Perspectives of a Health and Aging Policy Fellow 2020/21

2012 o4a Annual Conference for Aging and Disability Networks
October 20 & 21, 2021
Kyle R. Allen DO, AGSF

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The Health and Aging Policy Fellows Program provides a unique opportunity for professionals in health and aging to gain the experience and skills necessary to make a positive contribution to the development and implementation of health policies that affect older Americans.

https://www.healthandagingpolicy.org
Boundary Spanning: Integrated Care Delivery

Biomedical Model

Biopsychosocial

Social Model

Financing

Medicare
Indemnity
Private Pay
Caregivers

“Boundary Spanners”

Financing

Entitlements
Public Funds
Medicaid
Private Pay
Caregivers

Probability of level being addressed:
Most likely

Chief Complaint
Level 1
Acute illness

Level 2
Chronic medical problems

Level 3
Functional issues

Level 4
Psychosocial

Probability of level being addressed:
Least likely

KAllenDO, 2000
Aligning Healthcare and Social Services: Boundary Spanning Top Down and Bottom Up

Kyle R. Allen DO, AGSF

HAPF 2020/2021 Placements
Center for Medicare & Medicaid Care Coordination Office
Administration for Community Living
Fellowship Goals

• Gain broader and more in depth understanding of policy and regulatory background of Medicare and Medicaid Integration including barriers and challenges to integration for social services and community-based organizations
  ➢ Why did the Community Based Care Transitions CMS Demonstration not become a permanent model?
• Participate as a seasoned professional and “boundary spanner” with community experience integrating social and medical organizations at the community, health system, and health plan interface
• Network Development with key leaders and subject matter experts
A Grand Opportunity

“Life is what happens to you while you’re busy making other plans” – John Lennon

John Lennon lyric from “Beautiful Boy” on his last album Double Fantasy, with Yoko Ono
• Original plan was to work with state and federal offices but not feasible to develop during PHE COVID 19

• 50% of placement effort at Center for Medicare and Medicaid Services (CMS), Medicare and Medicaid Coordination Office (MMCO)

• 50% of placement effort at the Administration for Community Living (ACL)

• A unique opportunity to “boundary span” between two of the largest federal divisions responsible for health care and social services for older adults working as a fellow within the Health and Human Services (HHS) organization, i.e. CMS and ACL
Administration for Community Living (ACL)

https://acl.gov

- Mission: maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers

- Guiding principle: people with disabilities and older adults should be able to live where they choose, with the people they choose, and participate fully in their communities
Core Competencies and Services Offered by Aging and Disability Networks

- Acute focus on high cost, high need populations
- Robust planning and assessment, expert knowledge/navigation of complex social services system

- Core services include:
  - Assessment for SDOH needs
  - Benefits eligibility and financial resource coordination
  - Care transitions
  - Case management
  - Housing assistance (eviction prevention, supportive services, home mods)
  - Information and referral
  - Nutrition assistance (home-delivered and congregate meals, access to SNAP benefits, food banks, etc.)
  - Social isolation support
  - Transportation assistance
Develop the infrastructure to support the growth of viable, sustainable, and locally governed networks of community-based organizations (CBOs) to deploy interventions that address social determinants of health (i.e., community integrated health networks)
### Key Roles

#### Team:

- **Kelly Cronin**, Deputy Administrator, Center for Innovation and Partnership, HHS Administration for Community Living, ACL
- **Joseph Lugo**, Director, Office of Network Advancement, ACL
- **Kristie Kulinski, MSW**, Team Lead/Aging and Disability Program Coordinator: Office of Network Advancement & Center for Innovation and Partnership, ACL
- **Len Nichols PhD**, Non-resident Fellow Urban Institute, Consultant to ACL
- **Tim McNeil, RN, MPH**, Consultant to ACL

#### My Major roles:

- Advisor, reviewer, reference gatherer, networking coordinator, meeting participant, thought leader, subject matter expert
- Member of large stakeholder group with leaders of national health plans, lead Community Based Organizations, Foundations, Associations working on a vision and plan to create a scalable and replicable model for Community Health Integrated Networks (CHIN-HUB)
- This group evolved into national Planning Group seeking to develop a proposal for planning grant funding to be submitted to leading philanthropic organizations, health systems foundations as well as health plans foundations
- The primary goal is to create the organization, processes, and entity to facilitate more integrated social and health care sector partnerships to address SDOH and improve outcomes
To Be a Leader,
Let Them First
Become A Bridge
Other tasks and accomplishments

