PROMOTING INTEROPERABILITY ACROSS HUMAN SERVICES AND THE ACA

A Presentation by Uma S. Ahluwalia

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Our Eight Year Journey

- Service Integration

- Policy and Practice Improvement – Confidentiality and Privacy

- Technology Modernization

- Equity

- Contracts Reform

- Affordable Care Act

Montgomery County At-a-Glance

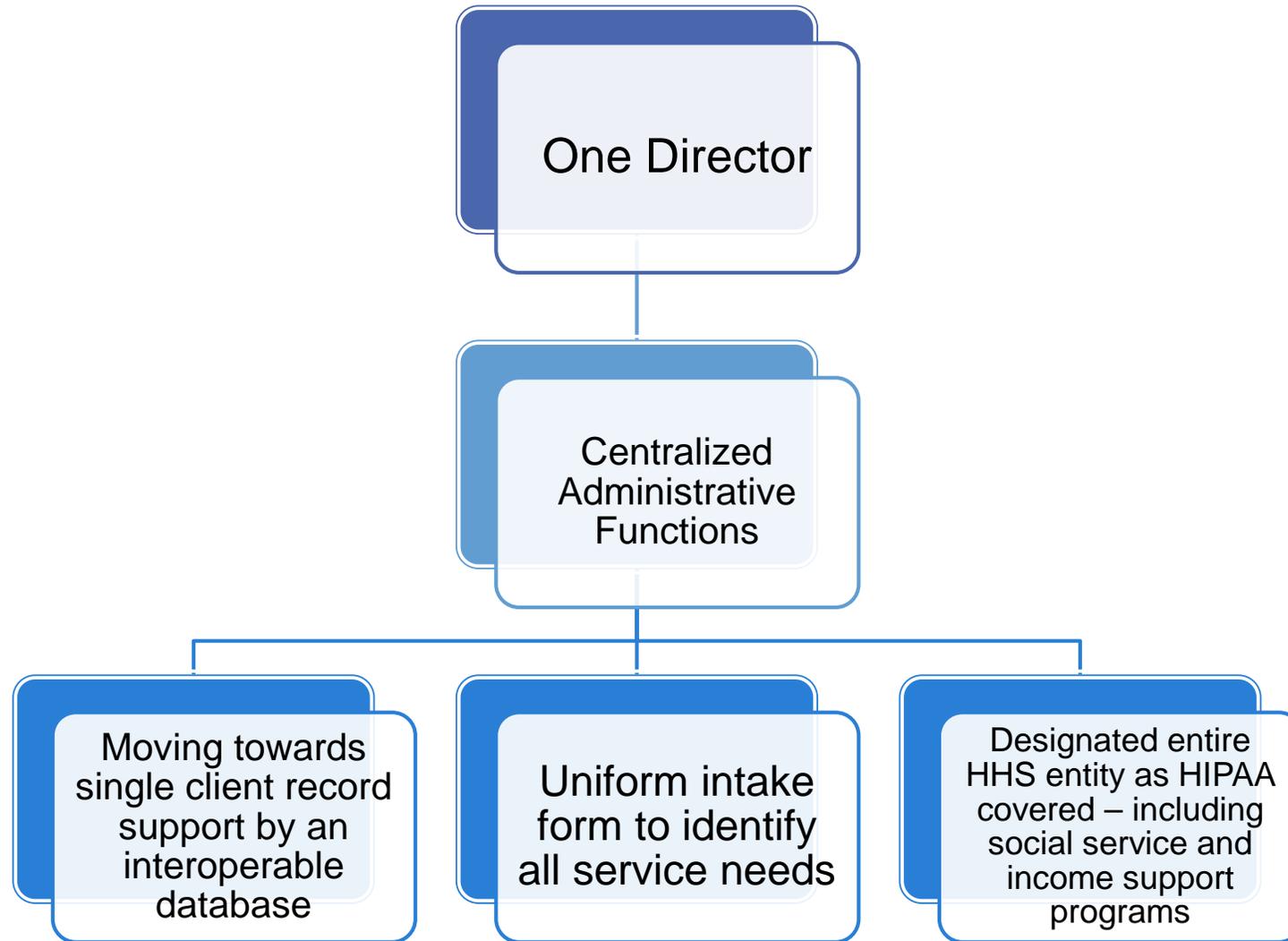|		
Over 1 Million Residents ————— 31% Foreign Born	50.6% Ethnic Minority	17% Growth in our senior population over the next 2-years
54,000 out of 153,000 children in the public school system receives FARMS	6 Zip Codes of Extreme Need — Poverty on the Rise	Served 70,000 Households in Fiscal Year 2009 and 39,000 used more than two services from Department
A Staff of 1,600 with over 80 Programs	TANF	SNAP, MA and EA Caseload Growing — Application volume grew by almost 42%	Serving almost 34,000 uninsured adults, children and pregnant women

How is the Department Organized?

