WELCOME

MAHALO FOR BEING HERE
IMPROVING HEALTH CARE, COVERAGE, AND ACCESS

September 2015
HEALTH CARE INNOVATION

Many opportunities in federal Affordable Care Act ("ACA" or "Obamacare")

- Insurance coverage
- Access and Care
- Payment for quality and outcomes
HEALTH CARE INNOVATION

Today’s discussion: 3 ACA-related proposals

• ACA waiver
• Innovation to improve behavioral health
• Coordinating access to services (seniors, people with disabilities, veterans)
HEALTH CARE INNOVATION

Brief summary of each; breakout groups to discuss

• ACA waiver – Beth Giesting
• Improving behavioral health – Joy Soares
• Access to care – Debbie Shimizu
MAHALO!

More information and feedback:

http://governor.hawaii.gov/
ACA WAIVER PROPOSAL

Preserving Prepaid & Adding the Best of the ACA*

*The Patient Protection and Affordable Care Act or “Obamacare”

September 2015
WHAT DOES THE ACA DO?

• Access and Care
• Payment for quality and outcomes
• Insurance coverage
ACA INSURANCE GOALS

• Everybody to be insured
• Insurance benefits cover essentials
• Employers participate
• Consumers protected
  (out-of-pocket costs, pre-existing conditions)
ACA INSURANCE COVERAGE

✓ Exchange for Individuals
  • Mandate that everybody has insurance
  • Tax credits on exchange make coverage affordable
ACA INSURANCE COVERAGE

✓ Exchange for Small Businesses (SHOP)
  • Increase transparency, competition
  • Simplify purchase
  • Enable employee choice
  • Provide tax incentives
## ACA INSURANCE BENEFITS

✅ 10 “Essential Health Benefits”

<table>
<thead>
<tr>
<th>1. Ambulatory care</th>
<th>6. Prescription drugs</th>
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<tbody>
<tr>
<td>2. Emergency care</td>
<td>7. Rehabilitative/habilitative services</td>
</tr>
<tr>
<td>3. Hospitalization</td>
<td>8. Laboratory services</td>
</tr>
<tr>
<td>4. Maternity and newborn care</td>
<td>9. Preventive and wellness services</td>
</tr>
<tr>
<td>5. Mental health, substance abuse</td>
<td>10. Pediatric medical, dental, vision</td>
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</table>
ACA EMPLOYER CONTRIBUTION

✓ Large businesses required to offer insurance
  • ACA doesn’t mandate coverage by small employers but provides incentives.

Note: Prepaid mandate prevails in Hawaii.
ACA CONSUMER PROTECTIONS

- No exclusions for pre-existing conditions
- No upper limit for benefit costs
- Caps out-of-pocket costs
ACA IN HAWAII

Hawaii Shares ACA Goals

• Near-universal coverage
• Insurance benefits cover essentials
• Employers participate via Prepaid
• Consumers protected –
  • Out-of-pocket costs
  • Pre-existing conditions
ACA IN HAWAII

Hawaii Health Connector Created to Comply with ACA

- Developed Individual Exchange
  - Determine eligibility (Medicaid or tax credits)
  - Support enrollment in plans
  - Manage individual tax credits and cost-share reductions

- Developed Small Business Exch. (SHOP)
  - Display employee choices
  - Support enrollment in plans
  - Aggregate premiums for employers
  - Certify eligibility for employer tax credits
Health Connector, as it turned out

- Complex, expensive to develop and maintain
- Low volume of individuals (few uninsured)
- SHOP little used by businesses (Prepaid)

Current status

- Individual enrollment moving to federal exchange
- Businesses purchasing directly in lieu of SHOP
Prepaid Health Care Act (since 1974) is a key to Hawaii’s insurance success

• Most working people and dependents covered
• Large and small businesses participate
• Good consumer benefits and protections

Hawaii needs waiver to officially align ACA to Prepaid
ACA WAIVERS

• Not available until 2017
• Can waive only some provisions:
  ➢ Essential health benefits
  ➢ Insurance Exchanges
  ➢ Tax credits
  ➢ Individual and employer responsibility
ACA WAIVER FOR HAWAII

Hawaii Waiver Proposal:

- Waive SHOP exchange
- Align ACA with Prepaid
  - Insurance benefits and payment
  - Employee eligibility
  - Employee choice
ACA WAIVER FOR HAWAII

ACA Small Employer Tax Credit

- Businesses up to 25 employees
- Average annual wage < $50,000
- Credit up to 50%
- Available up to 2 years
ACA WAIVER FOR HAWAII

✔ Request equivalent amount for Premium Supplementation Fund

Administered in Hawaii as part of Prepaid
ACA WAIVER FOR HAWAII

Proposed waiver does not affect coverage for uninsured individuals

Will use “Supported State-Based Exchange”
ACA WAIVER FOR HAWAII

✔ Proposed waiver: Align with Prepaid

1. No SHOP exchange
2. No co-op or multi-state insurers
3. No benefit plans inferior to Prepaid
4. Employer decides which plans are available to employees
5. Small employer tax credit administered in Hawaii

Also under discussion: differences in Prepaid vs. ACA benefits
MAHALO!

