

# Making Managed Long-Term Services and Supports More Consumer Focused



*Alice Dembner  
Project Director  
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# Community Catalyst

- Advocates for high-quality, affordable health care for all
- Collaborates with national partners
- Networks in 40+ states, connect states
- Issue campaigns
- New models of care

# AGENDA

1. Context and background
2. Using a new tool
  - 9 areas of focus
3. Building on these recommendations

# Context and Background

# Context: Period of Change

- Growth of managed care
- New federal regulations, guidance
- Dual eligible demonstrations
- Many new players – states, providers, managed care companies

# Benefits and Risks

## Opportunity to Improve Medicaid

- Expand access to services
- Improve quality and coordination
- Improve efficiency

**Bottom Line:**  
Enhanced quality of life for consumers

## Potential Problems

- Cut services
- Disrupt care
- Lose expertise
- Expand overhead costs

**Bottom Line:**  
Harm to consumers, constricted life

# Goal of New Tool

Help design and operate a program that better serves consumers

- Put consumers first
- Identify program weaknesses
- Promote promising practices
- Continuously evaluate and improve

# Building the Tool

- Partnership between ACL, Community Catalyst and The SCAN Foundation
- Community Catalyst paper: *Putting Consumers First: Promising Practices for Medicaid Managed LTSS*
- Creation of checklist: *How Consumer Focused Are Your State's Medicaid Managed Long-Term Services and Supports?*
- Identification of promising practices
- Online combination tool

# Tool to Strengthen LTSS:

<http://www.communitycatalyst.org/resources/tools/mmltss>

Resources > Tools

## Strengthening Long-Term Services and Supports A Tool to Assess and Improve Medicaid Managed Care

Many states are overhauling the delivery of long-term supports and services (LTSS) for consumers in Medicaid who are living with chronic illnesses and disabilities. They are shifting from fee-for-service models to contracting with Medicaid managed care organizations (MCOs) for some or all LTSS. In some states, this change is happening as part of demonstration projects to coordinate care for people eligible for both Medicaid and Medicare. Nineteen states are now managing LTSS and a handful more are actively planning for this change in 2014, according to Truven Health Analytics.

At its best, managed care could reduce fragmentation of care, expand access to community based services and increase the quality and efficiency of services. But there are significant risks for consumers if states or MCOs use managed care to cut services, squeeze out community providers or medicalize support services.

To help minimize the risks and maximize the benefits of this overhaul, consumer advocates and other stakeholders can assess and work to shape state programs using this tool, which combines a checklist with examples of good practice. The checklist draws from federal guidance, [Community Catalyst's paper on states' best practices](#) and expert advice from other stakeholders, including agencies serving people who are aging and/or have disabilities.

Each of the sections provides a robust set of criteria for assessing and shaping your state's program paired with examples of practices, policies or contract language that implement the criteria. We chose examples from the states that best meet a particular criteria. No one state meets all the criteria, and the lack of mention of a program does not necessarily mean it needs overhaul. Advocates can draw on these examples to improve practices in their states. However, good contract language or policies are only effective if they are enforced, so it is essential that advocates and other stakeholders actively monitor LTSS programs.



# 9 Sections of the Tool

- ❑ Adequate Planning
- ❑ Stakeholder Engagement in Design, Implementation and Oversight
- ❑ Consumer Support and Protections
- ❑ Enhancing Home and Community Based Services
- ❑ Person-Centered Processes
- ❑ Comprehensive Integrated Service Package
- ❑ Provider Quality, Quantity and Continuity
- ❑ Overall Quality
- ❑ Oversight

# Sources of Required Elements and Examples

- On the ground reports of what works
- Contracts and memoranda of understanding
- Program policies
- Regulations and guidance
- Advice from stakeholders and other experts
- Reports from many organizations

# Using the Tool

# Adequate Planning

## Has the state allocated adequate time for planning

**Tennessee** used a three-year process.

**CMS** and its consultant **Truven Health Analytics** developed a timeline for MLTSS program development

## Has the state set clear goals including

### ▣ expanding home and community based services

Federal law requires that people be able to get services in the least restrictive environment possible. Managed LTSS programs provide a mechanism to shift the balance of services from institutions such as nursing homes to people's homes and other community settings. **Wisconsin, Texas, Tennessee, Arizona** and **Hawaii** all identified this as a goal. (See pages 9-11 of this report.)

### ▣ making the program person-centered

**CMS** regulations effective March 2014 require LTSS programs to be person-centered. This means that the consumer drives the care planning process, selects the members of her care team, and has choice of services, providers and settings. In addition, her goals, preferences, strengths and needs drive the services she gets. (See pages 3029-3030 of the regulations.)

### ▣ covering a full range of LTSS in all settings

LTSS should include all the non-medical social services needed to ensure consumers can live full lives with as much participation in employment, education and community activities as they choose. This should include assistance with daily activities and personal care, chores, transportation, provision of assistive technologies, rehabilitation, peer and recovery services, support for family caregivers, home modifications, and other nontraditional services, such as air conditioners or gym memberships, if needed. These services should be offered in settings including the consumer's home, provider's offices, group homes, assisted living facilities and

## MORE IN THIS SECTION

Publications

Tools

- ▣ Meaningful Consumer Engagement
- ▣ Strengthening Long-Term Services and Supports
  - ▣ **Adequate Planning**
  - ▣ Stakeholder Engagement in Design, Implementation and Oversight
  - ▣ Consumer Support and Protections
  - ▣ Enhancing Home and Community Based Services
  - ▣ Person-Centered Processes
  - ▣ Comprehensive Integrated Service Package
  - ▣ Provider Quality, Quantity and Continuity
  - ▣ Overall Quality
  - ▣ Oversight
- ▣ Glossary
- ▣ Building a Case for Medicaid
- ▣ Medicaid Report Card
- ▣ Payment Reform Toolkit
- ▣ Storybanking
- ▣ Lift Up Your Voice
- ▣ Free Care Compendium
- ▣ Roadmaps To Health Community Grants Advocacy Toolkit

