

SUPPORTING CONSUMERS IN A MLTSS WORLD

Supporting Consumers in a MLTSS World

AGENDA

1. Rules Regarding Beneficiary Support System
2. What Consumers Want
3. Long-Term Care Ombudsman Programs and Beneficiary Support Systems
4. OH Long-Term Care Ombudsman Program: Supporting Consumers in the Duals Demo
5. VA Long-Term Care Ombudsman Program: Supporting Consumers in MLTSS
6. Q&A and Discussion

Rules Regarding Beneficiary Support System

(b) *Elements of the support system.*

(1) A State beneficiary support system must include at a minimum:

(i) Choice counseling for all beneficiaries.

(ii) Assistance for enrollees in understanding managed care.

(iii) Assistance as specified for enrollees who use, or express a desire to receive, LTSS in paragraph (d) of this section.

(2) The beneficiary support system must perform outreach to beneficiaries and/or authorized representatives and be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.

42 CFR 438.71 - Beneficiary support system

Rules Regarding Beneficiary Support System

(d) *Functions specific to LTSS activities.* At a minimum, the beneficiary support system must provide the following support to enrollees who use, or express a desire to receive, LTSS:

- (1)** An access point for complaints and concerns about MCO, PIHP, PAHP, PCCM, and PCCM entity enrollment, access to covered services, and other related matters.
- (2)** Education on enrollees' grievance and appeal rights within the MCO, PIHP, or PAHP; the State fair hearing process; enrollee rights and responsibilities; and additional resources outside of the MCP, PIHP, or PAHP.
- (3)** Assistance, upon request, in navigating the grievance and appeal process within the MCO, PIHP or PAHP, as well as appealing adverse benefit determinations by the MCO, PIHP, or PAHP to a State fair hearing. The system may not provide representation to the enrollee at a State fair hearing but may refer enrollees to sources of legal representation.
- (4)** Review and oversight of LTSS program data to provide guidance to the State Medicaid Agency on identification, remediation and resolution of systemic issues.

How to Build a Strong, Effective System that

- Contains the elements of the Beneficiary Support System
- Advocates for quality services, rights and quality of life of MLTSS consumers



What Consumers Want

Their Concerns

“There is no one responsible or efficient to contact. No way to reach an ombudsman and have significant change with a situation. Whenever a complaint is made to the agency the issues are not resolved.”

“There wasn’t anyone in the system who would push hard enough to help me get what I needed – the people I was told to go to just let things continue on without being resolved.”

What Consumers Want

What Kind of Help Should Be Available?

“We need a mediator to help with problems.”

“The problem is that the health care system is really fragmented. You need a real advocate on your side who’s putting all the pieces together.”

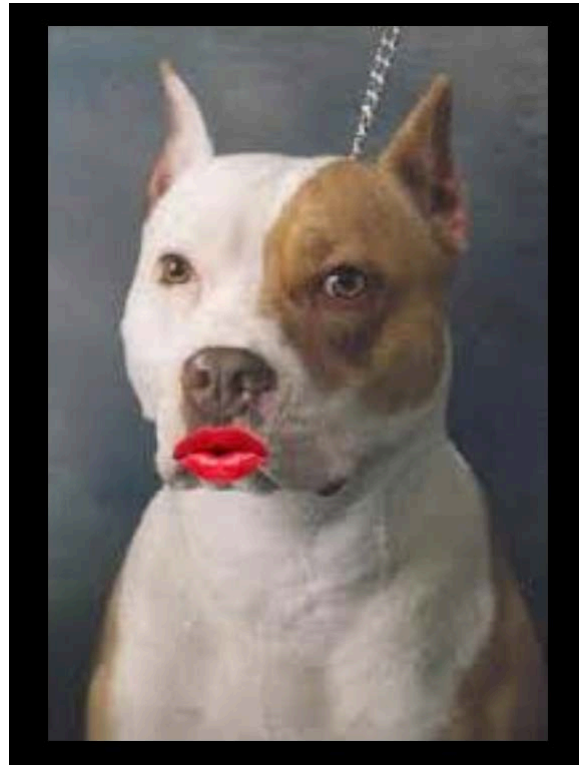
Mr. M

Mr. M

What consumers need is someone who is tenacious and persistent. Someone who will be by their side, on their side, and keep pushing and advocating until they get the results the consumer needs and wants.

