OPRA Policy Committee

Recommendation to the OPRA Board of Trustees on Health Homes for Individuals with Intellectual and Developmental Disabilities

October 15, 2012

WHEREAS the current health care environment presents opportunities to reform the developmental disability service delivery system, the most viable of which for consumers and providers in Ohio is the health home initiative; and

WHEREAS health homes provide an important opportunity for states to address and receive additional federal support—enhanced federal match at 90% for eight consecutive quarters—for the enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness; and

WHEREAS individuals with disabilities are living longer and disproportionately experience chronic illnesses, including arthritis, cancer, and diabetes; and

WHEREAS health homes achieve the triple aim of better care for individuals, better health for populations, and lower health care costs; and

WHEREAS individuals with developmental disabilities are high utilizers of medical services and long-term services and supports; and

WHEREAS providers of services to individuals with developmental disabilities are ideal entities to coordinate and provide services along a continuum of care—including facilitating prevention, education, and wellness—and to provide specialized knowledge regarding the particular needs of individuals with developmental disabilities; and

WHEREAS some providers of services to individuals with developmental disabilities increasingly employ medical staff such as nursing and medical directors, and have established relationships with medical and community service providers; and

WHEREAS some providers of services to individuals with developmental disabilities have a long and successful history of linking consumers to a range of services and supports; and

WHEREAS no mechanisms currently exist to ensure that individuals with developmental disabilities are receiving coordinated and integrated health care,

The OPRA Health Home Subcommittee recommends the following to the OPRA Policy Committee for consideration by the OPRA Board of Trustees:

That OPRA pursue the development of a health home initiative that will provide the following six health home services to the individuals it serves, allowing the state to receive an enhanced federal matching rate of 90% for these services:

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up;
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services, if relevant; and
- The use of health information technology to link services

In order to participate in the federally-created health home initiative, providers designated by their state as health homes *must* provide these six services. Health homes are not precluded from also delivering additional services, such as intermediate care facility (ICF-IID) services.

That OPRA pursue the development of a health home initiative with the following characteristics:

- Target population: individuals with one or more chronic condition, including an intellectual disability and not being served in an ICF-IID
- Provider infrastructure: designated providers that are certified and/or licensed developmental disability agencies and that will deliver services through a team of health care professionals. The OPRA proposal will consider the role of service and support administration staff.
- Rates: provider-specific in order to reflect differences in team composition and approaches to care coordination

Because individuals with developmental disabilities receiving services in an ICF-IID already are getting extensive support from the QMRP, they are not contemplated as part of the health home initiative, but may benefit from a separately operated incentive program to improve overall health care.