

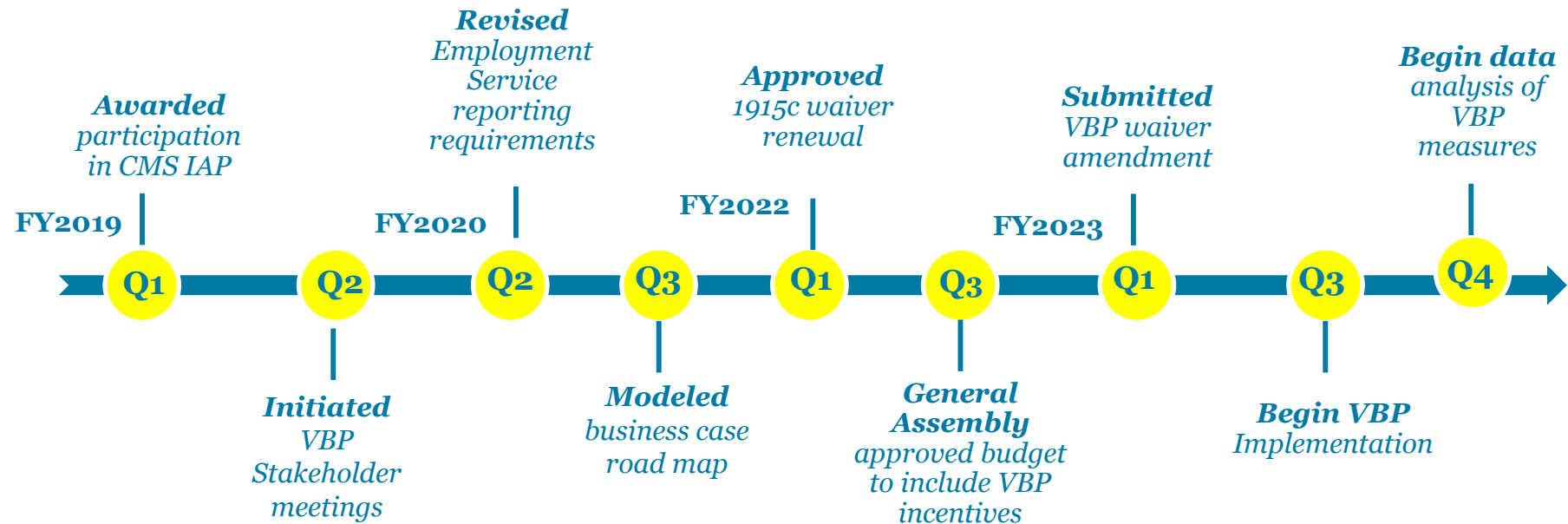


Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Value Based Payment Stakeholder Session