Long-Term Care Ombudsmen (LTCO)

Tenacious
Persistent



What Do LTCO Do?

- Identify, investigate, and resolve complaints made by or on behalf of residents (individual advocacy)
- Ensure residents have regular and timely access to the LTCOP
- Provide information to residents (and others) about long-term care services, options
- Educate residents (and others) about residents' rights, provider responsibilities, problem-solving (and more)
- Advocate for improvements to residents' care and quality of life (systems advocacy)

LTCOP has evolved as LTC has evolved

Nursing Home



Board & Care/
Assisted Living



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Transitioning Back to Community (“when feasible”)



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LTCOP and LTSS at Home and in the Community

- No coverage permitted under the Older Americans Act (except for those transitioning from nursing home to community)
- Can obtain state authority and must use non-OAA dollars
- Examples of states providing home care ombudsman services:
 - IL, MI, OH, WI, VA



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Alignment of BSS & LTCOP

| Beneficiary Support System | Long-Term Care Ombudsman Program |
|---|---|
| <p>Provides education and information: Helps beneficiaries understand</p> <ul style="list-style-type: none"> -managed care -materials and information provided by managed care plans and the State -beneficiary rights, responsibilities and benefits -grievance and appeal rights | <p>Provides education and information: Helps residents understand</p> <ul style="list-style-type: none"> -long-term care system -rights, responsibilities, services -what to do when there is a problem/concern |
| <p>Provides choice counseling</p> | <ul style="list-style-type: none"> -Provides information about long-term care options, -Identifies factors to consider when choosing among provider -Answers questions |
| <p>Performs outreach, must be accessible</p> | <p>Must provide regular and timely access to ombudsman program</p> |

Alignment of BSS & LTCOP

| Beneficiary Support System | Long-Term Care Ombudsman Program |
|--|--|
| <ul style="list-style-type: none">-Serves as access point for complaints or concerns-Assists in navigating grievance and appeal processes | <ul style="list-style-type: none">-Investigates and works to resolve grievances and complaints on behalf of the resident with consent-Assists in filing appeals related to a range of issues at resident direction |
| <p>Reviews and oversees LTSS program data to assist the State in identifying and remediating systems issues</p> | <p>Conducts systems advocacy:</p> <ul style="list-style-type: none">-analyzes program data to identify trends and problems impacting residents of long-term care facilities-advocates for improvement in laws, regulations, policies that affect the quality of care, rights and quality of life of long-term care facility residents |

The Ohio & Virginia Experiences



Ombudsman

Expect Excellence in Your Care

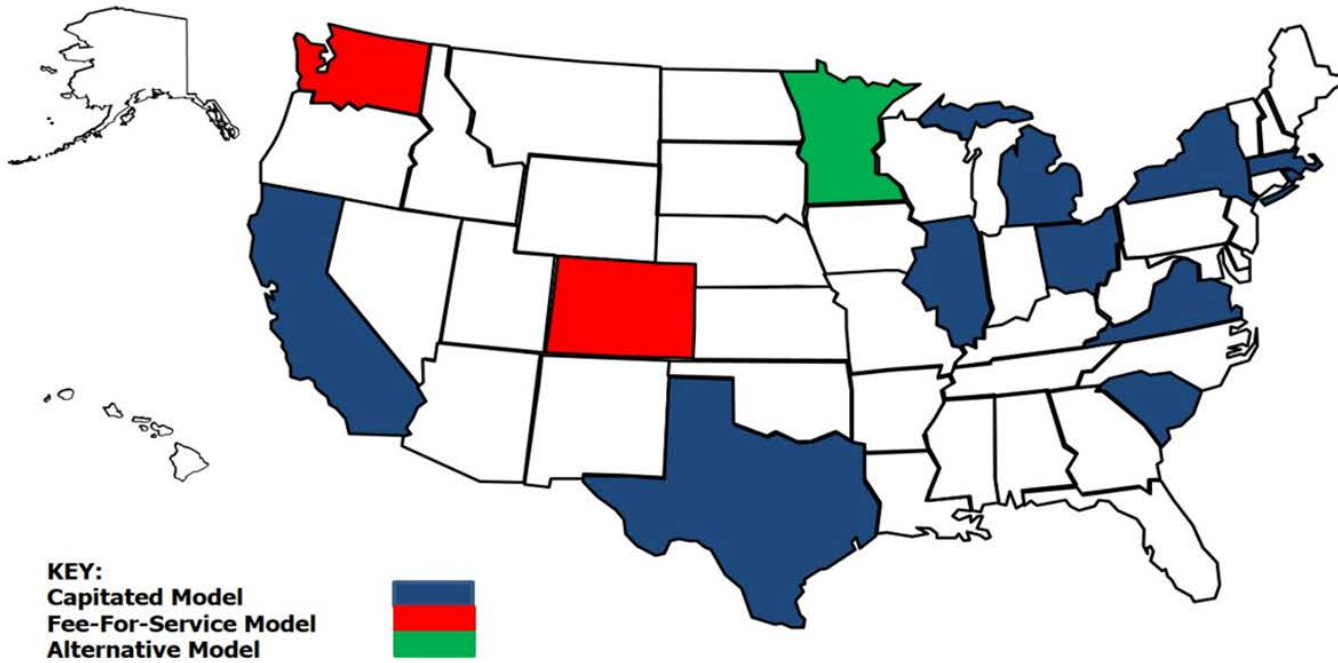
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Teresa Teeple, Ombudsman Systems Liaison,
Ohio Office of the State Long-Term Care
Ombudsman

