Disability-Competent Care Webinar
Roundtable Series: Training in Disability-Competent Care and Supports

Building Partnerships between Health Care (Plans & Providers) and Community-based Organizations
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Building Partnerships between Health Care (Plans & Providers) and Community-based Organizations

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Overview

- This is the seventh session of an eight-part “Disability-Competent Care Webinar Roundtable Series”

- Each session will be interactive (e.g., polls and interactive chat functions), with 20 minutes of presenter-led discussion, followed by 40 minutes of presenter and participant discussions

- Video replay and slide presentation are available after each session at:
  
  http://www.ResourcesForIntegratedCare.com/
Disability-Competent Care Webinar Roundtable Series

What We Will Explore in This Series

- Unique experiences of adults with disabilities and their needs and expectations
- Provision of specific components of Disability-Competent Care and supports
- Approaches to being person-centered in care and interactions
- Achieving the Triple Aim goals of improving the health and participant experience of health care delivery while controlling costs in their work with adults with disabilities
Agenda

- Review the unique competencies of (1) health plans and providers, and (2) community-based organizations
- Discuss the cultural and operational differences between the two types of organizations
- Learn from the experiences of two such organizations as they partner
- Audience questions

Learning Objectives

- Understand the cultural differences between medical and community-based entities
- Understand key components in building relationships between health plans and LTSS providers
- Learn strategies to facilitate collaboration and communication between care coordinators among medical and LTSS providers
Setting the Context

- Integrated models of care and financing require new partnerships – plans, health care providers, and Community-Based Organizations (CBO)

- Health plans and providers have different missions, values and cultures than CBOs
  - Health plans and providers operate from a medical model
  - CBOs operate from an independent living model

- This presentation will explore the experiences of a CBO and a Health Plan (HP) in Northern California
Introductions

**Moderator**

Christopher Duff  
Disability Policy & Practice Consultant

**Presenters:**

Yomi Wrong  
ADA Manager,  
Palo Alto Medical Foundation;  
Former Exec. Dir. of CIL Berkley, CA

David Nolan  
Chief Performance Officer,  
Alameda Alliance Health Plan
Integrated Care Requires the Strengths of Each Partner

CBOs bring:

- Cultural competency, such as community needs and values and person-centered
- Consumer protections for Long-term Services and Supports (LTSS) – Personal Attendant Services (PAS), Adult Day Health and Transitions

HPs and providers bring:

- Cost-effectiveness through care management
- Quality and accountability - improving health outcomes
Partnership Brings Benefits to All

- **Advocacy**
  - Coalition building
  - Political strength

- **Integration of care and services**
  - Increased flexibility and broader understanding of LTSS
  - Better care coordination

- **Rebalancing**
  - Shift to community-based services: de-institutionalization for diversion

> Successful partnerships can improve participant satisfaction and positively influence outcomes
Creating Engagement – From the CBO Perspective

- Learn the health plan’s systems, challenges and opportunities
  - Understand the health plan objectives
  - Bring value to the plan and their members
  - Learn the provider realities

- Establish meaningful stakeholder involvement

- Consumers and advocates participate in LTSS
  - Planning
  - Execution
  - Monitoring
Creating Engagement – From the CBO Perspective

- Develop good business relations
  - Leadership
  - Accountability
  - Transparency

- Consider strategic partnerships
  - Aging and disability resource centers (ADRC)
  - Grants / projects: e.g. healthcare innovations grant
Developing a Model Partnership – Innovation Grant

A collaboration between:
- Center for Independent Living, Inc.
- Lifelong Clinic (a Federally Qualified Health Center)
- Alameda Alliance for Health, local health plan

Objectives of the collaboration:
- Integrate care and encourage healthy behavior among the clinic's 3,250 Seniors and Persons with Disabilities (SPD) who are eligible for Medicare and Medicaid
- Create jobs
- Reduce costs
Challenges in Building a Plan—CBO Contract

- Using common language for consistency of values and services
  - Focus on functional necessity (versus medical necessity), standards, and expectations

- Communicate value (brand, affinities, competency) of each entity
  - What can you offer exclusively or collectively as part of a partnership?

