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AAA/D-SNP Care Coordination and Integration Using the Age Friendly Health Systems' 4Ms Framework

Prepared by Altarum and Altarum Medicare-Medicaid Services for States (AMMS)
Helen Dawson, MPH, and Sarah Barth, JD

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Acknowledgements

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Executive Summary

The 4Ms Framework of Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA) that uses a person-centered approach to maintain the health of older adults to improve health outcomes and prevent avoidable harm. The 4Ms include What Matters, Medications, Mentation, and Mobility, and aim to make care of older adults more manageable by identifying the core issues that should drive all decision making in their care. It is a clear, simple framework that advances healthy aging. Over the past few years, the state of Indiana's Family and Social Services Administration (FSSA) developed a vision for their state of improved care coordination for high-risk individuals, integrating Area Agencies on Aging (AAAs) coordination with Medicare Advantage (MA) Dual Eligible Special Needs Plans (D-SNPs), using the 4Ms Framework.

Indiana leveraged the principles of the 4Ms Framework into efforts the state was implementing to advance Age-Friendly programs to achieve an overarching goal to improve care integration for older adults and individuals living with disabilities. Beginning in 2021, the state of Indiana began an initiative to require D-SNPs to coordinate care with AAAs for the dually eligible individuals both entities serve, integrating health and social services for the whole person and focusing on what is important to them. The 4Ms Framework has enabled Indiana to move forward with successful approaches to advance Age-Friendly principles for dually eligible individuals. This model may be replicated in additional states to improve care coordination across the country and continue to improve care for older adults and high-risk populations.

Looking forward, to continue promoting the 4Ms Framework for integrating care coordination services across Medicare and Medicaid, the following considerations are at the forefront:

- Assess each state for their unique situation and policy landscape.
- Understand, across the country, levels of business acumen of AAAs as well as progression toward Medicaid managed long-term services and supports (MLTSS) and Medicare-Medicaid integration models.
- Find champions to bring the 4Ms Framework into the states' vision for care coordination and healthy aging program policies and structures.
- Leverage the 4Ms Framework for trainings and build buy-in on the implementation of the 4Ms Framework.
- Investigate opportunities for how the 4Ms Framework could be evaluated and documented.
- Consider ways to further frame the 4Ms Framework approach as the integration of clinical and social care.

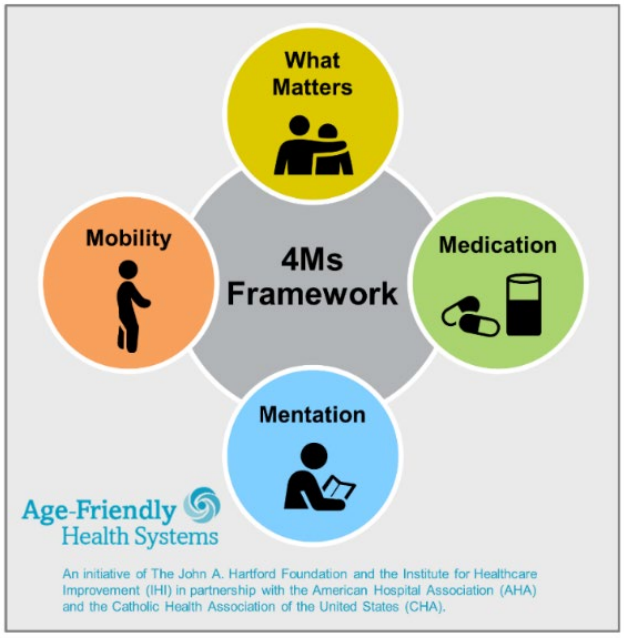
This report outlines research conducted by Altarum and Altarum Medicare-Medicaid Services for States (AMMS) regarding the efforts that Indiana FSSA has undertaken and similar work that is occurring in other states, such as Ohio. The findings from interviews with key leaders lay out specific aspects of successful approaches to this integration and potential for replication and scalability in other states. The recommendations for future efforts will inform strategies to broaden the potential impact of the 4Ms Framework to improve care of older adults across the country.

Introduction

For this report, Altarum and AMMS team was grateful to work with The John A. Hartford Foundation to investigate the integration of the 4Ms Framework into evolving models for Medicaid managed long-term services and supports (MLTSS) and Medicare-Medicaid integrated programs, specifically via payers – health plans and managed care organizations. This research was inspired by Indiana's model of Area Agencies on Aging[1] (AAAs) coordinating with Medicare Advantage (MA) Dual Eligible Special Needs Plans (D-SNPs) interdisciplinary care teams to coordinate services and supports for older adults dually eligible for Medicare and full Medicaid benefits. Indiana has worked to leverage the 4Ms Framework as they stand up partnerships across D-SNPs and AAAs to improve care coordination for high-need, high-cost populations.

