## Appendix H - Transformation Center Flexible Services review and Learning Collaborative

## Flexible Services Interviews

**EXECUTIVE SUMMARY: Flexible Services Interviews with CCOs**
Reported by the Transformation Center
Status as of June 11, 2015

In May and June 2015, the Transformation Center conducted **nine interviews, representing 10[1] CCOs.** Two CCOs declined to participate and three CCOs did not respond to the invitation. Please refer to the appendix for detailed notes by CCO.

The most commonly reported **successful uses of flexible services** include:

- Gym memberships and pool passes to support physical activity and wellness
- Equipment or material items such as blood pressure cuffs, scales, or pill boxes to manage care
- Rental assistance to stabilize mental health
- Cooking classes and community programs to support healthy eating
- Gift card incentives to increase adolescent well child visits
- Health Resiliency Specialists identifying the need for flexible services

Interviewees discussed several **challenges**:

- Clarifying what counts as a flexible service
- Member communication – how to discuss availability of services
- No new funding; CCOs' lack capacity to provide flexible services in large numbers
- Misperception in community that CCOs receive new or additional funding for flexible services
- Flexible services are not counted as medical expenditures in rate setting process
- Reporting – how to count the members and report the impact and outcomes
- Time intensive administrative process

**Hopes for what would be discussed at a learning collaborative:**

- **Strategize on how t**o communicate with members
- Share what's worked, challenges, and how flexible services have been used in CCOs
- Hear from a mental health organization on their past experience with similar work
- Develop common understanding of what counts as flex services
- Discuss how to involve community members or CACs in designing flexible service strategies
- Develop best practices – policies, procedures, reporting, evaluation

**Requests related to future OHA administrative actions:**

- Definitive answer on whether flexible services count as medical expenditures in rate setting
- An analysis of CCO policies submitted and an outline of what's required and recommended

[1] CareOregon reported on Columbia Pacific and Jackson Care Connect.

## Summary of Results by CCO - Status as of June 11, 2015

| CCO Name | Interviewees | Interview status | Current work | Successes | Challenges | Hopes for learning collaborative | Requests for OHA |
|---|---|---|---|---|---|---|---|
| **AllCare** | | No response | | | | | |
| **Cascade Health Alliance** | Leanne Rose, Diane Barr | Completed 6/10 | Two tiers:<br>1) pill boxes, blood pressure cuffs, etc.; 2) YMCA punch cards.<br><br>Requests go through member primary care providers.<br><br>Trying not to duplicate services that are provided elsewhere in the community (housing, transportation). | YMCA punch card for a CAC member who promotes the use and success of flexible services<br><br>Disbursing pill boxes and blood pressure cuffs to better manage and coordinate with patients | No designated funds for this so figuring out the budget<br><br>Designing a process and finalizing the policy amidst leadership changes<br><br>Reporting outcomes quarterly to measure effectiveness | Learn what other CCOs are doing: best practices, challenges, processes, what's been cost effective | |
| **Columbia Pacific (CareOregon)** | Erin Fair-Taylor | Completed 5/18 | Identifying a common set of services that could be issued without authorization (e.g., air conditioners, scales for diabetics)<br><br>Programs that have worked:<br>Starting Strong – prenatal care that rewards moms for accessing services<br><br>Respite care for healing after inpatient stay<br><br>Stable housing during recovery – rent, utilities<br><br>Professional counseling to support resume preparation and job search | Health Resiliency model | Misperception that this is a new bucket of funding, that CCOs are given additional money<br><br>Having a list makes it more likely it will be treated like a covered service, reticent to share the list<br><br>How to manage risk with ACA changes and new enrollees | Discuss how to share information with members<br><br>How to involve community members in designing strategies<br><br>Examples that have made demonstrable impact<br><br>Need common understanding of flexible services | |
| FamilyCare | | Declined | | | | | |
| Eastern Oregon CCO (GOBHI) | Todd Jacobsen, Laurence Colman, Kevin Campbell | Completed 6/1 | Mental health courts<br><br>Non-emergent medical transportation<br><br>Mental health professionals embedded in school systems<br><br>Community health workers<br><br>Durable medical equipment loan program | First Tooth program<br><br>Supporting early childhood programs to address early trauma | Getting credit for them in the rate setting; if generated from member level up, there are notices of action | How are CCOs billing for community health workers and documenting services | Definitive answer on whether flexible services count as medical expenditures in rate setting process |

