A Giant Leap Forward or Opportunity Lost?

Assessing Long-Term Services and Supports in the Duals Demonstrations

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Home and Community Based Services Conference
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- Advocates for high-quality, affordable health care for all
- Collaborates with national partners
- Networks in 40+ states, connect states
- Issue campaigns
- New models of care

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Workshop Agenda

1. Overview of demonstrations
2. Assess LTSS with new tool
3. View from Michigan, Alison Hirschel
4. View from Massachusetts, John Winske
5. Q & A

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Background and context

Demonstration Basics on LTSS

Goal: Integrate Medicare and Medicaid LTSS with medical and behavioral health services to improve health and save money

- Promote home and community based services
- Reduce unneeded use of hospitals, nursing homes

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Status of MCO Demonstrations

Operating: CA, IL, MA, OH, VA

Approved MOU but no final contract: MI, NY, SC, TX, WA

Still planning: RI

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Benefits and Risks of Managed Care

Opportunity to improve care

- Expand access to services
- Improve quality and coordination
- Improve efficiency

Bottom Line:
Enhanced quality of life for consumers

Potential problems

- Cut services
- Disrupt care
- Lose expertise
- Expand overhead costs

Bottom Line:
Harm to consumers, constricted life

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New Tool to Assess and Improve Medicaid Managed LTSS

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New Tool Combines Checklist and Promising Practices

Help design and operate a program that better serves consumers

- Put consumers first
- Identify program weaknesses
- Promote promising practices
- Continuously evaluate and improve

http://www.communitycatalyst.org/resources/tools/mmltss

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9 Sections of the Tool

- Adequate Planning
- Stakeholder Engagement in Design, Implementation and Oversight
- Consumer Support and Protections
- Enhancing Home and Community Based Services
- Person-Centered Processes
- Comprehensive Integrated Service Package
- Provider Quality, Quantity and Continuity
- Overall Quality
- Oversight

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Demonstrations a Mixed Bag for LTSS So Far

Rebalancing – Looks Promising

- ✓ **Does the state incentivize community based care?**

Nearly all the states are using or plan to use rate structures that promote rebalancing.

- ✓ **Will the state measuring rebalancing?**

Nearly all the states plan to use some measure of rebalancing.

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Expanding LTSS -- Some Progress

- **Is the state expanding the range of services?**

California, Massachusetts, Michigan and **Ohio** are expanding required services a bit; most states are allowing MCOs to provide "extra" services.

- **Is the state eliminating waiting lists?**

South Carolina and Virginia explicitly plan to use the demonstration to eliminate waiting lists for waiver services. **Michigan** hopes to reduce its waiting lists.

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Person-Centered – Not So Much

Does the state

- ❑ Require interdisciplinary care team chosen and led by the consumer

  Yes, interdisciplinary team, but not led by consumer.

- ❑ Offer expert LTSS care coordination

  Ohio, Michigan and Massachusetts; but questions about implementation in all three states. Some states add waiver care coordinator to team

- ✓ Offer self-direction, training

  Every state offers self-direction. CMS is requiring quality measure of whether care coordinators are trained in facilitating self-direction. Several states will track number of consumers who are self-directing.

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Quality – Not Much Outcome Measurement

❑ Measure LTSS

Not many measures, a few on rebalancing, consumer satisfaction in LTSS settings, and process measures such as adherence to the care plan. **California** will measure unmet LTSS needs. **South Carolina and Virginia** will measure changes in personal care and respite hours.

❑ Measure Quality of Life

All the states are requiring MCOs to measure quality of life, but only some specify a tool to do this.

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Take-Aways

- Most state demonstrations are not yet fulfilling the promise on LTSS, even in their planning and contracts.
- Much will be determined on the ground as more are enrolled.
- Continued advocacy for consumer interests is essential.

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Resources

- Strengthening LTSS Tool

http://www.communitycatalyst.org/resources/tools/mmltss

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Thank You

Long Term Supports and Services in MI Health Link: A Better World or a Big Disappointment?

Alison Hirschel
Michigan Elder Justice Initiative
September 17, 2014

What is Michigan's MI Health Link?

* **Capitated model** in **4 regions** of the state
* **Integrated Care Organizations** ("ICOs" or health plans) will offer acute and primary care, long term supports and services, dental, vision and pharmacy services.
* **Prepaid In-patient Health Plans** will offer behavioral health care and substance use services. Beginning in 2015, MI Health Link will be offered in four regions of the state.
* MI Health Link will affect approximately **100,000 people**.

