

Engaging LTSS Stakeholders in Medicaid Reform in Massachusetts

Robin Lipson and Elizabeth Cahn Goodman –
Commonwealth of Massachusetts

National Home and Community Based Services (HCBS)
Conference
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Agenda



- Where Massachusetts is today
- Stakeholder engagement process in Massachusetts
- Results and where we are headed next in Massachusetts

Where Massachusetts is today



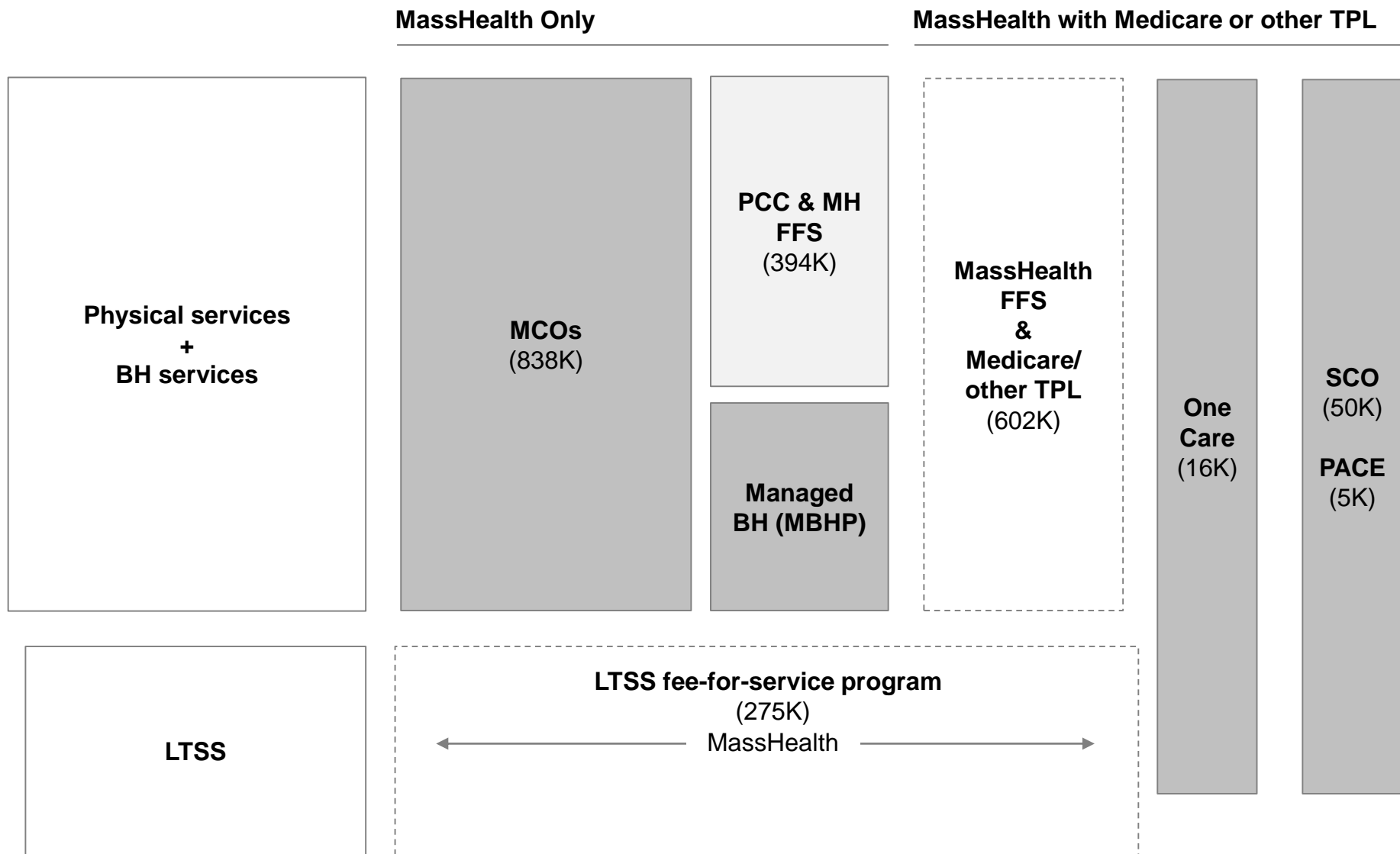
Current system

- Rewards volume
- Built to address emergency or short-term medical events; difficult for members to navigate the system
- Multiple doctors treating the same patient for the same condition without talking to each other
- Limited transparency into quality and efficiency of care
- Patient information often stored in silos or paper medical records

