Medicaid Managed Long-term Services and Supports Programs for CYSHCN

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- Karen VanLandeghem, Senior Program Director, NASHP |
| **Overview of NASHP 50-State Analysis of MLTSS Programs that Serve CYSHCN**  
- Kate Honsberger, Policy Associate, NASHP |
| **Iowa Health Link MLTSS Program**  
- Elizabeth Matney, Iowa Medicaid Bureau Chief, Managed Care Oversight and Supports |
| **Texas STAR Health Program – MLTSS for Foster Care Youth**  
- Marisa Luera, Program Specialist, Medicaid & CHIP, Texas Health and Human Services Commission |
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About NASHP

• An independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice.

• As a non-profit, nonpartisan organization, NASHP is dedicated to helping states achieve excellence in health policy and practice by:
  o Convening state leaders to solve problems and share solutions
  o Conducting policy analyses and research
  o Disseminating information on state policies and programs
  o Providing technical assistance to states
How States Use Medicaid Managed Care to Deliver Long-Term Services and Supports to Children with Special Health Care Needs

Results of a 50-State Review of Medicaid Managed Care Contracts

Kate Honsberger, Policy Associate
NASHP
Managed Care for CYSHCN

- State use of MMC to deliver services to CYSHCN is a growing trend
  - 47 states with some form of MMC (risk-based, primary care case management, prepaid health plans)
    - Only three states (AK, CT, WY) exclusively use fee-for-service systems
  - Among states with MMC, all enroll some or all populations of CYSHCN into MMC

NASHP Report: State Medicaid Managed Care Enrollment and Design for Children and Youth with Special Health Care Needs
MLTSS for Children

• Using managed care to deliver LTSS (MLTSS) to adults is also a growing trend
  • 2004: 8 states operated MLTSS programs.
  • 2017: 24 states operated MLTSS programs.
• NASHP recently completed a study of states’ use of MLTSS for children
  • 14 states provide MLTSS to children through 17 Medicaid managed care programs.
What are LTSS?

- Medical and non-medical services that are provided to chronically ill or disabled individuals, including:
  - Nursing facility care
  - Home nursing services
  - Home- and community-based services
  - Support with activities of daily living (ADLs), including eating, dressing, and maintaining personal hygiene.
  - Instrumental activities of daily living (IADLS) — assistance with medication management, meal preparation, community mobility, and housekeeping.
  - Care coordination
• States predominantly enroll children who receive SSI, are enrolled in Medicaid as the result of their foster care placement, and/or are enrolled in 1915(c) HCBS waivers.

• Majority of enrollment policies mandate enrollment for children in MLTSS programs, although some states single out eligibility groups for voluntary enrollment:
  • Arizona and Tennessee voluntarily enroll children on HCBS waivers
• Of states with MLTSS programs, nearly all states provide these services as part of a comprehensive set of physical, behavioral, and LTSS benefits.

• Three states (Arizona, Texas and Virginia) have designed a stand-alone MLTSS programs to specifically serve Medicaid populations with complex health care needs.
  
  • Arizona and Virginia have MLTSS programs for adults and children with complex needs
  
  • Texas has two MLTSS programs for children – one for children in foster care and one for children with complex needs.
States implement MMC programs by using one of four federal Medicaid waiver authorities. Several factors determine which federal Medicaid authority is needed, including:

- The population/s a state wishes to cover in the managed care program;
- Whether that coverage is provided on a voluntary or mandatory basis; and
- The types of services and delivery system.

