TRUVEN HEALTH ANALYTICS

Kansas Department for Aging and Disability Services

Leveraging MLTSS to Accomplish System Objectives

TN Division of Health Care Finance & Administration

TEXAS Health and Human Services Commission

Leveraging MLTSS to Accomplish System Objectives

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What are States' Objectives for MLTSS?

System Balance	• Increase HCBS options • Improve nursing home diversion/transition
Access	• Reduce HCBS waiting lists • Increase primary care, dental, transportation
Better Experience	• Person-centered coordination across settings and services • Better chronic care management
Better Outcomes	• Health and function • Independence and community inclusion
Lower Costs	• Lower growth in per-person costs • Better budget predictability

TRUVEN HEALTH ANALYTICS

What levers does MLTSS provide?

- Accountable Entity
- Reporting
- Performance Measures
- Performance Incentives
- Rate Setting Methods
- Sanctions

TRUVEN HEALTH ANALYTICS

Kansas
Department for Aging
and Disability Services

Leveraging Managed Long-Term Services and Supports to Accomplish System Objectives

Kari Bruffett, Secretary
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Kansas Department for Aging and Disability Services

Before MLTSS

Kansas Medicaid and CHIP had used managed care models for children and families since the 1990s. But Kansas Medicaid historically was not outcomes-oriented overall. The most complex consumers were in the fee-for-service model, with **services defined by the programs** they were in.

Fueled by fragmentation, costs rose at an annual rate of 7.4 percent over the decade of the 2000s. In Old Medicaid, budget concerns would trigger **rate reductions** and create **waiting lists** for certain services.

Kansas

Introducing MLTSS in Kansas

Kansas developed KanCare, a coordinated managed care program for nearly all beneficiaries and services.

A centerpiece of KanCare, which launched in 2013, was **integrating managed long term services and supports (MLTSS) with physical and behavioral health**.

After an initial 13-month delay of the inclusion of MLTSS for members with intellectual or developmental disabilities (ID/DD), now **all HCBS services are included in managed care**.

Kansas

Goals for MLTSS

- **Improve quality**
  - Integration of care, including health outcomes
  - Access
    - To HCBS
    - To physical health services
    - To BH services
  - Person-centeredness

- **Enable independence**
  - Avoidance of unnecessary institutionalization
  - Successful transitions back to the community
  - Competitive employment

Kansas

MLTSS Tools

- Blended Long Term Care rate cells
  - Same capitated rate for members whether in SNFs or physical disability and frail elderly waivers
- Pay for Performance and other measures related to HCBS members
- Integration of risk for services regardless of setting – including NF and other institutions
- Comprehensive care management
- MCO contracting flexibility/ability to expand networks
- Addresses potential conflicts in legacy system
- Support for self-direction in the MLTSS model

Challenges/Opportunities

- SNF beneficiary counts have declined, but modestly.
  - Many members only become eligible for Medicaid/KanCare after they are already in a SNF
- Waiting lists
- IMD Exclusion
- Administrative challenges of using “in lieu of” services to reach outside of specific 1915(c) waiver services
  - Through first 6 months of CY 2015, MCOs had provided more than $1 million of “in lieu of” services to > 600 members.
- Better health outcomes (lower ED utilization, more access to primary care), but continued service siloes

Kansas

Next Steps

- Strengthening contract provisions related to key program outcomes
- Encouraging more quality-based contracting models with service providers
- Expanding employment programs through pending 1115 amendment
- Preparing for 1115 amendment to integrate all HCBS waiver services, removing siloes that limit access to services based upon program eligibility

Division of
Health Care
Finance & Administration

STATE OF TENNESSEE

Leveraging MLTSS to Accomplish System Objectives

September 1, 2015

HCBS Conference

MLTSS in Tennessee

- Managed care demonstration implemented in 1994
- Operates under the authority of an 1115 waiver
- *Entire* Medicaid population (1.4 million) in managed care
- 3 at-risk NCQA accredited MCOs (statewide in 2015)
- Physical/behavioral health integrated beginning in 2007
- LTSS for seniors and adults w/ physical disabilities in 2010
- MLTSS program is called *"CHOICES"*
- ICF/IID and 1915(c) ID waivers carved out; populations carved in
- New proposed MLTSS program component for I/DD for 2016: *Employment and Community First CHOICES*

