

Project Charter: Nebraska DHHS, Division of Medicaid and LTC Nebraska Integrated MMLTSS – Planning, Implementation and Refinement

Project Summary

Project	Integrated Medicaid Managed Long Term Services and Supports (MMLTSS)
Business Justification and Objectives	<p>Integrated MMLTSS refers to delivering State Plan long term care services and home and community-based services (HCBS) along with managed Physical Health (PH), Behavioral Health (BH), Dental and Pharmacy Services through a single capitated managed care program.</p> <p>The business objective of this project is to design and develop an integrated MMLTSS and select managed care vendor(s) to operate the program. Integrated MMLTSS is intended to improve our ability to assess and define client service needs, coordinate care, better integrate services, and more effectively and efficiently deliver, manage and pay for quality, integrated long-term care services and supports. Please refer to Attachment #1 for NE Integrated MMLTSS Program Goals.</p> <p>Other anticipated outcomes include reducing reliance on institutional services, removing barriers to service delivery, improving cost predictability and strengthening our ability to measure and improve quality of care and services.</p>
Major Project Activities	Program Planning, Implementation, Refinement
Project Success Criteria	<ul style="list-style-type: none"> • Project Management plans, including the Project Work Plan, Internal Communications Plan, Scope Management and Risk Management Plans are developed, documented and maintained throughout the project; • Stakeholders are educated and prepared for an Integrated MMLTSS Implementation; • Planning and Implementation Advanced Planning Documents are completed and approved by CMS; • Business Requirements are completely and accurately defined and documented • Waiver Applications are approved by CMS; • An RFP is developed that clearly communicates business requirements; • A vendor (or vendors) is/are contracted to deliver an Integrated MMLTSS system that can meet the business requirements; • Monitoring criteria are in place, measurable, and reportable; • One or more readiness reviews are conducted for the successful vendor/vendors prior to program implementation; • MMIS and CONNECT changes are completed in time for an Integrated MMLTSS Implementation; • Any corrective actions deemed necessary to support program implementation are identified and resolved pre-implementation; other corrective actions are documented and scheduled for the post-implementation period; • MLTC operational readiness plans are documented and executed in a timely fashion to ensure a smooth transition for program clients and staff; and • Current services received by existing populations mandated to participate in the Integrated MMLTSS are transitioned with minimal disruption to clients and providers.
Major Risks, Assumptions & Constraints	Project risks, assumptions and constraints will be documented in the Project Risk Management Plan.

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Project Team

Role	Name	Responsibilities
Project Director & Sponsor	Vivianne Chaumont, Director, Division of Medicaid & LTC (MLTC) Department of Health & Human Services (DHHS)	Directs overall vision; provides review and input to the project; provides guidance to Project and Program Leads; maintains project vision; builds organizational and stakeholder support; grants formal approval for deliverables.
Program Deputy Director	Courtney Miller, Deputy Director, Division of Medicaid & LTC (MLTC)	Provides review and input to the project; provides guidance and oversight to Program Lead and operations; assists to build organizational and stakeholder support; elevates issues and scope change to Project Director.
Project Lead/Manager	Cynthia Smith, JS3 Consulting	Owns project work. Manages overall project engagement. Works to enhance and achieve project vision and objectives; designs, develops and manages deliverables completion and related work; assures decisions and action items are identified and documented; collaborates and supports project team and deliverables; assures and determines project day-to-day activities and progress; elevates issues and scope changes to Project Director and Program Deputy Director. Oversees and directs input for RFP writing and development. Responsible for development of the operational readiness plan and activities, Supports and provides input to program work and operations development.
Program Lead	Heather Leschinsky, Interim Administrator, Managed Care and Waiver Services	Owns program work and operations development. Manages operational implementation. Leads stakeholder and communications/education planning, implementation and refinement; responsible for Waiver development and MLTC staff resource assignment; provides input and support for project work; directs input for RFP development; oversees vendor selection; Provides direct input to the operational readiness plan and activities, for ongoing program policy and operations, and for vendor monitoring and oversight.

