

Long-Term Services and Supports Redesign



LTSS Redesign Advisory
Council Meeting

August 3, 2016



WHAT IS LTSS?

CMS defines Long-Term Services and Supports (LTSS) as:

“services and supports provided to beneficiaries of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice, which may include the individual’s home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting.”

LTSS Redesign Principles

6 Guiding Principles

1. Improve the quality of services and health outcome for members
2. Promote independent living in the least restrictive setting using person-centered services and living options
3. Strengthen access, coordination, and integration of care through eligibility processes and collaborative care management
4. Improve the capacity to match available resources with needs through innovative benefit structures
5. Decrease fragmentation for members and providers
6. Rebalance the system for sustainability

Redesign Scope

- Primarily Medicaid-funded services
- Includes services administered by Medicaid and Long-Term Care, including the State Unit on Aging, and the Division of Developmental Disabilities;
- Recognition that individuals receiving LTSS on rely on a variety of programs beyond those funded by Medicaid
- Medicaid-funded Community-Based Services
- Community-Based services funded by other sources
- Medicaid-funded institutional LTSS
- Focused on Quality

Redesign Scope

- MLTC is seeking feedback on the scope of the LTSS redesign beyond Medicaid-funded programs;
- Interested in recommendations for DHHS-administered or other programs utilized by LTSS members that should be included in the project's scope that will result in improved efficiency of service delivery and outcomes
- Mercer and the NASUAD team are currently assessing the LTSS system with stakeholders including the Advisory Council

Program Administration

- Siloed
- Many challenges navigating LTSS eligibility and enrollment
- Most LTSS programs operate independently and with different eligibility criteria, funding, and methods for authorizing and receiving services
- Can lead to delays to receiving necessary services, especially to remain living independently
- May increase institutionalization for those who could be better served in the community

Program Administration

MLTC is seeking feedback on:

- Ways to improve the navigation of the system
- Ways to be connected to the programs that best fit needs
- Streamlining LTSS programs so that they are easily accessible
- Develop innovative benefit structures including tiered benefits

Assessment Tools and Responsibilities

- Eligibility for services dependent upon determination of financial eligibility and assessment of functional needs
- Assessment tools vary among programs
- Vary among levels of care
- Are not standardized
- Data is not retained in a useful manner

Assessment Tools and Responsibilities

MLTC is seeking feedback on:

- Tools to ensure LTSS needs are assessed fairly
- Methods to ensure LTSS needs assessed uniformly across programs
- Ensuring assessment information supports determinations of level of care

Care Management Roles and Responsibilities

- Inconsistent case management administration
- Some programs case management is not readily available
- Other programs performed by various entities, contracted and state staff
- Opportunities for conflict of interest unknowingly exist

Care Management Roles and Responsibilities

MLTC is seeking feedback on:

- Methods to promote care coordination to match services with care needs
- Methods to ensure case management that is conflict-free

Service Array and Authorities

- Services that are similar in type of care provided
- Lack policies or training for oversight and coordination to prevent duplication
- Service gaps may exist
- LTSS are provided only through the State Plan and 1915(c) waivers
- Explore different federal authorities to administer LTSS that allow more flexibility

Service Array and Authorities

MLTC is seeking feedback on:

- How best to achieve compliance for non-duplication
- Where additional services and supports not currently provided could better match resources with needs
- Informed decision making

Provider Management and Reimbursement

- Administrative oversight of providers is variable and non-standard
- Reimbursement may also be variable or ambiguous or inconsistent
- Systems are variable resulting in fragmentation of information making monitoring service delivery difficult
- Billing is paper-driven and does not meet industry standards
- Providers can be frustrated navigating the system

Provider Management and Reimbursement

MLTC is seeking feedback on:

- Ways to improve administrative oversight
- Ways to streamline administrative oversight
- Evaluation of provider reimbursement that is appropriate, financially prudent, and based upon industry standards

Quality Measurement and Reporting

- Measuring quality specific to the LTSS population
- Measures specific to choice of setting and provider
- Developing incentives for quality measures-how best to measure and what to measure to ensure
- Standards are inconsistent and varied across state programs
- Standards exist for nursing facilities but only being developed for community-based services

Provider Management and Reimbursement

MLTC is seeking feedback on:

- Establishing baseline quality metrics
- Quality strategies or solutions
- Areas to prioritize for measuring and assessing outcomes
- Areas to prioritize for incentives

Delivery System Design

- Current LTSS services are reimbursed on a Fee-For-Service basis
- This will continue under Heritage Health
- Decisions need to be made through thoughtful and comprehensive approach
- First focus is to develop the necessary framework to meet the needs of the LTSS population
- Managed Care offers opportunity to create a more equitable and sustainable system of care

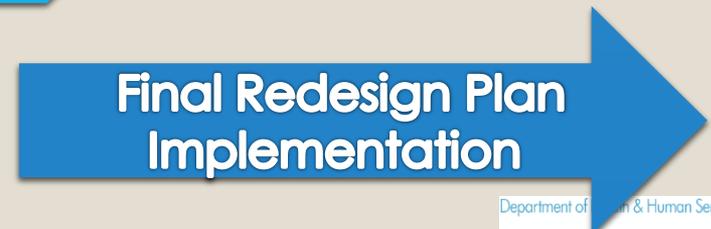
Delivery System Design

MLTC is seeking feedback on:

- Key considerations around managed long-term services and supports
- Key areas that need focused dialogue
- Key areas that need continued dialogue

Redesign Consultant

Mercer Health & Benefits
Subcontractor: NASUAD



LTSS Redesign

Next Steps

- Advisory Council Kick-Off
- Stakeholder Interviews
- Statewide tour
- Development of draft plan
- More stakeholder engagement
- Release of final redesign plan
- Implementation

Questions?

Email:

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