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- Easterseals is one of the largest affiliates nationally.
- In 2017, served 26, 912 individuals and their families across the three states, in their community, home or at 108 locations.
- We employ over 1,800 staff members.
- Provide \$6.7 million in free and subsidized services .
- Provide thirteen core services.

Our Experience & Programs Support Seniors Aging in Place and Living a Healthy Life!

ESNH Special Services

- Alcohol and Substance Abuse
- Veteran Services
- Mental Health Services
- Transportation Services
- Oral Health Services

ServiceLink of Hillsborough County

(co located at ESNH)

- NH Care Path
- Information & Referral
- Medicare /Medicaid application
- Long Term Care Options Counseling
- Veteran Directed Services

Caregiver Respite Options

- Support Groups and Counseling
- Powerful Tools for Caregivers



Medical Adult Day Services

- 4 Programs and 3 Levels of Care
- Onsite nursing, showering, and amenities
- Medication management
- Self-Management Education
- Care Coordination
- Chronic Disease Management
- Alzheimer's and Related Dementia Care
- Mon-Fri 7:30 am - 5:30 pm

Community Care Coordination

- Partnering with Community and Medical Institutions for Care Coordination
- Telephone Check-ins and Home Visits

Caring Companions

- In-Home Nonmedical Care
- Errand/Prescription/Grocery Delivery; Personal Care Services
- Senior Companion Host Site
- Transportation Assistance
- Transition Assistance from Hospital and Skilled Care Facilities
- Alzheimer/Dementia support and education for care-givers
- Services available 24 hour/ 7 day per week



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The remaining slides illustrate Long-Term Services and Support Planning undertaken while I was Associate Commissioner for the Division of Community Based Services.

In 2012 NH DHHS Division of Community Based Care Services embarked on a process to re-design LTSS. Initial stakeholder sessions identified the following key components:

- Coordinated care- reducing 'silos' across medical systems and social supports.
- Care coordination – during care transitions and addressing social determinants
- Person-centered care
- Shared decision- making
- Cultural Competency
- Enhanced Budgets
- Individualized Budgets
- Integrated Finance and Delivery Systems

New Hampshire State Health Care Innovation Model

Utilizing a State Innovation Model (SIM) grant, NH DHHS contracted with Deloitte Development, LLC. From July 2012 through Dec 2013 a broad group of stakeholders embarked on developing an 'innovation model'.

The Centers for Medicaid and Medicare Services defined NH's process:

New Hampshire is developing a framework for aligning consumer access across delivery system silos, payer support for outcomes-based long-term care services, and global accountability for cost-effectiveness and outcomes. The state will identify opportunities for coordinating care for individuals who either need or are at risk of needing long-term.

Planning Process with broad stakeholder engagement, with six workgroups:

1. System Redesign
2. Payment Redesign
3. Quality
4. HIT / IT
5. Regulatory and Legal
6. Other barriers – transportation, workforce, social determinants

System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Policy characteristics of LTSS assessments
 - » Eligibility standard reflects risk of future need for facility-based care
 - » Standard recognizes cost effectiveness of prevention
- Broader focused care plans
 - » Family centered and reflect the needs and values of individuals
 - » Conflict-free care plan development
 - » Care plan should encompass all services from all payers
 - » Care coordination plan developed in conjunction with the care plan
 - » Care team identified as part of the care coordination plan
- Team encompasses all services that an individual receives
- Leader assigned for each individual based on the focus of the care plan

Consider expansion of the health home model to individuals receiving LTSS services

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System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Individual budgets should be adopted for all waiver programs
 - Broad choices on spending budgets
 - More resources to help make informed decisions
 - Provide “guide” to individuals to manage budget and make decisions about utilization of services and providers
 - Shop for services based on price and quality of providers
 - Access qualified providers without geographic restrictions
 - Explore Community Passport program and the Section Q program as models on helping individuals make informed choices
 - Share in savings when budget is not completely expended

Payment Redesign Workgroup Highlights

Redesign Recommendations

- Individual budgeting be adopted across all LTSS programs
 - A conflict free “co-pilot” model should be created to assist individuals manage their budget and select providers
 - Pricing and where available, quality information should be made available on all providers
 - Individuals should have broad latitude on what services they use
 - Individuals should be able to retain a portion of any unused funds in their budget at the end of the year