The majority (10 states) with MLTSS programs that serve children use 1115 waivers.
MLTSS for CYSHCN

- LTSS Network Adequacy Strategies
  - Time and distance standards
  - LTSS provider capacity
  - Requirements for MCO agreements with LTSS community providers
- LTSS Quality Measurement and Improvement Strategies
  - LTSS utilization reports
  - Enrollee surveys
  - Performance Improvement Projects (PIPs)
MLTSS for CYSHCN: Resources

- **Issue Brief:** How States Use Medicaid Managed Care to Deliver Long-Term Services and Supports to Children with Special Health Care Needs
- **Chart:** 50-State Review of Long-Term Services and Supports for CYSHCN in Medicaid Managed Care
IA Health Link
Managed Care and Long Term Services and Supports

Elizabeth Matney
Bureau Chief, Iowa Medicaid
IA Health Link Background

• **April 2016** - Go Live
  – Inclusive of Nearly All Medicaid Programs and Population
  – Limited Exclusions Served through FFS

• Currently two MCOs and onboarding a third for July 2019
Why Include LTSS?

✓ Integrated systems for comprehensive care.
✓ Single point of responsibility for care coordination.
✓ Monitoring of care and clinical outcomes.
✓ Sustainability of program.
IA Health Link Populations

Delivery System

- Managed Care
- Fee for Service

Population by Age

- 0 - 21 yrs
- 22 - 64 yrs
- 65+ yrs

Population by Program

- TXIX
- TXXI
- Expansion

MLTSS

- Community Based
- Facility

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IA Health Link MLTSS Coverage - Children

• Unless falling in an excluded population (limited) covered through IA Health Link

• Inclusive of the following:
  – Children in the Mental Health Waiver
  – Children in Other Waivers (AIDS/HIV, Brain Injury, Health and Disability, Intellectual Disability)
  – Children in Facility Settings
  – Children Requiring Private Duty Nursing
Requirements for Service Provision

- Health risk assessments
- Comprehensive risk assessments and treatment plans where special needs identified
- Case management for children on waivers
- Continuity of care
- Service plan reductions may not occur without updated assessment
- Inclusion of services afforded with EPSDT
- Network adequacy
MLTSS Oversight - Touchpoints

LOC

- All initial level of care (LOC) determinations made by SMA.
- All LOC changes are approved by SMA.

Service Planning

- Interdisciplinary team ride-alongs conducted by SMA.
- Service plans audited.
- Service reductions within plan updates are reported to SMA.
- Sample of reductions reviewed for appropriateness.
- Monitoring and trending of appeals.
MLTSS Oversight - Touchpoints (cont.)

- Service utilization monitored by SMA.
- Critical incidents monitored by SMA and MCOs.
  - Data pulled to validate appropriate incident reporting.
- SMA and other agencies monitor LTSS providers:
  - Certifications;
  - Targeted reviews;
  - Focused reviews; and,
  - Facility oversight and licensure
- Satisfaction surveys.
- Escalated issue tracking by SMA for member and provider focus.
  - 1915(c) performance measure and remediation tracking.
  - Long term care ombudsman coordination.
  - Outcome measures monitored and trended.
Process Data

Timely LOC Reassessments

Process measures are important but not full picture when considering the effectiveness of program for our LTSS members.

Timely Service Plan Updates

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Clinical Measures

- Well-Child Visits in 3rd, 4th, 5th, and 6th YoL
- Adolescent Well-Care Visits
- Children and Adolescent Access to PCP
- Follow Up Care for Children Prescribed ADHD Medication

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Member satisfaction data important to measure the qualitative experience but important to put in place quantitative measures for validation. Additionally, the state leverages CAHPS survey results for program monitoring.
Anecdotes vs. Data

SFY2017 Claim Statistics

- Total # Claims
- Total # Clean Claims
- Total # Denied
- Total # Appeals
- Total # Grievances
- Total # SFH
- Total # SFH Overturned

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Important Points of Collaboration

• Ensuring seamless transition from pediatric to adult services
• Inclusion of child welfare and juvenile justice in care coordination
• Regular meetings to discuss members with extraordinary needs
• Linkage with other state agencies (Education, Public Health, etc.)
Desired Movement Towards Outcomes

- potentially preventable conditions for LTSS members.
- HbA1c testing for LTSS members.
- prevalence in obesity among LTSS.
- medication management.
- falls in the LTSS community and facility.
- use of pharmacological restraints in LTSS facilities.
- LTSS community tenure.
Lessons Learned

✓ Ensure adequate knowledge transfer.
✓ Put safeguards in place to mitigate fears.
✓ State nuances cannot be taken for granted.
✓ Updates to stakeholders critical.
✓ Clearly document program changes and communicate widely.
STAR Health

Texas Health and Human Services

Medicaid and CHIP Services Department

Fall 2018
Background

• In 2005, the Texas legislature required the Health and Human Services Commission (HHSC) to design a comprehensive managed care model specifically to meet the healthcare needs of children in foster care.