| CCO Name | Interviewees | Interview status | Current work | Successes | Challenges | Hopes for learning collaborative | Requests for OHA |
|---|---|---|---|---|---|---|---|
| Health Share of Oregon | Rachel Arnold, Deborah Friedman, Maggie Bennington-Davis | Completed 5/19 | Developing software to track flexible services consistently across multiple organizations<br><br>Two tracks: 1) with Project Access NOW and Vistalogic; 2) with health plan partners and FamilyCare | Health Resiliency model – specialists identify need for flexible services<br><br>Developing software<br><br>Rental assistance is critical to stabilizing mental health | Confusion about what constitutes flexible services<br><br>Challenges to physical and oral health providers because it's new (not new for mental health)<br><br>Need deeper level of reporting | Mental health organization present on work they've been doing for years<br><br>What are others CCOs doing<br><br>Any member complaints? Other challenges? Anything not considered a flexible service that's needed? | |
| Intercommunity Health Network | Kevin Ewanchyna, Sandy Minta | Completed 5/6 | Gym memberships<br><br>Pediatric clinics teaching families how to cook healthy meals | Gym memberships, pool passes, dietary issues | Needing medical authorization makes it less flexible; need systematic request process<br><br>How to ensure flexible services message is heard<br><br>How to promote creative use | Discuss new restrictions<br><br>How to document in the medical record<br><br>Agreement on standard of care<br><br>More clarity on what counts | |
| Jackson Care Connect (CareOregon) | Erin Fair-Taylor | Completed 5/18 | See Columbia Pacific above | See Columbia Pacific above | See Columbia Pacific above | See Columbia Pacific above | See Columbia Pacific above |
| PacificSource | | No response | | | | | |
| PrimaryHealth of Josephine County | Jennifer Johnstun | Completed 5/4 | Developing a tracking system; monitoring in the case management software. Exceptional Needs Care Coordinators get the requests. | Both success and challenge - health club memberships<br><br>Cooking class | Heavy administrative burden, especially for gym memberships<br><br>How to count number of members when a class is open to the public and members | Fear of pushback on how flexible services dollars are spent<br><br>Need clarity on what counts<br><br>How are CCOs following up? | |
| Trillium Community Health Plan | | Declined | | | | | |
| Umpqua Health Alliance | Christine Seals, Kristi DePriest | Completed 5/18 | Comprehensive health improvement program: 18-week healthy eating and weight loss group program | • Figured out a process<br>• Created forms in electronic medical record | • Who gets to decide<br>• Having a process similar to prior authorization without initiating a denial<br>• How to use existing system to track information | • Get examples of what CCOs have paid for that have been effective<br>• Work flow, process, tracking<br>• Data analysis on a program-wide level | Want an outline of what's required and recommended guidelines for policies |
| Western Oregon Advanced Health | | No response | | | | | |

| CCO Name | Interviewees | Interview status | Current work | Successes | Challenges | Hopes for learning collaborative | Requests for OHA |
|---|---|---|---|---|---|---|---|
| Willamette Valley Community Health | Krista Lovaas, Kathryn Lueken, Stuart Bradley, Bill Guest | Completed 5/6 | iPads to improve patient communication<br>Rental assistance<br><br>Missing link is job security | | Difficult conversation when saying no to families (for example, for a new tricycle)<br><br>Ensuring there's a long-term plan (that isn't the CCO) | How CCOs could be more flexible<br>What other CCOs consider flexible services<br><br>How to get the word out to members | |
| Yamhill Community Care Organization | Jim Rickards | Completed 6/11 | Physical health - gift cards for adolescent well visit<br><br>Behavioral health has been using FS the most – transportation, employment<br>Oral health – in development<br><br>Developed a policy | Improved performance on adolescent well visit measure by bringing in members with gift card incentives | How to track results and ROI<br>Categorizing and reporting FS | Review policies<br><br>Budgeting process<br><br>Review process<br><br>Measuring results | Would like OHA to analyze the major themes and differences among the FS policies submitted. |

