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<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>9:00 – 9:10</td>
<td>Overview of Agenda &amp; Introductions</td>
<td>Commissioner Azar</td>
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<tr>
<td>9:10 – 9:15</td>
<td>Update on Collaboration Portal</td>
<td>Ginger</td>
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<td>9:15 – 9:30</td>
<td>Overview of the legislation and related planning timeline</td>
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<tr>
<td>9:30 – 10:00</td>
<td>Identify next steps, accountabilities and time frames</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Initial input and feedback</td>
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ICN Stakeholder Manual

Consolidated resource tool providing common foundational understanding of:

- ICN Legislation
- “As Is” Data
- National Research
- Meeting Minutes
- Concept Resources and Presentations
- Concept Paper - placeholder

* Virtual resource. Contents to be added as finalized.
Overview of Collaboration
Rule and Process
The Integrated Care Networks webpage is live as of this presentation, and available for use via the Alabama Medicaid Agency website:
Summary of Legislation and Agency Planning To Date
Summary of Agency’s Activities

- Reviewed the Legislation
  - What are the MUSTS?

- Studied our Current State
  - What are the Goals, what do we want to see changed?

- Met with CMS
  - What Options do we have?

- Engaging Stakeholders
  - What else do we need to consider for optimal success?
## Program Elements of Integrated Care Network (ICN) Legislation

<table>
<thead>
<tr>
<th>Legislation allows for one or more ICNs</th>
<th>ICN Legislation, Section 2.3</th>
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<tbody>
<tr>
<td>ICNs are provider sponsored entities</td>
<td>ICN Legislation, Section 2.3</td>
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<tr>
<td>At-risk for comprehensive Medicaid medical and long-term care services</td>
<td>ICN Legislation, Section 2.9</td>
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<td>Waiver application or amendments likely involved (likely with a 1915(b) waiver under which consolidation is an option)</td>
<td>ICN Legislation, Section 16</td>
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<td>ICN requires collaboration certification</td>
<td>ICN Legislation, Section 15.c.1</td>
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<tr>
<td>ICN participants cannot also receive services from RCO</td>
<td>ICN Legislation, Section 3.a.</td>
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## Comparison of ICN to RCO

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<thead>
<tr>
<th>Program Elements</th>
<th>ICN</th>
<th>RCO</th>
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<tr>
<td>Requires organizations to be non profits</td>
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<td>Includes requirements for a Governing Board</td>
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<td>Includes requirements for a Citizen’s Advisory Committee</td>
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<td>Includes requirements for a Quality Assurance Committee</td>
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<td>Requirements for probationary status</td>
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<tr>
<td>Competitive Bid Process</td>
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<tr>
<td>Requires Certification</td>
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<td>X</td>
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<tr>
<td>Shall not be insurance organizations</td>
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<tr>
<td>Establishes at-risk, capitated payments for managed care structure</td>
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<td>X</td>
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<td>Includes an “any willing provider” provision</td>
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<td>Regional-based organizations</td>
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<td>X</td>
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<td>Statewide organizations (with regional offices)</td>
<td>X</td>
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<td>Medicaid to establish rules governing the program</td>
<td>X</td>
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</table>
ICN Implementation Time Frame Example

Phase I: AMA Planning
- Address key program design concepts
- Think about rule making and look at specific requirements and laws

Phase II: Stakeholder Engagement
- Get input from key stakeholders
- Identify an ICN QAC
- Initiate Waiver and Concept Paper development

Phase III: Waiver, Contract, and RFP Development
- Develop and release Concept Paper
- Collect and process comments
- Finalizing RFP and Contract

Phase IV: Procurement
- Release RFP
- Responses are due
- Agency review

Phase V: Readiness and Implementation
- Award notice
- Submit docs
- Desk reviews
- On-site reviews
- Complete readiness review

Phase VI: Transition
- Member outreach, readiness, enrollment, and transition

04/01/17 Establish ICN rules
04/01/18 Initiate competitive procurement
10/01/18 ICN to deliver services

Indicates legislation milestones

*Disclaimer: Subject to change
What we know?
Who: Target Population – Individuals Receiving LTSS

- Populations either in a nursing home long-term or HCBS waivers that have nursing home as their institutional equivalent

- HCBS Waivers include the following
  - ACT Waiver
  - Elderly & Disabled
  - HIV/AIDS
  - SAIL
  - Technology Assisted Waiver

- RCO and ICN programs are mutually exclusive in membership
  - RCOs exclude individuals in nursing facility or HCBS waivers
  - Individuals transitioning from RCO to ICN when they meet level of care
Examples of Long-Term Services and Supports

Currently these services are available in at least one waiver in Alabama. Will all “Medicaid Beneficiaries” have access to all of these services even if not part of the waiver currently covering the service?

- Nursing Home Services
- Private Duty Nursing
- Personal Assistance Services
- Homemaker Services
- Meal Preparation/Home Delivered Meals
- Social/Medical Model Adult Day Programming
- Environmental Adaptation/Assistive Technology
- Personal Emergency Response Units
- Adult Companion Services
- Respite Care (skilled and un-skilled)
- Case Management/Care Coordination
- Medical Supplies

Primary Medical Care
MEDICAID BENEFICIARIES. As used in this Act, those Medicaid beneficiaries who have been determined eligible for Medicaid benefits in a nursing facility or home and community based waiver programs covered by the Medicaid state plan, who have also been determined by a qualified provider to meet the level of care for skilled nursing facility services, and those Medicaid beneficiaries who are also eligible for Medicare coverage, under Title XVIII of the Social Security Act, and who are assigned by Medicaid to the integrated care network.
Summary of Meeting with CMS and Essential Design Elements
Feedback from February 16 Meeting with CMS