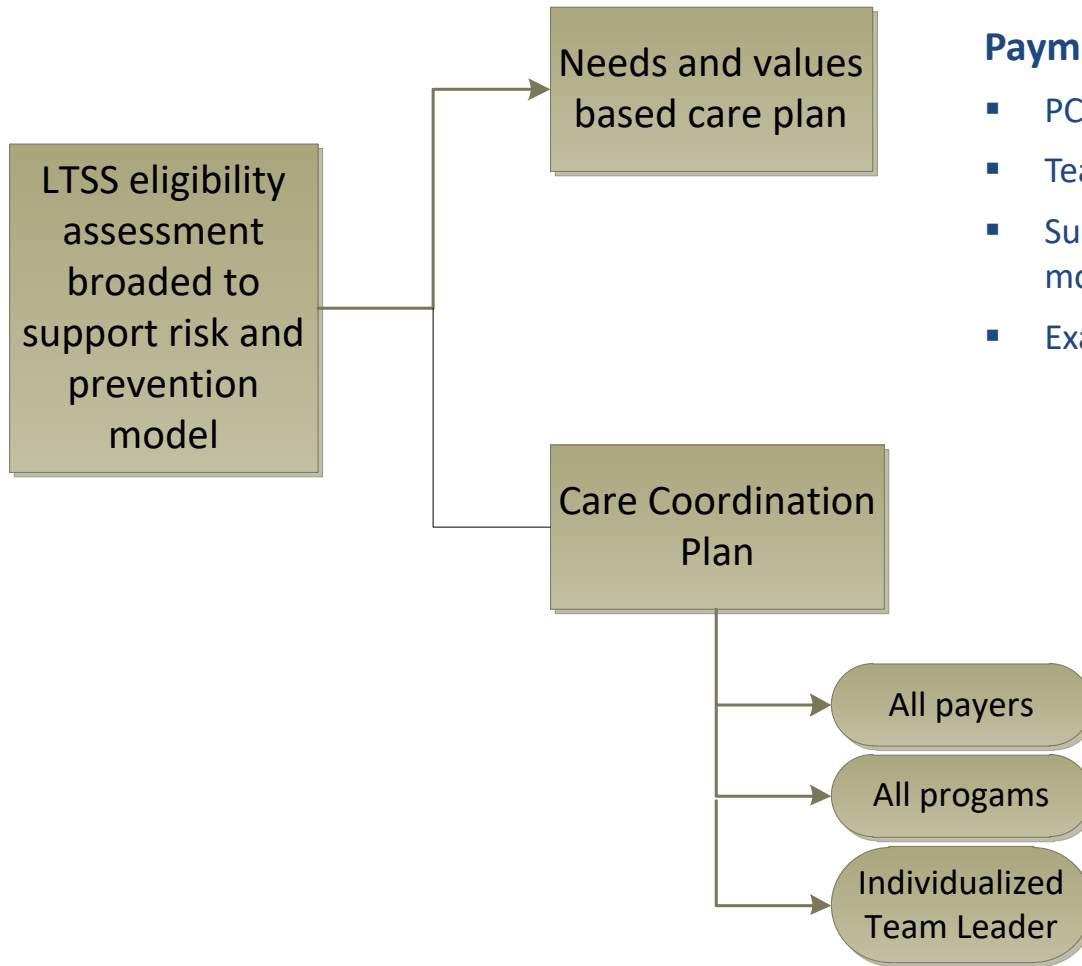
- A Global “Triple Aim” Incentive pool should be created for gain/risk sharing to promote better health, better care and lower costs by incenting providers in all the systems of care for individuals receiving LTSS services
 - Re-investment of a portion of savings into the LTSS system should be a component of the pool
 - Incentive program should encourage better care coordination and encourage providers to think beyond the services they currently provide or control
 - Other payers should be encouraged to participate in the pool

Payment Redesign Workgroup Highlights

Redesign Recommendations

- The payment system should recognize and reward the role of care team leader, in what ever model is adopted. Where possible, a multi-payer approach should be encouraged. Possible care team approaches include:
 - Health homes
 - ACOs
 - Integrated Delivery Network
- Individuals should be able to purchase a wide variety of services through their budget, including assisted technology, home monitoring, employment services, and prevention services
- Beyond these broad based reforms, SIM should also consider more “tactical” initiatives, for example:
 - Payment strategies to reduce emergency use and hospitalizations of residential care and nursing home residents.
 - Payment strategies to reduce utilization of New Hampshire Hospital