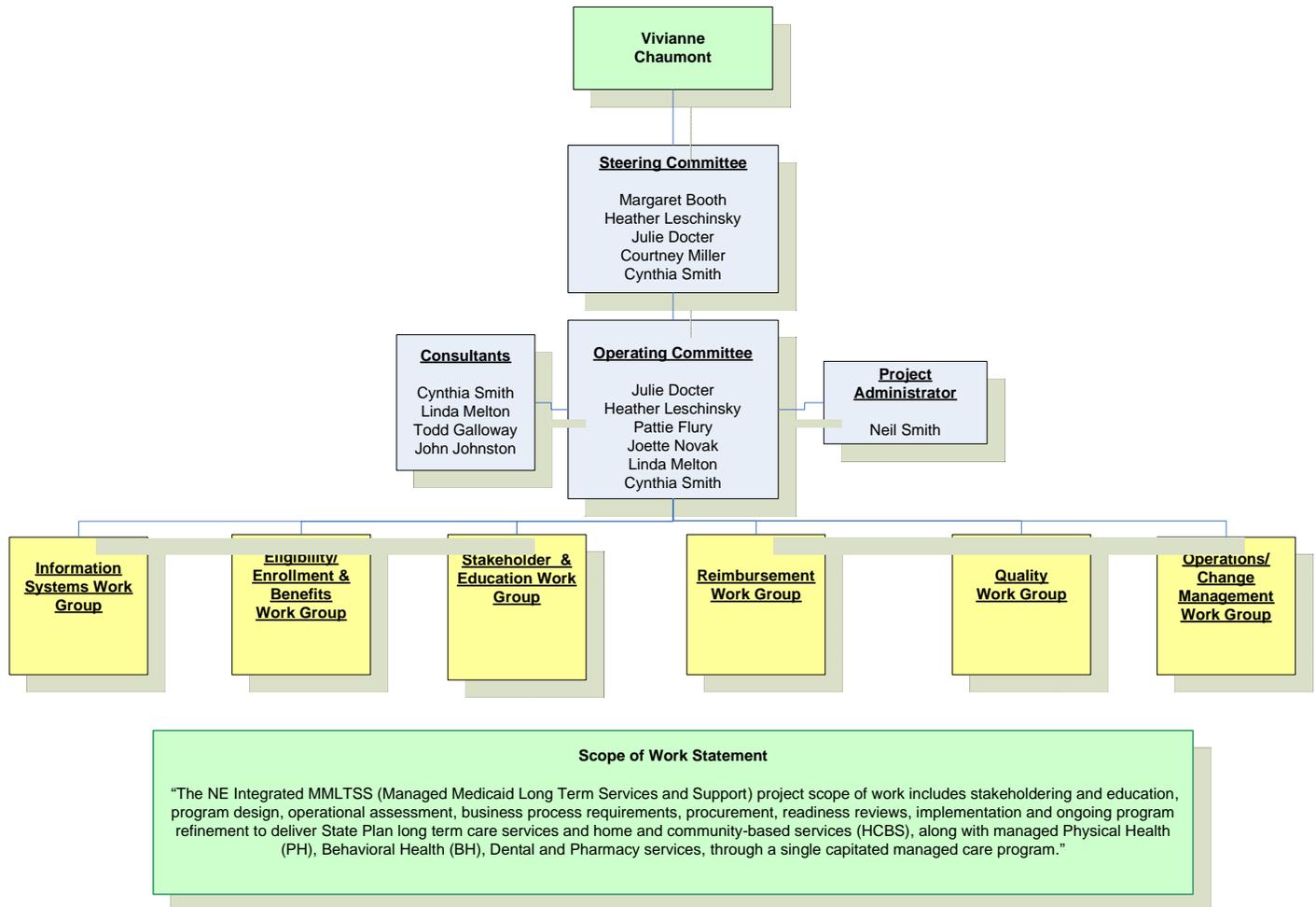
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Program Subject Matter Expert	Julie Docter, Program Specialist, Managed Care and Waiver Services	Speciality expertise for both program (primary) and project work – especially stakeholdering and communication/education. Leads operations change management and supports stakeholder and education efforts. Provides direct input, research and analysis for project/program design, issue identification and resolution, RFP development, vendor selection, readiness reviews, implementation and monitoring/refinement. Supports developing the operational readiness plan and activities, ongoing program policy and operations, and vendor monitoring and oversight.
Project Consultant	Linda Melton, JS3 Consulting	Speciality support for both project (primary) and program work. Provides research, direct input and analysis for project/program research, design, issues, RFP development, vendor selection criteria development, vendor selection, readiness reviews, implementation and refinement. Responsible for RFP writing; provides support for execution of project deliverables.
Project Administrator	Neil Smith, JS3 Consulting	Administers project tools: work schedule, project communication plan, contingency plan, issues, risk and parking lot inventories; documents and tracks tasks, issues, decisions, action items, risks and change management; and provides weekly/monthly status reporting. Maintains project SharePoint site.
Other Resources or Team Members	Pattie Flury, HCBS Unit Manager, MLTC	Provides input and support to project and program work. Responsible for waiver and related regulation updates and program changes.
	Joette Novak, Program Specialist, LTC State Plan Services	Provides input and support to project and program work. Responsible for state plan services
	Margaret Booth, Administrator, Medical Services, MLTC	Provides input and support to project and program work. Responsible for State Plan Amendment and related regulation updates and program changes.
	Todd Galloway, JS3 Consultant – Actuarial Consulting	Supports project/program design, financial/rate development, data book review and actuarial input.
	IS&T	Responsible for MMIS and NFOCUS system changes to support Integrated MMLTSS.
	OCIO	Responsible for CONNECT application and system changes to support Integrated MMLTSS.
	John Johnston, JS3 Consulting – Managing Engagement Consultant	Assures Project Sponsor satisfaction; provides change management support.
	See Stakeholder Communication Plan	
Key Stakeholders	Additional program resources and staff to be added as needed.	
Comments		

