

Administration for Community Living

Serving Medicare Beneficiaries through Innovation and Partnership

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Overview

- HHS Priorities
- ACL Pillars
- ACL Center for Innovation and Partnership Priorities and Goals
- CIP Priorities as they relate to serving Medicare beneficiaries

HHS Priorities

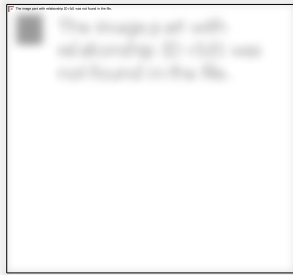
- Value Based Care
 - transform the health care system to one that pays for value
- Opioids Crisis
 - end the crisis of opioid addiction and overdose in America
- Drug Pricing
 - lower the costs of prescription drugs for all Americans without discouraging innovation
- Health Insurance Reform
 - improve the availability and affordability of health insurance

ACL Commitment: Community Living for All

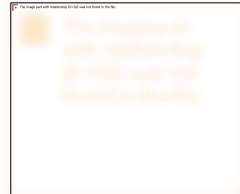
The Administration for Community Living was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose and with the ability to participate fully in their communities.

By funding services and supports provided by networks of community-based organizations, and with investments in research and innovation, ACL helps make this principle a reality for millions of Americans.