The 4Ms Framework of Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA). This initiative uses a person-centered approach to maintain the health of older adults to improve health outcomes and prevent avoidable harm. The 4Ms Framework has been employed to ensure reliable, evidence-based care for older adults in all settings. The 4Ms include **What Matters, Medications, Mentation, and Mobility**. The 4Ms make care of older adults, which can be complex, more manageable. The 4Ms identify the core issues that should drive all decision making in the care of older adults. They organize care and focus on the older adult's wellness and strengths rather than solely on disease. The 4Ms are relevant regardless of an older adult's individual disease(s). They apply regardless of the number of functional challenges an older adult may have, or that person's cultural, racial, ethnic, or religious background.

FIGURE 1. 4MS FRAMEWORK GRAPHIC



What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

[1]Area Agency on Aging (AAA) is a public or private non-profit agency, designated by the state to address the needs and concerns of all older persons at the regional and local levels. AAAs are primarily responsible for a geographic area, also known as a PSA, that is either a city, a single county, or a multi-county district. AAAs coordinate and offer services that help older adults remain in their homes—if that is their preference—by making a range of options for older individuals to choose the services and living arrangements that suit them best. Area Agencies on Aging | ACL Administration for Community Living

To learn more, access the comprehensive, easy-to-use guide for healthcare professionals: Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults

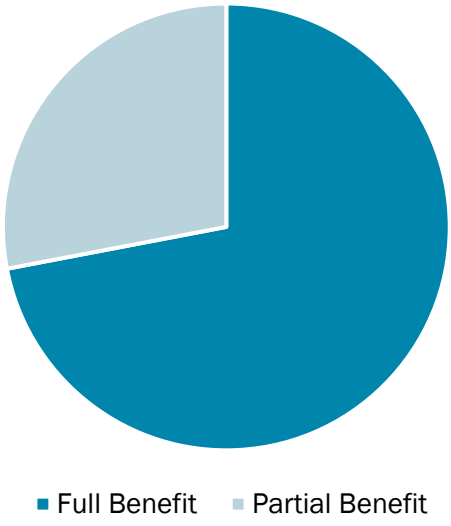
Indiana Care Coordination Integration Approach

Within Indiana, the Family and Social Services Administration (FSSA) developed a vision for their state of improved care coordination for high-risk individuals using the 4Ms Framework. Steve Counsell, MD, Medical Director of Division of Aging within FSSA, championed the 4Ms Framework across the state and brought together stakeholders to work toward care coordination and care management that ensures integration of health and social services for older adults with complex needs. His knowledge of the 4Ms Framework and experience working toward an Age-Friendly Health System allowed him to weave the principles of the 4Ms Framework into efforts the state was implementing to advance Age-Friendly programs to achieve an *overarching goal to improve care integration for older adults and individuals with disabilities*.

Indiana's Older Adult Population

As of July 2022, the total population estimate for the State of Indiana was 6,813,532, with older adults (65 years and older) making up 16.4% (n=1,117,419).[2] As of December 2022, 2,162,152 individuals were enrolled in Medicaid across the State of Indiana and 237,543 individuals dually eligible for Medicare and Medicaid were currently enrolled with Indiana Medicaid.[3] Of this population, 72% (n=169,963) receive full Medicaid benefits and 28% (n=67,580) receive partial Medicaid benefits.[4]

FIGURE 2. DUALLY ELIGIBLE INDIVIDUALS IN INDIANA



Beginning in 2021, the State of Indiana began an initiative to require D-SNPs to coordinate care with AAAs for the dually eligible individuals both entities serve. It initially focused on the currently 34,463

[2] United States Census Bureau. Quick facts: Indiana. Available at https://www.census.gov/quickfacts/IN.
[3] Indiana Family and Social Services Administration. Medicaid monthly enrollment reports: December 2022. Available at https://www.in.gov/fssa/ompp/forms-documents-and-tools2/medicaid-monthly-enrollment-reports/.
[4] While eligible for standard Medicare benefits, not all dually eligible individuals receive the same level of Medicaid assistance. Full-benefit dually eligible individuals (FBDEs) qualify for full state Medicaid benefits and receive financial assistance with Medicare premiums (and in many cases, cost sharing) and Partial-benefit dually eligible individuals do not qualify for full Medicaid benefits. They receive financial assistance with Medicare premiums (and in many cases, cost sharing).

individuals enrolled in Indiana Medicaid's home and community-based services (HCBS) Aging and Disability (A&D) Waiver program[5] who receive services and care management through 15 AAAs across the state.[6] Due to participation in this HCBS waiver program, these individuals are noted as "high-risk" and are therefore provided care management services, health risk assessments, and ongoing support from interdisciplinary care teams by D-SNPs that serve these individuals.