Summer 2022

Timeline of Key VBP Milestones

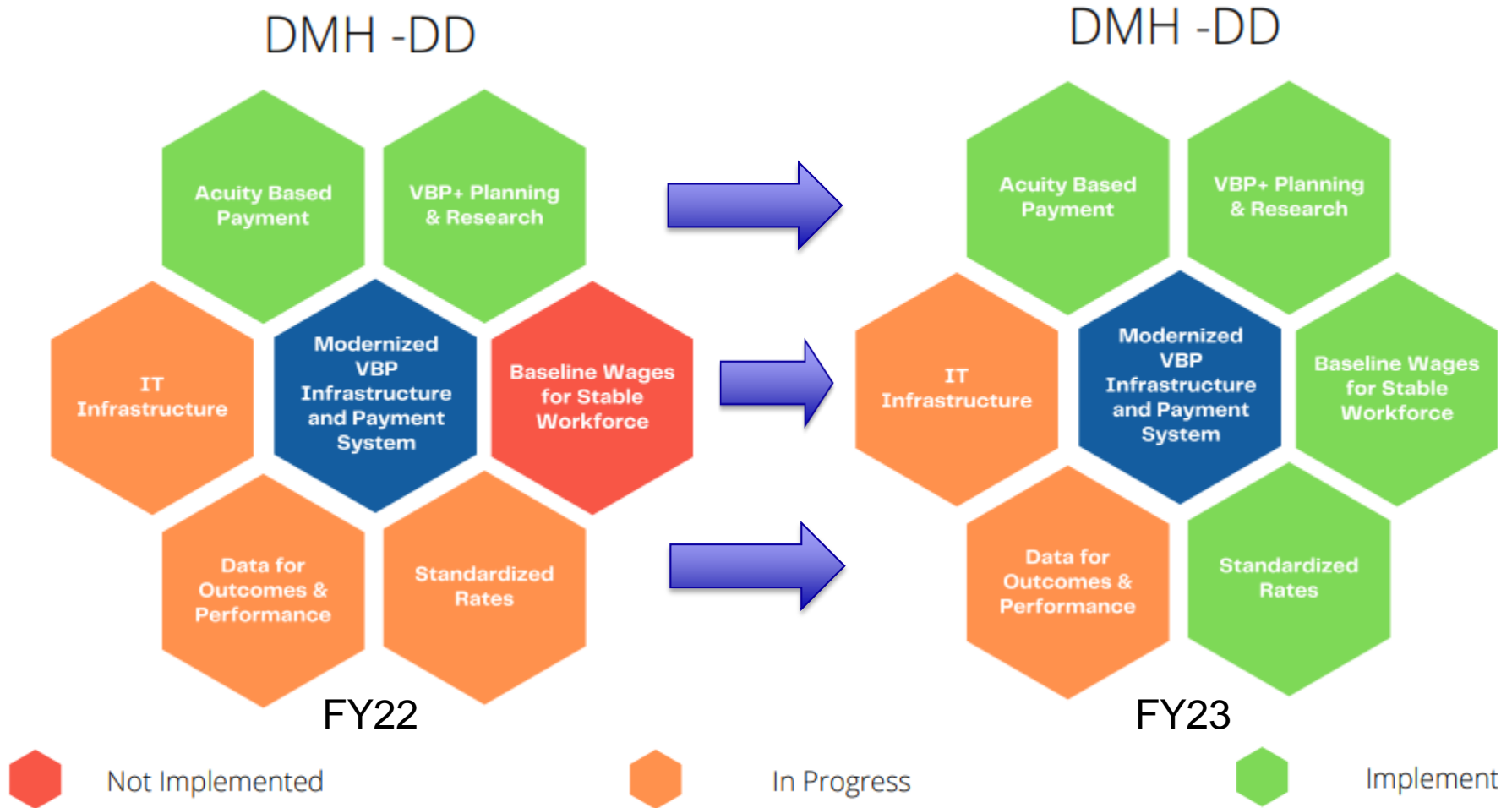


For additional information visit: [Value Based Purchasing | dmh.mo.gov](https://www.dmh.mo.gov)



