

Expanding Autism Case Management Services in Virginia



**Thanks for joining today.
This meeting will be recorded and will start momentarily.**

AGENDA

TOPIC	SPEAKER
Welcome & Introductions	Jessica Philips, CA Human Services
Briefing: Payer-Based Autism Case Management Programs & Policies	Ashley Basmajian, Blue Ridge Healthcare Consulting
Q&A	
Next Steps	

**Finding out your child has
autism is overwhelming.**
Finding the resources they
need to be successful
shouldn't be.

Initiative Rooted in Supporting CA Strategic Goals

1. CA will make it easier for Virginians to find what they need by increasing access to our Information & Resource Assistance

1e. Explore strategic partnership opportunities to demonstrate ROI of autism case management/navigation services and to **create a sustainable funding mechanism for these services**

1 in 54 children have autism*

Unsure where to turn for support? CA Human Services can point you in the right direction.

Make us your first call.
1-800-649-8481

Finding out your child has autism is overwhelming. Finding the resources they need to be successful shouldn't be.

With a short toll-free phone call, CA will assess your needs and connect you with resources in your area. Add us to your contact list so we can continue to support your family through all of life's transitions.

1-800-649-8481

Free, helpful resources are just a click away.

bit.ly/36nMxu3
Autism Resource Database

bit.ly/3ndGY8y
Join Our CANewsletter

cahumanservices.org

*Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511111/>

Exploring Case Management Opportunities

Context & Project Timeline

September 2020

- Board decides CA should explore how to access more varied revenue sources to support information/resource assistance

October-December 2020

- CEO & board members begin to plan conversations with physicians & payers
- COVID impedes ability to gain traction with physician meetings
- Initial feedback from payor is that lack of outcomes/added expense is barrier

January 2021

- CA enters engagement with Blue Ridge Healthcare Consulting to better understand “lay of the land” regarding case management outcomes/payers etc.

March 2021

- Blue Ridge Health Care Consulting presents findings to CA leadership—“Expanding Autism Case Management Services in Virginia: Research and Insights on Policies and Payer Coverage”

April 2021

- CA leadership convenes six community stakeholders to hear findings and provide feedback

August 2021

- CA leadership convenes ten additional community stakeholders to hear findings and provide feedback

Initial Stakeholder Meeting & Feedback

CA convened a group of stakeholders in early April 2021 to hear research findings and discuss

The Arc of Virginia

The Autism Society of Central Virginia

The Autism Society of Northern Virginia

B2L Consulting

CA Human Services Board of Directors

Virginia Board for People with Disabilities

Additional Stakeholder Meeting & Feedback:

CA convened a group of additional stakeholders in August 2021 to hear research findings and discuss

Charlottesville Regional Autism Action Group

Danville-Pittsylvania Community Services

Department of Behavioral Health and Developmental Services

Department of Health

Department of Medical Assistance Services

disAbility Law Center of Virginia

Virginia Association of Community Services Boards

Virginia Tech

Virginia Commonwealth University

University of Virginia

Potential Solutions



Expanding Autism Case Management Services in Virginia

Research and Insights on Policies and Payer Coverage

Prepared for CA Human Services

Updated August 2021



CA Human Services—Autism Case Management Services

Project Report Table of Contents

Topic	Detail	Slide
Context	Project Context and Goals	3
	Guiding Questions	4
	Key Insights and Summary Findings	5
Benefits of Case Management	Benefits and Outcomes for Clients and Caregivers	7
	Private Payer Perspectives	8
	Goals of Payer-Based Case Management	9
	Substantiating the Benefits with Data is a Challenge	10
	Medical Care Coordination vs. Case Management	11
	ASAN Advocacy for Private Health Coverage	12
Status in Virginia	Virginia State Laws on Autism and Insurance Coverage	14 - 15
	Virginia Payer Landscape	16 -17
Program and Organization Examples	Managed Long-Term Services And Supports (MLTSS)	19 -21
	MLTSS Programs in Virginia	22 - 23
	Case Management from a Payer Perspective—Magellan Health	24
	Program Spotlight: Arizona Long Term Care System	25
	Program Spotlight: Wisconsin Long Term Support Waiver Program	26
	Program Spotlight: California Collaborative for Long Term Services and Supports	27
	TRICARE Conducting Expanded Autism Services Pilot Program	28
Collaboration and Next Steps	Stakeholders in Virginia	30
	Potential Collaboration Resources	31 - 33
	Potential Advocacy Option: Autism Services and Marketplace Exchange Plans	34
	Options and Next Steps	35

Autism Case Management Services

Project Context and Goals

CA Human Services seeks to explore additional opportunities to secure and improve autism case management and statewide information and resource assistance available to clients and caregivers

Project Context

- Autism case management funding and insurance/payer coverage is varied and inconsistent.
- Case management support and resource directories are often siloed and fragmented.

Project Goals

- Provide research and documentation to demonstrate the benefits of autism case management and better coordinated resource navigation assistance with a specific focus on the role of health insurance payers and healthcare providers.
- Identify existing programs in other states and other data-based examples that illustrate the evolution and prerequisites of implementation of comprehensive autism and developmental delay case management coverage.
- Develop supporting documentation to facilitate conversations and collaboration with healthcare systems, providers, insurance carriers, and other stakeholders.

Autism Case Management Services

Guiding Questions

Key questions guide the research on identifying the benefits and proliferation of existing payer-covered autism case management programs, as well as developing strategies to advocate for this coverage

Guiding Research Questions

- What are some documented benefits of improved and comprehensive case management for clients with autism or other developmental delays?
- What programs (public or private) already exist in which these case management models are being employed?
- What are examples of organizations that have successfully advocated for or implemented comprehensive autism case management services?
- What is the status of autism and developmental delay case management policy in Virginia?
- Who are the potential collaborators and stakeholders in Virginia and beyond?
 - Advocacy organizations
 - Policy experts
 - Payers/Insurance companies
- What can CA Human Services do to advance these initiatives in Virginia and within their sphere of influence?

