



Medicaid Managed Long-Term Services and Supports (MLTSS):

An Opportunity For Inclusion

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Learning Objectives/Overview:

I. Medicaid Managed Care - It's Here to Stay

“Don't fight it. Get onboard and shape it.”

II. Overview of Innovations and Best Practices

“An Opportunity to Innovate and Improve Systems”

III. Measurement Matters

“Performance Measures dictate payment. Payments dictate priorities.”

IV. People with Disabilities and Families Need to Be Involved

“UCEDDs and LENDs can lead the charge”

Best Practices and Innovations in Medicaid Managed Long-Term Services and Supports:

I. In-depth policy brief

- Literature review
- Interviews

Available:

I. *Stakeholder guide*

- Brief overview
- Questions that can be asked
- Able to be modified/customized to your UCEDD/LEND

Available:

Context:

Medicaid expenditures are becoming one of the largest budget lines for states and the aging population is adding urgency to state efforts to reform LTSS.

Sources: Health Management Associates, National Committee for Quality Assurance, 2017

States Believe:

- MLTSS can provide states budget predictability.
- MLTSS will improve care coordination and make things simpler for the recipient.
- MCOs will provide services that support the whole person and improve the individual's quality of life.

Context:



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States Believe:

- MCOs can provide services that Medicaid cannot.
- MCOs can help transition individuals in nursing or institutional setting to home and community based settings.
- MLTSS will reduce Medicaid expenditures.

MLTSS Growth:

Year	Number of <u>states</u> implementing MLTSS tripled
2004	 8
2018	 24

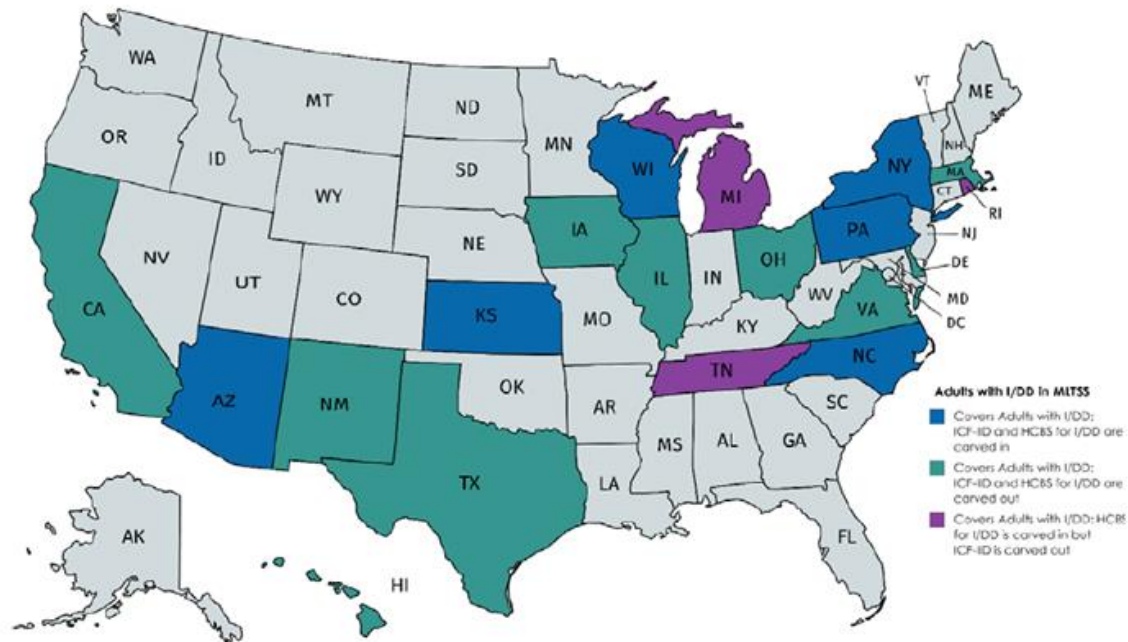
Source: Truven, 2018

Year	Number of state MLTSS <u>programs</u> more than doubled
2012	 19
2017	 41

Source: MACPAC, 2018

Individuals with IDD are No Longer Carved Out (Excluded)

