LONG TERM CARE REDESIGN ADVISORY COUNCIL

August 3, 2016

Agenda for the day

- Welcome
- Heritage Health Presentation
- Overview of Concept Paper
- Break-Out Sessions
- Report Out

Schedule

January 2016
- Concept paper

June 2016
- Key Informant discussions

September 2016
- Statewide Stakeholder Meetings

January 2017
- LTSS Redesign Draft

February-March 2017
- Statewide Stakeholder Meetings

May 2017
- Finalize LTSS Redesign

Next Steps and Commitments to YOU

- Commitment to gathering input and ensure transparency.
- Holding sessions across the State.
- Invite you to bring ideas on what needs to be changed, improved and what strategies should be considered.

8 Cities Tour

- Fremont
- Gering
- Grand Island
- Kearney
- Lincoln
- North Platte
- Norfolk
- Omaha
- Public Access TV Webinar

To Maximize Participation We Will Have

Meetings During The Day

- Meeting consumers, providers, and their caregivers where **THEY RESIDE**

  Ex: Assisted Living Facilities

Meetings During the Evenings

- Hosted at traditional locations

  Ex: High Schools

Have an idea where we should meet? Who we should meet with? Let us know!

Send comments:

DHHS.LTSSREDESIGN@NEBRASKA.GOV

SMALL GROUP DISCUSSIONS

It's Your Turn

What Color is Your Dot?

Color of Dots	Breakout Session	Room Number
Yellow	Entry & Navigation of the System	
Blue	Stakeholder Engagement	
Red	Systemic Improvements to the System	
Green	Provider Focus	
Two Red Dots	Consumer Focus	

Rules for the Small Group Discussions

- Assign Someone to Take Notes
- Assign Someone to Report Out
- Give Everyone a Turn
- **Look Towards the Future**

SMALL GROUP DISCUSSION PART 1

What Does an Ideal LTC System Look Like to You?

Principles of LTC Redesign

- Improve the quality of services and health outcomes of consumers.
- Promote independent living in the least restrictive setting through the use of consumer focused and individualized services and living options.
- Strengthen access, coordination and integration of care through streamlined LTC eligibility processes and collaborative care management.

Principles of Redesign (continued)

- Improve the capacity to match available resources with individual needs through innovative benefit structures.
- Streamline and better align the programmatic and administrative framework to decrease fragmentation for consumers and providers.
- Refocus and rebalance the system in order to match growing demand for supports in a sustainable manner.

SMALL GROUP DISCUSSION PART 2

30 minutes

ENTRY AND NAVIGATION

Scope of Redesign

- Scope is primarily Medicaid-funded services administered by Medicaid and Long Term Care, Division of Developmental Disabilities, Division of Children and Family Services, and the State Unit on Aging.

Feedback Needed: Recommendations for DHHS-administered or other programs used by LTC consumers that should be included in project's scope that will result in improved efficiency of service delivery and better outcomes for Medicaid consumers.

Assessment of Long Term Service Needs

- LTC needs are not assessed with a common method for all Medicaid LTC consumers. This means that the extent and content of functional assessments vary across programs and levels of care.

Feedback Needed: Tools and methods to ensure long term service needs are assessed fairly and uniformly across programs. Standardized assessment information should support the state in determining appropriate level of care, conduct program planning, reduce duplication of services, and compare levels of acuity across various settings.

Program Administration

- Siloed programs with different eligibility criteria, funding streams and methods for authorizing services. This makes it difficult to navigate LTC options and also leads to delayed access to needed services.

Feedback Needed: Ways to make it easier for the LTC population to navigate and be connected to program(s) that best fit needs; including a no wrong door/single point of entry.

Innovative benefit structures, including the possibility of tiered benefits based on individual needs.

STAKEHOLDER ENGAGEMENT

Scope of Redesign

- Scope is primarily Medicaid-funded services administered by Medicaid and Long Term Care, Division of Developmental Disabilities, Division of Children and Family Services, and the State Unit on Aging.

Feedback Needed: Recommendations for DHHS-administered or other programs used by LTC consumers that should be included in project's scope that will result in improved efficiency of service delivery and better outcomes for Medicaid consumers.

Service Coordination

- Case management is not readily available in home health, personal assistance services and private duty nursing. Due to inconsistent case management administration, opportunities exist for conflicts of interest between providers and consumers' interests.

Feedback Needed: Methods to promote care management and care coordination to match services with care needs.

SYSTEMIC IMPROVEMENT

Delivery System

- Comprehensive managed care for long term supports and services (MLTSS) offers states an opportunity to create equitable and sustainable systems of care. Nebraska is first focused on developing the necessary framework to meet the needs of this population. State believes that MLTSS can improve the quality of life for state's residents.

Feedback Needed: Potential timeline and key consideration for eventual transition to MLTSS. What key areas do stakeholders need to be focused upon or continue dialogue with the State?

Service Array and Authority

- Several of Nebraska's LTC services are very similar in the type of care provided. Policies and training are not in place for administration, oversight and coordination of services to ensure they are not duplicative to Medicaid State Plan services. In addition, service gaps may exist for some consumers based on eligibility or program participation.

Feedback Needed: How to best achieve compliance with federal requirements for non-duplication of services. What additional supports and services could help achieve principles of matching resources with needs and promoting least restrictive setting for consumers?

PROVIDER FOCUS

Scope of Redesign

- Scope is primarily Medicaid-funded services administered by Medicaid and Long Term Care, Division of Developmental Disabilities, Division of Children and Family Services, and the State Unit on Aging.

Feedback Needed: Recommendations for DHHS-administered or other programs used by LTC consumers that should be included in the project's scope that will result in improved efficiency of service delivery and better outcomes for Medicaid consumers.

Provider Management and Reimbursement

- Administrative oversight of LTC providers is variable, non-standard and sometimes absent and can be performed by the State, contracted providers and community supports. Reimbursement rates are not standardized (determined by service coordinators and based upon provider's experience) can lead to inconsistent reimbursement across the State. There is fragmentation in tracking and related reporting of providers.

Feedback Needed: Ways to improve and streamline administrative oversight, with reliable data sources, to ensure regular evaluation of provider reimbursement so that reimbursement is appropriate.

Measuring and Promoting Quality

- The state is interested in establishing quality metrics specific to the LTc population, including choice of setting and providers. National quality standards for LTC are still not in place.

Feedback Needed: Establishment of baseline quality metrics, potential strategies and solutions, and what areas should be prioritized as the most critical domains for measuring and assessing outcomes in LTC system.

CONSUMER FOCUS

Scope of Redesign

- Scope is primarily Medicaid-funded services administered by Medicaid and Long Term Care, Division of Developmental Disabilities, Division of Children and Family Services, and the State Unit on Aging.

Feedback Needed: Recommendations for DHHS-administered or other programs used by LTC consumers that should be included in project's scope that will result in improved efficiency of service delivery and better outcomes for Medicaid consumers.

Measuring and Promoting Quality

- The state is interested in establishing quality metrics specific to the LTC population, including choice of setting and providers. National quality standards for LTC are still not in place.

Feedback Needed: Establishment of baseline quality metrics, potential strategies and solutions, and what areas should be prioritized as the most critical domains for measuring and assessing outcomes in LTC system.

WRAP UP

How You Can Help?

- Identify Key Informants
- Publicize Stakeholder Meetings
- Attend Stakeholder Meetings
- Provide Areas for Improvement

STAY INFORMED:

www.ltssredesign.gov

Further Public Input:

DHHS.LTSSRedesign@Nebraska.gov

A GIANT THANK YOU!