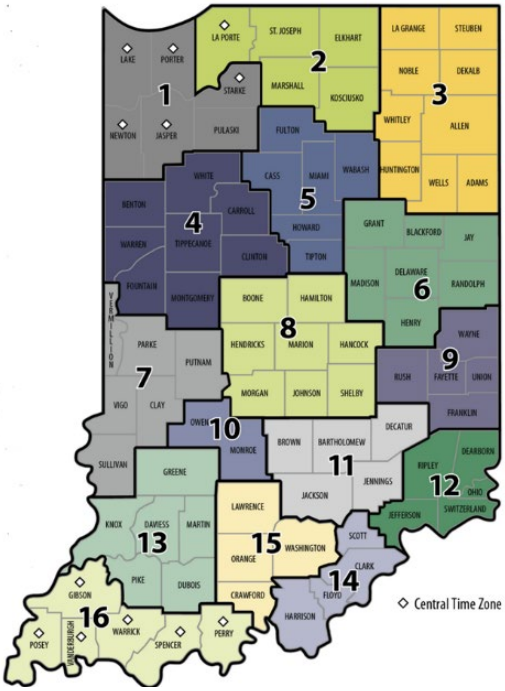
Medicare Advantage D-SNPs

D-SNPs are a type of Medicare Advantage plan specifically designed for and limit enrollment to dually eligible individuals. Part of their mission is to coordinate Medicare and Medicaid benefits for their enrollees, in line with a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA).

Each D-SNP must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency to be able to operate in the state. Through SMACs, states may include state-specific provisions that can cover efforts to improve care coordination and integration across Medicare and Medicaid through D-SNPs, as well as improve quality of life and individual experience of care.

Indiana leveraged the Contract Year 2020 Medicare Advantage and Part D Flexibility Final Rule (CMS-4185-F) D-SNP provision, effective 2021, which required certain D-SNPs to share dually eligible members' admission, discharge, and transfer (ADT) data (e.g., hospital and nursing facilities) with state Medicaid agencies or their designee(s), to require data sharing and, in turn, more active coordination of services. The state requires all D-SNPs to work with AAAs with the goal of improving health outcomes for members with complex health needs through enhanced care coordination and integrated health care and social services. Specifically, the Indiana SMAC requires D-SNPs to incorporate the A&D waiver service coordinator into the structure of the D-SNP interdisciplinary care team (ICT) to the highest degree appropriate and possible, bi-directional sharing of encounter data, and building sustainable partnerships to increase coordination and collaboration.

FIGURE 3. INDIANA AAAS



[5] For further information on Medicaid HCBS waiver programs, please refer to CMS' HCBS webpage.
[6] Indiana Family and Social Services Administration. (2022) Medicaid monthly enrollment reports: December 2022) Available at https://www.in.gov/fssa/ompp/forms-documents-and-tools2/medicaid-monthly-enrollment-reports/

Current efforts have focused on specific areas such as information sharing for A&D waiver participants, including AAA care managers in the D-SNPs' ICTs, proactive referrals to AAAs for non-waiver members with strong predictors of needing LTSS[7], and standardization of social determinants of health assessments for members.

Of note, there are numerous other dual eligible populations that D-SNPs and AAAs both serve. *There is potential to expand the populations that require integration of AAA and D-SNP care coordination efforts in the state, broadening the impact that the 4Ms Framework can have on health outcomes in Indiana*.

Care Coordination Workgroup

To support the vision across the state, Indiana created a Care Coordination Workgroup[8], bringing together leaders from D-SNPs and high performing AAAs. This workgroup meets twice monthly to discuss ongoing efforts and think innovatively about approaches to partnership and continuously improving care coordination for members shared by both entities.