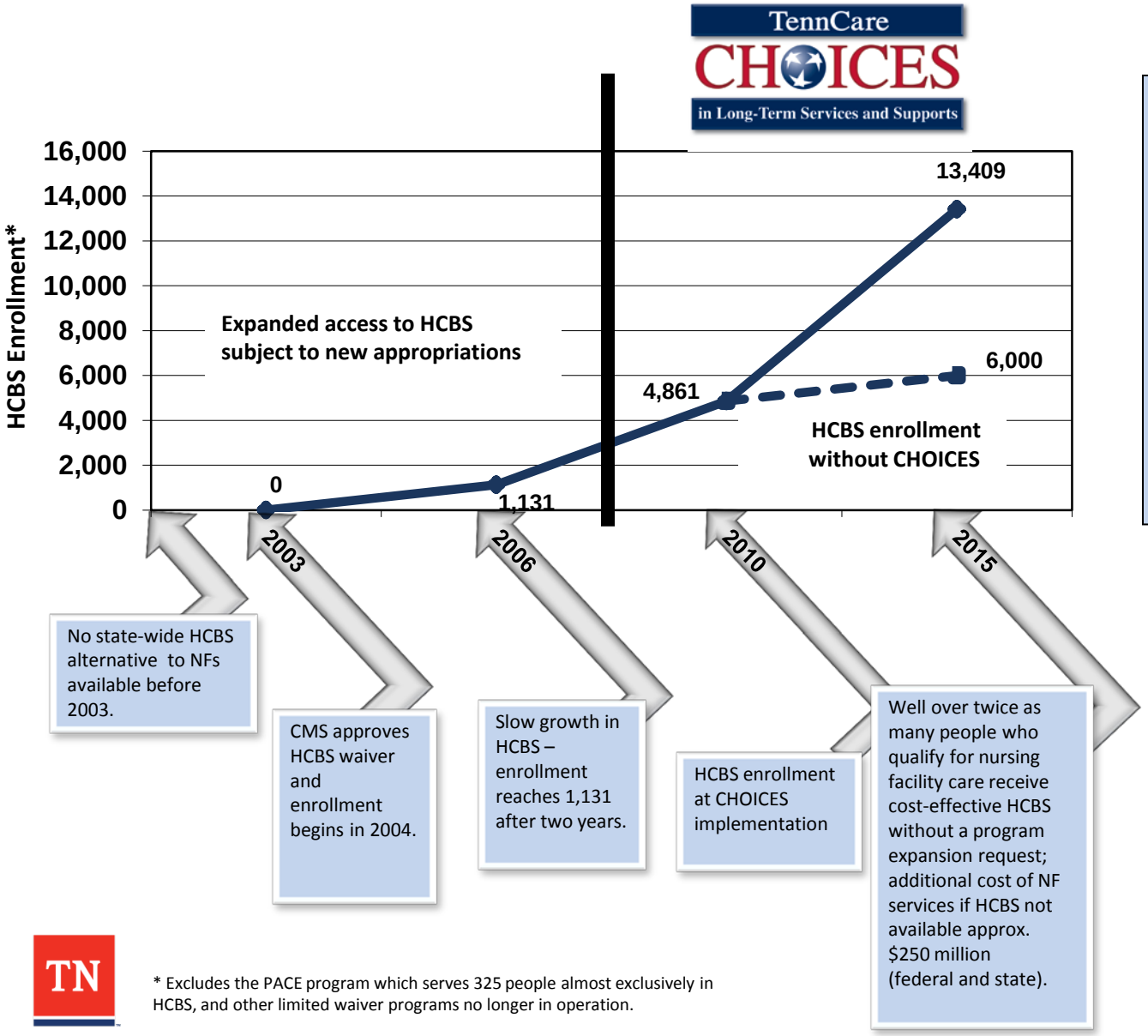
Key Objectives of the CHOICES Program

- Improve coordination and quality of care (**Access**)
- Expand access to HCBS (**Lower Costs**)
  - Utilize existing LTSS funds to serve more people
  - Reduce/eliminate waiting list
- Rebalance system (**System Balance**)
  - Increase HCBS utilization
  - Delay/prevent NF placement)

Aligning the Incentives

- Improve coordination and quality of care
  - Integration of benefits (physical and behavioral health and LTSS, including NF and HCBS)
    - **Single accountable entity**
  - Detailed care coordination requirements including **performance measures**, **reporting** and **sanctions**
- Expand access to HCBS/rebalance system
  - Blended capitation payment for NF eligible population
    - **Rate setting methods**
  - MFP **performance incentives** for transition and sustained community living, as well as system benchmarks – % HCBS vs. NF expenditures, consumer direction participation, community based residential alternative development

