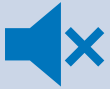
ACE Kids Implementation Outlook and Next Steps

Webinar
October 17, 2022
1:00 p.m. ET

CHILDREN'S HOSPITAL ASSOCIATION

Housekeeping



Your line has been muted to help reduce background noise.

Keep your camera on, if you can!

If you need assistance, use the “Chat” feature to send a private message to the Host.

ACE Kids Act Effective Oct. 1, 2022

You ACED it!

BIPARTISAN ACE KIDS ACT ENACTED

Thanks to Congress for passing and President Trump signing the bipartisan Advancing Care for Exceptional Kids (ACE Kids) Act of 2019, our nation's sickest kids will have access to better care.

CHILDREN'S HOSPITALS AND OUR PATIENT FAMILIES THANK CONGRESS AND THE PRESIDENT FOR PRIORITIZING CHILDREN'S HEALTH

CHILDREN'S HOSPITAL ASSOCIATION

childrenshospitals.org

How far we have come AND how far left to go

- ACE Kids journey and latest developments
- Opportunity to make national impact for children with medical complexity
- Discussion

Call to Action

Fought long and hard for passage of ACE Kids, because we share the belief that ACE Kids will:

- Improve the care and experience for CMC families while managing costs.
- Achieve common definitions of the CMC population, enabling shared national data and quality measures.
- National recognition of the children in our hospitals.
- Strengthen and improve regional (across states) delivery of care, in part by reducing administrative and clinical burdens inherent in state-based Medicaid programs.
- Offer a win for kids and families; states and their Medicaid programs and MCO partners; and wins for our pediatric provider networks.

Multi-hospital, multi-state collaborative implementation pilots may provide the most effective way to generate momentum supporting the national implementation of ACE Kids.

ACE Kids Federal Guidance

- Defines eligible children but does not specify a method of identifying eligible children.
- Outlines requirements for health homes.
- Clarifies flexibility in payment method.
- Discusses increased federal match rate for health home services for six months.
- Notes standards and reporting requirements for states and providers.
- Highlights the $5 million in state planning grants, $100,000 per state.

Definition Roller Coaster

High

Low

Specificity

Proposed
CRGs
5b-9

CHA recommendation
(CCCs plus BH)

ACE Kids law
CRGs 7, 8, 9

CMS guidance
States decide on methodology

2013

Time

2022

A child with medically complex conditions is a child under 21 who is eligible for Medicaid and has at least:

- One or more chronic conditions that affects three or more body systems and severely reduces cognitive or physical functioning (such as the ability to eat, drink or breathe independently) and which also requires the use of medication, durable medical equipment, therapy, surgery or other treatments; OR
- One life-limiting illness or rare pediatric disease (as defined in the Federal Food, Drug, and Cosmetic Act), such as a form of cancer.

"Chronic condition" is defined as "a serious, long-term physical, mental, or developmental disability or disease," including cerebral palsy, cystic fibrosis, HIV/AIDS, blood diseases, such as anemia or sickle cell disease; muscular dystrophy; spina bifida; epilepsy; severe autism spectrum disorder and/or serious emotional disturbance or serious mental health illness.

- CMS state letter says states opting in must include children with these conditions and children with conditions not listed.

State and Federal Balance

Strong national framework required to improve care

- Considerable discretion at the individual state level regarding an operationalized definition of eligible patient population.
- Variation in implementation hampers national data needed to drive quality improvement.

States want flexibility within their current initiatives and resources

- State Plan Amendment submission may be challenging with other priorities and limited resources.
- Federal requirements and short term enhanced FMAP for 6 months hinders state opt in and interest.
- Balancing new program within current initiatives.

National Collaboration

- Exploring pilot to implement a national framework for ACE Kids implementation that could lead the way for other states.
  - State adoption – legislation and SPA template
  - Care model
  - Methodology to identify eligible children
  - Data sharing
  - Quality metrics

- Provide regular communications sharing our learnings broadly as ACE Kids programs take shape across the country.

Phase 1: October-March "national collaboration (definitions/planning grant/models) phase"

Phase 2: April-September "regional pilot implementation (network models/funds flows/measures) phase"

Children's Hospital Learnings to Date

- Evaluating internal capabilities to deliver ACE Kids Medical Home services on a statewide or regional basis.
  - Delivery model
  - Payment model
  - Data collection and reporting
- Exploring interest by state Medicaid office in participating in ACE Kids.
  - Gathering data to document gaps in care for CMC population
  - Education and advocacy
  - Integration with existing state initiatives that may target or include CMC
  - Evaluating options to propose a State Plan Amendment to implement ACE Kids
- **Informed by CARE award findings, children's hospital programs and learning group convenings in fall of 2021.**

Opportunity to Improve Care for CMC

- Adoption of ACE Kids offers significant advantages to all stakeholders.
  - Benefits for **families**, many of whom struggle with existing systems of care that do not provide adequate care coordination, mental health integration and advocacy.
  - Opportunity for **hospitals** to strengthen their regional networks, referral streams, political relationships and experience with implementing medical home services and payment models with state Medicaid agencies and MCOs.
  - **States** have access to planning grants support their participation. These funds, along with possible cost stabilization and the modest FMAP enhancement over two quarters, might help incentivize participation.
  - A successful national pilot may promote enhanced influence at **CMS/HHS**, and opportunity to continue their focus on innovation and "doing the right thing" for kids.

Realizing ACE Kids Potential

Multi-state collaboration key to potential.

- National data requires shared definitions of the kids.
- National improvement requires shared quality measure.
- National learning requires national forum.

Are you interested in a national collaboration?

- Requires provider network collaboration.
- Requires state-to-state collaboration.
- Requires MCO alignment.

What Can You Do?

1. Focus on State Action to engage state Medicaid offices in adopting ACE Kids.
   - Review current CMS guidance and implementation guide (coming soon!).
   - Consider whether state legislation needed or helpful to engage state officials.
   - Examine model legislation adopted or under consideration in other states (CHA can help!).
   - Gather data to document gaps in care that can be closed with ACE Kids programs.
   - Integration of ACE Kids into other CMC initiatives (e.g. health homes, etc.).
2. Health home services planning on a statewide, cross-state or regional basis.
   - Recommendations for defining the target population.
   - Care model (team composition, infrastructure, geographic service distribution, etc.).
   - Data needs (claims, classification, quality and outcomes).
   - Potential partners (practices, health systems, local and regional agencies, etc.).
   - Payment model considerations (integration with MCOs, care/case management, risk/no risk, etc.).

Questions? Raise Hand or Use Chat

- Click on “Participants” on the bottom panel.
- Click on the “Raise Hand” symbol to verbally ask a question. Once your question has been answered, click the “Raised Hand” symbol again to lower your hand.
- You can also comment, ask questions and share resources through the chat.

ACE Kids Resources

- ACE Kids web page
  - Background
  - Federal Guidance
  - Learnings from CARE award
  - White paper with children's hospitals learnings

- Links to state legislation – contact Aimee Ossman