

SC DuE Project Integrated Care Workgroup

Meeting #1

Thursday, October 6, 2011

10:00 AM to 12:30 PM

AARP-SC Chapter; Suite 1208

Columbia, SC 29201

Freedom of Information Act

- Welcome/Introductions
- Agenda
- FOIA/ADA:
 - This body's official minutes will indicate that this meeting is in compliance with the Freedom of Information Act's mandate that the public be notified when the public's business is being done, and that furthermore, the public has been notified that this facility is accessible to individuals with disabilities, and special accommodations could have been provided if requested in advance.

Recap August 18th Retreat

Goals & Objectives

Goals and objectives from August 18th Retreat:

- Create best possible system of care for older South Carolinians who are dually eligible.
- Integrate Primary Care, Long-Term Services, and Behavioral Health Services.
- Provide opportunities for overall care coordination.
- Blend funding streams
- Solicit stakeholder input
- Create a seamless system

Recap August 18th Retreat

Goals & Objectives

Goals and objectives from August 18th Retreat:

- Create a model that is realistic for providers given funding constraints
- Provide shared savings, especially for Medicaid
- Give consumers choices/options about where and how care is provided
- Is affordable
- Represents the Urban & Rural mix of SC
- Consider Advanced Directives

Visioning Discussion

The Survey

The reason(s) for the survey:

- To ensure input and feedback opportunities are provided to all Workgroup members
- To make best use of our time
- The subject matter is complicated
- Identify best format / method for gathering input

Visioning Discussion

The Survey | Givens

Givens: Parameters already set

- Medicare and Medicaid integrated
- Services include primary care, behavioral health care, and Long-Term Services and Supports (LTSS)
- Cost Effective, Affordable to state, yield cost savings, and value-based purchasing
- Lead to a statewide system

Visioning Discussion

The Survey | Question #1

Question #1: Care Coordination.

Care coordination will be the cornerstone of the model we select for South Carolina. It will be the means by which we coordinate integrated services and ensure access for dual eligibles. What are the key features of care coordination for South Carolina? Please describe below.

Visioning Discussion

The Survey | Question #1 – Common Themes

Common Themes from responses

- Patient-centered, community-based, and covers continuum of care services...
- Costs should be less than current expenses associated with service coordination...
- Caseloads should be low enough to allow for education, training, etc...
- Linked appropriately to the healthcare system...

Visioning Discussion

The Survey | Question #1 – Common Themes

- Program design should be flexible and innovative...
- Client information shared among providers...
- Provide choice(s)...

Visioning Discussion

The Survey | Question #2

Question #2: Age of Target Population

Rank age in order of importance for the design of our model.

(1 = most important / 3 = least important)