Sustainable system

- Rewards outcomes and value
- Member's health managed seamlessly across providers and over time (not visit by visit)
- Providers act as a team to ensure coordination of right services
- Easy-to-understand quality and cost data made available
- Appropriate electronic health information readily available across care teams

Current MassHealth Delivery System





Initial Stakeholder Engagement Process - MA

- Beginning in April 2015 and continuing through July 2016, MassHealth conducted a statewide, transparent, public listening initiative to discuss a restructuring of the MassHealth program to improve the quality and efficacy of its services and its financial sustainability
- MassHealth then identified the need for a second phase of stakeholder engagement, which met approximately every 2 weeks for the next 6-9 months and held open public meetings approximately every 4-6 weeks
 - Work groups were created to solicit focused input on specific topical areas:
 - Quality Improvement
 - LTSS Community Partners
 - BH Community Partners

Key Insights from First Round of LTSS Stakeholder Engagement



- Consumers
 - Priority to continue existing LTSS relationships
 - Consumer centered goals and care plans
 - Prevent duplication of functions (assessment, care coordination, etc.)
- LTSS Providers
 - Same concerns as consumers
 - Priority for ACOs to understand LTSS and to identify those needs in their patients
 - Have ACOs leverage existing LTSS system and expertise (buy not build)
- ACOs/MCOs
 - Communication with and visibility into the LTSS system
 - Embedding LTSS experience in ACO/MCO processes
 - Accountability



Results in MA: 1115 Demonstration Waiver

- On November 4, 2016, Massachusetts received federal approval of its request for an amendment and extension of the 1115 Demonstration Waiver, providing MassHealth additional flexibility to design and improve programs.
- The Waiver authorizes \$52.4B in spending over five years, including \$1.8B in Delivery System Reform Incentive Payments (DSRIP) to fund MassHealth's restructuring and transition to accountable care.
- In addition to MassHealth's existing Managed Care Organization (MCO) program and the Primary Care Clinician Plan (PCC Plan), the Waiver also recognizes two new types of entities, Accountable Care Organizations (ACOs) and Community Partners (CPs).
- ACOs are:
 - Groups of Primary Care Providers, and other providers with whom they work to better coordinate care
 - Responsible for coordinating care
 - Incentivized to invest in primary care
 - Rewarded for value – managing total cost of care and improving patient outcomes and member experience– not the volume of services provided
- CPs are:
 - Community based organizations, collaborating with ACOs to provide care coordination and care management supports to individuals with significant behavioral health issues and/or complex long term services and supports needs

Anticipated LTSS CP Model: What will the LTSS CP do for Members?



LTSS CPs Supports

1. Perform **outreach** and **orientation** to assigned members.
2. Conduct **LTSS care planning** and **choice counseling** to develop a LTSS Care Plan using person-centered processes.
3. **Participate on the member's care team**, to provide LTSS expertise and support integration of LTSS into the member's care, as directed by the member.
4. Facilitate member access to LTSS through **care coordination and navigation**.
5. **Support transitions of care** between settings.
6. Provide **health and wellness coaching**. And. . .
7. **Facilitate access and referrals to social services**, including identifying social service needs, providing navigation assistance, and follow-up on social service referrals, including flexible services, where applicable.

