

## **Long-Term Care Advisory Council Meeting**

August 3, 2016

1:00-5:00 p.m.

Lower Level Conference Room A

Nebraska State Office Building

301 Centennial Mall South, Lincoln, Nebraska

### In Attendance

*Council Members/Designees* (The asterisk denotes DHHS staff.)

Sue Adams\*, Tom Adams, Keri Bennett\*, Kate Bolz, Penny Clark\*, Dale Johannes, Cindy Kadavy, Seamus Kelly, Emily Kluver, Jan Henderson, Kathy Hoell, Courtney Miller\*, Mark Intermill, Kathy Kay, Tim Kolb, Kristen Larsen\*, Dennis Loose, Calder Lynch\*, Brad Muerrens, Tracy Olson, Tobias Orr\*, Dawn Reed, Tracy Robledo-Clark, Mike Schafer, Mark Schultz\*, Janet Seelhoff, Mark Smith, Vietta Swalley, Joni Thomas, Frank Velinsky, Kay Wenzl\*

### *Additional DHHS Staff*

Carmen Bachle, Kat Becker, Cynthia Brammeier, Julie Docter, Greg Carlson, Stephanie Crouch, Julie Gillmor, Heather Leschinsky, Julie Naughton, Joette Novak, Courtney Phillips, Jessie Sampson, Brian Shreves, Danny Vanourney, Teri Zimmerman

### *Mercer/NASUAD Staff*

Lowell Arye, Camille Dobson, Martha Roherty, Carol Sala, Alan Schafer, Joel Schuenke, Angie WasDyke

### Initial Welcome and Introductions

Martha Roherty welcomed all and facilitated introductions of Council members in attendance. She noted that Mercer and NASUAD staff will be conducting public meetings throughout the state in September and she requested that members share the list of meetings, once published, with their contacts. She requested the group share any suggestions for meeting locations.

### DHHS CEO Welcome

Courtney Phillips welcomed the group and thanked them for participation in this effort. She encouraged all to stay engaged throughout the process. She emphasized the importance of a focus on future design of our system and what needs to be put in place for sustainability and for those whom we serve. She acknowledged the importance of having the right people involved, including those at the table and who may not yet be at the table yet. Finally, she affirmed the commitment of DHHS to this project, noting it is one of the priorities in the DHHS Business Plan.

### “The Future of Nebraska Medicaid” Presentation

Medicaid Director Calder Lynch provided an overview of initiatives underway within Nebraska Medicaid, including Heritage Health managed care implementation, engaging a new enrollment broker, plans to release a dental benefits manager request for proposal, long-term care redesign, and data management and analytics. In discussion of Heritage Health, he emphasized that long-term services and supports, dental services and non-emergency transportation are not changing under Heritage Health.

### Concept Paper Overview

Medicaid Deputy Director Heather Leschinsky presented an overview of the project Concept Paper available on the LTC Redesign website. She reviewed the goals and scope of the project. She highlighted some topics about which the Division of Medicaid and Long-Term Care is seeking feedback, including improving ease of accessing services, assessment tools, how to promote care coordination, services provided, streamlining administration, provider reimbursement, quality metrics, and key considerations around managed long-term services and supports.

### Break-Out Groups

The group divided into 5 smaller groups for discussion. Each group first discussed what an ideal system for delivering long-term care services would look like. Then, each group discussed one of the following topics:

- Entry and navigation of the system – How can Nebraska make it easier for consumers; what Department of Health and Human Services should be easily accessed?
- Consumer focus – Fair and equitable treatment of consumers from assessment to appeals; improvements in case management for consumers.
- Provider focus – Improvements in provider management, reimbursement, and oversight.
- Systemic improvement – How can the system be more efficient and effective while assuring quality?
- Stakeholder engagement – Ensuring the voice of consumers, providers, and others is heard in any redesign of the system.

### Report Out

A representative of each break-out group reported to the larger group a summary of the smaller group's discussion. Discussion points included:

#### Entry and Navigation of the System

- Ensure that consumers have easy access to accurate information provided by respectful culturally competent staff and resources.
- Provide consumers with easy to understand information regarding the Medicaid program.
- Develop standardized applications, assessments, and processes for all programs.
- Consumers should continue to have assistance once enrolled in Medicaid to navigate the program; including assistance in finding providers.
- Create a system that allows consumers to learn about all of the programs that they may be eligible for at the same time (such as the Supplemental Nutrition Assistance Program).

#### Consumer Focus

- Develop a person-centered system that ensures that quality is at the center of the system for the consumers and their providers.
- Develop a better system for keeping all entry points informed of system, services, and program changes.
- Training should be provided to ensure that there are multiple options presented to the consumer.
- Develop an easier way to ensure access to services and providers, especially in rural areas.
- Improve service coordination and care planning services to ensure that the consumer is at the center of the planning process and that all supports and services that the consumer receives are communicating with each other.

- Inform consumers of advocacy organizations that are able to assist them in navigating the system.
- Require an independent review of the quality of the long term care program performed by consumers.
- Eliminate the waiting list for waiver services. Improve access to affordable, accessible, safe, clean and not segregated housing.
- Include transportation, both medical and non-medical, as a benefit to ensure that individuals with disabilities can have access to employment, socialization, and educational opportunities.

#### Provider Focus:

- Provide administrative simplification for providers so that billing and payment procedures are not a barrier to becoming Medicaid providers.
- Design a system that will improve the provider network and ensure access and quality.
- Tie reimbursements to providers to their performance.
- Migrate to a value based purchasing model in Medicaid Long Term Services and Supports.
- Recognize cultural diversity and individual preferences.
- Supporting and/or replacing the aging unpaid/informal caregiver

#### Systemic Improvement

- Run a statewide media campaign so that consumers know “where to go” for services.
- Develop a person-centered system that is designed around the individuals support needs.
- Design a long term care system that recognizes Nebraska’s culture and values.
- Ensure that consumers know who to contact about their support needs in an emergency.
- Ensure better access to providers including in rural and frontier areas.
- Assure that the system is free of fraud, waste, and abuse.
- Improve the use of technology throughout the system including the use of telehealth.
- Include behavioral health services in the service delivery package and provide training to staff to better serve Medicaid consumers with behavioral health needs.

#### Stakeholder Engagement:

- Develop a common sense “front door” where consumers can receive assistance without having to know the “key” words in order to access services.
- Design programs and services to meet the needs of the recipients rather than fitting consumers into the states’ program.
- Break down the silos between the various waiver programs and agencies so that the Medicaid long term care program operates as a whole and not in silos requiring consumers to navigate various waivers to receive necessary supports and services. Include state agencies that are outside of Medicaid such as Housing, Education, and Vocational Rehabilitation in the design.
- Assure providers that they will have timely and accurate payments for their services.

#### Public Comment

Calder Lynch invited public comment. There was no public comment.

### Next Steps

Martha Roherty again thanked the group for participation, introduced the consultant team from Mercer and NASUAD, and offered email addresses for consultants, inviting anyone to contact them directly with input for the redesign.

The meeting adjourned at 5:00 p.m.