One Director

Centralized Administrative Functions

Moving towards single client record support by an interoperable database

Uniform intake form to identify all service needs

Designated entire HHS entity as HIPAA covered – including social service and income support programs

Montgomery County Department of Health and Human Services

Aging and Disability Services

Behavioral Health Crisis Services

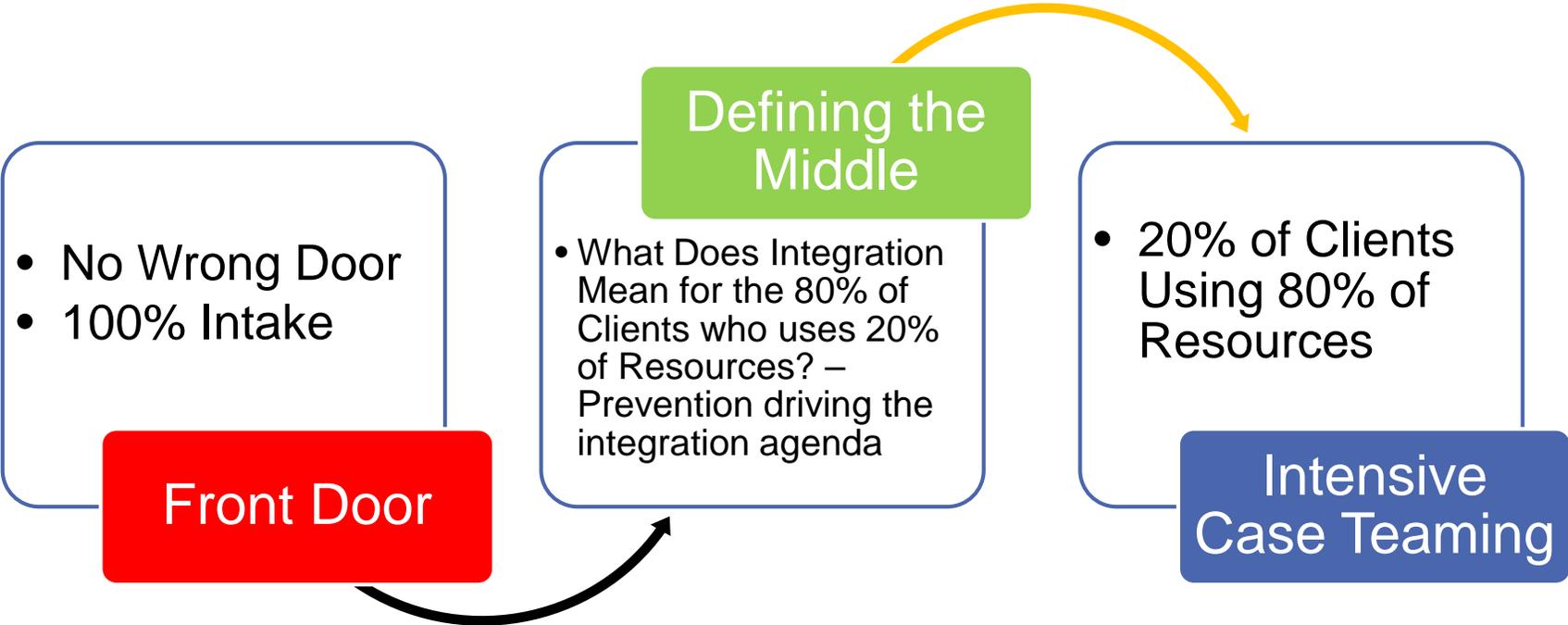Children, Youth and Family Services

Public Health Services

Special Needs Housing

Community Outreach

Building an Integrated Service Delivery System.

Defining the Middle

- No Wrong Door
- 100% Intake

Front Door

- What Does Integration Mean for the 80% of Clients who uses 20% of Resources? – Prevention driving the integration agenda

- 20% of Clients Using 80% of Resources

Intensive Case Teaming

Building an Integrated Service Delivery System.

Practice
- Integrated Intake
- Assessment
- Case Planning
- Service Delivery
- Analytics

Policy
- Confidentiality
- Ethics
- Dispute Resolution
- Equity
- Others

People
- Training
- Tools
- Accountability
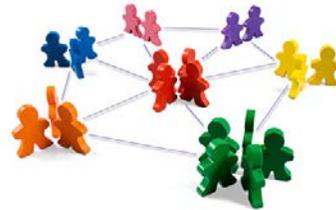- System Evaluation

Infrastructure
- Technology
- Quality Service Review (QSR)
- Caseload Sizes
- Contract Monitoring

An Aspect of Interoperability.

Sharing of Information

- Policy and Practice

- Business Process

- Need to Know

- Role-Based Access

- Balance between Interoperability/Data-sharing and Guarding against Breaches

Strategy for Eligibility Integration

A Phased-In Approach:

Phase 1: Establishment of the Office of Eligibility and Support Services

Phase 2:   Support for the Affordable Care Act and Customer Service Enhancements

Phase 3: Full Integration

Sites: - Local Offices, Partner locations, Neighborhood Opportunity Network Sites

 - Full integration of all eligibility functions and standardized intake and triage functions

TCA, FSP, TDAP

Caseloads	FY08	FY12	FY13	FY14	FY15
TCA	644	1,147	1,132	955	986
FS	11,758	27,661	31,356	32,951	33,943
TDAP	346	421	417	434	459
Total	12,748	29,229	32,905	34,340	35,388

Medical Assistance (MA)

Caseloads	FY08	FY12	FY13	FY14	FY15
MA	30,582	48,284	50,147	50,345	109,218*

FY 15 reflects the addition of 61,771 ACA MA cases. MA excludes LTC.

Combined QHP and MA Application Status:	Medicaid	QHP	TOTALS
All Statuses	63,569	42,158	105,727
Completed	61771	40254	102,025

MHBE Enrollment Report received July 16, 2015

Questions | answers