Ten Essential Elements for Medicaid Managed Long Term Supports & Services (LTSS)

Summary of CMS’ May 2013 Guidance to States

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Ruth Kennedy, Medicaid Director
DHH/Bureau of Health Services Financing
Arrangement between state Medicaid programs and managed care plan through which plan receive capitated payments [monthly amount] for long term services and supports (LTSS), including both home- and community-based services (HCBS) and/or institutional-based services.
# 1 Adequate Planning and Transition Strategies

- Thoughtful and deliberative planning process and enough time to develop "clear vision" for program
- Solicitation and consideration of stakeholder input
- Education of program participants
- Assessment of readiness to proceed
  - State
  - Managed care entities
# 2 Stakeholder Engagement

Consumers  Providers  Advocates
# 2 Examples of Meaningful Stakeholder Engagement

- Educational “tours” or town hall style meetings
- Multiple educational mailings
- Transparency in design and oversight by posting materials on a MLTSS website
- MLTSS Advisory Group(s)
- Ongoing involvement after implementation to provide critical feedback for program improvements.
# 3 Enhanced Provision of HCBS

- Consideration of protections under ADA and Olmstead decision to receive services in most integrated setting
- Community based LTSS should be delivered in settings that—
  - are aligned with requirements for home and community based characteristics
  - In a way that offer the greatest opportunities for active community and workforce participation
# 4 Alignment of Payment with MLTSS Program Goals

- Payment to managed care plans support the goals of MLTSS programs
- Three key goals, in addition to essential elements
  - Improving the health of populations
  - Improving the participants experience of care
  - Reducing costs through these improvements.
- Capitation rates that encourage delivery of high quality services in home and community-based settings and support the goal of community integration
- Contracts that provide performance-based incentives tied to outcome measures and penalties for poor performance or non-compliance
# 5 Support for Beneficiaries

- Support provided by independent and conflict-free source(s)
- Enrollment/disenrollment services
  - Choice counseling
  - Education on additional opportunities for disenrollment
- Advocate or ombudsman to help participants understand
  - Their rights and responsibilities
  - How to handle a dispute with the managed care plan or state.
# 6 Person-Centered Processes

- Active participation by the beneficiary, or his/her designee, in service planning and delivery process
- Meaningful choices of service alternatives
- Plans based on comprehensive needs assessment which include goals that are meaningful to the participant
- Opportunity to self-direct community-based services, fostering independence, with needed supports
Ideally, all covered services - including integrated physical health, behavioral health, community based and institutional LTSS - provided through the managed care plan.

When all services are not covered through the MLTSS plan, contract provisions for coordination and referral to ensure that service plan is holistic and person-centered.
# 8 Qualified Providers

- Adequate network of qualified providers to meet the needs of enrolled beneficiaries
- Adequate capacity and expertise to provide access to services that support community integration
  - Employment supports
  - Provision of training and technical assistance to providers
- Continuity of care standards
- Requiring managed care plans to provide training and technical assistance to providers in learning new billing and coding requirements
# 9 Participant Protections

- Robust health and welfare safeguards and protections built into contracts
- Strong critical incident management system
- Appeals process that allows access to continuation of services while an appeal is pending.
# 10 Focus on Quality

- Program focus on quality of care and quality of life for beneficiaries
- Comprehensive quality strategy that includes acute and primary care & behavioral health, as well as LTSS
- Merging of LTSS existing quality systems with managed care quality systems
- Provision for appropriate type and level of staff to monitor quality
Final Thoughts from CMS on the Ten Essential Elements

- Ten principals not exhaustive and subject to further refinement
- Critical to the successful implementation and operation of MLTSS programs that support greater integration of care for beneficiaries with the most significant needs
- CMS will use these guiding principles in their review, approval, and oversight of state MLTSS programs under 1115 or 1915(b) waivers and other LTSS authorities
Link to CMS Informational Bulletin and Guidance

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Medicaid-Managed-Long-Term-Services-and-Supports-MLTSS.html