Autism Case Management Services

Key Insights and Summary Findings

Private insurance payers have little incentive to expand autism case management services because the financial benefit is unclear, and implementation is not as easily automated as medical care coordination. However, progress continues to be made via CMS and state funded programs, which heavily influence other payers who tend to monitor Medicare payment rules and generally align with CMS in their own payment policies.

- Individuals with ASD and their caregivers face significant barriers to services—case management can help overcome that challenge, connecting clients to community-based supports and providing continuity among providers.
- When community-based care and other supportive and therapeutic services are efficiently coordinated, health plan members undoubtedly benefit, but additional costs to payers is a barrier for private coverage for case management and other services; competing interests can emerge between stakeholder groups.
- Substantiating the benefits of autism case management is a challenge due to a lack of data or impact studies. Insurance coverage of these services is relatively new, and evaluating outcomes is a challenge in the absence of national quality standards or measures.
- Private payer involvement with the services required by individuals with special or supportive care needs has largely been through Medicaid managed care programs, specifically, managed long-term services and supports (MLTSS); the point of intervention is at the state level.
- In 2017, the Virginia Department of Medical Assistance Services (DMAS) selected six Managed Care Organizations to administer MLTSS programs, including care coordination, for Medicaid and dual eligible beneficiaries. The program is now called Commonwealth Coordinated Care Plus.
- Several states have long-standing MLTSS programs and collaboratives that can serve as a resource and example for expansion in Virginia.
- Pursuing a legislative strategy, along with stakeholder resource collaboration, can advance the state of autism case management in Virginia.



What are some documented benefits of improved and comprehensive case management for clients with autism or other developmental delays?



Autism Case Management Services

Benefits for Clients and Caregivers

Individuals with ASD and their caregivers face significant barriers to services—case management can help overcome that challenge, connecting clients to community-based supports and providing continuity among providers¹

Benefits in Community-Based Services

“Appropriate, early, intensive educational therapies greatly improve long-term outcomes for children with [ASD]. Effective primary care management of ASD includes supporting families by providing referrals for appropriate therapies and community resources.”²

“Care coordination has been associated with reduction in unmet health care service needs and improvement in youth functional status, as measured by youth difficulty with activities and body functions.”³

“The presence of case management in adolescence was associated with increased community and social participation in adulthood. Case management may be crucial for optimal levels of participation among adults with ASDs.”⁴

Benefits in Medical Care Delivery

“[Children with ASD] present with complex symptomology and comorbid conditions. Given the need for multiple providers and interventions, medical care for ASD children is best facilitated using a case management approach.”⁵

“Among youth with special health care needs, practice-based care coordination in the medical home has also been linked with reduction in health care costs, reduction in barriers to care, and greater patient and family satisfaction.”³

¹ Vohra, Rini, et al. “Access to Services, Quality of Care, and Family Impact for Children with Autism, Other Developmental Disabilities, and Other Mental Health Conditions.” *Autism : the International Journal of Research and Practice*, U.S. National Library of Medicine, Oct. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4908578/.

² “Managing Autism Spectrum Disorder.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 14 July 2020, www.cdc.gov/ncbddd/actearly/autism/case-modules/managing.html.

³ Zablotsky, B; Rast, J ;Bramlett, MD; Shattuck, P. “Health Care Transition Planning Among Youth with ASD and Other Mental, Behavioral, and Developmental Disorders.” *Maternal and Child Health Journal*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/31897930/.

⁴ Myers, E., Davis, B.E., Stobbe, G. et al. Community and Social Participation Among Individuals with Autism Spectrum Disorder Transitioning to Adulthood. *J Autism Dev Disord* 45, 2373–2381 (2015). <https://doi.org/10.1007/s10803-015-2403-z>

⁵ Oliver, Catherine J. “Triage of the Autistic Spectrum Child Utilizing the Congruence of Case Management Concepts and Orem's Nursing Theories.” *Lippincott's Case Management : Managing the Process of Patient Care*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/12668924/.

Autism Case Management Services

Private Payer Perspectives

When community-based care and other supportive and therapeutic services are efficiently coordinated, health plan members undoubtedly benefit, but additional costs to payers is a barrier for private coverage for case management and other services

Industry groups and health plans publicly state the benefits of comprehensive supports and coordination for individuals with ASD/ID/DD...



"MLTSS services that are efficiently utilized enable Members to retain autonomy and to function at their highest level."

...but the lack of private commercial insurers nationally who offer these services indicates their position on the matter.



Mandating coverage for autism significantly increase insurance premiums; an autism mandate increases the cost of health insurance by about 1%. If the incidence of autism continues to increase and as more services are covered, the cost of insurance may increase 1% to 3%.

Autism Case Management Services

Goals of Payer-Based Case Management

Although case management in any setting focuses on person-centered care and improving services and outcomes for the patient/client, competing interests can emerge between stakeholder groups

Case Management Benefits For Clients

- Improving clients' health and promoting wellness and autonomy through advocacy, communication, education, identification of service resources, and facilitation of service
- Improving clients' clinical, functional, emotional, and psychosocial status

Case Management Benefits For Payers

- Lowered health claim costs
- Reduced utilization of high cost care (emergency departments, hospitalization, etc.)
- Reduce medication costs
- Guiding clients to in-network services

*"Case management is a care delivery model that is focused on managing the components of care for patients within or across the continuum of care, with the goals of achieving quality care outcomes and financial appropriateness."**

*<https://cmbodyofknowledge.com/content/case-management-philosophy-and-guiding-principles>
<https://aihcp.net/role-of-the-certified-case-manager/>

Autism Case Management Services

Substantiating the Benefits with Data is a Challenge

Initial research yielded very few data points to support what is anecdotally observed and assumed—that case management services for autism, ID, or DD produce measurable benefits for clients and providers