Enhanced Supports

1. ACOs and/or MCOs and LTSS CPs may collaboratively identify members with complex LTSS needs who would benefit from comprehensive care management provided by the LTSS CP.
2. Enhanced Supports arrangements may be made available through a competitive grant arrangement
3. MassHealth anticipates releasing additional information on the Enhanced LTSS CP Supports model in Spring 2017.



Objectives for Community Partners (CP) Program

- Support members with high BH needs, complex LTSS needs and their families to help them navigate the complex systems of BH and LTSS in Massachusetts.
- Improve member experience, continuity and quality of care by holistically engaging members with high BH needs (SMI, SED, and SUD¹) and complex LTSS needs.
- Create opportunity for ACOs and MCOs to leverage the expertise and capabilities of existing community-based organizations serving populations with BH and LTSS needs.
- Invest in the continued development of BH and LTSS infrastructure (e.g. technology, information systems) that is sustainable over time.
- Improve collaboration across ACOs, MCOs, CPs, community organizations addressing the social determinants of health, and BH, LTSS, and health care delivery systems in order to break down existing silos and deliver integrated care.
- Support values of Community First, SAMHSA recovery principles, independent living, and promote cultural competence.
- Align quality measures applied to physical, BH and LTSS services

¹ SMI = Serious Mental Illness; SED = Serious Emotional Disturbance; SUD = Substance Use Disorder

