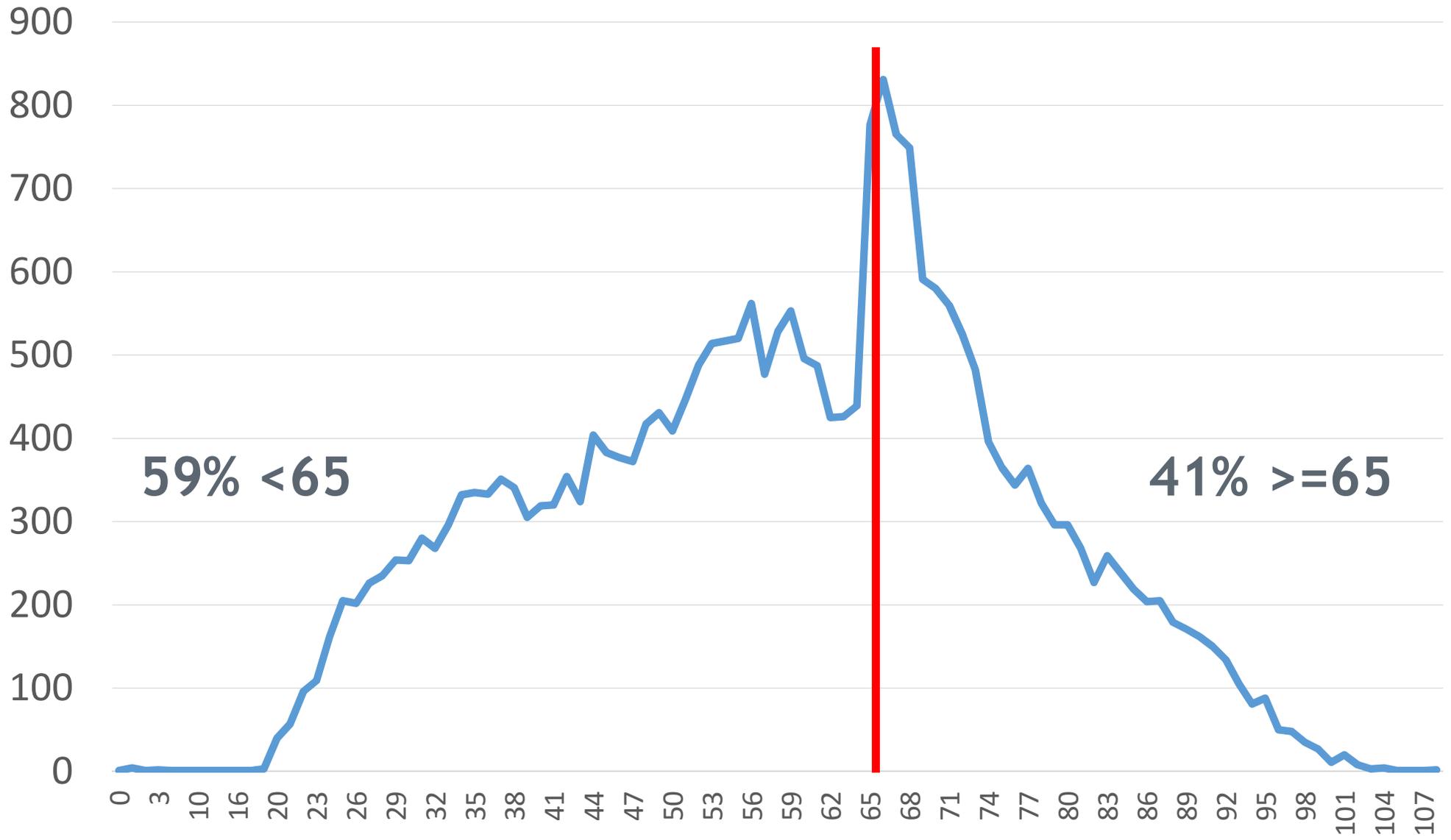
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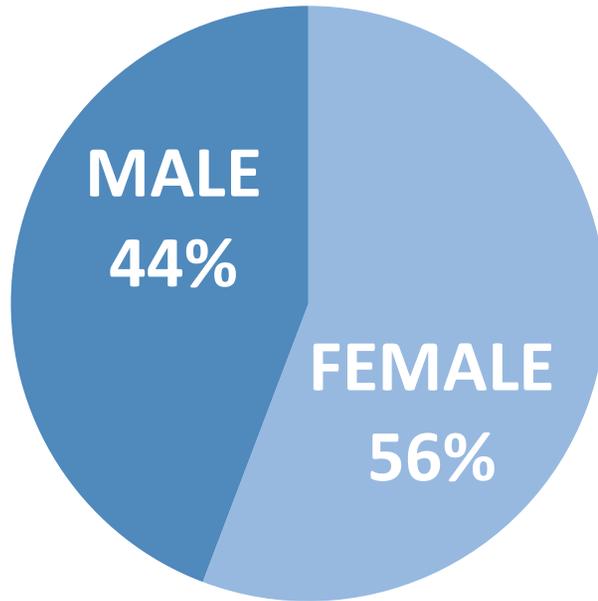
Enrollment by month, by RCCO



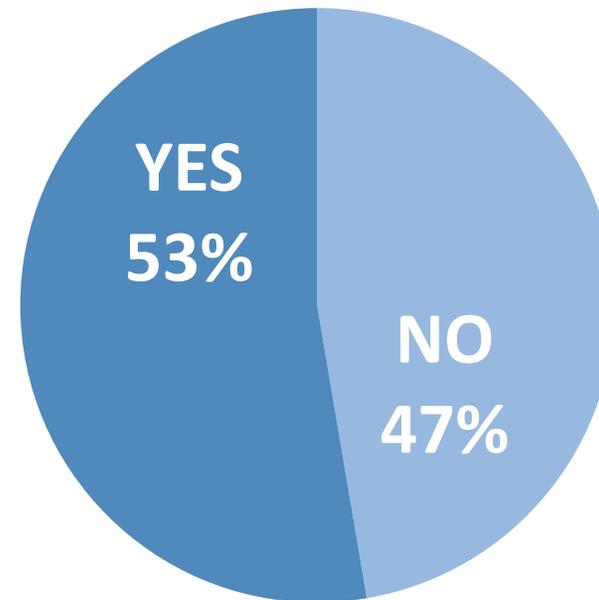
Number of Enrollees by Age, October 2015



Gender, Oct 2015

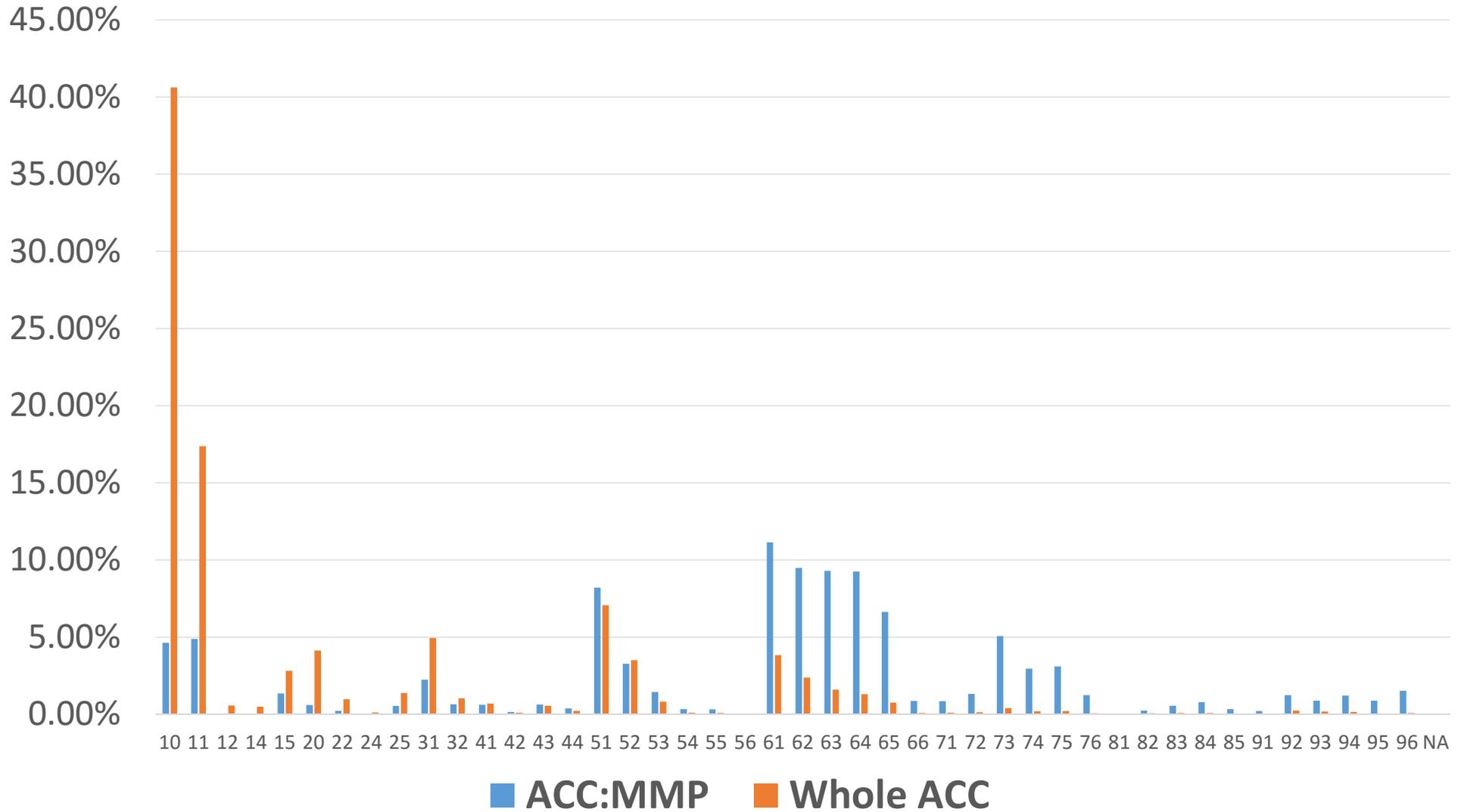


Disability, Oct 2015



Clinical Risk Grouping by % of population

ACC:MMP vs. Whole ACC



What happens when a client enrolls in the ACC:MMP program?

- ***Medicare and Medicaid benefits stay the same***
- ***Patients can keep same doctors***
- The RCCO will contact the client to offer additional supports and ask if the patient would like a Service Coordination Plan
- Clients have access to RCCO care coordinators who enhance coordination and connection to services



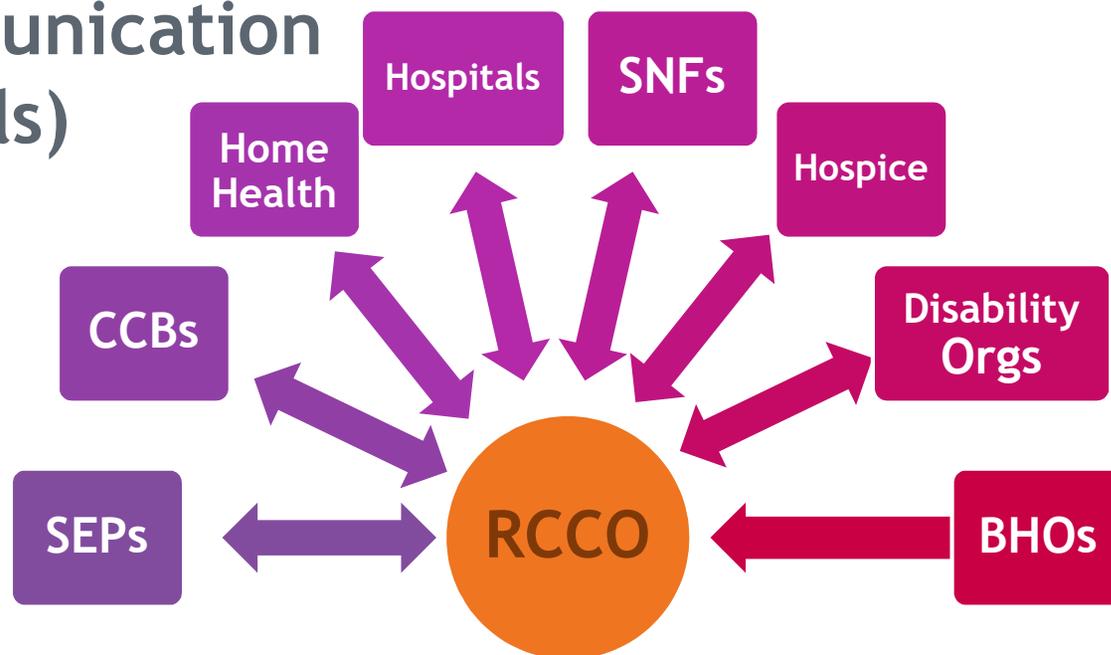
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What are we doing in CO?

Central Initiatives and Strategies

- Service Coordination Plan
- Cross-provider communication agreements (protocols)
- Team-based care



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What are we doing in CO?

Central Initiatives and Strategies

- Single statewide Ombudsman for MMEs
- Disability Competent Care improvements
- Direct practice training and improvements



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What have we accomplished?

- Integrated dataset - first time ever!
- Greater collaboration and partnerships among providers
- 4,662 clients engaged in Care Coordination using the SCP, through June
- Very low opt-out and disenrollment
- Significant training and support for providers
- New strategies for client engagement and evaluation



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What we have learned?

Client outreach and engagement:

- Tele-town hall (n=3,129)
- Focus Interviews (n=50)
- Telephone surveys (n=1,000)

Provider outreach and engagement:

- 7 provider training webinars
- Numerous in-person provider and stakeholder meetings
- Regional meetings x2



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What we have learned?

About clients:

- Client's generally aren't aware...
- Enthusiastic about potential
- When they know, they want to engage
- Can be difficult to reach

About the system:

- Collaboration greatly improved
- Still significant barriers to collaboration
- Still a challenge for clients



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Where are we headed?