Access to HCBS before and after

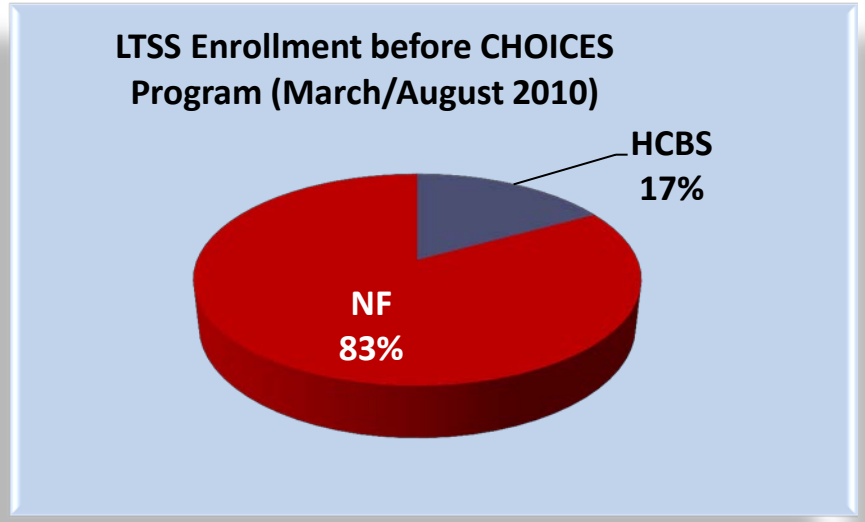


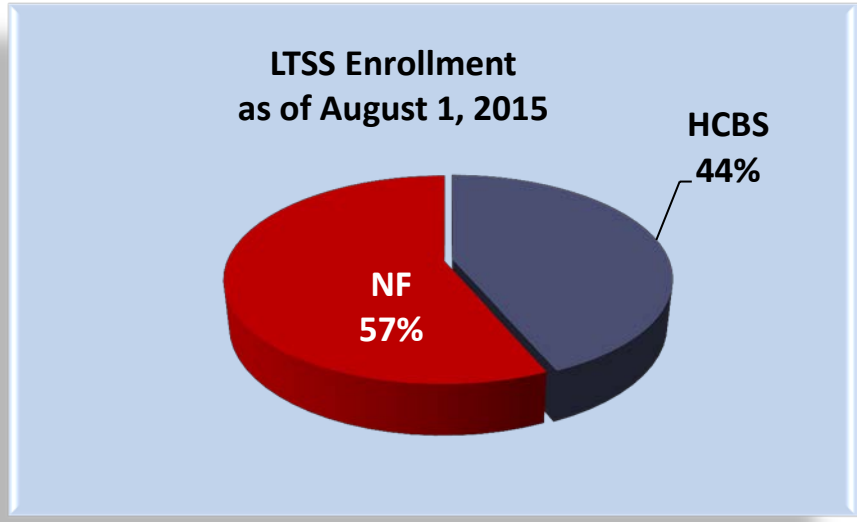
- **Global budget approach:**
  - Limited LTC funding spent based on needs and preferences of those who need care
  - More cost-effective HCBS serves more people with existing LTC funds
  - Critical as population ages and demand for LTC increases