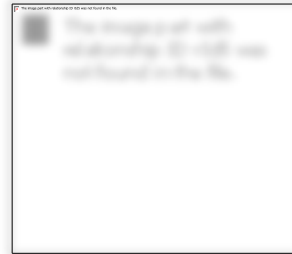
ACL Pillars



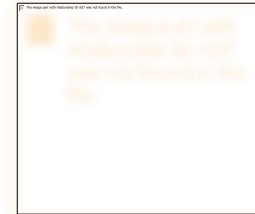
Connecting
people to
resources



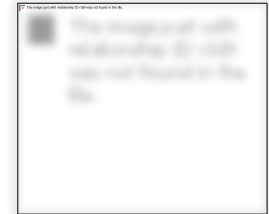
Protecting
rights and
preventing
abuse



Supporting
families and
caregivers



Strengthening
Aging &
Disability
Networks



Expanding
employment
opportunities

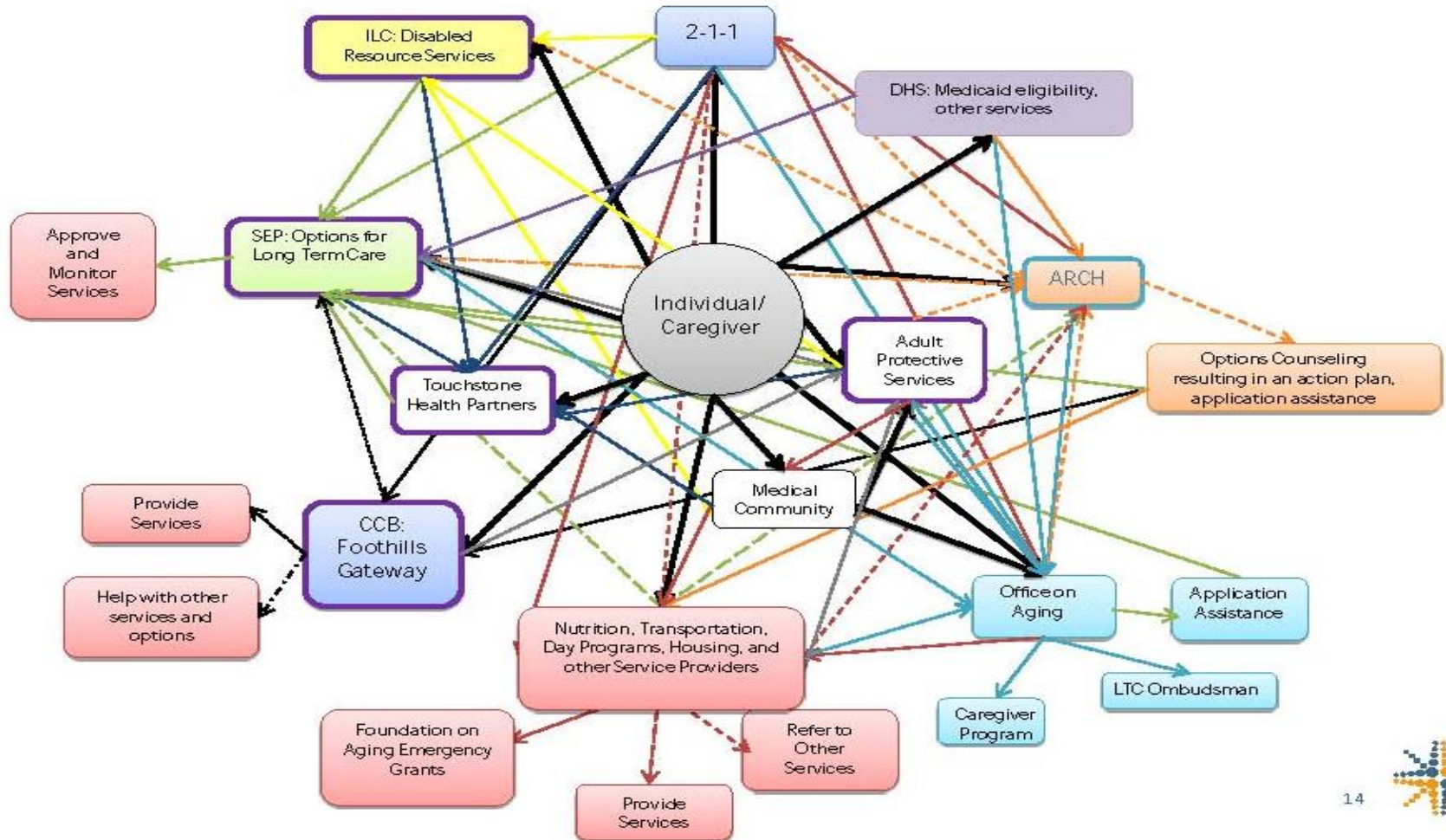
ACL Center for Innovation and Partnership

Realize a nationwide, person-centered aging and disability service system that allows older adults and people with disabilities to thrive at home and in their communities.

3 Wildly Important Goals:

1. Build capacity and sustainability of the aging and disability network through integration of the health care and LTSS delivery and financing systems.
2. Modernize the aging and disability network through adoption of technology, innovative business processes, and **partnerships to achieve efficiencies**.
3. **Ensure older adults and people with disabilities are empowered through access to and choice of benefits and services to meet their life goals, preferences and values.**

The LTSS Puzzle: The Need for a Coordinated NWD System



Moving to a Person Centered and Integrated System of Care

To achieve a person centered system we need a person centered culture and approach at all levels –

1. Person centered planning and counseling
2. Person centered providers
3. Person centered systems that integrate and coordinate social service and health care delivery

All SHIP counselors can embrace a person centered approach to counseling and problem solving

- Training can ensure that these practices are used routinely with beneficiaries

ACL – CMS – VHA Collaboration

Building a Common Front Door to LTSS



VA



**U.S. Department
of Veterans Affairs**

Veterans Health
Administration



Streamlining Access to LTSS through a No Wrong Door System

NWD System Functions in Each State:

State Leadership Management and Oversight

- Must involve support from Governor, involvement of State Medicaid, Aging, Disability and Mental Health Leadership

Outreach and Coordination with Referral Sources

- Relationships with acute and long-term care providers, schools, 211, VA, local non-profits, etc.

