



**MEDICAID MANAGED LONG-TERM
SERVICES AND SUPPORTS
*OPPORTUNITIES FOR INNOVATIVE
PROGRAM DESIGN***

Rosanne Mahaney - Delaware

Lou Ann Owen - Louisiana

Brenda Jackson, Meredith Mayeri, Mary Sowers - Mercer

September 11, 2012

Long-Term Services and Supports in a Managed Care Service Delivery System

- More states are utilizing managed care delivery systems for long-term services and supports for individuals with many different types of support needs and diagnoses.
- Well-designed managed long-term services and supports (MLTSS) programs offer states the opportunity to meet an array of objectives, including greater community integration opportunities and more modern community supports.

Key Elements

- Strong MLTSS programs have common key elements:
 - Strong planning and design phases
 - Early, ongoing and meaningful stakeholder engagements
 - Well-constructed and detailed requests for proposals to establish expectation for a strong person-centered approach to services and supports and to ensure that the selected managed care plans have the capacity to carry out the mission of the State
 - Clear contract structures that incentivize desired outcomes (e.g., person-centered planning and service delivery, community living, employment, recovery, opportunities for participant direction, conflict-free case management, etc.)

Key Elements, continued

- Clearly outlined State and managed care organization (MCO) roles that reflect the expectations for long-term program sustainability, the Centers for Medicare and Medicaid Services (CMS) reporting and accountability
- Clear State expectations for social supports in a person-centered planning model outside of medical model utilization management
- Preservation of State historic knowledge bases
- Clearly thought out transition plans designed to stabilize the new program in the short term
- Strong State monitoring and oversight capabilities
- Quality indicators that measure what is important – aligning what is measured with desired outcomes

MLTSS – Not a One Size Fits All Proposition

- States can:
 - Elect to use managed care entities to coordinate services, even in a fee-for-service (FFS) environment
 - Elect to prepay and capitate for services, and share risk with managed care plans for the delivery of services
 - Include a differing array of services in managed care – full range of services or a smaller array
 - Mandate enrollment in managed care or allow individuals to voluntarily enroll
 - Make additional design choices that reflect their overall objectives

Medicaid MLTSS Authorities

Not Just One Medicaid Authority Fits All Programs

- Identifying the key program design features will help a state identify which Medicaid managed care authorities offer the best options to meet their objectives:
 - 1932(a)
 - 1915(b)
 - 1915(a)
 - 1115
- For MLTSS, these managed care authorities will be coupled with, linked to or include home- and community-based services (HCBS) authorities and/or services:
 - Any of the authorities can include State Plan long-term services and supports, such as Personal Care
 - 1915(a) can stand alone when other HCBS authorities are available to eligible individuals
 - 1915(a), 1915(b) and 1932(a) can run concurrently with 1915(c) HCBS Waivers and can include approved 1915(i) HCBS State Plan services
 - 1115 can run concurrently with HCBS authority or can serve as the vehicle through which the HCBS are available

Using Dollars to Drive Outcomes: Community Integration

- Capitation offers states opportunity to “build in” incentives for managed care plans to offer lower cost, creative services to meet individual needs
- By including both institutional and community services within a capitation payment, there is, generally, a financial incentive to utilize creative community services to delay or prevent institutional utilization
- Some unique combinations of authorities, however, decrease the amount of flexibility that a state may have in using capitation as an “incentive” (for example, due to cost-effectiveness demonstrations, a 1915(b)(c) concurrent waiver will not have the same financial flexibility that an 1115 demonstration will have to provide HCBS services to individuals not yet meeting institutional levels of care)

Delaware and Louisiana

- A tale of two managed long-term services and supports programs:
 - Delaware's Diamond State Health Plan Plus is a model of managed long-term services and supports aimed at increasing community service utilization for individuals with disabilities and individuals who are aging
 - Louisiana's Behavioral Health Partnership (LBHP) provides a coordinated system of care for children and youth in need of behavioral health (BH) care and adults with serious mental illness or co-occurring disorders of mental illness and substance use and adult substance abuse services
- Though the objectives and program structures differ, they both use MLTSS to achieve specific state goals