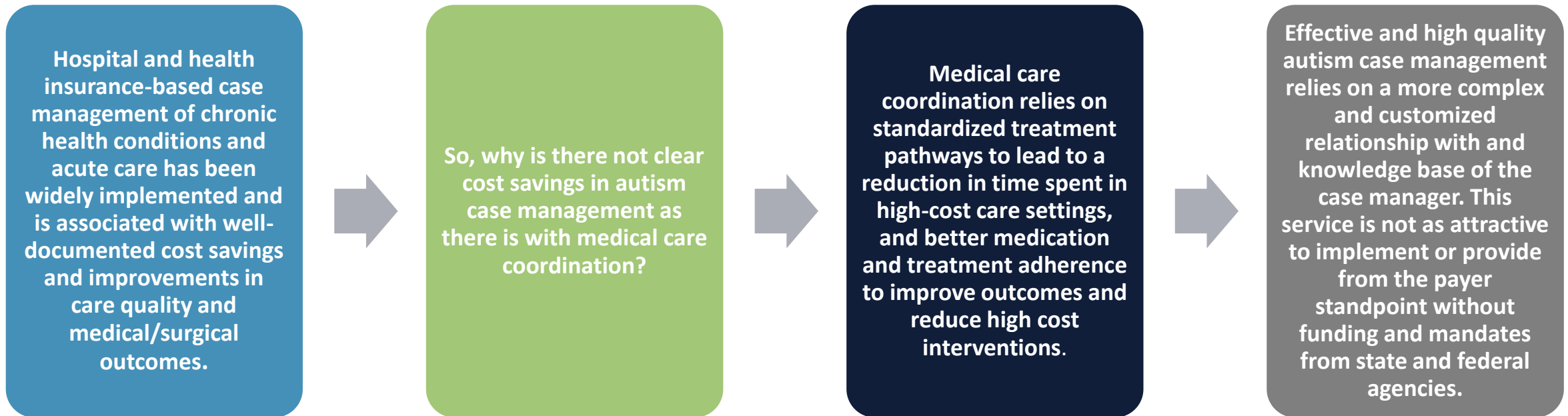
But why? A McKinsey Healthcare article, *Improving Care Delivery to Individuals with Special or Supportive Care Needs*, provided several key points:

- “Because many of the innovative efforts to include supportive services in Medicaid managed care programs are comparatively new, the evidence to support them is thin.”
- “Most studies of managed LTSS programs suggest that they increase the use of Home and Community Based Services (HCBS) and decrease institutionalization, resulting in lower costs and greater consumer satisfaction. **Managed care programs for Medicaid beneficiaries with I/DDs are too new to provide data on outcomes or savings.**”
- “Academic organizations and interagency groups have been developing process and survey metrics for individuals with I/DDs. The National Core Indicators (NCIs), 19 used by 39 states, are the most widely reported metrics. The NCIs track person-centered indicators such as independence, quality of life, and family involvement in the care of individuals with I/DDs. **Given the relative subjectivity of these metrics, however, the outputs do not lend themselves easily to statistical analysis and thus make the link to payment challenging.**”

Autism Case Management Services

Medical Care Coordination vs. Case Management

Autism case management is not as easily automated or standardized as medical care coordination, which complicates implementation, evaluation, and determining potential financial benefits to payers



Autism Case Management Services

ASAN Advocacy for Private Health Coverage of Comprehensive Autism Services



“

It is vital that health plans not only provide a range of services, but educate beneficiaries and their families in order to ensure that they are matched to the right services for them. Offering a range of services not only improves beneficiary health outcomes and cost-efficiency but also is a necessary element of compliance with federal laws, such as the Affordable Care Act and Mental Health Parity and Addiction Equity Act, as well as state-level mandates. Careful case management and coordination can help to ensure that services are used appropriately and efficiently and can help beneficiaries determine which services are right for them.

”



What is the status of autism and developmental delay case management policy in Virginia?



Autism Case Management Services

Virginia State Laws on Autism and Insurance Coverage*

Virginia requires meaningful coverage for autism under state-regulated plans. Virginia's autism insurance bill, **HB 2467**, was enacted in 2011 and became effective on January 1, 2012. It was expanded in March 2019 by **HB 2577** which eliminated the previous age cap, and in March 2020, **SB 1031** expanded coverage to small group and individual plans.

Applicable Plan Types	Services Covered by Law	Caps on Coverage
<ul style="list-style-type: none">• Individual Plans• Fully Insured Large Group Plans• Fully Insured Small Group Plans	<ul style="list-style-type: none">• Diagnosis• Behavioral Health Treatment• Pharmacy Care• Psychiatric Care• Psychological Care• Therapeutic Care• Applied Behavior Analysis (ABA)	<ul style="list-style-type: none">• Coverage for ABA is subject to a maximum annual benefit of \$35,000

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. This includes quantitative treatment limits like age and dollar caps.

Autism Case Management Services Related Virginia Administrative Codes

In 2019, the Virginia Department of Medical Assistance Services (DMAS) proposed and implemented changes to various DD Medicaid Waiver regulations related to services for individuals with developmental disabilities

Virginia Administrative Code 12VAC30-50-490 outlines case management services for Medicaid-eligible individuals with developmental disabilities, including autism

Definition of services	Qualifications of providers
Case management services will be provided for Medicaid-eligible individuals with related conditions who are on the waiting list for or participants in the home and community-based care IFDDS Waiver.	<p>In addition to meeting the general conditions and requirements for home and community-based care participating providers as specified in 12VAC30-120-730 and 12VAC30-120-740, specific provider qualifications are:</p> <ol style="list-style-type: none">1. To qualify as a provider of services through DMAS for IFDDS Waiver case management, the service provider must meet these criteria:<ol style="list-style-type: none">a. Have the administrative and financial management capacity to meet state and federal requirements;b. Have the ability to document and maintain recipient case records in accordance with state and federal requirements; andc. Be enrolled as an IFDDS case management agency by DMAS.