Figure 3.2: MLTSS Programs Serving Adults with I/DD, 2017



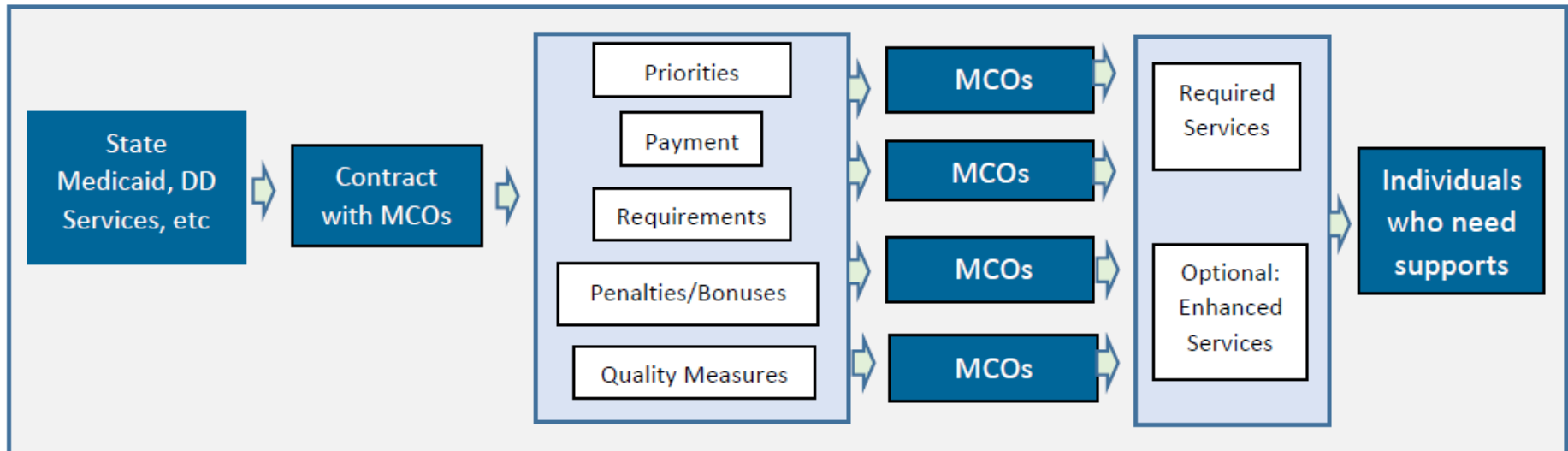
Created with mapchart.net ©

Note:

Michigan and Rhode Island both enroll adults with I/DD in two programs: one carves out ICF/IID but carves in HCBS for I/DD; the other carves out both ICF/IID and HCBS for I/DD.

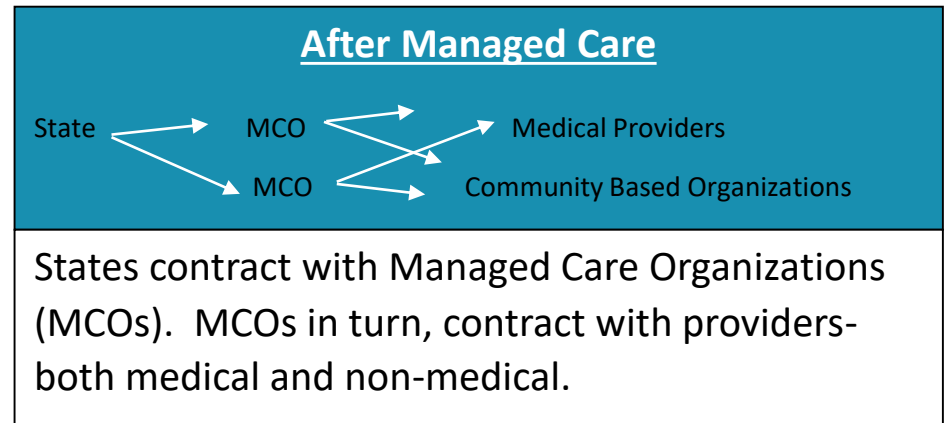
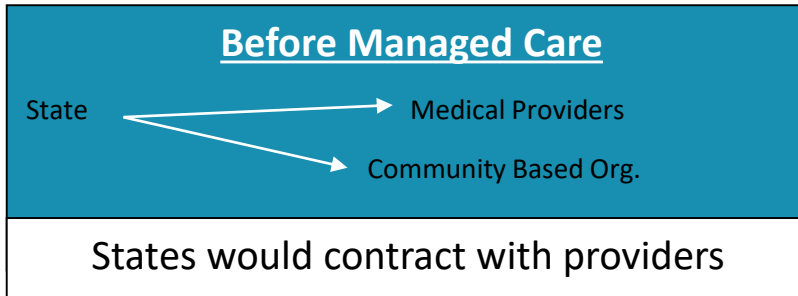
Source: Truven, 2017 <https://www.medicare.gov/medicaid/managed-care/downloads/ltss/mltssp-inventory-update-2017.pdf>