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

Diamond State Health Plan Plus

DSHP-Plus

Integrated Long-Term Care

1115 Demonstration Waiver Diamond State Health Plan (DSHP)

- Managed care delivery system
- Operational since January 1996
- Served the non-long term care population
- Full benefit dual eligibles were excluded
- Covers uninsured adults at 100% federal poverty level (FPL)



Long Term Care Landscape Prior to DSHP Plus

- Heavily institutional:
 - 62% of long-term care (LTC) members in nursing facilities*
 - 90% of LTC expenditures spent on nursing facility care*
- FFS
- Three 1915c HCBS waivers:
 - Elderly and Physically Disabled
 - AIDS
 - Developmental Disabilities
- Three separate entry points for LTC services

* When intermediate care facility for the mentally retarded (ICF/MR) and developmentally disabled (DD) HCBS waiver excluded

DSHP Plus Program Goals

- Rebalance LTC system in favor of HCBS
- Increase coordination of care and supports:
 - Avoid/divert need for costly nursing facility services
 - Serve consumers in cost-effective settings that meet their needs
 - Improve care coordination for dual eligibles
- Expand consumer choices
- Create budget structure to shift resources from institutions to HCBS

Diamond State Health Plan Plus

- Accomplished through an amendment to 1115 Waiver
- Integrates nursing facility and HCBS through existing managed care delivery system
- Streamlines LTC referrals, eligibility and enrollment
- Tightens medical eligibility for nursing facility placement

