

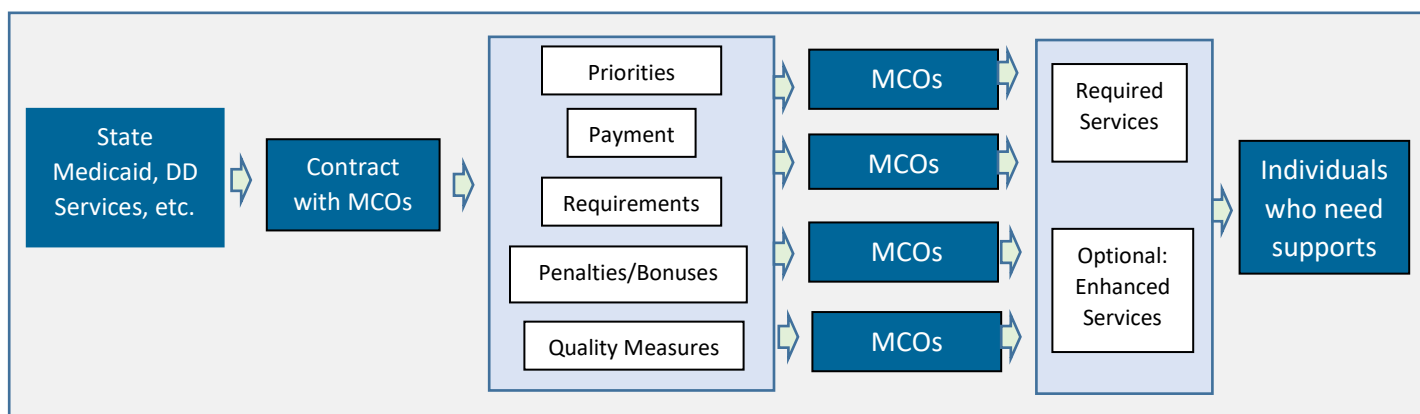
# Stakeholder Guide to Understand and Have Involvement in the Movement to Medicaid Managed Long-Term Services and Supports

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Many states are working to move the management of Medicaid and Medicaid Waiver programs to Managed Care Organizations (MCOs). Historically, states have managed their Medicaid long-term services and supports (LTSS) programs. However, as Medicaid budgets have grown, states are now contracting out LTSS programs to MCOs. As states develop Requests for Proposals (RFP) and contracts with MCOs, it is important for disability stakeholders to be involved. The movement to MLTSS 'offers both significant risk and considerable opportunity.'<sup>1</sup> (Justice in Aging and Disability Rights Education & Defense Fund, 2018) This policy shift means that there will likely be changes to the way services have historically been provided. For example, the way that community-based organizations (such as developmental disability providers and home health organizations) are paid and the way services are provided and authorized may be different. It could also change where service coordinators work (for the managed care organization or within community-based organizations i.e. a Center for Independent Living) and the background the services coordinator has (i.e. a nurse, or person with a disability).

When the state shifts the management of Medicaid LTSS (MLTSS) to a MCO, this means that the MCO will have responsibility for the management of services provided and the state will have a legal responsibility for providing oversight of the MCO. In many states, the movement to MLTSS is presenting the opportunity to innovate the LTSS system. For example, MCOs have the ability to pay for things (increased respite hours, non-medical transportation, membership to gyms, job coaches, etc.) that Medicaid may not always pay for or may limit. Also, many states are incentivizing (paying more or allowing any savings to be kept) MCOs for keeping people with disabilities out of nursing facilities or transitioning them to community-based settings.

At the most basic level, under MLTSS, the state will have a contract with each MCO. The MCOs are required to follow the requirements that the state puts into the contract. The contract will determine how the MCO will be paid, how they will pay community-based organizations (i.e. developmental disability providers) and how the state will evaluate the MCOs. The state will determine performance measures that it will use to evaluate the MCOs and these too will be detailed in the contract. Finally, the contract will also lay out what will happen if the MCO does not meet the stated requirements, and if they will be fined or penalized for denying services.



<sup>1</sup> <http://www.justiceinaging.org/resources-for-advocates/mltss-in-managed-care-toolkit/>

## Opportunities for Involvement:

A key component in states who have successfully implemented MLTSS is involvement of people with disabilities and their families in the design, implementation and evaluation of MLTSS. Fortunately, there are many opportunities to be involved.

### **Be Involved in the MLTSS State Advisory Council:**

The Centers for Medicare and Medicaid Services (CMS) requires that the state have an advisory council for MLTSS. This advisory council needs to be composed of individuals with disabilities, their families, organizations that are impacted and representatives from the MCOs. This advisory council allows for stakeholders to provide feedback to state leadership and ask questions. This state advisory council is likely a public meeting and as such will need to comply with the Open Meetings Act. This means that it should be open to members of the public, and the state will need to provide notice for the meeting, allow for public comment, provide minutes of the meeting and make these publically available.

### **Provide Public Comments when the State Submits for a New/Existing Medicaid Waiver:**

The Centers for Medicare and Medicaid Services (CMS) requires that the state take public comments when the state submits for a new or existing Medicaid Waiver. Then the state must respond to these comments, make them publically available and provide both the public comments and their responses to CMS.