MLTSS is as Good as the State's Contract with the Managed Care Organization:



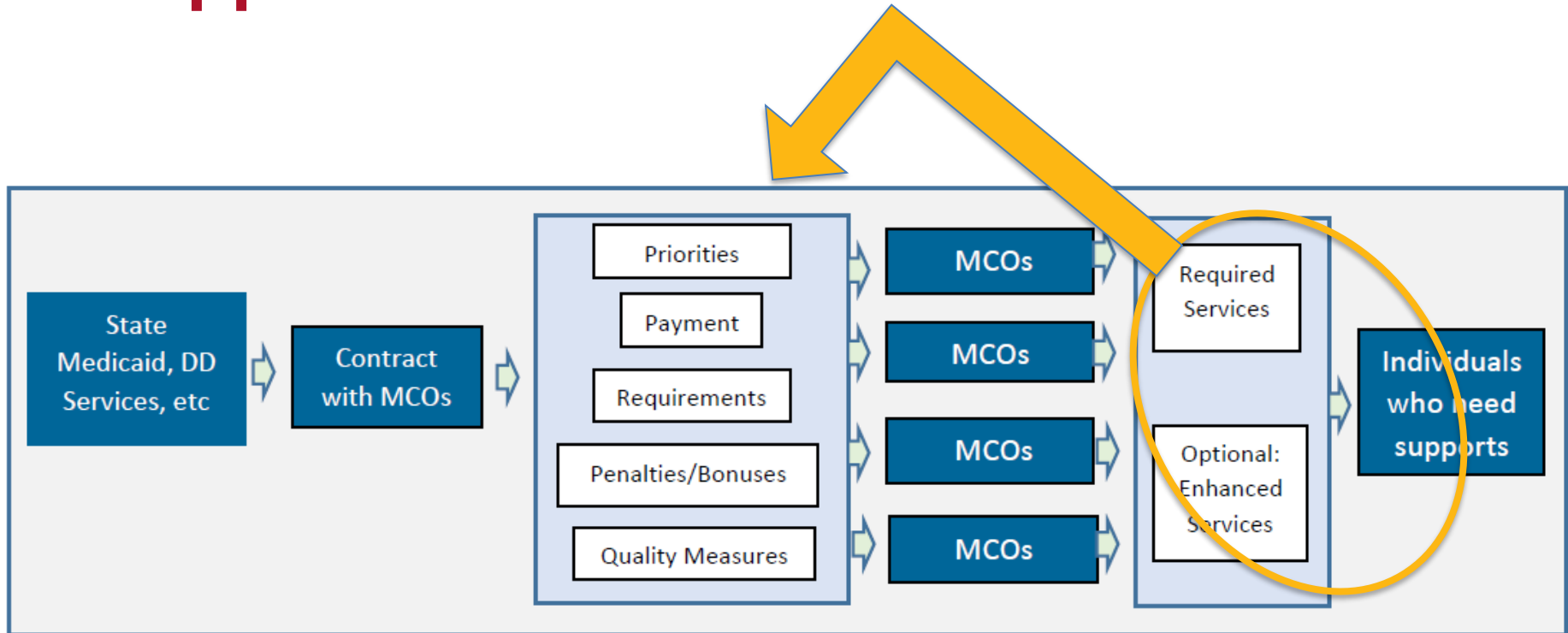
MCOs only have to provide the services detailed in the contract...

Contracting Processes Change:



States are responsible for monitoring and holding MCOs accountable...