Future State

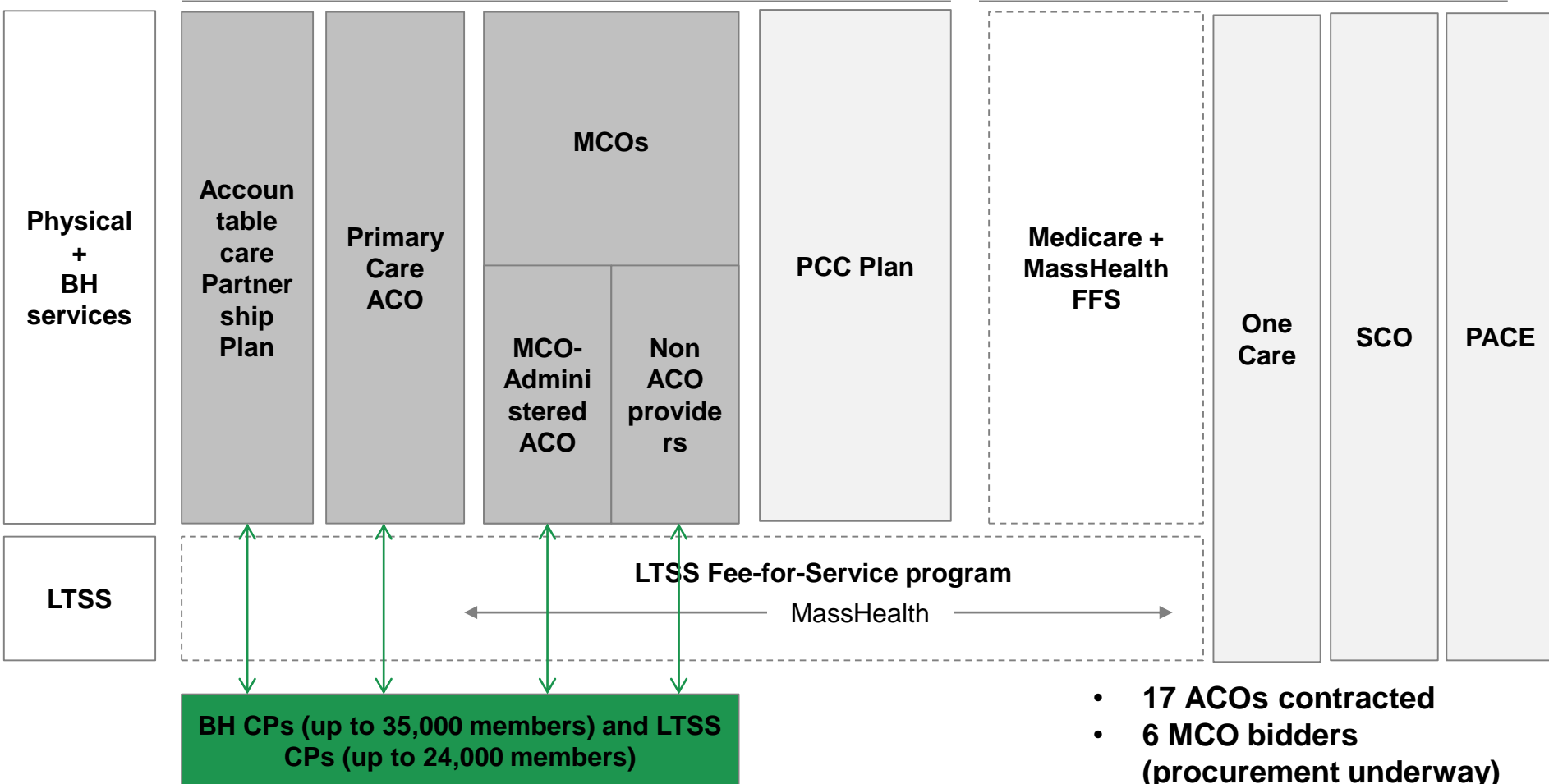


Non-duals

Managed care eligible (~1.2M members)

Duals

FFS and integrated care models (~0.7M members)



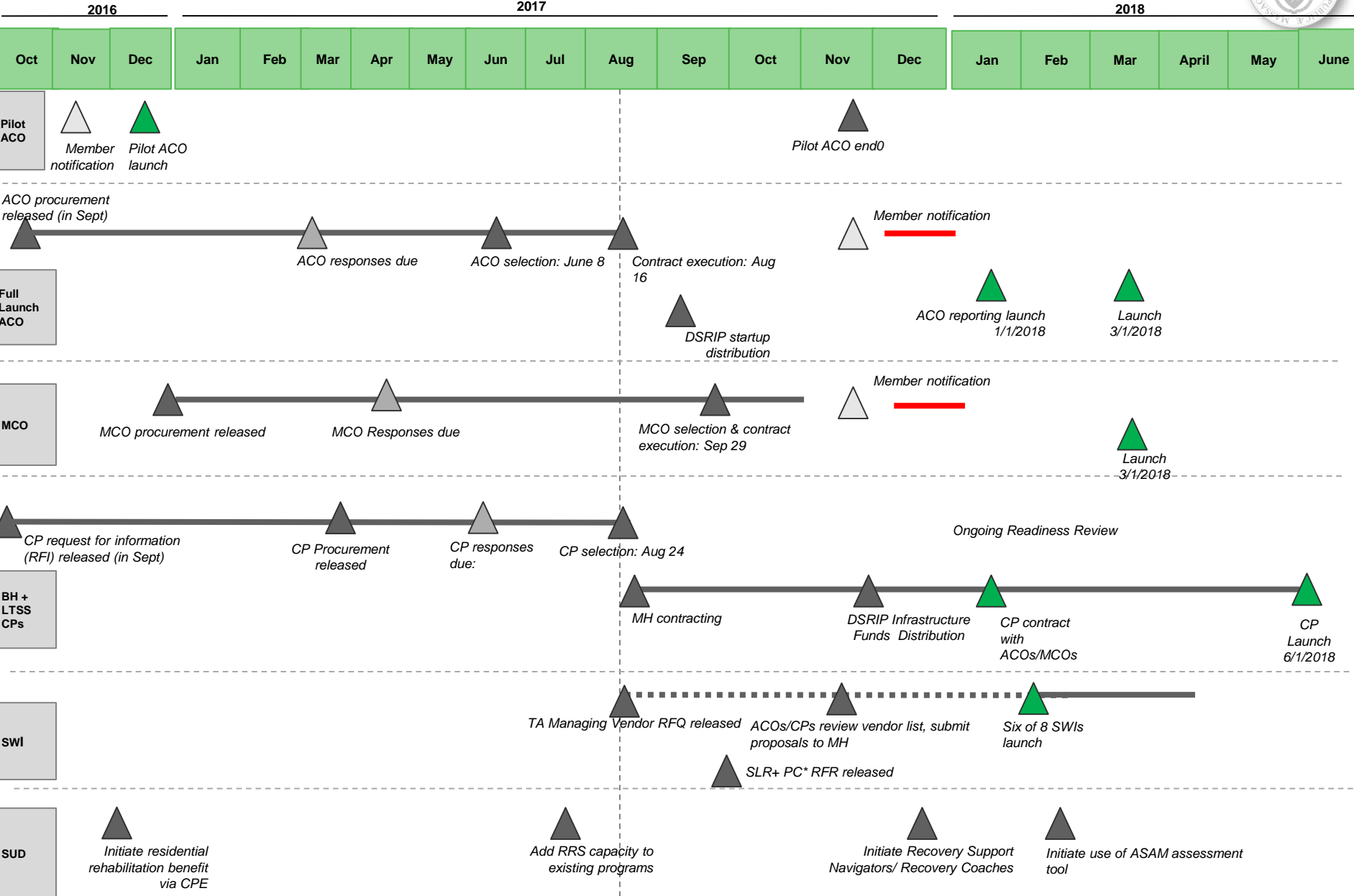
MH – MassHealth
 FFS – Fee-for-Service
 SCO – Senior Care Options

