

CENTER OF EXCELLENCE IN RESEARCH ON DISABILITIES SERVICES CARE COORDINATION AND INTEGRATION

Created in May 2010 with funding from the U.S. Department of Health and Human Services, the Center of Excellence in Research on Disability Services Care Coordination and Integration (CERDS) conducted original studies and systematic literature reviews to identify effective services, supports, and models of coordinated care for people with disabilities. CERDS-sponsored research is intended to contribute to the national dialogue on disability policy and potential solutions for some of the most complex issues facing our nation today. At the heart of most CERDS research is the concept that people with disabilities have a diverse range of conditions, and tend to require more health care services than others, many relying on long-term services and supports to carry out activities of daily life. However, delivering the most effective mix of services to meet each person's needs is often hampered by a lack of coordination between the acute and long-term care systems, between physical and behavioral health care providers, and by differences in benefits and administrative rules for people enrolled in both Medicare and Medicaid. To identify and evaluate the effects of innovative care coordination and integrated care models on the health, quality of care, quality of life, and cost for people with disabilities, CERDS conducted research in various areas (Tasks) and produced the following reports.

Orthogonal Design: A New Tool for Rapid Cycle Learning on How to Improve Care Coordination Interventions--An Application to Medicare Special Needs Plans

Little information exists on how to design various components of care coordination interventions for complex patients to reduce patients' needs for hospitalizations or emergency room use. Efficient orthogonal design--methodology widely used in manufacturing and marketing, but rarely used in health care settings--provides a rigorous method for plans to quickly, efficiently, and simultaneously evaluate alternative options for implementing many different components of such programs. The two volumes of this report present the findings from two separate tests of this methodology in three SNPs serving dual eligibles with high needs.

Effectiveness of Alternative Ways of Implementing Care Management Components in Medicare D-SNPs: The Care Wisconsin and Gateway Study

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV1es.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV1.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV1.pdf>

Effectiveness of Alternative Ways of Implementing Care Management Components in Medicare D-SNPs: The Brand New Day Study

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV2s.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV2.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/OrthoV2.pdf>

Identifying Medicare Beneficiaries with Disabilities: Improving on Claims-Based Algorithms

In this report, we assessed the feasibility of using existing claims-based algorithms to identify community-dwelling Medicare beneficiaries with disability based solely on the conditions for which they are being treated and to improve the algorithms by combining them in predictive models.

Identifying Medicare Beneficiaries with Disabilities: Improving on Claims-Based Algorithms

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/algorithmes.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/algorithm.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/algorithm.pdf>

Center of Excellence on Disability Research National Conference

No report for this but conference information is available at:

http://www.mathematica-mpr.com/Out_About/Presentations/2013/CEDR.asp.

Integrating Physical Health Care in Behavioral Health Agencies in Rural Pennsylvania

This report describes the early implementation successes and challenges of the Behavioral Health Home Plus program in two county behavioral health agencies in rural Pennsylvania. With support from a behavioral health managed care organization, this program sought to improve the delivery of physical health care and promote wellness activities (such as weight loss and smoking cessation) at each agency by co-locating a registered nurse, training case managers and peer specialists in wellness coaching, using a web-based tool for tracking consumer outcomes, and several other activities.

Integrating Physical Health Care in Behavioral Health Agencies in Rural Pennsylvania

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/ruralPAes.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/ruralPA.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/ruralPA.pdf>

Descriptive Study of Three Disability Competent Managed Care Plans for Medicaid Enrollees

This report describes the organizational features of three prominent “disability competent” managed care plans for Medicaid enrollees: Commonwealth Care Alliance (CCA) in Massachusetts; Community Health Partnership (CHP) in Wisconsin; and Independence Care System (ICS) in New York City. These programs integrate health and social services to deliver patient-centered care to Medicaid and Medicare beneficiaries with disabilities and particularly complex chronic care needs.

Descriptive Study of Three Disability Competent Managed Care Plans for Medicaid Enrollees

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/3MCPlanses.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/3MCPlans.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/3MCPlans.pdf>

Impacts of Waiting Periods for Home and Community-Based Services on Consumers and Medicaid Long-Term Care Costs in Iowa

This report compares the risk of nursing home entry, hospitalization rates, and Medicaid long-term care costs, among people with disabilities who faced widely-varying waiting times (ranging from 3 to 25 months), depending on when they applied for home and community-based services (HCBS) through Iowa Medicaid 1915(c) waivers. The three waivers--Brain Injury, Health and Disability, and Physical Disability--provide HCBS to non-elderly adults with disabilities on a first-come, first-served basis. The report examines the effects of waiting periods for all applicants, as well as for the roughly half of applicants who, due to their older age, were at higher risk of entering a nursing home.