# Enhancing Home & Community Based Services

## Does the state use payment methods that incentivize community based care, such as

For detailed discussions of payment methods, see the Center for Health Care Strategies' [Medicaid Rate-Setting Strategies to Promote Home-and-Community-Based Services](#), the SCAN Foundation's [Flexible Accounting for Long-Term Care Services: State Budgeting Practices that Increase Access to Home- and Community-Based Services](#) and the Center for Health Care Strategies' [Medicaid-Funded Long-Term Care: Toward More Home- and Community-Based Options](#).

- including nursing homes in the capitated rate and holding MCOs financially responsible for the entire stay

**Arizona** uses this method. (See page 77 of the [contract](#).)

# Stakeholder Engagement

## To engage stakeholders, and especially consumers, has the state

For detailed recommendations on consumer engagement, see Community Catalyst's report, [\*A Seat at the Table: Consumer Engagement Strategies Essential to the Success of State Dual Eligible Demonstrations.\*](#)

- ❑ established a state-level stakeholder planning and oversight committee with at least 50 percent consumer representation

**Massachusetts** established a statewide stakeholder [Implementation Council](#) with a requirement for 51 percent consumer and consumer advocate membership for its One Care demonstration for dual eligible consumers with disabilities. (Also, see this [FAQ](#) from the state.)

# Consumer Supports and Protections

## For enrollment and choice of MCOs, does the state

- make enrollment voluntary

**Massachusetts and South Carolina** are among the dual eligible demonstrations that allow consumers to opt out to a fee-for-service system for Medicaid LTSS, as specified in their Memoranda of Understanding. (See page 9 of the [Massachusetts MOU](#) and page 11 of the [South Carolina MOU](#).)

- if enrollment is mandatory, allow consumers at least 90 days to choose a health plan

**South Carolina's** dual eligible demonstration is allowing consumers six months to choose an MCO before they are assigned to one. (See page 61 of the [Memorandum of Understanding](#).)

# Person-Centered Processes

## Does the state require a needs assessment of each consumer that

- ❑ examines physical, psychosocial and functional strengths and needs, personal goals and preferences

**Washington** uses a comprehensive assessment tool called [CARE](#), which is listed as a model in the [Balancing Incentive Program Implementation Manual](#) on page 75.

**Michigan** uses an assessment tool called [InterRAI-Home Care](#), which is also very comprehensive. The Washington tool and Michigan tool are discussed in detail in a [paper](#) supported by The SCAN Foundation.

# Comprehensive Integrated Service Package

**Does the state set a medical loss ratio that requires MCOs to spend at least 85 percent of premiums on services and supports**

**Ohio and Washington** have set 90 percent medical loss ratios (MLRs) for their dual eligible demonstration MCOs.

**South Carolina, Illinois, Virginia and New York** have set 85 percent MLRs for their dual demonstration MCOs.

(For example, see page 65 of the **Washington** [Memorandum of Understanding](#).)

# Provider Quality, Quantity & Continuity

## Does the state require MCOs to maintain a diverse and robust network of providers

For a broad discussion of network adequacy in managed care, see the National Health Law Program's report, [Network Adequacy in Medicaid Managed Care: Recommendations for Advocates](#).

### culturally and linguistically competent

**Minnesota's** Senior Health Options [contract](#) requires MCOs to provide consumers with access to providers who are culturally and linguistically competent in the language and culture of the consumers, including for those who are deaf or use sign language. In addition, MCOs must work to expand the pool of providers who are culturally and linguistically competent. (See page 165 of the [contract](#).)

# Overall Quality

## Does the state work to improve LTSS quality through

- ❑ incentives and penalties spelled out in MCO contracts

**Kansas** is implementing [a quality withhold program](#) in managed care. In 2014 and 2015, the state will withhold 5 percent of its annual payment to each MCO. To earn these funds, MCOs must meet benchmarks for 15 quality indicators, including:

- Competitive employment for people with disabilities
- Increased life expectancy for people with disabilities
- Increased integration of care for people with mental illness and disabilities
- Decreased nursing home days of care

MCOs that that fail to meet standards can be required to participate in performance improvement projects or corrective action plans.

## Does the state exercise strong contract management by

- ❑ Maintaining ultimate responsibility for all aspects of MLTSS and spelling this out in MCO contracts

**Tennessee** exercises strong contract oversight as spelled out in MCO [contracts](#). Monitoring activities include inspection of the MCO's facilities, reviews of care coordination, consumer complaints, and all records including medical audits, appeals, disenrollments, termination of providers, utilization and finances.

The state requires corrective action plans as needed. (See page 343, section 2.25 of the MCO [contracts](#).)

# Building on these Recommendations

# What's Happening On the Ground

- How are the policies working?
- How are consumers faring?
- What are stakeholders saying?
- What new promising practices are emerging?

# How Are You Using the Tool?

Please give us feedback

- How is it helping you?
- What more could be included?
- What needs updating?

# Resources

- **Strengthening LTSS Tool**

<http://www.communitycatalyst.org/resources/tools/mmltss>

- **Community Catalyst**

[www.communitycatalyst.org](http://www.communitycatalyst.org)

- **Alice Dembner**

[adembner@communitycatalyst.org](mailto:adembner@communitycatalyst.org)

# QUESTIONS?

# Thank You