PACE - Program of All-Inclusive Care for the Elderly

- 17 ACOs contracted
- 6 MCO bidders (procurement underway)
- 8 LTSS CP's selected for
- 18 BH CP's selected



MassHealth restructuring: upcoming milestones



* Student loan repayment, primary care/BH special projects, CBO recruitment & training program

Ongoing Stakeholder Engagement - MA



- **MassHealth Restructuring – Advocacy Updates**
 - Coverage: a broad range of topics related to MassHealth restructuring initiatives
 - Each month focus on a particular topic to look at in greater detail

- **MassHealth Delivery System Restructuring Open Meetings**
 - Coverage: a broad range of topics related to MassHealth restructuring initiatives

- **Delivery System Reform Implementation Advisory Council**
 - Forum/ bridge to community for MassHealth to review/ get input for ongoing design and implementation
 - Coverage:
 - Advising EOHHS on various aspects of the implementation of the ACO and Community Partners models;
 - identifying challenges during implementation;
 - advising on the development and implementation of MCOs' management and ACOs' accountability for LTSS;
 - soliciting input from stakeholders;
 - examining and monitoring quality and access for those entities participating in the new delivery system;
 - reviewing issues raised through the grievances and appeals processes and through Ombudsman reports;
 - and participating in the development of public education and outreach campaigns

- **Unified Pricing Strategy Open Meetings**
 - Subject-matter meetings

- **Community Partners Open Meetings**
 - Subject-matter meetings

- **Third Party Administrator Open Meetings**
 - Subject-matter meetings

Engaging LTSS Stakeholders in Nebraska

Heather Leschinsky and Kathy Scheele – State of Nebraska

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The Current Landscape of Nebraska

- Fragmented and Siloed Program Administration
- Non-Uniform Assessment of Long-Term Care Needs
- Conflicts in Case Management and Care Coordination
- Service Array and Authority
 - A lack of policies and training for administration, oversight, and coordination of services that ensure non-duplication, nor gaps, of services
- Provider Management and Reimbursement
 - Lack of standard and consistent oversight and reimbursement
 - Three separate state systems for tracking and reporting (CONNECT, NFOCUS, MMIS)
- Inconsistent and Varied Quality Measures

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LTC Redesign Project Timeline



Guiding Principles in Long Term Care Redesign

- Improve the quality of services and health outcomes of recipients.
- Promote independent living in the least restrictive setting through the use of consumer focused and individualized services and living options.
- Strengthen access, coordination, and integration of care through streamlined Long Term Care eligibility processes and collaborative care management models.
- Improve the capacity to match available resources with individual needs through innovative benefit structures.
- Streamline and better align the programmatic & administrative framework to decrease fragmentation for clients and providers.
- Refocus & balance the system in order to match growing demand for supports in a sustainable way.

