MARGARET WOOD HASSAN
Governor

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

February 10, 2015

Ms. Mary Vallier-Kaplan, Chair
Commission on Medicaid Care Management
95 Steele Road
Peterborough, NH 03458

Dear Commissioners:

It was with great pleasure that I reviewed the care management principles that you have developed. They accurately reflect the values that I presented to the Commission last year and will lead to the quality and characteristics that I believe should be part of our program going forward. I heartily accept and endorse them as our guide to the development of all care management services.

The principles are only worth the effort that you have invested, however, if they are applied to all facets of our work on care management. I know that you and the Department are applying these principles as parts of the care management program are being developed. I am confident that you will continue to do so, and I ask HHS to develop all future contracts, program operations and program evaluations utilizing them. The MCO's need to apply them both in service design and customer service interactions, and the Commission and other groups need to continue to use them as a touchstone and a measure of the work we are involved in.

The shift to managed care can only be successful if all parties understand the goals and means to achieve quality care. As your principles state, care must be comprehensive, individualized, integrated, and community based. Your principles reaffirm the competency of families to manage care, reflect and support the needs of the individual, and reinforce that we expect the high quality that can only come from integrating all services, and all voices, in the care plan.

I congratulate the Commission on this important piece of work and thank all those involved, especially Sue Fox and Doug McNutt for their research and drafting efforts. The Commission has been an important partner in shaping, correcting and developing care management and I thank you for the enormous dedication that you have all shown.

With every good wish,

Maggie H

Margaret Wood Hassan
Governor

cc: Nick Toumpas, Commissioner, DHHS
Scott Westover, CEO, NH Healthy Families
Eric Hunter, COO, Well Sense Health Plan

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Governor Hassan's Commission on Medicaid Care Management

January 6, 2015

Governor Maggie Hassan
State House
107 North Main Street
Concord, NH 03301

Dear Governor Hassan,

As its fourth recommendation, the Governor's Commission on Medicaid Care Management urges the establishment of the following vision, principles and guidance be endorsed to inform and evaluate the transition from the current systems of providing Medicaid-funded Long Term Services and Supports (LTSS) to a more efficient, effective and cost effective Managed Medicaid Long Term Services and Supports (MLTSS) system and to ensure that the individuals who rely on these services experience a smooth transition to MLTSS and maintain a high quality of care, as well as a high quality of life.

These past months have witnessed unparalleled positive change in health care in New Hampshire. Medicaid expansion has led the way with the rapid and highly successful addition of more than 25,000 of our neighbors becoming insured in just a few months. What is more, they have for the first time in our State's history, also been insured for the treatment of substance use disorders. These are our working citizens of low income, and increasingly they will be our healthy citizens.

Reversing a troubling loss of care, New Hampshire has recommitted to our needed community mental health programs. An array of services will now be present in our cities and towns to assure that those with mental health needs have homes they can feel safe in, skilled clinicians coordinating their care, and crisis response capacity to step in when called on.

Our health exchange has begun with an expanding competitive market and lowering cost of care. This is an enormous relief for businesses, large and small, and a stabilizing factor in our larger economy. New investment in our Community College System and the University System of New Hampshire are producing a workforce with professional health care skills and a lower college debt level. This is how we will build a health care capacity for our future.

And, Medicaid Care Management has launched, bringing new tools in care coordination to the highest need populations in the State. As the Governor's Commission on Medicaid Care Management we have met in community halls and libraries throughout the State. We have heard testimony from many parents, clinicians, administrators, and policy makers. We have brought updated policy and announcements of change to the public at every opportunity, and streamed many of our meetings into the workplaces and homes around the State.

The Department of Health and Human Services deserves to be commended for the successes of this new management system. Commissioner Toumpas and the staff of the Department have continuously engaged with the Commission and the participating public. They have conscientiously planned and executed very difficult operational change and have done so with the best interests of Medicaid enrollees foremost. This change is not without ongoing challenges. Most importantly, at all times the Department has been open to learning and improving, especially notable given the constrained management capacity and tremendous work load involved.

