



**New Hampshire Department of Health and Human Services
Medicaid Care Management (MCM) Program**

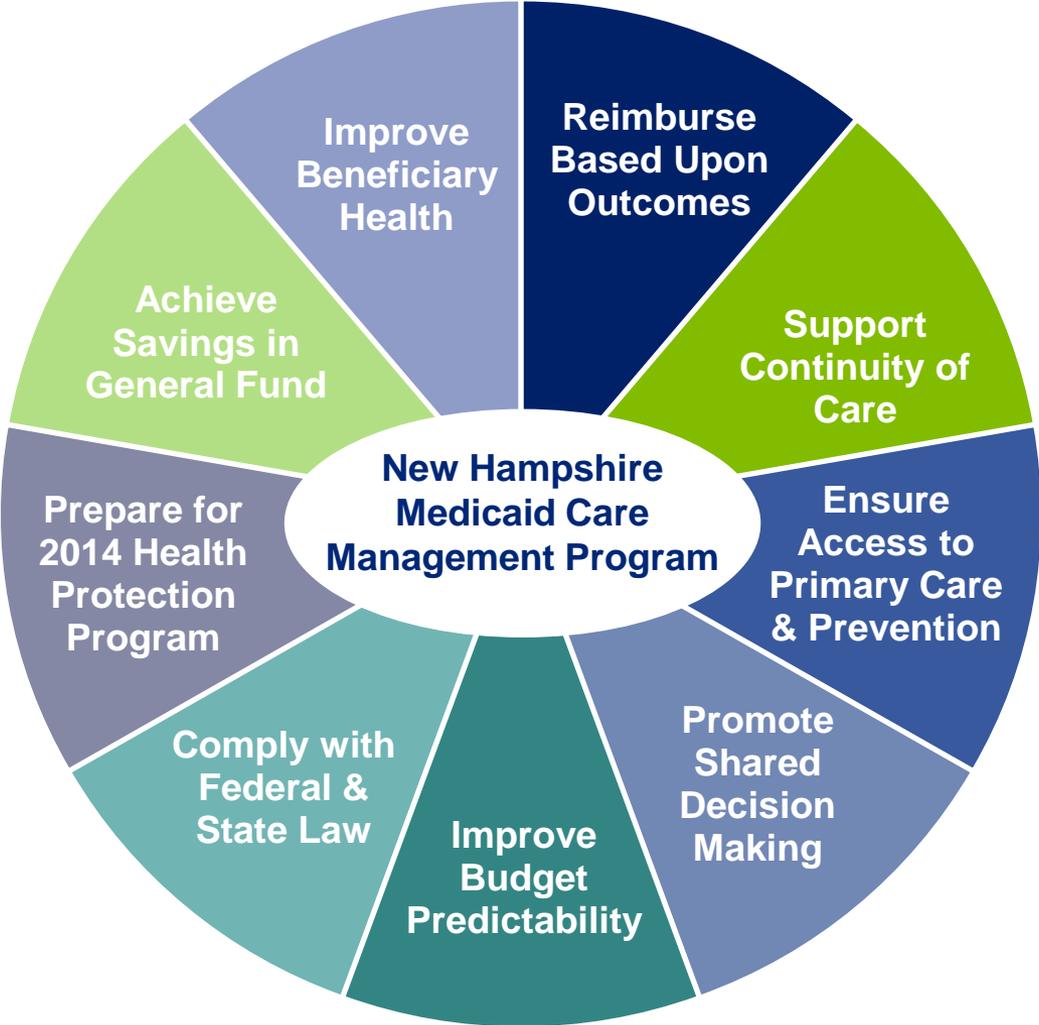
**Step 2 Design Considerations: Enrollment of Step1
Optional Groups and people receiving Waivered Services
and Nursing Facility Services**

July 10, 2014

New Hampshire Health Care Reform Mission



Medicaid Care Management (MCM) Program Goals



Medicaid Care Management (MCM) Goals

Improve Integration & Access to Needed Services

- Enhance the use of natural supports
- Better coordination of financial and service eligibility
- Increase collaboration among providers
- More consistency of approach and goals across waivers

Optimize Resources for Consumers

- More proactive collaborative planning
- Better response to changes in circumstances and needs
- Support for family care-givers
- Better response to crisis
- Leveraging community resources

Enhance Person/Family Centered Approach

- Support informed decision-making
- Increase consumer accountability
- Increase Consumer awareness of service availability
- Encourage more consumer directed care

Improve Quality of Services

- Increase training and education to enhance provider skill with special populations
- Provide adequate network capacity to meet the needs of consumers
- Support payment innovation
- Improve outcomes for consumers

Manage Consumer Needs within Budgetary Constraints

- Assure funding stability
- Maximize the availability of services to consumers in need
- Improve coordination of acute care and LTSS
- Reduce preventable hospital and nursing facility admissions

Improve Alignment between DHHS, Providers, & Consumers

- More involvement in system oversight and planning
- “Stable” long-term vision for system
- Improve transparency of decision-making



Step 1 of the Medicaid Care Management (MCM) Program

A. Step 1 Medicaid Care Management services are primarily medical care [doctor visits, pharmacy, home health services, therapies, hospital care, etc.] Step 1 started on December 1, 2013.