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Project Governance

NE Integrated Medicaid Managed Long Term Services & Supports - Project Governance



Project Scope

Project Phases	The Integrated MMLTSS Project scope of work includes three major phases of activities:
	1. Program Planning – Work Plan, Stakeholder Communications, Program Goals, CMS Consultation (ongoing), Issue Identification, Concept and Design Development, Business Requirements, Waiver Application, Data Book and Rates
	2. Program Implementation – RFP Development, Modifications to the MMIS, NFOCUS and CONNECT systems; Vendor Selection, Third-Party Vendor Contracting, Transition Plan, Readiness Review, Implementation
	3. Program Refinement – Program Monitoring, Operational Process Refinement, Corrective Action (as needed), Final Implementation Documents

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Guiding Principles

Project Guiding Principles	<p>1. Adequate and Thoughtful Planning will be employed for design, incorporation of stakeholder input, and implementation of safeguards to ensure a smooth transition to MLTSS to provide the right services at the right time in the right amount.</p>
	<p>2. Stakeholder Engagement and Input will be regularly solicited to assure successful development and implementation of the NE MLTSS program. This will consist of representation of individual consumers as well as community, provider, and advocacy groups to assure meaningful input into both the planning and operation of MLTSS programs, as well as ongoing education of stakeholders prior to, during, and after implementation.</p>
	<p>3. Enhanced Provision of Home and Community Based Services in the NE Integrated MMLTSS will be consistent with the Americans with Disabilities Act (ADA) and delivered in the most integrated fashion, in the most integrated setting, and in a way that offers the greatest opportunities for active community and workforce participation.</p>
	<p>4. Payment Structures and Program Goals will be aligned to support the essential elements of MMLTSS and hold providers accountable through performance-based incentives and/or penalties on an ongoing basis.</p>
	<p>5. Support for Beneficiaries will be offered via education, enrollment/disenrollment assistance, and advocacy in a manner that is accessible, ongoing, meaningful, and consumer-friendly to ensure a successful managed LTSS program implementation and continuing operations.</p>
	<p>6. Person-centered Processes will be required and monitored in the implementation and use of needs assessment, service planning, and service coordination policies and protocols for optimal performance in the NE Integrated MMLTSS. Ongoing participant self-determination and self-direction of services will be promoted.</p>
	<p>7. Comprehensive, Integrated Service Package will be established to the extent possible in order that participants receive coordinated services and supports in the amount, duration, scope, and manner as identified through the person-centered assessment and service planning process.</p>
	<p>8. Qualified Providers will be established in a sufficient network to include existing LTSS providers to the extent possible. The contracted MCO will develop and maintain a network of qualified LTSS providers who meet state licensing, credentialing, certification or approval requirements to provide adequate access to all services covered under the MCO contract. The contracted MCO will also provide, support to traditional LTSS providers to assist them in making the transition to Integrated MMLTSS.</p>
	<p>9. Participant Protections will be established to ensure that participant health and welfare is assured within the Integrated MMLTSS program. Ombudsman support, participant rights and responsibilities; critical incident management system with safeguards to prevent abuse, neglect and exploitation; and fair hearing protections including the continuation of services during an appeal will be included.</p>