Virginia Payer Landscape

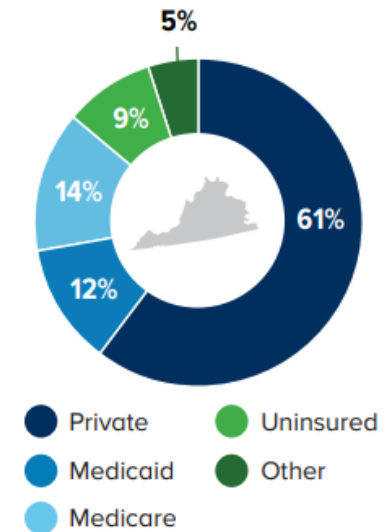
Key Health Insurance Companies and Coverage Type

The health insurance industry membership and advocacy organization, America's Health Insurance Plans (AHIP), produces annual reports on key health insurance facts for each state

Virginia's Largest Health Plans by Number of Covered Lives*

Commercial	Aetna	Anthem	CareFirst	Kaiser Permanente	UnitedHealthcare
Medigap	Aetna	Anthem	Cigna	Mutual Of Omaha	UnitedHealthcare
Medicare Advantage	Aetna	Anthem	Humana	Piedmont Community Health Plan	UnitedHealthcare
Medicaid	Aetna	Anthem	INTotal Health	Optima Health	Virginia Premier Health Plan

Health Insurance Coverage of Virginia Residents*



*Source: https://www.ahip.org/wp-content/uploads/Virginia_StateDataBook_2019.pdf
Infographics were released in 2020 and based on data from 2017

Virginia Payer Landscape

Health Insurance Companies by Market Share

15 Leading Health Insurance Companies in Virginia by Market Share*

Rank	Company Name	Market share	Cumulative Market share
1	HealthKeepers, Inc.	16%	16%
2	Anthem Health Plans Of Virginia, Inc.	13%	29%
3	Optima Health Plan	8%	37%
4	Virginia Premier Health Plan, Inc.	7%	44%
5	UnitedHealthcare Insurance Company	5%	49%
6	Coventry Health Care Of Virginia, Inc.	5%	54%
7	Cigna Health And Life Insurance Company	5%	58%
8	Group Hospitalization And Medical Services, Inc	4%	62%
9	UnitedHealthcare Of The Mid-Atlantic, Inc.	4%	66%
10	Humana Insurance Company	3%	70%
11	Kaiser Foundation Health Plan Of The Mid-Atlantic States, Inc.	3%	73%
12	Magellan Complete Care Of Virginia, LLC	3%	76%
13	Aetna Life Insurance Company	3%	78%
14	Humana Wisconsin Health Organization Insurance Corporation	2%	81%
15	CareFirst BlueChoice, Inc.	2%	82%

*Source: Virginia SCC – Company Financial Reporting Data as of July 7, 2020



What programs (public or private) already exist in which these case management models are being employed?

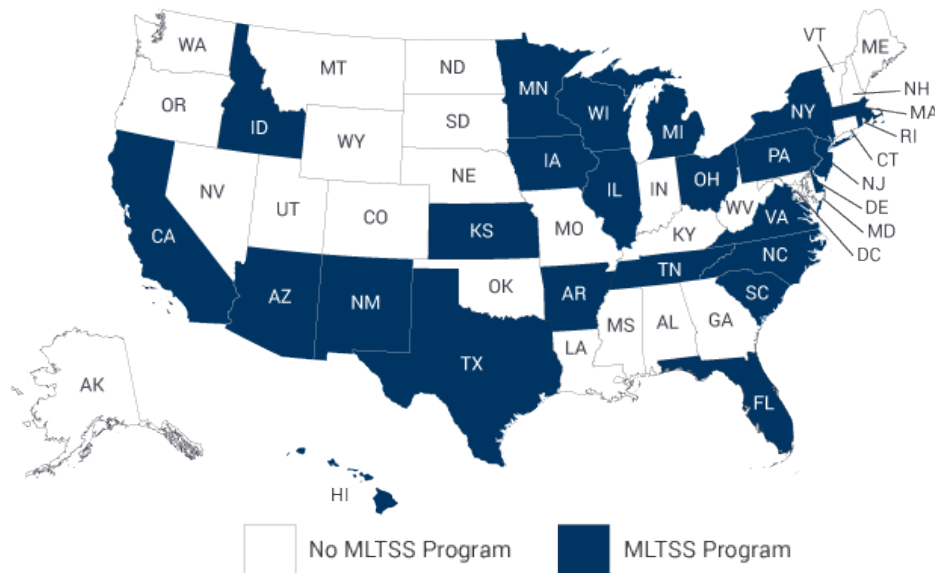
What are examples of organizations that have successfully advocated for or implemented comprehensive autism case management services?



Autism Case Management Services Managed Long-Term Services And Supports (MLTSS)—States are the Innovators

Private payer involvement with the services required by individuals with special or supportive care needs has largely been through Medicaid managed care programs, specifically, managed long-term services and supports (MLTSS)

State Adoption of MLTSS Programs, November 2020



- State Medicaid programs increasingly use managed care as one of several strategies to improve care coordination and manage costs for populations with complex health care needs and disproportionately high Medicaid expenditures
- As of 2020, 25 states operate MLTSS programs, in which state Medicaid agencies contract with managed care plans to deliver long-term services and supports (LTSS).
- As MLTSS programs evolve, scope is expanding beyond targeting people age 65 and older with physical disabilities; states are increasingly enrolling individuals with intellectual or developmental disabilities.
- States can use several Medicaid authorities to implement MLTSS: either Section 1115 waivers or combining Section 1915(c) home and community-based services (HCBS) waiver authority with Section 1915(a), Section 1915(b), or Section 1932 managed care authorities

<https://healthcare.mckinsey.com/improving-care-delivery-individuals-special-or-supportive-care-needs>

<https://www.macpac.gov/publication/managed-long-term-services-and-supports-status-of-state-adoption-and-areas-of-program-evolution>