More information and feedback:

http://governor.hawaii.gov/
STATE’S GOALS FOR HEALTH & CARE

Healthy Families/Healthy Communities

- Social determinants of health
- Racial/ethnic, geographic, economic health equity
- Triple Aim: Quality, Health, Costs
NURTURING HEALTHY FAMILIES & COMMUNITIES

- Coordinating systems, programs, and services
  - Support families and communities
  - Address Social Determinants

- Investing early in keiki and their young parents in multi-generation approach
COMPONENTS TRANSFORMED INTO SYSTEMS

- **SIM Focus**
- 
- **social capital**
  - networks, friends, and neighbors

- **early childhood education**

- **postsecondary & employment pathways**

- **economic assets**
  - asset building, bundled services and housing

- **health & well-being**
  - mental health
  - toxic stress
  - access to health care
SIM FOCUS: HEALTH & WELL-BEING

Health care areas that support ‘Ohana

Contributing to positive behavioral health through integration with primary care

- Adults and children
- In primary care and OB/GYN settings
- Mild to moderate behavioral health conditions (depression, anxiety, substance use)

STARTING WITH MEDICAID
WHY BEHAVIORAL HEALTH?

• Behavioral health (BH) affects ability to learn, work, and be part of healthy families and communities.

• YOU chose BH during SIM round one as the top priority. So did hospital Community Health Needs Assessment.

• BH disproportionately affects the most vulnerable populations.

• Access to BH services is challenging, especially for the Medicaid population.
DATA ON BEHAVIORAL HEALTH

• Hawaii data showed the average cost for individuals with a BH condition was **three times the average total cost** for individuals without a BH diagnosis.

• Mental illness was identified as the number one **preventable** hospitalization in 2012 (Community Health Needs Assessment).

• In 2013, more than one in every 4 adults (27%) in Hawai‘i reported having **poor mental health**.¹

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DATA ON BEHAVIORAL HEALTH

• The number of suicides for youth ages 15 to 24 more than doubled from 2007 to 2011.

Disparities:
• More than one in ten (11.9%) of Native Hawaii/Pacific Islander high school students attempted suicide one or more times in the past year, the highest proportion among all racial groups in the US. ¹

• Native Hawaii and Pacific Islanders ages 12 and older are abusing or dependent upon substances at rates much higher rates (11.3%) than blacks (7.4%), whites (8.4%), and Hispanics (8.6%).

WHY MILD TO MODERATE CONDITIONS?

• Potential **return on investment**: co-morbidity costs in Hawaii
  o A mental health condition was a co-existing diagnosis in 34% of hospitalizations

• National behavioral health integration initiatives have **demonstrated improved outcomes** and a strong return on investment for patients with mild to moderate behavioral health conditions.
WHY FOCUS ON PRIMARY CARE?

• PCPs provide **60-70% of BH care** for mild to moderate conditions.

• Feedback from Hawaii stakeholders suggest that many PCPs are not screening because of the **lack of BH training and resources** needed to provide those services at the primary care level.

• Data on behavioral health integration pilots in Hawaii are not available yet, but anecdotally providers report they think their **patients are receiving better care**.
AUDIENCE PARTICIPATION
PROPOSED MODELS

• **SBIRT** - Screening, Brief Intervention, Referral for Treatment; to help address the hidden issues with substance misuse in primary care offices

• **Screening and Treatment of Depression and Anxiety** - based on IMPACT model to identify and treat depression in primary care settings

• **Motivational Interviewing** – is a client-centered method used to educate, engage, empower consumers to be part of their health
PROPOSED MODELS

• Voluntary!
• Chose model(s) that meets the need of the community
• Develop training program
• Learning collaboratives
• Develop provider to provider consultation model
• Expand members of primary care team
  • Community Health Workers
  • Clinical pharmacists
MAHALO!

More information and feedback:

http://governor.hawaii.gov/
NO WRONG DOOR

A System of Access to Long Term Services and Supports for All Populations and Payers

September 2015
BACKGROUND
WHAT is the No Wrong Door?
WHO Is involved?
WHY do we need the NWD system?
HOW are we going to do this?
BACKGROUND

• In 2014, the US Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration (VHA) provided grants to states to plan a “No Wrong Door” (NWD) system that would help individuals stay at home as long as possible.

• Purpose:
  • Make it easier for people of all ages, disabilities and income levels to learn about and have access to the services and supports they need to keep them in their homes
  • Break down silos to better coordinate and integrate the multiple state administered programs
  • Offer people choices and develop a plan for what they want (person-centered)
  • Develop a 3-year plan to include a detailed strategy and work plan
WHAT IS THE NO WRONG DOOR SYSTEM?

