



Managed Long-Term Services and Supports: Engaging in the Stakeholder Process

June 27, 2012



Agenda

- Housekeeping/Introductions
- Setting the stage: Where are we now? Where are we headed?
- Getting engaged in the process
- Long-Term Services and Supports in a Managed Care Environment: Advocacy Toolkit
- Questions/Comments



Presenters

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What is Managed LTSS?

- Payer – typically the State Medicaid Agency – contracts with a managed care organization (MCO) to coordinate and provide long-term services and supports (LTSS)
- May cover home and community-based services (HCBS) as well as institutional care
- May serve different populations: older adults, people with physical disabilities, and/or people with developmental/intellectual disabilities, or behavioral health needs.



Where Are We Headed?

- Interest in MLTSS is growing rapidly
- Many other states indicating interest in implementing MLTSS in 2012-2013
- Duals' Financial Alignment Initiative: 26 states have submitted proposals to CMS – some of which are still open for public comment
- Other states are moving toward MLTSS through the 1115 Demonstration waiver process



Getting Engaged in the Process

- Both the Duals' Financial Alignment Initiative and 1115 Demonstration Waivers now require “ongoing and meaningful” stakeholder engagement throughout proposal development and the implementation processes
- Stakeholders include beneficiaries and their families, beneficiary advocates, consumer organizations, providers, plans and more
- It is critical to get engaged in the process in order to ensure that consumers' (and their families') needs are met and rights are protected



Long–Term Services and Supports in a Managed Care Environment: Advocacy Toolkit



The National Senior Citizens Law Center is a nonprofit organization whose mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all.

<http://www.nsclc.org>



Disability Rights Education & Defense Fund

The Disability Rights Education and Defense Fund is a leading national law and policy center that advances the civil and human rights of people with disabilities through legal advocacy, training, education, and public policy and legislative development.

Our vision is a just world where all people, with and without disabilities, live full and independent lives free of discrimination.

<http://www.dredf.org>



LTSS: Stakeholders Need to Participate in Program Design

- LTSS
 - Most critical for maintaining independence
 - Area of least experience for MCOs
 - Needs consumer protections/consumer input
- Tool kit jointly developed by NSCLC and DREDF
<http://dualsdemoadvocacy.org/resources/ltss>
- 15 areas of consumer protections
- Drill down with specific recommendations applicable to LTSS



Consumer Protection Categories

- Managed Care Plan Infrastructure
- HCBS Benefit Packages
- Provider Choice and Access
- Care Continuity
- Person Centered Care Planning
- Self direction
- Assessments
- Care Transitions
- Appeals and Grievances
- Ombudsman
- Stakeholder Involvement
- Civil Rights
- Financing
- Oversight/Monitoring
- Quality Measurements



Today's topics

- Person centered care planning
 - Self direction
 - Assessments
- Care continuity
- Provider choice and access
 - HCBS benefit package
 - Civil rights
- Care transitions
- Infrastructure
 - Managed care plan
 - Ombudsman

Topics

- Introduce Ellen
- Person centered care planning
- Self directed services and supports
- Assessments
- Ellen and managed LTSS/HCBS



Ellen

- Ellen is a 42 y/o wheelchair/walker user
- She has Medicare and Medicaid
- She has diabetes, a thyroid condition, effects of a stroke, and depression
- She lived in a nursing home for 7 years until 2010 because she was having difficulty performing basic activities with her hands
- She returned to her own home through Money Follows the Person Program
- Challenges include mental health issues, transportation, changes in needed home assistance and adaptations



Person Centered Care Planning

- Person receiving services is primary expert (or they can designate a trusted family member or friend)
- Core values:
 - Independence/choice
 - Control
 - Autonomy
 - ...all to the maximum extent possible
- Person (or designee) defines who is included in planning
- Person (or designee) defines goals and desired outcomes
- The Affordable Care Act (ACA) requires person centered LTSS planning



Person Centered Care Planning: Challenges

- Is person centered process (PCP) embedded in vision and mission of CMS, States, MCOs?
- Has leadership training been provided on principles of person centered planning at all levels?
- Has CMS, States established requirements for person-centered planning for MCOs?