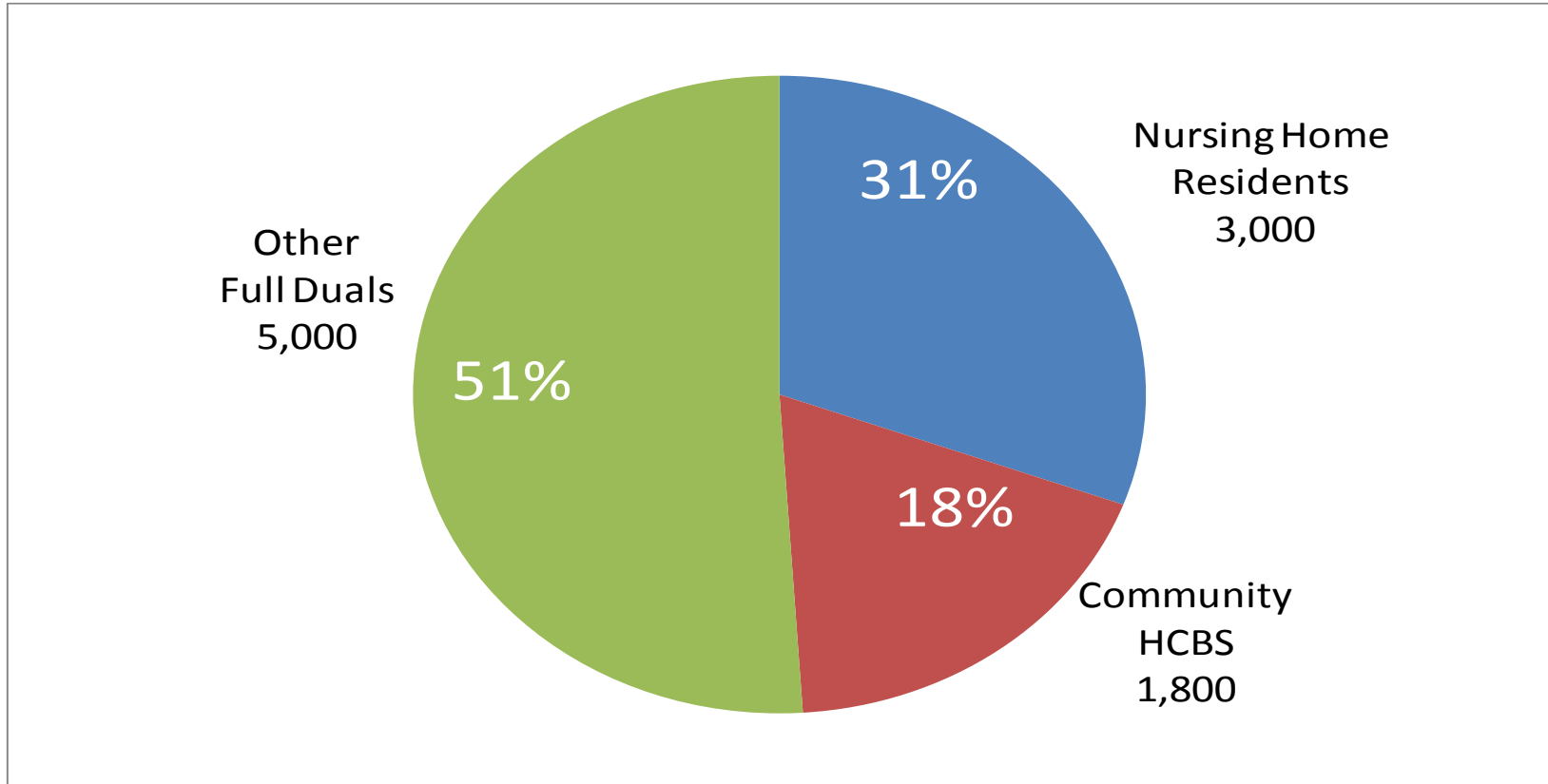
Populations Included in DSHP Plus

- Nursing facility residents
- Children residing in pediatric nursing facilities
- 1915c Elderly and Physically Disabled and AIDS Waiver participants
- Money Follows the Person (MFP) demonstration participants
- Other full benefit dual eligibles (Medicaid/Medicare)

Populations Excluded from DSHP Plus

- Individuals in the 1915c Developmental Disability HCBS Waiver
- Individuals in ICF/MRs
- Partial duals – quality Medicare beneficiary and supplemental low income Medicare beneficiary
- Individuals selecting Program for All-Inclusive Care for the Elderly

DSHP-Plus Enrollment at Implementation



Benefit Package

DSHP Benefits

- Acute care services
- In/Out patient hospitalization
- 30 days nursing facility care
- Behavioral health
- Limited case management
- Durable medical equipment
- Physician services
- Lab and radiology services
- Private duty nursing
- Home health services

Carve-Out Benefits

- Pharmacy
- Child dental
- Non-emergency medical transportation
- Day habilitation services for DD population

DSHP-Plus Benefits

- Case management services
- Nursing facility care
- Assisted living facility care*
- Chore services*
- Respite care
- Home delivered meals*
- Day habilitation*
- Cognitive services for ABI population
- Consumer directed attendant care*
- MFP transition services
- Adult day services*
- Emergency response system*
- Nutritional supplements for the AIDS population
- Home modifications*

* New or expanded service

Quality Measures

- Reduction of avoidable emergency room visits, hospital admissions
- Access to primary and preventive care
- Appropriate/timely assessments, care plan and back-up plan
- Members given choice of services (including ability to self direct care) and providers
- Critical incident education, management and reporting
- Member satisfaction surveys
- Proportion of members receiving HCBS vs. nursing facility services

Keys to Success

- Robust stakeholder communications
- CMS cooperation
- Collaboration with Division on Aging and Public Health
- Involvement of Medicaid eligibility staff
- Utilizing existing MCOs' streamlined implementation
- Address nursing facilities' concerns:
 - State sets nursing facility rates for three years
- Address vendor case management agencies' concerns:
 - MCOs contract with CM agencies for one year

