

Business Acumen Learning Collaborative Spotlight

Maryland: Translate Knowledge and Experience to New Opportunities

In 2016, the Administration for Community Living (ACL) sought to expand the readiness of community-based aging and disability organizations (CBO) for contracting with integrated care entities, and prepare state and community-based aging and disability organizations to be active stakeholders and partners in the development and implementation of integrated care systems. In response to this request and with funding from ACL, ADvancing States in partnership with national aging and disability organizations¹ convened the Business Acumen Learning Collaborative throughout 2017 – 2019 as one element in this important work.

After a national search, five state teams (Maryland, Missouri, New Hampshire, New York and Texas) were selected to represent the Business Acumen Learning Collaborative. Each state team included representatives from state agencies, community-based organizations (CBO²) serving persons with disabilities, integrated healthcare entities and other organizations. Throughout their time together, each team worked together to develop and implement business-related strategies to state-specific challenges to integrating long term services and supports (LTSS) and healthcare services, with the ultimate goal to develop the business acumen of disability-CBOs in their state. In addition to their state-specific work and cross-state sharing, the Business Acumen Learning

Key Lessons Learned:

1. Transparency and sharing of information is critical.
2. Change initiatives require dedicated personnel.
3. Take advantage of opportunities as they arise.
4. Use your organizations natural skillset and translate it to new settings or formats.

¹ Grant Partners included: ADvancing States, American Association on Health and Disability (AAHD), American Network of Community Options and Resources (ANCOR), National Association of State Directors of Developmental Disabilities Services (NASDDDS), National Council on Independent Living (NCIL), National Council on Aging (NCOA), National Disability Rights Network (NDRN), University of Minnesota – Institute of Community Integration

² CBO is a broad term to describe local organizations that offer community living services and supports to advance the health, well-being, independence, and community participation of people with disabilities and older adults. CBOs include Centers for Independent Living, developmental disability organizations, University Centers for Excellence in Developmental Disabilities Education, Research & Service, behavioral health organizations, Protection and Advocacy Agencies, Aging and Disability Resource Centers, Area Agencies on Aging, aging services organizations, faith-based organizations, Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian), nutrition program providers and other local service providers for persons with disabilities and/or older adults.

Collaborative informed the development of the HCBS Business Acumen Toolkit which can be found at: <http://www.hcbsbusinessacumen.org/toolkit.html>.

Background:

This spotlight highlights the efforts of Maryland’s Centers for Independent Living (CILs) to turn their unique knowledge and skill sets into new revenue streams by partnering with healthcare entities. The Maryland team, comprised of CILs and the Maryland Department of Aging, launched this initiative in response to an anticipated change at the state level. Maryland’s “Total Cost of Care Model³” is a new statewide model which sets a per capita limit on Medicare total cost of care. Through this model, the Center for Medicare and Medicaid Services (CMS) along with the state of Maryland plan to save one billion dollars of Medicare dollars over a five year period. This savings is specifically targeted to occur through three programs: 1) The Hospital Payment Program, 2) the Care Redesign Program and 3) The Maryland Primary Care Program.

The CILs in Maryland identified a potential opportunity to participate in this model change, but first had to understand the components, timeline, and potential of the model, evaluate their current capacity and service nature; and develop draft business plans for partnering with healthcare entities. They needed to understand the new healthcare system and figure out where they fit into it.

To do so, the Maryland team had to complete the following key activities:

1. Evaluate each CIL's capacity, infrastructure, and service provision.
2. Conduct an environmental scan of each CIL's service region to identify potential healthcare entity partners.
3. Establish a relationship with a healthcare entity/entities within each CIL's service region.
4. Establish partnerships with other complementary community resources/CBOs to leverage resources and expand scope, as necessary.
5. Identify and solicit training opportunities/resources on Maryland's Total Cost of Care Model (from the state).
6. Identify and solicit training opportunities/resources on business acumen – both generically as well as specific to healthcare partnerships.
7. Determine "best fit" for services and estimating cost.

Lessons Learned:

Transparency and sharing of information is critical. Partner CILs shared their experiences with each other regarding setting rates, asserting their value, using data to back up their worth, and other aspects of successful partnership creation. As a result, CILs gained confidence in these skillsets and felt better prepared for negotiations.

Change initiatives require dedicated personnel. As small organizations, it was hard for CILs to prioritize time and resources for this project; even though it was seen as important, other things were often more time-sensitive, urgent, or necessary just to ‘keep the doors open’. One way this was addressed was by enlisting a point person to stay organized and keep everyone on track. This person also sought out training opportunities and offered assistance when possible.

³ <https://innovation.cms.gov/initiatives/md-tccm/>

Take advantage of opportunities as they arise. As a result of their participation in a "Hospital to Home" program with short-term funding from the State, several CILs had the opportunity to showcase their value to hospitals and develop new or strengthen existing partnerships. Because they took advantage of a short-term opportunity, longer-term opportunities arose; hospitals have opened up to outside contractual relationships a little more, and at least one CIL will work within a local county and hospital to continue services.

Use your organizations natural skillset and translate it to new settings or formats. Through their participation in "Hospital to Home", CILs were able to take services they are good at (providing information and referral (I&R) and peer mentoring), and expand on how they offer those services (in this case, provide them in different settings of either the hospital or in consumers' homes). This showed them that CILs can use their natural skillset and translate it to new settings or formats to meet a different need and/or expand to a new consumer groups.

The Maryland team brought experience, skill and a drive for success to their work. Through openness in their sharing, strong project management, and combined effort several CBOs were able to expand their businesses.

You can read more about the Maryland team at:

<http://www.hcbsbusinessacumen.org/maryland.html>

Maryland Learning Collaborative Partners:

State Agencies

Maryland Department of Disabilities

Centers for Independent Living

Accessible Resources for Independence

Bay Area Center for Independent Living

Image Center for People with Disabilities

Independence Now, Inc.

Resources for Independence, Inc.

Southern Maryland CIL (SMCIL)

The Freedom Center, Inc.