- Evaluation and Strategy
- Build on best practices
- Focus on client engagement and understanding
- Continue to build partnerships to strengthen the “health team”
- Improve provider competency



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Program Materials

➤ Check out our training [website](#) for program materials, trainings, and upcoming events

Provider Training

- + ADRC Training
- + Colorado Choice Transitions Training
- + Colorado Indigent Care Program (CICP)
- + Division for Intellectual and Developmental Disabilities (DIDD)

[Accountable Care Collaborative \(ACC\): Medicare-Medicaid Program Training and Informational Materials](#)

The new ACC: Medicare-Medicaid Program designed to help Medicare-Medicaid enrollees has arrived in Colorado. The program will help Medicare and Medicaid work together making it easier for clients to get the services they need and the [ACC Regional Care Collaborative Organizations \(RCCOs\)](#) will be working to assist providers with client care coordination activities.

Beginning in Fall 2014, clients will be enrolled in the ACC: Medicare-Medicaid program and get to experience all the benefits of care coordination the program has to offer. Clients will keep their doctors and services. Nothing changes for enrollees except that their services will now be coordinated in a way that works best for them.

Links to Other ACC: Medicare-Medicaid Program Pages

[ACC Medicare-Medicaid Member Information](#)

[ACC Medicare-Medicaid Stakeholder and Committees Information](#)

- + [ACC: Medicare-Medicaid Program Overview Trainings for Providers](#)
- + [ACC: Medicare-Medicaid Program Provider Communication Agreements \(Protocols\)](#)
- + [Disability Competent Care Materials for Providers](#)
- + [Service Coordination Plan \(SCP\) Materials & Instructions](#)
- + [ACC: Medicare-Medicaid Program Materials](#)
- + [Understanding the Long Term Services and Supports System](#)
- + [Contact Us](#)



Questions?



Thank you!

Contact Information:

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Medicare-Medicaid Project Manager
Van.Wilson@state.co.us



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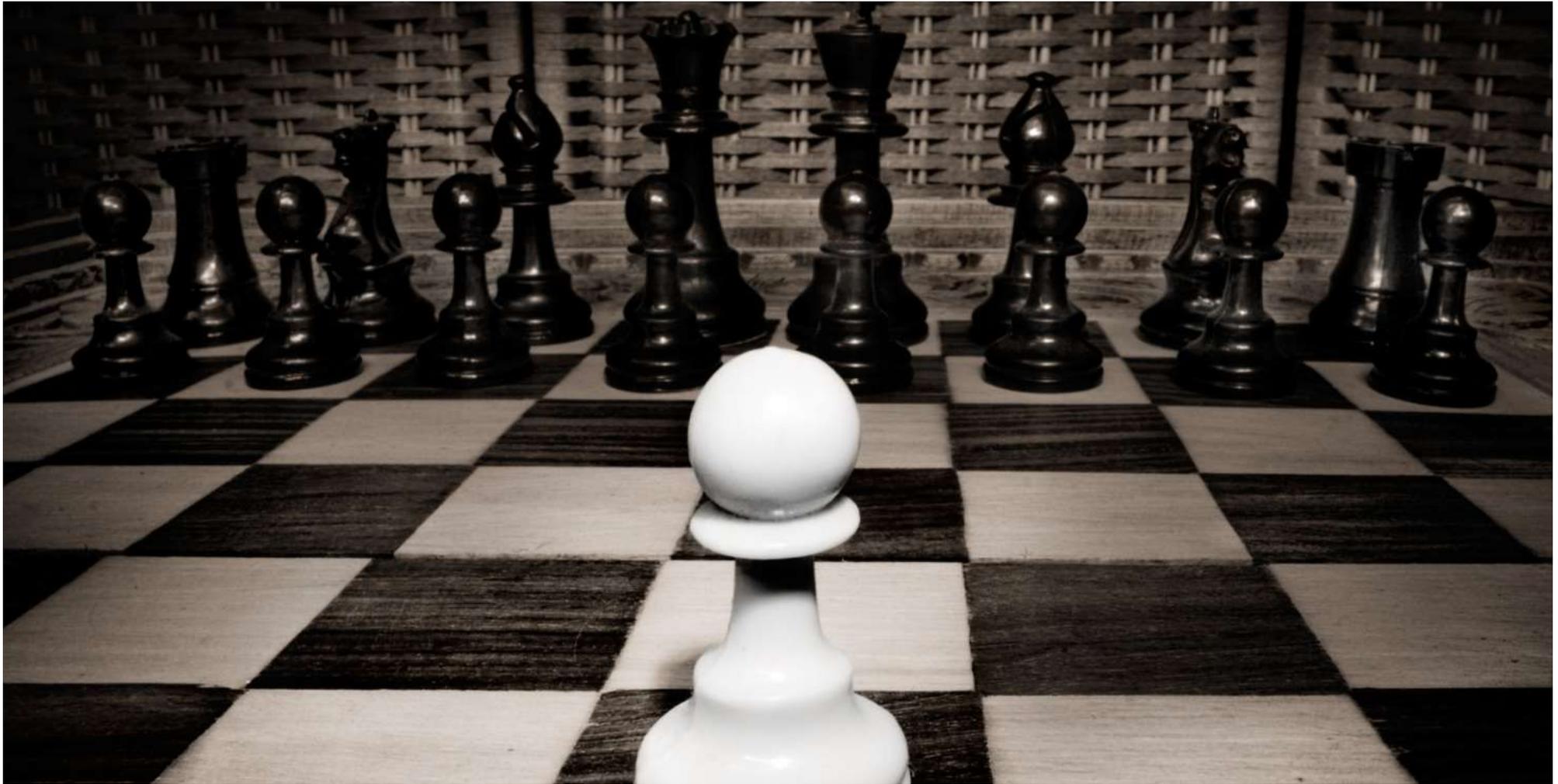
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The Power of Teams



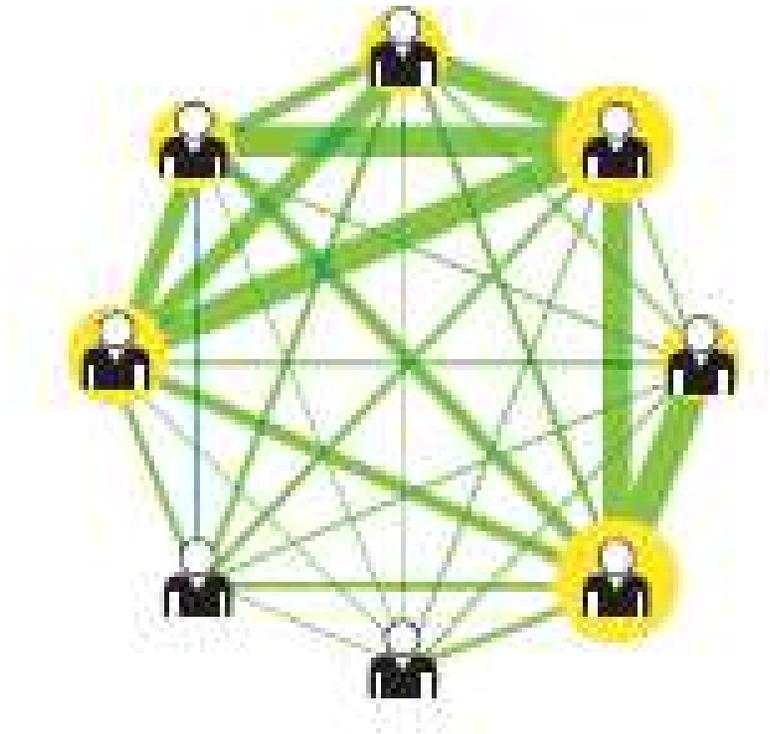
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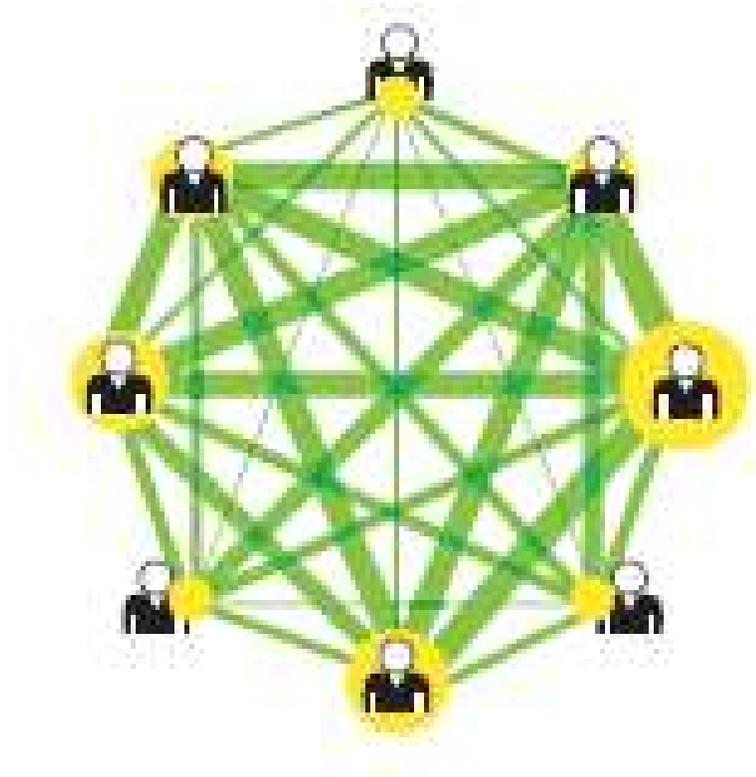


“Some problems are so complex that you have to be highly intelligent and well informed just to be undecided about them.”

Effective Teams Share Energy; Energy = Power



“Team Within a Team”



Team of Equals

A Team's "Energy Signature"

"Productive teams have certain data signatures, and they're so consistent that we can predict a team's success simply by looking at the data—without ever meeting its members. We've been able to foretell, for example, which teams will win a business plan contest, solely on the basis of data collected from team members wearing badges at a cocktail reception. We've predicted the financial results that teams making investments would achieve, just on the basis of data collected during their negotiations."

--Alex "Sandy" Pentland, *The New Science of Building Great Teams*.
Harvard Business Review, April 2012



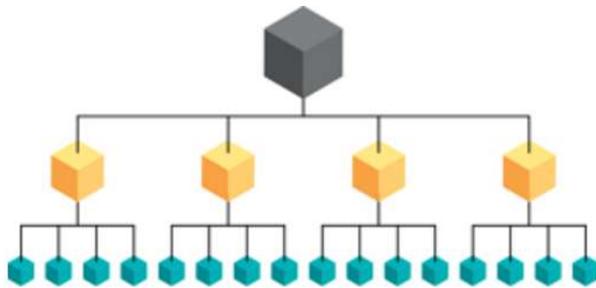
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The Evolution of Teams

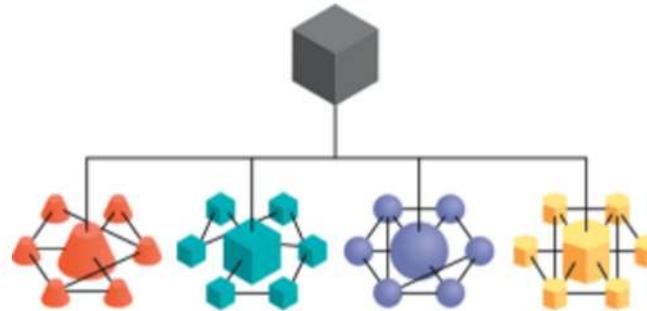
BUILDING A TEAM OF TEAMS

In today's fast-moving, complicated business and global environment, leaders will need to abandon traditional structures to create more nimble, effective teams.



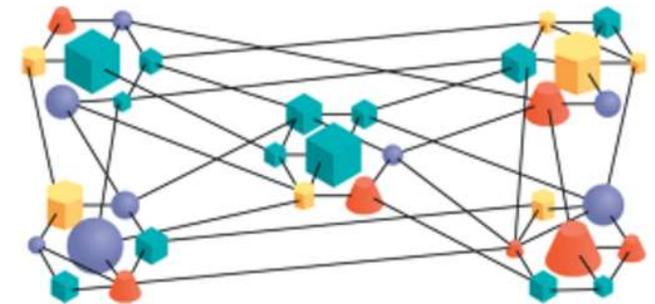
COMMAND

In this traditional top-down structure, the connections that matter are the ones between workers and their managers.



COMMAND OF TEAMS

In this structure, adaptive small teams operate within a more rigid superstructure.



TEAM OF TEAMS

The relationships among teams should resemble the closeness among individuals on those teams.

Illustrations: [Relajaelcoco](#), Artwork adapted from "Team of Teams: New Rules of Engagement for a Complex World"

1-2-4-8 activity

- What do you need from others to make your team work best?
- What do you contribute to others to make your team work best?



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Questions or Concerns?



Lunch 12-1pm

Please proceed to the Pavilion



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Program Overview

- [Link to video](#)



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Exemplars of great care coordination

- Given what we have learned about teams, what was effective in these examples that led to positive results?
- Anything to add to our list of effective team practices?



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Care Coordination

- [Link to Nelson brothers video here](#)



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*Expanding Access • Improving Quality
Eliminating Disparities • Community Care Management
Controlling Costs • Enhancing Care Experience
Generating Health*

A Powerful Union: Partners working for better outcomes

David Felix, BSW, MA, Joanna Martinson, RN, BSN,
ADS,

2015

northcoloradohealthalliance.org 

A Powerful Union



Where hope begins.



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A Powerful Union: NCHA Care Management Team

Non profit Organization

Region 2 team Medicaid and MMP:

“Free standing”

Grew from 3 staff to 14 in 2015



1 Director and 2 supervisors

3.5 RN's

Medical, mental health and pediatric specialties

2 BH co-located Community Mental Health Center staff

Community Health Worker

2 telephonic

1 sustainability worker

7 – CHW-C



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Certified
Prosthetics



Birch Assisted Living



ER/Hospital



Where hope begins.



