

November 7, 2018: It's Never Too Late to Change: How one organization embraced opportunity

Welcome everyone. This is the webinar It's never too late to change: how one organization embraces opportunity. I'm Erica, senior director of business acumen at the National Association of States United for Aging and Disability. Otherwise known as NASUAD. This webinar is presented through the Business Acumen Center, a part of the Business Acumen for Disability Organizations grant managed by NASUAD and made possible by the Administration on Community Living. Shortly after today's session, you will be able to find the PowerPoint and recording of this webinar (along with the archives of all of the Disability Network Business Acumen webinars) at hcbsbusinessacumen.org/webinars. Please add your questions in the Q&A box in the lower right-hand corner of your screen. At any time throughout the webinar and certainly at the very end of the Q&A. This is a repeat presentation of the presentation we tried last week. We had some audio issues so we thank you all for joining us today. >>

Today's speaker are Deborah Danner-Gulley, Director of Case Management Services with the area agency on district 7 known as AAA 7 and Tonya Perry director of HCBS Waivers and special populations at CareSource. Together today speakers will describe how they work together to help AAA seven transporting their business models to their contractual organizations abilities for more data and outcome focus. As that contest is one that is designed to highlight strategy used to improve the financial position of disability organizations are relevant and replicable to the fields in the achieved environment, demonstrate positive impact and the administration or delivery and improve the delivery and acceptability of the services to an inquirer. All the stories were designed to highlight successful business practices working with her for managed care, private pay, health systems, cities communities and municipalities, universities, and any other organization. Hello, my name is Tonya Perry and we are an organization non-for profit serving 2 million members across United States and primarily in Indiana, Ohio, Georgia, West Virginia, Kentucky. We have some variety of groups we serve and we do that deliberately to make sure were serving members from older adults. We have marketplace products and we have dual eligible in the area agencies. We are very excited about opportunity to partner with organizations to improve the lives of the members research. We're also very aware to reach out to partners already in the community providing critical services where they live and work so we can work together to have the outcomes for those research. Back in 2013 Ohio decided to jump into the dual registration and they chose to have all the plans participating partner with our agencies for an Ohio waiver coordination. Connecting members with services in their homes. 's we took that one step further. We decided that there was great value for labor service coronations but if we were truly going to be integrated and achieve our triple aim for our members for quality performance then we need to just fully partner with our AAA. It's our north region of Ohio. We want to consider are contract. We really want to do that. We really need to consider other areas of state we were excited about the opportunity because it allowed us to partner with small rural agencies that are serving at some of our members.

It's small. The service area is very large. We saw benefits to partner and serve in a large rural area in a way that hadn't been done before. We operate a pretty large operating waiver. We provide waiver care management for an area in southern Ohio

and if you see your screen we are the counties that have the number seven on the. We have 5500 mi.² of area that we seek out and serve individuals in. We were serving about 5500 individuals in our waiver program on the aging side. We did not have a ton of experience with people that were under the age of 60 which is why the state is seeking services for. We do not have center for independent living services in our area. We are experienced people's that caller organization looking for services and resources for people under the age of 60. We start developing a database and having an interest in that population. We were hoping by working with care source that we could extend and take the experience we have with seniors and extend that into this additional population. We have a state case management already over 60. We were going to learn to serve people from birth to age 59. When I say birth, one of our own if not a very first assessment that we did in the new project with care source was for an individual.

We were serving waiver side. Last year in that contact with care source we serve 758. The smaller project. It's definitely been very important for us. We are providing the same service on both sides although we have some differences because we have different regulators for. There's a lot of similarities. It helped us learn on both sides of our shop and share lessons back-and-forth. They think for us going into the project was the reimbursement model was going to be very different. In our aging waivers we do that with the contract with the Ohio Department of aging. They give us a budget cap but they back us up and reimburse us for the actual cost for what it takes to provide the case management. Under that contract we do provider management for the providers serving those individuals and we operate in aging and disability resource centers. Anyone can call in with questions or meeting information about services first support in the community. The new project with care source or provides care management under the age of 60 was going to be a fixed reimbursement. It's per member per month. It's an amount for each individual that we case manage and then we also receive an additional amount for each assessment we do. We do it for program to find out new people being referred if they're eligible or not. Some are, some on. We are paid for each of those assessments.