Opportunities to Contract with MCOs:



**UCEDDs and LENDs are uniquely positioned...
If you can help the MCO meet their required performance
measures**

New Models: Support Waivers

Limited in their services but offer budget predictability for states

Set budget and a set number of slots.

State	Waiver Name	Budget	Waiver Name	Budget	Waiver Name	Budget
Tennessee	Essential Family Supports	\$15,000	Employment & Independent Living Support Waiver	\$30,000 to \$36,000	Comprehensive Supports	\$45,000
Pennsylvania	Individual/Family Support Waiver	\$33,000 to \$48,000	Community Support	\$70,000		
Maryland	Family Support Waiver	\$12,000	Community Support Waiver	\$25,000		

New Models: Provider Led

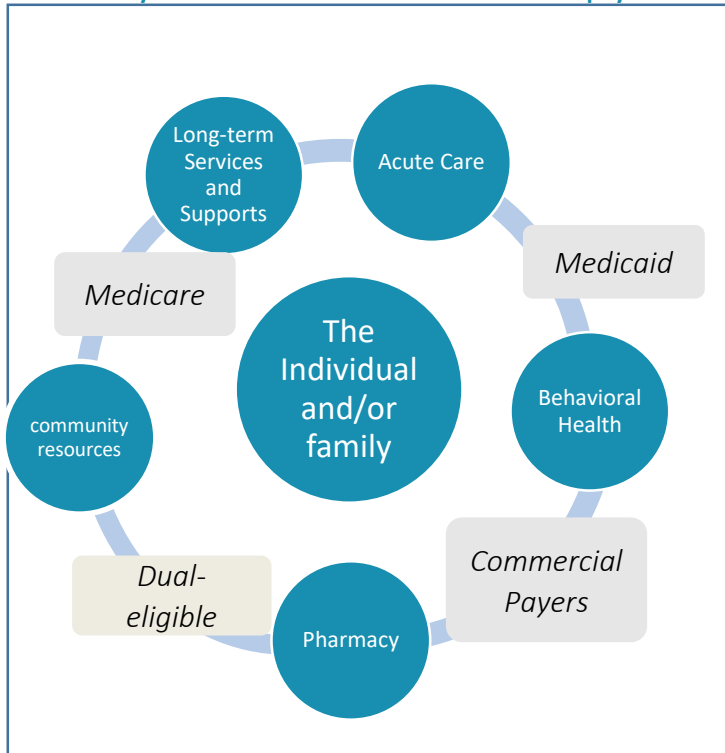
An alternative to a health plan - providers take on some risks but make decisions about care utilization

State	Program	Service
Arkansas	Provider-led Arkansas Shared Savings Entity (PASSE)	Providers of specialty and medical services enter into partnerships with experienced organizations that perform the administrative functions of managed care
New York	People First Care Coordination Organization Health Homes	Using the Health Home provision of Medicaid to enhance the care coordination and improve the person-centered planning processes to support individuals with Intellectual and Developmental Disabilities across systems
New York IDD Duals	Partners Health Plan	Brings the management of Medicare, Medicaid, Developmental Disabilities non-Waiver and Waiver services, and community and natural supports under 'Partners Health Plan,' a non-profit MCO

New Models: Accountable Care Organizations (ACOs)

Provider-led organizations who are responsible for the quality and the cost of care for its members

One 'entity' to coordinate & streamline services & payments



State	Program	Service
Minnesota	Minnesota's Altair Accountable Care for People with Disabilities	Lutheran Social Services and Altair Accountable Care Organization bring together primary care, behavioral health and social services together to support individuals with IDD

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MUNROE-MEYER INSTITUT

PASSE

**Provider-led Arkansas
Shared Savings Entity**



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**



Motivation for Managed Care

Savings from managed care will pay for state's share of Medicaid expansion

Provider-led Arkansas Shared Savings Entity (PASSE)

51% of ownership must be local entities and include:

- Developmental disabilities service provider
- Behavioral health provider
- Hospital
- Physician
- Pharmacist

While not required, all PASSEs include an insurance carrier

Who Is Served?

- 4,600 individuals on the DD Waiver and 2,400 on the DD Waiver Wait List
- 38,000 individuals with a behavioral health diagnosis
- 750 people in private Intermediate Care Facilities

What Is Not Provided through a PASSE?