	1	2	3
Less than 55			
55 to 64			
65+ and older			

Visioning Discussion

The Survey | Question #2 – Results

Question #2: Age of Target Population

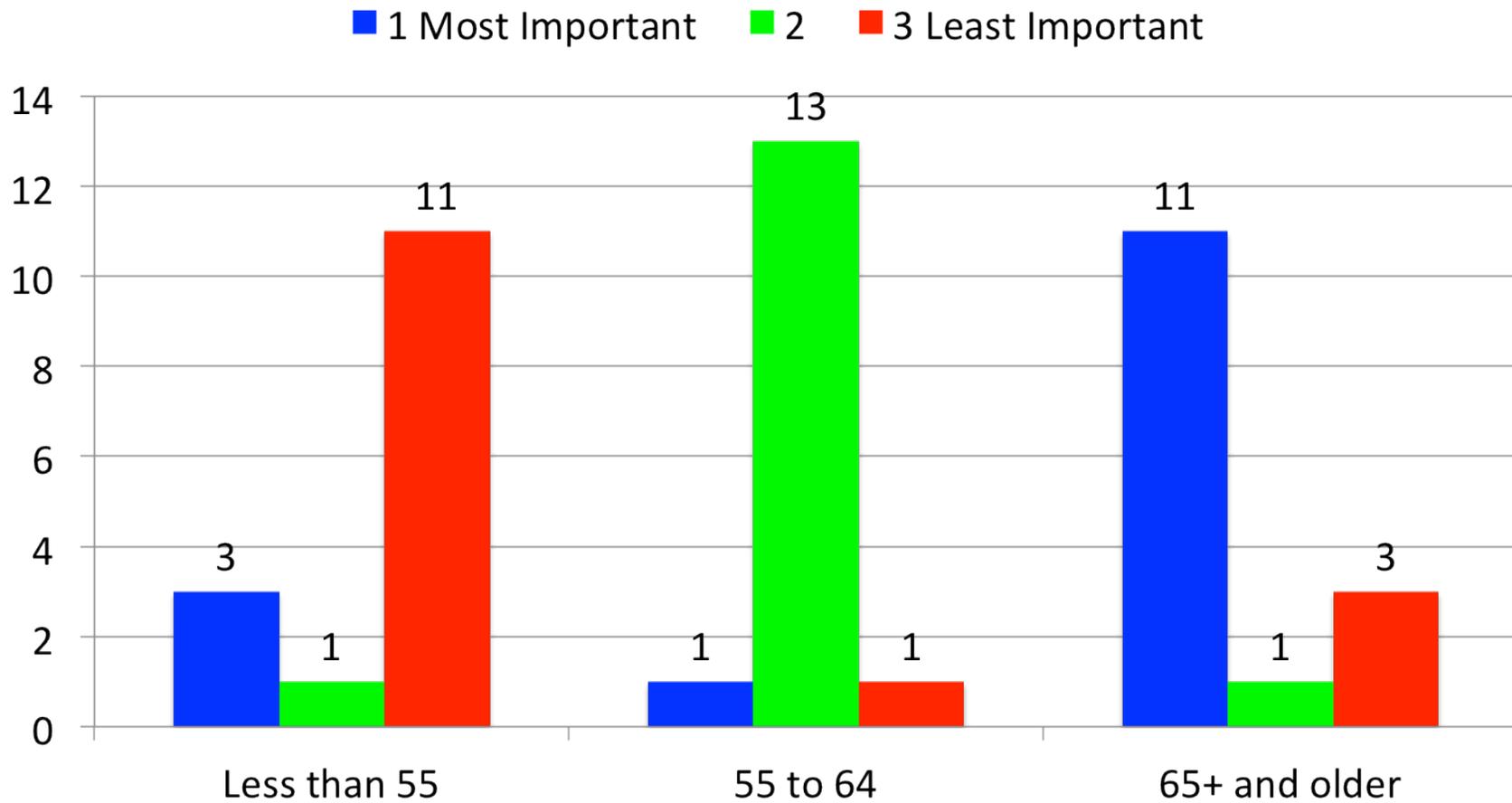
Rank age in order of importance for the design of our model.

(1 = most important / 3 = least important)

	1	2	3
Less than 55	3 20%	1 6.7%	11 73.3%
55 to 64	1 6.7%	13 86.7%	1 6.7%
65+ and older	11 73.3%	1 6.7%	3 20%

Visioning Discussion

The Survey | Question #2 – Results



Visioning Discussion

The Survey | Question #2 – Common Themes

Common Themes from comments

- While the majority of dually eligible South Carolinians are 65+ and older...
 - ≤ 64 should not be exclude
 - ≤ 64 have complex health care needs too (i.e. chronic diseases, disabilities, behavioral health)
- Geography:
 - Piloting different age ranges in various geographic areas is an option

Visioning Discussion

The Survey | Question #3

Question #3: Level of Care (LOC)

In establishing LOC criteria for our model, should we target persons who:

(Rank in order of importance: 1 = most important / 5 = least important)

	1	2	3	4	5
At risk for institutionalization within the next 12-months?					
Meet the State's established Nursing Home Level of Care (LOC)?					
Are at risk of multiple transitions within the continuum of care (i.e. hospital, nursing home, assisted living, rehabilitation, etc.)?					
Have two or more chronic conditions (e.g. diabetes, congestive heart failure, end-stage renal disease, etc.)?					
Have a significant behavioral health condition (including Alzheimers or other types of Dementia) that requires moderate to high levels of supervision?					