Cooperative services
centered on the member's
needs

Cardiac
Rehab

Clinic and
Lab



DHS

PCP

Single Entry
Point

Podiatry Clinic

Desired Final
Outcome which
meets the
member's needs



A Powerful Union: Partnerships



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A Powerful Union: Nelson Brothers



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A Powerful Union: Doing Something Different



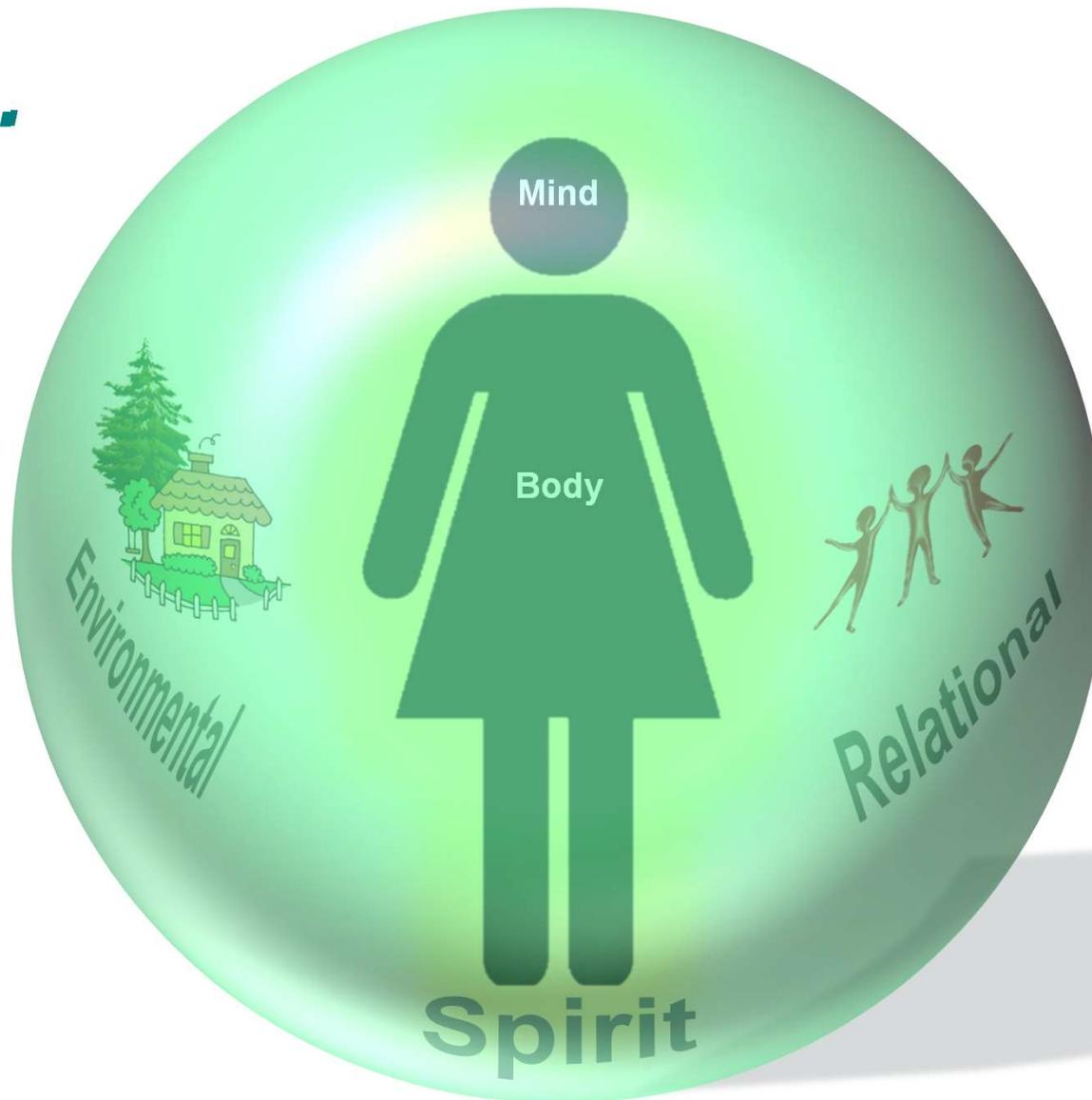
The Old fashioned way...working together like a good old Barn Raising!



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A Powerful Union: I am...



Cura Personalis - respect for all that makes up each individual



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Contact Information

Joanna Martinson, Director of Care Coordination

Jmartinson.alliance@nocoaha.org

Dave Felix, RCCO Behavioral Health Case Manager

Dfelix.sunrise@nocoaha.org

northcoloradohealthalliance.org 

makeTODAYcount.org

My HEALTH+CONNECTIONS

Building a Playbook



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All Play Theater: Building A Playbook

- Meet in RCCO Groups
- Analogy of a team getting to the endzone
- Use scenarios to help guide your main “player” to the endzone—helping him or her reach the goal
- Each of you takes your position on the field as you would in helping assist the main player to reach the goal
- Invent “plays” along the way that simulate the progress and obstacles of real life
- Work as a team to invent the best ways to move forward
- There are no “sidelines”—just opportunities to invent new ways to be supportive!



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RCCO Rooms

RCCO	Room
1	Windsor (Upstairs)
2 & 4	Windsor (Upstairs)
3	Tudor (This Level)
5	Pavilion (This Level)
6	Tudor (This Level)
7	Windsor (Upstairs)



Peer Learning Circles

- Choose a conversation that interests you
- Stay as long as you are contributing
- Whoever shows up are the right people
- Capture highlights and share out results with the large group
- Return back at 2:00



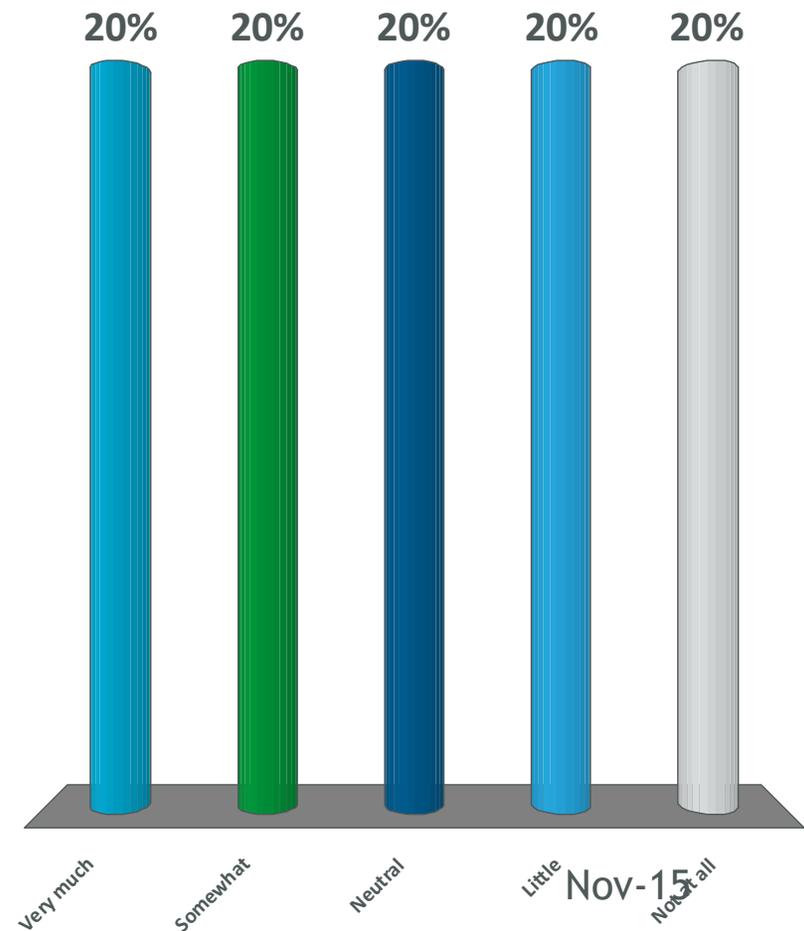
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Day 1

How much do you see person centeredness overlapping with MMP?

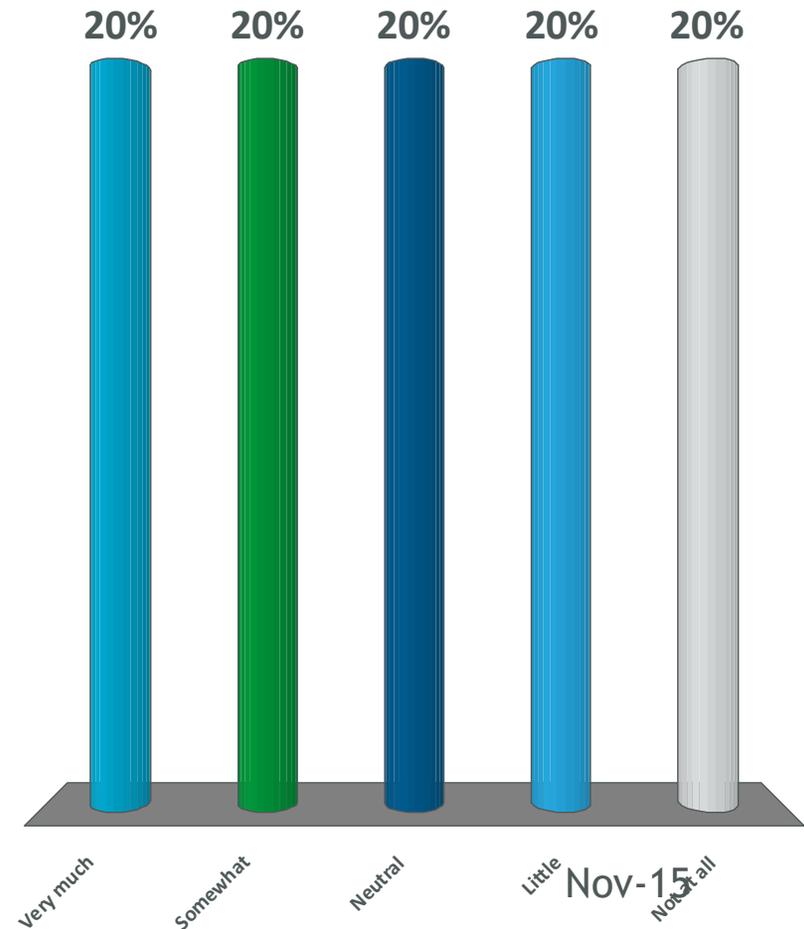
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Day 1

How much do you see yourself as part of a healthcare team?

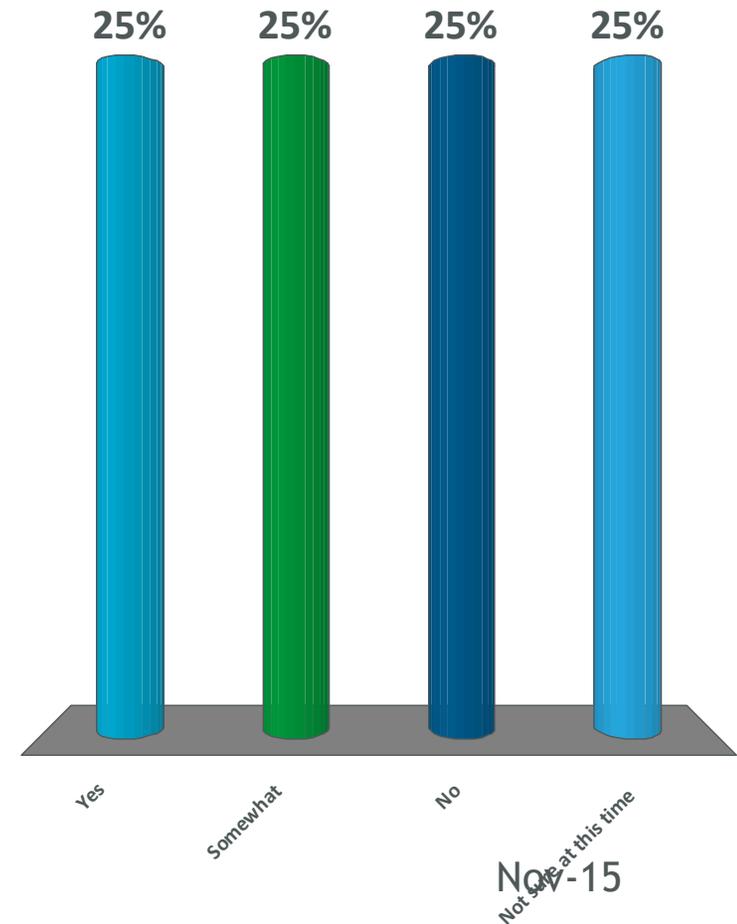
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Day 1

I have the knowledge and skills I need to help improve my team's performance.

