



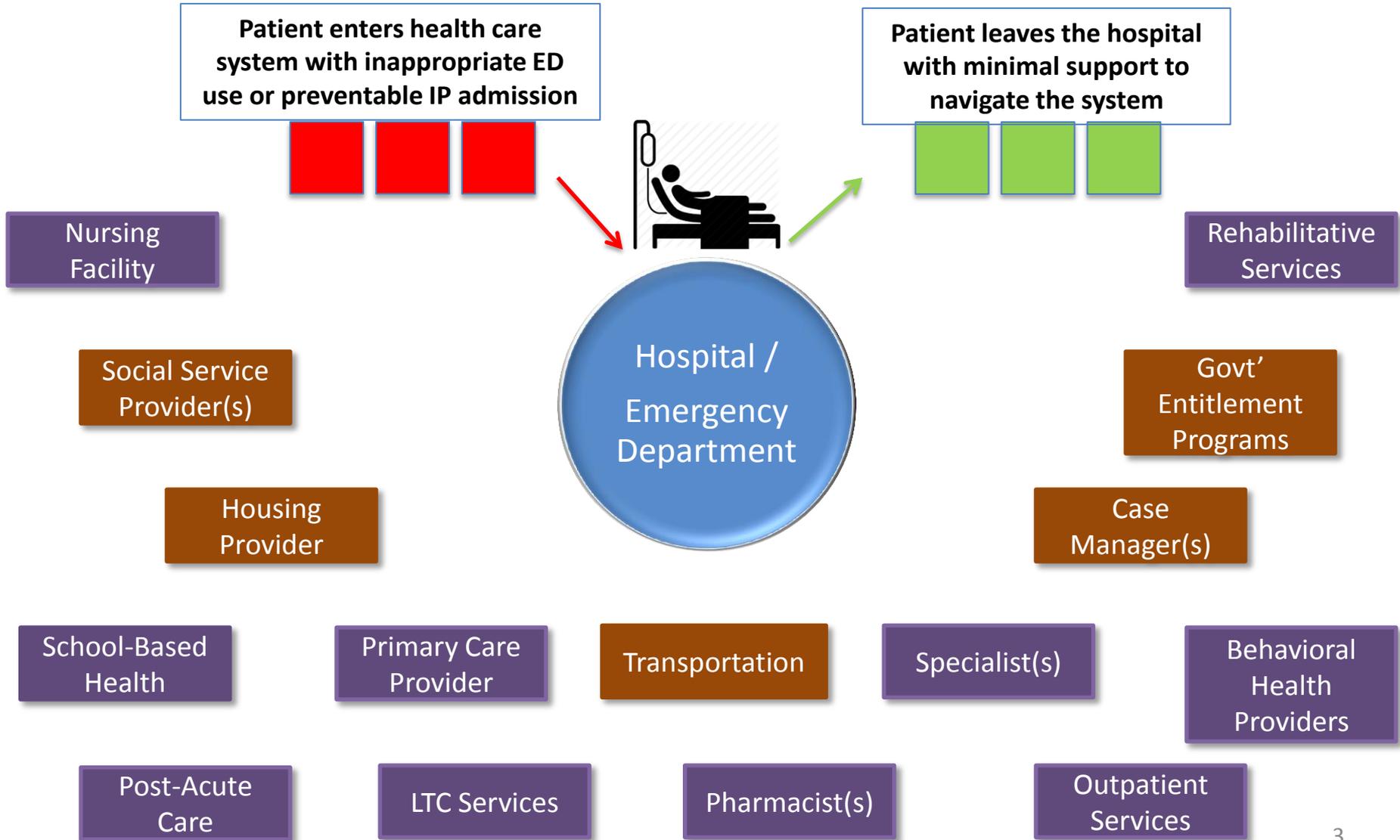
# **SIM Community Linkages Work Group #2**