“Boundary Spanning”

✓ Organized and chaired an ACL presentation to the MMCO monthly staff meeting “Aligning Health Care and Social Services through the Growth of Sustainable, Locally Governed CBO Networks”

✓ Introduced and helped to organize a presentation to the Special Needs Plan Alliance (SNP-Alliance https://snpalliance.org): “Aligning Health Care and Social Services through the Growth of Sustainable, Locally Governed CBO Networks.” This will lead to SNP Alliance Fall Conference Symposium

✓ Invited to join Virginia Secretary of Health Stakeholder Group regarding the creation of an independent State Office on Aging in Virginia

✓ Worked with Ohio Association of Area Agencies on Aging and AAA as an advisor regarding contracting with Social Health Assessment Referral Platforms (SHARPS)

✓ Presented and worked with Indiana Department of Aging regarding issues of CBO Integration with Duals Special Needs Plans and Managed Long-term Services and Supports

✓ Networking phone calls and meetings with numerous national leaders and individuals representing foundations (e.g., SCAN, Archstone) gerontology research and policy centers (Scripps Gerontology Center, SCAN) regarding this work
Dually Eligible Individuals and the Medicare-Medicaid Coordination Office (MMCO)

Tim Engelhardt, Director
Sara Vitolo, Deputy Director
June 2021
The Affordable Care Act created MMCO in 2010 to focus on dually eligible individuals:

- Statute refers to the Federal Coordinated Health Care Office, but office formally goes by the Medicare-Medicaid Coordination Office
- Statutory purpose is “To bring together officers and employees of the Medicare and Medicaid programs at [CMS] in order to – “
- “more effectively integrate benefits under the Medicare program...and the Medicaid program...”
- “improve the coordination between the federal government and the states for individuals eligible for benefits under both such programs...”

The Bipartisan Budget Act of 2018 also charged MMCO with:

- Developing regulations and guidance related to the integration or alignment of policy and oversight under Medicare and Medicaid regarding Medicare Advantage dual eligible special needs plans (D-SNPs), and
- Serving as the single point of contact for states on D-SNP issues.
Dually Eligible Individuals

How it works

• Dually eligible individuals may either be enrolled first in Medicaid by virtue of income or disability and then qualify for Medicare on the basis of age, or vice versa
• Dually eligible individuals navigate two separate programs:
  • Medicare for the coverage of most preventive, primary, and acute health care services and drugs
  • Medicaid for the coverage of certain behavioral health services and long-term care supports and services (LTSS) – about half of dually eligible individuals use LTSS
  • Medicaid for help with Medicare premiums and cost-sharing through the Medicare Savings Programs
  • Where benefits overlap, Medicare is primary payer

12.3 million individuals are simultaneously enrolled in Medicare and Medicaid

Medicare Enrollees (62.4M)

Medicaid Enrollees (76.5M)
Dually Eligible Individuals

**Dually eligible individuals are not a homogenous group**

- Includes older adults and younger people with physical disabilities, serious mental illness, and/or intellectual and developmental disabilities.
- Almost 30% of dually eligible individuals receive “partial benefits,” which means they receive assistance only with Medicare premiums and, in most cases, cost sharing. They do not qualify for the full range of Medicaid services covered in their state.

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2019 CMS Medicare-Medicaid Dual Enrollment Data Brief
Almost half of dually eligible individuals are from racial/ethnic minority groups (48 percent)

- This proportion is growing over time, up 7 percentage points since 2006
- In comparison, the proportion of Medicare-only beneficiaries from racial/ethnic minority groups is 22 percent, up 5 points since 2006
- Improving care for dually eligible individuals requires addressing racial/ethnic disparities, and vice versa

Proportion of Dually Eligible Individuals by Race/Ethnicity, 2019

- White: 52%
- Black/African American: 18%
- Hispanic/Latino: 21%
- Asian/Pacific Islander: 7%
- American Indian/Alaskan Native: 1%
- Other: 1%

Dually Eligible Individuals
High Cost and Integration Trend Growing

From: CMS MMCO Fact Sheet March 2020
At Least 43 Medicare-Medicaid Coverage Combinations Nationwide

