Nebraska Long Term Care Redesign

High-Priority Systemic Issue in the Current LTC Programs
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1. Build an effective navigation system for Medicaid LTC programs

- A No Wrong Door system helps states use resources more efficiently and effectively on behalf of consumers and caregivers.
- A No Wrong Door system can conduct activities such as outreach, referral, assessments, functional and financial eligibility, and person-centered counseling that considers the needs of various populations. States can decide which of these functions the No Wrong Door should take on.
High-Priority Systemic Issues in the Current LTC Programs

2. Ensure consistent and fair determinations for Medicaid LTC programs

- A well-designed and comprehensive assessment instrument is intended to replace subjectivity with objectivity and inconsistency with consistency.
- Can directly support several program operational functions, such as:
  - prescreening for LTC needs
  - level of care eligibility determinations
  - person-centered plan of care development
  - resource allocation
  - quality assurance/performance improvement projects
  - risk stratification
  - utilization benchmarking studies
  - service authorization
  - financial-based analysis/rate setting
High-Priority Systemic Issues in the Current LTC Programs

3. Establish the infrastructure to support consumer self-direction, Personal Assistance Service (PAS) and Independent Providers

- Consumer self-directed services are intended to give the consumer more control over the type of services received as well as control of the providers of those services.
- Amend AD waiver to explicitly include the consumer self-direction program option for employer and budget authority.
- Electronic Visit Verification (EVV)
- Fiscal Agent (FA)
High-Priority Systemic Issues in the Current LTC Programs

4. Align DHHS functions for maximum performance

- Consolidation of the program administration of all programs across the long term care (LTC) continuum and streamlining access to services are critical steps towards building efficiencies into the system.

- Consolidate functions, such as provider enrollment, participant enrollment, and day-to-day program operations under a single operating entity by realigning staff responsibilities and functions.
High-Priority Systemic Issues in the Current LTC Programs

5. Improve assurance of health and safety for Extended Family Home (EFH) residents

- Require in regulation, that all EFHs receive a regular onsite certification review or certification regulations could be revised so that all provider agencies perform regular audits.
- These annual audits and results would be reviewed as part of the certification renewal review of DDD provider agencies.
- Best practice is that all participating residential providers should have some level of onsite certification oversight related to the certification requirements.
Long Term Care Delivery System Transition
Managed Long Term Services and Supports (MLTSS)

Innovative Approaches to Delivering Medicaid Supports and Services

- When properly designed, MLTSS programs allow states the opportunity to implement unique design approaches not otherwise available to them under traditional Medicaid.

Shift Focus of Care to Community Settings

- Stakeholders requested greater availability of and access to community services as the preferred alternative.
- MCOs may be better positioned to facilitate this shift in care.
Managed Long Term Services and Supports (MLTSS)

Accountability Rests with a Single Entity

- The Heritage Health program has laid the foundation for integration of Medicaid services in Nebraska and vesting the accountability for this model of care with the MCO.
- Once the Heritage Health program has stabilized, the next logical evolution is to enhance this integration by adding LTC to the MCO portfolio by creating a comprehensive system of care that is appropriately focused on treating the whole consumer, regardless of his or her service need or the cost of care.
Managed Long Term Services and Supports (MLTSS)

Administrative Simplification

 › MCOs create administrative simplification and enhance administrative efficiencies for the state, which can allow the state to use its finite resources more effectively.

Budget Predictability

 › As a result of continuing cost increases the state struggles with the ability to adequately predict the cost of care. Under an MLTSS system, capitation payments are made to MCOs which allows states to more accurately project costs.

Tentative implementation
Phase 1: Older consumers and consumers with disabilities, January 1, 2020
Phase 2: Consumers with intellectual developmental disabilities, January 1, 2021
Fiscal Agent (FA) and Electronic Visit Verification (EVV)
To support the consumer self-direction program, PAS and independent providers, DHHS can engage the services of an FA. Due to the large number of independent provider that the LTC programs and consumers rely upon, one of the most efficient options available would be to use an FA to automate and perform many of the tasks done by DHHS staff.
Electronic Visit Verification (EVV)

- In December of 2016, the 21st Century Cures Act was signed by the President. Section 12006 of the bill directs states to require the use of an EVV system for Medicaid-provided personal care services and home health services.
- By hiring an EVV vendor, DHHS can ensure consumers receive appropriate services at the right time, and caregivers can feel confident that their loved one is being safely supported.
- EVV services are supported in urban and rural areas.
Questions

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