<https://www.macpac.gov/subtopic/managed-long-term-services-and-supports>

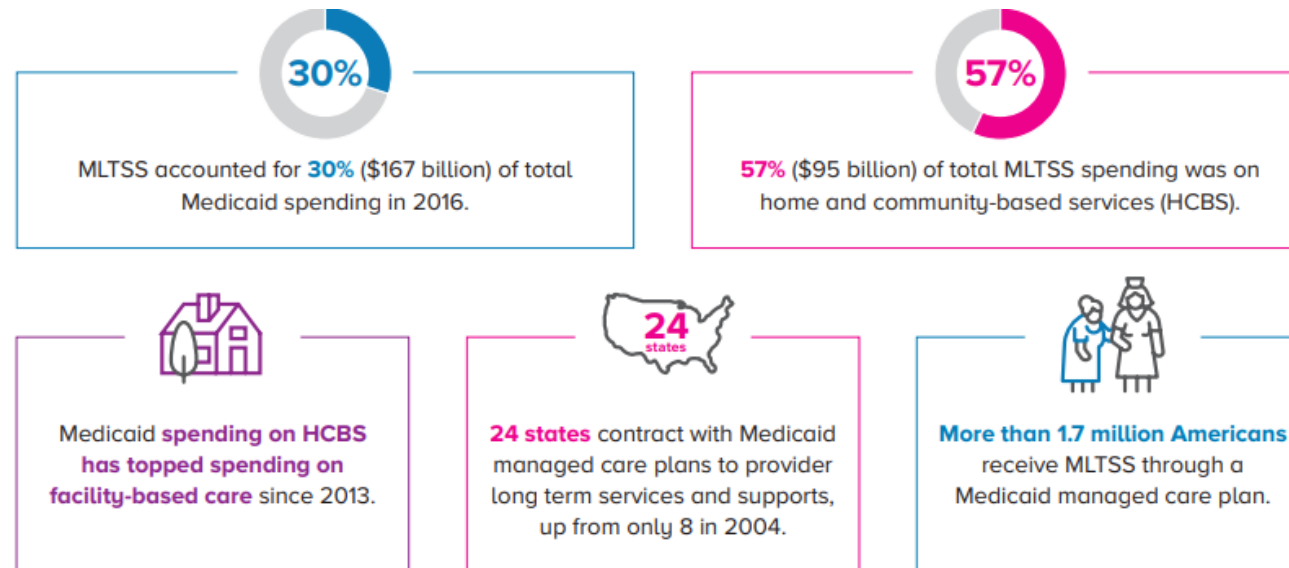
<http://www.advancingstates.org/initiatives/managed-long-term-services-and-supports>

<https://www.milbank.org/publications/strategies-to-encourage-home-and-community-based-care-through-value-based-contracting-in-managed-care>

Autism Case Management Services

The Value of Managed Long Term Services and Supports (MLTSS)

Medicaid serves as a health and financial security safety net for approximately 1 in 5 Americans. A critical part of Medicaid is providing long term services and supports (MLTSS) to patients suffering from functional limitations and/or chronic illnesses.



“MLTSS programs have made great strides over the last 20 years, and as Medicaid managed care plans increasingly take over, continued advancements are guaranteed. MLTSS programs will continue to ensure that Medicaid enrollees can maintain their independence and quality of life, while making smart use of taxpayer dollars.”

Autism Case Management Services

Growth in MLTSS for ID/DD Populations is Slow and Incremental

State implementation of MLTSS for people with I/DD has been slower than adoption of MLTSS targeting other populations for a variety of reasons

Lack of potential cost savings

Limited MCO experience with this population

Lack of state experience to set rates

Lack of meaningful quality measures

Lack of managed care experience among I/DD providers

Unique role of case management and support coordination

- There is very little private pay and virtually no commercial insurance coverage for HCBS, so most providers rely on public program reimbursement.
- Medicaid payments for HCBS for people with I/DD have historically been reimbursed at a level that many providers believe to be below their actual costs.
- Services for people with I/DD are largely already rebalanced from institutions, further reducing the opportunity for cost savings.
- Commercial health plans accustomed to serving other Medicaid populations can find working with the I/DD community challenging requiring unique services and approaches.
- States that have contracted with MCOs for MLTSS with a singular focus on cost containment have reported reductions in services and implementation challenges and even financial losses.
- States that have pursued managed care for reasons beyond cost efficiencies have seen less volatility in the service delivery system and program design that reflects stakeholder input (Wisconsin's wait list elimination initiative highlighted on slide #26 is a good example of this).

Autism Case Management Services MLTSS Programs in Virginia

In 2017, the Virginia Department of Medical Assistance Services (DMAS) selected six Managed Care Organizations (MCOs) to administer MLTSS programs, including care coordination, for Medicaid and dual eligible beneficiaries. The program is now called Commonwealth Coordinated Care Plus (CCC Plus).

MCOs Managing CCC Plus (MLTSS) in Virginia	Details
Optima Health Community Care	Optima Health Community Care —a VA Medicaid MLTSS product for individuals enrolled in the DMAS and CCC Plus program. Partnered with Centipede Health to deliver: https://www.centipedehealth.com/
Magellan Complete Care of Virginia	https://ir.magellanhealth.com/news-releases/news-release-details/magellan-complete-care-virginia-enters-contract-commonwealth
Anthem HealthKeepers Plus	https://mss.anthem.com/va/vava_ccc_memberhandbook_eng.pdf
Virginia Premier Elite Plus	https://news.vcu.edu/article/Virginia_Premier_announces_Managed_LongTerm_Services_and_Supports
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/providers/provider-mltss/
United Healthcare Community Plan	https://www.uhccommunityplan.com/va/medicaid/ccp-plus

Autism Case Management Services

Commonwealth Coordinated Care Plus (CCC Plus)

The former Elderly and/or Disabled with Consumer Direction Waiver and the Assisted Technology Waivers were combined into one singular waiver, the Commonwealth Coordinated Care (CCC) Plus Waiver, effective July 1, 2017.