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Meet Arvin

- Arvin is a 90 year old with significant macular degeneration, recovering from a recent 6 month stay in a hospital/rehab following a significant head injury.
- Currently being cared for in the home by his wife (a former nurse).
- Needs to be turned 3 times per night, prompted to eat, on blood thinners, incontinent, and at times is combative when confused.
- Currently receives no assistance.
- Wife has significant health issues of her own. How is the “LTC” working with hospital discharge nurses/rehab facilities to ensure that **both** Arvin and Judy can remain at home and in their communities?
- If Judy were to call for assistance, who would she likely call? How is the state reaching out to help her do that?



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Help for Arvin and Judy through the No Wrong Door

- Judy would be able to learn about the No Wrong Door system from her doctor, library, grocery store, church, or any of a wide variety of sources.
- Judy would be helped by any of the partners in the No Wrong Door: the League of Human Dignity, Area Agencies on Aging, Aging and Disability Resource Center, or the Medicaid Agency. They would provide her with:
 - Public outreach & coordination with key referral sources
 - Person-centered counseling
 - Assessments
 - Streamlined functional and financial eligibility
 - Publically funded program and private pay options

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Meet Bob

- He is a 29 year old that has been in a wheelchair since a sledding accident in his teen years.
- He needs personal attendant services to help with some areas of personal hygiene. Bob wants to be able to be in charge of hiring and firing the staff that provide assistance to him and would like some support to do that.
- Bob would like to get a job but is fearful of losing his Medicaid and therefore has remained largely isolated in his apartment.
- Bob needs support to help him out of bed in the morning and worries what will happen if his attendant does not show up.



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Help for Bob under the Redesign

- The aging and disabled waiver would be amended to include consumer-direction as an option so that Bob could hire/fire and manage his support under a personal budget determined by his level of need.
- Bob wouldn't have to worry about paying taxes, logging overtime, or learning how to budget for his needs because the state would hire a Fiscal Management Services Agency that would provide that as a service to Bob.
- Bob would also be able to use a broker to help him find workers and help with locating, training, and supervising individual workers.
- Bob would also have the assurance that his workers would show up, or a backup would be sent, because of the state's new Electronic Visit Verification system which allows for remote monitoring that can help ensure that the attendant showed up, provided the services requested, and how long it took to do the required tasks.
- Bob could also learn about the Medicaid Buy-In program that would allow him to work without losing his Medicaid benefits.

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Meet Maria



- Works as a personal care attendant
- Finds it difficult to find and maintain employment
- Is frustrated with the multiple ways that she has to provide documentation of her work
- Is barely able to keep working in this field, even though she loves it

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Help for Maria under the Redesign

- Maria could have more clients than ever before because of the expansion in the ability of consumers to self-direct their care.
- Maria wouldn't have to worry about not being paid on time and her taxes withheld because the Fiscal Management Services Agency would ensure payment.
- Maria would also have confidence that she was being paid fairly for the services that she is providing because she would be using the new system to track when she was delivering services and how long it took her to do them.
- Maria would also be able to have her name and resume included in the support brokerage to advertise her skills and services.

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Meet Pat

- 19 year old non-verbal female with intellectual & developmental disabilities
- Needs assistance with walking/stairs
- Cannot feed or dress herself
- Likely will be a suitable candidate for a day program but doesn't know where to find one
- Currently cared for by parents
- Needs an assessment to see if she is qualified for a group home
- Because she is non-verbal, assessments are often difficult
- Needs assistance to find out what services she will receive after she graduates from high school



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Help for Pat under the Redesign

- Pat's mom and dad would know that Pat's long term care needs could be better met because of the new standardized assessment system the redesign will put in place. The tool would be able to be used even for individuals like Pat who are non-verbal. They would also know that the person doing the assessment has had training on the tool.
- Pat's parents would also know that their child's services would be the same as anyone else in the state with the same assessment score.
- Department of Health & Human Services is also going to work with Pat, her family, and the Department of Education to help make the transition from school to the community as easy and as well coordinated as possible.
- The No Wrong Door System will also assist Pat and her family in planning her eventual move into a community setting such as a group home.