December 16, 2015

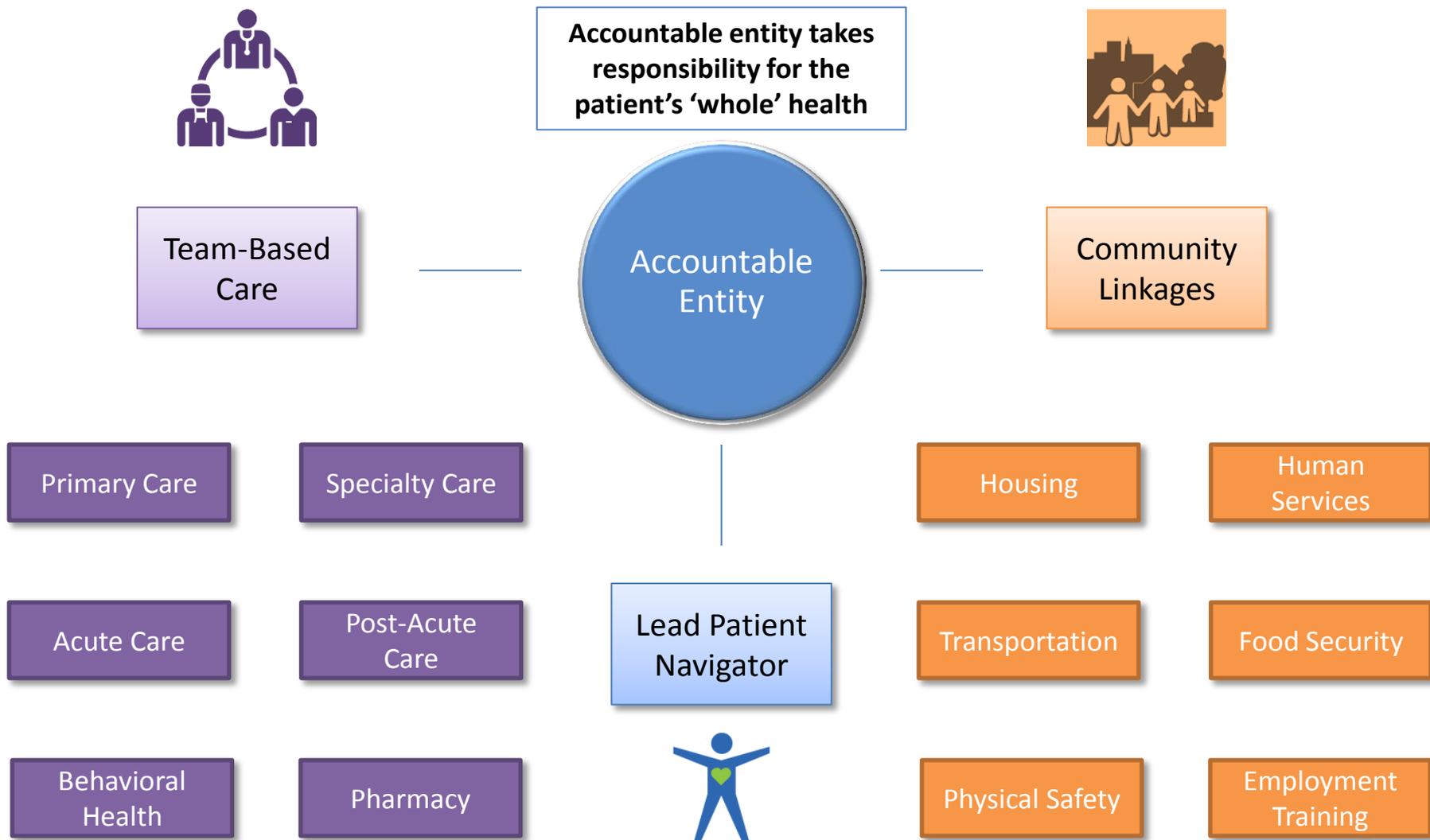
# Agenda

- Current and Envisioned Healthcare Landscape
- Health Homes for Individuals with Chronic Physical Conditions, and Homeless Individuals (HH2) Overview
  - Goals & Objectives
  - Design Considerations
  - HH2 Services
- HH2 and PSH Provider Collaboration Incentives
- HH2 Timeline and Milestones
- Homework: HH2 Providers and PSH/Outreach Provider Communication
- Next Steps