In addition to the Commission's findings, two independent evaluations are underway. Over the coming years, these evaluations will provide valuable guidance on our implementation of Medicaid Care Management. Preliminarily, the impression from both the evaluations and the Commission findings note the successes in the first year as well as several "early" cautions. We will be mindful of those concerns as we continue our deliberations. Prior authorization of specialty services and pharmaceuticals, clinical efficiency in gaining access to care for patients, transportation, billing of low frequency services and other aspects of care management have been found to need improvement in several of the evaluatory steps. We hope to see improvements in coming months.

And now, the most challenging changes lie before us in "Step Two". New Hampshire enjoys a deep commitment to the well being of our neighbors in greatest need. This is true for the young and old, individuals with disabilities, and those who are experiencing severe, chronic health problems. We have a long history of local support and building solutions to allow our communities to come together, with State partnership. Our values reflect that commitment to self-determination, work ethic, and independent living. We have succeeded in leading the nation in guiding our care giving with our values of freedom and local control.

The next step in the legislated mandate of Medicaid Managed Care brings us to both mandatory participation in managed care and the inclusion of the Medicaid long term supports and services on behalf of our most vulnerable citizens. This is a new challenge, nationally, in the field of managed care, in a State still in its infancy in these techniques. Most importantly, "we do things our way" in our communities and families. These are our values, this is how we know how to live. As a result, we are challenged by the possibilities of care management and independent living-with-support, in a self-directed culture.

These concerns have been raised at each of our eighteen community meetings and in countless letters, emails, and calls. They are raised in a quest for retaining our independence and family structure while assuring the care for our elders, our veterans, and our children. They are understood to be questions of life and death.

To this end, the Commission has proposed, held hearings, amended, and voted unanimously in favor of a set of principles to guide most carefully this next transition. We are recommending that a "*vision, principles, and guidance be endorsed to inform and evaluate the transition from the current systems of providing Medicaid-funded Long Term Services and Supports (LTSS) to a more efficient, effective, and cost-effective Managed Medicaid Long Term Services and Supports*

(MLTSS) system to ensure that the individuals who rely on these services experience a smooth transition to MLTSS and maintain a high quality of services and supports, as well as a high quality of life."

We thank you for the honor of these considerations. Please feel free to contact me for further information. Thank you very much.
Sincerely,

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RECOMMENDATION:

The Governor's Commission on Medicaid Care Management hereby recommends that the following vision, principles, and guidance be endorsed to inform and evaluate the transition from the current systems of providing Medicaid-funded Long Term Services and Supports (LTSS) to a more efficient, effective, and cost-effective Managed Medicaid Long Term Services and Supports (MLTSS) system to ensure that the individuals who rely on these services experience a smooth transition to MLTSS and maintain a high quality of services and supports, as well as a high quality of life.

RATIONALE:

The Governor's Commission has been tasked with making recommendations to the Governor about issues relating to Medicaid Care Management. The Commission recommends the following vision, principles and guidance as a framework to follow in developing the plan and contracts for implementing Step 2 of the Care Management program to include MLTSS. It is important to build on important work that has already been documented through various Real Choice Systems Change grants, the State Innovation Model Process (SIM), and the ongoing stakeholder engagement process.

In 2006, funded through a Centers for Medicare and Medicaid Services (CMS) Real Choice grant, a vision and mission for long term services and supports in NH was developed. The development of this vision and mission included a broad cross-section of stakeholders across all populations and ages. At the time, the NH Department of Health and Human Services affirmed this vision and mission. Subsequently, this vision and mission statement was adopted during the State Innovation Model stakeholder planning process and was included as part of the SIM plan submitted to CMS. The Commission recommends that this vision and mission be adopted to guide the implementation of MLTSS in New Hampshire.

> *The vision for Medicaid Managed Long Term Services and Supports is for all eligible New Hampshire citizens to have access to the full array of long-term supports and services. This allows them to exercise personal choice and control, and affords them dignity and respect throughout their lives. To the greatest extent possible, citizens should be able to make informed decisions about their aging, health, and care needs. There should be a high level of quality and accountability in everything offered and in everything provided.*
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> *The purpose is to create a dynamic and enduring community-based system of long term services and supports, so all New Hampshire citizens may live and age with respect, dignity, choice, and control throughout their life.*

The following principles and guidance incorporate the principles presented by Governor Hassan to the Governor's Commission, the guidance on MLTSS from the Centers for Medicare and Medicaid Services (CMS),[1] stakeholder forum input, and Federal Medicaid policy and should guide the development and implementation of MLTSS and should be used as a guidepost for the development and implementation of contracts with the participating MCOs.