## Flexible Services Learning Collaborative Summary - October 13, 2015

*These notes summarize discussion at the Flexible Services Learning Collaborative held October 13, 2015. The Collaborative included a panel discussion and two rounds of small-group discussions with four breakout groups in each round.*

*Attendance: Approximately 20 CCO representatives attended in person, and 20 more attended via phone. All CCOs except Trillium, Columbia Pacific, and Jackson Care Connect were represented by staff. In addition, two CareOregon staff—who may have been representing Columbia Pacific and Jackson Care Connect—were in attendance.*

### *Flexible Services: Policies and Implementation*

A panel consisting of a CareOregon representative and representatives from five CCOs explained the flexible services they provide and how they developed and implemented their flexible services policies.

- CareOregon used flexible services during the CMMI Health Commons grant. During the grant they were able to count services with a CPT code as flexible services. At that time they developed a contract with Working Class Acupunture, and now they consider these services as administrative costs. CareOregon has used flexible services to provide short-term housing for members released from the hospital who would otherwise be on the streets. Temporary housing is typically provided from 3 days to 2 weeks. As soon as a member is granted temporary housing, health resilience specialists begin working on finding permanent housing. CareOregon has also provided sleeping bags and tents where housing is not available. In addition, CareOregon contracts at a low-dollar daily rate with a community center where clients can get a shower, exercise, and rest. To build relationships with members, CareOregon provides cell phones and meals, and visits homeless members in public places. Trimet transportation is counted as a flexible service if it is for psychosocial support rather than medical (which would be NEMT). Resilience specialists, who are embedded in clinics, record provision of flexible services in members' medical records.
- Umpqua Health Alliance has funded a community diet program that emphasizes exercise and lifestyle modification. The community has high obesity and diabetes rates. The program provides exercise and education about shopping for food. The physician who runs the program enters information about member participation into members' medical records.

- Yamhill CCO encouraged community members to collaborate on developing its flexible services policy. It also involved the clinical advisory panel and finance committee to weigh in on the policy. Yamhill CCO's flexible services can be categorized into three areas: 1) existing things that behavioral health was already paying for (e.g. the warm line, champion teams); 2) services that it started providing using Transformation Funding grant dollars in order to ensure the services could continue (e.g. community paramedicine), and 3) "one-off" services, such as Teen Swag Night, when clinics stayed open later and provided gift bags to incentivize adolescent well-child visits.
- In response to a variety of requests for flexible services early on, Primary Health of Josephine County developed a flexible services request form and process. Information collected from requestors includes the cost of the requested services, which diagnosis codes would be impacted, what the requestor has already tried, what other funding sources the requestor has already tried in order to fund the services; and how the services will prevent the use of other services. Requests may come from providers, community health workers, or members. Nurses review requests for less than $250, and the Medical Director and Quality Committee review requests for more than $250. So far, Josephine County CCO has spent most of its flexible services funds on YMCA memberships.
- Eastern Oregon CCO used flexible services funds to provide mental health services for youth in groups. Rather than expand mental health services in institutional settings, EOCCO intends to expand early intervention by embedding mental health workers in the community, providing services in schools, and building relationships with youth. This will de-stigmatize use of mental health services and expand access.
- Health Share and Family Care are working with Project Access Now on an information technology system for ordering, tracking, and paying for flexible services. Care coordinators will be able to order flexible services from the system when a need is identified. The system will produce a voucher which can be given to a member and used to pay for the service.

At a small-group discussion of how flexible services have been used, CCOs identified the following flexible services as best practices and very effective:

- Temporary housing
- Improvements to housing, such as air conditioners, child safety locks, and a ramp
- Exercise classes
- Cell phones
- Transportation
- Shoes
- Healthy cooking classes
- Gym memberships
- Yoga classes for lower back pain

### *Themes from Panel and Small-Group Discussions*

The following themes emerged from the panel discussion and small-group discussions.

1. **CCOs provide very different flexible services, and capture information about them differently.** The diversity of services provided is positive, but has led to confusion across CCOs.