Visioning Discussion

The Survey | Question #3 – Results

Question #3: Level of Care (LOC)

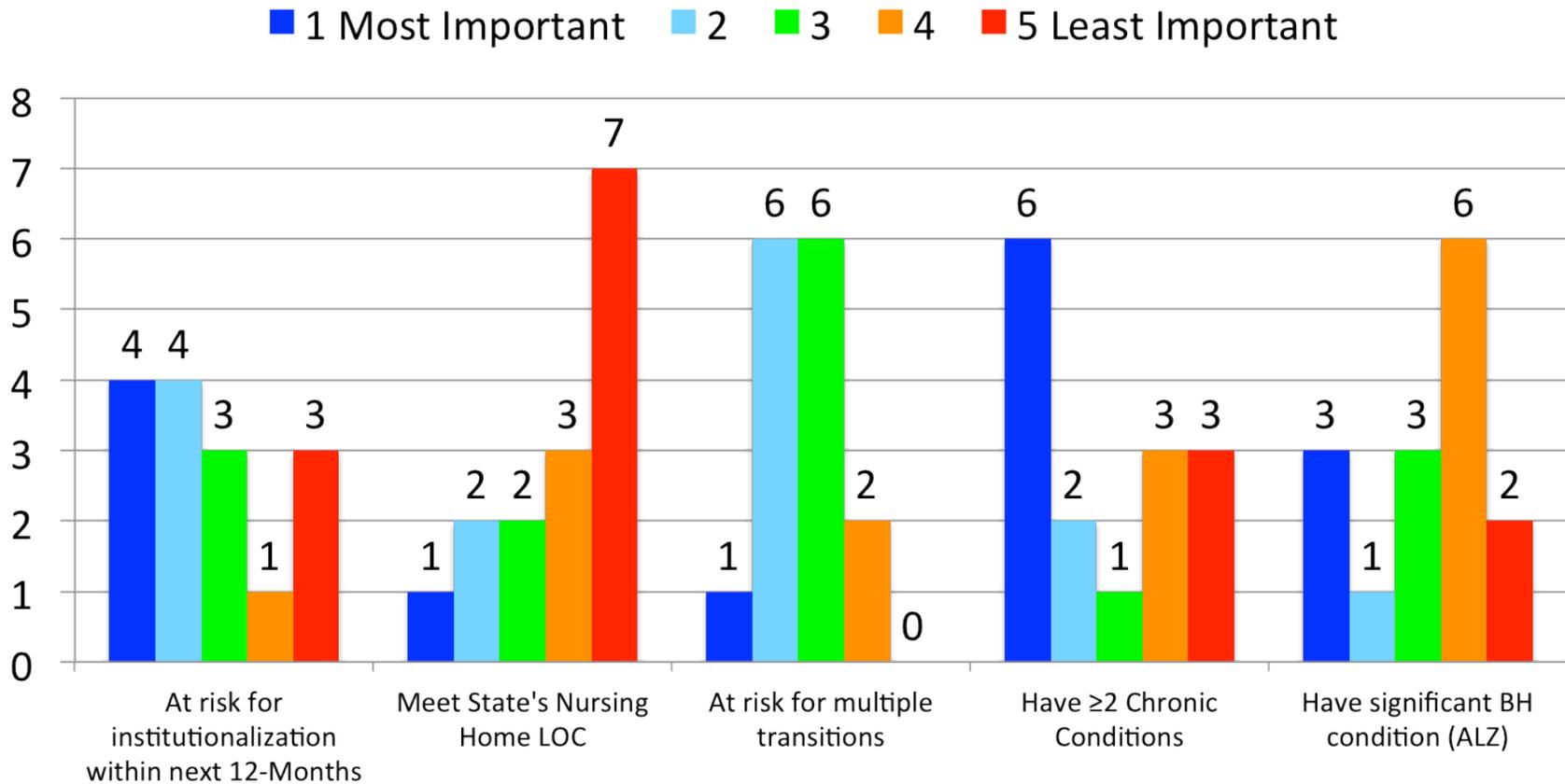
In establishing LOC criteria for our model, should we target persons who:

(Rank in order of importance: 1 = most important / 5 = least important)

	1	2	3	4	5
At risk for institutionalization within the next 12-months?	4 26.7%	4 26.7%	3 20%	1 6.7%	3 20%
Meet the State’s established Nursing Home Level of Care (LOC)?	1 6.7%	2 13.3%	2 13.3%	3 20%	7 46.7%
Are at risk of multiple transitions within the continuum of care (i.e. hospital, nursing home, assisted living, rehabilitation, etc.)?	1 6.7%	6 40%	6 40%	2 13.3%	0 0%
Have two ore more chronic conditions (e.g. diabetes, congestive heart failure, end-stage renal disease, etc.)?	6 40%	2 13.3%	1 6.7%	3 20%	3 20%
Have a significant behavioral health condition (including Alzheimers or other types of Dementia) that requires moderate to high levels of supervision?	3 20%	1 6.7%	3 20%	6 40%	2 13.3%

Visioning Discussion

The Survey | Question #3 – Results



Visioning Discussion

The Survey | Question #3 – Common Themes

Common Theme(s) from comment

- Suggest early prevention and education within primary care as a focus

Visioning Discussion

The Survey | Question #4

Question #4: Services

In addition to Medicare and Medicaid services, which include primary care, long-term care, and behavioral health services, select services you think are most essential for inclusion?

(Check all that apply)

Service(s)	Yes/No	Services(s)	Yes/No
Dental		Personal Care	
Vision		Enhanced adult day health care	
Non-covered Rx's		Transitional care	
Supportive Housing		Multi-disciplinary team conference	
Comprehensive Assessment		Behavior supports	
Care Planning		Caregiver education	
In-Home Respite Care		Other	

Visioning Discussion

The Survey | Question #4 – Results

Question #4: Services

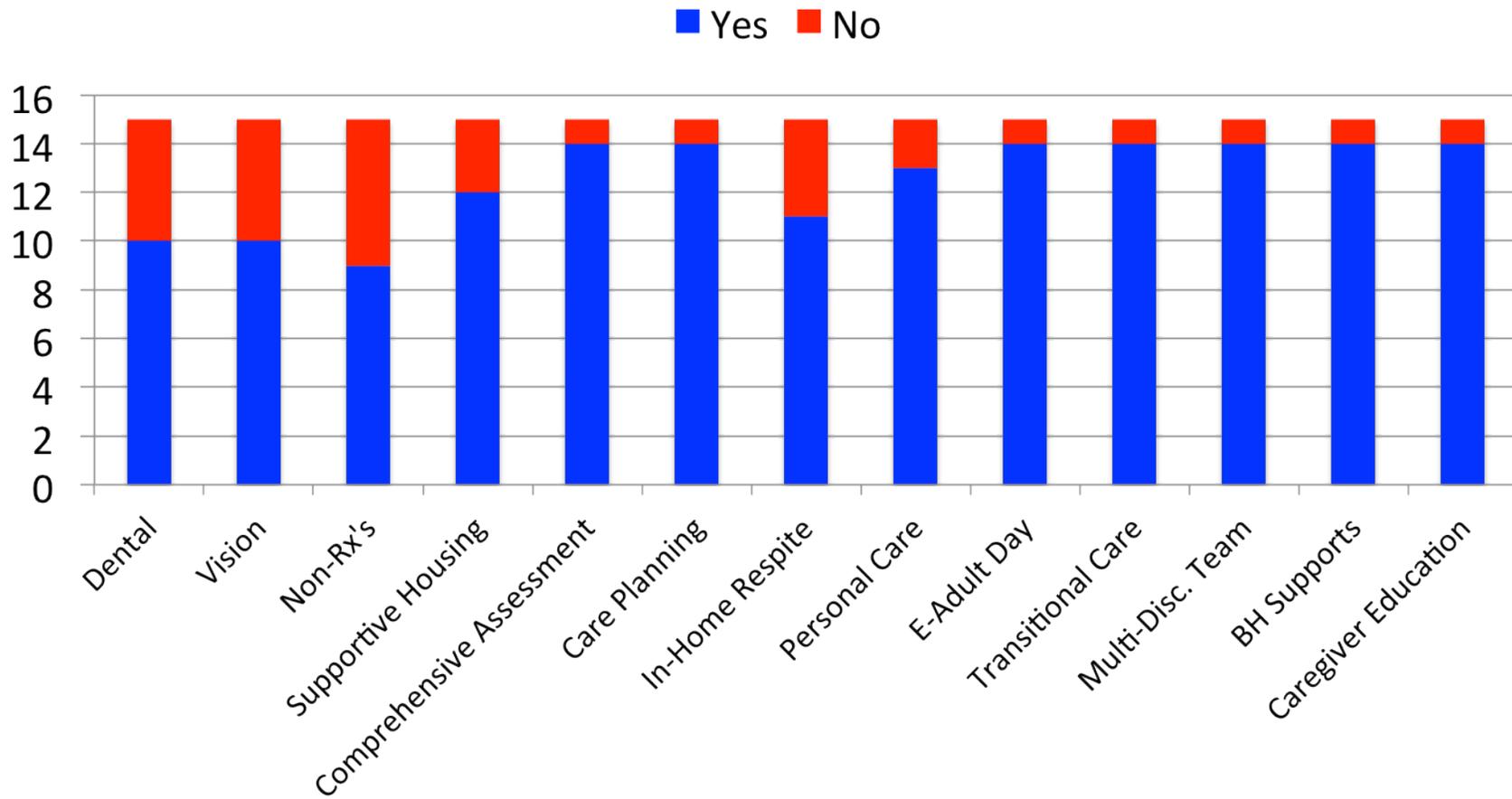
In addition to Medicare and Medicaid services, which include primary care, long-term care, and behavioral health services, select services you think are most essential for inclusion?