We knew Oregon have to be able to look at a whole different kind of model where we knew what the reimbursement would be. We don't have any control over how many people are on the program or how many new assessments or referrals we get every month. We had to learn to plan for some variation there and how to deal with that. A couple years ago we expanded into three additional counties. We had to start developing and maintaining resource information for those additional counties which were not served to our other programs.

Some the lessons we learn. First off, you have to understand what the pay or managed care organization once and meet's. The first tip is read the contract carefully. Have a couple people read them. If I can read the contract and I think it says one thing and you have somebody else read it and look at it when they agreed they thought it meant [Indiscernible] and then we would write down a question and then we

would come back. Tonya and her group been very good to work with us and go through the contract and ask questions so we can make sure we understand what it's asking for. You may have to consider a legal valuation of what the contract says. Sometimes I can slow things down but you want to make sure you understand what you are agreeing to and you're committed to doing. The contracts we have had some very high standards. You want to make sure you understand there are standards, particularly financial penalties you understand what standards are and that you're committed to maintaining them. If you have other contracts or projects do you have a way to measure that performance already or is that something you have to develop, spreadsheets or other type of tracking.

Some of the standards we have in this project require 100% compliance. That means we have to be committed hundred percent of the time and paying attention all the time to those standard's. That was a change for us. We before were an organization that operated primarily from 8 to 430 Monday through Friday and we had to change to be willing to have people available 24 seven with this contract.

Our contract has some financial penalties and risks if we don't have full compliance.

That's something in there and it's very common to have those. We have to include the possibility for that in our cost model. And leave some contingencies in there so if the unforeseen happens we are able to pay for those. One of the other things we learned was that we have certain values and things we want to promote first senior population. We had to learn we need to talk to her and Seo partners and learned what was priorities for them. That way we were trying to push our agenda that we were trying to be a responder. Were contractor for them and what we do. That's a little bit of an adjustment in how we were used to doing things. The other thing we had to deal with right up front was things we had to have ready on day one at the contract. This contract start on New Year's day in 24 team and we had to have staff, computers, office space to put this stuff in and have them available to train. We have never done a job before that we didn't get start up funds. We want to figure out how we're gonna pay for things because we weren't going to get money into we have provided a service, earned it, and build for. For us, that resulted in getting a line of credit. All of our jobs before had been done with federal or state grant funds and in those models we have no capital or unrestricted funds that we could use to fund the project like this. We had to go outside and we had a good relationship with our bank. Because of all the other work we did with them they were willing to advance us a line of credit that we Fortunately, the first year we were very careful able to pay it off put it was a big moment with deep breath. It's helping us to feel like that is something we can do.

Thank you Debbie. That reminds me of not only was it 1 January when we started this contracts so as holiday and it was storming we didn't have access to the systems that we needed. They had only given us 20 days notice. We didn't have much notice. We have spent a lot of time together before that and got to know each other and started to build our relationship.

That was what came to my mind upfront. You need to invest heavily in time and resources upfront and before the project starts to build a

rock solid relationship doing things like giant storms and lack of computer access happen you can seamlessly partner and figure out solutions to get the work done. Next in terms of tips train early and often. You are going to need that training. As Debbie mentioned some of the work they were doing is pretty far outside their comfort zone and so helping to bring that up to speed and figure out our interactions and trainings were opportunities and needs were to customize those trainings was really important. One of the other lessons we learned is when you see one agency you seen one. That sounds kind of silly. We have 13 entities serving adult populations and they all have work but how that plays out different in each agency. They have different organizational structures. Figuring out how to best partner is about getting to know that particular agency and how they work and how they're organized, what they need and helping them understand what we need from them. Helping define terms and processes that are gonna be involved in the contract. We're all thinking of common language and understand it's almost like making a list of abbreviations when you're helping someone understand medical terms going through the contract together and going through those abbreviations to say, do we understand what this is saying to us? Lesson one is understanding and relationship building. We are on lesson two.

Yes. Adapt.

Tonya had mentioned defining terms and learning to speak each other's language. One thing that was eye-opening for us as an area agency on aging was that we were not familiar with the NC QA standard. We knew who the national Council quality assurance was but it was not something we had worked in or explored the standard. Care source certainly was certified or accredited through them and their organization was organized around the terminology and requirements. One of the things are asked to do was a plan do, study, act, quality improvement project every quarter. That was something not addressed in the contract but because that care source does business and that's a requirement of some type on the NC QA when care source asked us to do it they needed to provide us with a little bit of explanation and they helped us learn about those standards. You have to be willing to learn those terms. There's also a department at care source called vendor oversight. Initially, we were involved with talking about the work that we were going to do to provide long-term service and support care management and it worked directly with Tonya and her clinical staff. There's a whole other department of vendor oversight that does very important work for the managed care organization. They sent us requests for policies and request for copies of our insurance and other types of oversight were that they did. Sometimes they were not aware or understanding of the clinical work we did. There could be confusion. Would say why are you asking for this. We had to be willing to open dialogue, figure out why they were asking us for things and asking them to give us an explanation and then we need to provide what they need. We have to support them and their businesses just like there supporting us in hours and learning about the project.

