

**State Demonstrations to Integrate Care for Dual Eligible Individuals
Design Contracts
Summary of State's Initial Design Concepts
May 2011**

State: South Carolina

<p>Overview of Proposed Approach</p>	<p>The South Carolina Department of Health and Human Services (SCDHHS) has significant experience in developing care interventions targeting people with complex conditions and those who are dually eligible for Medicaid and Medicare. Dual eligibles make up approximately 16 percent of the SC Medicaid enrollment, but account for approximately 50 percent of expenditures. SCDHHS proposes to develop an integrated care model for dual eligibles using the new Health Home option outlined in the Affordable Care Act. The proposed model would integrate primary care and behavioral health services as well as provide linkages to community based long-term care services, and social/family support services. SCDHHS will work with an Integrated Care Workgroup to design the model and develop the implementation plan including organizational structure, population, service delivery, financing, evaluation, implementation, and legislative oversight. The analysis and design process will use the extensive data, analytical and geographic information resources of SCDHHS/CLTC, Institute for Families in Society and Office of Research and Statistics.</p>
<p>Target Population (All duals/full duals/subset/etc.)</p>	<p>SC's proposed target population, a subset of the total dual population, is individuals with a behavioral health diagnosis in one the major diagnostic mental disorders or Alzheimer's Disease. The diagnosis must impair activities for daily living (e.g., increased need for caregiver support; limited self directed care or choice of living arrangements); must be of a duration of two or more years; and must require ongoing supervision and prescription medications to address behavioral health diagnosis.</p>
<p>Estimated Enrollment (in 2012 and at full implementation)</p>	<p>To be determined during the planning and design phase.</p>
<p>Planned Geographic Service Area (Statewide or listing of pilot service areas)</p>	<p>To be determined during the planning and design phase. SC would like to begin with a pilot service and then systematically roll-out Statewide.</p>
<p>Planned Stakeholder Process</p>	<p>SC will actively engage stakeholders in the design of an integrated primary, behavioral health and long-term care system. Building on an existing LTC Workgroup, SC will establish an Integrated Care Workgroup comprised of consumers/advocacy organizations representing older adults, Alzheimer's, AARP, multiple sclerosis, cancer, people with disabilities, TBI, mental health, State agencies/executive level policy makers (e.g., SCDHHS/CLTC, Dept. of Disabilities and Special Needs ; Head and Spinal Cord Injury Division; Dept. of Health and Environmental Control, Lt. Governor's Office on Aging, Area Agencies on Aging, Silver Haired Legislature), and providers representing adult day services, personal care, disability resources, home health, home care and hospice, respite, hospitals, independent living centers and a consortium of gerontology</p>

	<p>providers. Legislative stakeholders will be engaged through this process. The stakeholder workgroup is designed to serve as an independent body composed of agency, clinical and methodological experts and consumer representatives with expertise to compliment SCDHHS.</p>
<p>Proposed Implementation Date and Related Milestones (Any implementation milestones are pending CMS Approval)</p>	<p>Planning and Design Phase: April 1, 2011 - March 30, 2012: April - May 2011: Recruit project staff, formalize Workgroup, conduct research, and finalize data agreement to obtain Medicare Claims Data; compile enhanced Medicaid data set for dual eligibles for FY 2008 – 2010 for analysis. Present overall strategy to stakeholders. June-July 2011: Link data sets and conduct proposed data analysis. Begin working with CMS to explore options for Medicaid to receive shared savings. Hold second Workgroup on data analysis. Engage Actuarial and HIT consultants with IFS to address workgroup identified issues. Document process and next steps for analysis. August-October 2011: Complete data analysis/actuarial modeling of different approaches. Develop payment methodology and recommendations for long- term data linkages. Explore legislative requirements and pursue State Plan Amendment with CMS for recommended model. Hold third Workgroup to discuss recommendations on proposed model design and approach. Submit interim report. Nov - December 2011: Develop model design and strategic plan with sub-committees of the Workgroup, agency personnel and contractors. Draft Model Design and Implementation Plan with consumer, legislative and other stakeholders’ input. Jan-March 2012: Finalize Model Design and submit Implementation Plan to CMS.</p> <p>Implementation of Demonstration Project April 1, 2012 - March 30, 2013: Phase 1 - Establish evaluation indicators and requirements for contracting for Health Home Dual Eligible Demonstration. Conduct and modify policy review to ensure full implementation beyond Phase 1. April 1, 2013 - March 30, 2014: Phase 2 - Expand requirements for contracting for Health Home Dual Eligible Demonstration and initiate pilot. Evaluate and modify model to ensure full implementation beyond Phase 2. April 1, 2014 - March 30, 2015: Phase 3 - Expand requirements for contracting for Health Home Dual Eligible Demonstration for Statewide geographical implementation. Evaluate and modify policy and evaluation plan to ensure full implementation beyond Phase 3. April 1, 2015 - March 30, 2017: Phase 4 - Full implementation. Consumer choice provided Statewide to enroll in the Health Home Dual Eligible Demonstration. Complete evaluation.</p>
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