



## **New Hampshire Department of Health and Human Services Medicaid Care Management Program**

### **Update to the Governor's Commission on Medicaid Care Management**

### **Step 2 MCM Alignment with Managed Long Term Services and Supports [MLTSS] Principles**

**and**

### **Update on Step 2 Stakeholder Forums for Nursing Facility and Choices for Independence Waiver Design Concepts**

**January 8, 2015**



## New Hampshire's Medicaid Care Management Program

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- Mandated by New Hampshire Senate Bill 147 and signed into law in June 2011
- The Department of Health and Human Services contracts with two Health Plans to provide services to program enrollees: (1) New Hampshire Healthy Families, and (2) Well Sense Health Plan
- **Step 1** of the program began on December 1, 2013
  - Most but not all Medicaid recipients were required to enroll with a health plan for their medical services, which include services such as doctors visits, pharmacy services, hospital care, therapies, etc.
- In **Step 2** of the program:
  - Medicaid recipients who were not required to enroll with a health plan for their medical services in 2013 will now be required to enroll with a health plan for their medical services, referred to as **mandatory enrollment**
  - Nursing Facility and Choices for Independence Waiver supports will be integrated into the Medicaid Care Management program

# Guiding Principles: New Hampshire Medicaid Care Management Program

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**Whole Person Approach** with emphasis on the individual and family and integration of medical, behavioral and long term services and supports and the social determinants of health.

Services and supports are driven by person centered planning processes and principles and care is coordinated across medical, behavioral health and long term supports and services domains.

**Improved Quality** with emphasis on improved experience of care and improved health of NH's population.

**Home and Community Based Care** as a primary source of managed long term services and supports.

**Improved Cost Effectiveness** through reducing and better managing the costs of health care to ensure sustainability of the Medicaid program to meet future needs of NH citizens.



## Stakeholder Input Regarding Guiding Principles

**DHHS greatly appreciates the input and suggestions of the many stakeholder groups that have submitted Guiding Principles, Guidelines and Recommendations for the integration of Long Term Services and Supports into the NH Care Management Program, including:**

- Governor's Commission on Medicaid Care Management
- Granite State Home Health Association
- NH Health Care Association
- NH Association of Counties
- Nursing Home Affiliate
- Interested Stakeholders: Disabilities Rights Center-NH, NH Legal Assistance, Heritage Case Management, NH Council on Developmental Disabilities, NH Academy of Family Physicians, EngAging, NH, LifeCoping, Harbor Homes, Inc., Granite State Independent Living, New Futures, NH Family Voices, Tri-County CAP

## **Stakeholder Input Regarding Guiding Principles**

**All of the recommendations have been reviewed and taken into consideration.**

**Many have been incorporated into the Step 2 Design Elements reviewed with stakeholders during Round 2 of the Step 2 Stakeholder Input process, including:**

- The importance of retaining clinical and financial eligibility determination within DHHS
- Rate stability in Year 1 of Step 2
- Integration of Conflict Free Case Management Principles
- Safeguards regarding transfers and discharges from long term care settings
- The Importance of retaining current provider networks in Year 1 of Step 2
- Contract requirements regarding Quality Measures
- DHHS approval of potential reductions in services in Year 1 of Step 2



## Guidelines, Principles and Recommendations Received by DHHS

DHHS has aligned its work in Step 2 planning and implementation in keeping with all applicable state/federal statutes and regulations as well as:

Medicaid Managed Care for People with Disabilities, National Council on Disability: <http://www.ncd.gov/publications/2013/20130315/>

Governor's Commission on Medicaid Care Management: Guiding Principles: <http://www.governor.nh.gov/commissions-task-forces/medicaid-care/documents/mm-2014-mltss-principles.pdf>

National Senior Citizens Law Center: Advocate's Library of Managed Long Term Services and Supports Contract Provisions: <http://www.nsclc.org/index.php/ltss-contracts-index-appeals-notice/>

Summary - Essential Elements of Managed Long Term Services and Supports Programs, Centers for Medicare & Medicaid Services: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf>



## Round Two Stakeholder Forums for Mandatory Enrollment and Choices for Independence Waiver and Nursing Facility Services

- DHHS Brown Building Auditorium – Concord, NH: Monday, December 1<sup>st</sup>
- Keene Public Library – Keene, NH: Tuesday, December 2<sup>nd</sup>
- Genesis Healthcare – Lebanon, NH: Monday, December 8<sup>th</sup>
- Littleton Area Senior Center – Littleton, NH: Wednesday, December 10<sup>th</sup>
- DHHS Brown Building Auditorium – Concord, NH: Tuesday, December 16<sup>th</sup>

More than 225 Stakeholders were engaged.