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[1] Principles adapted from "Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs", issued by the Centers for Medicare and Medicaid Services. (May 20, 2013).

Principles for a Medicaid Managed Long-Term Services and Supports Program: Promoting Health, Wellness, Independence, and Self-Sufficiency

1. Development and implementation of a quality MLTSS program requires a thoughtful and deliberative planning and design process, building on the strengths of the current LTSS program.
2. Implementation and operation of the MLTSS program must be consistent with the Americans with Disabilities Act and the Supreme Court *Olmstead v. L.C.*[2] decision, such that MLTSS is delivered in the community in the most integrated fashion and setting possible[3] and in a way that offers the greatest opportunities for active community, educational and workforce participation, all to the extent desired by and appropriate to the individual participant.
3. Payment structures for MLTSS support the goals and essential elements of the program, including encouraging, rather than dis-incentivizing, home and community-based care and promoting employment services.
4. The MLTSS participant must be assured the opportunity for informed choice and assistance through conflict-free education, enrollment/disenrollment assistance, and advocacy.
5. The MLTSS program must consider the unique needs of the whole person through person-centered policies and procedures, promotion of self-determination, and opportunities for self-direction.
6. Ensuring one entity is responsible for a comprehensive and integrated package of acute care services and LTSS (institutional and non-institutional) increases Medicaid program efficiency, avoids cost shifting and service disincentives, and enhances health outcomes and quality of life.
7. A provider network is adequate if it is strongly representative of the State LTSS infrastructure and it ensures the participant a choice of and timely access to providers and necessary services, as well as continuity of care during transition periods.
8. Participant health and welfare in MLTSS is better assured with strong and clearly defined participant protections and supports.
9. There must be no reduction in the quality of care provided to participants in the MLTSS model, as compared to the fee-for-service model, and the State must exercise all due diligence to maintain or increase the current level of quality.[4]
10. Effective State oversight of MLTSS is vital to ensuring program vision, goals, and managed care contract elements.

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[2] *Olmstead v. L.C.*, 527 U.S. 581 (1999).
[3] The "most integrated setting" is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." 28 C.F.R. Pt. 35, App. A (2010).
[4] Senate Bill 147 (2011); RSA 126-A:5, XIX.

Principle Implementation Guidance

Adequate Planning

1. Ensure adequate time to: develop a clear vision and goals; obtain stakeholder input; educate program participants, providers, State personnel, and MCOs; identify State monitoring and oversight responsibilities; assess and ensure MCO, State, and provider readiness; and develop a transition plan to MLTSS with mechanisms to reduce risk to beneficiaries and for rapid identification and resolution of LTSS problems.
2. Engage a cross-disability representation of stakeholders, including a formal advisory body, in the development, implementation, and ongoing operation of the MLTSS program, which includes participant, community organization, provider, and advocacy representatives.

Community Integration

Undertake meaningful compliance with CMS home and community-based setting requirements and include services and incentives to enable and support employment, including volunteer work.

Payment Structures

1. Ensure payment structures that are adequate to provide participants access to and choice of needed LTSS providers, such that the MLTSS network is sufficient in provider number, type, and geographic location so as to afford the participant access to LTSS that is at least equivalent to that available to the general public in the participant's community.
2. Ensure routine State oversight and evaluation of payment structures to assess effect on goal achievement and impact on the LTSS infrastructure, as well as to hold MCOs accountable through performance-based incentives and penalties.
3. Ensure payment structures are cost-efficient in order to best meet the needs of all eligible persons needing services.
4. Ensure that providers have education and support to implement new billing and payment processes to minimize disruption in operations and service delivery.

Conflict-Free Participant Support

1. Require that participant education, assistance, and advocacy be provided by an entity that is not an MCO or a service provider and establish an independent advocate or ombudsman to assist participants. Provide each in a manner that is accessible, ongoing, culturally competent, and consumer-friendly.
2. Require conflict-free LTSS clinical eligibility determinations.