# Current DC Healthcare Landscape



# Envisioned DC Healthcare Landscape



**HEALTH HOMES FOR  
INDIVIDUALS WITH CHRONIC  
PHYSICAL CONDITIONS, AND  
HOMELESS INDIVIDUALS (HH2)  
OVERVIEW**

# HH2 Goals

To meet patient (client) needs and preferences in delivery of high quality, high value healthcare

- Assess individual's needs and preferences
- Communicate needs and preferences at right time to right people
- Use information to guide delivery of safe, appropriate effective care

# HH2 Federal Requirements & DC's General Design Considerations

## MODEL:

- Providers integrate and coordinate all primary, acute, behavioral health, and long-term services and supports
- Integrated into primary care
- Must include FFS and MCO

## ELIGIBILITY:

- Have 2 or more chronic conditions
- Have 1 chronic condition and are at risk for a 2<sup>nd</sup> (e.g. chronic homelessness)

## REQUIRED SERVICES:

- Comprehensive care mgmt.
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient & family support
- Referral to community & social support services

## POPULATION SIZE:

- Target Size = ~25,000 – 30,000
- Majority are Medicaid fee-for-service beneficiaries

## FINANCING:

- 90% federal / 10% local for first 8 quarters of benefit
- P4P in years 2-4

# Crosswalk: Medicaid Allowable Services to Potential HH2 Services

'Social' Service	Activities	HH2 Service Category (s)
<b>Assessment &amp; identifying client needs</b>	<ul style="list-style-type: none"> <li>Gathering documents for determining eligibility for housing assistance and services</li> <li>Intake interview(s) for program(s) &amp; services</li> <li>Conducting assessments &amp; reassessments</li> <li>Arranging for further testing &amp; evaluation</li> <li>Documenting assessment activities</li> </ul>	<b><i>Comprehensive Care Mgmt.</i></b>
<b>Service plan development</b>	<ul style="list-style-type: none"> <li>Developing service plan with client</li> <li>Writing and updating a service plan / documenting service plan development</li> <li>Determining who (which people or organizations) will provide needed services</li> </ul>	<b><i>Comprehensive Care Mgmt.</i></b>
<b>Helping people get housing</b>	<ul style="list-style-type: none"> <li>Help consumers complete applications and provide documents needed to qualify for housing assistance</li> <li>Help with housing search and coaching for interviews</li> <li>Help with communicating with landlords, understanding lease terms, requesting reasonable accommodations if needed</li> <li>Help with setting up utilities</li> <li>Help to get furniture and household supplies</li> <li>Move-in assistance</li> </ul>	<b><i>Patient &amp; Family Support</i></b>
<b>Ongoing tenancy supports</b>	<ul style="list-style-type: none"> <li>Help consumer with ongoing communication with landlords, problem-solving for needed repairs or resolving disputes</li> <li>Help to communicate with and resolve conflicts with neighbors</li> <li>Help to understand and comply with lease terms</li> <li>Help to pay rent on time and negotiate agreements for paying past due rent</li> <li>Help with paying utilities</li> <li>Eviction prevention</li> </ul>	<b><i>Patient &amp; Family Support</i></b>