Next Steps: Schedule Round 3 of Stakeholder Forums to Roll Out Final Design Considerations: Forums will be scheduled in January and early February of 2015

Information regarding upcoming forums will be posted at:

<http://www.dhhs.nh.gov/ombp/caremgmt/step2.htm>



# Key Themes: Proposed Step 2 Design Elements

<p><b>Who will determine eligibility?</b></p>	<p><b>DHHS will continue to determine both clinical and financial eligibility.</b></p>
<p><b>Will the implementation of Step 2 result in any changes to financial or clinical eligibility?</b></p>	<p><b>No</b></p>
<p><b>How will rates be determined after Year 1? (Concern of both CFI and NF providers)</b></p>	<p><b>The MCOs will negotiate rates with CFI and NF providers consistent with federal and state regulations.</b></p>
<p><b>Will there be a 3<sup>rd</sup> MCO?</b>  <b>NF providers want to see how Year 1 rates are set, understanding that there will be one payment to them that combines the acuity based rate, MQIP and ProShare.</b></p>	<p><b>DHHS is continuing to explore this possibility</b>  <b>DHHS is working through these details; rates remain stable in Year 1.</b></p>
<p><b>What are the NCQA requirements and how will they apply to CFI and NF providers? (Concern of becoming either over-burdened or becoming ineligible to contract with MCOs)</b></p>	<p><b>DHHS is working on a crosswalk to determine which requirements are relevant.</b></p>
<p><b>Case Management services for CFI participants:</b>  <b>Concern that moving this responsibility to the MCOs will result in a model that does not meet the Conflict Free requirements published by CMS.</b>  <b>Concern that this move is in conflict with the CFCM information sent to CMS as part of the BIP work.</b></p>	<p><b>DHHS is committed to establishing a Conflict Free Case Management (CFCM) model of care for all CFI participants consistent with federal regulations.</b></p>



## Key Themes: Proposed Step 2 Design Elements

<p>How will we ensure continuity of care?</p>	<p>Continuity of care and smooth transitions of care are among DHHS' key expectations of MCM. MCO service authorization criteria will be reviewed and approved by DHHS. In Year 1 if the MCO proposes decreasing services, they will first have to consult with DHHS.</p>
<p>Concern about the appeal process</p>	<p>The process will be in the contract including how members will be assisted to understand the process.</p>
<p>When should providers reach out to the MCOs?</p>	<p>Suggest reaching out now.</p>
<p>Concern that DHHS be prepared to transmit and receive all of the data elements needed.</p>	<p>DHHS is building the necessary IT infrastructure and will be prepared.</p>
<p>Concern about the MCO's communication processes with members.</p>	<p>In addition to reviewing stakeholder forum input, there will be specific contract requirements.</p>
<p>Concern about the MCO service authorization process, frequency and documentation requirements. Does not want them to apply acute care standards to LTC services and needs.</p>	<p>DHHS and the MCOs understand the concerns. To the greatest extent possible process, policies and procedures will be streamlined. Provider trainings and technical assistance will be made available. DHHS and the MCO's are cognizant of the need to apply appropriate service authorization criteria to long term care and long term supports and services.</p>



# Key Themes: Proposed Step 2 Design Elements

<p><b>How will DHHS monitor quality of care and access to care?</b></p>	<p>The contract amendment draft includes sections dedicated to quality measures and this will be updated to include LTSS. External Quality Review will be an important element of quality monitoring.</p>
<p><b>Regarding transitions from NFs to the community:</b>  <b>Who will be responsible for which activities?</b>  <b>Concern that the MCO not be able to abruptly move a person to a lower cost setting.</b></p>	<p>NH state statutes/regulations regarding transfers and discharges will continue to apply.  <b>Members will be at the center of care planning.</b>  <b>There is currently a process for community transitions, which will continue.</b></p>
<p><b>How well-versed are the MCOs concerning LTSS?</b></p>	<p>DHHS is educating the MCO's regarding NH's LTSS. Providers are encouraged to engage MCO's directly to learn about their processes, services and members.</p>
<p><b>Concern about DHHS hearing the voices of people with physical disabilities and senior participants who have not attended sessions.</b></p>	<p>To engage participants, we have:  <b>Held sessions at a senior center, the independent living center, two NFs and a congregate meal site (bringing in fewer than 10 individuals total); and Informed case managers of sessions and how they may be accessed, as well as how comments may be submitted electronically.</b>  <b>Most recently, engaged Granite State Independent Living to solicit additional consumer input</b>  <b>DHHS encourages case managers and providers to support and assist individuals who would like to participate in the sessions or on line.</b></p>



# DHHS MCO Education and Technical Assistance: January 2015



## Other Key Activities Underway

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- Crosswalk to Commission Principles
- MCO Transition Plans
- Common Understanding of Roles, Responsibilities and Accountabilities
- MCO Contract Development
- Development of Quality Strategy
- 1915[c] Waiver Amendments to Centers for Medicare and Medicaid Services: allows for inclusion of Waiver services in Managed Care
- Development of 1915[b] Waiver for submission to Centers for Medicare and Medicaid Services: allows for Mandatory Enrollment in Managed Care
- Additional Stakeholder Forums and Public Hearings

# Information about NH's Medicaid Care Management Program



<http://www.dhhs.nh.gov/ombp/caremgmt/index.htm>

