TRAINING SESSION 2
Aligning CBO Governance and Operations with MCO and/or Provider Partnerships

May 17, 2021

Agenda

- Welcome and Introduction
- Training Objectives
- Training Session Curriculum
  - Overview of a proposed CBO readiness checklist.
  - Review a generic CBO budget model that includes a new MCO/provider revenue source.
- Q&A
- Post-Training Evaluation

Image Source. Nature

PA DHS Presenters

Nora Carreras, Special Advisor to the Secretary, DHS
Douglas Jacobs, MD, MPH, Chief Innovation Officer, DHS

Due to the large number of attendees:

- We will mute all lines during the presentation

- Please use the question feature to ask questions

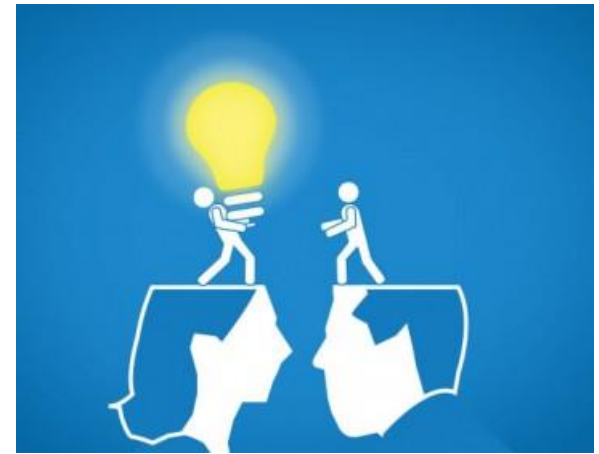- Be sure to ask for clarification when needed

DHS SDOH Strategy

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Assess for unmet social needs

- Multi-sector collaborative approach to addressing social determinants of health and care coordination

Build out partnerships with community-based organizations to address identified, unmet social needs

- Partnerships with community-based organizations for value-based purchasing

More generally, we should all work together to address community-level factors

- Regional Accountable Health Councils (RAHCs)
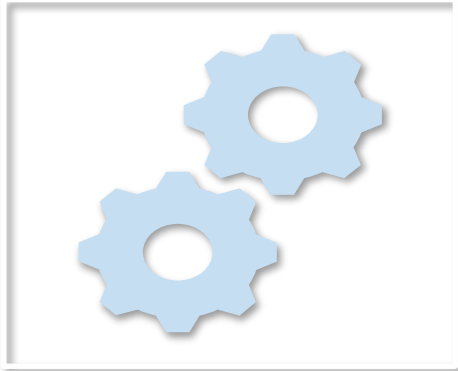
Recognize that some CBOs may need resources and training to support their efforts to form productive partnerships with MCOs and provider organizations

Training Schedule

Training	Timeline	Focus
Training Session 1: The Rationale for CBO and MCO/Provider Partnerships	April 28 9:00 a.m.	An overview of Value-based Purchasing (VBP), customized for a CBO audience, focusing on the rationale and goals of transitioning from fee-for-service to MCO/provider contracts that are part of a VBP arrangement.
Training Session 2: Aligning CBO Governance and Operations with MCO and/or Provider Partnerships	May 17 11:00 a.m.	An overview of how CBOs can best align and adapt their governance and operations to support participation in an MCO and/or provider contract.
Training Session 3: Evaluating CBO Opportunities and Negotiating an Agreement	May 28 11:00 a.m.	This session will focus on evaluation of readiness for partnerships, as well as considerations for picking an MCO or provider organization partner and negotiating an agreement.
Training Session 4: CBO Workshop Session	June 17 4:00 p.m.	This workshop-style session will seek to provide examples for how CBOs can plan for and implement SDoH interventions that are part of a value-based purchasing arrangement between MCOs and provider organizations.