# Crosswalk: Medicaid Allowable Services to Potential HH2 Services (cont.)

'Social' Service	Activities	HH2 Service Category (s)
<p><b>Independent living skills coaching</b></p>	<ul style="list-style-type: none"> <li>• Personal hygiene and self care</li> <li>• Housekeeping</li> <li>• Apartment safety</li> <li>• Cooking / meal preparation</li> <li>• Nutrition education</li> <li>• Shopping on a budget, getting free or low-cost food</li> <li>• Using public transportation</li> <li>• Access to community resources (e.g. libraries, parks, opportunities for integration)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Promotion</b></li> <li>• <b>Patient &amp; Family Support</b></li> <li>• <b>Referral to community &amp; social support services</b></li> </ul>
<p><b>Coordination with primary care and other medical services</b></p>	<ul style="list-style-type: none"> <li>• Help to make appointments and re-schedule as needed</li> <li>• Help to find / use transportation to get to appointments</li> <li>• Accompany the consumer to appointments as needed to build confidence, understand / communicate with health care providers, and support skill-building</li> <li>• Help to arrange or schedule visits with needed medical services</li> <li>• Helping consumers communicate with medical providers and pharmacy about potential side effects or interactions related to multiple medications for medical and behavioral health conditions and other substances</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Care Coordination</b></li> <li>• <b>Patient &amp; Family Support</b></li> <li>• <b>Comprehensive Care Mgmt.</b></li> </ul>
<p><b>Services to address problematic substance use</b></p>	<ul style="list-style-type: none"> <li>• Motivational interviewing</li> <li>• Substance abuse counseling</li> <li>• Coordination with substance abuse treatment programs and/or Medication-Assisted Treatment</li> <li>• Help to keep drug dealers and friends / family members with problematic substance use out of the consumer's apartment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Patient &amp; Family Support</b></li> <li>• <b>Care Coordination</b></li> </ul>

# Crosswalk: Medicaid Allowable Services to Potential HH2 Services (cont.)

‘Social’ Service	Activities	HH2 Service Category (s)
<b>Support Groups</b>	<ul style="list-style-type: none"> <li>• Help to facilitate consumer’s participation in AA/NA or other existing support groups</li> <li>• Facilitate support groups for consumers with shared needs and interests</li> <li>• Peer support, mentoring</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Patient &amp; Family Support</b></li> <li>• <b>Health Promotion</b></li> </ul>
<b>Referral, monitoring, and follow-up</b>	<ul style="list-style-type: none"> <li>• Identify and connect consumers to mainstream / community services and resources to meet identified needs and goals</li> <li>• Make formal referrals and provide documentation as needed for services provided by other organizations</li> <li>• Help to make appointments and re-schedule as needed</li> <li>• Help to find / use transportation to get to other services</li> <li>• Accompany the consumer to appointments, other services as needed to build confidence and support skill-building</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral to community &amp; social support services</b></li> <li>• <b>Care Coordination</b></li> <li>• <b>Patient &amp; Family Support</b></li> </ul>
<b>Medication management/ monitoring</b>	<ul style="list-style-type: none"> <li>• Educating consumers about psychotropic medications or other medications, including effects (and side-effects) and interactions with other medications / substances</li> <li>• Helping consumers manage their own medications (e.g. help set up pill boxes or reminders)</li> <li>• Reminders / encouragement to take medications as recommended and get refills</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Health Promotion</b></li> <li>• <b>Patient &amp; Family Support</b></li> </ul>
<b>Outreach and engagement</b>	<ul style="list-style-type: none"> <li>• Identifying and engaging (or re-engaging) with people who are un-served, under-served, or not effectively connected with needed services</li> <li>• Building trusting relationships using trauma-informed approaches</li> <li>• Engaging with people who have frequent / avoidable use of other crisis or inpatient services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Patient &amp; Family Support</b></li> <li>• <b>Comprehensive Care Mgmt.</b> <sup>10</sup></li> </ul>