aging.ohio.gov/services/ombudsman

Financial Alignment Initiative

- Partnership between CMS and select states
- Goal: increase access to quality, seamlessly integrated programs for Medicare-Medicaid enrollees
- Demonstration models
 - Capitated
 - Managed FFS



Financial Alignment Initiative: States



Beneficiary Assistance: Financial Alignment Ombudsman Programs

- Origination
- Models used by states
- Function/activities
 - Complaints/inquiries
 - Build relationships at the state level
 - Address systems issues

States Leveraging LTC Ombudsman Program

- Illinois
- Ohio
- Virginia
- South Carolina

States Using a Contracted Organization

- California
- Colorado
- Massachusetts
- New York
- Rhode Island
- Michigan

States Using an Existing Ombudsman Program

- Texas
- Washington



+MyCareOhio

Connecting Medicare + Medicaid



MyCare Ohio Overview

- Includes health, LTSS and BH services
- Seven geographic regions covering 29 counties
- 113,000 beneficiaries
 - **MMP and Medicaid only**
- Aetna, Buckeye (Centene), CareSource, Molina and UnitedHealthcare
- Beneficiaries must be dually eligible and 18+



Structure of the Office

- State Office
- 12 regional ombudsman programs
 - Variety of structures (AAAs, stand alone, etc.)
 - 7 involved in the demonstration
- SLTCO designation and certification of representatives of the Office
- Roughly 84 paid staff and 200 volunteers



Our Authority

- § Older Americans Act
- § Ohio State law enhancement
- § 3 way contract

Contract

Between

**United States Department of Health and Human Services
Centers for Medicare & Medicaid Services**

In Partnership with

State of Ohio Department of Medicaid

and

[Insert Entity]

Issued: April 13, 2016

The Ombudsman Role in MyCare Ohio

Ombudsmen have responded to **over 1,200** consumer, provider and other inquiries and participated in member advisory committee meetings across the state.

Respond to Inquiries for Information

Investigate and Resolve Complaints

Ombudsmen worked to resolve about **2,000** MyCare Ohio complaints with an **86%** resolution rate.

Ombudsmen have participated in **over 300** community education events to talk about MyCare Ohio.

Consumer and Stakeholder Outreach

Systems Analysis and Recommendations

Ombudsmen provided data on trending issues and recommendations to stakeholders in many formal and informal settings including state and federal partners and managed care plans.