FY23 Budget

Budget – Value Based Payment

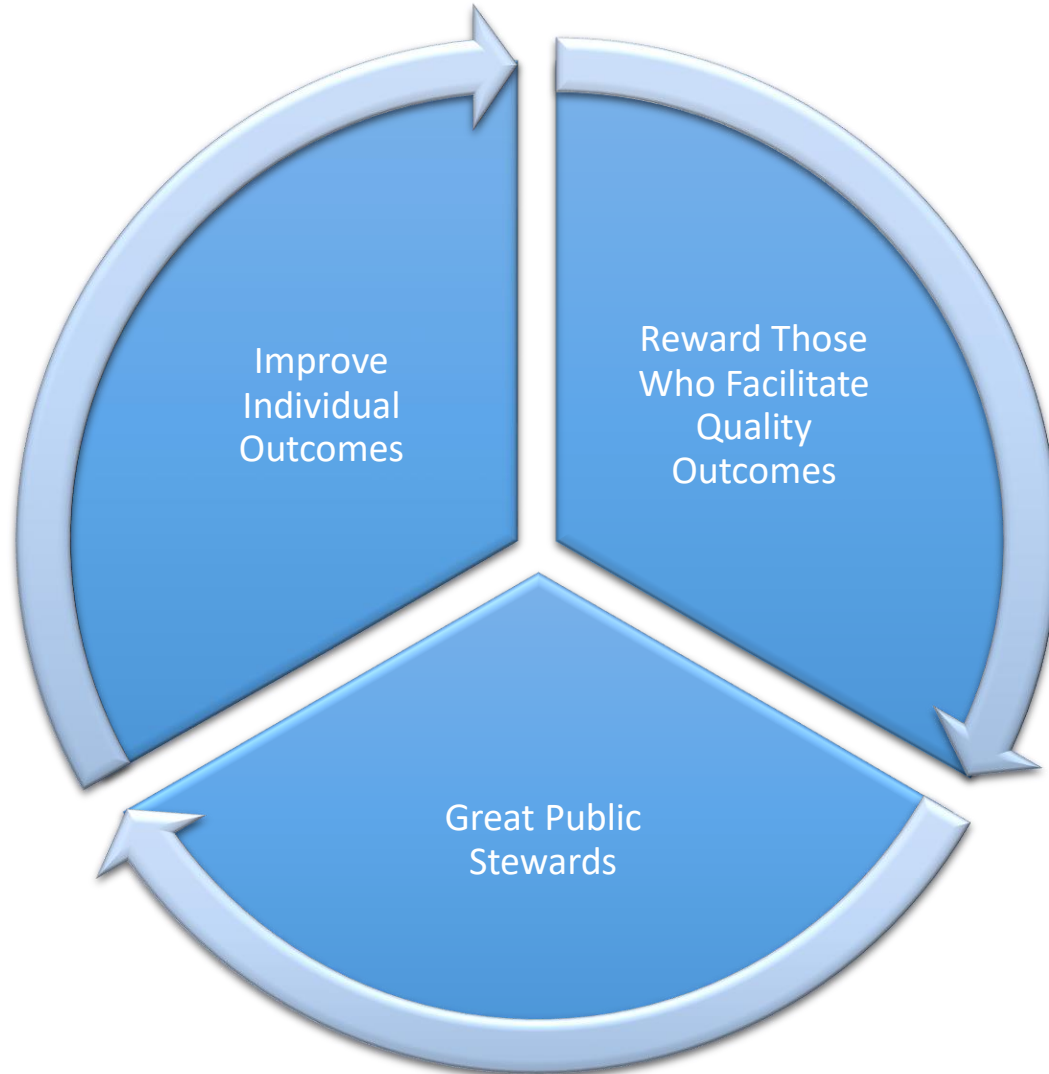




“The Big Picture”



The Big Picture: Value Based Care



The Big Picture: Value Based Care



- Healthcare Access – Quality and Intervention
 - HRST
 - Tiered Supports
 - Electronic Health Records
- Social and Community Inclusion
 - Service Definitions
 - Remote Supports
- Economic Stability
 - Employment First
- Environmental Accessibility
 - Technology First

Improve Individual
Outcomes



- Skilled Workforce
 - DSP Training Levels
 - Registered Apprenticeship
 - Learning Mgmt System
- Stable & Accessible Workforce
 - NCI Staff Stability
 - Registered Apprenticeship
 - Workforce Barrier Scan
- Cash Flow
 - Pay for Reporting
 - Rate Standardization
 - Performance payments (VBP)

Reward for
Facilitating
Quality Outcomes



- Accountability
 - Organizational Efficiency
 - EVV
 - Alternative Payment Methods
- Efficiency
 - ConneXion
 - LEAP Grant
 - Health IT
- Transparency
 - Division Dashboards
 - Provider Scorecard

Great Public
Stewards





Value Based Payment Incentives

Why: To incentivize applicable providers to initiate the MO DD HRST screening process prior to current targeted statewide implementation May 2023. The HRST is a tool used to provide early detection of health risks and destabilization. The completion of the HRST will align with the individual's annual Individualized Support Plan (ISP) meeting. The HRST information will support the team with identification of implementation strategies to mitigate risk and improve health outcomes.

Who: Current DMH DD contracted waiver residential service provider and TCM providers serving individuals receiving Division of DD 1915 (c) HCBS waiver services.

What: A standardized one-time payment rate calculated at \$72.20 for completion of each individual *initial* Health Risk Screening Tool (HRST) during the identified timeframe.

<https://dmh.mo.gov/dev-disabilities/hrst-project>

Tiered Supports

Why: To incentivize providers to develop and maintain universal systems of support which result in higher quality of life, fewer risk outcomes, and reduced staff turnover.

Who: Any service provider agency currently providing Individualized Supported Living service.

What: Two Payments:

- Monthly payment of \$174 for sharing data elements identified in the provider contract for each monthly period.
- Quarterly Low, Medium, or High incentive payment based on assessment of Low, Medium, or High implementation systems each quarterly period.



Tiered Supports

Level of Implementation by Benchmark– Assessment Guide

Universal Strategies Benchmarks of Quality	Evidenced By	Asking the question	LOI
I. Agency Shared Values System			
A. Shared Values have been adopted	Values displayed in agency office, homes, policy/procedure handbook, etc.		Low
B. Outlined behavioral expectations of values in matrix	Matrix available outlining behavioral expectations for stakeholders based on determined values and available opportunities to practice skills		Low
C. Shared Values are taught regularly	Teaching programs provided for stakeholders to practice skills defined within matrix; meeting minutes, ISP programs, competency checklists		Mod
D. Shared values are coached	Competency checklists include shared values skills, coaching data reflects stakeholders receive coaching observations and feedback on implementation at least monthly		Mod
E. Operational system of reinforcement for practicing shared values	Values system data reflects staff and supported individuals receive positive consequences for practicing shared values skills, implementation expectations are outlined in policies/procedures		Mod
F. Shared values implementation is assessed with data	Data is aggregated to identify implementation trends across all levels of the agency		High
Level of Shared Values Implementation			
II. Agency Team			
a. Meeting monthly	Schedule available for next six months of meetings, demonstrates previous six months of meetings completed, meeting expectations/norms outlined in policies/procedures		Low
b. Team reflects variety of stakeholders	Includes agency decision maker(s), administration, leadership, front line staff, and people supported		Low