- School-based services provided by school employees;
- Skilled nursing facility services;
- Assisted living facility services;
- State-administered intermediate care facilities (ICF); or
- Waiver services provided to adults with physical disabilities

HCBS Waiver Services Provided

- Behavioral Assistance
- Adult Rehabilitative Day Services
- Peer Support
- Family Support Partners
- Supportive Life Skills Development
- Child & Youth Support Services
- Supportive Employment

HCBS Waiver Services Provided

- Supportive Housing
- Partial Hospitalization
- Mobile Crisis Intervention
- Therapeutic Host Home
- Therapeutic Communities
- Residential Community Reintegration
- Planned and Emergency Respite Services

Community and Employment Waiver Services Provided

- Supported Employment
- Supportive Living
- Caregiver Respite
- Adaptive Equipment
- Community Transition Services

Community and Employment Waiver Services Provided

- Consultation
- Crisis Intervention
- Environmental Modifications
- Supplemental Support
- Specialized Medical Supplies

Measuring Outcomes

- Measurements are largely process oriented or focus on financing
- We would benefit from enhancing quality of life outcome measures

Why Are We Optimistic?

- Better services for those with dual diagnosis
- Reducing waiver waiting list
- Better care coordination
- Respite more available
- New services offered
- Potential for improved care

Why Are We Pessimistic?

- Institutional care is not exempted, potentially inviting an increase in institutional care
- Many participants lost their case managers, with whom they had trusted relationships
- Program starts in six weeks and many components are not final

Why Are We Pessimistic?

- Other major changes at the state and federal level are stressing the state agency and provider organizations
- The planning process has become increasingly opaque as the start date nears

Role of DD Network

- Advocating for participants
 - Added Consumer Bill of Rights
 - Required consumer advisory committees
- Providing public comments
- Convened a monthly policy group to monitor plans

Role of DD Network

- Served on planning committee
- Contracting with PASSEs for crisis prevention and intervention
- Educating disability community about changes

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Tennessee's Employment and Community First CHOICES



Employment & Community First CHOICES

Description

- An integrated physical, behavioral and home & community based services program
- Promotes integrated, competitive employment and community living as the first and preferred option
- Targets waiting list and people with developmental disabilities other than intellectual disabilities
- Operated by managed care organizations:
 - Blue Care
 - Amerigroup
 - United HealthCare

Started with 3 Benefit Groups

Group 4

Essential
Family
Supports

Group 5

Essential
Supports
for
Employment
and
Independent
Living

Group 6

Comprehensive
Supports
for
Employment
and
Community
Living

Essential Family Supports – Group 4

- Supports for families caring for children under the age of 21 with ID or DD, living at home with their families
 - HCBS beyond scope of EPSDT that help support families and sustain natural caregiving networks
- Adults age 21 and older living at home with family caregivers

Essential Supports for Employment and Independent Living – Group 5

- Adults age 18 and older with ID or DD
- Assists young adults to transition from school into integrated, competitive employment
- Helps other adults plan for and achieve employment and community living goals, and engage fully in community life

Comprehensive Supports for Employment and Community Living – Group 6

- Adults age 18 and older with ID or DD who need more support to help them achieve employment and community living goals
- More intensive level of services/supports
- Up to the cost of services available to a person in the existing Statewide HCBS Waiver

New Groups Launching 2019

- In direct response to public comment, including from the DD Network, TennCare will launch two new groups in January 2019:
 - Address people with intensive behavioral health needs
 - Youth and adults
 - 50-100 slots available in the first year (combined)

Employment Services and Supports

14 Employment Services available in *each* benefit group:

1. Exploration
2. Discovery
3. Situational Observation and Assessment
4. Job Dev Plan
5. Self Employment Plan
6. Job Dev Start Up
7. Self-Employment Start Up
8. Job Coaching for Individual Integrated Employment
9. Job Coaching for Self-Employment
10. Co-Worker Supports
11. Supported Employment – Small Group
12. Career Advancement
13. Benefits Counseling
14. Integrated Employment Path Services (Pre-Vocational)

Other Services and Supports

Employment wrap-around services:

- Independent Living Skills Training
- Community Integration Support Services
- Community Transportation