Person Centered Planners at Designated Locations across the State

- Assist with immediate LTSS needs, identify goals/preferences, create person centered plan, facilitate nursing home diversion and transition from hospital or SNF to home

Streamlined Eligibility to Public Programs

- Assist with applications to public LTSS programs and activate services

Partnerships with the Aging and Disability Network

- The SHIP and SMP programs are a component of a States No Wrong Door access system to Long term Services and Supports
 - NWD person centered planners should be referring Medicare beneficiaries to SHIP for assistance with Medicare benefits, coverage and plan options
 - SHIP counselors can be referring to person centered planners when needs arise for LTSS beyond the scope of Medicare benefits, coverage and plan options or when the individual is a Veteran who could be eligible for other VA programs like Veteran Directed Care
 - SMP program leads have communication channels through the states NWD system to disseminate alerts on Medicare fraud and abuse

Partnerships with the Aging and Disability Network

- As a part of the Aging and Disability Network, the SHIP program can refer to a States Assistive Technology Program
 - Medicare beneficiaries can demonstrate DME or other technology to help with eating, bathing, reading, hearing, communication, mobility and being independent at home
 - States also have AT re-use programs that enable access to wheelchairs and other DME

Importance of Social Determinants of Health

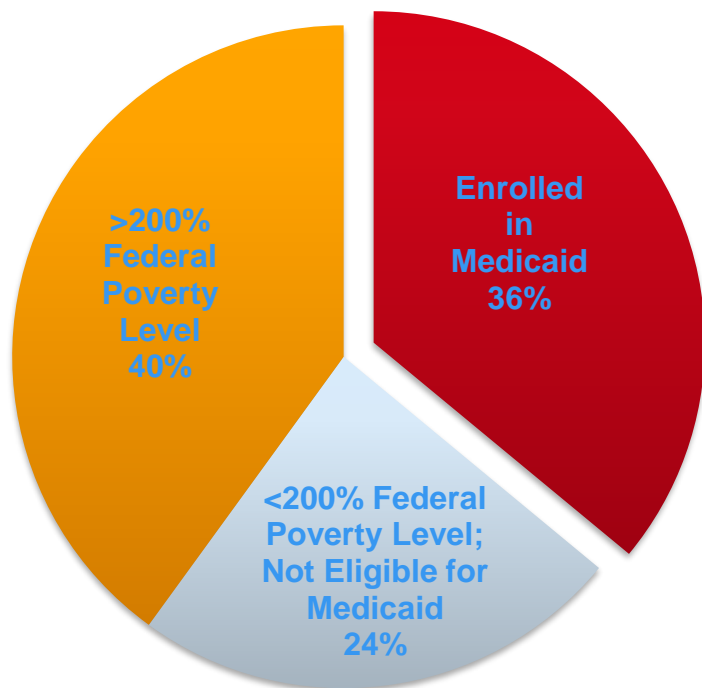
- CMS, private health plans, health systems, primary care providers all understand the importance of addressing social determinants of health
- Medicare options are allowing access to services that address social needs which help people remain independent at home and in the community

Why is this important to SHIP?

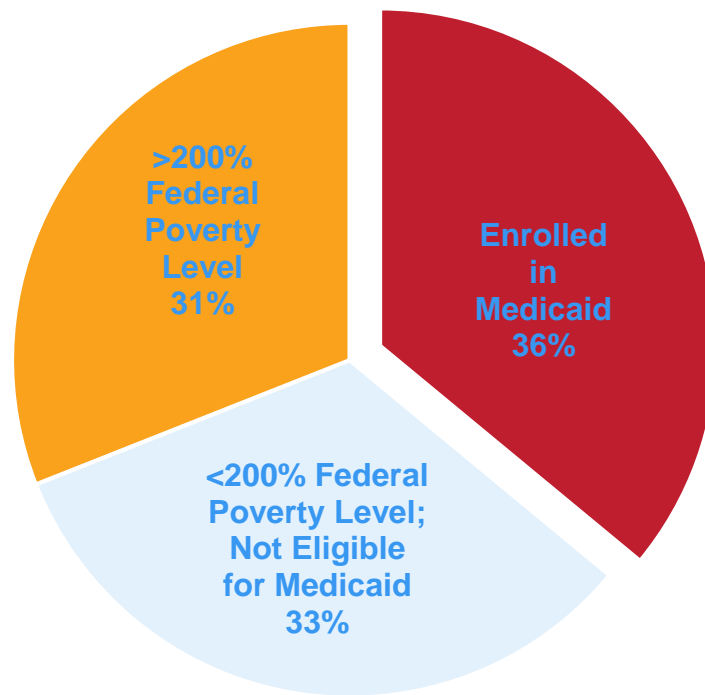
- Approximately 34% of Medicare beneficiaries, or 20 million, have functional limitations that could benefit from support services at home and in the community
- By 2029 there will be 14.4 million middle-income seniors, 60 percent of whom will have mobility limitations and 20 percent of whom will have high health care and functional needs at risk for institutional care and spend down to Medicaid
- SHIP counselors need to be prepared to counsel on all Medicare options that will support beneficiaries in need of holistic care that integrates medical and social services

