



# COLORADO

## Department of Health Care Policy & Financing

**To:** Improving and Bridging Systems Sub-committee

**From:** Medicare-Medicaid Program Demonstration

**Date:** March 1, 2018

**Subject:** Continued Topics for the Medicare-Medicaid Program Demonstration

**Background:** The federally-supported Medicare-Medicaid Program (MMP) Demonstration concluded December 31, 2017. The Department held the last MMP sub-committee on November 1, 2017. The MMP team brought relevant Medicare-Medicaid integration and coordination issues to the wider Program Improvement Advisory Committee (PIAC) on January 17, 2018, where the PIAC officially delegated oversight responsibility to the Improving and Bridging Systems (IBS) sub-committee. On February 1, 2018, the MMP presented topics for consideration to IBS. These topics focused on systems-level changes and transitions through the lens of person-centered planning.

**Scopes of Work:** IBS can assist with the continued work of the MMP Demonstration in the following key topics: 1) integration and coordination with LTSS providers; 2) provider education; and 3) improvement of the service coordination plan (SCP). While these structures exist and were tested during the MMP Demonstration, they need to be enhanced prior to and during implementation of the Regional Accountable Entities (RAEs) of ACC Phase II.

Integration and Coordination with LTSS Providers: One of the primary interventions of the future Regional Accountable Entities (RAEs) will be their development of a successful Health Neighborhood, which includes Long Term Supports and Services (LTSS) providers. Coordination challenges persist between RCCOs and LTSS providers. Many operational details need further guidance and development, including:

1. There is often confusion of care-coordination and case-management roles and responsibilities between the RCCO and LTSS service providers when members receive HCBS services.

**Potential work includes:** the identification of best practices, development of guidance, and care-coordination/case-management roles and responsibilities for shared RAE/LTSS members.

2. RCCOs and other providers have discussed the ongoing challenge and need for guidance to share information between providers, especially for coordination and care planning purposes.

**Potential work includes:** the development of best practices and guidance on partnership agreements, and the identification and best practices and development of guidance for information sharing between disparate provider organizations.

3. Within the next year, significant changes will occur within the LTSS delivery system, including: changes to functional assessments, the implementation of Conflict-Free Case Management, and updates to data and IT systems for case management.

***Potential work includes:*** development of RAE guidance for the implementation of LTSS changes.

This work is a high priority, and improvements are feasible.

Provider Education: The MMP Demonstration found a significant need for greater awareness and education training on Medicare topics as well as Disability Cultural Competency throughout the delivery system. IBS can help to inform the types of training and the associated materials that would be most needed for the RAEs. Without the structure and guidance of the MMP Demonstration to guide learning and awareness of Medicare, it will be crucial for the RAEs to facilitate provider awareness and access to training. Substantial Medicare training through external resources already exists, so the sub-committee can weigh in on specific sites, trainings, and resources for this work. A vetted list of best practices and resources would be helpful. Disability cultural competence (DCC) was a high priority for the MMP Demonstration. Our most recent work includes a series of video trainings and accompanying materials. There are other resources that are extremely professional and well-designed.

This work is a medium/high priority, and improvements are feasible. Medicare resources and training awareness are available and will require less effort to implement in ACC Phase II.

Improvement of the Service Coordination Plan: The SCP was one of the primary inventions of the MMP Demonstration. The SCP was highly successful in guiding RCCOs in their determination of member stratification and risk. However, it was implemented through a prescriptive and rigid framework. It would be valuable to have documented best practices of successful clinical models. This work would focus on the Provider-to-Member experience and models of care planning.

This work is low priority, but improvements are feasible.