2. **Providers need help to understand and use flexible services.**
   - One CCO reported that encouraging providers to think about and record flexible services was challenging. At a busy clinic where flexible services "are not at the top of providers' minds," incorporating them is challenging.
   - CareOregon reported that providers did not see a connection between health and members' housing and hygiene needs at first, but they now see the connection.
   - Some providers are concerned with spending Medicaid funds on non-medical services.
   - Training for providers will be important to getting better requests and reducing variation in requests.

3. **CCOs are concerned about potential demand and costs of flexible services if availability of the services is advertised.**
   - Primary Health of Josephine County reported that it had not advertised flexible services, but that word about them had spread. The CCO was somewhat concerned that requests would be overwhelming if flexible services were advertised.
   - One CCO expressed concern that providing a flexible service to one member (for example, shoes) would set a precedent, leading members to think that the service must be provided to any member who requests it. "Drawing the line" on flexible services could be needed when resources are limited. This suggests that uniform criteria for evaluating and granting flexible services requests would be desirable. However, Primary Health of Josephine County staff noted that attempts to try to make flexible services uniform jeopardizes the program itself, as flexible services are intended to be tailored to members' specific needs. That CCO included language in its policy that distribution of flexible services is at the sole discretion of decision makers. Another CCO stated that they approach flexible services on an individual basis: flexible services are a "toolbox," and "can't be written on a prescription pad. The message should be: this is not an OHP benefit, but a tool."
   - Clear, consistent communication with members about flexible services is needed. However, the small-group discussion about communication with members indicated that some CCOs are not broadly communicating about the availability of flexible services. Instead, they are taking time to clarify their policies and procedures before advertising.

4. **CCOs want to evaluate and demonstrate the effectiveness of flexible services, but clearly identifying their effects is challenging.**
   - CareOregon used a professional evaluator (Providence CORE) to assess effectiveness of flexible services. Where a professional evaluator is not available, CareOregon suggested establishing three-month health and psychosocial goals and setting up a database to track attainment of goals. They also suggested tracking member stories. CareOregon has success stories where homeless members attained viable jobs and participated on the CAC, but noted that outcomes these can take years.
   - AllCare used incentives to help improve its adolescent well-care vists rate, noting that non-medical services can support improvement in quality measures. However, AllCare noted that it is often challenging to "move the dial" on outcomes in a short time.
   - Another CCO noted that the return on flexible services for children is often realized in the very long run.
   - The diversity of flexible services and the relatively small number of members receiving them also makes evaluating the impact of flexible services as a whole challenging.
   - In addition to documenting actual outcomes of flexible services, documenting intended outcomes is challenging. Primary Health of Josephine County includes intended outcome on its request form.
   - CCOs could use pre and post surveys of members who receive flexible services, asking about their experience before and after receiving the services and how helpful it was.
   - Eastern Oregon CCO emphasized the need to track member engagement ("touches"), not just medical services. This will help CCOs parse out the impact of flexible services in the long run.
   - One CCO noted that flexible services can spill over to the non-Medicaid population, complicating the ability to compare costs and benefits. It established an "environmental" cooling fan program. If the program prevented even one hospital admission for heat exhaustion, the CCO knew that the program had saved money.
   - One CCO suggested assessing the impact of flexible services as part of CCOs' community health assessments.
   - In the absence of data tying flexible services to specific outcomes, participants agreed that collecting stories about the importance of flexible services individual members is very valuable. Stories should be shared across CCOs and with policymakers.

5. **Other issues**

- Concern about one component of the current flex service definition: “Consistent with the member’s treatment plan as developed by the member’s primary care team, and documented in the member’s medical record.”
    - One CCO requested to see the words “primary” and “medical” deleted, to allow for a broader application
    - Some CCOs interpret this differently:
        - ”primary” care team isn’t limited to doctors
        - medical record doesn’t have to be the EHR
- Request from OHA for list of innovative uses of flexible services across CCOs
- CCOs expressed concern that flex services count as administrative in rates
- CCO see the need for an administrative electronic record/monitoring system with standardized elements so they could track implementation and costs of flexible services
- CCOs requested that OHA and CMS continue to allow flexible services. (“We need time to make this work. It’s only been a few years….”)