Using a Collaborative Stakeholder Process to Guide Medicaid Delivery System Reform for LTSS and Dually Eligible Populations

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Welcome and Introductions

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About the Center for Health Care Strategies

A non-profit health policy center dedicated to improving the health of low-income Americans
I. Overview of National Efforts to Engage Stakeholders in LTSS and Integrated Care Programs

II. New Jersey’s MLTSS Collaborative Stakeholder Process

III. California’s Collaborative Stakeholder Process

IV. Questions
The Importance of Stakeholder Engagement

- Transitions from FFS to managed care and the creation of integrated programs mean new stakeholders and big changes.

- A collaborative stakeholder process is important to:
  - Help set goals for redesigned Medicaid programs
  - Identify desired features of the system
  - Establish a timeline for implementation
Engage Stakeholders Early to Understand Priorities and Values

• Provide details about program in basic and understandable terms

• Stakeholder advisory committees
  ▶ Beneficiary representatives on advisory committees during planning and implementation
  ▶ Subcommittees to the Medicaid Advisory Committee can address MLTSS program issues and share successes with stakeholders

• Engage plans and stakeholders early on to problem solve, build working relationships and improve process and system design
Tips for Engaging Providers

• Develop and disseminate high-level program messaging using multiple outlets
• Engage with provider associations early on
• Tailor information to different provider types
• Create a mechanism to identify and clearly address common provider concerns
• Be transparent about challenges and successes, and build in avenues for ongoing feedback
• Encourage collaboration among health plans in training and documentation
Beneficiary Engagement – The Most Important Stakeholder

• Engagement in person-centered care planning is key

• Other evolving areas:
  ➤ Identifying and supporting beneficiaries to engage in state advisory councils
      ▪ MA – OneCare Implementation Council
  ➤ Curriculum and training development for beneficiary advocates serving on health plan councils
      ▪ NY – FIDA peer advocates
Agenda

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New Jersey MLTSS
Collaborative Stakeholder Process

Presented at
HCBS Conference, September 2015

Lowell Arye, Deputy Commissioner
New Jersey Department of Human Services
MLTSS Stakeholder Process

- Prior to implementation of MLTSS, New Jersey convened a Steering Committee to advise on the design and management of the program.
- Steering Committee broke into these subcommittees:
  1. Assessment to appeals
  2. Assuring access
  3. Provider transitions
  4. Quality management
- State developed and Steering Committee concurred with MLTSS principles to guide policy development.
- Report was issued and State took into account during implementation and discussions with CMS on Special Terms and Conditions.
MCO Collaboration and Oversight

• Beginning on “Go-Live” day for MLTSS, the State required daily one-hour calls with the MCOs to troubleshoot, provide guidance and hear success stories during this initial phase.

• Weekly group conference calls (now bi-weekly) with all the MCOs were held to ensure consistent communication of policy direction.

• MCO calls went to once a week for the first year of MLTSS and are now every other week.
Information for Stakeholders

• **MLTSS Dashboard Indicators** -- State developed dashboard indicators to review and analyze data on usage and trends.
  – Information is presented at quarterly MLTSS Steering Committee meetings and sent out to stakeholders.

• **MLTSS Quality Metrics** – State developed quality performance indicators that are also presented at the quarterly MLTSS Steering Committee meetings.
Continuing Stakeholder Dialogue

• Multi-faceted communications process, including email, telephone hotlines and website.

• MLTSS Steering Committee meets quarterly with a facilitator from Center for Health Care Strategies.
  – While agenda is filled with informational updates, there is always time for input and questions from stakeholders.

• MLTSS is a standing agenda item at the quarterly Medical Assistance Advisory Committee meetings.

• Videos, newsletters and website with FAQs are available to educate stakeholders on MLTSS.
Direct Input is Critical

• Feedback Forums – DHS management held sessions statewide for advocates/consumers to share their thoughts about the rollout. Topics presented were:
  – Access to services, person-centered approach, care plans based on care needs, and members’ rights and responsibilities.

• Provider Surveys – Conducted a survey of the Assisted Living providers to fix some billing issues, which were then able to be resolved.
  – A similar strategy for the Traumatic Brain Injury providers.

• Consumer Survey – Participating in the NCI-AD Initiative to get direct feedback from consumers
Provider Communications

• Division of Medical Assistance and Health Services (DMAHS) uses communications to ensure access through its provider networks:
  – Handles provider inquiries, complaint resolution and tracking with a dedicated email account for the industry.
  – Disseminates a newsletter, which was done initially at Go-Live to educate about 17,000 providers on MLTSS.
  – Seven educational sessions held and videotaped at launch.
  – Emphasis on the DHS website to transmit information as it becomes available, with the FAQs being updated about monthly to address provider concerns.
Provider Feedback

• Besides the initial provider forums, State presents at numerous meetings convened by provider trade associations, participates in webinars and makes individual calls to specific providers.

• At provider forums, agenda included questions about specific issues and time with individual MCOs for joint problem-solving.

• Feed-back through provider hotline and emails which are discussed on calls with MCOs.
Consumer and other Stakeholder Outreach

• Division of Aging Services is primary liaison to the aging and disability networks, including the 21 Aging and Disability Resources Connections (ADRCs).