**Tool to Assess
Implementation
Level**

Remote Supports

Who: Any Individualized Supported Living and In-Home Respite service provider who has transitioned or will transition from paid staff support hours to remote supports resulting in an overall reduction in budget due to reduced staffing hours.

What: Payment of 15% of the State's share of savings for each six month period.

*State share is currently 33.99%

Why: Increased independence, reduction in stress level of overall DSP workforce, savings to State.

Remote Supports

	Hours	Hourly Rate	Monthly Rate
ISL Budget prior to RS (FY18)	730.00	\$17.50	\$12,775.00
ISL Budget prior to RS* (FY23)	730.00	\$36.31	\$26,506.30
ISL budget with RS	486.67	\$36.31	\$17,670.99
RS Response Center	240.00	\$7.04	\$1,689.60
RS Technology			\$750.00
Total Savings			\$6,395.71
State Share of Savings			\$2,173.90
VBP 15%			\$326.09
VBP 6 month payment			\$1,956.51

*At current hourly rate

DSP Training Levels

Who: Any waiver service non-licensed professional staff delivering contracted HCB services, including: Personal Assistant, Personal Assistant - Medical Exception, Day Habilitation, Day Habilitation - Behavioral Exception, Day Habilitation - Medical Exception, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, Community Specialist, Support Broker, Benefits Planning, In-Home Respite—Day, In-Home Respite—Individual, In-Home Respite—Group, Out-of-Home Respite—Day, Residential Group Homes, ISL, and Shared Living.

Why: Increased staff retention; employees gain national best practice skills; mitigation of risk and improved individual outcomes.

DSP Training Levels

What:

- Training provided in Relias.
- 3 Payment Levels
 - 1% of claims when 95% of eligible DSP workforce has completed level 1 DSP training and has 6 months tenure with the same agency;
 - 1% of claims when 50% of eligible DSP workforce has completed level 2 DSP training and has a minimum of 6 months tenure with the same agency;
 - 1% of claims when 50% of eligible DSP workforce has completed level 3 DSP training and has a minimum of 1 year tenure with the same agency.
- A provider may earn a quality payment twice a year.

CDSP Registered Apprenticeship

Who: Any Division of Developmental Disabilities HCBS waiver service provider who participates in the Direct Support Professional (DSP) Registered Apprenticeship Program.

What: One payment of \$1560 at 50% completion and one payment of \$1560 upon successful completion of the Certified DSP registered apprenticeship program.

Why: A talent acquisition pipeline with increased staff retention; employees gaining national best practice skills; mitigation of risk and improved individual outcomes.

Employment Reporting

Who: Any Division of Developmental Disabilities HCBS contracted employment services provider.

What: Payment of \$55 for reporting as outlined in provider contract. Payment is only paid for a service-reporting episode where the provider completes 100% of the activities report containing all required data points.

Why: To incentivize providers to share data to be utilized for benchmarking performance to inform future development of value based payments.

NCI Staff Stability

Who: Current DMH DD contracted 1915 (c) HCBS Waiver service providers of residential, in-home and non-residential services.

What: Annual lump sum payment of \$2,000 per qualifying provider.

Why: To incentivize applicable providers to complete annual and subsequent NCI Staff Stability Surveys.

The National Core Indicators (NCI) Staff Stability Survey collects information on the direct support professional (DSP) workforce in Missouri, including information on staff wages, retention and turnover. The survey data supports the Division's policy and program development to enhance the retention efforts and training needs of the DSP workforce.



Electronic Visit Verification (EVV)

Who: Any service provider of agency personal assistant (PA) services that successfully connect and transfer verified records to the state EVV aggregator. Self-Directed Service PA is not eligible.

What: Payment amount equivalent to 1% of claim payments made to the agency for the six month period. This payment is a data reporting payment for VBP benchmarking in future years.

Why: Electronic timekeeping, adds efficiency, provides quicker payments, allow for better coordination of care, easier scheduling, verification that care was received at the point of care, and minimizes billing errors.

VBP Questions

Emails may be submitted to the Division mailbox at ddmail@dmh.mo.gov – with Subject Line: VBP