- MEDICAID
  - All FFS
  - All PCCM
  - All Managed Care
  - Mix of FFS and PCCM
  - Mix of FFS and Managed Care
  - Mix of PCCM and Managed Care
  - Mix of Managed Care Programs
  - Mix of FFS, PCCM, Managed Care

- MEDICARE
  - FFS
  - Standard Medicare Advantage
  - C-SNP
  - D-SNP
  - I/IE-SNP
  - FFS MMP
  - Capitated MMP
  - PACE

MEDICAID

MEDICARE

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Key Roles

• As HAPF fellow was integrated into all operations groups at MMCQO including Program Alignment Group, Special Needs Plans Operations Group, and Demo Team/Analytics Operations work groups

• Major roles:
  ✓ “Paid learner “ that had to navigate new a vocabulary and plethora of abbreviations and regulations. A humbling complexity
  ✓ Clinical advisement, MMP perspectives as CMO, Geriatrician clinical perspectives
  ✓ Content areas : Health Risk Assessments, SDOH discussions, Patient/Member Advisory Committee review, Quality Assurance Care Plan reviews, ESRD and Transplant Part D Coverage, etc. .
Challenges and Solutions to COVID 19 Vaccination of Homebound Dual Eligible Beneficiaries

KYLE ALLEN, DO AGSF
HEALTH AND AGING POLICY FELLOW 2020-2021
HAPF FELLOW @ ADMINISTRATION FOR COMMUNITY LIVING AND MEDICARE AND MEDICAID COORDINATION OFFICE
KYLE.ALLEN@CMS.HHS.GOV
Challenges for Those Who are Homebound

COVID-19 Vaccine Access for Older Adults and People with Disabilities Who are Homebound

Vaccine Hesitancy
Scheduling and Providing Vaccines
Distribution Partnerships
Expanded Pool of Vaccinators
Reimbursement
Caregiver Vaccines

Health Equity
Policy

Identifying Those in Need
Vaccine Supply

Adapted Trust for America Health: Age Friendly Public Health Project

KRAllen 2021
COVID-19 disproportionally impacts dually eligible individuals

Dually eligible individuals are far more likely to be hospitalized for COVID-19 than their Medicare-only counterparts

- Partly related to much higher proportion of nursing facility residents among dually eligible individuals
- Despite disparate impact, maximizing uptake of COVID vaccine among dually eligible individuals in the community will be a challenge
Homebound 70+ increased due to COVID 19 and public health recommendations to “stay at home.” Increased from 1.6 million (2019) to 4.2 million (2020)

Prevalence 2011-2020:
- All - 5%- 13%
- Hispanic/Latino- 12.6%-35%
- Black; 7%- 23%
- White 4% - 10%

Characteristics:
- 28% no phone
- 51% no computer
- 52% no email use
Major MMCO Project: COVID 19 Homebound Vaccination Deep Dive Questionnaire and Report

• COIVD 19 Vaccination major priority for CMS and MMCO
• Literature search and national environmental scan done regarding homebound vaccination efforts, challenges and innovations
• Developed 16-item question to learn what were the challenges, innovations, and best practices being used by the Medicare/Medicaid Health Plans (MMP) to address vaccination of homebound membership
• Personally participated and led 35/39 phone calls to MMP to review answers, collect additional information, and address any concerns
• Collected, collated, developed summary report of findings and report out
• Final report and technical assistance paper being published by Resources for Integrated Care (RIC - https://www.resourcesforintegratedcare.com)
• RIC will share this report with the MMP through publication and upcoming calls
• Comprehensive archive report developed for MMCO of findings and best practices
COVID 19 caused many plans to re-evaluate their screening, targeting, analytics, and care management operations.

In general, MMPs were challenged to begin to see the need for a “homebound registry” and are in process to develop.

Many MMP stated that the “definition of “homebound” needs more standardization. Almost all plans expanded their view of “homebound” to more broadly include home restricted due to psychosocial issues, BH Issues, IDD issues, SDOH vulnerability.

Many but not all MMP began to modify their analytics and move to a predictive analytics model adding broad set of CPT, ICD 10 codes, prior authorization/authorization codes,
Key Challenges Learned from MMP
July Homebound Vaccine review

- Data integration systems with state, Medicare, Medicaid, public health and community-based organizations that permitted accurate accounting of vaccination status were often delayed. Causes undue burden and effected vaccination strategies.