That's a very important point. When community-based organizations are in managed care, especially for the first time, it can be daunting. First you work with the clinical team and build a relationship and hopefully

that's very positive. But then the pieces of organization were required to have in order to have delegated relationships or with community-based relationships there performing services on our behalf it can get hairy. One of the things we did is understanding and addressing the differences between previous projects and a project at hand. When I say that I don't just mean for the community-based organizations. Having them understand this project is different from anything they've ever done. It's about understanding and being

able to educate each other to teach the community-based organization what it is, why it is, and how and when we need it and help our organization understand that certain requirements may need to be customize depending on what work is being done for us. The partnerships was new. Some things we had done with pure vendors and space who are providing a concrete case management service, let's just say, vendor providing physical therapy what we need from a vendor is very different from a delegate.

It's cross educating of both organizations and the area agency really renegotiate how are gonna make that work in the area agencies in our community partners and the work they did. Another thing, train early and often. Not just about the clinical work and processes and expectations of our state regulators which incidentally are quite different than

-- the programs are similar but the regulations play out and are enforced between the aging waiver and the waiver for younger adults. It's very different. It's the same mechanism. How that plays out is just an expectation. Talking those differences through. Understand the goal of care management is really important. It's important to understand the goals of the regulators because they are different for a variety of different reasons.

Meeting collectively and regularly to make sure were sharing information consistently that everyone has the same understanding of where were going, where our opportunities are

taking time to celebrate what were doing really well. Especially when you have more than one community partner working on the same project. >> This is another lesson about understanding what we learned with working with a managed care organization and, the culture is different than that of our social service organization. Not that is just much larger but sometimes the goals will very similar have a different focus. Everyone is always dedicated to meeting the needs of the individuals that we are serving. Each organization approaches it differently. What we learned is it felt like the managed care organization placed a very high value on avoiding risks

and promoting accountability of the staff for decisions to individuals were serving may make for themselves. As an area agency we had a program in our organization. We have educated us about individual rights, individual dignity of choices and dignity of risk. We know sometimes individuals make choices they choose some risk and sometimes they bear the consequences of those risks. In this program, as Tonya mentioned those risks were ours to mitigate in a very strong manner. It felt strange to us in the beginning to not be able to honor the individual personal choices but instead needing to educate and counsel them about the choices they were making a it's not honoring the choices. That was a change for us. Another thing we learned in our social service more local projects, we developed very strong relationships and we had

a lot of trust in those relationships and sometimes the emphasis may be more on the relationships, not on the project. It was working with a very large managed care we learned that we made some great relationship but the focus is on the project. Because of the strict compliance we need to maintain we have to make sure we keep our eyes on what are those compliance things we need to meet. There is more emphasis on the work then there is on the relationship. Even to the point that there have been times we've missed a compliance mark and we need to do a performance improvement plan. That's where sometimes the vendor oversight department comes in. That was new to us and very necessary for ensuring that safety of our individuals making sure we keep our eyes on what compliance we need to provide and what performance you need to do. We had to learn not to take it personally. It wasn't a personal issue your dislikes of us or our employees but it was keeping the focus on these are the compliances we said we would have and what do we need to do to make sure we are meeting the guidelines we need to make. our schedule had been flexible in our organization. That's one of the things that's helped us to recruit employees by having a family-friendly schedule and a family-friendly culture if people need to be off with their six children we make arrangements for them to be able to do that. There are some really firm deadlines in this project. There are no excuses for missing the deadline's. We have to keep our eyes on the deadlines at all times and always have a backup plan. Someone is off we have to know who's going to step in. Are supervisors have to where that hat a lot of times and step in and make sure we meet the deadlines we need to meet. Sometimes that the staff issue. Sometimes it's individuals were serving. In the past for an individual came out to make a home visit and they said it's not convenient or they didn't want us to come out till next week we would say, okay and scheduled for next week and do it next week. In this contract we have deadlines. We had to teach our staff I call appropriate assertiveness. Instead of saying to our individuals when you want me to come out we need to say, I need to come out and see you before service day. When can I come out that way were educating our individuals about the requirements as well. Make sure they understand my we are asking them.

