Nebraska Long Term Care Redesign: Frequently Asked Questions

Below are questions received by Mercer Health Benefits, Inc. on its draft long-term care redesign plan and their answers as of April 25, 2017.

Question: What is the goal of the Long Term Care redesign project?

Answer: When the Department of Health and Human Services issued its Concept Paper in January 2016, included were a list of guiding principles for Long Term Care redesign. The guiding principles are to:

1. Improve the quality of services and health outcomes of recipients
2. Promote independent living in the least restrictive setting through the use of consumer focused and individualized services and living options
3. Strengthen access, coordination and integration of care through streamlined Long Term Care eligibility processes and collaborative care management models
4. Improve the capacity to match available resources with individual needs through innovative benefit structures
5. Streamline and better align the programmatic and administrative framework to decrease fragmentation for clients and providers
6. Refocus and balance the system in order to match growing demand for supports in a sustainable way

Question: Why is there a recommendation to move to Managed Long Term Services and Supports (MLTSS) when other states are having so many problems for consumers and providers?

Answer: MLTSS can achieve many goals Nebraskans have for their Medicaid Long Term Care program, including providing more care in community-based settings when appropriate, strengthening the coordination of care across an individual's physical health, behavioral health and long-term care needs, providing innovative approaches to delivering Medicaid supports and services, and increasing budget predictability for the State. Twenty-two states currently operate MLTSS programs for all Medicaid consumers who need Long Term Care or those who are dually eligible for Medicaid and Medicare. Five other states are considering or planning for implementation of MLTSS in the near future. There have been successful roll-outs of MLTSS in the majority

of states, with consumers and providers finding better coordination of care, easier access to services and, in many instances, access to more services.

Question: What role should stakeholders plan in the move to MLTSS?

Answer: States that have experienced challenges in moving to MLTSS have typically not invested adequate stakeholder engagement and planning. The best practice for a state to move to MLTSS is to engage stakeholders in the design, scope and timing of implementation of MLTSS. Best practice includes at least a year, if not more, for design and implementation of MLTSS. States that successfully moved to MLTSS also moved slowly from managed care for physical health to MLTSS by population group (seniors and people with physical disabilities first and then late for people with Intellectual and Developmental Disabilities).

Question: How can this redesign help support individuals who want to live at home or in community settings?

Answer: States have demonstrated that MLTSS can make real impacts on the degree to which services are delivered in the community. Arizona, which has the most mature managed care program in the country, has seen significant shifts from institutional care to community care. In 1989, only about 5% of Long Term Care was delivered in the community in Arizona, By Fiscal Year 2014, Arizona reported 70.4% of Long Term Care expenditures for Home and Community Based Services (HCBS). Tennessee reported similar shifts, with only 17% of Long Term Care consumers receiving services in the community in 2010. By 2015, 44% were receiving services in the community. New Jersey, which implemented MLTSS in July 2014, reported that 28.9% of Long Term Care consumers were receiving services in the community in June 2014. By December 2016, 43.2% of consumers were receiving services in the community.

Question: Is the recommendation to implement MLTSS being done to save money for the State?

Answer: No. Nebraska is not undertaking MLTSS with the goal of saving money. However, over time, as individuals realize the benefits of increased care coordination and opportunities for more community-based services and supports, the State expects its limited Long Term Care resources to be used

more effectively. MLTSS will also help the State more accurately project costs because MCOs are paid a fixed amount per person, and enrollment does not vary significantly, even if the economic climate changes.

Question: Will MLTSS limit the services available to individuals and/or cut services that are needed to keep individuals in their own homes?

Answer: No. MLTSS is not designed to limit or cut services. Instead, MLTSS is designed to shift the focus of care to home and community settings while preserving access to nursing homes and other institutional settings. Under MLTSS, individuals experience an integrated approach to their physical health, behavioral health and long term care needs.

State contracts with the Managed Care Organizations (MCO), also known as Plans, are typically designed to provide financial incentives to the MCOs to ensure that people remain in their own homes or other community-based settings. Federal requirements require states to ensure continuity of care, meaning people continue to receive services that they need and were getting prior to the move to MLTSS while MCOs develop new plans of care based upon reassessments of need.