(Check all that apply)

Service(s)	Yes		Services(s)	Yes	
Dental	10	66.7%	Personal Care	13	86.7%
Vision	10	66.7%	Enhanced adult day health care	14	93.3%
Non-covered Rx's	9	60%	Transitional care	14	93.3%
Supportive Housing	12	80%	Multi-disciplinary team conference	14	93.3%
Comprehensive Assessment	14	93.3%	Behavior supports	14	93.3%
Care Planning	14	93.3%	Caregiver education	14	93.3%
In-Home Respite Care	11	73.3%	Other		

Visioning Discussion

The Survey | Question #4 – Results



Visioning Discussion

The Survey | Question #4 – Common Themes

Common Themes from comments

- Comprehensive service package most appropriate
- All appear essential
- What, if any, essential services are not included?

Visioning Discussion

The Survey | Question #5

Question #5: Enrollment

What enrollment options should be considered?

	Voluntary Or Mandatory			Auto-Assignment Or Not Auto-Assigned			Locked-In Or Not Locked-in		
Yes, consider	Voluntary			Auto-Assignment			Locked-In		
	Mandatory			Not			Not		

Visioning Discussion

The Survey | Question #5 – Results

Question #5: Enrollment

What enrollment options should be considered?

	Voluntary Or Mandatory			Auto-Assignment Or Not Auto-Assigned			Locked-In Or Not Locked-in		
Yes, consider	Voluntary	8	53.3%	Auto-Assignment	6	40%	Locked-In	5	33.3%
	Mandatory	7	46.7%	Not	9	60%	Not	10	66.7%