For the care source tips in this area if they provide training, make sure were providing training on frequently encountered medical conditions that are needed for those conditions and offering medical director consultation early in the relationship to help guide some of those interventions. Some of our very medically fragile children and younger aging adults and then providing ongoing assistance in navigating the managed care environment. Not just not getting our own environment but working with applicants or members or participating in other programs

that the organization is serving help them understand how to best interact with a managed care organization to help get what they need whether it's our organization, or another one of the managed care organizations to get what they need to meet that members needs. That's been an important opportunity especially as Ohio has begun to blend our population in certain areas for our Medicaid expansion who are now on waiver and managed care. There helping understand [Indiscernible]. Sometimes helping them do the intervention. Even if it means reaching out to help advocate individuals not on our plan.

That's what we want to learn from the lessons we learned. Our model of case management was built on a social model. As Ohio is bleeding more of their medical with their social services we need to bring our staff up to speed on the medical issues. It's paid for by Medicaid state plan services. We need to learn about coverage, what type of medical diagnosis and documentation is needed to allow the services to be paid for so the individuals can access the services. A lot of individuals have skilled nursing needs. 11 have treatments ongoing. They may eventually be on a ventilator.

We have to look at documentation as whether the services being provided the way the physician had ordered them. We had to keep a medical dictionary handy so we can look up the terms. We had to work to educate each other and understand the conditions of the individuals we were serving. Dealing with parents of sick children

is a whole different type of care giver. We had been used to dealing with caregivers that are adult children of aging parents. All the sudden we were dealing with parents caring for their children. We were also dealing with some parents their children maybe young adults and these parents have cared for them for years. We had to let the parents be the experts on the care and we had to approach them with an attitude of learning from them. What their conditions were. Often times there may be something, genetic based illness we've never heard of. The parents truly were the experts on educating us. They also had experience caring for their children. They could give us clues about the best ways to approach their children and what their children needed.

We also got into doing visits in the hospital. The particular needs of our consumers require us to visit them in the hospital to do discharge planning. There's a whole different etiquette we need to have to come into the hospital. We are used to being goal focused. We need to get certain information. We need to accomplish certain things and we go to the hospital. However, we are guests in the hospital. Our individuals are they're having their treatments. We have to be flexible if the treatment needs to occur so we can and our visits so that treatment can occur. We have to know how to find out which rooms our individuals are in, how to find them, we've learned lots of different hospitals, the locations and layouts to find them and how to engage with the discharge planners in the hospitals which are different in every single hospital. Whether there's a social worker, care management department, it seems like every hospital is different. We have to learn how to find the people we need to talk to and who we want to know reach us so we can make arrangements for the care of the individuals when they return back home. Finally, it seems like we deal with physician offices were dependent on them for orders a lot of times. We've had to learn how to navigate the physicians offices what our individuals need. Whether it's a written order, medical records, so we can justify certain services. We've learned a lot of the etiquette of how to call our physicians offices and follow-up on them until we get what our individuals need. >> Talking about staff and having them work in a different setting and a different role they had before it's important so that when you're planning your staffing to staff above the minimum requirements when you start a project. Work towards efficiency with experience. We learn pretty early on this project wasn't for everybody.

Some staff didn't stay as long as we would like them to. Really encouraging organizations with plans to staff the minimum requirements and consider things like travel time in the staff you're going to need. When you're determining what your rate should be. From that side we've learned we need to protect our partners from any kind of delays and payment on the regulator end. Sometimes they pass very timely. Especially the fiscal year is coming to an end. We learned the value of making sure we are protecting our community-based organizations financially and that we are leaning on our resources to be able to have payment yet. That was an important take away from us. Our contract with the managed care organization. Our administrative costs were greater than it had been for the traditional programs that we had previous experience with. We had to be available all the time. If something is not working correctly we have to address it now. We can't wait until it fits comfortably in our schedule to address it. There's no 9 to 5. The other thing is we operate in on call line for the individuals in our area. We have to answer that 24 seven. That meant not only did we look at our clinical staff and the leads we had with this kind of project but it made us look at our organization as far as our IT staff. Our clinical staff has to answer the phone 24 seven and the phone system goes down I have to have phone numbers and availability for our IT staff. They have to be able to get in and get that fix as soon as possible. More parts of our organization had to grow.