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	10. Quality will be maintained at the highest level in all Integrated MMLTSS operations and services through a comprehensive quality strategy that is integrated with the existing state quality strategies to address the needs of the MLTSS population. This guiding principle includes ensuring the development of measurable monitoring criteria and the collection, validation and analysis of data to support monitoring.	
Deliverables	Project Initiation - 7/8/13 - 8/9/13	
	Charter Document	7/8/13 - 8/9/13
	Project Document Development	7/15/13 - 8/9/13
	Project Schedule	7/15/13 - 8/9/13
	Phase I: Planning - 7/15/13 - 10/30/15	
	Stakeholder Plan	7/15/13 - 10/1/15
	Program Goals	7/15/13 - 7/31/13
	PAPD	7/12/13 - 9/30/13
	Concept & Design Paper - includes Population, Services, Administration Change Management	7/8/13 - 9/30/13
	Operational Assessment & Plan	1/1/14- 3/31/14
	Quality Management Plan/Monitoring	7/15/13 - 2/3/14
	Business Processes & Requirements	7/29/13 - 9/30/13
	Implementation APD	8/13/13 - 10/9/13
	Education & Training Plan	9/2/13 - 4/1/14
	Waiver App 1915(b) Amendment	11/29/13 - 6/25/14
	Waiver App 1915(c) AD	11/29/13 - 6/25/14
	Waiver App 1915(c) TBI	11/29/13 - 6/25/14
	Completed Program Regulations	1/1/14 - 3/30/15
	Data Book & Rates	9/2/13 - 3/4/14
	Completed SPAs	9/2/13 - 4/11/14
	Phase II: Implementation - 7/8/13 - 11/1/15	
	Documentation of Stakeholder Input	7/8/13 - 11/1/15
	MMIS Remediation & Test Results	7/8/13- 12/31/14
	NFOCUS Remediation & Test Results	7/29/13 - 12/31/14
	CONNECT Remediation & Test Results	7/29/13 - 9/1/14
	RFP Document – Final & Release	8/9/13 - 2/3/14
	Evaluation Approach and Criteria	8/9/13 - 2/3/14
	Final Contract w/Vendor	2/3/14 - 8/15/14
	Final Education Plan w/vendor role	10/1/13 - 11/1/15
	Transition Plan Final	6/8/14 - 8/4/14
	Completed Process Guides	8/4/14 - 2/9/15
	Transition Implementation Documentation	8/5/14 - 11/1/15
	Protocol, document request inventory, Tool & documented results of desk and onsite review	11/27/14 - 5/8/15
Program Implementation	6/30/15	
Phase III: Refine – 7/1/15 – 11/1/15		
Documentation of Stakeholder Input & Issues Considered	7/1/15 - 11/1/15	

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	Document First Quarter Findings	7/1/15 - 11/1/15
	Documentation of Early Experience, Adjustments & Lessons Learned	7/1/15 - 11/1/15
	Final Documents	7/1/15 - 11/1/15
	Documentation of Stakeholder Input & Issues Considered	7/1/15 - 11/1/15
Estimated Timing	Start: July 8, 2013 End: November 1, 2015	
Comments	See Attachment #1.0 for NE MLTSS Program Goals; Attachment #2.0 for Project Timeline	

Project Tracking and Change Management Procedures

Project Management	Performed via MS Project
Status Reporting	Performed via weekly updates to work plan; stored in NE LTC SharePoint site.
Scope Change	Tracked as needed via Change Management plan
Team Communication	Protocols for internal project communications will be documented in the Project Communications Plan.
Issue Management	Performed via Issue Management Plan
Risk Management	Performed via Risk Management Plan

Version Information

Author	Cynthia A. Smith	Date	September 23, 2013
Approval	Vivianne Chaumont	Date	September 23, 2013
Version	Final		
Comments			

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ATTACHMENT #1

**NE Integrated Medicaid Managed Long Term Services and Supports
Program Goals**

1. Improve client health status and quality of life by better coordination of medical care, behavioral health care, and community-based services and supports.
2. Promote client choice and use of the right services and supports at the right time in the right amount.
3. Increase client access to responsive, quality services and supports.
4. Use financial resources wisely to sustain Nebraska Medicaid.

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ATTACHMENT #2