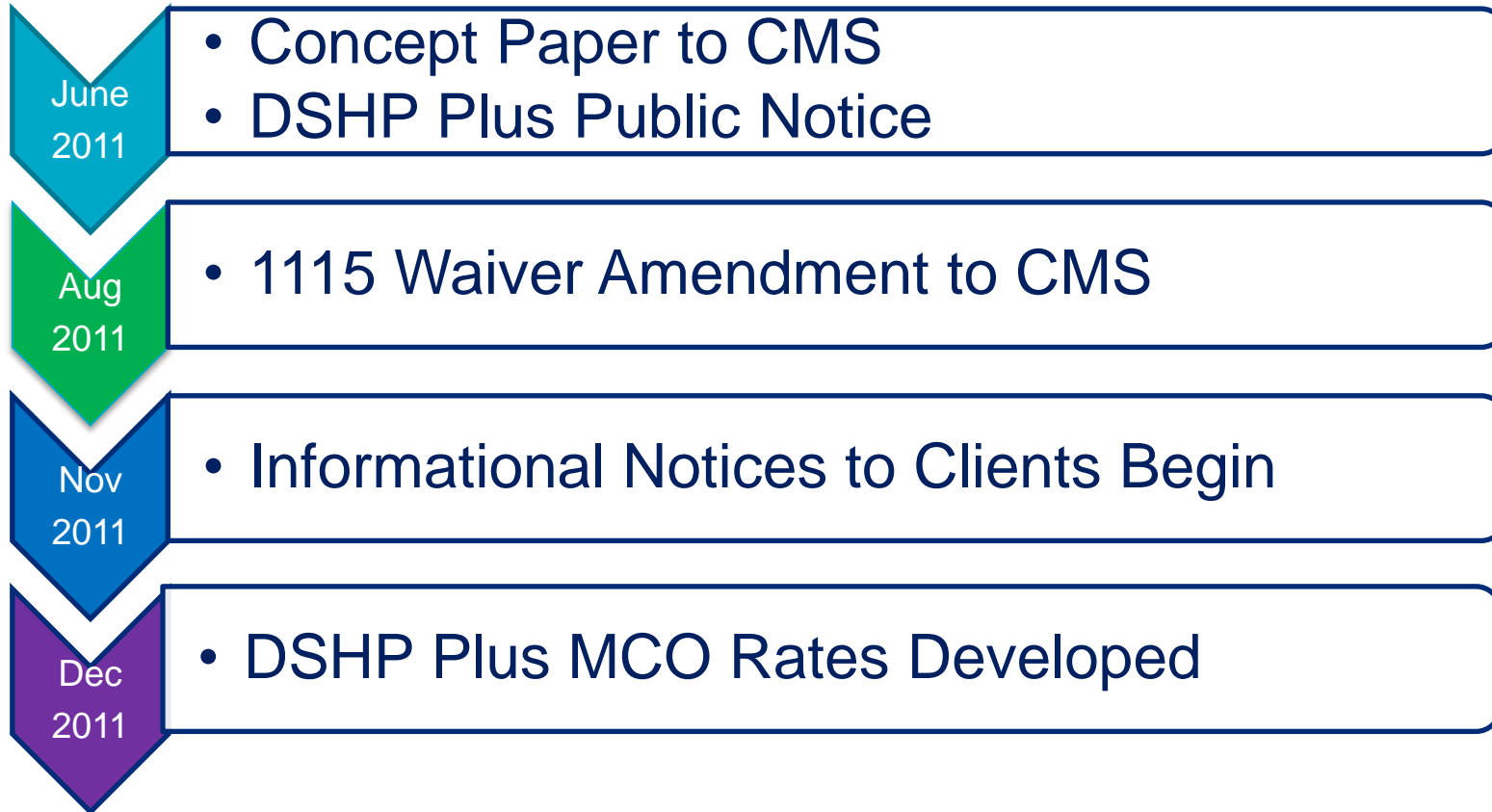
Keys to Success

- Address client and advocates' concerns:
 - Aggressive MCO oversight/monitoring by State
- Joint home visits
- State review of all service reductions:
 - Enhanced case manager to client ratio
 - Increase services offered
- New HCBS services added
- Case management services for nursing facility residents:
 - Eliminated cost share requirements for HCBS