Medicare Beneficiaries with Functional Impairment Enrolled in Traditional Medicare and Managed Care

Fee-for-Service



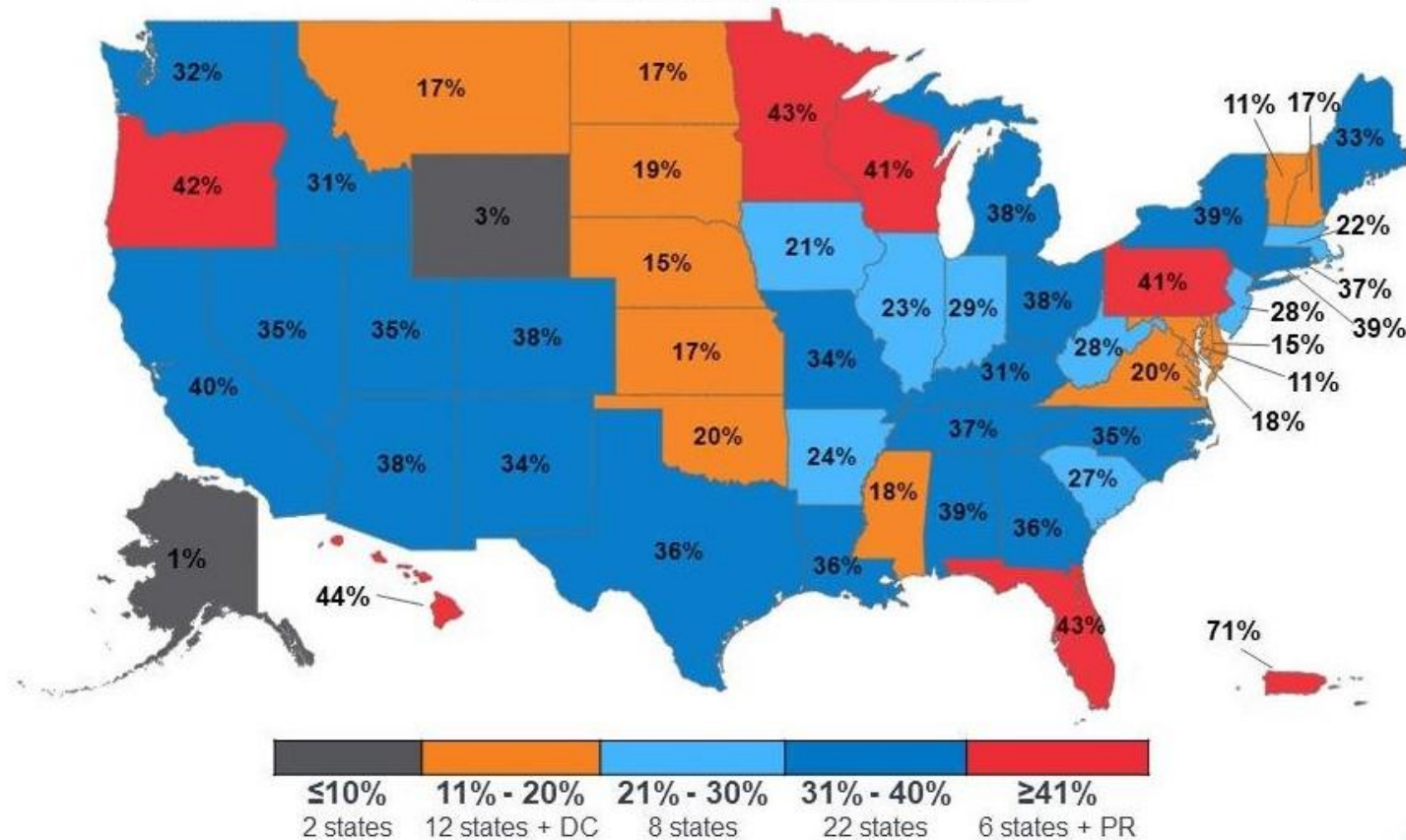
Medicare Advantage



Source: [Anne Tumlinson Innovations](#) analysis of the 2015 Medicare Current Beneficiary Survey. Data is limited to Medicare beneficiaries living in the community and excludes long-stay nursing home residents. Functional impairment in this display is measured at the “moderate” level.

Medicare Advantage Penetration, by State, 2019

National Average, 2019 = 34%



NOTE: Includes cost plans, as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses.
 SOURCE: Kaiser Family Foundation analysis of CMS State/County Market Penetration Files, 2019.



Study of MA Supplemental Benefits

- Almost 21% of all Medicare Advantage (MA) enrollees were offered at least one supplemental benefit in 2019.
- Of the available benefits highest adoption was for caregiver support plans at 17.7% of all MA enrollees, followed by in-home support, 2.2%.
- 12.7% of plans offered a newly allowable supplemental benefit, the majority of these plans only offered caregiver supports
- There was limited adoption of other benefits, such as adult day care, that directly focus on the social needs of members.

Myers D, et al. Early Adoption of New Supplemental Benefits by Medicare Advantage Plans. JAMA. June 11, 2019 Vol 321, No 22

Views on MA Supplemental Benefits

- Qualitative study of MA executives opinions, showed:
 - Agreement that SDOH is important to address in health care delivery
 - Some plans believe it's their responsibility to address social needs, others want to partner with community based organizations to address
- LTQA report: the flexible supplemental benefit is a major step toward providing holistic coverage in the Medicare program. It provides a testing ground for expanded Medicare coverage and the potential to pay for these added benefits through the Medicare health savings they generate.

Consensus Framework for MA Supplemental Benefits – out July 25th

- Conceptual framework developed by advocates, associations, experts and plans to guide future supplemental benefits
- Recognition that this is the first time Medicare is paying for social care and allowing a tailored approach to a benefit
- Flexibility is important to meet individual needs
- Implementation will require clarity, equity, evolution of benefits based on what works and a sustainable approach
- The way plan information is made available and how benefits are explained become more important
- What will SHIP counselors need to be able to counsel on MA supplemental benefits?
 - Better information and decision tools?
 - What else?

CMS Strategic Priority – Integrated Care for Dual Eligibles

- “Less than 10% of the 12 million dually eligible individuals are enrolled in any form of care that integrates Medicare and Medicaid services, and instead have to navigate disconnected delivery and payment systems. This lack of coordination can lead to fragmented care for individuals, misaligned incentives for payers and providers, and administrative inefficiencies and burdens for all. We must do better, and CMS is taking action.”