Training Resources
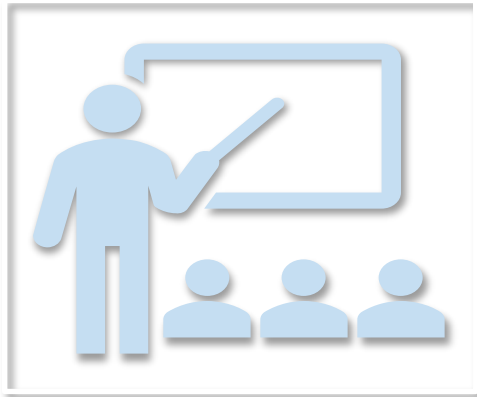
All four training sessions are being recorded. These recordings, the slides, and tools will be posted on the DHS website at https://www.dhs.pa.gov/HealthInnovation/Pages/Health-Innovations-Resources.aspx

- DHS compiled the questions received during training #1

- Intend to issue a frequency asked question (FAQ) document

- Once finalized, will be posted with CBO training materials on DHS' Health Innovations Resources webpage

  - https://www.dhs.pa.gov/HealthInnovation/Pages/Health-Innovations-Resources.aspx

PA Medicaid Overview

Physical HealthChoices

Behavioral HealthChoices

Community HealthChoices

Children's Health Insurance Program (CHIP)

Capitation Rate $$ $

Capitation Rate $$ $

Capitation Rate $$ $

Capitation Rate $$ $

PA DHS

PH-MCO

CHIP-MCO

Primary Contractors

(Often county MH administrators)

CHC-MCO

$

BH-MCO

$$ $

VBP Requirements to incorporate CBOs

$

Orthopedic Surgeon

Skilled Nursing Facility

Pediatrician

$

$

Broken leg

Eligible for Medical Assistance (PA's Medicaid program)
Physical Health Services

Depression

Eligible for Medical Assistance
Mental Health and drug and alcohol services

Therapist

Long-term Skilled Nursing need

Both Medicare & Medical Assistance, clinically-eligible for long-term services

Child getting check-up (enrolled in CHIP)

Children enrolled in CHIP (can buy-in above a certain income)

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- Center for Evidence-based Policy
  - Susan Stuard, MBA, Lead for Pennsylvania TA
  - Mike Bonetto, PhD, Member of Pennsylvania TA
  - Brittany Lazur, MPH, Policy Analyst
  - Allyson Evans, JD, MED Director
  - Nicole Thompson, Project Coordinator
  - Daniel Vizzini, Policy Analyst

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✓ Provide an overview of a proposed CBO readiness checklist.

✓ Review a generic CBO budget model that includes a new MCO/provider revenue source.

Image Source. New York State Department of Health
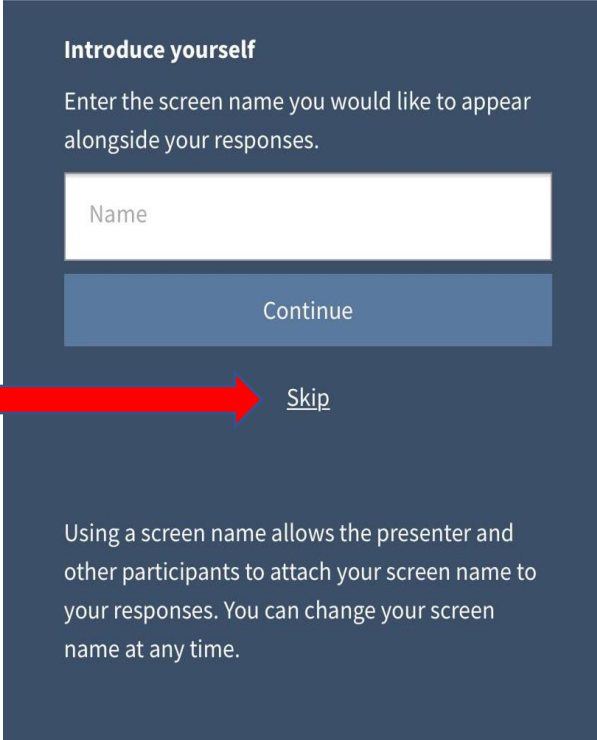
Commonly Used Acronyms

- CBO: community-based organization

- DHS: Department of Human Services

- MCO: managed care organization

- RAHCs: Regional Accountable Health Councils

- SDoH: social determinants of health

- VBP: value-based purchasing

- **CBO Readiness Checklist:** a comprehensive list that prepares CBOs to successfully execute a contract with MCOs and/or provider partners.