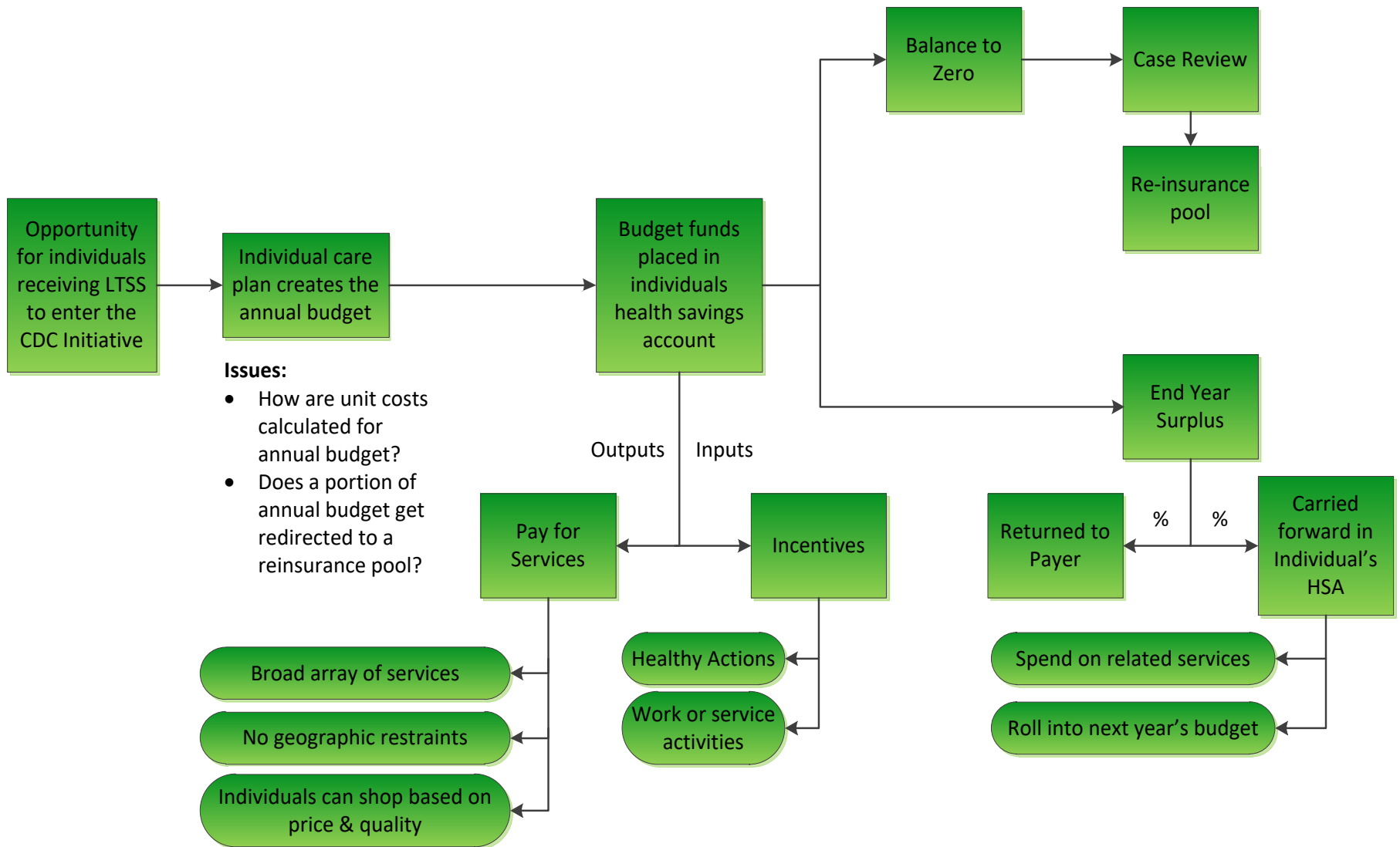
Risk, Prevention and Care Coordination Strategies



Payment Strategy Supports for RPCC

- PCP LTSS Certification with Enhanced Payment
- Team Leader Reimbursement (health home)
- Support payments for telemedicine, in home monitoring and assisted technology
- Examples of other possible tactical approaches
 - Hospital admission gain/risk sharing for residential facilities and nursing homes
 - NH Hospital readmission gain/risk sharing for community mental health centers

Expanded and Enhanced Consumer Directed Care



Global Triple Aim Incentive Pool