Other LTSS

- Respite
- Personal Assistance
- Supportive Home Care (SHC)
- Family Caregiver Stipend (in lieu of SHC)
- Community Living Supports
- Community Living Supports-Family Model
- Assistive Technology, Adaptive Equipment and Supplies
- Minor Home Modifications
- Specialized Consultation and Training
- Adult Dental Services

And self-advocacy supports

- Individual Education and Training
- Family Caregiver Education and Training
- Family-to-Family Support
- Peer-to-Peer Person-Centered Planning, Self-Direction, Employment, and Community Support and Navigation
- Community Support Development, Organization and Navigation
- Conservatorship and Alternatives to Conservatorship Counseling and Assistance
- Health Insurance Counseling/Forms Assistance (TDCI)

**Please note, not all of these services and supports are available in each benefit group*

Community Living Supports

Most Utilized Services to date (Groups 4, 5, 6)

- #1 • Pre-Employment Services
- #2 • Community Integration Supports
- #3 • Personal Assistance
- #4 • Independent Living Skills Training
- #5 • Respite
- #6 • Community Transportation

Employment & Community First CHOICES

Planning & Development: Community Engagement *Essential!!*

- Meetings with individual advocacy groups
- Meetings with TN DD Network agencies
- Statewide Transformation Leadership Group
- Provider development group
- Individual and family focus group
- Workforce Challenges workgroup
- Behavioral Challenges workgroup
- Communication workgroup

The Role of the DD Network

- DD Network has been involved since the first concept paper development in 2014. Since then, the DD Network continues to provide input via:
 - Reviewing and providing comment on proposed changes
 - Serving on advisory committees at both the Medicaid Agency level and the MCO level
 - Educating Tennesseans via:
 - TennesseeWorks blog
 - UCEDD's Community Advisory Council
 - Council Public Policy E-newsletter,
 - Council meetings and Partners in Policymaking Leadership Institute

Employment & Community First CHOICES

What's working

- Able to serve a number of people on waiting list, students transitioning from school
- For the first time serving people with other developmental disabilities
- Greater emphasis on competitive/integrated employment
- Greater emphasis on job exploration, discovery

Challenges

- Workforce
- Serving people with intellectual disabilities and behavior issues (to be addressed by new Groups 7 & 8)
- Program growth – keeping up with demand

Questions?

TN

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VANDERBILT KENNEDY CENTER
FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES



Council on
Developmental Disabilities

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Division of
**Health Care
Finance & Administration**

Measurement Matters: Quality Measurement in MLTSS

Joe Caldwell, PhD
Director of Community Living Policy Center

November 13, 2018

BRANDEIS UNIVERSITY

The Heller School

FOR SOCIAL POLICY AND MANAGEMENT

The Lurie Institute
for Disability Policy

Why Does Measurement Matter?

Quality measurement in MLTSS is a “power tool” that can drive desired outcomes:

- What gets measured gets done by the health plans
- Can be tied to payment through incentives or penalties/withholds
- Can be used to require quality improvement projects for health plans
- Allow individuals and families to compare plans and make informed choices about choosing the right plan



However, Many Challenges

Many existing quality entities and players in managed care

- Operate from a predominate medical model
- Do not understand Home and Community Based Services (HCBS)

Lack of HCBS Quality measures that have been endorsed by National Quality Forum

- Need for HCBS measure development and NQF endorsement



What Progress Has Been Made?

National Quality Forum Committee on HCBS Outcome Measures

- Framework for HCBS Quality
- Recommendations for HCBS measure development

Investment in HCBS Measure Development

- HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey developed and endorsed by NQF
- MLTSS measures developed by Mathematica (comprehensive assessment, plan of care, rebalancing, falls prevention)



What Progress Has Been Made?

– RRTC on Outcome Measures

- Inventory of HCBS instruments by NQF domains
- Development of new HCBS Outcomes measures



– ACL support for NCI and NCI-AD

- Approximately 20 states using NCI-AD, some MLTSS states beginning to use within an MLTSS context
- New modules on person-centered planning



How Do We Define Success?

Vision, values, and desired outcomes should drive the selection of HCBS performance measures

- Ongoing stakeholder input at the plan and state level critical

Start with the end in mind: What do we want to achieve?

