

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

State: Connecticut

<p>Overview of Proposed Approach</p>	<p>Connecticut proposes to establish local Integrated Care Organizations (ICOs) to create a single point of accountability for the delivery, coordination and management of primary, preventive, acute and behavioral health, integrated with long-term supports and services and medication management for dual eligibles. The ICO model would feature partnerships among multiple provider types and be facilitated by health information technology and electronic data gathering. This new integrated care program would offer dual eligibles a health home where they may access a seamless continuum of enhanced medical, pharmacy, behavioral and long-term services and supports under one program. In addition, because Connecticut's primary care system is predominantly comprised of small group practices, this application aims to demonstrate how these practices can affiliate with larger, fully resourced primary care centers to enhance primary care while maintaining maximum freedom of choice for dual eligibles, a model that could be applied to other States with similar systems. The State proposes to align financial incentives to promote value – the enhancement of quality of care, the care experience and health outcomes at lower overall cost to the Medicare and Medicaid programs. Quality and outcome measures would focus both on medical service outcomes, as well as the effectiveness of home- and community-based services (HCBS) and supports, emphasizing individual satisfaction with the person-centered and disability competent care process. The State proposes to establish risk-adjusted global budgets for the purpose of assessing the ICO's effectiveness in managing overall cost, while retaining existing Medicare and Medicaid benefits and FFS reimbursement.</p>
<p>Target Population (All duals/full duals/subset/etc.)</p>	<p>Connecticut is proposing a phased-in approach that will offer participation initially to all (full and partial benefit) dual eligibles ages 65 and over receiving care in nursing facilities and the community. Dual eligibles enrolled in a HCBS waiver other than the Home Care Program for Elders HCBS waiver would not be included in the initial implementation. Providing this opportunity first to elderly dual eligibles will complement the many current initiatives in Connecticut focused on the geriatric population, while providing time to develop the model further for participation by younger dual eligibles with disabilities. (Note: dual eligibles currently enrolled in Medicare Advantage plans would remain enrolled in those plans, unless an individual chooses otherwise.) Beginning in the third year of implementation, Connecticut would expand eligibility to dual eligibles under 65 and older dual eligibles with disabilities and incorporate features into the ICO model necessary to meet the unique needs of those populations.</p>
<p>Estimated Enrollment (in 2012 and at full)</p>	<p>Connecticut estimates approximately 13,000 to 20,000 individuals would participate in the initial implementation of the demonstration,</p>

implementation)	representing approximately 20% to 30% of dual eligibles ages 65 and over. (Note: dual eligibles currently enrolled in Medicare Advantage plans would remain enrolled in those plans, unless an individual chooses otherwise.) At full implementation, approximately 120,000 full and partial dual eligibles would be included in the demonstration.
Planned Geographic Service Area	Statewide, but limited to 3 to 6 qualified integrated care organizations.
Planned Stakeholder Process	Connecticut will continue to engage a wide variety of stakeholders in the design of the duals demonstration model, including dual eligibles, advocacy groups, provider associations, the Department of Developmental Services and the Department of Mental Health and Addiction Services, legislative staff and researchers. This is a continuation of Connecticut's successful past effort to work collaboratively with stakeholders, such as in the design of the State's Multi-Payer Advanced Primary Care Practice (MAPCP) proposal, consultation with stakeholders, as part of the Mercer review of HCBS waivers and ongoing monthly meetings with consumers, and advocates as part of the Money Follows the Person (MFP) demonstration. The State's proposed demonstration is a direct reflection of the input received from a stakeholder community with diverse needs and interests working collaboratively together for the end goal of high-quality, cost-effective care for Connecticut's dual eligibles. Support for this proposal was received from over 30 groups representing consumer advocates, providers, and other State agencies (letters of support can be found at http://www.ct.gov/dss/lib/dss/pdfs/duals.pdf). Going forward, the State intends to use a legislative oversight body known as the Medicaid Care Management Oversight Council and its various subcommittees to provide input into the design of the demonstration application and implementation.
Proposed Implementation Date and Related Milestones (Any implementation milestones are pending CMS Approval)	October 1, 2012 target implementation, with interim milestones to be determined
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