CCC Plus Waiver Eligibility

- Virginia residents 65 years of age or older OR under the age of 65 and disabled who also require a hospital or nursing home level of care.
- There is no waiting list for this waiver
- Family income is not considered

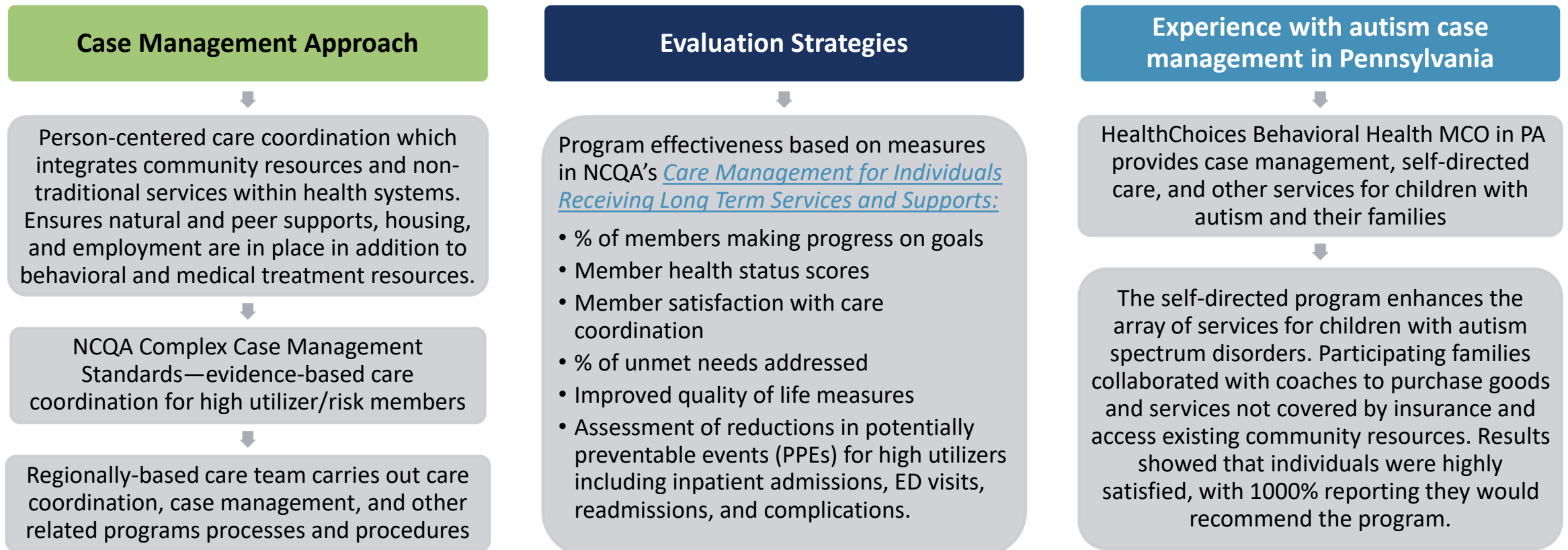
CCC Plus Waiver Services

- Adult day health care
- Assistive technology (AT)
- Environmental modifications
- Nursing
- Home health nursing
- Personal care
- Personal emergency response system
- Respite
- Services facilitation
- Coordination

Autism Case Management Services

Case Management from a Payer Perspective—Magellan Health

Magellan Health is one of the six managed healthcare organizations in the state of Virginia operating Medicaid MLTSS programs and has a well-developed medical and behavioral health case management model



Source: "Magellan of Virginia - MLTSS Program - Model of Care." [Issuu.com/siegellawgroup/docs/mcc_of_va_mltss_model_of_care_program_description.](https://www.magellanofpa.com/for-members/services-programs/autism-resources/)
<https://www.magellanofpa.com/for-members/services-programs/autism-resources/>

Program Spotlight:

Arizona Health Care Cost Containment System Long Term Care System

The State of Arizona is a leading innovator in policy and service delivery of Long Term Services and Supports through the Arizona Health Care Cost Containment System (AHCCCS) and its Long Term Care System (LTCS)

Developed Resources For Members With ASD: <https://www.azahcccs.gov/shared/asd.html>

ASD Specialized diagnosing providers, guidance for families, research, etc.

ASD Advisory Committee: <https://www.azahcccs.gov/shared/Downloads/ASD/ASDAdvisoryCommReport.pdf>

Established in 2015 by the Governor's Office to provide policy recommendations to strengthen services for ASD. The committee issued a final report in 2016 with key recommendations centered around better integrated care.

Alternative Payment Models: <https://healthcare.mckinsey.com/improving-care-delivery-individuals-special-or-supportive-care-needs/>

Several states have achieved results through the use of capitated rates to increase care quality. The shift to community-based care continues to be one of the single largest value drivers (for both cost and quality) in LTSS care. Arizona has used a combination of capitated payments and incentives for more than 20 years to improve the services delivered to individuals in need of LTSS care; through this program, it has rebalanced the percentage of these individuals being cared for in nursing facilities from 95% to 30%.

Program Evaluation: https://www.azahcccs.gov/resources/Downloads/PerformanceImprovementProjects/ALTCS_MLTSS_PIP_Methodology.pdf

The AHCCCS has implemented a long-term care program that serves both individuals who are elderly and/or have physical disabilities (EPD) and individuals who have intellectual and developmental disabilities (IDD) through Managed Care Organizations (Contractors). AHCCCS and its Contractors strongly support opportunities for individuals enrolled in the Arizona Long Term Care System (ALTCS) program to live in home and community based service (HCBS) settings and promotes independence and choice as fundamental concepts for all members. There is a performance improvement project underway since 2017 to evaluate the effectiveness of case management under the program.

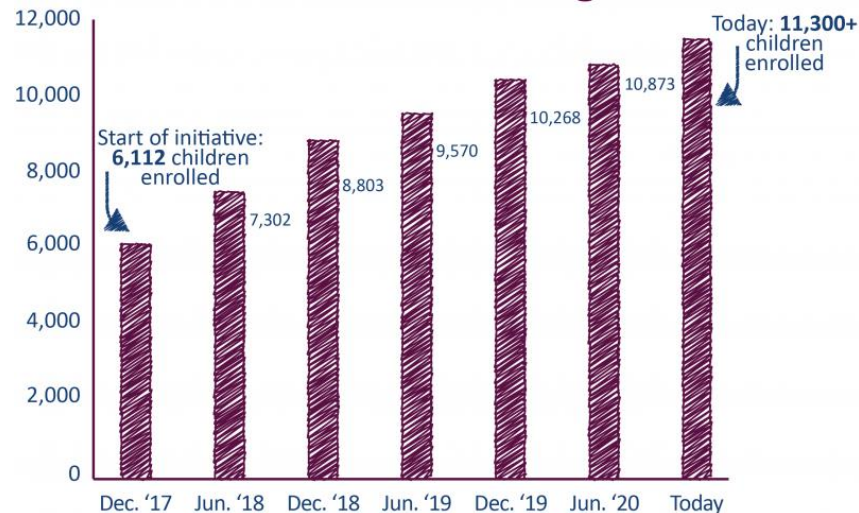
Program Spotlight:

Wisconsin Long Term Support Waiver Program Waitlist Elimination Initiative

Wisconsin undertook MLTSS with the explicit goals of ending the waiting list, improving access and choice, increasing quality, and achieving cost efficiencies



More Kids Enrolled in the CLTS Waiver Program



- **Wisconsin's Children's Long-Term Support Waiver Program**—The Children's Long-Term Support (CLTS) Waiver Program is a Home and Community Based Waiver that funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities. Funding can be used to support a range of different services based on an assessment of the needs of the child and his or her family.
- **Family Care**—Family Care is Wisconsin's Medicaid long-term care program for frail elders and adults with physical, developmental, or intellectual disabilities. People in the program receive long-term care services to help them live in their own home whenever possible.

Program Spotlight:

California Collaborative for Long Term Services and Supports (CCLTSS)

Formed in 2011, The California Collaborative for Long Term Services and Supports (CCLTSS) is a statewide coalition of aging and disability organizations that advances LTSS policy



The California Collaborative advocates for the dignity, health and independence of Californians regardless of age who experience disabilities, functional limitations or chronic conditions and who use long-term services and supports. California needs a system of high-quality, cost-effective long-term services and supports that strengthen the person, his or her family, caregivers, circles of support, and the community at large. That system must promote the person's well-being and social participation, promote economic independence, prevent impoverishment and remove barriers to employment.

- Membership is comprised of about 60 statewide organizations of clients, providers, advocates, and legal services. These stakeholders are further grouped into regional coalitions.
- CCLTSS engages in advocacy and issues policy recommendations.
- Since its formation in 2011, the Collaborative has become the “go-to” group for state and federal agencies administering the Coordinated Care Initiative.
- The Collaborative focus is on opportunities for coordination among government programs and to assist state decision makers to anticipate demographic changes in aging and disability.
- Their focus has been primarily on aging populations, but the collaborative model has applications to all LTSS beneficiaries.

Payer to Watch:

TRICARE Conducting Expanded Autism Services Pilot Program

As of March 2021, The Defense Health Agency (DHA) has authorized policy changes to the TRICARE Comprehensive Autism Care Demonstration (ACD) program, which originally began in 2014. These changes will expand the ACD from a limited program focused exclusively on ABA therapy into a more comprehensive program that will offer integrated services and additional supports.



TRICARE Comprehensive Autism Care Demonstration (ACD) program updates as of March 2021

- Parental guidance and trainings via telehealth available beyond the national emergency due to the pandemic.
- Parents of a children with ASD will have greater involvement in the development of his or her care plan.
- **For those who join the ACD on or after Oct. 1, 2021, TRICARE will assign an autism services navigator (ASN) to work with beneficiaries to develop a comprehensive care plan and coordinate care. The ASN can connect clients to additional ASD resources.**
- Providers will be able to bill for group services, should they be clinically appropriate.
- Expanded outcome measures will be monitored.



Who are the potential collaborators and stakeholders in Virginia and beyond?

What can CA Human Services do to advance this these initiatives in Virginia and within their sphere of influence?



Stakeholders & Suggested Collaborators

Our research and stakeholder discussion identified a variety of stakeholders, resources, and potential collaborators

Individuals with autism

Parents & Caregivers

CA Human Services

Commonwealth of Virginia

Virginia Department of
Medical Assistance
Services (DMAS)

Taxpayers

Legislators

Local government
agencies

Schools

Advocacy organizations

Case Managers

School Counselors

Local CSBs

Centers for Independent
Living

Healthcare, therapeutic,
and community service
providers

Insurance companies
managing MLTSS (CCC+),
Tricare

Private insurers impacted
by future mandates

Employers and individuals
who pay health insurance
premiums

Unite Virginia

Disability Law Center

DBHDS

Institute for Exceptional
Care (IEC)

Children's Hospital of
Richmond, Children's
Hospital Kings Daughters

The Arc of Virginia

Autism Case Management Services

Potential Collaboration Resource: Unites Us/Unite Virginia

Established by Governor Northam in late 2020 using \$10 million in startup funding from the CARES Act, Unite Virginia a statewide technology platform designed to connect vulnerable Virginians to health and social services



- Unite Virginia is a coordinated care network of health and social care providers focused on addressing social determinants of health.
- Partners in the network are connected through a shared technology platform, Unite Us, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.
- Unite Virginia is built in partnership with the Office of the Virginia Secretary of Health and Human Resources, the Virginia Department of Health, Optima Health, Partnering for a Healthy Virginia, Kaiser Permanente, Virginia Department of Social Services, and Virginia Hospital & Healthcare Association.
- Joining the network is free of cost for community-based organizations and many organizations that are considered part of the safety net, like community health centers, local clinics, and mental health centers. The network includes free web-based licenses for county agencies, city governments, hospitals, and health care systems

Autism Case Management Services

Potential Collaboration Resource: Institute For Exceptional Care (IEC)

The IEC is a private organization dedicated to transforming healthcare for people with intellectual and developmental disabilities by bringing together payers, patients/families, and healthcare providers

IEC SOLUTIONS – BETTER CARE, SMARTER COVERAGE, STRONGER CONNECTIONS

ENSURE BETTER CARE

- **Empower Clinicians – Dramatically improve the healthcare workforce by:**
 - Creating nationally recognized Neurodiverse-Friendly designation programs
 - Equipping current clinicians and healthcare organizations to understand the needs of patients and families, so they can deploy basic skills to provide high quality care
 - Partnering with clinical educators on training new generations of care providers
 - Increasing the supply of specialists in this field
- **Measure and Learn – Create a culture of continuous improvement by:**
 - Measuring quality of life and other key outcomes for people with developmental disabilities
 - Creating a learning network showcasing model