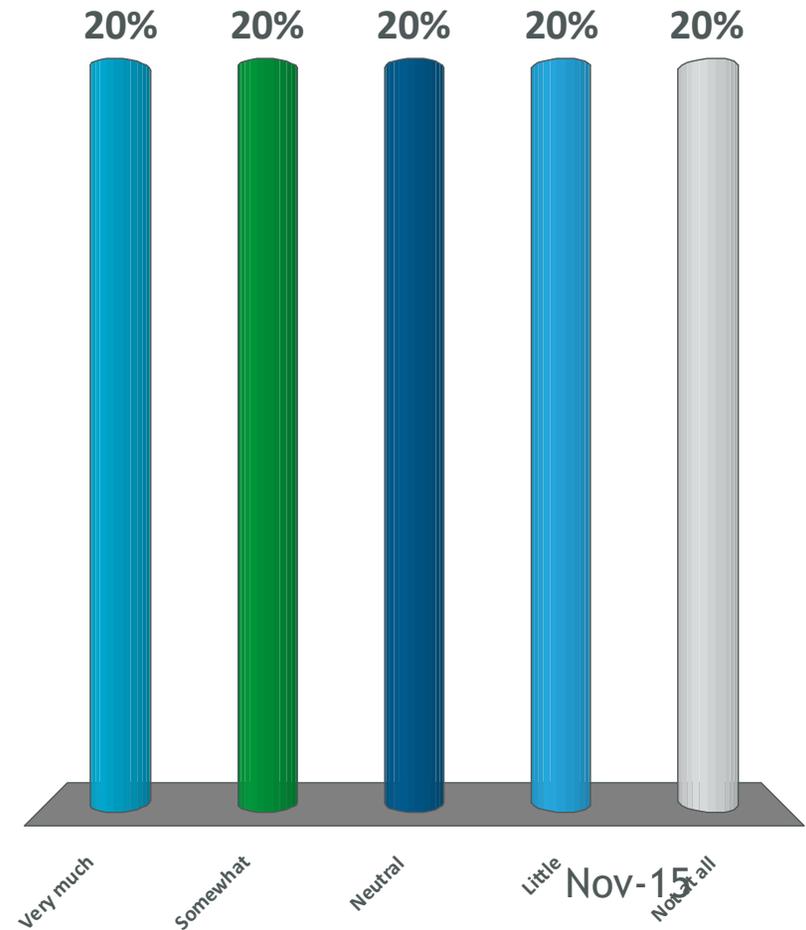
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Day 1

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Contact Information

Van Wilson

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Thank You!



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Accountable Care Collaborative: Medicare-Medicaid Program Learning Symposium

October 29th and 30th

Day 2

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Welcome

- Day 1 Reflection
- Housekeeping:
 - Experience wall
 - Bathrooms
 - Cell phones
 - Break rooms out back
- Introduce Julie Bansch-Wickert



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Reflection

Day 1 Core Concepts

- MMP Overview
- National Perspective
- Team Effectiveness
- Protocol Elements/Playbook
- Other



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How can the Medicare-Medicaid Advocate help?

- ▶ Issues involving your Medicare or Medicaid services
- ▶ Help you work with a problem you may have with a doctor, hospital or other health care provider
- ▶ Help you if you want to file a complaint or grievance
- ▶ Help you with a formal appeal if your services have been terminated or reduced

Ombudsman services are free and objective.

Contact Information

Julie Bansch-Wickert MSW, LCSW
Colorado Medicare-Medicaid Advocate
dlcmail@disabilitylawco.org
Customer line (303)722-0300
Toll free TTY/Voice 1(800)531-2105

The New Realities of Aging: Frailty

Joanne Lynn, MD, MA, MS

Director, Center for Elder Care and Advanced Illness

Joanne.Lynn@Altarum.org



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Single Classic “Terminal” Disease

Function

Mostly cancer

Death

Onset incurable disease

Time

Often a few years, with decline usually < 3 months



Prolonged dwindling



Mostly frailty and dementia

Death



Onset could be deficits in ADL, speech, ambulation



Quite variable, can be >8 years





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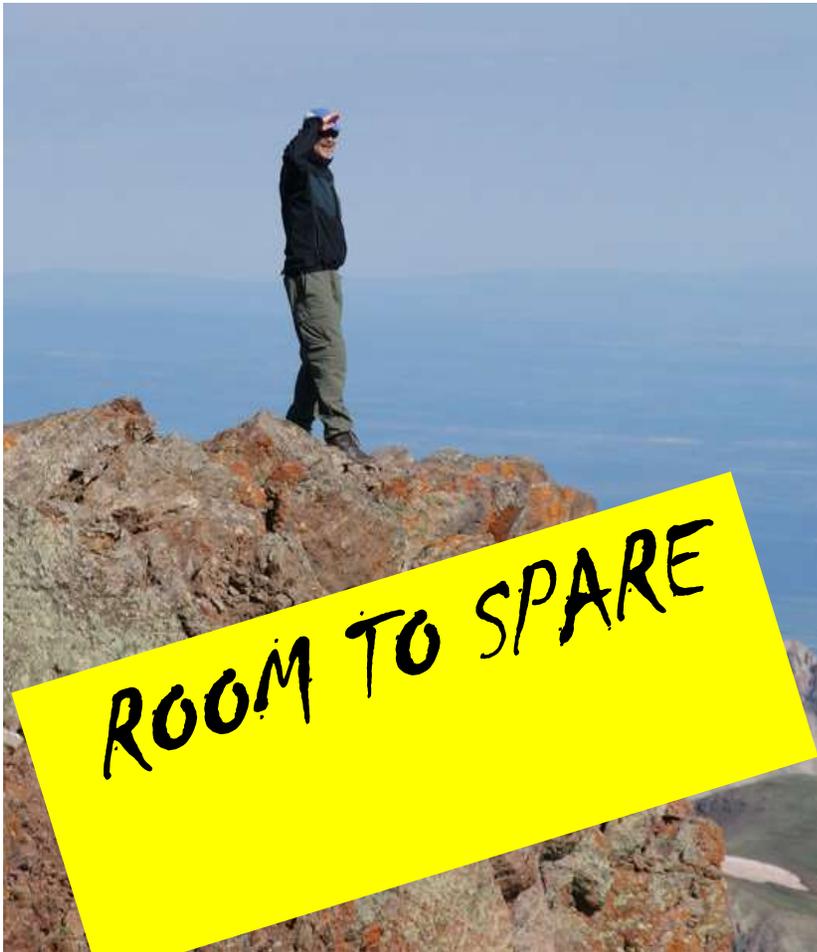
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Photo credits: <http://creativecommons.org/licenses/by/2.5/>

Define Frailty: older person with limited reserves

Not Frail

Cognitive, Physical, & Social



ROOM TO SPARE

Frail – no reserve

Cognitive, Physical, & Social



NO MARGIN FOR ERROR

NO RESERVE



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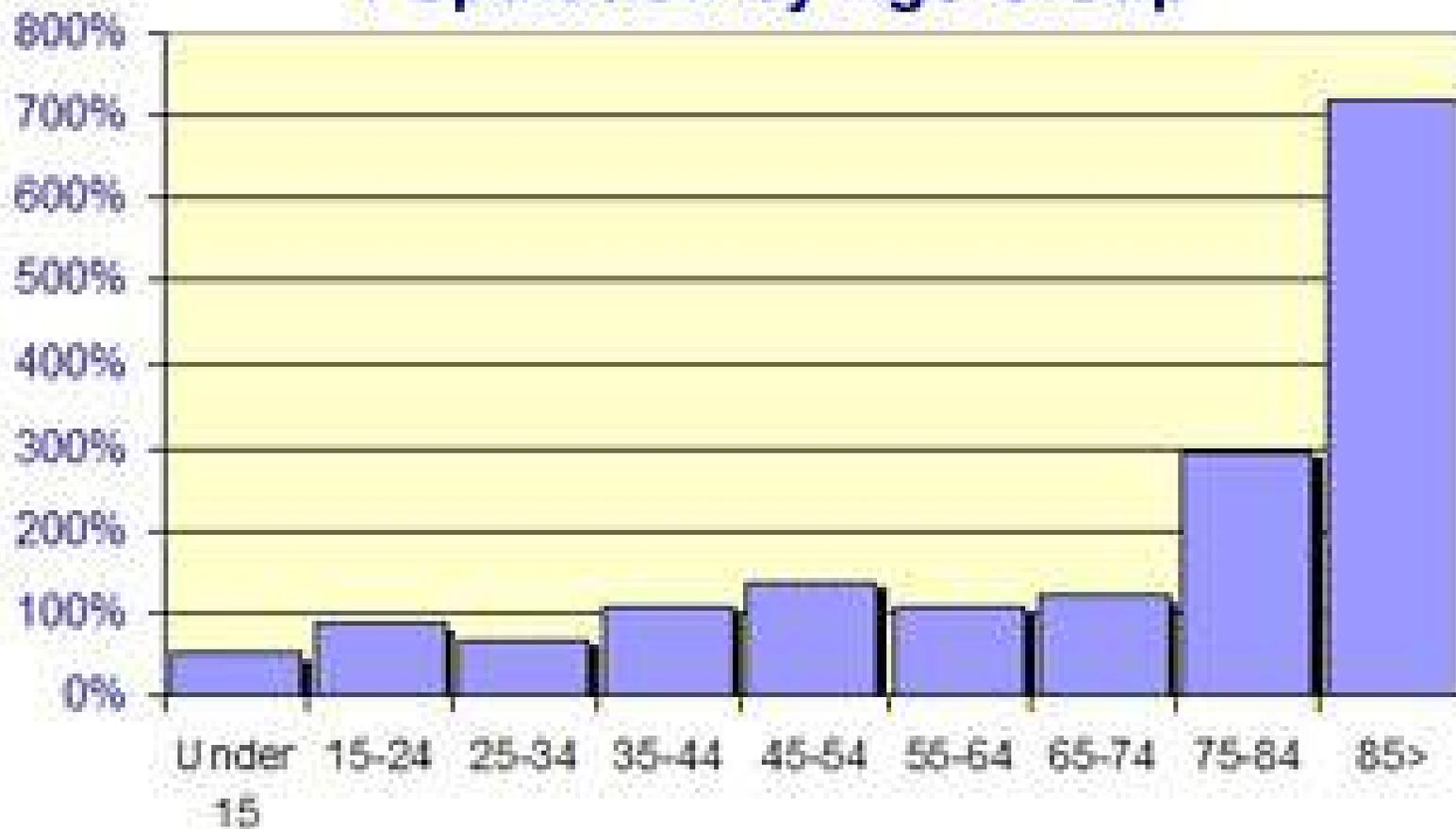
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How Americans Die - A Century of Change

	1900	2000
Age at Death	46	78
Top Causes	Infection Accident Childbirth	Cancer Organ System Failure Stroke / Dementia
Disability	Not much	Average 2-4 years before death
Financing	Private, modest	Public, substantial <i>In U.S. 83% in Medicare; ~50% women Medicaid</i>



% Change 1950 - 2003 Population by Age Group



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How are we going to avoid big trouble?



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STRONG CLAIMS FOR SERIOUS REFORM

- 1. We are buying the wrong product.** We should not just refinance that purchase – we should change the product!
- 2.** We can have what we want and need when old and frail, **with a reduction in per capita cost**, but only by deliberately redesigning service delivery.
- 3. We cannot keep doing what we now do.** Without reform, costs will force us to turn away from elderly people who have no other options, through no fault of their own.



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MediCaring®

Aim?

Assure that Americans can live comfortably and meaningfully at a sustainable cost through the period of frailty that affects most of us in our last years



MediCaring®! *Key Components of Reform*

1. Recognize that frail elders have different needs and priorities
2. Generate individual care plans
3. Geriatricize medical care - comfort, continuity, etc.
4. **Include** housing, transportation, food, caregiving
5. **Develop** local monitoring and management
6. Fund #4 and #5 with savings from medical services
7. *And one more ...*



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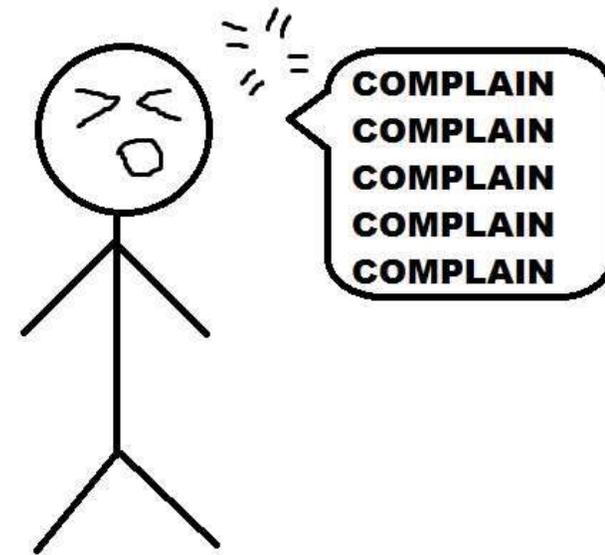
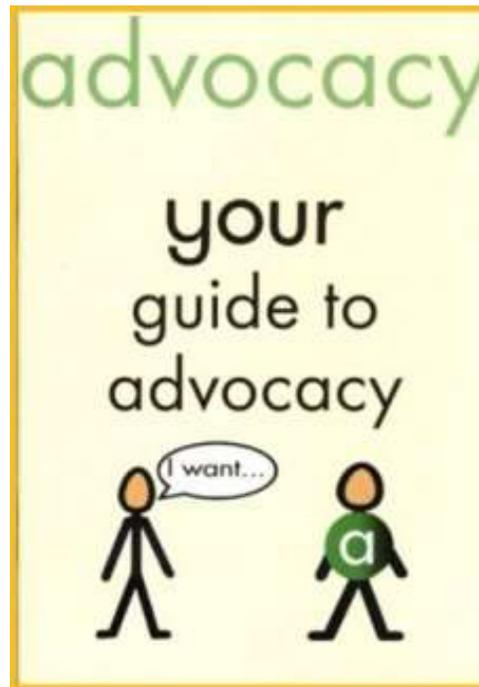
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Channel Outrage!!!