- **CMS will not waive freedom of choice and mandate beneficiaries enroll in only one ICN in urban areas. There must be two or more ICNs for each urban area in order to mandate enrollment.**
- **Medicare beneficiaries cannot be locked into any health plan or other arrangement under any circumstance.**
- CMS does not anticipate the ICN program will fall under an 1115 waiver and views an 1115 waiver as a last resort.
- CMS is no longer accepting Financial Alignment programs, they are not interested in expanding the PACE program state wide and they strongly advised AMA that they are not interested in efforts to consolidate waiver funding in to one single waiver authority and program.
- An ICN can apply to become a Medicare Advantage Special Needs Product without being a licensed health plan but it will be subject to the Medicare Part C application requirements and time frames.
- Even though it is not required ICNs be licensed health plans, ICNs will be regulated by Medicaid Managed Care requirements (similar to RCOs)
- Whatever arrangement the state develops, it must demonstrate how it assures LTSS conflict free case assessment and management.
Key Caveats Post-CMS Meeting

• Covered population should include those dually eligible for Medicare and Medicaid to achieve program goals

• To meet the legislative requirement to be an at-risk and capitated program, CMS will require there to be 2 or more entities to maintain freedom of choice

• This will be a statewide contract involving multiple entities

• ICNs will be at-risk for the majority of Medicaid covered services

• There will be an integrated design and blended capitation rate (nursing facility and HCBS waiver populations)

• There will be requirements for any willing provider and minimum assumed reimbursement level (Medicaid fee schedule)

• Shall not be deemed a licensed insurance agency under state law
## Essential MLTSS Elements per CMS

<table>
<thead>
<tr>
<th>Element</th>
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<tr>
<td>Adequate Planning</td>
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<tr>
<td>Stakeholder Engagement</td>
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<td>Enhanced provision of HCBS</td>
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<td>Alignment of Payment Goals and Structures</td>
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<td>Provision of Support to Beneficiaries</td>
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<td>Person Centered Processes</td>
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<td>Comprehensive, Integrated Service Package</td>
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<td>Qualified Providers</td>
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<td>Participant Protections</td>
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<tr>
<td>Comprehensive Quality Strategy</td>
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</tbody>
</table>
Where are we headed?
Alabama’s Goals

Quality

• What is the expectation for quality improvement targets?

Access

• What is the predicted utilization change?

Savings

• What is a realistic savings target for the state? How will this risk be levied to the ICN?
Degree of Risk
- LTSS Managed Care Spectrum

Traditional Fee-for-Service (FFS)
- Low or no care management or care coordination
- Enhanced PCP payment or case management fees
- Enhanced federal funding for enhanced services

Full Risk-Based Managed Long-Term Care
- Higher level of care management and care coordination with P4P elements
- Shared savings between MLTC or providers and state/feds
- Full risk (PACE, MA-SNPs, FIDE SNPs, Medicaid only ACOs & MLTCs)

ICN Legislation

LTSS Health Home Model
- Individual Targeted Population Waiver Programs (i.e. HCBS)

Consolidated Waiver Programs
- Provider Sponsored Organization - Share Savings (ACO)

Partial Risk MLTC
- Full Risk MLTC & ACO

ICN Legislation

Waivers/State Plan Options
- State Plan Options
- Financial Alignment
- Duals Demonstrations
Stakeholder Input Process

Topics of Interest

- Conflict Free Case Management
- Provider Networks
- Consumer-driven
- LOCA
- Eligibility and Enrollment
- Enhanced provision of HCBS
- Person Centered Processes
- Behavioral Health Integration
- Participant Directed Care
- Participant Rights
- Community Workforce Participation
- Quality Strategy
- Advocacy or Ombudsman
- Service Demand
- Other?
Components of Stakeholder Input - DRAFT

Regional Meetings → Webinars → Q & A → Web-Based Survey

Regional Meetings: Round One

15 Mins: High-level summary of MLTSS and targeted outcomes
45 Mins: Open forum for feedback to education provided
60 Mins: Targeted topic discussions

Regional Meetings: Round Two

15 Mins: Synopsis of regional and statewide feedback
15 Mins: Summary of AMA’s incorporation of feedback into ICN design
90 Mins: Targeted topic discussions

Future Periods to Consider Public Meetings:
Release of Quality Indicators, Release of Concept Paper, Issuance of RFP
# Draft Stakeholder Meeting Schedule

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<tr>
<th>Region</th>
<th>Stakeholder Meeting #1</th>
<th>Stakeholder Meeting #2</th>
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<tr>
<td>A (Huntsville - North)</td>
<td>Wednesday, June 8th</td>
<td>Wednesday, August 17th</td>
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<td>B (Birmingham - Central)</td>
<td>Thursday, June 9th</td>
<td>Thursday, August 18th</td>
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<td>C (Tuscaloosa – West)</td>
<td>Wednesday, June 15th</td>
<td>Wednesday, August 25th</td>
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<tr>
<td>D (Montgomery – East)</td>
<td>Wednesday, June 22nd</td>
<td>Wednesday, September 7th</td>
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<tr>
<td>E (Mobile – Coastal)</td>
<td>Wednesday, June 29th</td>
<td>Wednesday, September 14th</td>
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**July to Mid-August:** Compile feedback, identify feedback trends, identify where feedback can guide concept design elements to demonstrate in second round of stakeholder meetings.
# ICN Implementation Time Frame Example

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<td>• Initiate Waiver and Concept Paper development</td>
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<td><strong>Phase III: Waiver, Contract, and RFP Development</strong></td>
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04/01/17 Establish ICN rules
04/01/18 Initiate competitive procurement
10/01/18 ICN to deliver services

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