B. Most Medicaid recipients were required to enroll with one of the Managed Care Organizations [MCO's] no later than December 1, 2013.

**Medicaid Care Management
Step 1:
Medical Care
Implemented December 2013**

C. Some Medicaid recipients had the option to enroll in Step 1 for their medical care but were not required to enroll in an MCO. In Step 2 this optional group will receive their medical services through the MCOs.

D. Those who had an option to enroll in Step 1 included Medicaid recipients who also have Medicare, some children who qualify for HC-CSD [also called Katie Beckett Medicaid], and some children in Foster Care.

Step 2 Contract Provisions for Phasing-in Step 2

MCO Contract Section 7.7: Step 2 Program Implementation Plan

“Accordingly, and upon completion of the stakeholder input process, a Program Plan will be drafted to guide the implementation of Step 2 in three phases:

- *the first (**Step 2 Phase 1**) will consist of mandatory Step 1 coverage and participation for the entire Step 2 waiver population and will commence not later than January 1, 2015;*
- *the second (**Step 2 Phase 2**) will consist of long term care services and support coverage for the elderly and will commence not later than April 1, 2015; and*
- *the third (**Step 2 Phase 3**) will consist of services and support coverage for individuals with developmental disabilities and other waiver populations and will commence on a date to be determined by DHHS following the planning process described above and in consultation with the MCOs.”*



Phase-In Approach to Step 2 of the Medicaid Care Management Program

Step 2 Phase 1

Medicaid recipients who previously had an option are now required to enroll with an MCO for their medical care

Coverage starts
January 1, 2015

Step 2 Phase 2

Individuals enrolled in the Choices for Independence [CFI] Waiver and in Nursing Facilities will receive long term support services through MCOs

Coverage starts
April 1, 2015

Step 2 Phase 3

Individuals enrolled in the Developmental Disabilities [DD] Waiver, Acquired Brain Disorders [ABD] Waiver, and In Home Supports [IHS] Waiver will receive long term support services through the MCOs

Coverage date to
be determined

Communications

MCO Contract Section 7.7: Step 2 Program Implementation Plan

“It is DHHS’ intention to begin a formal stakeholder input process for Step 2 of the Medicaid Care Management (MCM) Program by July 15, 2014 to obtain public and stakeholder comment on the best practices for implementation of Step 2 populations and covered benefits in the New Hampshire MCM program. The stakeholder process will involve public forums across the state over a period of 120 days.”



Communications Planning

- DHHS outreach plans include more than 20 agencies and groups over the course of 4 months in addition to public hearings on any federal waivers or plan amendments.
- Eleven regional meetings will be held to seek input from clients, family members, providers and concerned citizens over a 4 month period.
- A statewide meeting will be held for all interested parties to review the draft plan and to provide input.



Stakeholder Input Process: Waivered Services and Nursing Facility

Stakeholder input, including consumer input, in a series of public forums will shape the program design.
All meetings and forums are open to the public.

Tier	Bureau of Developmental Services DD, ABD and IHS Waivered Services	Bureau of Elderly and Adult Services CFI Waivered and Nursing Facility Services
<p>Tier 1: Targeted engagement with key constituency groups by invitation</p> <p><i>July & August 2014</i></p>	<p><u>Targeted Stakeholder Meetings:</u></p> <ul style="list-style-type: none"> • Quality Council • State Family Support Council • People First of NH • NH Brian Injury Association <p><u>Focused Waiver Specific Forums</u></p> <ul style="list-style-type: none"> • DD Waiver Specific • ABD Waiver Specific • IHS Waiver Specific 	<p><u>Targeted Stakeholder Meetings:</u></p> <ul style="list-style-type: none"> • Adult Medical Day Association • AARP • Case Management Agencies • Endowment for Health • Home Care Association of NH • NH Association of Counties • NH Health Care Association • State Council on Aging (SCOA) • Transportation & Nutrition Providers • NH Association of Residential Care Homes (NHARCH) <p><u>Focused Waiver Specific Forums</u></p> <ul style="list-style-type: none"> • CFI Waiver Specific • Nursing Facilities and County Representatives Specific • Combined CFI, Nursing Facilities and County Representatives Specific
<p>Tier 2: Forums located in different regions</p> <p><i>September & October 2014</i></p>	<p><u>All BDS DD/ABD/IHS Constituencies, Hosted by Developmental Services Area Agencies:</u></p> <ul style="list-style-type: none"> • Two Forums in the North • Two Forums in the South • Two Forums in the East • Two Forums in the West 	<p><u>All BEAS CFI/Nursing Facility Constituencies</u></p> <ul style="list-style-type: none"> • One Forum in the North • One Forum in the Southeast • One Forum in the West
<p>Tier 3: General forum</p> <p><i>November 2014</i></p>	<p>One Forum located in Concord to bring together all constituencies for all populations</p>	