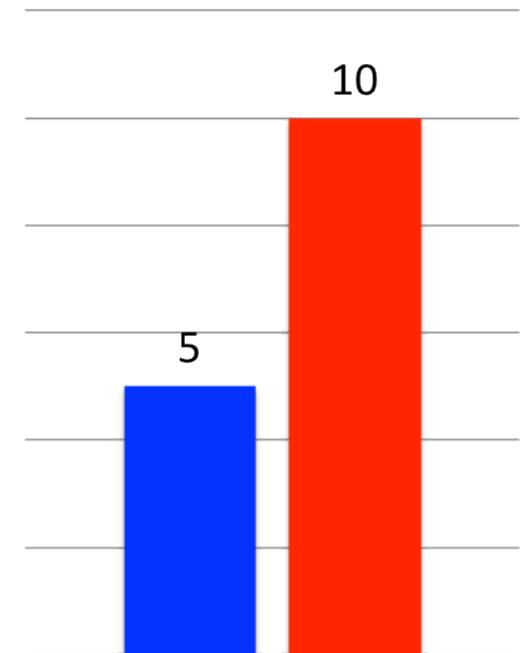
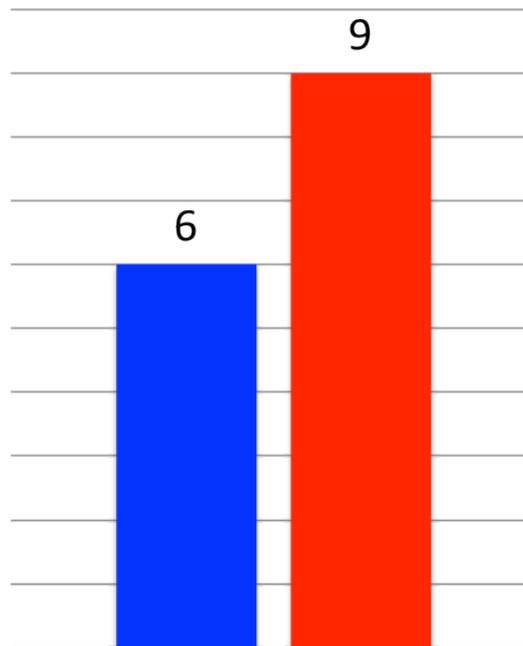
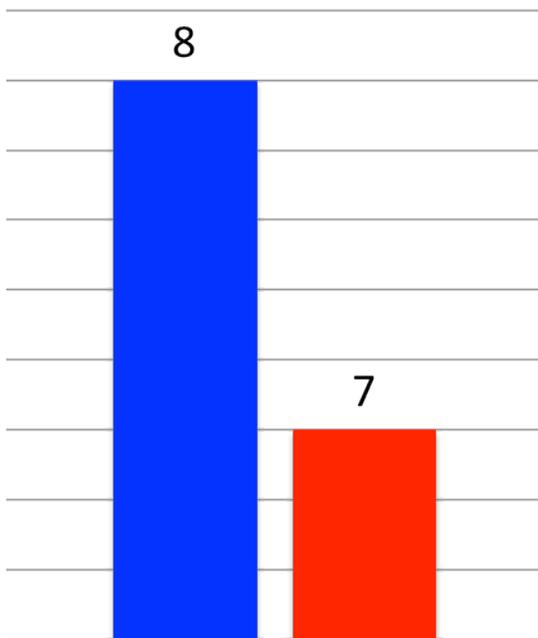
Visioning Discussion

The Survey | Question #5 – Results

■ Voluntary
■ Mandatory

■ Auto-Assignment
■ Not Auto-Assigned

■ Locked-In
■ Not Locked-In



Visioning Discussion

The Survey | Question #5 – Common Themes

Common Themes from comments

- Definition(s) of terms unclear
- Choice is important (opt-out)
- Auto-Assignment if no choice is made
- Not locked-in

Visioning Discussion

The Survey | Question #6

Question #6: General Comments for consideration.

What are other priority issues that you believe should be included?

Visioning Discussion

The Survey | Question #6 – Common Themes

Common themes from responses

- Integrated services should offer choice, ensure access, and be easy to use...
- Care should be coordinated and involve beneficiaries and their families as much as possible...
- The new design should be flexible enough to meet the needs of South Carolinians...