- Clarify scope, responsibilities, accountabilities, and deliverables
  - Is it logical? - Do the services and reimbursement rates make sense?
  - Is it doable? - Capacity to do the work or build business acumen
  - Does it pull you from your core mission? - Beware of mission creep and other pitfalls
Operationalizing the Contract

- Create capacity
  - Billing
  - Staff development
  - HIPPA compliance
  - Managing sub-contracts and partnerships

- Measure outcomes and program evaluation
  - Reporting tools
  - Open communication
  - Transparency

- Make adjustments
  - Reimbursement
  - Scope revision
Summary

- Through partnering, health plans, health care providers and CBOs can together better meet the needs of adults with disabilities
- To start a constructive partnership, the parties need to individually identify their competencies and needs for partnering
- Such a partnership requires a commitment from all levels of the organization, with executive leadership and sponsorship
- Traditional provider contracts used by health plans lack the shared values and specificity needed to support collaborations with CBOs
Audience Questions and Discussion
Send Us Your Feedback

Help us diversify our series content and address current Disability-Competent Care training needs – your input is essential!

Please contact us with your suggestions at

RIC@Lewin.com

What We’d Like from You:

- How best to target future Disability-Competent Care webinars to health care providers and plans involved in all levels of the health care delivery process
- Feedback on these topics as well as ideas for other topics to explore in webinars and additional resources related to Disability-Competent Care
Thank You for Attending

For more information contact:
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- Jessie Micholuk at RIC@lewin.com
- Kerry Branick at kerry.branick@cms.hhs.gov
Resources & References

- Pricing Guide: A Resource for Community-Based Organizations to Value and Price Services
  

- Health Care & Community-Based Organizations: A Win-Win Partnership
  
  http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/health-care-and.html?print=t

- Overview of Preparing Community-Based Organizations for Successful Health Care Partnerships
  
  http://www.thescanfoundation.org/sites/thescanfoundation.org/files/track__3_victor_tabbush_handout_scan_class_brief_meta_analysis_080112.pdf
Resources for Integrated Care Website

We encourage you to explore [www.ResourcesforIntegratedCare.com](http://www.ResourcesforIntegratedCare.com) for a wide array of resources related to integrating care for Medicare-Medicaid enrollees:

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Sign up for our [E-Alerts](http://www.ResourcesForIntegratedCare.com) to receive updates!
Disability-Competent Care Self-Assessment Tool

1. Relational-Based Care Management
Participant-centered care is based on the recognition that the participant is not merely a passive recipient of medical care, but rather the primary source for defining care goals and needs. This type of care requires cultivating a relationship with the participant, seeing him or her as a whole person with hopes and preferences, and recognizing that the participant is often times the best participant-centered planning of care goals and needs is also the concept of the dignity of risk, which is choices even if they are inconsistent with the recommendation of the IDT.

- 1.1. Participant-Centered Practice
- 1.2. Eliminating Medical and Institutional Bias
- 1.3. Interdisciplinary Team
- 1.4. Assessment
- 1.5. Individualized Plan of Care
- 1.6. Individualized Plan of Care Oversight and Coordination
- 1.7. Transitions
- 1.8. Tailoring Services and Supports
- 1.9. Advance Directives
- 1.10. Allocation of Care Management and Services

Disability-Competent Care Self-Assessment Tool available online at: http://www.ResourcesForIntegratedCare.com/
Next Webinar

Disability-Competent Care Webinar Roundtable Series: Training in Disability-Competent Care and Supports

Integrating Behavior Health Competency with DCC teams and IPC’s

Tuesday April 8th, 2014
2:00 - 3:00PM EST