**ENCOURAGE EFFECTIVE
COMPLAINING &
ADVOCACY**

Get Angry



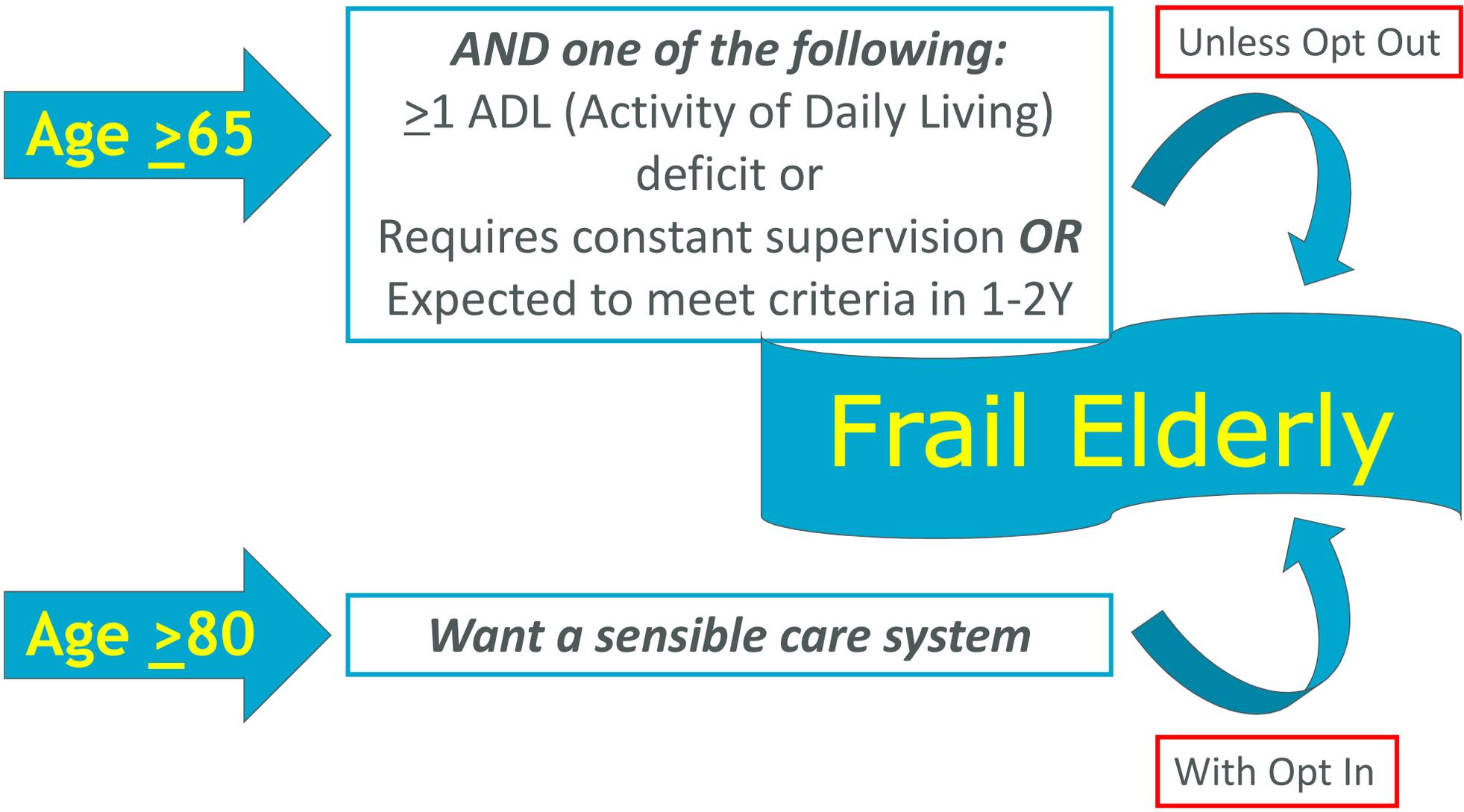
Complain Effectively



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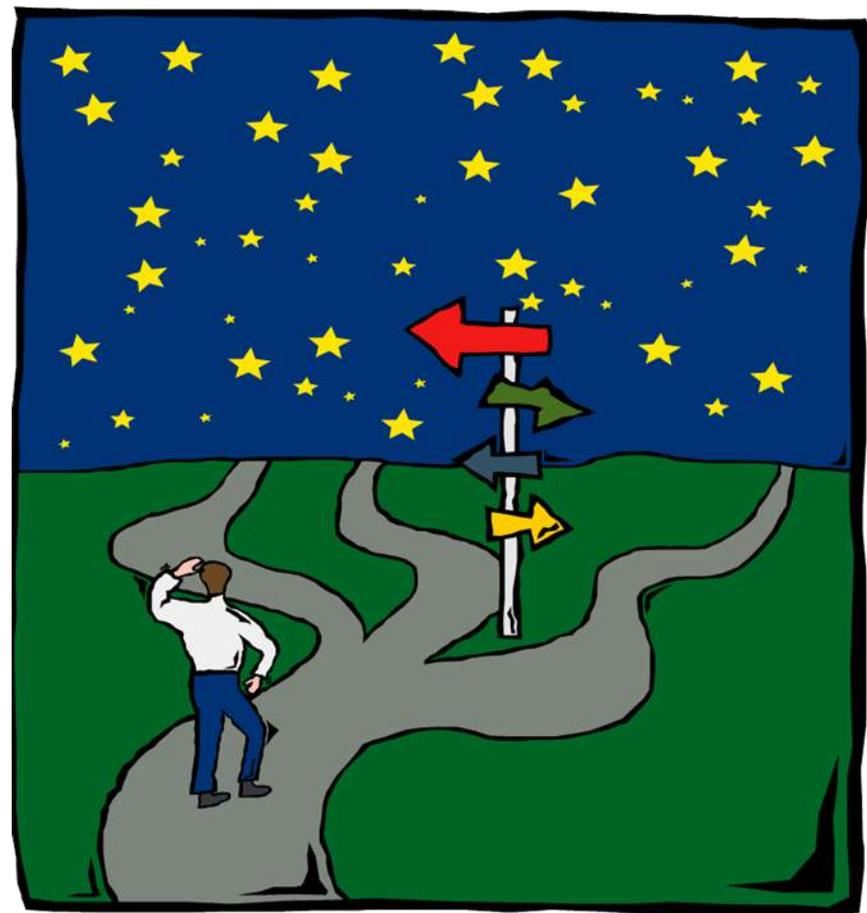
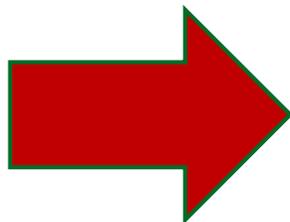
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A Pragmatic Identification of Frail Elders



Service Coordination Plan - including Medical

COMPREHENSIVE UNDERSTANDING



PERSON-CENTERED CARE PLAN



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Medical Care for Frail People is Different!



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Reliability



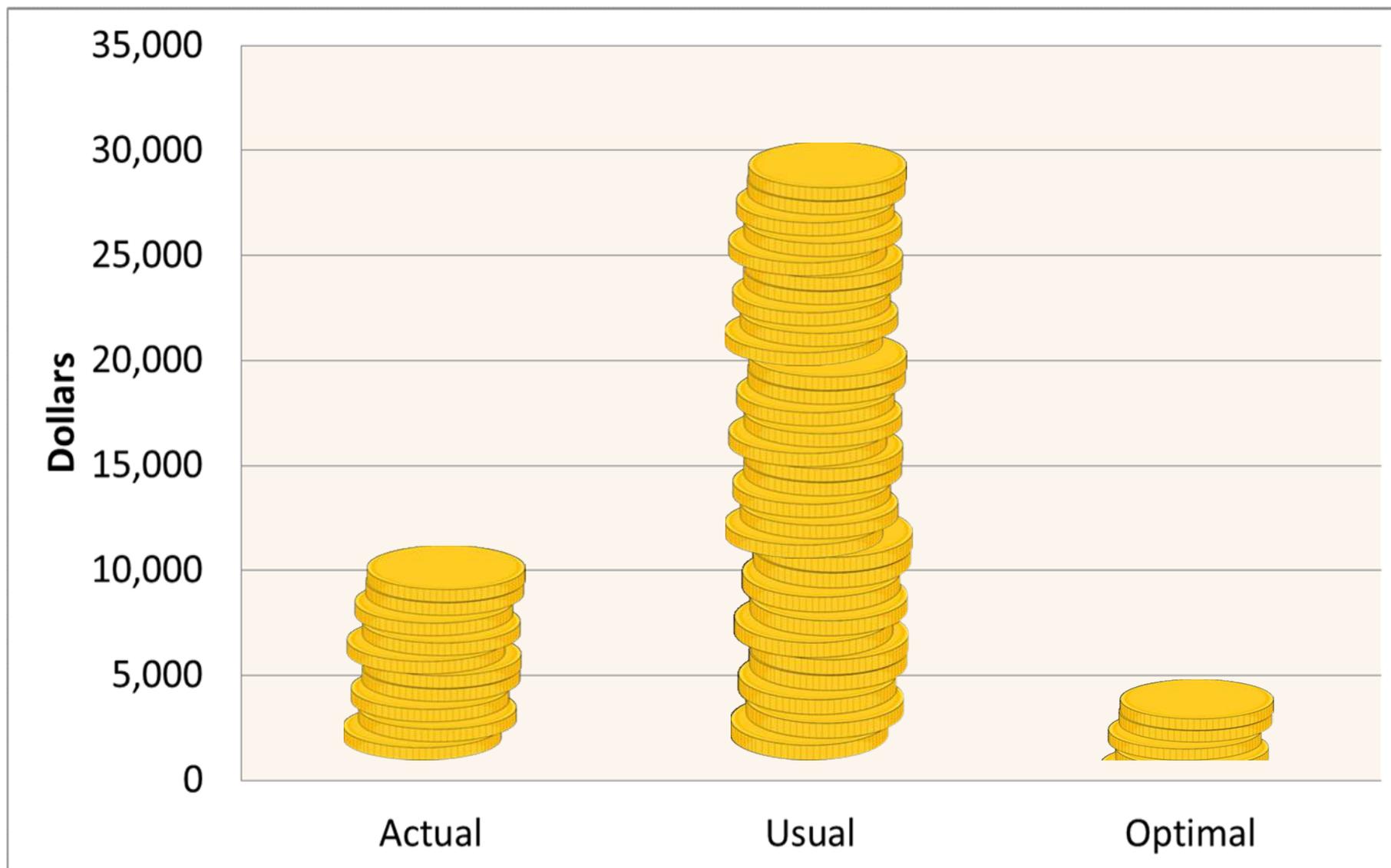
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My Mother's Broken Back



The Cost of a Collapsed Vertebra in Medicare



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“There’s no place like home

”

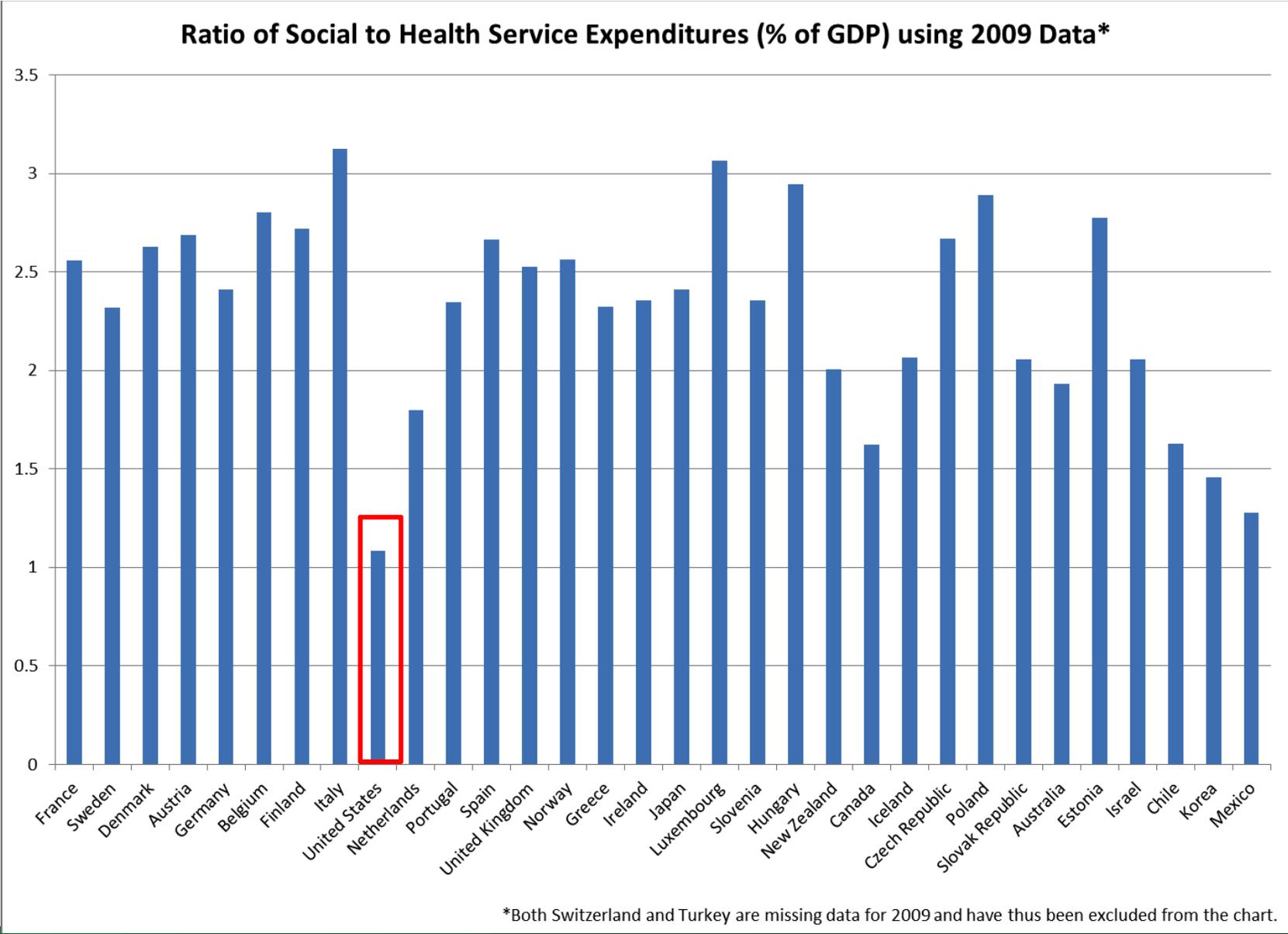
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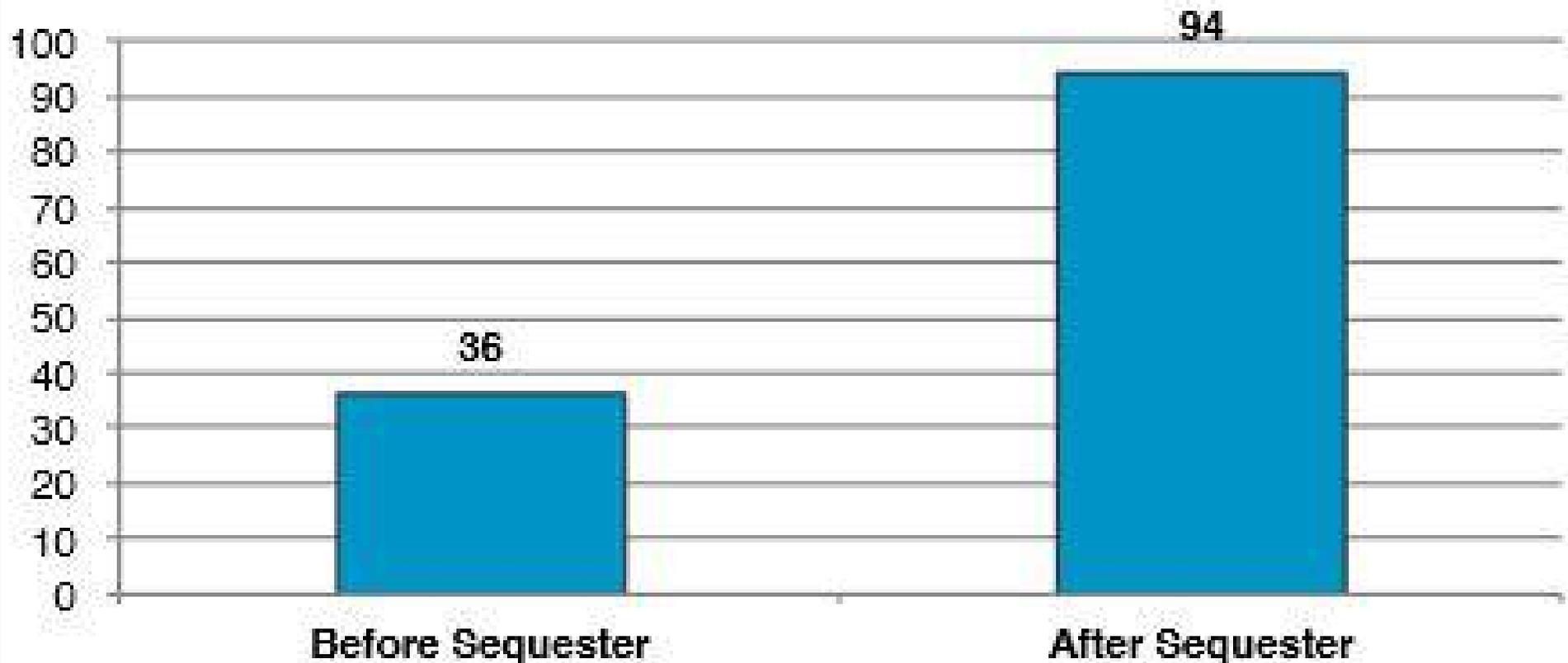
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Ratio, Social to Health Service Expenditures, 2009