# Crosswalk: Medicaid Allowable Services to Potential HH2 Services (cont.)

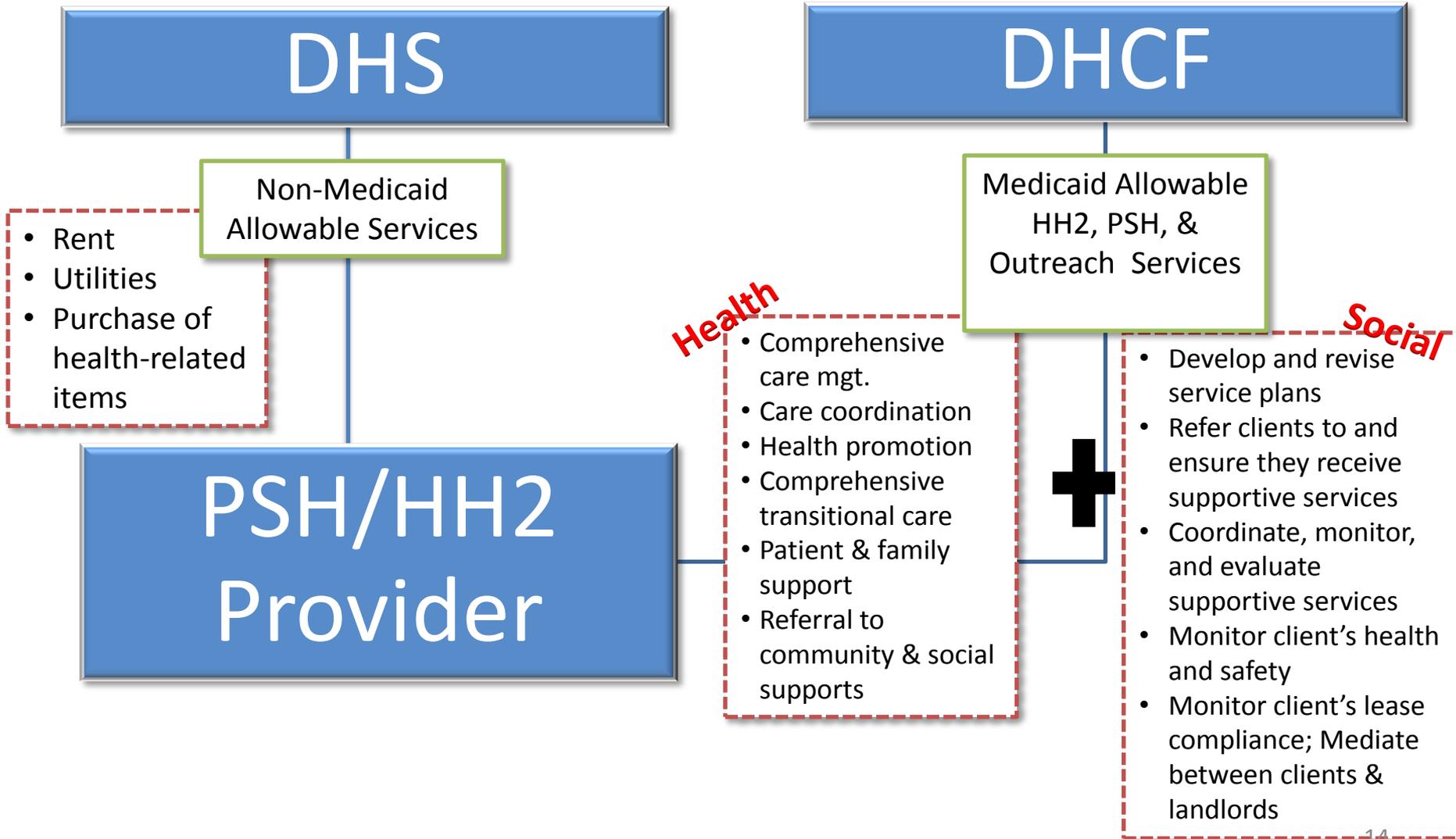
'Social' Service	Activities	HH2 Service Category (s)
<p><b>Increasing income and job skills / employment opportunities</b></p>	<ul style="list-style-type: none"> <li>• Helping consumers identify employment goals</li> <li>• Financial literacy / asset building and assist with establishing &amp; using bank accounts and managing credit / debts</li> <li>• Helping consumers access education and training opportunities</li> <li>• Helping tenants understand the potential impact of earned income and income disregards on other benefits and rent contributions</li> <li>• Job coaching and employment support for skills needed to get and keep a job</li> <li>• Help to get work clothing, tools, etc.</li> <li>• Supported employment</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Comprehensive Care Mgmt.</i></b></li> <li>• <b><i>Patient &amp; Family Support</i></b></li> </ul>
<p><b>Facilitating community integration</b></p>	<ul style="list-style-type: none"> <li>• Facilitating community activities (with other residents / neighbors) that include people with and without disabilities (e.g. celebrations, community garden, neighborhood safety meetings)</li> <li>• Helping consumers learn to use public transportation</li> <li>• Helping consumers access cultural events or other resources and activities in the surrounding community</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Patient &amp; Family Support</i></b></li> <li>• <b><i>Referral to community &amp; social support services</i></b></li> </ul>
<p><b>Family and children's services</b></p>	<ul style="list-style-type: none"> <li>• Parenting education, supports and mentoring</li> <li>• Connections to child care</li> <li>• Assistance / coordination with child welfare services</li> <li>• Educational and recreational activities for children and youth</li> <li>• Youth development and leadership opportunities</li> <li>• Counseling for children and youth</li> <li>• Training in household safety</li> <li>• Family counseling</li> <li>• Conflict resolution/ mediation</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>Patient &amp; Family Support</i></b></li> <li>• <b><i>Referral to community &amp; social support services</i></b></li> </ul>