Person Centered Care Planning: Challenges

- Has CMS, States established PCP planning requirements for MCOs?
 - Are all elements of clinical and community living supports fully integrated?
 - Are goals set along with scope of services and supports to achieve them?
 - Does the MCO monitor and incorporate feedback for quality improvement?
 - Do reimbursement rates adequately account for person-centered planning?



Person Centered Care Planning: Solutions

- CMS and States should create PCP plan requirements:
 - How is a person-centered care plan created?
 - Are goals identified?
 - Are persons/providers identified?
 - Is an option available to person to opt-out of general requirements when appropriate (e.g., care provider training)?
 - Are conflict resolution requirements in place?



Person Centered Care Planning: Solutions

- Does the written, person centered plan:
 - Foster/support self directed services to the maximum extent possible?
 - Document scope of services and methods to achieve them?
 - Include names/signatures of responsible persons/agencies?
 - Include a conflict resolution process?



Self Direction

- Self direction is a delivery mode through which a range of services and supports may be directly controlled by an individual of any age or disability, with the help of representatives (e.g., family, close friends) if desired
 - Services and supports based on preferences and needs
 - Approaches include employer authority, budget authority, or both
 - Part of overall person-centered planning



Self Direction

- Goals:
 - Maximize independence
 - Most integrated community-based settings
 - Implement desires and wishes of individual



Self Direction: Challenges

- What happens to self direction when MCOs integrate LTSS?
 - Self direction optional for most Medicaid programs now
 - MCOs integrating LTSS required to preserve and enhance self direction if it is already in place



Self Direction: Solutions

- Does person or their chosen representative retain employer control over hiring, firing, supervision of PAS workers?
- Does person or chosen representative retain budget authority/control over purchasing goods and services (e.g., technology, home modifications)?
- Is risk-taking permitted?



Assessment

- An assessment is the mechanism used to collect information across multiple domains including social, functional, medical, behavioral, wellness and prevention.
- Challenge:
 - States must develop a uniform assessment tool and processes



Assessments: Solutions

- MCOs must use assessment to determine eligibility for LTSS and to plan for needed services
 - Are services that are currently available and those needed but not currently available included?
 - Is all information relevant to living in community based settings included?
 - Are care needs assessed by an agency without a conflict of interest?
 - Are assessments conducted when people experience significant change or at least once/12 months?
 - Do they integrate clinical and LTSS/HCBS needs?



Ellen—Scenario 1

- Ellen is facing nursing home placement at age 35—
What if?
 - Updated assessment identifies new functional loss
 - Person centered plan identifies Ellen’s wishes and goals
 - Plan spells out needed, self directed services and supports (e.g., personal assistance services, visiting nurse assistance, mental health services, transportation)
 - Services prevent move to nursing home



Ellen—Scenario 2

- Ellen is struggling to remain in her own home after moving from a nursing home at age 42
 - Updated assessment identifies new functional, environmental, and social support needs
 - Updated person centered plan identifies need for additional home care, a voice activated telephone, peer support
 - MCO denies additional services and supports



Ellen—Scenario 2, continued

- Ellen is struggling to remain in her own home after moving from a nursing home at age 42
 - Ellen appeals decision
 - Seeks ombudsperson assistance
 - Outcome?



Maria

- Spanish speaker, lives alone. Little public transportation.
- At age 82, declining mobility because of hip problems. She needs help to stay at home safely and can't do a lot of things, like bathe, without assistance. Sometimes get depressed because her life has become so much more limited. Her daughter tries to organize the help Maria needs but it is difficult.
- At 84, Maria suffers a fall. Breaking her shoulder and bruising some ribs. She is in the hospital and rehab for a couple of days.
- At 85, Maria has a serious stroke resulting in very high care needs. She moves to a nursing home.
- At 88, Maria has been in the nursing home for three years. She has increasing dementia and is very frail but enjoys the people there and the activities. Her daughter makes all her decisions.



Care continuity

- Challenge:
 - Preventing disruptions when joining a managed care system.
 - Ensuring smooth transition.
- Response: Transition period of up to 12 months: plan pays existing providers at least previous rate.



Care continuity

- Does MCO automatically extend out-of-network payment to the new enrollee's existing providers—including LTSS providers-- until there has been a satisfactory transition?
 - What is the time limit?
 - What is “satisfactory”?
- What does MCO do to encourage existing providers to join the network?
- Is MCO flexible on billing procedures/other requirements for community-based providers?



