

# **Selective Contracting**

## **Residential and Supports Coordination Services in the Intellectual Disabilities/Autism Waivers**

### **ISAC Updates**

June 16, 2023

# Selective Contracting Waivers



ODP is interested in changing the way providers are enrolled, qualified, and paid to deliver the following services through two 1915(b)(4) selective contracting waivers:

- **Residential Services** - Residential Habilitation, Supported Living, and Life Sharing in the Consolidated and Community Living Waivers
- **Supports Coordination**
  - Supports Coordination in the Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers
  - Targeted Support Management in the Medicaid State Plan

# Selective Contracting Objectives

- **Improving quality** through
  - focus on key/pivotal service areas
  - developing class of “Preferred Providers” using new performance metrics
  - aligning payment with outcomes by using “Pay for Performance”

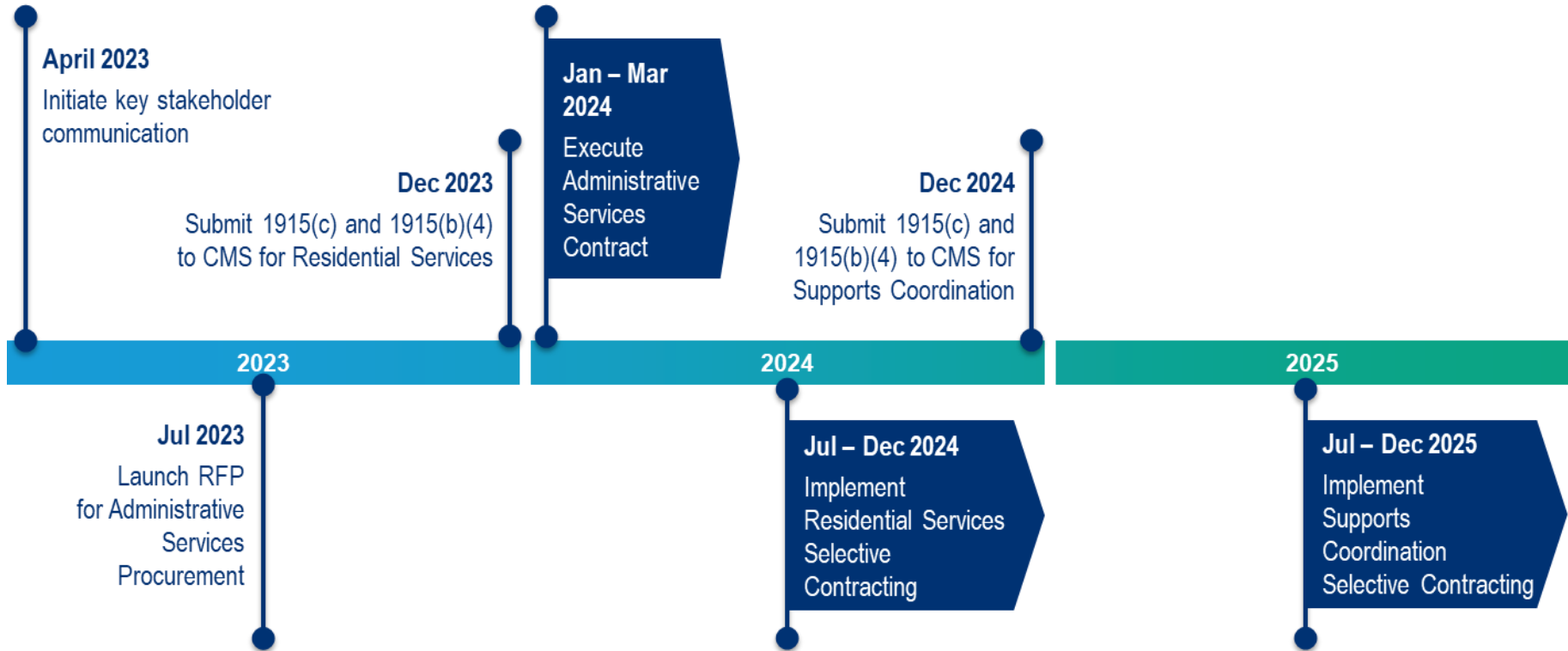


Targeted percentage of individuals with I/DD receiving HCBS statewide express satisfaction with preferred providers of Residential Services by July 1, 2025



Targeted percentage of individuals with I/DD receiving HCBS statewide express satisfaction with preferred providers of Supports Coordination by July 1, 2026

