CT State Innovation Model Proposed Medicaid Approach – DRAFT 6/23/14

Initiative	Target Date and Estimated Participation	Description	Proposed Requisites for Selection	Proposed Conditions of Participation
Shared savings initiative with FQHCs and advanced networks serving single-eligible Medicaid beneficiaries, selected by RFP	January, 2016 An estimated 200,000 to 215,000 beneficiaries	DSS will build on its PCMH approach, as well as the model design developed for the Demonstration to Integrate Care for Medicare-Medicaid Enrollees, to enter into contracts associated with explicit desired health outcomes and performance measure-driven upside-only shared savings arrangements, developed in conjunction with diverse stakeholders, prioritizing areas of the state in which there is high incidence of Medicaid beneficiaries (e.g. New Haven county, which represents approximately 29% of the entire Medicaid population) and those with complex, unmet needs or high costs (e.g. Middlesex county). DSS will make enhanced FFS payments to entities selected by RFP, and will agree to share a portion of any savings derived with entities that meet or exceed established benchmarks on quality measures.	• demonstrated commitment, experience and capacity to serve Medicaid beneficiaries • minimum participation in each contracting entity of 5,000 single-eligible individuals • preference for FQHCs and advanced networks that exhibit interest, experience and capacity to support Medicaid beneficiaries and desire to meet identified standards for clinical and community integration	• focus on identified, desired health outcomes (e.g. improved maintenance of chronic conditions) and use of performance measures related to access, quality of care, health equity and care experience • use of either the federated data analytic and ICM supports of the medical ASO or an entity's own such supports • arrangements under which FQHC providers would potentially agree to reduce per beneficiary billable encounters in consideration of receipt of enhanced PPS reimbursement for non-billable services (e.g. care coordination, health coaches), the anticipated higher incidence of non-visit based activities, and the potential for shared savings payments
Population health initiative with providers serving single-eligible Medicaid beneficiaries in a targeted geographic area (i.e. Health Enhancement Community)	To be determined through 1115 planning process To be determined through 1115 planning process	DSS will in partnership with the Department of Public Health (DPH) and diverse stakeholders, develop and implement a care delivery and community health improvement demonstration that is explicitly attentive to the social determinants of health (e.g. housing, food security, personal safety, environment) through the flexibility afforded by an 1115 waiver and taking cues on service delivery design and use of an expanded care team (e.g. including community health workers) from an initiative implemented in Oregon. DSS will make comprehensive payments in support of trauma-informed wrap-around services to support children and their families. DSS will also reimburse for a range of services not covered by the Connecticut Medicaid State Plan.	• demonstrated commitment, experience and capacity to serve Medicaid beneficiaries • local governance • broad, cross-disciplinary stakeholder participation (medical and non-medical providers, health departments, social services organizations, schools and businesses • alignment of reimbursement for health care and other funding sources to reward achievement of community health improvement goals	• focus on identified, desired health outcomes and use of performance measures related to access, reductions in disease incidence and prevalence, quality of care, and care experience • coverage of services beyond those covered in the Medicaid State Plan, non-exclusive examples of which include flexible services (e.g. air conditioner for individual with asthma) and reimbursement of community health workers (e.g. peer wellness specialists, disease educators) • use of Health Savings Accounts funded through shared savings through which Medicaid beneficiaries could use funds to pay for health and personal care products • extension of DSS' incentive-based Rewards to Quit tobacco cessation initiative • attention to all aspects of streamlining access to primary care, including use of ASO and community-based ICM, developing a Medicaid solution for primary and behavioral health urgent care, optimizing ASO functions around referrals and transportation, and cementing partnerships with the hospitals for real-time sharing of emergency department (ED) data and collaboration in support of the needs of super utilizers