NWD is a **single statewide system of access to long term services and supports (LTSS)*** for all populations and all payers

*LTSS= Long Term Services and Supports means:

- Assistance with activities of daily living (ADL) such as bathing, dressing, toileting, eating or

- Assistance with Instrumental activities of daily living (IADL) such as cooking, driving, shopping, help with finances or

- Cannot perform ADLs or IADLs due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, typically 90 days or more
The NWD System **functions** include:

- **Public Outreach and Coordination with Key Referral Sources**
  - A coordinated system
  - Not just one entity. Built upon existing resources and places known to individuals

- **Person-Centered Counseling**
  - Based on what YOU want

- **Streamlined Access to LTSS Programs**
  - Tell your story only once
  - Standard process with common protocols
  - Easier for the consumer

- **State Governance and Administration**
  - Advisory committee including partners and stakeholders
**FOA Requirements**

12-month Planning process to generate a 3-year implementation plan to transform the state LTSS access function into a No Wrong Door System for all populations and all payers.

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<th>Required Full Partners</th>
<th>Required Agencies/Stakeholders</th>
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<tr>
<td>• State Medicaid Agency</td>
<td>• Consumers and their advocates</td>
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<tr>
<td>• State Unit on Aging</td>
<td>• Area Agencies on Aging</td>
</tr>
<tr>
<td>• State agencies that serve or represent the interests of the physically disabled population</td>
<td>• Centers for Independent Living</td>
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<tr>
<td>• State agencies that serve or represent the interests of the I/DD population</td>
<td>• Local Medicaid agencies</td>
</tr>
<tr>
<td>• State authorities administering mental health services</td>
<td>• Local organizations that serve or represent the interests of the physically disabled population</td>
</tr>
<tr>
<td></td>
<td>• Local organizations that serve or represent the interests of the I/DD population</td>
</tr>
<tr>
<td></td>
<td>• Local organizations that serve or represent the interests of individuals with mental/behavioral health needs</td>
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<td></td>
<td>• Veteran Service Organizations</td>
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<td>• Service providers</td>
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The Hawaii Plan - Our Vision

The Aging and Disability Resource Center (ADRC) is the mechanism that we are using to build the No Wrong Door system.

1) **Develop the current Aging and Disability Resource Center (ADRC)** into a fully coordinated, integrated and person-centered system of long term services and supports (LTSS) for individuals of all ages, all disabilities and all payers
   - Currently ADRCs are at the County Area Agencies on Aging
   - ADRCs are designed by the county and are different in each county
   - Future- We want to build a network around ADRC

2) **Integrate with the Office of Healthcare Transformation Innovation plan**
<table>
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<tr>
<th><strong>Information and Referral</strong></th>
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<tr>
<td>• ADRCs provide information and referrals to community service providers, such as adult day care, transportation, adult crisis intervention, home delivered meals</td>
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<tr>
<th><strong>Intake and Assessment</strong></th>
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<tr>
<td>• ADRC specialists listen to the individual’s needs and conduct an assessment over the phone or may meet them in person</td>
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<th><strong>Person-centered counseling</strong></th>
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<tbody>
<tr>
<td>• ADRC specialists provide individuals and their families with choices and options about long term services and supports based on what the individual and their family want</td>
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<tr>
<th><strong>Support Plan</strong></th>
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<tr>
<td>• ADRC specialists assist the individual and their family develop a plan based on what is important to them</td>
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WHY DO WE NEED A NO WRONG DOOR SYSTEM?

• Strengthen the “D” in ADRC (Aging and Disability Resource Center)
  • Current ADRC is primarily focused on the Aging population
    We need to strengthen the system for individuals with disabilities and veterans.
  • Build a network (ADRCs and pool of providers) to provide counseling and supports
    for all participants and populations

• Improve coordination and streamline referral protocols between Doors in the network
  so we can provide services more efficiently

• Reduce duplication through data sharing

• Meet Federal requirements in managed care rules and Affordable Care Act guidance
  for person-centered counseling

• Need for sustainable funding
  • Diversify funding (Medicaid, Veterans, health plans)
3-YEAR PLAN

GOAL: Support all individuals with LTSS needs make informed choices about their supports so they can lead meaningful lives

OBJECTIVES:

- Develop the current publicly funded LTSS access points (Doors) into an integrated, coordinated network
- Expand the capacity of the network to support all populations (Include other providers)
- Develop infrastructure for training on person-centered counseling
- Establish diversified and sustainable funding
NO WRONG DOOR BLOG

http://hinwd.blogspot.com/

- Meeting information
- Notes from stakeholder meetings
- Links to important documents
- Comments
Mahalo!