• Services are delivered through a single managed care organization (MCO) under contract with HHSC.
In April 2008, the STAR Health program was implemented. HHSC focused on characteristics important to this population based on Department of Family and Protective Services (DFPS) input:

- Immediate eligibility and access to medical care through a statewide provider network;
- Increased focus on behavioral health services;
- Service management and service coordination; and
- Access to an electronic Health Passport.
What is STAR Health

• STAR Health is a statewide managed care program designed to provide a comprehensive array of health care services for children and youth in DFPS conservatorship, including those in foster care and kinship care.

• Services include:
  
  • Primary and acute care
  • Behavioral health care
  • Dental
  • Vision
  • Pharmacy
  • Long term services and supports (LTSS)
  • Value added services (VAS)
  • Case-by-case services
Coordination with Child Welfare

• The MCO employs a team of dedicated STAR Health liaisons who are responsible for coordinating with regional DFPS well-being specialists to resolve issues identified by DFPS, HHSC, or the MCO related to a member’s health care.

• The MCO, DFPS, and HHSC meet regularly to address issues and concerns.
In STAR Health, the MCO is required to assess, authorize, coordinate, and provide all covered services, including LTSS for individuals meeting the required criteria.

The MCO is charged with authorizing community-based LTSS, including personal care services (PCS), private duty nursing (PDN), Community First Choice (CFC), and Medically Dependent Children’s Program (MDCP) based on a member’s needs assessment and service plan.

MDCP waiver services are available to members who meet income, resource, and MN requirements for nursing facility level of care.
LTSS (cont.)

• LTSS are delivered following person-centered planning principles in a manner consistent with the member’s needs, and that provide the member with access to the community.
Network Adequacy for LTSS

- To ensure all members have timely and reasonable access to all covered services, MCOs are required to provide members access to a choice of at least two providers for all covered services within a prescribed travel time or distance, from the member’s residence.

- For Attendant Care, to include home and community-based LTSS, MCOs are generally required to provide access to at least two Home and Community-based Support Services Agencies (HCSSAs) or Providers within the county, who are contracted to provide covered services.
STAR Health LTSS Measures

• To assess members’ experiences with STAR Health, the state conducts a biennial caregiver survey.
• The goal is to assess the health status of children in STAR Health and experiences of caregivers with the health case services received by their children.
STAR Health LTSS Measures (cont.)

- Survey instruments include:
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan survey 5.0H child questionnaire with children with chronic conditions (CCC) items
  - CAHPS clinician and group survey items
  - Additional questions developed by the External Quality Review Organization (EQRO) related to the State’s Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program and psychototropic medication use.
STAR Health LTSS Measures (cont.)

- Survey topics include:
  - Caregivers’ experiences and satisfaction with their child’s health care, personal doctor, and MCO customer service.
  - Need for an availability of specialized services for members.
  - Health care needs as children with chronic conditions transition into adulthood.
Thank You
Please enter your questions in the chat box.
NASHP Resources

- State Medicaid Managed Care Program Design for CYSHCN
- Structuring Care Coordination Services for CYSHCN in Medicaid Managed Care: Lessons from Six States
- State Strategies to Leverage Medicaid and Title V Programs to Improve Care for CYSHCN in Medicaid Managed Care
- State Strategies to Advance Medical Homes for CYSHCN
- Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid
- For more, visit NASHP’s CYSHCN Resources webpage!
Thank You!

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