FIGURE 4. CARE COORDINATION WORKGROUP PARTICIPANTS

FSSA – Division of Aging, Office of Medicaid Policy and Planning

AAAs – Aging and In-Home Services Northeast Indiana (Area 3), CICOA Aging and In-Home Solutions (Area 8), Thrive Alliance (Area 11), LifeSpan Resources (Area 14)

D-SNPs – Aetna, Anthem, Ascension Complete, CareSource, Humana, MDWise, UnitedHealthcare, Wellcare by Allwell, Zing Health

Relationship-building between D-SNPs and AAAs began in 2021, with specific provisions in the state Medicaid agency contract (SMAC) to share ADT data for the state's defined "high risk" group. This group has leveraged the 4Ms Framework to bring the integration of their ICTs to practice. This began by ensuring that all stakeholders came together with a base understanding of the 4Ms Framework principles and the population that the initiative aimed to serve. Through the workgroup, D-SNPs learned about how HCBS waiver program participants are served by AAAs and AAAs learned the structure that D-SNPs employ for managing care for members. Since these two types of organizations started at different places, Indiana focused on meeting each where they were and took a stepped approach to implementing the 4Ms Framework, with the goal of implementing all principles in the comprehensive and cohesive model. While the Altarum team understood this context at a high-level before conducting qualitative interviews, the discussions held with key leaders outlined the exact progression of the partnership and implementation of the 4Ms Framework into their AAA/D-SNP coordination model. Their experiences, as well as Altarum conversations with

[7] Indiana's SMAC states the following: The MAO [D-SNP] shall also offer referral within two (2) business days to the appropriate Indiana Area Agency on Aging (AAA) any member identified as having strong predictors of needing LTSS but who may not already be enrolled in the A&D waiver or may not be receiving any LTSS currently. Strong predictors of needing LTSS shall be identified through MAO health risk assessment or a change in health status that may include but is not limited to members: 1) Admitted to a skilled nursing facility (SNF); 2) Needing help with activities of daily living (ADLs); 3) Having a diagnosis of dementia. Indiana SMAC.

[8] The state's 2023 SMAC directs the following: To support ongoing engagement and commitment to improving integration of Medicare and Medicaid services for dual eligible individuals in Indiana and to foster increased efficiencies and alignment between Medicare and Medicaid operations, processes, and administration, the state shall require the MAO [D-SNP] to dedicate resources and time to attend and engage in regular ongoing meetings to build meaningful communication and collaboration between the state and all Indiana D-SNPs. Some of the most frequent recurring meetings shall be: 1) Quarterly State and MAO D-SNP Executive Update, 2) Bi-weekly D-SNP/Area Agency on Agency (AAA) Care Coordination Workgroups, 3) Monthly D-SNP/State Compliance Updates, and 4) Annual Contract Year State Medicaid Agency Contract (SMAC) Kickoff. Indiana SMAC

entities in Ohio about their AAA and Medicare-Medicaid Plans (MMPs)[9] relationships, highlighted key findings that contribute to success and potential for scalability and replication in additional states and market areas.

Interview Methodology

In-depth research into the current environmental landscape within Indiana and additional states framed the original understanding of the implementation of this model across service providers and payers and supported the design of qualitative research. To further understand context and information on these efforts, Altarum conducted interviews with Indiana and Ohio leaders to gather insights and perspectives and potential strategies to advance the 4Ms Framework and D-SNP/AAA care coordination integration models in other states.

The team selected Ohio as part of this research because of the requirement that MMPs participating in its capitated dual demonstration program, MyCare, contract with AAAs. It requires the plans to use AAAs as the primary waiver service coordination option for individuals aged sixty (60) and over. CMS is requiring all capitated dual demonstration states using MMPs end these programs by December 2025. Most, including Ohio, are transitioning to integrated D-SNP programs. The team conducted interviews with Ohio Medicaid officials and a AAA on best practices and lessons learned from the MMP experience with AAAs. The team additionally sought to inquire if and how the State of Ohio plans move forward with similar arrangements in an integrated D-SNP program, as well as perspectives on using the 4Ms Framework.

The team conducted interviews with 10 individuals representing 5 organizations across Indiana and Ohio during February and March 2023.