Meals on Wheels - Survey June 2013

Average Waiting List



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A Winning Possibility ... Medicaring ACOs

4 geographic communities, 15,000 beneficiaries

Waive various restrictive rules

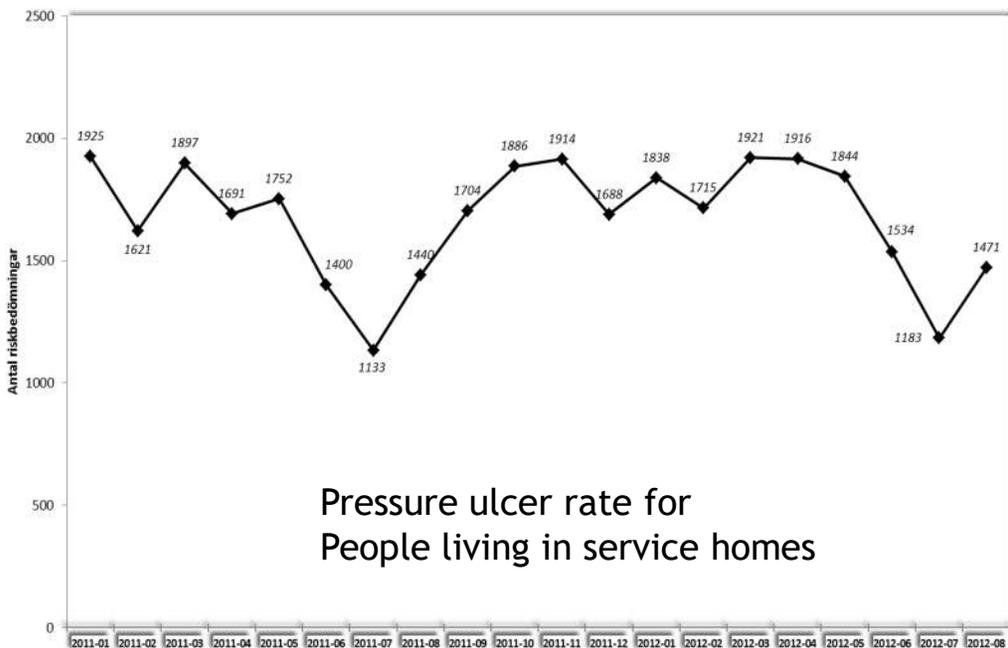
\$17million for patient care, \$13million for start-up and evaluation

Get at least \$23 million ROI in first 3 years

<i>Net Savings</i>				
<i>CMS Beneficiaries</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>3-Yr</i>
<i>Before Deducting</i>				
<i>In-Kind Costs</i>	-\$2,449,889	\$10,245,353	\$19,567,328	\$27,362,791
<i>After Deducting In-Kind Costs</i>	-\$3,478,025	\$8,463,101	\$17,629,209	\$22,614,284

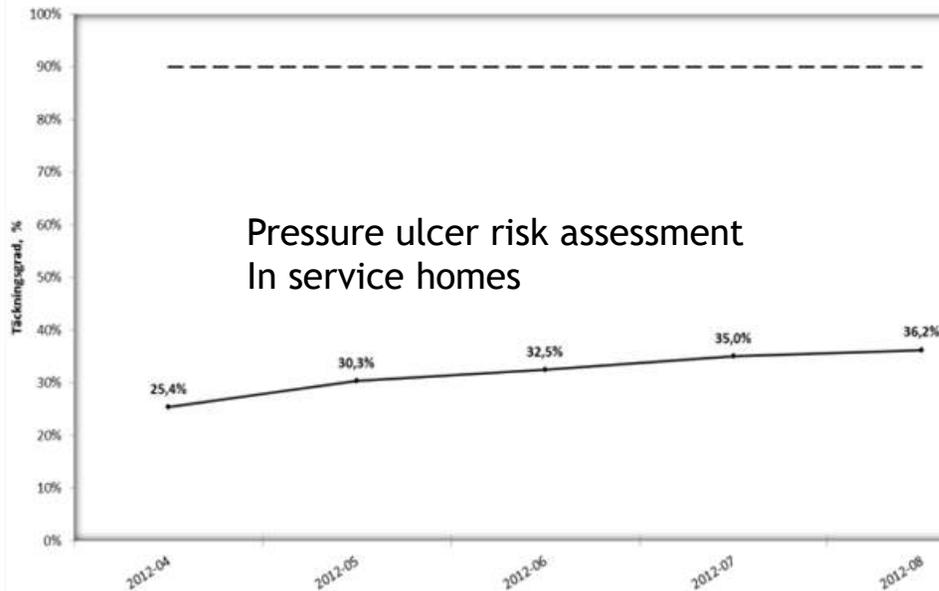


**Antal riskbedömningar - Senior alert
under perioden januari 2011 - augusti 2012 i Jönköpings län**



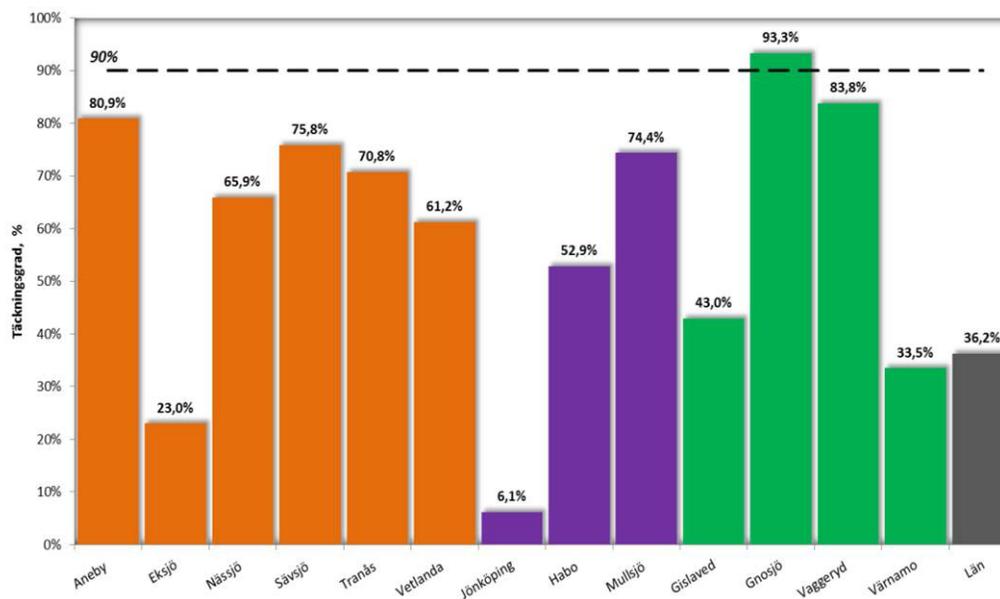
Pressure ulcer rate for
People living in service homes

**Andel personer som fått riskbedömning i Senior alert
i SÄBO i Jönköpings län**



Pressure ulcer risk assessment
In service homes

**Andel personer som fått riskbedömning i Senior alert i
SÄBO i Jönköpings län, 08-2012**



***We can have what we want and need
When we are old and frail***



**But only if we
deliberately build that future!**



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Indispensable health care resource to the communities we serve.....



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Overcoming Client Resistance To Health Behavior Change with Motivational Interviewing



Department of Health Care Policy and Financing
Accountable Care Collaborative: Medicare-Medicaid Program
Learning Symposium



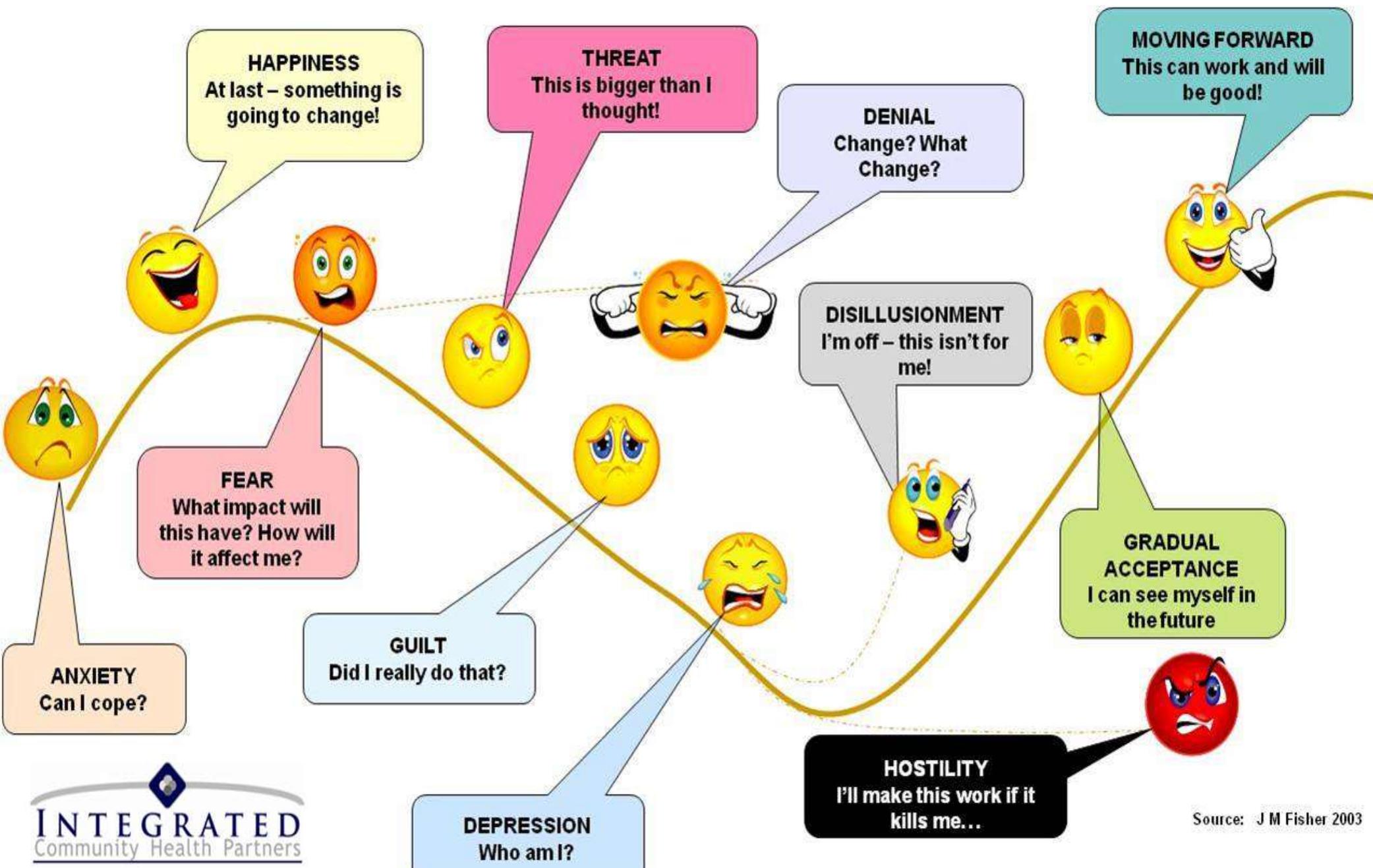
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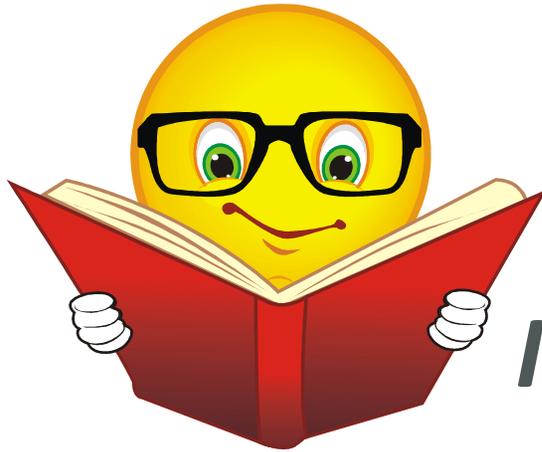
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October 29 – 30, 2015



Change, in MI, is about how we get there . . .