Person-Centered Processes

1. Provide training for and require the use of a standardized person-centered needs assessment[5] and the use of person-centered service planning and coordination, including the promotion of self-determination.
2. Require MCOs provide, but not require, opportunities and supports for self-direction of services.

Comprehensive, Integrated Service Package

1. Require MCOs provide and coordinate the full array of LTSS (including institutional and non-institutional) to ensure integration and delivery of all needed services identified in needs assessments and care plans.

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[5] The assessment instrument includes current health status and treatment needs; social, employment, and transportation needs and preferences; personal goals; participant and caregiver preferences for care; back-up plans for situations when caregivers are unavailable; and informal support networks.

2. Routinely assess the impact on goal attainment resulting from the exclusion of any services from MCO or State benefit packages.

Qualified Providers and Network Adequacy

1. Require MCOs develop and maintain an adequate network of LTSS providers who meet State qualification requirements. Require State approval of MCO provider qualification requirements that materially exceed those of the state Medicaid agency to determine potential impact on the LTSS provider infrastructure for participants and for the general population.
2. Require, to the extent possible, that all existing Medicaid LTSS providers be incorporated into the MCO provider network and identify any essential provider groups for whom the State should mandate incorporation as network providers.
3. Provide support to LTSS providers in areas where they lack MLTSS experience or capacity.
4. Establish transition plans to ensure continuity and coordination of care when out-of-network providers are involved in the transitioning participant's care, with a particular focus on transitions that may impact the participant's residence or employment.

Participant Protections

1. Establish and educate participants and MCOs about: participant rights and responsibilities; a critical incident management system; and a system to prevent, detect, report, investigate, and remediate abuse, neglect, and exploitation.
2. Educate participants and MCOs on grievance, appeal, and fair hearing protections, including continuation of authorized services pending appeals of service coverage. Require these processes be easily accessible, culturally competent, and consumer-friendly. Offer the services of an MLTSS ombudsman who can provide conflict-free assistance to participants.
3. Ensure that auto-assignment to a health plan includes consideration of LTSS providers utilized by the participant. Allow participant disenrollment from a health plan for cause when termination of a provider from the MLTSS network would result in a disruption in residence or employment.

Quality

1. Develop a MLTSS quality strategy and quality improvement system that is tailored to each MLTSS population and that is built upon and integrated with current programs. Include: an External Quality Review process to assess and validate critical MLTSS quality elements, with a focus on individual outcomes and critical processes; a quality of life indicators measure for participants; and a strategy for the transition from fee-for-service to MLTSS.
2. Develop and maintain a transparent data collection and reporting system that provides a strong feedback loop to assure that MLTSS are managed in an efficient and responsible manner that ensures the highest level of quality and meets the unique needs of MLTSS participants. Include an MCO MLTSS report card utilizing quality data.

State Oversight

1. Ensure State administrative and leadership capacity in the following areas in order to provide effective oversight of MLTSS in: contract monitoring and performance improvement; provider network adequacy and access to services; quality assurance and improvement; member education and consumer rights; and rate setting.[6]
2. Require MCO personnel involved with MLTSS have experience and expertise in LTSS and with the populations served, including personnel in leadership, management, utilization review, interdisciplinary care teams, care coordination, and provider relations.

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[6] AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012.

RESOURCES

The following resources should be utilized by NH DHHS and the MCO's in their implementation of Medicaid MLTSS programs in NH:

1. Transitioning Long Term Services and Supports Providers Into Managed Care Programs, May 2013, Brian Burwell & Jessica Kasten, Prepared by Truven Health Analytics for CMS, available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/Transitioning-LTSS-.pdf
2. Summary - Essential Elements of Managed Long Term Services and Supports Programs, CMS, available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf
3. Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs, May 20, 2013, available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf
4. Summary of CMS Guidance on Managed Long-Term Services and Supports, May 2013, NSCLC, available at: http://www.nsclc.org/wp-content/uploads/2013/05/MLTSS-Guidance-052313.pdf
5. AARP Public Policy Institute, Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports, July 2012 available at: http://www.aarp.org/health/medicare-insurance/info-07-2012/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-long-term-services-and-supports-AARP-ppi-health.html