How are we going to price them. We were fortunate that we worked with a couple of our other sister area agencies on aging, we had a lot of meetings where we are saying what if. What would it cost if we had to do this. How much do we have to figure for travel. How much initiative time. In the beginning we underestimated our mission of time.

Thankfully we have some expertise with her other AAA's that we control all on that helped us developing a cost model. We use some the resources the SCAN foundation has. I don't know if you've use those before but they have a business acumen session and they have tools on their for community-based organizations and they have a pricing guide. We use that as a model to start from this was a new for us.

We were not used to pricing our services. We are used to responding to the department of aging. They say this is your budget and this is what you have to do with it. It was a very different have to price it. It was somewhat of a death in the beginning. We had learned each year with it what we have to take into consideration. We've learned how the census or the number of individuals serving each month varies. We had to average that out and make the reimbursement work for us. Part of that is how long as the contract? Our contract changed every year. In this project with the younger individuals the contracts were usually two years. This happens and the state extended the project without giving a lot of input and we had to learn to continue to live with the reimbursement we had. We had to build some of that into your budgeting. How long is that contract going to be. If you notes can be two or three years out you can't just base the contract on salaries today but if you want to give your staff raises over those two or three years you have to figure and raises in the cost model. We had to respond quickly and have short deadlines. We need to make sure we have enough staff in their to be able to do that.

From the care's worst perspective one of the things we learn is we need to support our partners for change in training guidance. The answer today may not be the answer tomorrow. We need to be patient brave and flexible. We can change the world for those we serve.

Absolutely. We had to really support our staff as their adapting to the new values and expectations. The answer today is we said that 1 million times. The guidelines were always changing.

If we were willing to live in the gray and adapt and change day by day that's kind of a personality factor. Staff had to know all the answers and were not a person that like to have change every day. We had a harder time with working with this contract

than those that could live with us day by day and change. We've been fortunate to find staff with that flexibility.

Excellent. Thank you Debbie and Tonya. We have a few minutes for questions and answers if there's any from the audience. We wait for those to come in you've given us a number of different lessons with details. Thinking back through them, this is the first time we worked with managed care to a new population. What do you wish you would've known, what stands out is the one thing you wish you would've known.

For us I wish we would've had more time to understand the departments with the managed care organization. It seems like in the beginning they need to do a risk audit. Before we even sign the contract we got things from their IT department doing a security audit. They had a risk audit and we were bombarded with a lot of things in the beginning and if I had known that ahead of time at the same time we are trying to organize staff and train staff. It would've been good to have a heads up with that. If you can find out who all is going to be contacting you and what it is you're going to need so you can get your staff getting that prepared ahead of time that would be help full.

One of the things we learned is we really need to put together a welcome packet that we have those we need to put together a package of information on what to expect. And pulling those resources together and helping them educate upfront as we add more aging partners on our projects and are now statewide and really helpful.

Excellent. This is an odd question. I had been in different organizations where we would've never entered if we had known. And got I didn't know. Is there anything you're glad you didn't know when you entered this arrangement? >> For us it's just been constant change. When we went into the project we knew the first few months we were going to busy all the time we were gonna put her life on hold and put everything into making this project work. We knew that for the first few months as Tonya had mentioned, we took over care management for about 700 people at midnight on New Year's and we didn't even know who the people were and till New Year's Eve. We get access to the system till midnight. We took everything on and committed we were going to get staff up and running as soon as we could and do the best we possibly could for the individuals we are going to take care of. We thought we be five or six months into it and say, we have this down and get back to normal. There have been enough changes and we've had some time we step back

and take a little breather. We still regularly have times where we work just as hard as we possibly can to make sure we do a good job this project.

That's one thing I've admired so much as I learn more and more about your organization and the work you done. That constant willingness to learn and commit and dive in and maintain an openness to the evolving changes to maintain strong communication channels and work through any new surprises or barriers should arise and approach it with a problem-solving attitude. Kudos to all of you and all your teams on that work. With that, I think we will conclude today's webinar. Debbie and Tonya's information is on the screen should you have any questions or want to reach out to them directly. This in the archive of all the disability webinars can be found at [business acumen Doc Ord/webinar](#). Thank you again and we look forward to see you all at the end of this month. Thank you.

Thank you everyone. >> [event concluded]