# Crosswalk: Medicaid Allowable Services to Potential HH2 Services (cont.)

'Social' Service	Activities	HH2 Service Category (s)
<p><b>Entitlement assistance</b></p>	<ul style="list-style-type: none"> <li>• Identify mainstream benefits for which consumer is eligible but not currently receiving</li> <li>• Assist with the application process as needed (e.g. accompany consumer to make application, provide copies of documentation, help get additional documents)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral to community &amp; social support services</b></li> <li>• <b>Patient &amp; Family Support</b></li> </ul>
<p><b>Domestic violence interventions</b></p>	<ul style="list-style-type: none"> <li>• Crisis / safety planning</li> <li>• Crisis intervention</li> <li>• Assistance with access to legal services</li> <li>• Counseling</li> <li>• Conflict resolution/ mediation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Referral to community &amp; social support services</b></li> <li>• <b>Patient &amp; Family Support</b></li> </ul>
<p><b>Assistance with legal issues</b></p>	<ul style="list-style-type: none"> <li>• Explaining / helping consumer understand legal issues &amp; procedures</li> <li>• Helping consumer manage behavior and communicate effectively in stressful situations</li> <li>• Helping consumer develop skills and strategies for complying with requirements of legal / criminal justice system</li> <li>• Accompanying consumer to court appearances or other contacts with legal system to build trust, manage symptoms and support the use of appropriate skills/ behaviors</li> <li>• Meeting the consumer upon release from jail to help with safe return to housing</li> <li>• Assist with civil legal issues, debt reduction</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Patient Support</b></li> <li>• <b>Referral to community &amp; social support services</b></li> <li>• <b>Comprehensive transitional care/follow-up</b></li> </ul>

