

INTEGRATING FAMILY SERVICES

Crosswalk of PHPG VBP Report & IFS Work Plan Goals

PHPG RECOMMENDATIONS	CURRENT WORK GROUP GOAL?	NOTES
<p>1) Adjust AHS policies & practices to reflect IFS' payment methodology as a "case rate" rather than "PMPM" (p. 7)</p>	NO	<ul style="list-style-type: none"> • Inform IFS partners of this change in terminology • Adjust language from "PMPM" to "case rate" in all necessary state & regional documents
<p>2) Establish a strong framework for quality oversight & performance (p. 27) that links performance measures to financial consequences (p. 22), including:</p> <ul style="list-style-type: none"> • more comprehensive monitoring & evaluation approach (p. 14, 16, 24) • organized oversight & risk mitigation framework • sufficient personnel resources needed for quality oversight activities • alignment of unified performance measures across divisions & depts. (p. 19, 26) • Consolidated reporting mechanisms (pp. 19-20) • Feedback loop with providers (with quality performance/enhancement in mind) • "strong learning system & continuous improvement model" (p. 25) 	<p>YES</p> <p>(Accountability & Oversight Work Group)</p>	<p>This includes enhanced provisions for State oversight & personnel resources to monitor:</p> <ul style="list-style-type: none"> • Standardized data collected by IFS regional fiscal agents, especially data related to service utilization (p. 9, 16, 22), population indicators & performance measures (p. 16) • Appeals process to ensure CYF receive needed services (p. 12) • Consumer satisfaction (p. 16)
<p>3) Establish a unified/coordinated approach for children's programs across AHS depts. (p. 9, 13, 24) that includes:</p> <ul style="list-style-type: none"> • annual IFS budgeting • rate-setting process/methodology for IFS services across AHS & re-basing of current funding (p. 22) • service inclusions/exclusions • reinvestment of any prior-year surpluses that is tied to review of utilization data & quality performance (p. 12, 13, 17) 	<p>YES</p> <p>(Implied in Finance & Payment Reform Work Group goals and could be more explicit)</p>	<ul style="list-style-type: none"> • This requires altering base funding policies that govern provider Medicaid allocation with specific departments. • See specific recommendations re. incorporating add'l service-level encounter data, standardized cost data & Medicaid enrollees into rate-setting methodology (p. 23) • This will facilitate comparison of results across sites.

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4) Design a reward/penalty structure that: <ul style="list-style-type: none"> • Guards against risk of underserving clients (p. 24); • Aligns with incentives implemented/foreseen by state health care reform efforts (p. 18) 	NO	<ul style="list-style-type: none"> • Re-consider current provision for recuperating % of provider's annual case rate allocation as "[p]enalties in the absence of a strong VBP design & other incentives may be counterintuitive (p. 15)." • See p. 25 for incentives & specifics re. reward/penalty structure
5) Ensure better alignment of federal & state funding policies & regulations with IFS model (p. 20)	YES (Coordination between Finance Work Group & Prevention & Promotion Work Group will be critical)	<ul style="list-style-type: none"> • Check for alignment of IFS structure & processes with federal Excellence in Mental Health Act Medicaid Pilot Program (p. 21)
6) Develop a common approach to providers working with same family or target population (p. 26)	YES (Mgt. Team, SLT, I-Team, State & Local Service Delivery Work Group)	
7) 1 st step: Align target populations, services & budgets across 2 early implementer regions (p. 27)	YES (Mgt. Team needs to ensure coordination as this cuts across several work groups/teams)	