Visioning Discussion

Implications for model development

Benefit design

Financial Alignment Models

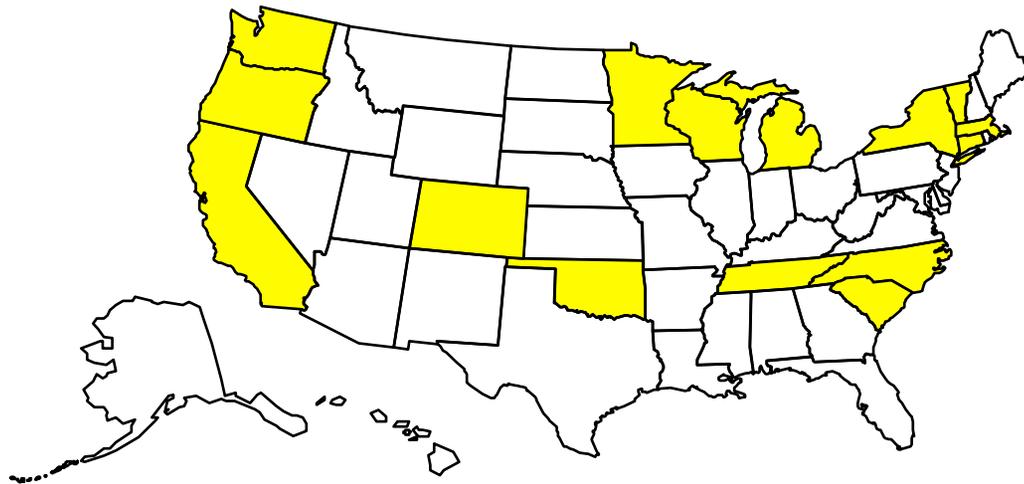
CMS | SMDL

- CMS issued a State Medicaid Directors Letter (SMDL) on July 8, 2011
- Outlined two financial alignment models to support state efforts to integrate care for dual eligible beneficiaries.
 - Capitated
 - Managed FFS (Fee-For-Service)

Financial Alignment Models

CMS | SMDL

- All states issued this State Medicaid Director's Letter (SMDL), but SC was one of the 15 states to receive a demonstration award.



- The award extends priority to SC (e.g. a fast track if we elect to choose one of the two CMS models).

Financial Alignment Models

SCDHHS | Letter Of Intent

- SC submitted its non-binding Letter Of Intent (LOI) on September 29, 2011.
- This Letter Of Intent (LOI) initiated our ability to utilize CMS Technical Assistance (TA) if determined that we select one of the two models.