Care continuity

- What is the transition process for prior authorized services? How long is the transition?
- Is there an exemption process from mandatory managed care?



Care continuity: Ellen and Maria

- Ellen had established relationship with DME provider, frequent wheelchair adjustments.
- Maria at 85 gets help with her depression through a small community based mental health program that works exclusively with Spanish speaking clientele.
- Maria at 88 is happy in her nursing home but it is not part of the MCO network.



Victor

- When Victor was 60, his legs were amputated after an infection
- He entered a nursing home, and his limited savings and disability qualified him for Medicaid and Medicare
- Victor always wanted to return to the community, and after 3 years, the Medicaid “Money follows the person” helped Victor find affordable housing, furnishings, and community providers
- He currently lives in a senior-living apartment complex and enjoys overall good health, the freedom to set his own schedule, and social interactions with his church community
- Victor receives a few hours of chore and meal assistance each day, and exercises daily to maintain his upper body strength and capacity to transfer independently
- Now 64, Victor uses a power wheelchair, takes heart medication, and is beginning to lose some vision



Independence in the Community

- Most adults, regardless of age and functional impairment level, would prefer to live as independently as possible in their communities rather than in an institution. Medicaid is the primary source of long-term services and supports (LTSS) for low-income persons.
- MCOs taking over delivery of Medicaid and LTSS must quickly develop capacity around:
 - Scope and depth of home and community-based services (HCBS) benefits
 - Provider choice and access
 - Civil rights – physical and programmatic accessibility, and *Olmstead*



HCBS Benefit Package: Opportunity and Challenges

- MCOs will not have an incentive to “rebalance” away from a historic bias toward costly and restrictive institutional care unless they are responsible for the full range of LTSS services, from nursing homes to HCBS
- If MCOs are taking over LTSS, do their benefit packages:
 - Provide services in sufficient amount, duration, and scope to achieve the purpose of the service, and without arbitrary limits (e.g., wait lists, enrollment caps, geographic limitations)?
 - Cover expenses arising from the care transitions and changes in functional level that many duals experience (e.g., moving expenses, home modifications)?



HCBS Benefit Package: Victor

- After transitioning into a MCO, Victor's power wheelchair requires repair or replacement
- The MCO's Durable Medical Equipment (DME) contractor proposes solutions that require Victor to forego his chair for a period of weeks and offers only a manual wheelchair replacement which severely limits Victor's mobility
- Victor's senior-living complex requires residents to be independently mobile and maintain a certain functional level, and his personal assistance hours do not cover chores outside of his apartment



Provider Choice and Access

- Challenge: MCOs need to develop, and be held accountable for, a LTSS provider network that can meet the varying needs and preferences of a large number of seniors and people with disabilities.
- Response:
 - CMS and states must develop readiness criteria and network standards specifically for LTSS providers
 - Comprehensive assessments of LTSS needs and capacity at the local and state level to determine such key elements as community health needs, disparities, existing providers, gaps and barriers, and the need for transition planning



Provider Choice and Access

- Will the MCO's provider network include a sufficient range and variety of LTSS service providers, such as center-based adult day health care, personal assistance workers, home health providers, Occupational Therapy (OT), Physical Therapy (PT) and speech therapists, skilled nursing facilities, etc?
- How can the MCO continue to cultivate and further develop important community-based service organizations that serve particular subgroups of dual-eligible beneficiaries (e.g., independent living centers, recovery learning communities, aging services access points, vision or hearing loss orientation organizations, and so forth)?
- Will the MCO honor or implement a beneficiary's right to hire, train, supervise, and fire the personal assistance workers of his or her choice, even in the event of possible conflicts with qualification standards, especially HCBS access?
- How can MCOs and states be held to an accurately-assessed, baseline level of beneficiary access to LTSS over time?



Provider Choice and Access

- Do applicable standards and contract language reward MCOs for increasing their HCBS capacity, especially with regard to providers who have language capacities (e.g., Mandarin, American Sign Language), enhanced physical or programmatic accessibility, or who work in rural areas?
- Does the MCO provide technical assistance to good community-based LTSS entities to meet the MCO's criteria around billing or administrative capacity?
- Will beneficiaries have the right to meet with various LTSS providers, especially any institutional service options, to determine personal suitability, and the right to change providers immediately?
- Do institutional facilities have sufficient nursing home specialists for current and anticipated residents?