TABLE 1. INTERVIEWEE INFORMATION

Affiliation	Interviewee
Indiana	Indiana FSSA Division of Aging ▲ Andrew Bean ▲ Steve Counsell, MD
	LifeSpan Resource (Indiana AAA) ▲ Andrew Landreth ▲ Jessica Meyer
	Indiana University ▲ Kathleen Unroe, MD
	UnitedHealth Care (Indiana D-SNP)[10]
Ohio	Ohio Department of Medicaid ▲ Jesse Wyatt ▲ Brooke O'Neill ▲ Steven Alexander
	Direction Home, Akron (Ohio AAA) ▲ Gary Cook ▲ Abby Morgan

[9] Medicare-Medicaid Plans (MMPs) were created for the CMS capitated financial alignment demonstrations (aka "dual demonstrations") Capitated Model | CMS, such as the one in Ohio. Under the capitated model, the Centers for Medicare & Medicaid Services (CMS), a state, and an MMP enter into a three-way contract to provide comprehensive, coordinated care to dually eligible individuals. MMPs are being phased out by CMS by the end of calendar year 2025. States will need to end these demonstrations or transition to an integrated D-SNP model.

[10] Information request outstanding. Findings will be shared following this report in an addendum to The John A. Hartford Foundation.

Interviews focused on the integration of the 4Ms Framework into evolving models for Medicaid MLTSS and Medicare-Medicaid integrated programs. Through semi-structured 60-minute interviews, Altarum gathered experiences and different stakeholder perspectives on incorporating AAAs into D-SNP ICTs using the 4Ms Framework to coordinate services and supports for older adults. Interviews with state Medicaid and Aging Agency officials in Indiana, state Medicaid officials in Ohio, and AAAs in both states provided input on state approaches and perspectives on potential replicability of use of Indiana's AAA and D-SNP 4Ms model in other states' Medicare-Medicaid integrated initiatives.

An interview guide, which can be found in Appendix A, was shared with each interviewee prior to the 60-minute call to provide a reference and general understanding of the topics that would be covered. The questions included fit into six categories:

- Current experience of interviewee(s)
- Awareness of the 4Ms Framework and its implementation in the state
- Initiatives and partnerships between D-SNPs/MMPs and AAAs
- Perspective on the state's current activities
- Future for the integration of care coordination
- Recommendations for replicating the use of the 4Ms Framework in other states' MLTSS and Medicare-Medicaid integration models

An Interview Matrix, collating key interview findings and points from each interview, was developed, and can be found at the end of this report in Appendix B.

Results & Discussion

Based on conversations with state Medicaid and Aging Agency leadership in Indiana, the Altarum team identified multiple key concepts that could be tied to the success of moving forward with the 4Ms Framework with D-SNPs and AAAs in Indiana and how its experience can be leveraged to replicate this model in other states. Major themes that evolved included:

- **State Support and Champion** – A key factor to ensuring successful initiatives integrating care coordination and care management services across Medicare and Medicaid using the 4Ms Framework is having a leader championing the work and dedicating time to building relationships across responsible entities for both programs, and continuously improving the process and outcomes. Support from the state and its champion as convenors and drivers of partnerships is critical. A key factor behind progress in Indiana is the establishment of a workgroup bringing stakeholders together and creating a sustainable approach that is in line with the state's long-term goals. The state's role in numerous aspects of the partnership and development of strategies and approaches for integration of care coordination and management has proven important from the beginning in Indiana.
- **Understand Stakeholder Perspectives** – Various organizations will approach this work from different angles. Understanding the environment that each group operates in and their organizational cultures is critical. Gathering contextual knowledge at the start supports meeting stakeholders where they are and bringing them along a path that bridges organizational cultures.
- **Stepped Implementation of 4Ms Framework** – The principles in the 4Ms Framework will be more or less familiar to stakeholders depending on their background and current experiences around care coordination and care management. In the payer context, working first to build understanding of the 4Ms and gradually implementing the pieces of the cohesive and comprehensive 4Ms Framework could improve chance for success, scalability, and sustainability. This approach may support replicability in other states.
- **Unique State Approaches to LTSS** – As LTSS integration with Medicare acute, primary care, and behavioral health services evolves across all states, the political and practical landscape

for program design and service provision will look different. There will not be one design for LTSS that all states adhere to. The approach to integrating care coordination efforts across stakeholders will need to be unique to each state's varying LTSS benefits and eligibility requirements, landscape, and policy outlook.