– Seema Varma, CMS Administrator

<https://www.healthaffairs.org/doi/10.1377/hblog20190423.701475/full/>

Integrated Care Options

- Programs of All-Inclusive Care for the Elderly
 - Serve 45,000 beneficiaries across 110 programs in 31 states
 - Final rule updated the program published May 2019
 - Open to Medicare benes and Medicare and Medicaid dual eligibles
- State Integrated Care Models for Dual Eligibles – 3 options
 - 10 States in Financial Alignment Demo, could expand
 - Managed FFS model
 - New integrated care models proposed by state
- MA Special Needs Plans
 - 2.9 million Medicare beneficiaries enrolled in institutional, chronic illness and duals SNPs
- ACOs
 - 10.9 million Medicare beneficiaries in 518 ACOs

Innovative Tool for SHIP and Medicare Beneficiaries

- Challenge – it's not easy for all SHIP counselors or beneficiaries to be knowledgeable about all integrated care options in their locality
- Solution – the Scan Foundation developed an online tool called MyCare, MyChoice in CA to assist dual eligible beneficiaries and those supporting them the integrated options in their locality will best meet their needs and goals.
- Please come to Wed am session to learn more

Preventing Fraud and Abuse

- Empower and educate a greater number of Medicare beneficiaries on their benefits and protecting their rights and preventing fraud and abuse
- Collaboration with OIG and AARP
 - Improve reporting, analysis and communication on emerging trends and risks
 - Closer collaboration will get information to the field and equip SMP program leads and beneficiaries with information to prevent further fraud and abuse
- Please share your innovative approaches and ideas!
 - Check out session on OH and VT outreach using apps and podcasts

PARTNERSHIPS

06/2019

Office of Minority Health

- Increasing health care accessibility
- Improving ID/DD data

Center for Medicare and Medicaid Innovation

- Innovative care and payment models
- Community wellness program evaluation
- Duals Demonstration Ombudsman TA

Office of Communications

- Designated SHIP liaison, SMP communications
- Training: SHIP, SMP, MIPPA

Center for Clinical Standards and Quality

- NQF stakeholder group support
- Ombudsman and nursing home quality of care, quality of life, residents' rights
- Elder Justice Coordinating Council
- Quality measure development
- Research and policy papers
- Coordination: survey/cert & LTCOPs

Regional CMS Offices

- SHIP liaisons
- SMP point of contacts
- ACL ROs: regional training/outreach
- ACL ROs: SMEs on LTCO and OAA issues
- Inquiries from SUAs, AAAs, and CBOs
- Co-lead regional disaster recovery efforts

Center for Medicaid & CHIP Services

- HCBS settings rule implementation collaboration
- Joint funding: NCAPPS
- HCBS quality measures
- No Wrong Door programs
- AT reuse program
- Health and wellness
- Predictive analytics
- 1115 Reviews
- MFP Programs (including tribal programs)
- Medicaid administrative claiming
- Medicaid buy-in
- Improving ID/DD data
- Adult Maltreatment Prevention working group
- Tribal TA Group
- Tribal MOU (w/IHS)
- SDOH Policy
- RAISE Act

Office of Hearings and Inquiries

- Casework and case process: beneficiary and DMEPOS competitive bidding ombudsman
- Biannual stakeholder meetings: ombudsman programs

Center for Consumer Information & Insurance Oversight

- Marketplace assister training

Federal Coordinated Health Care Office

- Ombudsman TA: financial alignment model programs
- Improving PACE programs
- Response to opioid epidemic
- Increasing health care accessibility
- Improving ID/DD data

Center for Program Integrity

- SMP casework

Center for Medicare

- SHIPs, SMPs, MIPPA programs
- Medicare Advantage
- DME
- PACE programs
- Quality measures
- Payment codes
- SDOH Policy

Your chance to dig in

- The next 2+ days is packed with important sessions to help you be successful
- Learn about:
 - Redesigned plan finder
 - The opioid crises and what you can do
 - Improve counseling on integrated care options
 - Improve enrollment into the Medicare Savings Program
 - Medicare Advantage Supplemental Benefits
 - How CMS is reducing burden and improving beneficiary experience

Thank You!

- For the work you do everyday
- For the difference you make in Medicare beneficiaries lives
- Please work with us as we strive to reach more beneficiaries, offer them the best available information and guidance to inform their choices, protect their interests, and help them live their lives consistent with their values, preferences and goals