Provider Choice and Access

- Will the MCO's general network adequacy requirements apply to the LTSS provider network, particularly around:
 - Choice of available and appropriately experienced providers for every category of service in the benefits package
 - Time and travel distance standards
 - The availability and limitations of public transportation options, including paratransit
 - The number of providers who are actively accepting employment or patients



Provider Choice and Access: Victor

- Since leaving the nursing home, Victor has maintained a strong preference for hiring and training personal assistance workers that are from his church community
- The state and MCO have instituted broad certification standards and additional training standards relating to personal assistance workers do not interest Victor or his personal assistance worker
- As Victor loses more of his vision, he would like to use at last some aspects of the care coordination offered by his MCO, but is unsure about revealing his personal medical information to his personal assistance worker, who is also a peer within his social circle



Civil Rights: Sources

- Equally effective services regardless of disability per Americans with Disabilities Act
 - Also age, sexual orientation, gender identity, linguistic, cultural, racial background
- Reasonable accommodation
- Policy and Procedural modifications
- Olmstead – integration mandate



Civil Rights

- Does the MCO survey its provider networks for physical, and programmatic accessibility, including:
 - Accessible exam tables, weight scales
 - Available extended appointment times
 - Sign Language Interpreters
 - Alternative print formats
- Do plan beneficiaries have access to information about the accessibility of provider sites?
- Will the MCO participate in the state's Olmstead plan, participate in any Olmstead Committee, and have its own plan for delivering health care services and LTSS in the most integrated setting?



Civil Rights

- Will the state and MCO commit to an affirmative plan, benchmark goals, and monitoring obligations concerning the delivery of accessible health care for all beneficiaries and effective communication for Limited English Proficiency (LEP) individuals, including training for MCO employees and all contracting providers?
- Does the MCO have a specific plan for gathering data on the health care needs, and meeting the healthcare needs and preferences of, beneficiaries who have characteristics linked to health disparities, such as LEP populations, Deaf persons, Lesbian Gay Bisexual Transgendered (LGBT) persons, and so forth?



Civil Rights: Victor

- Victor undergoes a relatively minor cardiac event that leaves him with a weakened left arm that may or may not be permanent. This impacts on his ability to independently transfer, and his desire to continue seeing a primary care provider around the corner from his home who does not have an accessible weight scale.
- Victor is experiencing some issues related to increasing blood pressure and a rising risk of Type II Diabetes. He would like to educate himself about both of these conditions and what he can do to reduce his risk, but he cannot read standard print health care information in print due to his vision loss.



Care Transitions

- Challenge: Loss of independence and inappropriate institutionalization after a hospital or rehab stay.
- Response: Early and effective transition planning that allows safe return to community settings.



Care Transitions (continued)

- Are systems in place so that an individual's needs have been fully assessed prior to discharge from a hospital or nursing facility?
- Are individuals given the full range of post-discharge options and are their choices honored?
- Is appropriate LTSS available immediately upon discharge?
- What systems are in place to protect ability to return to prior supports? E. g., room holds for assisted living apartment? Keeping place in adult day health program?



Care Transitions (continued)

- Does plan benefit package include coverage for expenses related to care transitions such as moving expenses and home modifications?
- Does MCO support community-based “transition-out” programs to move people out of nursing homes where appropriate?



Care Transitions: Maria and Ellen

- Maria at 84 has short hospitalization and brief rehab stay. Her shoulder will take weeks to fully heal.
- Ellen self directs her care. She has carefully trained her aide to meet her needs. Ellen is hospitalized, then in skilled nursing for over 6 weeks. Her aide, who herself is very low income, needs work and is considering taking another job.



Plan Infrastructure

- Challenges:
 - Lack of MCO experience in delivery of LTSS
 - Medicalization
- Does the MCO have leadership and management roles dedicated solely to LTSS ?
- Who makes service authorization decisions?
 - LTSS expertise
 - Sub-population expertise



Plan Infrastructure

- What safeguards ensure that HCBS is on equal footing with medical services?
 - Recovery model in mental health
 - Independent living
- Are individuals who use LTSS part of the MCO's governing structure?