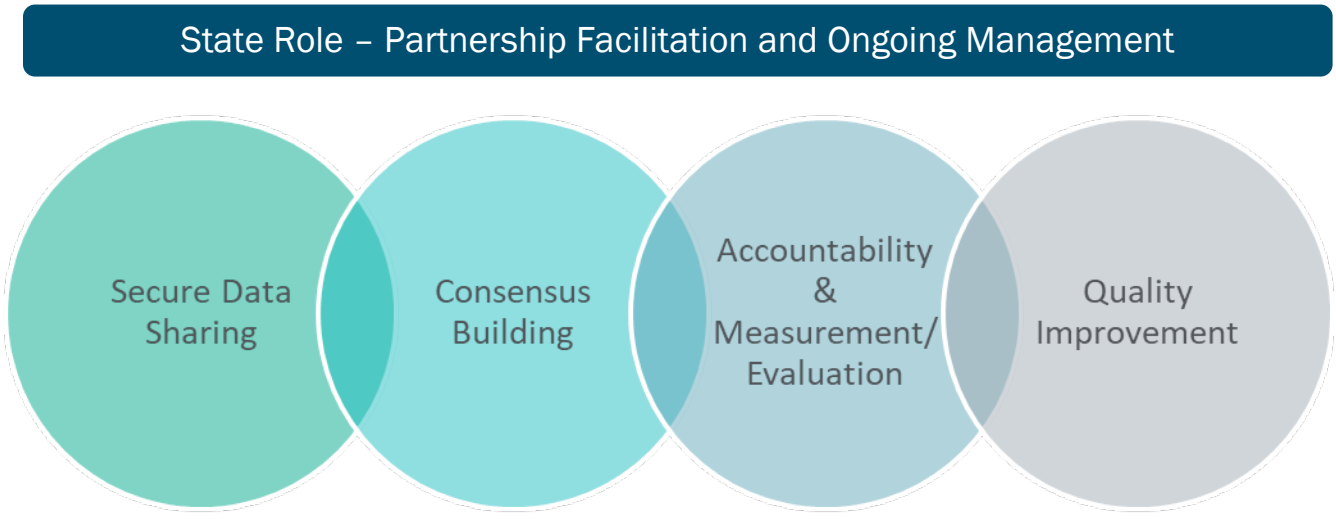
State Support and Champion

Numerous interviewees highlighted the importance of state leadership and the role of a champion to advance the work and emphasize the 4Ms as a guiding framework. Within Indiana, Steve Counsell, MD, leveraged his clinical background and understanding of Age-Friendly systems and the 4Ms to bring D-SNPs and AAAs together to advance healthy aging. Steve Counsell and Indiana Medicaid program officials provided the needed leadership and support to establish and grow the partnership. As mentioned, this work in Indiana began in 2021 in earnest but has been evolving over a longer period of time. The consistency of a champion or leader can serve to keep forward momentum and continue to increase support from a broader audience over time.

While having one champion is important, the need for broader state support was also a key finding. The practical elements of partnership—data sharing, contracting, communication protocols, and more—are tasks that Indiana took on at the state level. Without the state as secure data transferring partner to transmit data from the D-SNPs, through the state, and to AAAs, this partnership would not have been feasible. Data sharing between D-SNPs and AAAs to support elements of the case management process for individuals has been a challenge across the country. AAA variation in system and data capacity poses a significant barrier to scaling efforts. Indiana is currently working toward a solution where data could bypass the state's system, the Care Management for Social Services (CaMMS) Support Services, but at this time, their involvement in data sharing is still required.

The state also provided consistent direction for the initial planning efforts and ongoing oversight as the work was implemented and continues to be improved and expanded to other areas of the 4Ms Framework. State oversight keeps all partners accountable, while also providing a leader each organization can feel confident in and can work with directly if they feel their priorities are not being considered.

