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| **Overall Aim:** | Create an integrated system that demonstrates improved health outcomes, reduced costs, and increased stakeholder satisfaction through building collaboration and CBO capacity for people with IDD who are aging and/or living with co-occurring conditions. |
| **Priority Area #1:** | Strengthen CBO capacity. |
| **Improvement on Overall Aim Related to this Priority Area:** | Early progress toward building collaboration between different groups represented in Missouri Team. Identified some opportunities to integrate some services between DHSS, AAA and DMH systems. Building knowledge capacity of all members of team and extending to larger CBO networks through respective trade associations. |

| **Strategies** | **Activities** | | **Barriers/Mitigation** | | **Result** |
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| From Action Plan | **Completed**  *What we’ve done* | **Planned**  *What we’re going to do* | **Challenges/ Surprises** | **Solutions to challenges** | **Effective –** *continue/complete*  **Not Effective –**  *research/revise* |
| **A.** Develop system-wide value-based health outcomes and demonstrate ROI. | 1) Collected outcomes currently collected/required from various funding/regulatory sources including HEDIS, AAA, NCI-AD, MIPPA, SCSEP, MICA, Data and Surveillance Systems.  2) Report out on outcome related information from Managed Care Congress.  3) Reviewed SDOH | 1) CBOs will identify and standardize outcome set from existing measures or develop new measures that align with SDOH.  2) Define measures and collection methods.  3) Articulate how achievement of the adopted outcome sets demonstrates a return on investment that can be used for marketing and business development opportunities. | 1) Choosing outcomes that the CBOs can ultimately gain consensus around from larger provider network.  2) Connecting outcomes that represent quality of life not just quality of health. | CBOs are integrating reporting structure into their trade association meetings. | Began with report outs from state staff or provider member. Service provider group is changing to a panel discussion involving both state staff and CBO staff to stimulate discussion. Information is being received with interest. |
| **B.** Build stakeholder engagement. | 1) Monthly agendas are built around topics of interest identified by Team including; VBP, SDOH, Contracting, expanding knowledge of MCO.  2) Presented work of BALC to AAA statewide meeting to discuss opportunities for partnership.  3) Shared discussions with North Carolina, New York and Michigan. CBO provided information on discussion with ODP Program in Pennsylvania.  4) Developed a Resource Manual with local contact information for potential partners with DMH –Behavioral Health and IDD, DHSS, Division of Aging, AAAs, Senior Centers, CMHCs, First Steps SPOEs, HS & EHS, Home Visitation Programs | 1) Vaya from North Carolina is traveling to Missouri to meet with team.  2) Connecting CBOs at local level in KC around issues of aging and IDD.  3) Provide warm introduction between AAAs and DMH Regional Office to explore contracting for transportation services and identifying other services of potential interest.  4) Facilitate meetings between CBOs and local resources provided in Resource Manual to explore local needs and opportunities for partnerships.  5) DMH and DHSS presenting at AAA conference in September. | 1) Changing culture and historical methods of using each other’s services. Instead of pushing our folks into another system and increasing their financial burden, enlist their providers in our system where we can pay for the service. | Talk with Regional Office Directors to engage them in the mission of business acumen by reaching out to other service delivery systems and identifying how we can expand their business opportunities by bringing them in as contracted providers for needed services. | In process |
| C. Develop opportunity for innovation projects. | 1) Talked with ODP Program in Pennsylvania. Exploring MC options for people with dual diagnosis and significant behavioral health needs.  2) Engaged with NASDDS consultation around services for intensive behavior needs. Received consultation of a waiver that could allow DMH to add a service offering a premium rate while controlling provider enrollment. | 1) Further evaluation of waiver option for intensive behavioral services.  2) Evaluating other waiver options for residential services for aging population to maintain independence.  3) Presentation/discussion of partnership and grant opportunity with behavioral health services. | Unknown. Very early stages of discovery. |  |  |

Overall Progress

As you think about your work related to the HCBS Business Acumen Learning Collaborative over the past reporting period, please share feedback on any relevant challenges and successes that were not addressed above.

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| Please share any issues or challenges that have impacted your work?   * Were you able to address or resolve the issue? If so, how? * If not, what resources can we provide to assist? | There is no clear road map for what we are trying to accomplish which creates multiple challenges. We are moving forward by first educating ourselves and each other. Learning about what other states have done in developing LTSS and MLTSS as related to our target populations. For us it has taken some time to begin how to even categorize information because each state is unique. To the extent that some resources could be developed to help teams sort through global information could be helpful. For example states that use MLTSS, for what service groups and what type of managed care do they offer; insurance companies, nonprofit, governmental/quasi-governmental.  We have also struggled to get CBOs from partner divisions to participate or stay engaged. So members of the state team have presented to some of their groups to talk about the value of the LC. We will make phone calls or offer to meet with them individually to discuss the value they bring to the conversation and the value we have to offer them in return. |
| Please share any successes that you have encountered   * How did that success impact your work? * What would be helpful to share with others? | We have interest from our AAAs in contracting for some services with DMH for which there is a need. Historically we have only tried to connect by pushing people into their service system as though they could only be a part of one or the other. The LC has provided a platform to reframe the conversation around building an integrated system where providers in both systems can benefit. Through the efforts with the BALC we have identified and are pursuing common ground and joint opportunity. |
| Please let us know if there is any additional information or resources that would be helpful in supporting your work with the Learning Collaborative. | I really like the change that you made with the monthly calls. Although it was a larger time commitment, I liked listening to a webinar from put on by people outside the LC and then follow it with a facilitated group discussion on the content. Continue to look beyond the members of the LC for subject matter experts that can add to the discussion. For example, panel discussion involving attorneys and executives of MCO and CBO states that are already in managed care to talk about contracting issues, how to support provider networks through transition, technology needs/changes, establishing and evaluating outcomes, etc. |