DRIVE SMARTER COVERAGE

- **Invest in Results – Make good care models sustainable by:**
 - Designing methods for insurers to collect, understand and act on data, especially that of poor, Black, and brown people
 - Developing business cases for better financing and payment methods from Medicaid, Medicare, and employers to support Neurodiverse-Friendly care
 - Promoting insurance products that support Neurodiverse-Friendly care

BUILD STRONGER CONNECTIONS

- **Coordinate Care – Promote collaboration among healthcare providers by:**
 - Setting guidelines for referral relationships
 - Defining standards for a Neurodiverse-Friendly “health neighborhood”
- **Connect to Community – Build bridges between healthcare and social, educational, & other services by:**
 - Helping clinicians access social service agencies and resources
 - Promoting incentives for clinicians to coordinate with other service sectors

institute for **ex**cəptional care

Autism Case Management Services

Additional Resources and Potential Collaborators

In addition to the companies, programs, and organizations already highlighted, below are related resources and potential collaborators



Southwest Autism Research & Resource Center

SARRC is an internationally recognized nonprofit that conducts innovative research, provides evidence-based practices, disseminates effective training and builds inclusive communities for individuals with autism and their families. Given the mature and well established MLTSS and autism services programs in Arizona, SARRC is a good resource for insights to advancing similar programs in other states.

<https://www.autismcenter.org>



The Arc Virginia

As the most prominent advocacy organization representing the human rights of people with intellectual and developmental disabilities, they have are knowledgeable about the details of Virginia's payer climate and policies, including issues and opportunities around the CCC Plus program.

<https://www.facebook.com/TheArcofVA/posts/changes-to-ccc-plus-waiver-for-those-under-21what-is-changing-children-and-young/10155592375618038/>



Children's Hospital of Richmond (and other children's hospitals)

In collaboration with VCU Government Relations, CHoR advocates for the region's children by working closely with the city of Richmond and the state of Virginia. In general, hospitals have been the starting point for comprehensive case management of various types and have organized advocacy capabilities.

<https://www.chrichmond.org/about-us/community-engagement-care-across-the-commonwealth>

Autism Case Management Services

Potential Advocacy Option: Autism Services and Marketplace Exchange Plans

One mechanism for influencing broadening insurance coverage of autism case management would be to advocate that autism services be included as an Essential Health Benefit on exchange plans in Virginia

By 2023 Virginia will have moved from a federally-run exchange to a state-managed exchange

States are now able to dictate essential health benefits that are covered on exchanges

There is a precedent for including behavioral health and ASD coverage in other states

Sample of states that cover ASD related services in their Essential Health Benefits:

State	Related Covered Essential Health Benefit(s)
Arizona	Diagnosis and treatment of autism spectrum disorders
California	Behavioral health treatment for autism and related disorders
Colorado	Applied behavior analysis based therapies and other treatment services
Connecticut	Autism spectrum disorder therapies
Iowa	Autism spectrum disorders
Virginia	<i>Requires coverage for mental health and substance abuse services</i>

<https://www.ncsl.org/research/health/state-ins-mandates-and-aca-essential-benefits.aspx#Understanding>
<https://www.cms.gov/ccio/resources/data-resources/ehb#ehb>
<https://law.lis.virginia.gov/vacode/38.2-3451/>

Autism Case Management Services Options and Next Steps

Expanding insurance funding for autism case management services in Virginia (or any state) entails a legislative strategy in collaboration with supportive stakeholders

Pursue a collaborative legislative strategy

Network with stakeholder organizations to optimize existing momentum and political opportunity to advance policies. Engage with service providers, physicians, and others to support a collaborative legislative strategy and build knowledge around existing payer limitations and opportunities in autism service coverage.

Connect with payers

Reach out to Virginia health plans who currently manage the MLTSS/CCC+ plans to learn more details and discuss potential resource sharing collaboration.

Address lack of data

Investigate and support research by engaging with an academic institution or foundation to potentially fund and implement outcomes and financial impact studies.

Stakeholder Feedback



Human Services

Stakeholder Feedback Highlights

Stakeholders agree on benefits of case management and collaboration, but some are tentative about how to approach policy change and implementation

Benefits of Autism Case Management & Collaboration Opportunity

- 100% agree that barriers exist and case management could help. But value to clients and caregivers heavily depends on caliber of case manager and case management alone won't address the critical shortage of service providers.
- 91% agree that stakeholder resource collaboration can advance the state of autism case management across the Commonwealth and that CSB staff need to be part of the solution.
- 82% agree that a next step should include networking with stakeholder organizations to:
 - build knowledge around existing payer limitations and opportunities in autism service coverage
 - optimize existing momentum and political opportunity to advance policies
- 64% agree that a next step should include investigating and supporting research by engaging with an academic institution or foundations to potentially fund and implement outcomes and financial impact studies.

Stakeholder Feedback Highlights

Stakeholders agree on benefits of case management and collaboration, but some are tentative about how to approach policy change and implementation

Policy & Legislative Change

- 100% agree that a legislative strategy could increase access to autism case management across the Commonwealth. But 66% say more information is needed to understand the complexities and determine if additional strategies are also warranted. Some recommended pairing this with a legislative strategy to address low reimbursement rates for providers. Others suggested case management would benefit other disability populations as well.
- 55% agree that state level intervention for commercial plans regulated by Commonwealth could help provide case management coverage for some but not all—federal intervention would be necessary to ensure coverage through Affordable Care Act
- 73% agree that advocating for coverage as an essential health benefit on exchange plans in Virginia could be a tactic. But some admit they need additional information about exchange plans. Others are concerned about quality of case managers and the impact of approaching this from a medical model vs a social model for support services
- 55% agree that a next step should include reaching out to Virginia health plans that currently manage the MLTSS/CCC+ plans to learn more details and discuss potential resource sharing collaboration.

Questions & Discussion