Ombudsman

Expect Excellence in Your Care

Our Approach to Communication with MCOs

- Early and often!
- Standardized communication protocol during complaint investigation
 - At the opening of a case
 - Working at the lowest level to build rapport and address issues
 - Escalation when necessary
- Established meetings (quarterly) with plans
- Helping to bridge the gaps
 - Consumers with care managers
 - Providers with plans

Home and Community-Based Services

- § Home modifications
- § Durable medical equipment
- § Care management





Nursing Home Issues

- § Transitions between settings
- § Outreach in Nursing Homes
- § NF discharge to homeless shelters



**Nursing Home
Closures:
All Hands on Deck**

Ohio's Interagency
Transition Team



Communication is key, as is having a centralized point of contact

Leveraging existing relationships to initiate and sustain connection

Inclusion of ombudsman contact information in marketing materials

“MyCare isn’t phone care”; face to face visitation is important.

Lessons Learned





DARS

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*Supporting Virginians' efforts
to secure independence and employment*



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Virginia Office of the State Long-Term Care Ombudsman

National Home and Community Based Services Conference
August 2018



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So - - When you come to a fork in the road



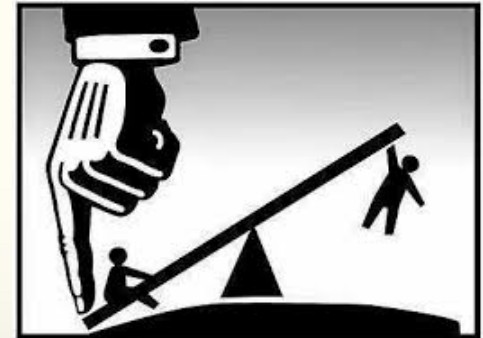


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NEED?

- **HC Reforms/** Changing landscapes
- **Untested** systems
- Bulging State **Medicaid** Budgets
- **\$\$ Bottom line** drivers **\$\$**

Consumers at risk in a system
under extreme pressure





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Crisis/Opportunity



Yin Yang: Crisis/ Opportunity

+

- More **Holistic** Care-
Prevention, wellness
- **Care Coordination**
- **Simplify: ONE CARD** –
Integrated payment
- Support/advice
- Plan **EXTRAS**

-

- **Access/ Choice**
- **Assignment** problems
- **Confusion/frustration**
- **'Glitches'**
 - Authorizations/payment
 - Continuity of care
 - Care Coordination
problems

And then another Question: To be or not to be.....

Are we the ones to do this?

- ❖ Already 'in':
 - Transitions & Home care cases
- ❖ **Non-static** population & **overlap**
- ❖ **Person-centered** care –should mean:

Person-centered...ADVOCACY!





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REALITY OF OUR TIMES

Health care reform is here to stay - - coming fast
and coming strong....



Get on or get off the tracks...

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Timing & Opportunity



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The **FUTURE** is (shaped) **NOW**

- **ACCESS** at ground floor
- Forming new **PARTNERSHIPS**
- **SYNERGY** for systems change
- **LOCUS** of decision-making
- **HIGH STAKES** for our recipients we serve



Opportunity knocking ...

- **2013 Medicare/ Medicaid Financial Alignment / Integrated Care**
- CMS signed an agreement with Virginia's Department of Medical Assistance Services (DMAS) to test a new model for providing Medicare-Medicaid enrollees with a more coordinated, person-centered care plan. This new initiative was branded Commonwealth Coordinated Care (CCC).
- DMAS's proposal to CMS for CCC included an ombudsman component.



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CMS: “Support for Demonstration

Ombudsman Programs

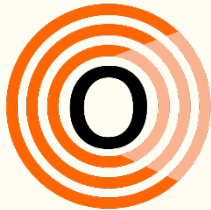
- CMS provided grants - to ensure beneficiaries had access to person-centered assistance in resolving problems related to the Demonstration.
- Virginia - one of five original Demo Ombudsman Programs funded.





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Building on a Solid Model



office of the state
OMBUDSMAN
LONG-TERM CARE

MISSION
MODEL
MANDATE





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Structure & Role of the CCC Ombudsman Program

Expanded the Virginia Long-Term Care Ombudsman Program to build on the existing network of 21 programs and 32 local ombudsmen.

Developed a new component of regional “Coordinated Care Advocates” to provide problem-solving and advocacy services to CCC enrollees who live in the community.

Together, local ombudsmen and CCC Advocates assist enrollees to resolve problems with care or services they receive regardless of where they live.