- Increase % of people living in the community versus nursing homes and institutional settings?
- Increase the % of individuals with disabilities in integrated competitive employment?
- Increase the % of individuals who say their care plan includes things that are important to them?
- Increase the % of individuals who say their direct support workers treat them with dignity and respect?

Use measures to incentivize change and quality improvement to achieve desired outcomes

Examples



KanCare MLTSS Program

- Pay for performance (P4P) program
- Quality withhold - 5% of health plan payments withheld each month
- Tied to performance on 15 performance measures. Plans that meet the State's target receive withhold back

Performance Measures Include:

- *Increased Competitive Employment:* An increased number of people with developmental or physical disabilities, or with significant mental health treatment needs, will gain and maintain competitive employment.
- *Decreased Utilization of Inpatient Services:* A decreased number of people with mental health treatment needs will utilize inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services.
- *Increased Integration of Care:* The rate of integration of physical, behavioral (both mental health and substance use disorder), long term care and HCBS waiver services will increase.
- *Decreased Nursing Facility Days of Care:* The number of nursing facility days used by eligible beneficiaries will decrease.

<https://www.kancare.ks.gov/policies-and-reports/quality-measurement>

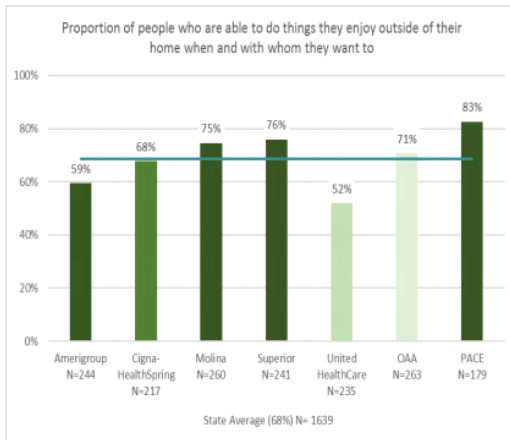
Examples



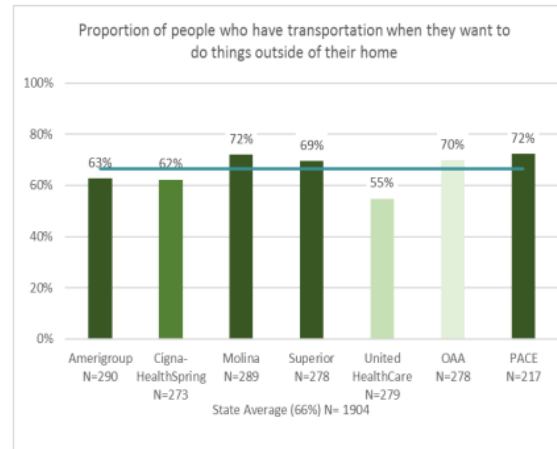
Texas Star+Plus Program

- Using NCI-AD at the health plan level to compare plan performance

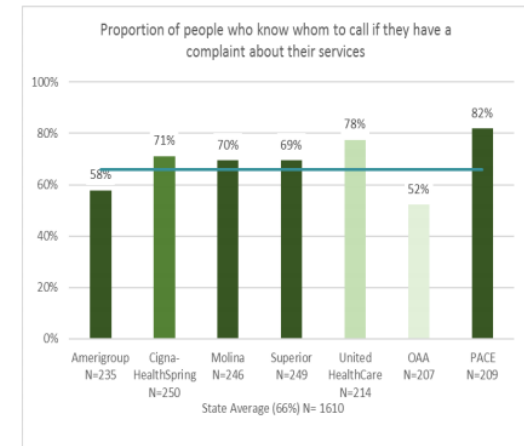
Graph 1. Proportion of people who are able to do things they enjoy outside of their home when and with whom they want to.



Graph 28. Proportion of people who have transportation when they want to do things outside of their home



Graph 13. Proportion of people who know whom to call if they have a complaint about their services



<https://nci-ad.org/states/TX/>

Key Take-Aways

HCBS quality and performance measurement in MLTSS is a “work in progress”

- Need additional HCBS measure development and NQF endorsement
- Need to work with and educate managed care quality entities about HCBS quality
- Have many excellent tools that are not being fully utilized in MLTSS (NCI, HCBS CAHPS, CQL Personal Outcome Measures)

“Measure what we value, not value what we measure”

-Patti Killingsworth

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