What is Motivational Interviewing (MI)?

- ▶ “Motivational interviewing is an evidence-based, person-centered, directive method of communication for enhancing intrinsic motivation to change by *exploring and resolving ambivalence and resistance.*”

- ▶ “MI is a series of specific strategies, informed [trauma-informed] by respect for client autonomy, culture and values, which maximizes the chances that the client will choose adaptive behavior change.”

- ▶ “Motivational interviewing is concerned with *assessing* a client’s motivation for change, *not* motivating the client.”

Miller, & Rollnick, Motivational Interviewing: Preparing People for Change, 2009.
Gilford Press 2009

The National Institute for Trauma-Informed Care



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Video Clip: Introduction to Motivational Interviewing



Bruce Berger, PhD, RPh

Emeritus Professor of Pharmacy Care Systems
Auburn University, Auburn, Alabama

<http://www.thedoctorschannel.com/view/intro-to-motivational-interviewing/>



Write the Story

Turn to your neighbor and working in pairs, finish writing this story:

Imagine you're driving in Denver traffic during morning rush hour. The traffic is bumper to bumper; and still another driver manages to cut you off.

Instead of letting your feelings of fear, frustration and anger completely take over, you begin to create a story about *what happened* to the driver on their way to work.

Continue the story until your feelings of fear, frustration and anger are replaced by a sense of compassion for the other driver.

Rosengren, David B. (2009). Building Motivational Interviewing Skills: A Practitioner Workbook, page 25. The Guilford Press.



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8 Tasks Built on MI Principles

1. The Spirit of MI: Building the Foundation
2. Person-centered guiding/directing: O A R S
3. Rolling with resistance: R E A D S
4. Recognizing and reinforcing change talk
5. Eliciting change talk: D A R N
6. Developing a change plan
7. Consolidating commitments
8. Integrating MI with other treatments



Miller, W. R., Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change. 2nd Edition. New York: Guilford Press.



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The Spirit of MI

- ▶ Collaboration
- ▶ Evocation
- ▶ Autonomy



The Spirit of MI is developing the ability to recognize *yourself* in your clients' struggles. It is emotionally connecting to their worth and value.

“You is kind. You is smart. You is important.” --The Help

Video Clip: Spirit of MI



Bruce Berger, PhD, RPh

Emeritus Professor of Pharmacy Care Systems
Auburn University, Auburn, Alabama

<http://www.thedoctorschannel.com/view/spirit-of-motivational-interviewing/>

Questions?



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Contact Information

- ICHP Phone Number **1-855-959-7340**
- Claire Chadwell-Bell **1-719-543-1344**
- Vicki Linden **1-719-543-1344**
- Colorado State Medicaid Customer
Service **1-800-221-3943**
- HealthColorado **1-888-367-6557**
- CO State Nurses Hotline, 24 x7 **1-800-283-3221**

ICHP Website WWW.ICHPColorado.com





The Disability Competent Care Assessment Tool ("DCCT")

*Funding by RCCO-7 – Community Care Central Colorado
(Pikes Peak Region)*



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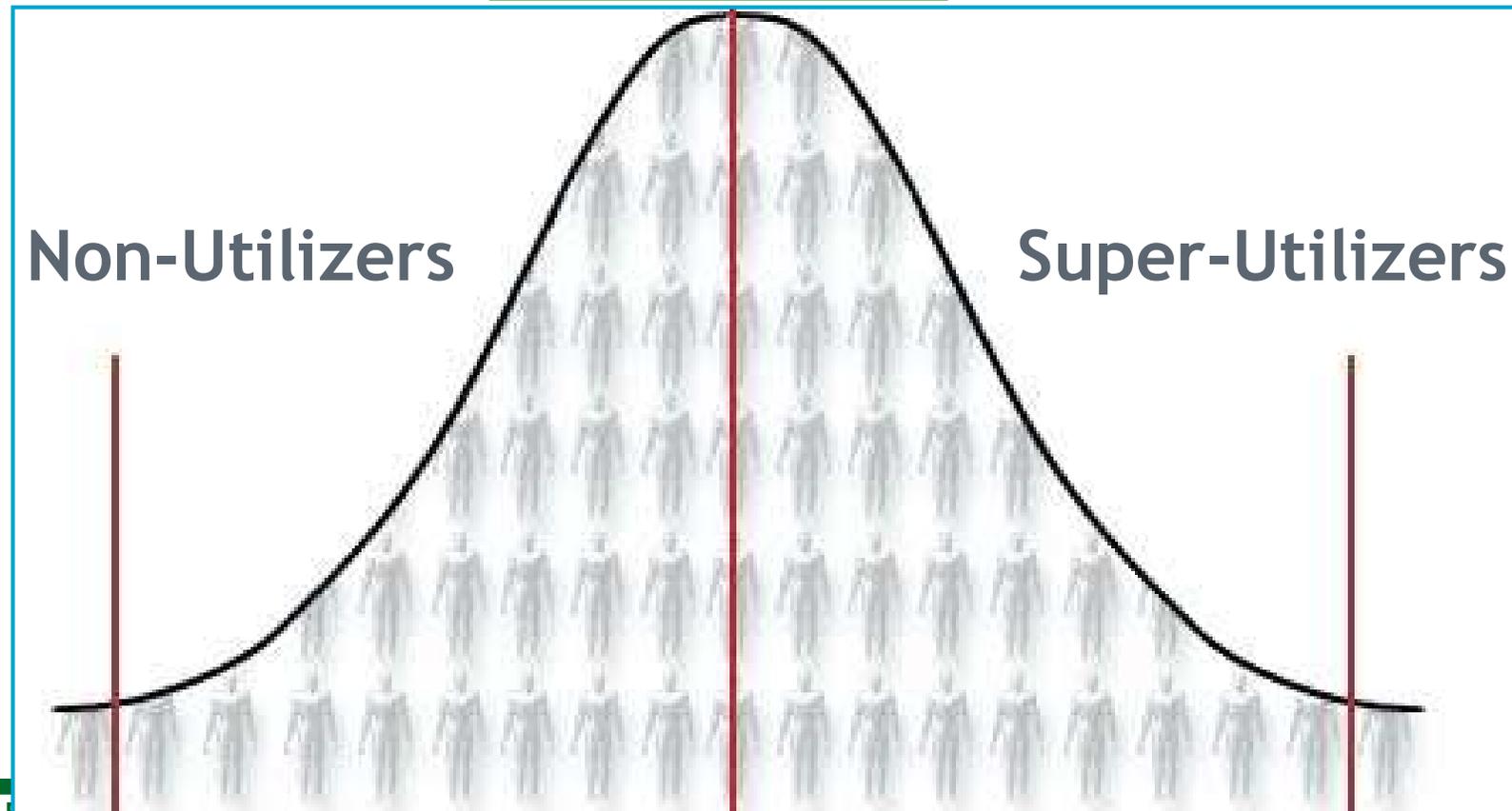
Patrick Going, Gary Montrose, Van Wilson (HCPF)

HCPF | MMP Symposium | October 30, 2015

Medical Spending - People with Disabilities

Often “Super-Utilizers” -- Yet many are “Non-Utilizers”

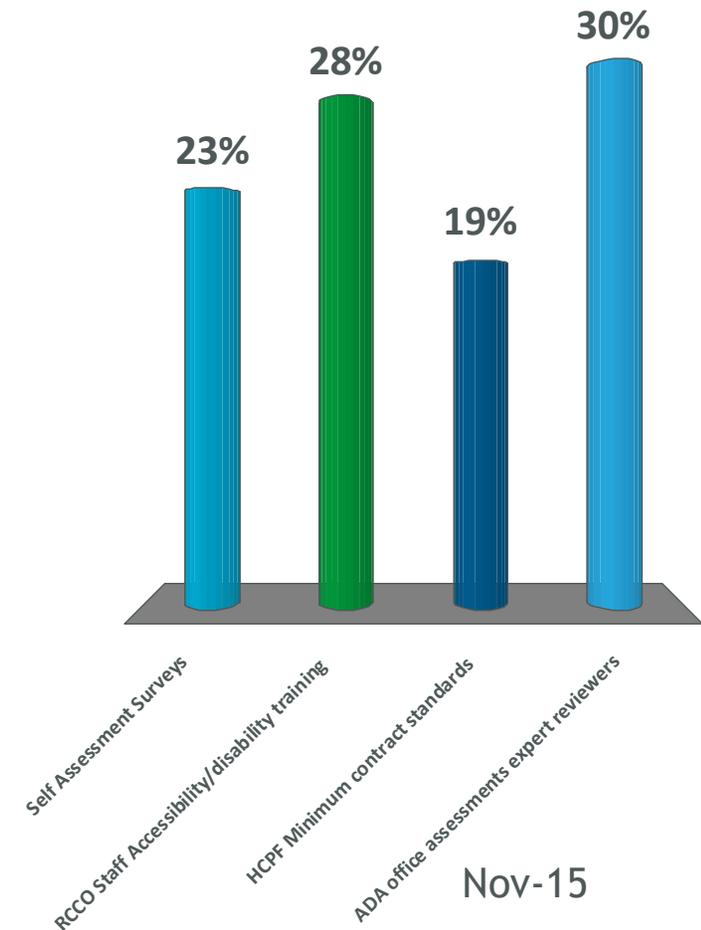
Due to transportation barriers, office accessibility, cultural biases . . .



Disability Assessment of MMP Provider Offices

Should HCPF and RCCO's promote provider office accessibility assessment audits through:

- A. Self Assessment Surveys
- B. RCCO Staff
Accessibility/disability training
- C. HCPF Minimum contract standards
- D. ADA office assessments expert reviewers



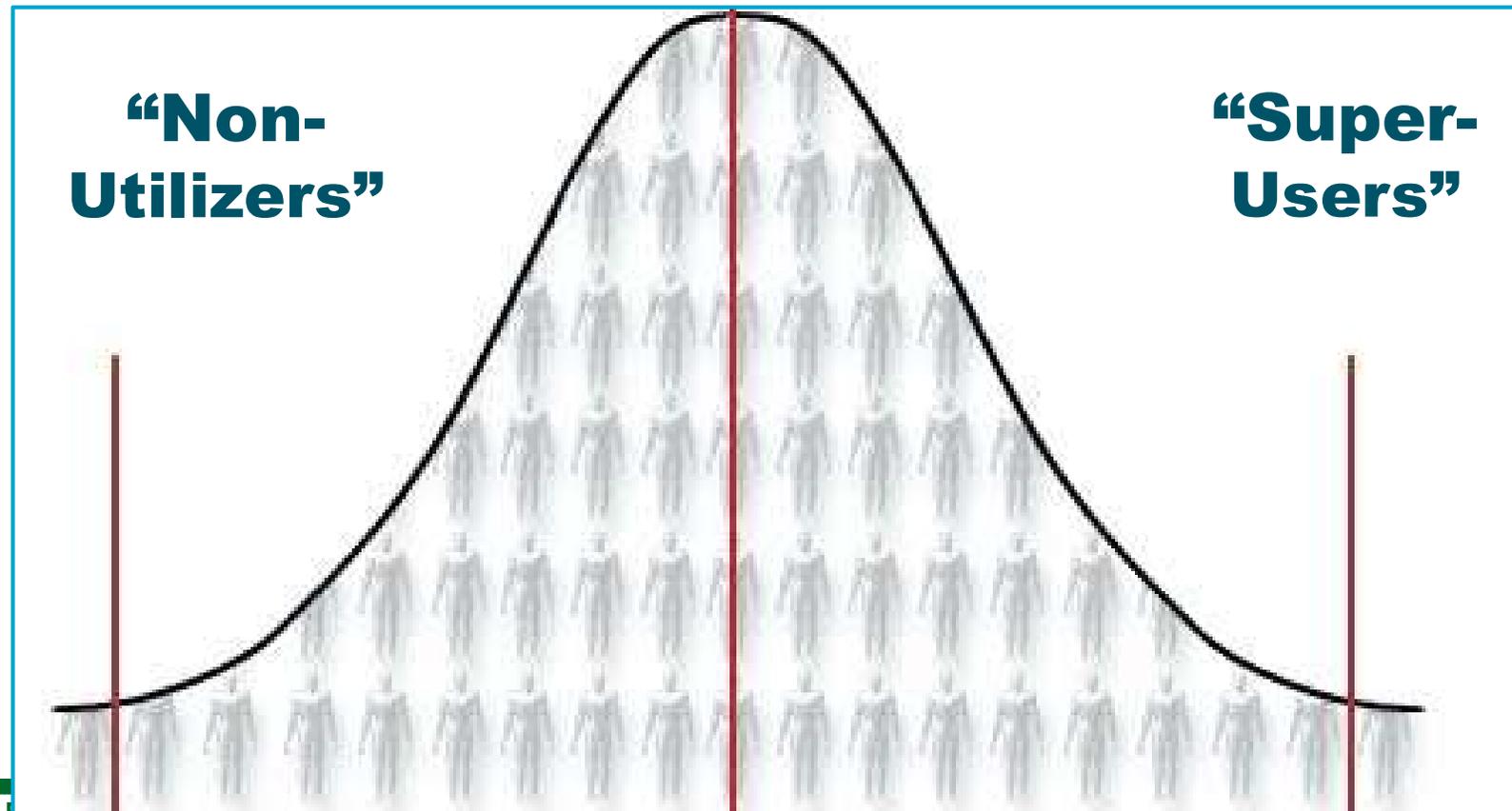
Nov-15



Medical Spending - People with Disabilities

Often “Super-Utilizers” -- Yet many are “Non-Utilizers”

Due to transportation barriers, office accessibility, cultural biases . . .