Step 2 Contract Provisions for Implementation Planning

MCO Contract Section 7.7: Step 2 Program Implementation Plan

“Implementation of Step 2 for all populations will be undertaken in accordance with a Program Plan that is prepared after the conclusion of the stakeholder process and after public notice, comment and hearing on the Program Plan.”

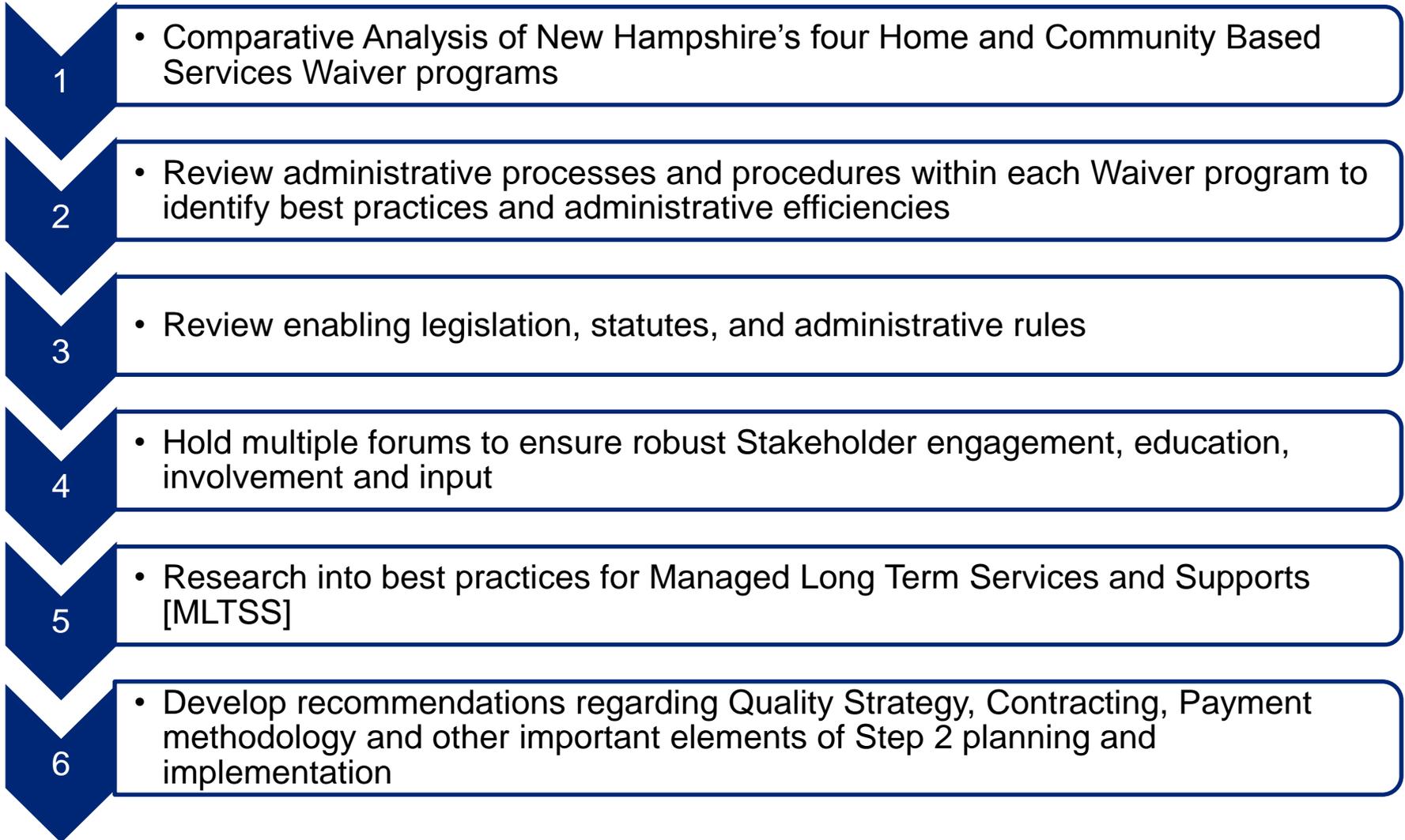


Fundamental Principles of Step 2 Planning and Implementation

A Whole Person Approach



Implementation Roadmap for MCM Step 2 Waivered Services Design

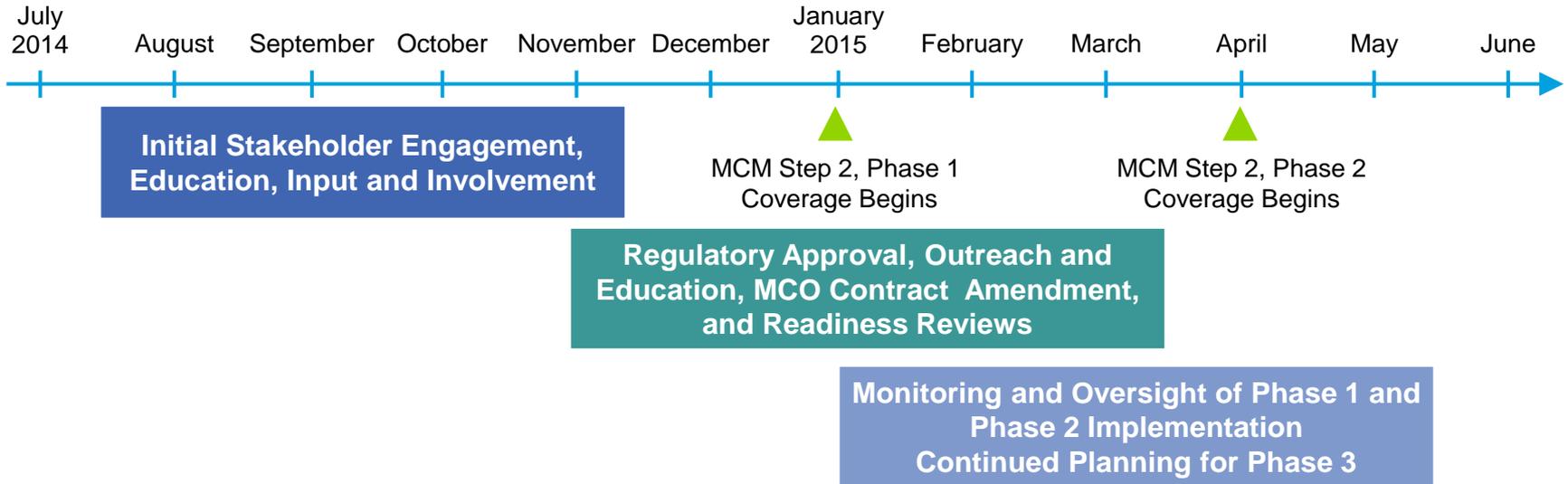


Implementation Roadmap for MCM Step 2 Waivered Services Design

- 7
 - Review recommendations, stakeholder input and regulatory actions with the Governor's Commission on Medicaid Care Management and the Medical Care Advisory Committee [MCAC]
- 8
 - Draft implementation plan for review by Governor, Commission and Stakeholders
- 9
 - Submit plan for Centers for Medicare and Medicaid [CMS] Waiver approvals
- 10
 - Submit Administrative Rule Revisions, Hold Public Hearings
- 11
 - Finalize Design for CFI Waiver and Nursing Facility Services, Step 2 Phase 2 and submit plan for Governor's, Commission and stake holder review
- 12
 - Develop MCO Contract Amendments and review MCO submission of Step 2 Phase 2 Implementation Plans
 - Conducts MCO Readiness Reviews
- 13
 - Implement Step 2, Phase 2
 - Continue planning for Implementation of Step 2 Phase 3, integration of the DD, ABD and IHS Waiver population into Medicaid Care Management



MCM Step 2 Waivered Services and Nursing Facility Timeline



- **Stakeholder Input Process: July 15 to November 15, 2014**
 - Multiple forums will be held to allow for stakeholder engagement, education, input and involvement.
- **Step 2, Phase 1: January 1, 2015**
 - Require all populations to enroll in Medicaid Care Management Program for Medical Care
- **Step 2, Phase 2: April 1, 2015**
 - Integrate Choices for Independence [CFI] Waiver and Nursing Facility Services into Medicaid Care Management Program for Long Term Services and Supports [LTSS]
- **Step 2, Phase 3: Date to be Determined**
 - Integrate DD, ABD and IHS Waivers into Medicaid Care Management Program for Long Term Services and Supports [LTSS]