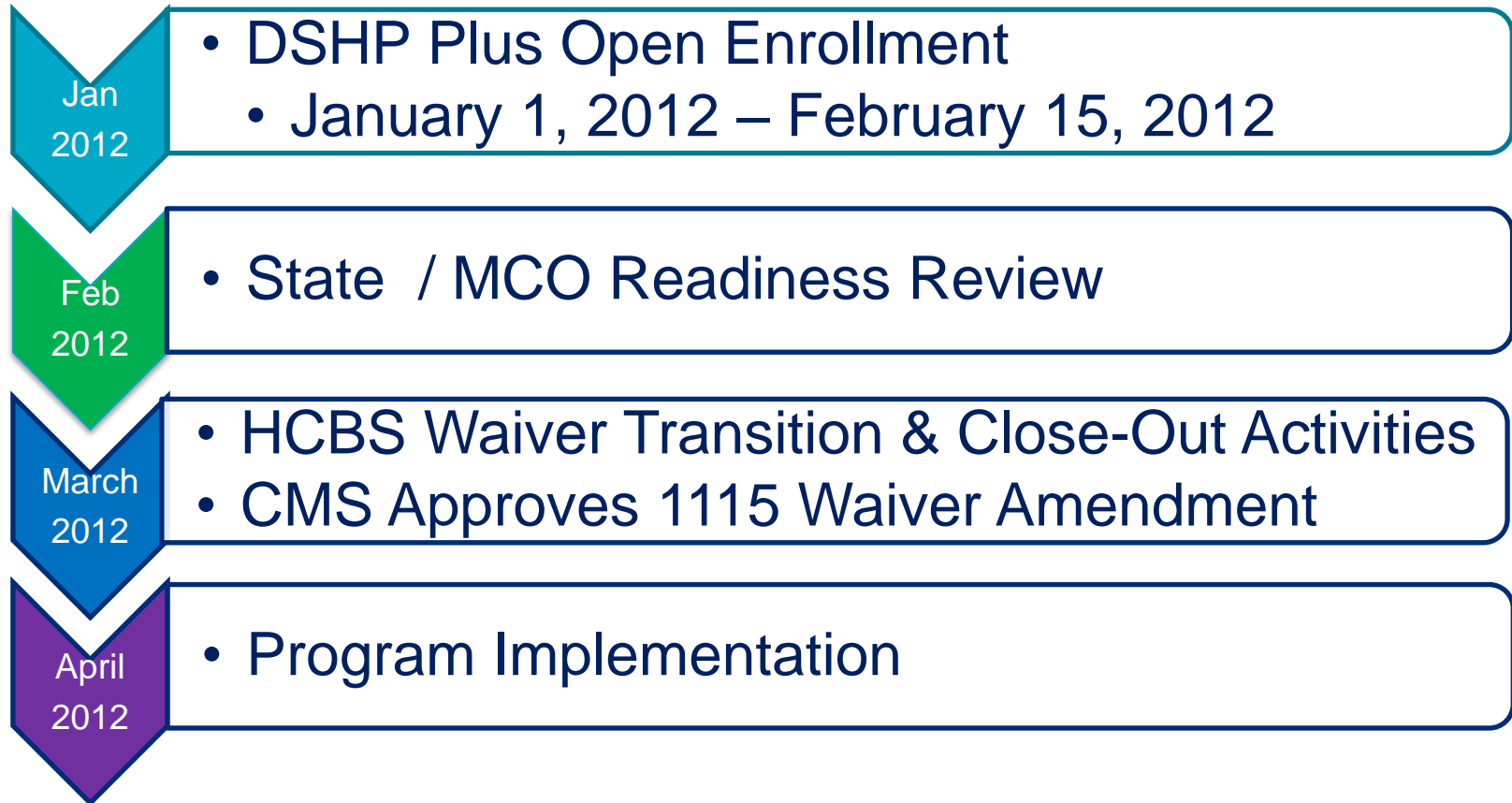
Timeline – 2011



Timeline – 2011



Timeline – 2012



Implementation Experiences

- Identification of under-utilization of HCBS
- Enhancement of behavioral health services
- Health assessments initiated for community duals
- Home environment safety assessments and medication reconciliations initiated
- Nursing facility billing challenges
- Transition of MFP complex
- Confusion over differences in DSHP and DSHP Plus benefits



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

More Information is available on Website @

<http://www.dhss.delaware.gov/dhss/dmma/dshpplus.html>

Rosanne Mahaney

Director

Division of Medicaid & Medical Assistance

(302) 255-9626

Rosanne.mahaney@state.de.us

What is the Louisiana Behavioral Health Partnership?

- Four Louisiana state agencies collaborated to develop a Coordinated System of Care (CSoC) that offers an integrated approach to providing services for at-risk children and youth served within the child welfare and juvenile justice populations.
- These children have significant BH challenges or co-occurring disorders and are in, or at imminent risk of, out-of-home placement.
- All eligible children and youth in need of BH care, and adults with serious and persistent mental illness or co-occurring disorders of mental illness and substance use and adult substance abuse services will be managed by a SMO.
- All BH services funded by Medicaid are managed through the SMO.

New State Plan Services Effective March 1, 2012

- Medical psychologists
- Licensed psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Licensed marriage and family therapists
- Licensed addiction counselors
- Advanced practice registered nurses (with certain specialties focused on psychiatric mental health)

New State Plan Services Effective March 1, 2012 (continued)

- Rehabilitation services:
 - Community psychiatric support and treatment
 - Psychosocial rehabilitation