- Highly variable across states and MMP, but not having in place pre-COVID 19 PHE strong community partnerships with community organizations i.e. Area Agency on Aging etc. Some states do have this and it was reported how valuable this was to address vaccine access, vaccination rates, and vaccine hesitancy.

- Vaccine access and availability.

- Vendors for in home vaccination.

- Prolonged timeline by states for getting health plan staff certified for home bound vaccination (e.g. nurse practitioners).
Key Innovations & Best Practice Learned from MMP July Homebound Vaccine review

- Formation of collaborative coalition for MMP, MCO, MLTSS, AAA/CBO, Public Health and State.

- MMP with active and formed partnerships (formed pre-COVID) with CBO and Public Health were described as “invaluable” and permitted greater ability to pivot to home bound member needs, vaccine access, in home vaccination, and coordination.

- MMP reported AAA/CBO “more trusted” and felt they could address vaccine hesitancy and were able to coordinate local services to meet needs.

- CMO engagement (internal and external) for education, engagement, trusted expert, and leadership. CMO in some plans did ZOOM town hall meetings with members which was described as beneficial to address questions and permit peer to peer relations of vaccinated and vaccine hesitant.
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| Description: | The Regional Rapid Response Assistance Program (R3AP) builds upon existing service delivery structures by committing teams of regional experts to provide vaccine access. The program leverages partnerships with local Aging and Disability Resource Network (ADRN) entities that identify and connect with homebound individuals. This playbook can be utilized to plan vaccinations for those who need additional support. |
| Click here to access the resource: | [https://coronavirus.ohio.gov/static/vaccine/homebound-vaccinations-playbook.pdf](https://coronavirus.ohio.gov/static/vaccine/homebound-vaccinations-playbook.pdf) |
State Lead Contact:
Kimberly Mobley kmobley@age.ohio.gov
Access & Integration Manager, Ohio Department of Aging, Division for Community Living

Additional NWD Entities:
- CareStar
- Access Center for Independent Living
- Catholic Social Services
- Easter Seals of Northern Ohio
- Mansfield/Richland County First Call 2-1-1
- Linking Employment Abilities and Potential (LEAP)
- Services for Independent Living

Veteran Directed Care (VDC)
NLE - Direction Home, LLC
CIHN - Statewide

Benefit Enrollment Center (BEC)
<table>
<thead>
<tr>
<th>Network Lead Entity:</th>
<th>Direction Home, LLC</th>
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| Address:            | 1550 Corporate Woods Parkway  
|                     | Uniontown, Ohio 44685-8797 |
| Contact:            | 330.896.9172 ; info@dhad.org |

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<th>Contract Types in Existence</th>
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<td>Detail (e.g. services offered in contract, health plans involved, start up funding, etc.)</td>
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<td>ACOs</td>
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<td>Statewide</td>
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<td>State Medicaid</td>
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<td>Statewide</td>
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<td>Medicare Fee for Service</td>
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<td>Commercial Health Insurance</td>
<td>Yes</td>
<td>Statewide</td>
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<td>Hospital or Health System</td>
<td>Yes</td>
<td>Regional</td>
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<tr>
<td>Other</td>
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Thoughts and Next Steps

- Very smart, dedicated, and talented public servants at both ACL and MMCO
- Humbling complexity looking through a clinical and provider lens
- Create a Joint Clinical SME Technical Advisory Panel for ACL and MMCO that includes CBO and Providers
- Need to continue policy efforts for more integration between social and medical ecosystems, maybe a CMMI demonstration that is aimed and top down and bottom-up integration of the CBO and social sectors
  - Example: The Better Care Better Jobs Act Proposal for New $400 Billion in Federal Medicaid Home and Community-Based Services does not have provisions to integrate medical care or strengthen interface with medical ecosystem
- However, the Social Network Enterprise must connect as “valued partner” and avoid being “absorbed” by the Industrial Medical Enterprise System. Preserve the mission, vision and trust.
- Two major policy frameworks being developed at Bipartisan Policy Center and the Leavitt Group (Dual Eligible Coalition) that aims to work towards state and federal integration for dual eligible beneficiaries. Long road to travel but this work is being informed by the MMCO Demonstrations