

December 16, 2014

*Via e-mail*

Commissioner Nicholas A. Toumpas  
NH Department of Health and Human Services  
Brown Building, 129 Pleasant Street  
Concord, N.H. 03301

RE: MLTSS Recommendations

Dear Commissioner Toumpas:

In order to assist the Department of Health and Human Services in its efforts to create the most robust contract possible for long term supports and services (LTSS) under managed care, the undersigned submit the attached recommendations.

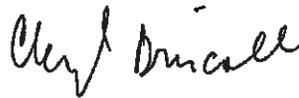
As you can see, these recommendations largely incorporate and summarize a number of national resources. These recommendations also apply to all populations receiving LTSS in New Hampshire, including seniors and adults with disabilities, individuals with developmental disabilities and individuals with traumatic brain injuries.

We fully support the Department's desire to attain the highest quality of services under care management and appreciate the opportunity to provide these recommendations.

Sincerely,



Richard Cohen, Executive Director  
Cindy Robertson, Senior Staff Attorney  
Rebecca G. Whitley, Staff Attorney  
**Disability Rights Center – NH**



Cheryl Driscoll, SCLP Director  
**New Hampshire Legal Assistance**



Carolyn Virtue, President  
**Heritage Case Management**



Carol Stamatakis, Executive Director  
**NH Council on Developmental Disabilities**

Catrina Watson, Executive Director  
New Hampshire Academy of Family Physicians

Carol Currier, Board Director  
EngAging, NH

Ellen Curelop, Owner  
LifeCoping

Peter Kelleher, President/CEO  
Harbor Homes, Inc.

Jeff Dickinson, Advocacy Director  
Granite State Independent Living

Linda Saunders Paquette, Executive Director  
New Futures

Martha-Jean Madison, Co-Director  
Family To Family Health Information Center  
New Hampshire Family Voices

Terry Ohlson-Martin, Co-Director  
Family To Family Health Information Center  
New Hampshire Family Voices

Jayne McCabe, Associate Director  
Tri-County CAP, Inc., Guardianship Services

Enclosure

cc: Susan Lombard, NH DHHS  
Lorene Regan, NH DHHS  
Mary Vallier-Kaplan, Chair, Governor's Commission on Managed Care

## RECOMMENDATIONS FOR STEP 2 OF NEW HAMPSHIRE'S CARE MANAGEMENT PROGRAM

### Executive Summary

As New Hampshire moves towards placing the responsibility for providing long-term services and supports (LTSS) for seniors and adults with disabilities under managed care organizations (MCOs), effective safeguards must be in place to protect beneficiaries in accordance with NH values and state and federal laws.

In an effort to assist the Department of Health and Human Services in its efforts to create the most robust contract possible for LTSS under managed care, a comprehensive set of recommendations was submitted to DHHS by twelve organizations representing a wide range of individuals currently receiving LTSS through the Medicaid system. The recommendations largely incorporate and summarize a number of national resources and apply to all populations receiving LTSS in New Hampshire including seniors and adults with disabilities, individuals with developmental disabilities, individuals with traumatic brain injuries and the dually eligible.

The recommendations cover nineteen different categories essential to a comprehensive MLTSS contract. They range from broad topics such as the MCOs infrastructure, State oversight, and financing to more individual-focused issues such as continuity of care, plans of care and person-centered planning, and client rights, appeals and grievances.

The categories include:

1. MCO Infrastructure (p.1)
2. Enrollment (p.1)
3. Continuity of Care (p. 2-4)
4. Plans of Care & Person-Centered Planning (p. 4-7)
5. Care Coordination (p. 7)
6. Self-Direction (p. 7-9)
7. Coordination of Medicare Services for Dually Eligible Enrollees (p. 9)
8. HCBS Benefit Packages (p. 9-10)
9. Cultural Competence and Language Access (p. 10-11)
10. Nursing Facility Diversion and Transition (p. 11-14)
11. Rebalancing Data (p. 14)
12. Qualified Providers (network adequacy, transition, provider choice & access) (p.14-16)
13. Quality Measurements, Data and Evaluation (p. 16-17)
14. State Oversight and Monitoring (p. 17-18)
15. Client Rights, Appeals and Grievances (p. 18-20)
16. Advocacy Support for Enrollees (p. 20-21)
17. Meaningful Systemic Stakeholder Involvement (p. 21-22)
18. Civil Rights (p. 22-23)
19. Financing (p. 23-24)

Each of the categories is critical in its own right and yet each is intertwined with the others to create a comprehensive whole. For example, the recommendation that the MCOs honor all existing authorizations for services until an individualized transition plan is in place will naturally occur if the MCOs have personnel on staff with demonstrated experience in LTSS management and systems. Likewise, by

requiring the MCOs to provide care coordination in a comprehensive, holistic, person-centered manner the opportunity for a self-directed program will be ensured and individual appeal rights protected. The same is true for eliminating cost caps for individuals to remain or move into the community which would allow the MCOs to meet the Department's financial expectations as well as invest in essential infrastructure such as accessible housing and transportation.

Several of the recommendations contained in this document have become a focus of the recent DHHS public forums regarding Step 2, including provider payment rates, use of standardized forms, and conflict-free case management. These recommendations urge the Department to not only require payment rates be high enough to create and maintain quality networks, but require the MCOs to contract with any and all agencies that have existing Medicaid contracts to provide LTSS, including the independent case management agencies. Should the MCOs be permitted to provide case management themselves, one of the strongest and successful advocacy pieces currently in place in the CFI waiver program would be eliminated.

The recommendations regarding client rights includes the creation of a standardized notice form which the MCOs would be required to use as well as the requirement that the MCOs attach to any written decision of denial a copy of any completed assessment tool used in reaching its decision. It is also recommended that an independent managed care ombudsman program be created to ensure high quality advocacy on behalf of Medicaid recipients as well as to provide additional monitoring and oversight of the program. This recommendation has also been identified as goal by the Governor's Commission on Managed Care.

It is hoped that these concrete, specific recommendations will assist the Department in creating a strong MLTSS contract which will meet its goals of improving the value, quality and efficiency of services provided through Medicaid, stimulate innovation and generate savings for New Hampshire.