Question: Why does the State need a new assessment tool? What are the benefits of having a common tool?

Answer: Another recommendation in the draft redesign plan is that the Department of Health and Human Services use a standardized assessment instrument for everyone served. Too few services, too many services or the wrong combination of supports and services contribute to an inefficient Long Term Care system of care, gaps in care, adverse outcomes and a strain on a state's finite resources. A standardized assessment instrument will allow different individual assessors to make the same determination of needs for services, and will ensure fairness and consistency across the state.

Question: Will the recommendations to include self-directed services and for Nebraska to engage the services of a Financial Management Services Agency mean that provider-based services are being eliminated?

Answer: The recommendations on self-directed services will provide new options to individual consumers and their caregivers. Implementation of these

recommendations will not eliminate the necessity of provider-based services. Instead, individuals and their caregivers will have another option, self-directed services, which will allow them, if they wish, to be the employer of record and hire and fire their staff. Individuals will always have the option to continue to receive services from provider organizations which have served them for years.

Question: Will individuals lose the service providers whom they have known for years and that have provided them with quality services?

Answer: MCOs will be required by federal rules and the State contract to have an adequate network of providers in all communities to serve individuals in the MLTSS program. MCOs will contract with quality providers to serve individuals. The State may require in its contract with the MCOs that particular providers be contracted by the plans. Continuity of care is important to the State; therefore, the State will consider measures to ensure that individuals continue receiving care from current providers, such as requiring individual's with specific health care needs to continue receiving care from a provider even if the provider is not a part of the MCO's network.

Question: Will people lose contact with the service coordinators with whom they have worked with for a long time?

Answer: It is possible that an individual service coordinator may no longer work with a specific individual. However, states that have implemented MLTSS have found that MCOs tend to hire existing service coordinators to work for them because of their expertise in a particular program. In many cases, service coordinators continue to work with the individuals they have served in the past.

Question: Will service coordinators or other State staff lose their jobs because of the move to MLTSS?

Answer: Job functions will change for service coordinators and other Department of Health and Human Services employees under MLTSS. The Department of Health and Human Services will need to align and change functions such as provider enrollment, quality assurance and oversight of the MCOs in order to support the new program. Service coordinators may have the option to work within the Department of Health and Human Services in a new role and

function, some of which will use their current expertise and knowledge. In addition, service coordinators will be highly sought after by the MCOs for their knowledge and expertise in working within the communities in which they currently serve.

Question: How will this plan work with the federal reform options that Congress is currently working on?

Answer: The consultants are monitoring developments in Washington, DC and will revise the report if changes are needed. Additionally, DHHS staff will need to consistently monitor changes.

Question: Can all of the recommendations in the draft redesign plan be implemented by the proposed timeframe (January 1, 2019 for individuals who are elderly and/or disabled and July 1, 2019 for individuals with intellectual and/or developmental disabilitities)?

Answer: Best practices suggest that implementation of a managed long term services and supports program should take at least one year. This is also guidance provided by the federal Department of Health and Human Services. DHHS plans to take a very careful and thoughtful approach to implementing all aspects of the long term care redesign and believes the 18 to 24 month window for managed long term services and supports will allow for appropriate and careful planning and implementation. Additionally, DHHS has the existing Heritage Health program which allows the services to be carved into managed care with less disruption than bringing on new plans. All of the current Heritage Health plans administer MLTSS is other States.

Question: How does the redesign plan impact different populations, such as children?

Answer: The redesign plan is designed to include everyone in the LTC program. That said, there will be different design and implementation decision issues that will need to be considered for different populations to meet their needs. DHHS will continue to look for stakeholder input to ensure population-specific issues are addressed.

Question: Has the State already decided to implement all of the recommendations from the redesign plan as it is currently written?

Answer: No. The published redesign plan is draft. DHHS continues to look for feedback from stakeholders on it. All input received by the May 1st deadline will be carefully considered and a final version of the redesign plan will be developed. Final decisions regarding implementation will not be made until after this time.