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

Presentation at the Medicaid Managed Care Best Practices Summit

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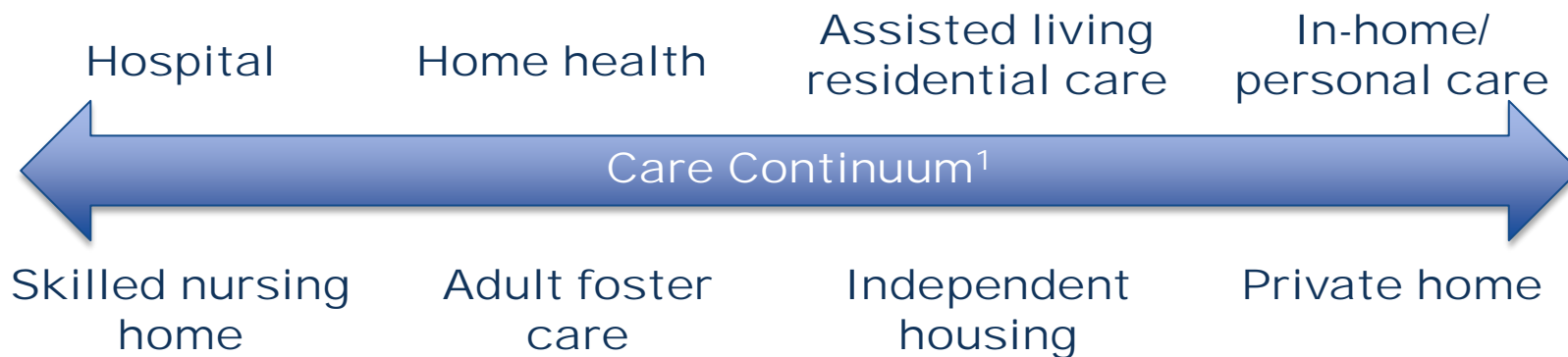
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Introduction

- **This presentation will describe state oversight activities for MLTSS so that health plans can understand state expectations and be prepared to meet them**

- **The information draws largely from a 2012 survey of eight states with MLTSS experience**

  - **See: Lipson, D., J. Libersky, R. Machta, L. Flowers, and W. Fox-Grage. "Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports." Report no. 2012-06. Washington, DC: AARP Public Policy Institute, July 2012. Available at http://www.aarp.org/health/medicare-insurance/info-07-2012/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-long-term-services-and-supports-AARP-ppi-health.html.**

Unique Needs of LTSS Users

- **LTSS users:**
  - **Include older adults; people with physical, cognitive, or behavioral disabilities; and people with multiple chronic conditions**
  - **Rely on hands-on personal assistance to carry out activities of daily living (ADLs) or instrumental activities of daily living (IADLs)**
  - **Require a wide range of services coordinated across many providers and settings**

Hospital	**Home health**	**Assisted living residential care**	**In-home/ personal care**
Care Continuum[1]			
Skilled nursing home	**Adult foster care**	**Independent housing**	**Private home**

[1] Colelo, Kirsten J. "Long-Term Services and Supports." Presentation to the National Health Policy Forum, Washington, DC, March 2013. Available at http://www.nhpf.org/uploads/Handouts/Colello-slides_03-15-13.pdf.

Use of MLTSS Is Increasing

- **As of July 2014, 29 states offered or plan to offer at least one MLTSS program[2]**

  – **Up from 8 states in 2004**

- **States turn to MLTSS because it offers:**

  – **Predictable costs**

  – **The ability to create incentives to rebalance care in favor of home and community-based services (HCBS) or to encourage quality improvement**

- **Capitated rate setting raises new challenges:**

  – **How to use the rate structure to provide incentives for HCBS**

  – **How to adjust rates for widely diverse costs and care needs of the LTSS population**

- **In a managed care setting, the state is an active purchaser**

  – **Contract requirements and oversight activities help the state get what it pays for**

[2] National Association of States United for Aging and Disabilities (NASUAD). "State Medicaid Integration Tracker." Washington, DC: NASUAD, July 7, 2014. Available at http://www.nasuad.org/sites/nasuad/files/July%20Tracker%20-%20Final%20Version%207-8-14.pdf.