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Early Lessons & Challenges - CCC

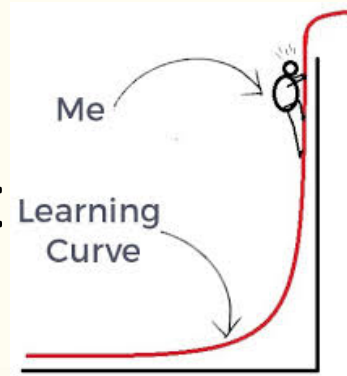
COMMUNICATE - COMMUNICATE - COMMUNICATE

Best strategies to communicate

with population – **HUGE LEARNING CURVE**

Unexpected challenges

ensuring understanding on part of
providers as well as beneficiaries





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Take away: Think of “CCC” as ...

COMMUNICATE - Message to Beneficiaries

COMMUNICATE – Role of ADVOCATE

COMMUNICATE – Beneficiary Experience





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CCC Transition to MLTSS

- Virginia was one of two states that chose NOT to extend the Duals Financial Alignment Demonstration with CMS.
- The Ombudsman Demonstration Grant was extended through October 2017. Advocates served Dual-enrollees through December when all CCC members transitioned to the new Medicaid Managed Care Program called Commonwealth Coordinated Care Plus (CCC+ or CCC Plus).
- The Advocate Program began serving CCC + members in June 2017 when DMAS began holding community town halls and CCC+ enrollment letters were mailed out to the first of six regional enrollment launches beginning August, 2017.





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CCC → CCC Plus

5 of the 6 regions

Optional Enrollment

3 Health plans across 5 regions

Full Dual adults; including NF and
EDCD HCBS Waiver

Coordination of Medicare benefits
through same Medicare-Medicaid
Plan

Continuity of Care period was 180
days

6 regions

Required Enrollment

6 Health plans in 6 regions

Duals/non-duals,
children/adults, NF and 5 HCBS
Waivers

Coordination of Medicare
benefits through companion
DSNP or MA Plan

Continuity of Care period is 90
days





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Overview of Commonwealth Coordinated Care Plus (CCC+)

- Primary goal is to improve health outcomes
- New statewide Medicaid managed care program for over 215,000 individuals
- Participation is required for qualifying populations
- Integrated model that includes medical services, behavioral health services and long term services and supports (LTSS)
- Care coordination and person centered care with interdisciplinary approach





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Scope of Work

- Access Point for MLTSS complaints/concerns
- Perform Outreach to CCC+ Beneficiaries
- Educate beneficiaries regarding Grievances & Appeals process
- Provide Department for Medical Assistance Services (DMAS) with guidance regarding Systemic Issues





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Examples of the Types of Issues that CCC Plus Advocate May Address

- Enrollment & Disenrollment
- Continuity of Care
- Coordination of Benefits
- Access to covered benefits, urgent needs, prescription drugs, behavioral health care and long-term services and supports
- Timeliness of Plan responses to Member questions and Needs
- Questions about bills, care coordination, and Plan benefits
- Information and Assistance with Grievances and Appeals





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Challenges/Lessons Learned

- **Supported Decision-Making Role**
 - ✓ Members in LTC communities needed assistance with navigation and enrollment choices/decisions
 - ✓ Advocates met face-to face or communicated directly with members for impartial assistance.
- **Navigation and Enrollee Protections**
 - ✓ Understanding of Continuity of Care and Coordination of Benefits
- **Nursing Home Closure**
 - ✓ CCC Care Coordinators and Advocates assisted 60 residents find alternative nursing home or community options/provide beneficiary assistance.





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Challenges/Lessons Learned

- **Reaching enrollees in ALFs and NFs**
 - ✓ Assistance with CCC Member Experience & Quality of Life Survey – face-to-face interviews at 24 nursing facilities/180 residents.
- **Specific Complaint Codes for Reporting and Monitoring Trends & Issues**
 - ✓ Establish Reporting Guidelines and Procedures Early
 - ✓ Develop specific data elements and report monthly Medicaid/MCOs
- **Member Feedback**
 - ✓ Hold listening sessions, stakeholder regional meetings, hold monthly webinars with stakeholders and provide targeted community education and outreach.
- **Serving both Members and Providers**
 - ✓ Found both needed assistance with beneficiary issues and systems issues





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*Thank
You!*