Financial Alignment Models

CMS Representative | Lindsay Palmer Barnette

CMS Presentation

Medicaid Data

Preliminary Analyses

- Preliminary analyses

Next Steps

Meeting schedule

Retreat

August 18, 2011

10:00 AM to 3:00 PM

Inn at USC

Meeting #1

October 6, 2011

10:00 AM to 12:30 PM

AARP-SC Chapter

Meeting #2

December 1, 2011

10:00 AM to 12:30 PM

AARP-SC Chapter

Meeting #3

February 2, 2012

10:00 AM to 12:30 PM

Palmetto GBA

Meeting #4

March 22, 2012

10:00 AM to 12:30 PM

Palmetto GBA

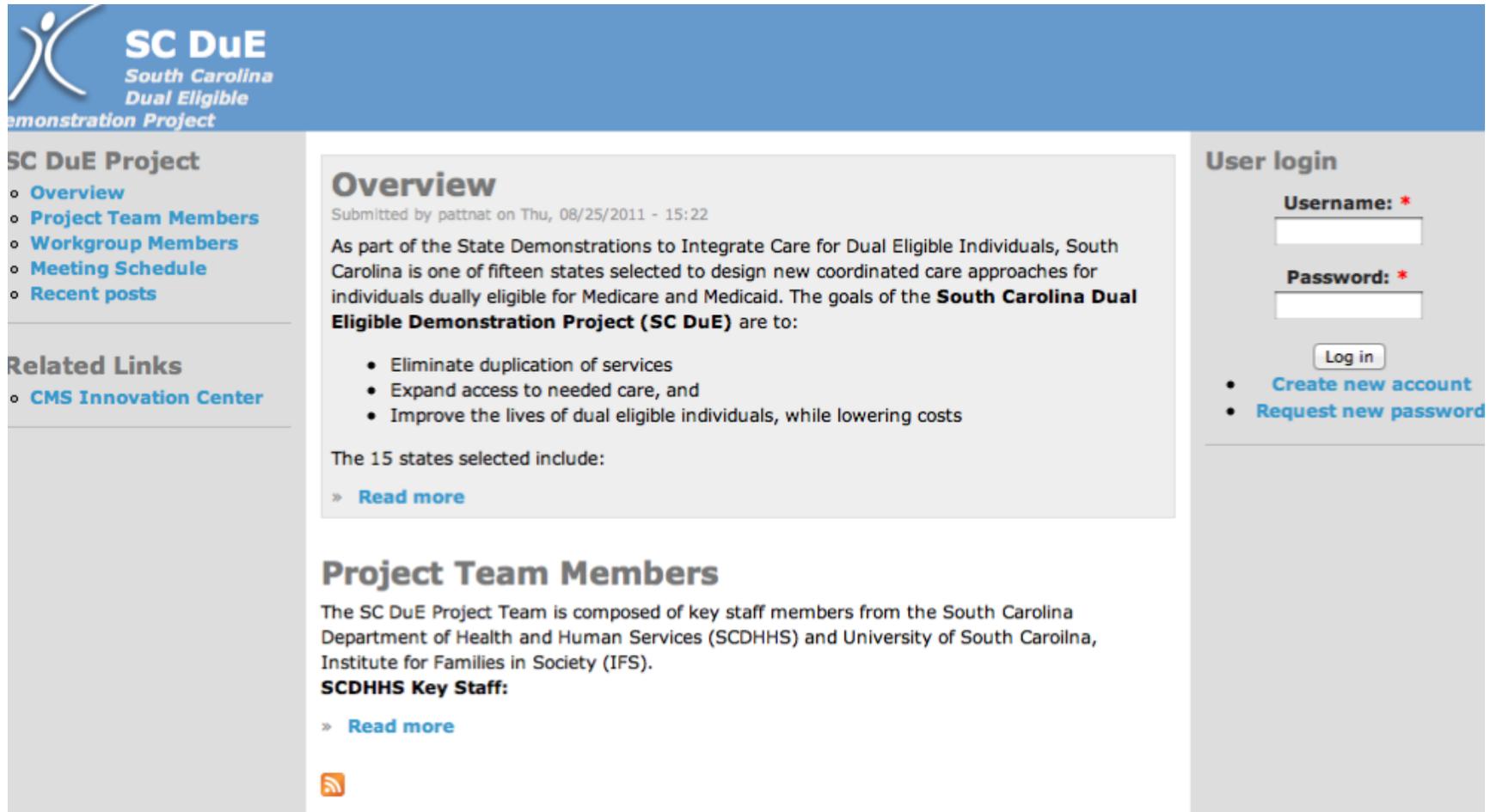
Next Steps

Meeting schedule | Other Meetings

- There will be opportunities for additional input as we narrow our focus.
- We will need small group assistance and/or feedback on particular aspects of design work from varied expertise within this Workgroup.
 - Financial Alignment Models
 - Benefit Design
- Importantly, we want to remain flexible, but realize we have time constraints.

Next Steps

Website: <http://msp.scdhhs.gov/scdue/>



SC DuE
South Carolina
Dual Eligible
Demonstration Project

SC DuE Project

- [Overview](#)
- [Project Team Members](#)
- [Workgroup Members](#)
- [Meeting Schedule](#)
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- [CMS Innovation Center](#)

Overview
Submitted by pattnat on Thu, 08/25/2011 - 15:22

As part of the State Demonstrations to Integrate Care for Dual Eligible Individuals, South Carolina is one of fifteen states selected to design new coordinated care approaches for individuals dually eligible for Medicare and Medicaid. The goals of the **South Carolina Dual Eligible Demonstration Project (SC DuE)** are to:

- Eliminate duplication of services
- Expand access to needed care, and
- Improve the lives of dual eligible individuals, while lowering costs

The 15 states selected include:
> [Read more](#)

Project Team Members

The SC DuE Project Team is composed of key staff members from the South Carolina Department of Health and Human Services (SCDHHS) and University of South Carolina, Institute for Families in Society (IFS).

SCDHHS Key Staff:

> [Read more](#)



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Questions