Impacts of Waiting Periods for Home and Community-Based Services on Consumers and Medicaid Long-Term Care Costs in Iowa

HTML

<http://aspe.hhs.gov/daltcp/reports/2014/IAMWaitPd.shtml>

PDF

<http://aspe.hhs.gov/daltcp/reports/2014/IAMWaitPd.pdf>

Transitions to Medicare-Medicaid Dual Eligible Status

This study focuses on understanding the rates and patterns of enrollment in Medicaid among individuals already enrolled in Medicare, the factors that predict this transition to dual coverage, and those that predict nursing home entry. The first volume of this report is a descriptive examination of the number and characteristics of Medicare beneficiaries who transition to dual coverage in the coming year. The second volume provides estimated econometric models that predict beneficiaries' enrollment in Medicaid, and their entry into long-term nursing home stays.

Transitions from Medicare-Only to Medicare-Medicaid Enrollment

HTML

<http://aspe.hhs.gov/daltcp/reports/2014/MMTransV1.shtml>

PDF

<http://aspe.hhs.gov/daltcp/reports/2014/MMTransV1.pdf>

Factors Predicting Transitions from Medicare-Only to Medicare-Medicaid Enrollee Status

HTML

<http://aspe.hhs.gov/daltcp/reports/2014/MMTransV2.shtml>

PDF

<http://aspe.hhs.gov/daltcp/reports/2014/MMTransV2.pdf>

The Non-Elderly Disabled Category 2 Housing Choice Voucher Program: An Implementation and Impact Analysis

The NED2 Housing Choice Voucher Program, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the Centers for Medicare & Medicaid Services (CMS), aimed to increase access to affordable housing for non-elderly people (age 62 and under) with disabilities currently residing in institutions, such as a nursing home. To qualify for the program, public housing authorities (PHAs) had to establish a partnership with the state Medicaid agency responsible for assisting individuals to transition out of institutions to arrange for health and social services and supports. The evaluation examined the program's implementation in a subset of communities that received NED2 vouchers, and estimated the impact of the program on the change in the rate of community transitions among the eligible population.

Non-Elderly Disabled Category 2 Housing Choice Voucher Program: An Implementation and Impact Analysis

Executive Summary

<http://aspe.hhs.gov/daltcp/reports/2014/Cat2Housing.es.shtml>

HTML

<http://aspe.hhs.gov/daltcp/reports/2014/Cat2Housing.shtml>

PDF

<http://aspe.hhs.gov/daltcp/reports/2014/Cat2Housing.pdf>

Children with Disabilities and Special Health Care Needs in NCQA-Recognized Patient-Centered Medical Homes: Provider Perspectives, Parental Expectations, and Health Care Quality

The three volumes of this report examine three alternative measures of the relationship between NCQA recognition of physician practices as medical homes and the quality of care provided to Medicaid-enrolled children with special health care needs (CSHCN). Volume 1 documents changes made by practices to obtain NCQA recognition and the perceived impact of recognition on quality of care. Volume 2 identifies provider and practice characteristics that are most important to parents of CSHCN. Volume 3 provides statistical estimates of the relationship between NCQA recognition and patterns of health service use for CSHCN.

Children with Disabilities and Special Health Care Needs in NCQA-Recognized Patient-Centered Medical Homes: Health Care Utilization, Provider Perspectives and Parental Expectations Executive Summary

HTML <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisES.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisES.pdf>

Physician Perspectives on the Influence of Medical Home Recognition on Practice Transformation and Care Quality for Children with Special Health Care Needs

HTML <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV1.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV1.pdf>

Parent Perspectives on Care Received at Patient-Centered Medical Homes for Their Children with Special Health Care Needs

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV2es.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV2.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV2.pdf>

Association between NCQA Patient-Centered Medical Home Recognition for Primary Care Practices and Quality of Care for Children with Disabilities and Special Health Care Needs

HTML <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV3.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/ChildDisV3.pdf>

Study of the Program of All-Inclusive Care for the Elderly (PACE)

This report reviewed the literature on the effect of the PACE program on Medicare and Medicaid expenditures, use of nursing home services, and mortality (Volume 1), and developed new estimates of the program's effects for PACE enrollees in eight states based on more recent data (Volume 2). PACE plans provide coordinated acute and long-term care services to nursing home eligible seniors residing in the community.

Evaluating PACE: A Review of the Literature

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/PACELitReves.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/PACELitRev.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/PACELitRev.pdf>

Effect of PACE on Costs, Nursing Home Admissions, and Mortality: 2006-2011

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/PACEeffectes.shtml>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/PACEeffect.shtml>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/PACEeffect.pdf>

Strategies for Financing and Delivering Integrated Care for Adults with Serious Mental Illnesses: Case Studies of Four States

This report describes the different strategies that four states--Louisiana, North Carolina, Tennessee and Vermont--are utilizing to improve the integration and coordination of care for individuals with mental health and substance use disorders. These strategies include introducing new managed care arrangements and care coordination mechanisms, enhanced payment to providers to deliver comprehensive services, and the full integration of physical and behavioral health services in managed care contracts.

Strategies for Integrating and Coordinating Care for Behavioral Health Populations: Case Studies of Four States

Executive Summary	http://aspe.hhs.gov/daltcp/reports/2014/4CaseStudes.shtml
HTML	http://aspe.hhs.gov/daltcp/reports/2014/4CaseStud.shtml
PDF	http://aspe.hhs.gov/daltcp/reports/2014/4CaseStud.pdf