 - Crisis intervention
 - Therapeutic group home
- Psychiatric residential treatment facilities

Old State Plan Services Pre March 1, 2012

- Physician services (included psychiatrist services)
- Inpatient/outpatient hospital services
- Psychologists could bill for five codes only
- Clinic services
- Limited rehabilitation services for seriously mentally ill (SMI) and seriously and emotionally disturbed (SED)

The Times They are A'changin'

Before the LBHP:

- All FFS
- Limited benefits for behavioral health/mental health services
- Almost all State General Fund (SGF) services
- Clinic-based services

After the LBHP:

- Children are non-risk/adults are at-risk
- Generous benefit not limited to mandatory services
- SGF leveraged to federal funds only when appropriate
- At least 51% of services must be provided in community

Louisiana Behavioral Health Partnership

1915(b) Prepaid Inpatient Health Plan (PIHP)

- Authorized the SMO
- The mental health and substance abuse PIHP is at-risk for adult services (limited benefit), and is non-risk for children's services (medically necessary mental health/substance abuse).
- Mandatory managed care enrollment (b)(1)
- Allows for the provision of additional services through savings (b)(3)
- Selective contracting (b)(4)

Louisiana Behavioral Health Partnership

Coordinated System of Care

- Based on evidence-based practices for system of care (Sheila Pires)
- Includes two authorities
- Children meeting needs-based criteria receive services through 1915(b)(3) authority
- Children meeting institutional level of care criteria receive services through 1915(c)

Louisiana Behavioral Health Partnership

Coordinated System of Care 1915(c) SED Waiver

- Children up to age 22 with severe emotional disorders
- Nursing facility or hospital level of care
- Must meet functional level of need
- Case management provided as administrative service by the SMO using wraparound facilitators employed by the wraparound agency