• MLTSS is a frequent agenda item at meetings of the ADRCs, Human Services Directors, CWAs, SHIP counselors and APS providers.

• MLTSS is a topic at the state budget hearings.

• Periodic meetings with specific consumer groups such as caregivers.

• Presentations to other advocacy groups.
Next Steps and Opportunities

• Continue discussions in Year Two with stakeholder community through the MLTSS Steering Committee and other venues.
• Additional public forums to discuss implementation of MLTSS.
• Need to explore how MLTSS is working for smaller population groups.
For More Information

• The MLTSS Steering Committee Report is available at http://tinyurl.com/MLTSS-Report

• The MLTSS homepage on the NJ DHS website is at http://tinyurl.com/NJ-MLTSS

• Contact Information: Lowell Arye, Deputy Commissioner, New Jersey DHS: Lowell.Arye@dhs.state.nj.us or (609) 292-9265
I. Overview of National Efforts to Engage Stakeholders in LTSS and Integrated Care Programs

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California’s Collaborative Stakeholder Process

Jane Ogle
Consultant
A Little History

• LTSS in California means In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP) and long term institutional care
  ▶ Other waiver programs are small and serve distinct populations

• County Organized Health System (COHS plans) operate in several counties – San Mateo, Orange, Santa Cruz, etc.
  ▪ COHS plans responsible for long term institutional care for many years

• History of active stakeholder group in 1115 waivers
Coordinated Care Initiative

- Medicare/Medi-Cal integration model that includes MLTSS
- Offered in 7 counties including Los Angeles
- Passive enrollment with opt out of Medicare
- Dually eligible beneficiaries must join Medi-Cal for MLTSS benefits
- Expanded MLTSS benefits to beneficiaries through the managed care plans
- Coordination of all physical, behavioral, and LTSS services
### Key CCI Stakeholders

<table>
<thead>
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<th>MLTSS</th>
<th>Cal MediConnect</th>
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<tr>
<td>• Medicaid LTSS consumers</td>
<td>• Dually eligible beneficiaries</td>
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<td>• MediCal health plans</td>
<td>• Medicare-Medicaid plans</td>
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<td>• CBAS providers</td>
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In Home Supportive Services Program

• Largest LTSS program in California
  ▶ 505,000 clients
  ▶ 450,000 + providers
  ▶ 72% of care delivered by family members

• Complicated administrative structure

• Overarching value: clients have the right to hire, fire, manage and supervise their provider
Other LTSS Programs

- Community-Based Adult Services (CBAS)
  - 40,000 total

- Multipurpose Senior Services Program (MSSP)
  - 8,000 total

- Long term institutional care (LTC)
  - 90,000 total
California’s Stakeholder Landscape

• Inclusion of seniors and persons with disabilities (SPD) in managed care brought a new group of stakeholders to engage

• Past focus on maternal/child advocates

• Now seniors and persons with disabilities
  ▶ Strong voices in these communities
    ▪ IHSS
    ▪ CBAS
CCI Approaches to Stakeholder Engagement

• The SCAN Foundation-funded workgroups in counties and statewide

• Each component of CCI had workgroups
  ▶ Formal meetings, redlined documents, informal conversations
  ▶ Quarterly and annual gatherings
  ▶ Several hundred interactions
  ▶ Dashboards today
Pre-Implementation Engagement Goals

• Gain stakeholder support
  ➤ Counsel of CA Seniors
  ➤ Labor Unions
  ➤ Plans
  ➤ Providers

• Enough support that program moved forward as planned
CCI Outreach Activities

- Multiple modes of outreach have been used pre- and post-implementation
  - Website – CalDuals.org
  - Webinars
  - Tele-town Halls
  - Forums and Provider Summits
  - Boots on the ground
    - Treated it like a political campaign
    - Met with any group that would invite us
Engaging the Beneficiary

- **Tele-town Halls** – forums targeted to beneficiaries as they received enrollment notices
- **Cal MediConnect Toons** – highlighted one beneficiary’s experience learning about, enrolling in, accessing care, and understanding his rights
- **Enrollment video** – Learn about enrollment options, integrated care, benefits of care coordinators, and beneficiary protections
Lessons Learned

• Physicians and hospitals resistant to changing Medicare
• Misjudged the impact of enrollment information and opt out letters
• Misjudged how deep provider aversion is to Medicare managed care
• Need for education around continuity of care and balance billing
Today and Future Direction

- 130,000 Cal Medi-Connect enrollees
  - 450,000 eligible for the program
  - Opt out rates in LA very high
    - Largest opt out group has been IHSS recipients
- Passive enrollment almost complete
- State and DHCS are revisiting enrollment possibilities for the future
Cal MediConnect Resources

- [http://www.calduals.org/providers/](http://www.calduals.org/providers/)
- [http://www.calduals.org/beneficiaries/](http://www.calduals.org/beneficiaries/)
- [Cal MediConnect Toons: http://vimeo.com/album/3146784](http://vimeo.com/album/3146784)
- [Enrollment video: https://www.youtube.com/watch?v=NKUQuQZkiVU](https://www.youtube.com/watch?v=NKUQuQZkiVU)
Questions?
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