

Workgroup III: Developmental Disabilities

The third session of the Arkansas Health Care Payment Improvement Initiative Developmental Disabilities (DD) workgroup convened on March 6, 2012. The discussion focused on principles for payment improvement in Arkansas applicable to individuals with DD.

The workgroup meeting was the third in a series of discussions that will inform the design and implementation of a new payment model. Approximately 100 Arkansas DD providers, clients, family members, and other advocates attended in Little Rock, as well as at videoconference locations in Fayetteville, Fort Smith, Jonesboro, Pine Bluff, and Texarkana. The discussion materials used in the meeting can be found online at <www.paymentinitiative.org>.

KEY COMPONENTS OF WORKGROUP III DISCUSSION

- **Agenda.** The third workgroup had the following objectives:
 - Review objectives of DD payment improvement initiative
 - Review emerging perspective on version 1.0 DD episode
 - Review emerging perspective on version 1.0 care coordination within health home
 - Discuss potential quality metrics
 - Timetable going forward
- **Sources of value.** The workgroup reviewed the opportunities to improve payment and quality for DD clients, including (1) ensure care provision is efficient and based on client needs, (2) minimized time / resources not focused on delivering client care, and (3) better coordinate care delivery (across DD, medical, and / or behavioral) and promote wellness.
- **Clients included in initial phase.** The workgroup looked at the clients included in version 1.0, which includes adult DD clients, age 18+, who are not enrolled in school. Over time, the goal is to roll out to the entire DD population, including children. The analyses segmented the population of ~7,020 adult DD clients according to the current setting of care into three categories: clients in Intermediate Care Facilities (ICF) / Human Development Centers (HDC), clients receiving Alternative Community Services (ACS) Waiver services and clients receiving Developmental Day Treatment Clinic Services (DDTCS) services only. Some members asked about the methodology and spend included for each category. The workgroup facilitators clarified that numbers were based on all Medicaid claims, and included all medical, behavioral and DD spend for clients, including DDTCS transportation. Expenses incurred by third-party payors (such as Medicare) were not included in the analysis. Further analysis is underway and will continue to bring insights around the population and associated spend.
- **Inter-RAI assessment.** The Inter-RAI tool has been selected for use in adult DD assessments. The core components of the assessment have been validated over the last twenty years. A diverse set of interested Arkansas DD stakeholders will provide input to create a methodology that meets Arkansas' specific needs. Assessment will begin in the second half of 2012, and an independent third party will perform the initial assessment in order to achieve an unbiased baseline. Participant questions stimulated discussion around:
 - Cost of assessment: Procurement is still underway so costs are yet to be determined

- Experience of assessors: Assessors should have DD-specific experience, but exact requirements are still to be determined
 - Assessment validation: Adequate assessment data will be collected prior to payment changes.
 - Impact on Waiver waitlist: Prioritization of the Waiver waitlist will not change in the initial phase. Individuals on the waitlist will not be assessed in version 1.0.
 - Assessment for children: Version 1.0 only includes adults. Over time, the goal is to launch an assessment across all DD clients, but it is possible that children will require use of a different assessment.
 - Stakeholder comments on assessment: Stakeholders will be invited to provide input on how to tailor the assessment to Arkansas' specific needs in the coming weeks.
- **Episode structure.** The discussion centered on three categories of adult DD clients: (1) Comprehensive DD services for clients currently receiving care through ICF / HDC or the Waiver, (2) Limited DD services for clients currently receiving care through DDTCS, and (3) Individual / Family support for clients and / or guardians who currently receive comprehensive DD services and who wish to transition to another category that allows more flexibility to manage spending on services. Specific questions and discussions on episode structure included:
 - Comprehensive DD services. All individuals in ICFs and HDCs will be included in the episode and assessed. Some members questioned whether these changes would require an amendment to the State Plan. Some members also asked whether cost of living adjustments would be applied to all settings of care. The workgroup discussed which adjustments would be appropriate and feasible (e.g., incremental expenses associated with residential settings (ICF / HDC) such as room and board). The workgroup also discussed the mechanics of paying multiple providers.
 - Limited DD services. For clients currently accessing DDTCS services only, the goal is to develop an episode offering an expanded menu of DD services. Services could include some additional services presently limited to the Waiver, such as supported employment and community experience.
 - Individual / Family support. Participants discussed that the support option would be a welcome and potentially cost-effective addition. Some participants raised concerns about the flexibility afforded through Medicaid funding. Participants also stated a belief that clients who move to this episode should have the ability to return to their previous setting of care without being placed back on the Waitlist.
 - **Care coordination.** The workgroup reviewed the definition of the health home, and its responsibilities for integrating care with the medical home. The workgroup discussed the target client population, care coordination activities, and the payment model. Participants raised questions around:
 - Behavioral health. How will providers function with limited access to behavioral health providers? Many states face an issue of connecting DD clients to behavioral health providers, and we can examine a variety of solutions (e.g., tele-psychiatry, expanding provider base via workforce initiative).
 - Compensation. Will health home lead providers receive additional compensation for providing care coordination services? All payment streams are contingent on available program funding.
 - **Quality metrics.** The workgroup briefly discussed a range of possible quality metrics, and the methods that would be used to assess these metrics. The facilitators invited workgroup members to provide input on these quality metrics as the project moves forward.