- **CBO Budget Model:** a dynamic budgeting model that allows CBOs to experiment with different payment types and revenue values from MCOs and providers and understand their respective impact to the organization.
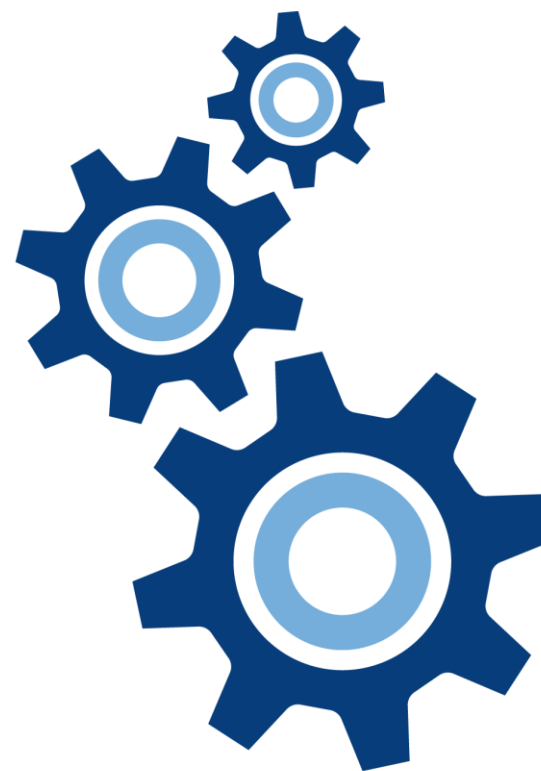
Community-Based Organization Readiness Checklist

Poll Everywhere

- Navigate to the link **PollEv.com/cebpohsu300** and wait for the question prompts on your screen
- You should be able to click on link inserted into the chat feature
- If you wish to be anonymous, select the skip option when prompted to enter your name
- Your device will automatically advance you to the active poll
- Results will appear on the screen upon entry submission; you are allowed to change your responses if you wish

Introduce yourself

Enter the screen name you would like to appear alongside your responses.

Name

Continue

Skip

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

Who is your favorite superhero?

Wonder Woman

Black Panther

Superman

Deadpool

CBO Readiness Checklist
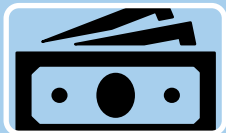
Key areas of preparation for CBO partnerships with MCOs and providers

Governance & Administration

Organizational Infrastructure

Data Infrastructure
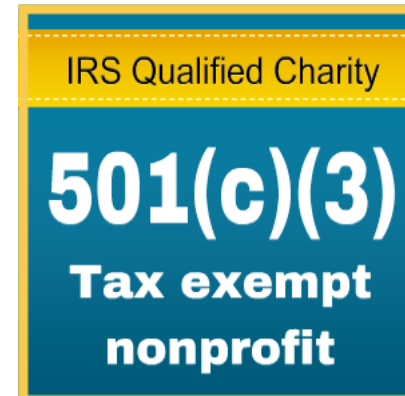
Finance Infrastructure

- Defining a CBO
- Nonprofit organizations that work at a local level to improve life for residents and normally focus on building equality across society in many areas, including but not limited to access to social services.
- CBO is a legal, non-profit 501(c)(3) entity that has legal capacity to enter into agreements or contracts.
- A health care provider is not considered a CBO

- CBO understands and meets the needs of underserved and vulnerable populations and leverages existing community resources and seeks to add value to the community.

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- CBO can provide a brief overview of the Board's composition and how the Board and senior management identifies, and addresses issues identified in the community (i.e., gaps, resources, etc.).