FIGURE 5. STATE ROLES



Understand Stakeholder Perspectives

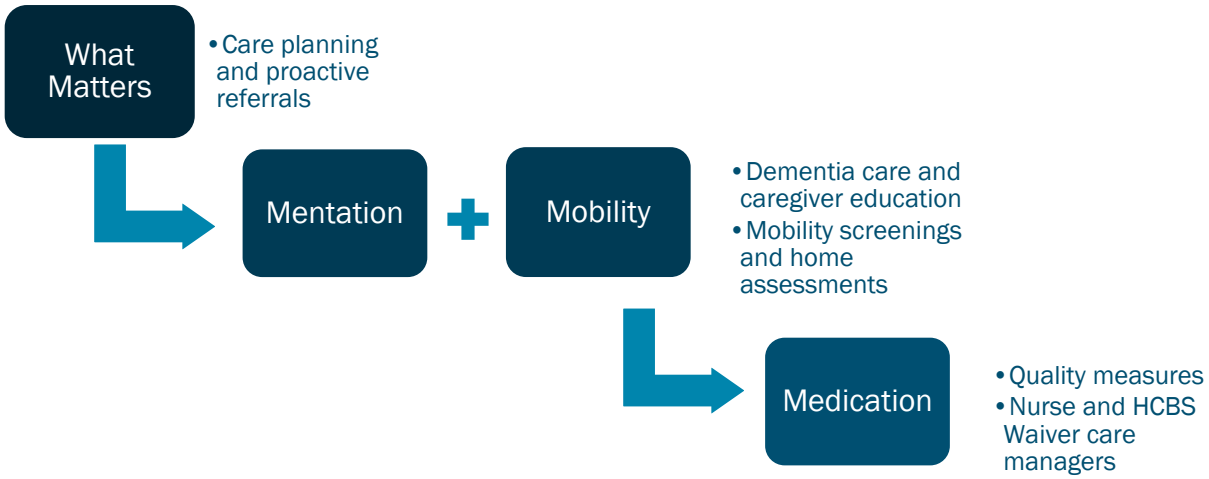
The state can serve as a convener and supporter of consensus building around issues on which D-SNPs and AAAs have previously been misaligned. There are inherent differences in organizational culture across D-SNPs and AAAs—to begin partnerships and build relationships it is paramount to understand both parties' goals and priorities. According to interviewees, it is critical to show the value-add of the partnership to both D-SNPs and AAAs to bring both groups to the table. Highlighting what both stakeholder groups could gain from partnership and improving care coordination in line with the 4Ms was integral to ongoing participation and buy-in. There may be varying levels of understanding of respective roles in and approaches to meeting an individual's health and social needs and goals. Beginning with a mutual understanding can promote trust, accountability for responsibilities, and expectation management.

Stepped Implementation of the 4Ms Framework

The 4Ms Framework brings together the clinical and social aspects of healthy aging for older adults, looking at the whole person and their support network. It is an uncomplicated framework and easy to digest. However, to payers such as health plans and managed care organizations, the approach can be a departure from currently established approaches to care coordination and whole person care. AAAs' historical philosophy and approaches reflect similar principles to the 4Ms. Learning about the 4Ms wholistically but taking a stepped approach to introducing workflows and quality improvement efforts could benefit all partners regardless of capacity and understanding level.

Indiana began its efforts to incorporate the 4Ms Framework by first focusing on implementing "What Matters" in their care coordination process across D-SNPs and AAAs.[11] After first imbedding this M into care coordination across D-SNPs and AAAs, the state continued with incorporating Mentation and Mobility across Medicaid HCBS waiver program case management and D-SNP ICTs. Indiana is incorporating Medication into processes and procedures currently through the SMAC and partnership agreements to achieve the goal of implementing the cohesive and comprehensive 4Ms Framework.

FIGURE 6. INDIANA'S STEPPED APPROACH TO THE 4MS



[11] The State's 2023 SMAC directs that "D-SNPs must collaborate with the State to increase the level of integration and alignment of Medicare and Medicaid services to High-Risk Members. This shall include all functional and social supports provided through the A&D waiver. Further, it states it must: Assess and document "What Matters" most to Indiana High-Risk D-SNP Members pertaining to critical issues in their lives and goals and preferences for care; and include this information and use it to inform the member's individualized D-SNP care plan when applicable. The MAO shall use the Resources to Practice Age-Friendly Care of the Institute for Healthcare Improvement as the source for best practices." Indiana SMAC

A stepped approach can bring stakeholders toward the final vision of implementation of all 4Ms in a slower, more methodical way. It could improve buy-in and willingness to participate if action steps focus on smaller changes and not on an entirely new model all at once. *Learning about the 4Ms in a stepped approach with payers could also improve overall understanding of each piece and evolve understanding of how they fit together in the cohesive model.*

Training in the 4Ms for all audiences is important for successful implementation of the model, as well as considering a phased approach to improve knowledge building across broad audiences. For example, the 4Ms Framework is included in care coordination staff trainings in Ohio by one of its MMPs, which has proved beneficial to understanding the vision for care management and created a similar understanding between MMP staff and AAA staff that work together for that plan.

There is potential to learn from Indiana's approach—starting with one of the "Ms" and building to incorporate all four, or from efforts in Ohio—where all 4Ms are leveraged as training for one MMP's care coordination staff. Approaches need to be informed by the state environment and payer/health plan familiarity with the 4Ms Framework.