Status of the Michigan Demonstration Project

* Michigan has a Memorandum of Understanding but the Provider Networks, Readiness Reviews, and Three Way Contracts have not yet been completed.
* HCBS waivers have not yet been submitted
* Because the $7 million + Implementation Grant from CMS was only approved a week ago, to date
  * No information for or outreach to beneficiaries
  * No training for providers, advocates, beneficiaries, or the enrollment broker
  * Integrated Care Ombudsman not expected to be created until next summer, months after the first beneficiaries are enrolled

Timetable for Implementation

* Implementation will be staggered within and among regions.
* In the first two regions, services will start no earlier than 1/1/15 for voluntary enrollees and no earlier than 4/1/15 for beneficiaries who are passively enrolled.
* In the second two regions, services will begin no earlier than 5/1/15 for voluntary enrollees and no earlier than 7/1/15 for beneficiaries who are passively enrolled.
* ***The State has stated both its firm commitment to moving forward on the current timeline and assurances that it will not move forward until it is confident it can get the program right.***

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The HCBS landscape in Michigan before MI Health Link

* **Home and Community Based Waiver services**--popular with consumers, wide array of services, available in beneficiaries' homes or in assisted living. **BUT** sometimes have long waiting lists and significant variations among waiver providers. No services for people over 300% of the SSI Federal Benefit Rate.
* **Medicaid state plan personal care services** -- popular with consumers but available only to those with extremely low incomes and ADL needs.
* **Nursing facility transition program/MFP**-- significant early strides but now failing to meet benchmarks.
* **Strong commitment to person-centered planning & self-deter.**

The Promise of MI Health Link

* Advocates supported the development of MI Health Link primarily because the state's goals matched ours:
  * Eliminating barriers to obtaining home and community based supports and services (a "no wait state")
  * Maintaining systems that emphasized person-centered planning and self-determination ("choice & voice")
  * Better care coordination and access to services
  * Improved quality and beneficiary satisfaction

We thought…

* HCBS would be at least as generous as current services including offering the possibility of 24 hour support at home.
* Possibility for less stringent financial eligibility requirements for personal care services and HCBS.
* Strong incentives for ICOs to arrange HCBS instead of nursing home placements
* Incentives for improved nursing facility quality

Understanding Reality

* ICOs had little experience with long term supports and services; some had strong ties to the nh industry
* ICOs generally unfamiliar with person-centered planning and self-determination
* Goal of easing financial eligibility requirements and expanding access to services proved elusive
* Not enough time to engage stakeholders and work through complicated issues related to state plan services

Understanding Reality cont'd

* State has right goals but may not have created sufficient mechanisms or muscle to ensure goals are realized.
* E.g., while expanded HCBS are alleged to be a cornerstone of program, ICOs will be able to deny HCBS for beneficiary if ICO determines services are too expensive (even though the state would require current waiver programs to serve the beneficiary at home).
* State has had insufficient staff to create and implement innovations. Missed opportunities to shape the program.

More Reasons for Concern

* ICOs appear to be approaching personal care providers—independent, low wage workers—like other providers such as physicians and home care agencies. No understanding of limitations and circumstances of these individuals.
* Concern that beneficiaries may be required to use agency staff instead of the independent providers they often prefer.
* Not clear how coordination between beneficiary's Integrated Care Supports Coordinator and LTSS Supports Coordinator will work; IC Coordinator will be team leader.

Reasons for Hope…

* State will create 3500 new waiver slots for MI Health Link for the first year, 5000 new slots for each of the following two years– **very significant increases!**
* State will offer ICOs 3 months' payment at NF rate for individuals who transition into the community and 3 months' payment at the community rate for HCBS clients who are institutionalized
* State will monitor ICO nursing facility transition data regularly and make random visits to beneficiaries' homes to ensure reported services are provided
* State will reserve waiver slots for NF transitions and diversions if ICO has used all its slots

More reasons for hope…

* Implementation grant funding for “conflict free” medical eligibility determinations to reduce ability of ICOs to game the system
* Continuity of care required for individuals transitioning between current HCBS and MI Health Link
* ICOs to offer same or very similar array of HCBS as current waiver programs
* Current HCBS and PACE participants will not be auto-enrolled in MI Health Link but can choose which program better meets their needs.
* State continuing to emphasize beneficiary choice and voice and continuing to seek advocates’ and stakeholder s’ in-put. Genuine commitment to making the program work well for beneficiaries.

Only time will tell…

* Consumer Advocates, funded in part by a grant from Community Catalyst, will continue to engage in policy advocacy, support and engage consumer champions, and work closely with the Integrated Care Ombudsman, the ICO Consumer Advisory Boards, and the State's Stakeholder Advisory Group to monitor progress and troubleshoot problems related to HCBS.

Questions?

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