Plan Infrastructure: Ellen and Maria

- Ellen
 - Independent living concepts are crucial to her well being
 - Excellent candidate for MCO advisory board
- Maria at 82
 - Medically fairly healthy but experiences isolation and depression and lack of personal care supports



Ombudsman

- Challenges:
 - Difficulties individuals face in navigating the system and exercising their rights
 - Spotting systemic issues early
- Response: Independent Ombudsman office
 - Independent from MCO
 - Conflict free
 - Experienced and empowered.



Ombudsman

- Does the Ombudsman have experience with LTSS issues?
- What is the scope of its services?
- Help with coverage, billing, appeals, quality, privacy?
- Enrollment help?
- Is it adequately funded to do its job?
- How will individuals know that help is available?
- Does the Ombudsman have established channels of access to the state and to the MCO?
- Is the Ombudsman part of advisory committees?
- Is the Ombudsman required to prepare periodic reports?



Ombudsman: Ellen and Maria

- Ellen's upper body strength has decreased and she needs a different wheelchair. Her MCO is telling her that, because her current wheelchair is only two years old, she cannot have a replacement. She wants to appeal but doesn't know what information she needs to support her case.
- Maria fell and broke her shoulder. She spent a few days in the hospital and a week in rehab. She's ready to go home but needs more personal care hours and some home health but hasn't been re-assessed.



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Resources: **MLTSS**

- <http://dualsdemoadvocacy.org/resources/ltss> (Toolkit: *Long-Term Services and Supports: Beneficiary Protections in a Managed Care Environment*)
- <http://dualsdemoadvocacy.org/> (NSCLC resource website on dual eligible integrated care demonstrations)
- http://www.nasuad.org/medicaid_reform_tracker1.html (NASUAD State Medicaid Reform Tracker)
- http://www.nasuad.org/documentation/nasuad_materials/ARP732_OntheVerge_REPORTFeb1v33.pdf (AARP/NASUAD report -- On the Verge: The Transformation of Long-Term Services and Supports)



Resources: **MLTSS**

- Kaiser Family Foundation resources:
 - <http://www.kff.org/medicaid/upload/8243.pdf> (Issue Brief: Examining Medicaid Managed Long-Term Service and Support Programs)
 - <http://www.kff.org/medicaid/upload/8278.pdf> (Issue Brief: People with Disabilities and Medicaid Managed Care)
 - <http://www.kff.org/medicaid/upload/8290.pdf> (Policy Brief: An Update on CMS's Capitated Financial Alignment Demonstration Model For Medicare-Medicaid Enrollees)
- http://www.chcs.org/info-url_nocat5108/info-url_nocat_list.htm?attrib_id=16308 (Center for Health Care Strategies MLTSS resources)
- <http://www.ncd.gov/publications/2012/Feb272012/> (Guiding Principles: Successfully Enrolling People with Disabilities in Managed Care Plans)



Resources: **MLTSS**

- CMS Medicare-Medicaid Coordination Office resources:
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html> (State Demonstrations to Integrate Care for Dual Eligible Individuals)
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsinCareCoordination.html> (Financial Alignment Initiative)
- <http://www.integratedcareresourcecenter.net/> (CMS Integrated Care Resource Center)

Resources: **1115**

- <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-12-001.pdf> (State Medicaid Director letter providing guidance on revised review processes for Section 1115 demonstrations)
- <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html?filterBy=1115#wavers> (Database of CMS Medicaid waivers and demonstrations website)
- <http://cmsideas.uservoice.com/forums/141980-medicaid-gov> (CMS Idea Factory to post comments on some of the 1115s submitted by states)



Resources: *Affordable Care Act*

- http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx
(AoA's Health Reform web page – where webinar recordings, transcripts and slides are stored)
- <http://www.healthcare.gov/news/factsheets/2010/11/affordable-care-act-americans-disabilities.html> (Fact sheet on the Affordable Care Act for Americans with Disabilities)
- <http://www.healthcare.gov> (Department of Health and Human Services' health care reform web site)
- <http://www.thomas.gov/> (Affordable Care Act text and related information)
- <http://www.healthcare.gov/blog/2012/04/disability041812.html>
| (Disability, Disparities and the Health Care Law)



Next Training

- We will continue our look at stakeholder engagement and consumer protections
 - July date TBD; watch your email in early-mid month for registration information



Questions/Comments/Stories/ Suggestions for Future Webinar Topics?

Send them to:

AffordableCareAct@aoa.hhs.gov