Louisiana Behavioral Health Partnership

Coordinated System of Care 1915(b)(3)

- For children up to age 22
- Must meet functional eligibility of the Coordinated System of Care
- Same services as 1915(c) waiver
- Also receive case conference, child and family team wraparound facilitation and treatment planning/development under (b)(3)

Louisiana Behavioral Health Partnership

Adult 1915(i) State Plan Amendment (SPA)

- Over 21 or over age 18 and not otherwise Medicaid eligible, up to 150% FPL
- Over 150% FPL may use institutional disregards (spousal support and/or parental support) to spend down income to qualify for 1915(i) services only (no other Medicaid services)
- Needs criteria:
 - Acute stabilization needs
 - Serious mental illness
 - Major mental disorder
 - Person previously met the above criteria and needs subsequent medical need service for stabilization and maintenance
- Services:
 - Treatment by licensed mental health practitioner
 - Community psychiatric support and treatment
 - Psychosocial rehab
 - Crisis intervention
 - Psychiatrist services
 - Case conference [1915(b) service]
 - Treatment planning [1915(b) service]

Louisiana Behavioral Health Partnership

Adult 1915(i) SPA

- Community-based evidence-based services
- Supporting permanent supported housing program (PSH)
- HCBS characteristics of residences
- Conflict-free case management in a managed care environment
- Presumptive Medicaid eligibility (administrative)
- Limited benefit for medically needy adults eligible under institutional rules [1915(i) only] – not eligible for full Medicaid benefit

Louisiana Behavioral Health Partnership

Pending 1115 Demonstration

- Adults over age 18 not otherwise Medicaid eligible who are below 150% FPL and meet same needs-based criteria as 1915(i) SPA
- Same limited benefit as for medically needy adults eligible under institutional rules [1915(i) only]
- Community-based evidence-based services
- Supporting PSH program
- May preserve services to SMI that are currently state funded during this economic downturn, as well as serve as bring to Medicaid coverage in the future

Louisiana Behavioral Health Partnership

For More Information:

Lou Ann Owen

Medicaid Deputy Director

Bureau of Health Services Financing

Department of Health & Hospitals

(225) 342-9767

LouAnn.Owen@LA.GOV

Two States' Approaches: Similarities

- Using managed care entities in the delivery of services to people with significant support needs, including the need for long-term services and supports
- Utilization of Medicaid managed care authorities to effectuate the programs
- Use MLTSS to modernize and make improvements to an aging service delivery system, increasing use of community services and recovery-oriented care

Two States' Approaches: Differences

- Authority:
 - Delaware utilizes an 1115 demonstration waiver
 - Louisiana utilizes an 1915(b)/(c)/(i) concurrent authority. There is an additional 1115 demonstration pending to incorporate additional adults with SMI into the program who meet needs-based criteria
- Populations:
 - Delaware targets individuals with disabilities and individuals who are aging
 - Louisiana targets children with SED and adults with SMI
- Service delivery model:
 - Delaware utilizes full-risk MCOs
 - Louisiana utilizes a non-risk prepaid inpatient health plan for children's services and a full-risk prepaid inpatient health plan for adult services

In Summation

- Managed care is a tool that can be utilized to achieve a wide array of objectives
- Successful outcomes in MLTSS depend on strong design with well-constructed elements addressing:
 - State roles and responsibilities, including detailed strategies for oversight
 - Initial and ongoing stakeholder engagement
 - Structures aligned with desired outcomes:
 - Service array and opportunities for participant direction
 - Payment structures
 - Quality measurement strategies – measure what is important
 - Assessment and person-centered planning and service delivery, including care management
 - Clear articulation/understanding of program, including participant rights

For More Information:

Meredith Mayeri

Meredith.Mayeri@Mercer.com

Brenda Jackson

Brenda.D.Jackson@Mercer.com

Mary Sowers

Mary.Sowers@Mercer.com

QUESTIONS?