# ODP Selective Contracting High-Level Timeline



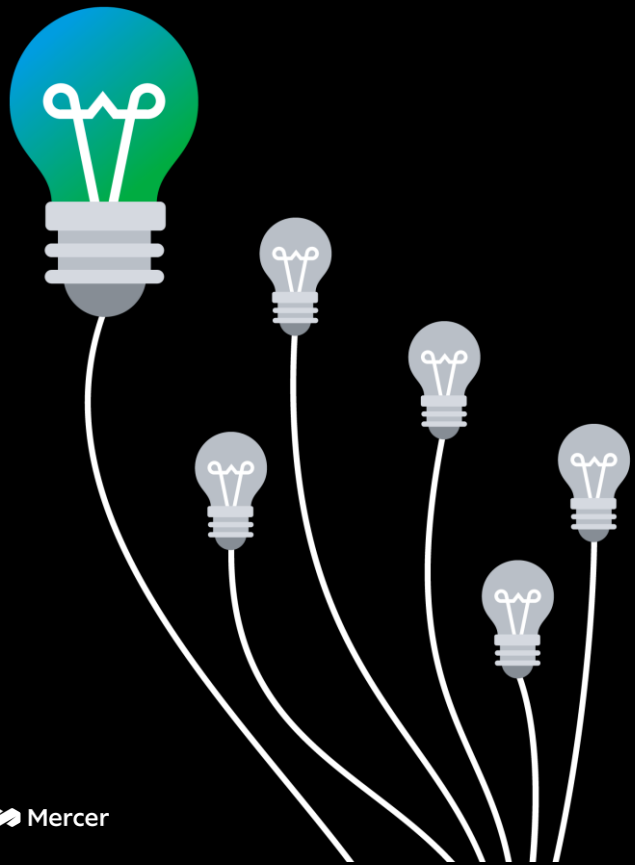
# Stakeholder Engagement

- Concept Paper released for 45 day public comment period May 24th: [ODP Announcement 23-042: Open for Public Comment: Concept Paper on Selective Contracting for Residential and Supports Coordination Services](#)
- Webinars scheduled:
  - *AE*
  - *SC*
  - *Providers*
  - *Individuals*
  - *Families*
  - *ODP Selective Contracting Information and Public Comment Session for General Stakeholders*
    - Date: June 21, 2023
    - Time: 10:00am - 11:30am

# Stakeholder Engagement

- **Residential Strategic Thinking Group (RSTG)**
  - Expanded group membership
  - Meetings scheduled through August

# RSTG Workgroup Objectives

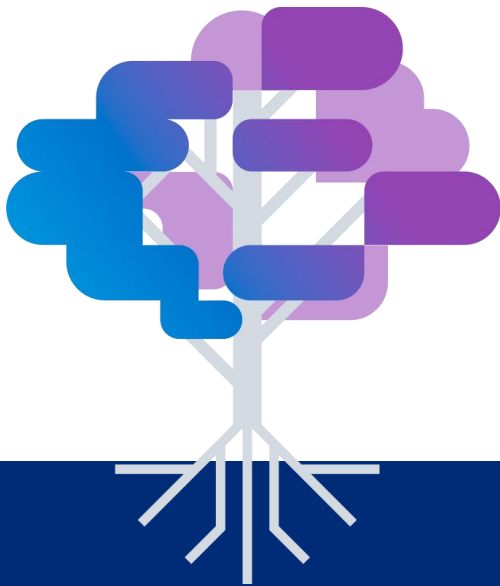


## **Draft recommendations for:**

- **Performance Standards to Inform Residential Provider Tiers**
- **Specific Performance Metrics for Residential Services**
- **Proposed Performance Areas for Application of Pay-for-Performance (P4P) for Residential Services**

# Decision Making Principles

- **EDL #13 — Evaluate Future Innovations Based On Everyday Lives Principles**
- **Healthy Service Delivery Means Continuum of Small-Large Providers**
- **Embed Workforce Support Strategies**



## Long-term objectives:

- System sustainability (professional skilled workforce, LifeCourse, eliminate waiting list)
- Value Based Payment structure, aligning payment to outcomes, integrated/coordinated services, laying foundation now
- Lift quality of all providers — develop a structure to do that through clear QI metrics and financial tools to support (clear understanding of starting place post pandemic)



# Quality Metrics

**Table 1: Performance Standards**

Performance Area	Residential Performance Standards	Potential Pay for Performance Standard (Residential)	Supports Coordination Performance Standards	Potential Pay for Performance Standard (Supports Coordination)
Continuum of services	Provide continuum of residential services (Supported Living, Life Sharing, and Residential Habilitation)	No, required for preferred provider tier	Use of LifeCourse tools for planning with individuals and families	No
			Participants using Supported Living, Life Sharing, and Participant Directed Services	No
Workforce	Staff Credentialling (establish baseline and benchmark)	Yes, and required for preferred provider tier	Credentialling (establish baseline and benchmark)  Specialized SC (i.e., Forensic)	Yes
Supporting Individuals with Complex Needs	Demonstrate clinical team to support medical and/or mental health and behavioral needs.	No, but required for top provider tiers.  Upon 1915(b)(4) implementation new referrals for Needs Group 3 and higher restricted to top provider tiers.	Demonstrated ability to serve individuals with the full continuum of needs, including complex behavioral health.	Yes

## Residential Provider Tiers *Proposed*

### Tier

**Tier A:** Preferred Clinically Enhanced Providers that have specialty expertise and qualify for enhanced payment rates

**Tier B:** Preferred Providers are moving toward Tier A, with demonstrated organizational infrastructure and may qualify for enhanced payment rates

**Tier C:** Participating Providers meet the foundational requirements outlined with the current waiver and are compensated using existing FFS rates

**Tier D:** Conditionally Licensed Providers at the onset of Selective Contracting that need to move towards Tier C to remain in the program long term and are compensated using existing FFS rates

# Stakeholder Engagement

- **Surveys:** ODP may also use surveys in order to solicit feedback on the move toward selective contracting.
- **Proposed Waiver and Waiver Amendments for Public Comment:** ODP will publish the 1915(b)(4) application and any accompanying 1915(c) amendments for public comment prior to submitting to CMS