What is the DCCT?

Disability Competent Care Assessment “Tool”

A Survey Process for helping providers become more accessible to anyone with a physical or cognitive disability;
Aged & Disabled (“M/MP-Duals” & others)

Comprehensive Checklist: 3 Sections

Pillar #1 - Communication Access

Pillar #2 - Programmatic Access (including cultural competency)

Pillar #3 - Physical Access



Background



DCC Workgroup: 2+ Years (evolved from Medicare/Medicaid Dual Eligible Program)

HCPF Sponsored: RCCOs, Disability Advocates, ADA Experts, CMS-funding for Lewin Group consultants

Resources Used: CMS "Disability-Competent Care Self-Assessment Tool," the "California Physical Accessibility Review Survey" (PARS) and the "ADA Checklist for Readily Achievable Barrier Removal".



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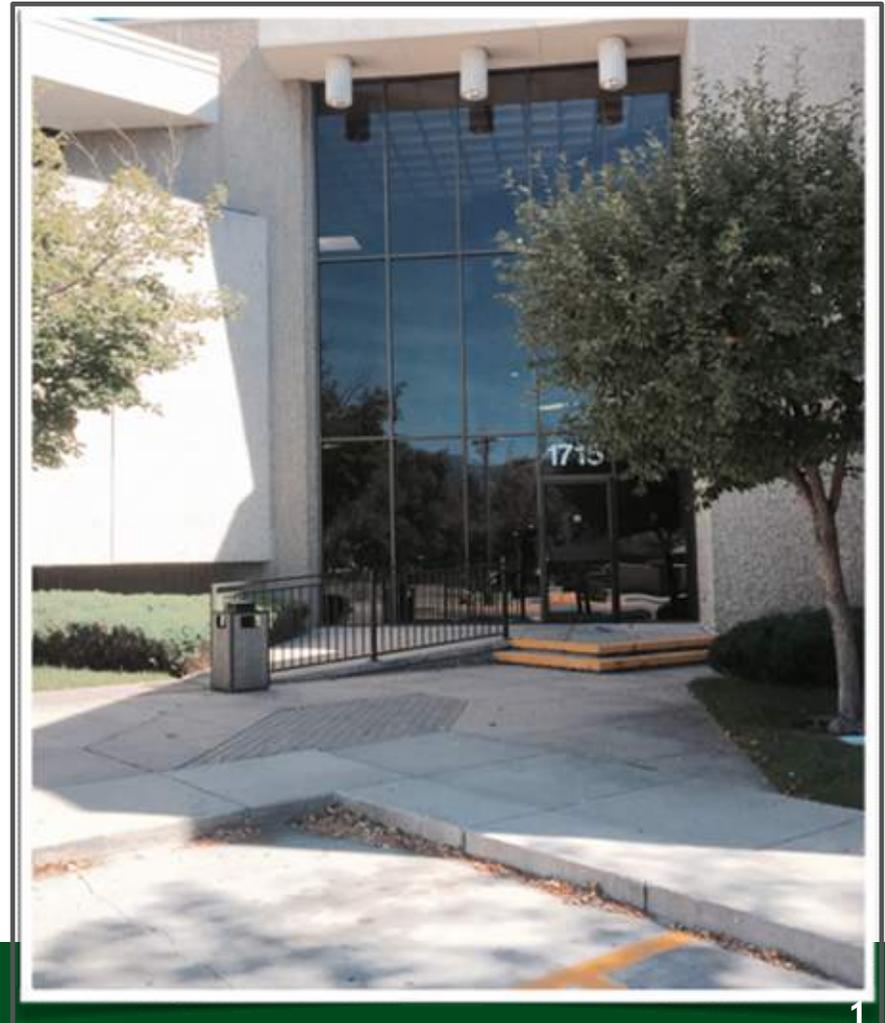
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Conducting the Survey

Pillar #3 - On-site
Return/Review #3



Complete Pillar #1 &
#2 - Can be a 'Desk
Review'



Experience . . . So Far

For-profit practices unaware of tax write-offs



Offer to review new construction or renovation plans (before work starts!)

Sequence: Piller #3, then #1 & #2

Offer “disability etiquette” trainings

Approach to Providers

A Support role: to make practice more accessible and safer for everyone

Come bearing “gifts” (e.g. clip board, booklets, advise

Disclaimer:



“The contents of this report are intended as **informal guidance** and are not legal advice. *Community Care of Central Colorado* makes no assertion that elements and programs of this facility do or do not comply with ADA regulations or standards.”



Exam Table Not Adjustable



Signage & Access Aisles



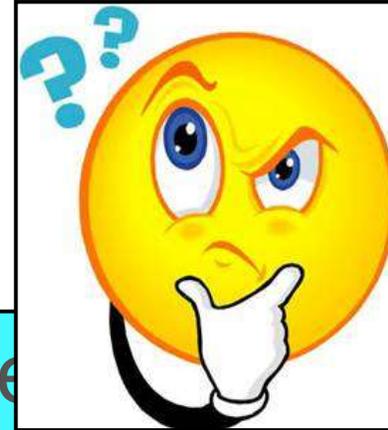
Adjust Door Pressure

Barrier Removal Suggestions

Description	Priority	Unit Price	Est. Cost
Raise Parking Signs (two) to 60" *	Immediate	\$ 50	\$ 50
Main Entrance Doors Adjustment	Immediate	\$ 0	\$ 0
Adjust closers on all doors within clinic	Immediate	\$ 0	\$ 0
Purchase adjustable exam table *	Immediate	\$4,000	\$4,000
Accessible scale for people who use wheelchairs *	Soon	\$1,500	\$1,500
Create an accessible toilet stall in an unisex restroom in any future office expansion	Future	TBD	TBD
* apply for tax write-offs			
Total			\$ 5,550



Issues – In Process



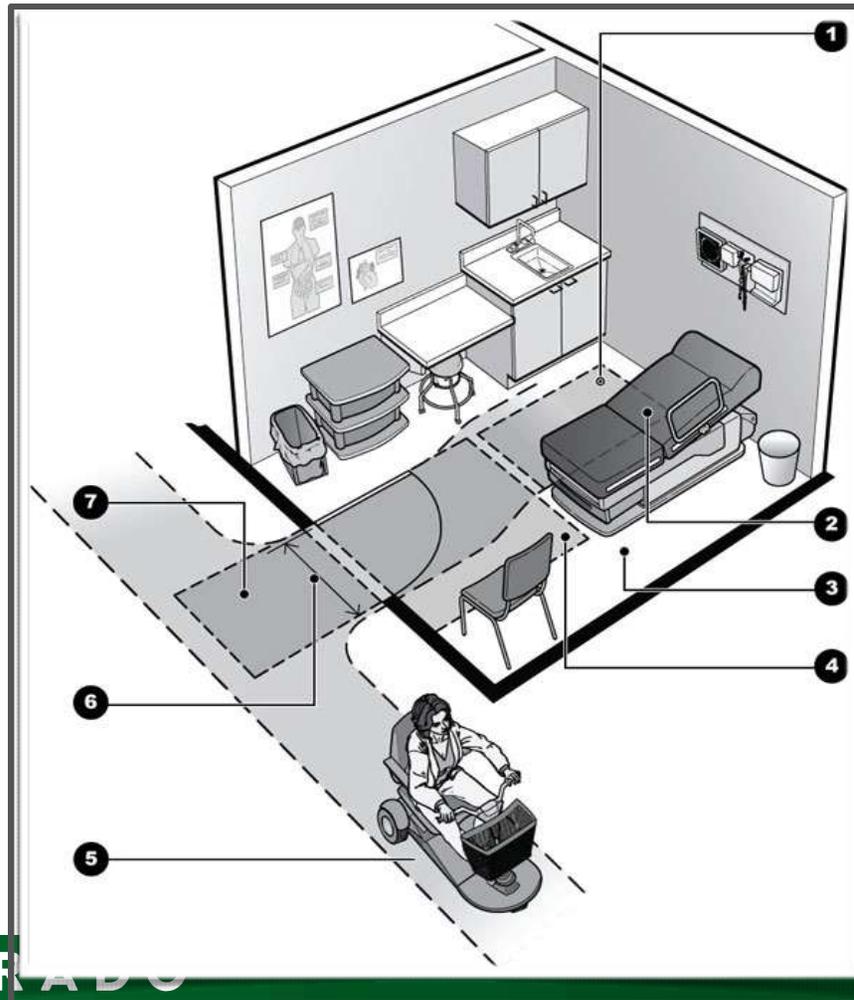
Funding (“readily achievable barrier” & acquiring accessible equipment)

Who reviews – RCCCO staff, ADA Specialists ...

Follow-up: on-going, monitoring, new staff ...

Questions?

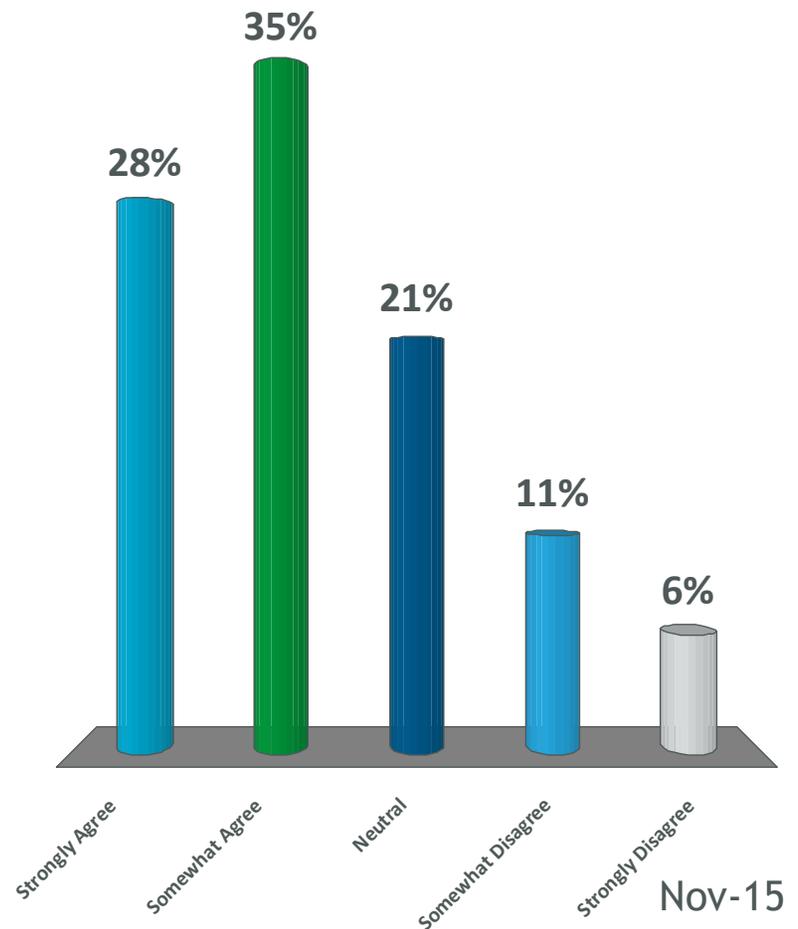
(available at break also)



RCCO ADA / Cultural Competency Today

RCCO's can provide the tools and expertise providers need to make their facilities more accessible to people with disabilities

- A. Strongly Agree
- B. Somewhat Agree
- C. Neutral
- D. Somewhat Disagree
- E. Strongly Disagree



* HCPF ACC: MMP Provider Toolkit and Guide Sept. 2015



Van Wilson, MSW MPH
Project Manager, Medicaid-Medicare Program

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Department of Health Care Policy and Financing
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Gary Montrose
Healthcare Strategy, Advocacy
The Independence Center - Colorado Springs
303-755-9001 | gmontrose@The-IC.org



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Lunch



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Peer Learning

- Share best practices or learn from peers on a topic that interest you!
- 4 Simple Rules:
 - Host or join a topic that interests you
 - Whoever shows up are the right people
 - Stay as long as you are contributing, or choose another group
 - Capture highlights and share with the group
- Be ready to share out around 2:00



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RCCO Rooms

RCCO	Room	Facilitator
1	Windsor (This Level)	Matt
2 & 4	Tudor (Upstairs)	Anne, Matt L.
3	Pavilion	Bill
5	Pavilion	Sophie
6	Windsor (This Level)	Van
7	Tudor (Upstairs)	Russ



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What, So What, Now What?

- What stands out for you from these past 2 days?
- So what—why is it significant?
- Now what—how will you use it, and what will you do next?



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Final Feedback

On your 3 x 5 card, please let us know:

Side 1: As you end this Symposium, what changes or improvements would you like to see for the MMP program in the future? How do you need from the HCPF team?

Side 2: Any final feedback (liked and disliked) on the Symposium itself—content, process, facilitation, venue, venue, etc.

Nov-15



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Thank you!

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Policy and Outreach Specialist

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