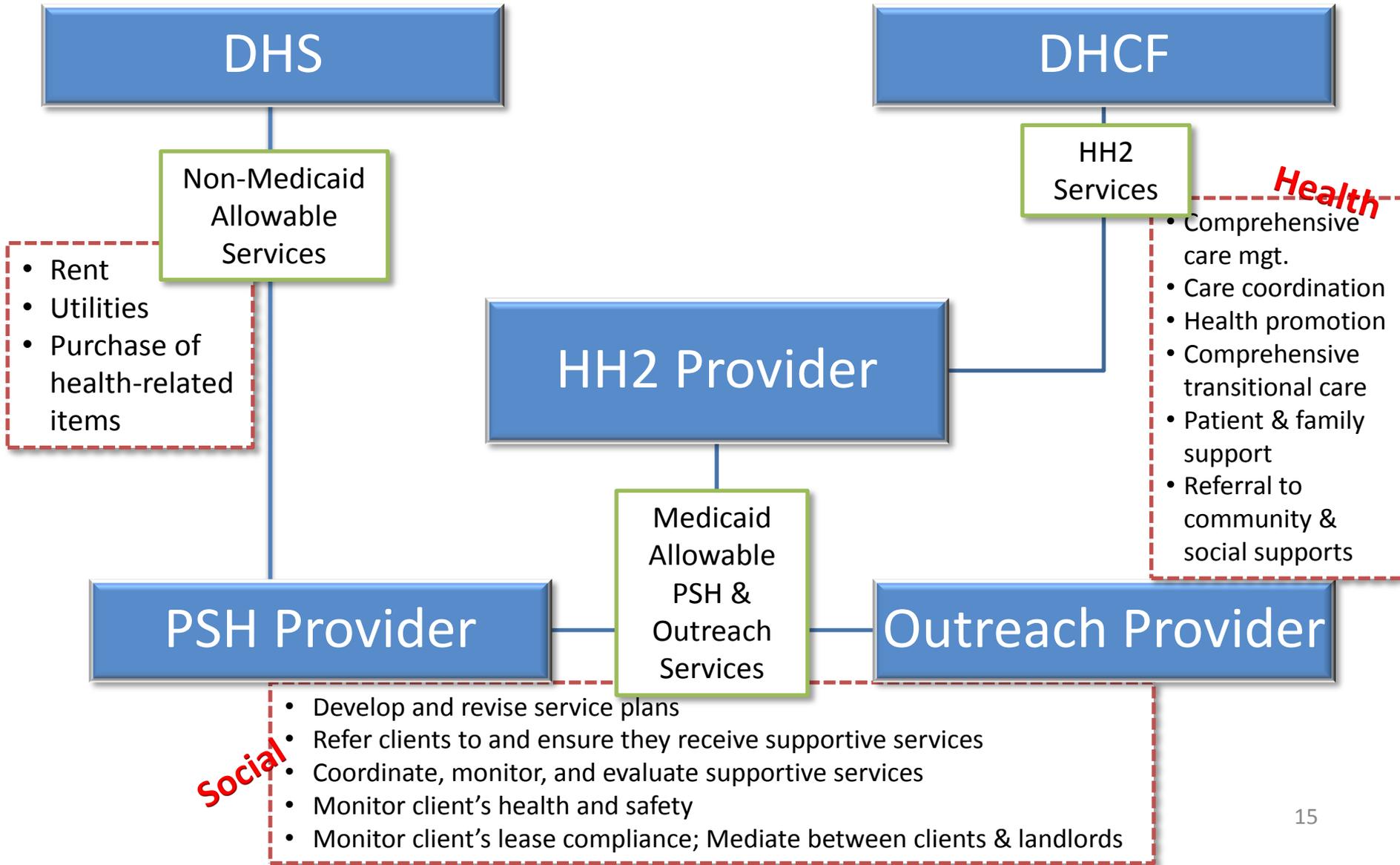
# **HH2 AND PSH PROVIDER COLLABORATION INCENTIVES**

# Option 1: PSH Provider Becomes a HH2 Provider



# Option 2:

## PSH Providers are a Subcontractor for HH2



# **PSH/Outreach Providers Current and Future Services and Capacity**

- Do PSH or Outreach providers currently provide Health Home-like services?
- Do PSH providers have capacity to become a HH2 providers?

# **HH2 TIMELINES & MILESTONES**

# HH2 Timeline and Milestones

## HH2 Design & SPA

July 2015-  
Feb 2016

HH2  
program  
design

Begin to link  
health & social  
services thru  
procurement

Draft HH2  
SPA

Jan – Mar  
2016

Cross-educate  
potential HH2 &  
PSH/Outreach  
providers on  
health & social  
services

April – June  
2016

Vet/ gain  
approvals  
from  
community &  
DC Council

Potential HH2 &  
PSH/Outreach  
providers create  
'soft', then  
formal  
relationships

June – Aug  
2016

Submit SPA to  
Feds (CMS);  
Feds review &  
approve

TA for HH2 &  
PSH/Outreach  
providers to  
support  
collaboration

Oct  
2016

Launch  
HH2  
benefit

Potential  
activities  
for PSH  
&  
Outreach  
providers

**HOMework:  
HH2 PROVIDERS AND  
PSH/OUTREACH PROVIDER  
COMMUNICATION**

**HOMWORK**

# Mock Patient Profile:

## HH2 & PSH/Outreach Provider Communication

### PATIENT CARE PROFILE VIEW - MOCK UP

PATIENT DEMOGRAPHICS		RISK STRATIFICATION			ATTRIBUTED PROVIDER(S)/PAYER(S)		
Name : John X. Snith		Risk Type	Score	Band	Organization	POC	Phone
DOB : 04/09/1954		Redmission	51	Medium	Bread for the City	Dr. X	2025556688
Address: 3700 Massachusetts Ave NW, Washington DC, 20016		Re-ED visit	70	High	MFA	Dr. O	2025679876
Phone #1: 202-444-7777					Trusted Health Plan		2026453546
Phone#2: 202-555-3232							