- CBO regularly communicates and reports its strategies, progress, and challenges to its funders, policymakers, clients, and the community at large in partnership with the Board.

On a scale of 1-5 (with 5 being Excellent) -- how well positioned is your CBO to meet the Governance and Administration Infrastructure criteria?

(5) Excellent

(4) Good

(3) Fair

(2) Poor

(1) Very Poor

Organizational Infrastructure

- CBO has aligned with one or more community needs assessments and addresses one of the following domains prioritized by DHS.

Components of your Community Needs Assessment Report

- ⊘ Key Players
- ⊘ Methodology
- ⊘ Participation
- ⊘ Strengths and Limitations
- ⊘ Key Findings
- ⊘ Recommendations and Next Steps

Food insecurity	Housing	Transportation	Childcare
Employment	Utilities	Clothing	Financial strain

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- CBO staff possess the experience and skills to effectively serve underserved and vulnerable populations and manage the program/contract.

- CBO has infrastructure, capacity and history to fully implement the proposed service.

- CBO has documentation of how identified quality improvement opportunities add to or change existing policies and assure appropriate trainings for CBO personnel.

Quality Improvement

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- As needed, CBO complies with and has completed a Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement.

  - HIPAA standards address the use and disclosure of individuals' protected health information by organizations subject to HIPAA's privacy rule.

On a scale of 1-5 (with 5 being Excellent) -- how well positioned is your CBO to meet the Organizational Infrastructure criteria?

(5) Excellent

(4) Good

(3) Fair

(2) Poor

(1) Very Poor

Data Infrastructure

- CBO has the capability to collect client demographics and other client information to effectively address the SDOH target area.

- CBO has adequate capacity and competency to track and document the delivery of services to those eligible under the contract and has the capability to document process and outcomes.

- CBO can document and report on the status of its clients.

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- CBO has identified its data needs and is requesting those data from MCO and/or provider partners

- CBO can contract with and invoice providers and payers.

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On a scale of 1-5 (with 5 being Excellent) -- how well positioned is your CBO to meet the Data Infrastructure criteria?

(5) Excellent

(4) Good

(3) Fair

(2) Poor

(1) Very Poor

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- CBO can produce an annual 990 and any recent financial audits

- CBO can show its current funding sources and financial trend

- CBO can create a business case to explain the value of its intervention to MCO and provider partners.

On a scale of 1-5 (with 5 being Excellent) -- how well positioned is your CBO to meet the Finance Infrastructure criteria?

(5) Excellent

(4) Good

(3) Fair

(2) Poor

(1) Very Poor

Financial Planning Model

	Start-Up	Program Implementation		
	Year 1	Year 2	Year 3	Year 4
Workload and Service Measures (annual)				
Population Served		150	150	150
Client Engagements		900	900	900
Performance Reports		12	12	12
Performance and Outcome Measures (annual)				
Completed Housing Placements (%)		65%	75%	85%
Average Days from Intake to Placement/Move-In		36	32	29
Average Housing Tenure (months)		9	14	20
Graduation to Independent Housing (%)		9%	15%	27%
Program Requirements				
Staffing (FTEs)	1.5	2.5	2.5	2.5
Average Salary and Benefits per FTE	$45,000	$46,350	$47,741	$49,173
Program Materials and Services per FTE	$1,000	$2,000	$2,060	$2,122
Professional and Consulting Services	$30,000	$5,000	$5,000	$5,000
Capital Equipment	$20,000	$0	$0	$0
Administrative and Program Overhead (% of staffing costs)	10%	10%	10%	10%
Program Resources other than Health Care Contracts				
Government Grants	$120,750	$5,000	$2,000	$0
Community and Private Grants	$5,000	$5,000	$5,000	$5,000
Fundraising, Contributions and Gifts	$0	$2,000	$2,000	$1,000

Q&A

How would you rate this training session overall?

(5) Excellent

(4) Good

(3) Fair

(2) Poor

(1) Very Poor

Why did the training session content meet or not meet your expectations?

What questions or topics would you like to see addressed in future sessions?

Thank you for your participation!