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State Oversight of MLTSS (1)

- **Many state oversight activities for MLTSS are similar to those used for other Medicaid managed care programs that only cover acute and primary services**

- **But because LTSS users have greater needs, MLTSS oversight needs to be <u>more frequent</u> and <u>population-specific</u>**

  - **Monitoring must include additional provider types**
    - For example: nursing homes, personal care attendants, adult day health centers, social service providers

  - **Services should be monitored more often, ideally in real time**
    - For example: through electronic verification systems

  - **Travel and accessibility requirements must account for beneficiary needs**
    - For example: provider network time-to-travel standards should account for mobility impairments, and language requirements for member education materials should accommodate people with intellectual disabilities

- **For Medicare-Medicaid eligibles ("dual eligibles"), oversight of Medicaid services should be coordinated with Medicare**

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State Oversight of MLTSS (2)

- **States' oversight practices vary, even among experienced states**

  - Variation is due to the length of time operating MLTSS, number and range of contractors/beneficiaries/services, staff knowledge and skills, coordination and communications practices, staff turnover, technology, etc.

- **The following slides present "norms" and "promising practices" from eight states that have operated MLTSS programs for more than two years**

- **Oversight activities fall into four categories:**

  - Contract monitoring and performance improvement

  - Provider network adequacy and access to services

  - Member education and consumer rights

  - Quality assurance and improvement

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Oversight Activities (1)

- **Contract monitoring and performance improvement**

  - **On-site readiness reviews for new managed care contractors and regular on-site reviews for continuing contractors[3]**

  - **Strong partnership with MCOs, characterized by frequent communication about contract issues**

  - **Financial incentives to drive performance**
    - For example, savings for MCOs that exceed targets for use of HCBS as opposed to institutional care

- **Provider network adequacy and access to services**

  - **Medicaid agency or "mystery shoppers" to verify that provider offices are open and accepting new patients**

[3] For more information on readiness reviews activities in AZ, MN, TN, TX, and WI, see: Flowers, Lynda. "Ready, Set, Go! The Readiness Review Process for Care Coordination and Provider Network Adequacy in Five States." Washington, DC: AARP Public Policy Institute, December 2013. Available at http://www.aarp.org/health/medicare-insurance/info-12-2013/the-readiness-review-process-AARP-ppi-ltc.html.

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Oversight Activities (2)

- **Member education and consumer rights**

  – **Ombudsman investigates MLTSS member problems**

  – **Critical incidents are monitored daily**

  – **Member grievances and appeals are regularly reviewed and discussed with MCO managers**

- **Quality assurance and improvement**

  – **Electronic visit verification systems are used to monitor home care services in real time**

  – **Dashboard of quality indicators presents a comprehensive picture of performance**

  – **Encounter data are used to construct quality measures and to monitor performance**

  – **Care management activities are reviewed, usually through a sample of records**

Review of Care Coordination Activities

- **Monitoring care coordination can help identify system-wide problems**

    - Gaps in provider networks, inaccessible sites of care, poor-quality services, need for specific benefit counseling, breach of consumer rights, etc.

- **MLTSS programs that use 1915(c) waivers must follow the same procedures to monitor HCBS and care coordination as they would under fee-or-service (FFS)**

- **Oversight activities include:**

    - Specifying responsibilities and qualifications for care managers

    - Reviewing a sample of individual care plans to ensure home visits and comprehensive assessments occur on schedule

    - Reviewing training materials for care managers to ensure that the guidance conforms to state standards and policies

    - Surveying a sample of clients by telephone to discuss their experience of care

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Sample MLTSS Quality Measures

Process measures:

- Receipt of HCBS based on a comprehensive care assessment and care plan within 30 days of enrollment

- Share of members asked about their care preferences

- Number of home safety evaluations

- Screening and treatment for falls

- Case manager turnover rates

- Nursing facility diversion rates

Transition measures:

- Plan all-cause readmissions

- Nursing home readmissions within 30 days of discharge

- Follow-up after hospitalization for mental illness

- Medication reconciliation after discharge from inpatient facility

Outcomes measures:

- Percentage of members with a change in ADLs/IADLs

- Employment status

- Member satisfaction

Questions?

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