CARE MANAGEMENT PROGRAM(S)								
Care Plan available	Organization	Care Manager	Phone Number	Email	Type	Short / Long term	Start Date	End Date
<a href="#">Yes, click HERE to view</a>	Trusted Health Plan	Ms. Mary Von	443-410-4100	<a href="mailto:mvon@hcc.org">mvon@hcc.org</a>	Diabetes control	Long term	2/1/2014	2/1/2016
<a href="#">Yes, click HERE to view</a>	Providence Hospital	Sally Brown	443-555-8787	<a href="mailto:sallyomailey@cfmp.org">sallyomailey@cfmp.org</a>	COPD	Short	3/1/2014	6/1/2014

CHRONIC CONDITIONS		MEDICATIONS		IMMUNIZATIONS		HOUSING STATUS	
Type	Date	Type	Date	Type	Date	Status	Date
COPD	3/21/2008	Metformin	2/15/2014	MMR	6/6/2015	Permanent Supportive Housing	10/10/2010
Diabetes	8/22/1982	Levalbuterol	6/11/2009	Influenza	11/11/2014		
		Insulin	11/23/1985				

ENCOUNTER NOTIFICATION(S)			
ER VISIT(S) [LAST 120 DAYS]			OTHER PROVIDER(S) [LAST 120 DAYS]
Date	Facility	Visit Type	
6/15/2014	MFA	ER	
7/2/2015	Bread for the City	ER	
HOSPITAL VISIT(S) [LAST 120 DAYS]			
Date	Facility	Visit Type	
6/15/2014	Providence Hospital	Inpatient	
7/2/2015	Howard University Hospital	OBV	

### MEDICAID CLAIMS DATA FROM LAST 12 MONTHS (MM-DD-YYYY - MM-DD-YYYY)

<b>Patient Total at All Hospitals</b> Total Charges: \$423,868 Total Visits: 38 Total Hospitals: 11 Zip on Last Visit: 20001		<b>Conditions</b> Chronic Obstructive Pulmonary Chronic: Asthma Chronic: Chronic Kidney Disease Chronic: Diabetes Chronic: Heart Failure Chronic: Hyperlipidemia Chronic: Hypertension Mental Health: Depression		Case Mix Data Through: August 2015										
Admit Date	Discharge Date	Hospital Name	MRN	Visit Type	IP Re admit	Pqi	DRG	DRG Description	SOI	Dx1 Description	Dx1	Dx2	Dx3	Dx4
9/25/2015	9/25/2015	Hospital 1	123456789	IP	Yes	Yes	048	PERIPHERAL CRANIAL & AUTONOMIC NERVE DISORDERS	3	"DIAB NEURO MANIF TYPE II"	25060	40391	3441	5856
9/25/2015	9/25/2015	Hospital 2	987654321	OBV		Yes				"DIAB NEURO MANIF TYPE II"	25060	5363	5856	V4511
9/25/2015	9/25/2015	Hospital 1	123123123	ED				"ABDOM PAIN GENERALIZED (Begin 1994)"			78907	7295	25000	V5867
9/25/2015	9/25/2015	Hospital 3	123456789	IP	Yes		460	RENAL FAILURE	3	"HYP RENAL NOS W REN FAIL (Begin 1989)"	40391	2761	4168	5363
9/25/2015	9/25/2015	Hospital 1	987654321	OBV		Yes				"DIAB NEURO MANIF TYPE II"	25060	5363	V5867	40391
9/25/2015	9/25/2015	Hospital 3	987654321	OBV						"GASTROPARESIS (Begin 1994)"	5363	3441	40391	5856
9/25/2015	9/25/2015	Hospital 1	654321	IP	Yes	Yes	048	PERIPHERAL CRANIAL & AUTONOMIC NERVE DISORDERS	3	"DIAB NEURO MANIF TYPE II"	25060	40391	3441	2761