### **Become Involved in Disability Coalitions:**

There are many organizations in states that follow and have involvement in disability policy. For example, the state Developmental Disabilities Network (composed of University Centers for Excellence in Developmental Disabilities, the State Councils on Developmental Disabilities and the Protection and Advocacy Systems) and the state Independent Living Network (composed of Statewide Independent Living Councils and Centers for Independent Living) can offer information and assistance to help advocates and stakeholders. Sometimes working in a coalition or providing comments with 'one voice' can be powerful.

The following questions can help advocates, family members and other stakeholders understand how the state plans to implement and evaluate MLTSS. It is our hope that these questions can be used to help stakeholders better understand what the MLTSS program will look like in their state and also help to increase their involvement.

***Members of the Association of University Centers on Disabilities (AUCD) are encouraged to use this brief, and/or the following questions, modify as necessary, and disseminate to stakeholders.***

# Questions That Can Be Asked to Help Understand Your State's Plan to Implement Medicaid Managed Long-Term Services and Supports (MLTSS)

## What population and areas of the state will have MLTSS?

- Will people with physical disabilities and intellectual disabilities be included in MLTSS?
- Will MLTSS include the entire state or only parts of the state?
- Are there any populations or services that will be carved out (excluded) from the MLTSS program?

## How fast does the state plan to have MLTSS implemented?

- Does the state already have a plan in place which lays out the stages for MLTSS?
- Does the state plan to implement MLTSS in stages? (for example, will they start with individuals with physical disabilities and 6 months later include people with intellectual disabilities?)
- Will the state slow the rollout if there are problems or concerns?

## How will people with disabilities and their families be included in the design, implementation and evaluation of MLTSS?

- How will the state help educate stakeholders on MLTSS?
- How many people with disabilities will be on the state MLTSS advisory council?
- How many family members will be on the state MLTSS advisory council?
- Will the state financially reimburse individuals with disabilities and their families to ensure their participation?
- Will the state require each MCO to have an advisory council? If so, what will be the required membership of people with disabilities? Family members?

## How will the state measure quality and ensure the rights and choices of people with disabilities and their families are considered by MCOs?

- What are the quality measures the state will require? (Do you agree with them?)
- How often will the state share the results of these measures with stakeholders?
- How will they share this information?
- How will the state provide this information in a way you understand?
- Do these measures allow you to compare the MCOs so that you can make informed choices and select the one that best meets your needs?

## How will the state monitor the number and kinds of providers in the MCO Networks?

- How will the MCOs report on the number of providers they have in their network?
- Will MCOs be required to reimburse providers a higher rate to fill gaps in service provision? i.e. there aren't providers in a geographical region or an individual has higher needs and cannot find a qualified provider, etc.)
- What will the state do if the MCOs don't have adequate provider networks?
- How will people with disabilities and their families report problems?

## How will the state monitor if services are denied by the MCOs?

- If a service is denied or a decision to reduce services is made, will the MCO need to keep providing the service through the appeals process and until a final decision is made?
- How will the state monitor if the MCOs are delivering all the required services outlined in the state contract?

- What will the state do if the MCOs are not providing the required services?
- Will the state fund an independent agency (with no ties to the state and no ties to MCOs) to help provide guidance to stakeholders on MCOs and answer questions?
- Will the state fund an independent agency (with no ties to the state and no ties to MCOs) to help individuals with disabilities with appeals and monitor and report denials to the state?

**How will the state rebalance the amount of institutional services provided in home and community-based settings?**

- Will the state include institutional services in MLTSS?
- Will the state financially incentivize the MCOs to move individuals out of institutional settings and provide the necessary services and supports to live in the community?
- If the state or MCO achieves savings, will any percentage be allocated to reduce waiting lists or increase access for home and community-based services?

**How will the state make sure that community-based organizations (such as developmental disability providers) and MCOs will be able to work together to provide services without disruption?**

- Will the state host 'get-to-know-you' sessions where community-based organizations can meet the leadership of the MCOs?
- Will there be any technical assistance provided to community-based organizations to help them learn the contracting processes of MCOs?
- Will there be any practice billing sessions before the 'go-live' date to identify any problems?

**How will the state fund and provide services coordination for individuals with disabilities and their families?**

- Will the state carve-out service coordination? (i.e. - service coordinators won't work for the MCO)
- Will the state set up a ratio of service coordinators to recipients?
- How will individuals with disabilities and families learn who their service coordinator is?
- Will service coordinators be trained in person-centered planning?
- Will individuals with disabilities and families be allowed to self-direct their services? If so, how?

**How will the state help to make sure that non-medical services are provided as necessary?**

- How will the state make sure that MCOs don't assess services provided solely on the basis of 'medical necessity' but instead on 'community integration' and 'quality of life measures'?
- How will the state ensure that the MCOs provide competitive integrated employment for individuals with disabilities?

**Will the state incentivize MCOs to have involvement in historical systems issues such as transportation, accessible housing and having quality trained direct workforce providers?**

- How will the state encourage MCOs to be involved in building a quality MLTSS workforce?
- How will the state encourage MCOs to improve and increase access to both medical and non-medical transportation?
- Will a target for MCOs be to work with housing organizations and builders to increase the numbers of accessible, affordable housing?