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Meet Long Term Care Providers



- Some share that they are having to provide care management for the families they serve.
- Many are having to stay informed on multiple state system changes, multiple programs, different terms for different programs, all with different rules that seem to be changing all the time.
- Some worried about Medicaid payments not keeping up with the costs of running the business.

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Help for Providers under the Redesign

- Consolidating the functions of the Department of Health & Human Services will
 - ✓ ensure consistency in how providers enroll in the program
 - ✓ improve the day to day program operations
 - ✓ improve their experience overall because the Department will be interacting them one time for each issue, instead of multiple times depending on what program.
- The state will also continue to address issues in provider enrollment to ensure that it is easy and encourages participation.
- The state will also establish a process to rebase the Home and Community Based Services rates more frequently.

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Meet Nebraska Citizens

- Don't understand what Heritage Health is.
- Are skeptical about managed care.
- Have heard reports from neighboring states.
- Are confused about how the Managed Care Organizations are paid.
- Want to understand why the state may move in this direction.
- Are worried about the quality of the services provided under managed care.
- Consumers with disabilities are concerned that they will lose services or be forced to return to institutional settings.
- Are concerned about losing their job as services are transferred to managed care.



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Help with Medicaid Managed Care

- Since January 2017, three Managed Care Organizations are under contract to provide services to Medicaid consumers for their physical, behavioral, and pharmacy needs.
- Heritage Health is the name of the state's overall Medicaid program. The three managed care companies that are under contract are Wellcare, Nebraska Total Care, and UnitedHealthcare.
- Managed Care Organizations are reimbursed based on an amount per person per month for members of their plan. Managed Care Organizations receive higher monthly rates for members with higher needs.



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What Services are Covered Now by Managed Care?

- › Doctor visits
- › Prescriptions
- › Hospitals
- › Medical Supplies and Equipment
- › Skilled nursing
- › Therapies
- › Xrays & lab work
- › Dialysis
- › Hospice
- › Birthing center
- › Treatment for Substance Use
- › Mental Health
- › Emergency Room Visits
- › Vision and Glasses
- › Chiropractic Visits
- › Family Planning
- › Hearing exams and Hearing Aids
- › Home Health
- › Transplants

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Managed Long Term Services and Supports

Managed Long Term Services and Supports (MLTSS) is a long-term care benefit that a person is determined to need, coordinated through a Heritage Health managed care organization (MCO).

* For illustration purposes only. The Department will determine the list of services that the MCOs must include.

MLTSS can include services such as:*

- › Personal care
- › Respite
- › Care management
- › Home and vehicle modifications
- › Home delivered meals
- › Personal emergency response systems
- › Adult Day services
- › Assisted living
- › Supported employment
- › Non-medical transportation
- › Nursing home care

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Why Managed Long Term Services and Supports?

- ▶ Will allow for consumers to be served in a way that is uniquely tailored to suit their needs. The Managed Care Organizations have flexibility that is not available in traditional Medicaid programs.
- ▶ Will support more consumers like Bob who want to stay in the community and receive services.
- ▶ Will put the entire care of an individual under one plan, not requiring people to carry multiple cards and understand multiple systems.
- ▶ Will provide the citizens of Nebraska with the ability to know how much the program will cost over time.

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Offering many ways to provide feedback:

Online via website: <http://dhhs.ne.gov/LTC>
Email: dhhs.ltcredesign@nebraska.gov
Phone: 402-7-MLTSS-1 or 402-765-8771 to leave a voice message
Mail: DHHS
Attn: Donna Brakenhoff
301 Centennial Mall
Lincoln, NE 68506

Social Media:  Twitter at: <https://twitter.com/NEDHHS>

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