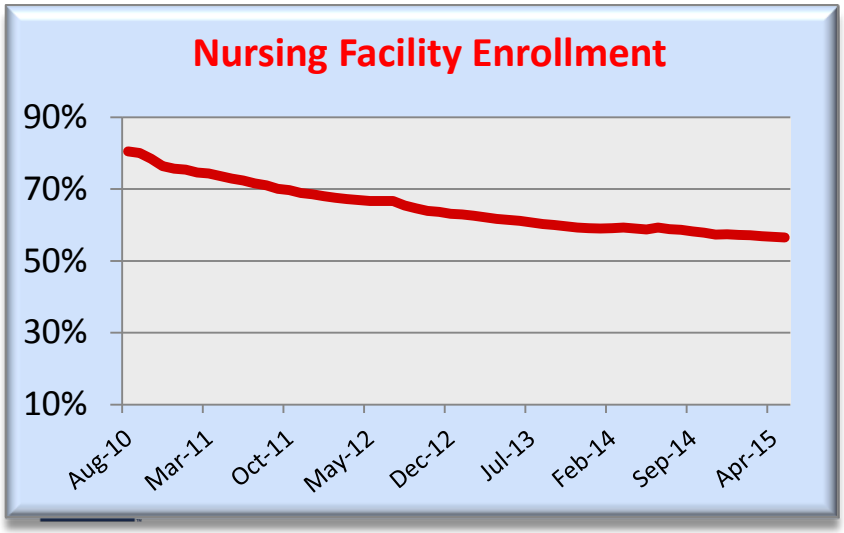
HCBS waiting list eliminated in CHOICES

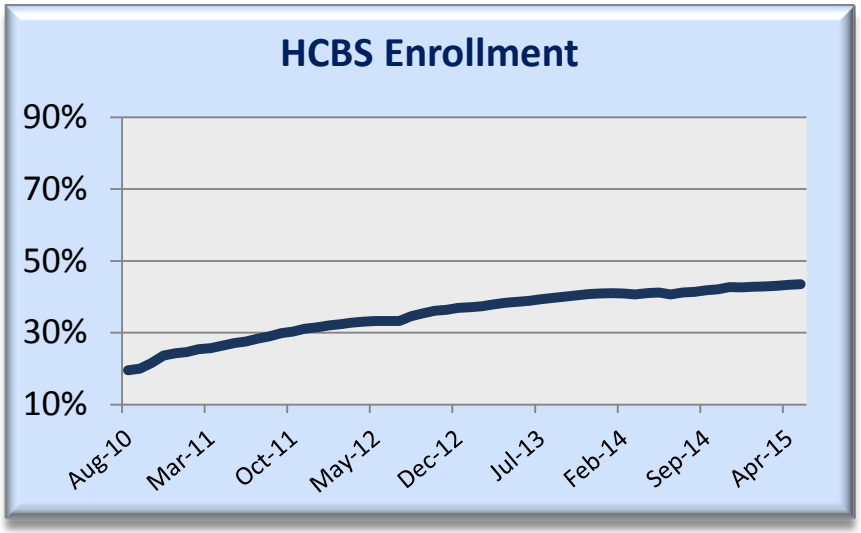
* Excludes the PACE program which serves 325 people almost exclusively in HCBS, and other limited waiver programs no longer in operation.

Re-balancing LTSS Enrollment through the CHOICES Program









Expanding Key System Objectives in CHOICES

Better Experience/Better Outcomes

- Contract requirements regarding person-centered planning/supports, employment and community integration
- Invest in building health plan and provider capacity for person-centered planning and support delivery, employment and community integration
- Implement annual Individual Experience Assessment
- Leverage technology to gather point-of-service member satisfaction data with in-home HCBS
- Participate in National Core Indicators – AD to compare program and health plan performance
- Engage in system-wide payment reform to align payment with value
  - Primary care transformation
  - Episodes of care
  - LTSS

Aligning incentives through integrated service delivery, benefit design, payment

- New Behavioral Health Crisis Prevention, Intervention and Stabilization services and Model of Support
  - Delivered under managed care program, in collaboration with I/DD agency
  - Focus on crisis prevention and in-home stabilization, sustained community living, reduced inpatient utilization
  - Performance measures (e.g., decrease in PRN use of anti-psychotics, decrease in crisis events, increase in in-place stabilization when crises occur, and decrease in inpatient psychiatric admissions and inpatient days) will be tracked and utilized to establish a VBP component (incentive or shared savings) for the reimbursement structure

Aligning incentives through integrated service delivery, benefit design, payment

- *Employment and Community First CHOICES*
  - New MLTSS program component to be implemented in 2016
  - Promotes integrated employment and community living as the first and preferred outcome for individuals with I/DD
  - Outcome-based reimbursement for certain employment services
  - Reimbursement approach for other services will take into account provider's performance on key outcomes, including number of persons employed in integrated settings and # of hours of employment (after a reasonable period for data collection and benchmarking)

Division of Health Care Finance & Administration

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THANK YOU

TennCare MCO contract available at:
http://www.tn.gov/assets/entities/tenncare/attachments/MCOStatewideContract.pdf

Managed Care Long Term Services and Supports in Texas

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Medicaid and CHIP Division

Texas Health and Human Services Commission

TEXAS Health and Human Services Commission

MLTSS in Texas

- About 86% of Texas Medicaid beneficiaries are served through managed care
  - About 578,000 in STAR+PLUS
- Recent Legislative Direction
  - Eliminate interest list for SSI recipients for HCBS STAR+PLUS Waiver
  - Carve in all behavioral health services
  - Carve in supported employment and employment assistance
  - Carve in nursing facility services

TEXAS Health and Human Services Commission

MLTSS in Texas

- Service Coordination
  - MCO employees provide specialized case management
  - Amount of service coordination delivered is based on a member's need
  - Changes were made to service coordination structure based on feedback obtained through quality activities
- Rebalancing Efforts
  - Money Follows the Person Demonstration
  - Participation in Community Transition Team meetings
  - MCO service coordinators as a "no wrong door"

TEXAS Health and Human Services Commission

MLTSS Quality Initiatives

- Nursing Facility Quality Initiatives
  - Nursing Facility Carve-in Quality Program
  - Quality Incentive Payment Program
  - Dual Eligible Integrated Care Demonstration Shared Savings Program
- Community MLTSS
  - Creation of MLTSS performance measures
  - Participating in the National Core Indicators-Aging and Disabilities survey initiative

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Thank You!

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