Unique State Approaches to LTSS

The interviewees highlighted that different states may need different approaches based upon current landscape, partnership relationships, and understanding of the 4Ms Framework. For example, between Indiana and Ohio, there are differences in what administration, agency, or departments would be at the table and how it would be led by the state. Indiana FSSA serves as an overarching division of the state government that coordinates programs and efforts across all divisions within FSSA, such as the Division of Aging and the Division of Medicaid. They work closely with the local level organizations, such as AAAs, to provide services for older adults and individuals with disabilities. D-SNPs have been evolving in Indiana over the last few years and there are numerous D-SNPs actively serving dually eligible members across the entire state.

In Ohio, the health and human services (HHS) administrative structure does not include an umbrella HHS organization. Each health agency at the state level is a cabinet-level agency, which creates a different structure than experiences in Indiana, because FSSA is a single administration that oversees the various divisions. As noted, Ohio currently requires MMPs participating in its dual demonstration program, MyCare Ohio,[12] to contract with AAAs as the primary HCBS waiver program service coordination option for dually eligible individuals aged 60 and over enrolled in the program. Of note, CMS is requiring all dual demonstration states to end these programs by December 2025. Ohio will be transitioning to an integrated D-SNP program.

While there are many states that are positioned to think about next steps for coordination across Medicare and Medicaid, they can learn from efforts across Indiana around the incorporation of the 4Ms Framework. *For replication and scalability of use of the 4Ms Framework in additional states, landscape assessments will be integral to determining the best approach tailored to their current programs, populations and health care systems.*

[12]MyCare Ohio is a managed care program designed for Ohioans who receive both Medicaid and Medicare benefits. Information available here: https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/mycareohio/mycare-ohio

TABLE 2. ADDITIONAL FINDINGS FROM INTERVIEWS

Additional Findings for Consideration
▲ Addressing the preexisting issue of duplication of case management services between AAAs and D-SNPs ▲ Addressing areas of conflict or different organizational cultures as they proceed with 4Ms ▲ Focusing throughout the entire process on being person-centered and individual-driven ▲ Ensuring that all LTSS setting interests are represented when thinking about an initiative that would impact the entire landscape of LTSS services and settings, including nursing facilities and their coordination with AAA providers

Conclusion

After investigating the landscape across multiple states and conducting interviews with key leaders in Indiana and Ohio, there is great opportunity to bring the 4M Framework approach with payers to other states. As more states move toward MLTSS and Medicare-Medicaid integration models, there will be a need to understand best practice approaches to bringing together multiple partners with competing priorities and differing organizational structures and cultures to work together to manage and coordinate health care and social services for high-need, high-cost populations. Indiana accomplished this with strong state leadership and support, a stepped approach to socializing and implementing the 4Ms Framework within the state, continuous quality improvement efforts, and understanding the perspectives of all stakeholders involved. As noted earlier, there is still opportunity to expand the populations that require integration of AAA and D-SNP care coordination efforts in Indiana and replicating this approach in other states, broadening the impact of the 4Ms Framework.

To continue promoting the 4Ms Framework for integrating care coordination services across Medicare and Medicaid, the following considerations are at the forefront:

- Assess each state for their unique situation and policy and program landscape – adjusting the approach with each state based on their current environment and existing structures that are in place politically and practically.
- Understand, across the country, where states are with the level of business acumen of AAAs as well as progression toward MLTSS and Medicare-Medicaid integration models. States further along in planning may be able to move forward more easily in the near term, and others in the longer term.
- Find champions in states to bring the 4Ms Framework to their agencies and incorporate the principles of the 4Ms Framework into the state's vision for care coordination and healthy aging program policies and structures.
- Leverage 4Ms Framework trainings for D-SNPs as an opportunity to familiarize their organizations with Age Friendly principles and build buy-in on the implementation of the 4Ms Framework.
- Investigate opportunities for how the 4Ms could be evaluated by the state through documentation and quality data metrics.
- Consider ways to further frame the 4Ms approach as the integration of clinical care and social supports, promoting the 4Ms Framework as a model to ensure healthcare is focused on key health needs of older adults, while also remaining person-centered and individual-driven, and identifying important social service needs.

The 4Ms Framework has enabled Indiana to move forward with successful approaches to advance Age-Friendly principles for dually eligible individuals. This model may be replicated in additional states to improve care coordination across the country and continue to improve services and supports for older adults and high-need, high-cost populations.