



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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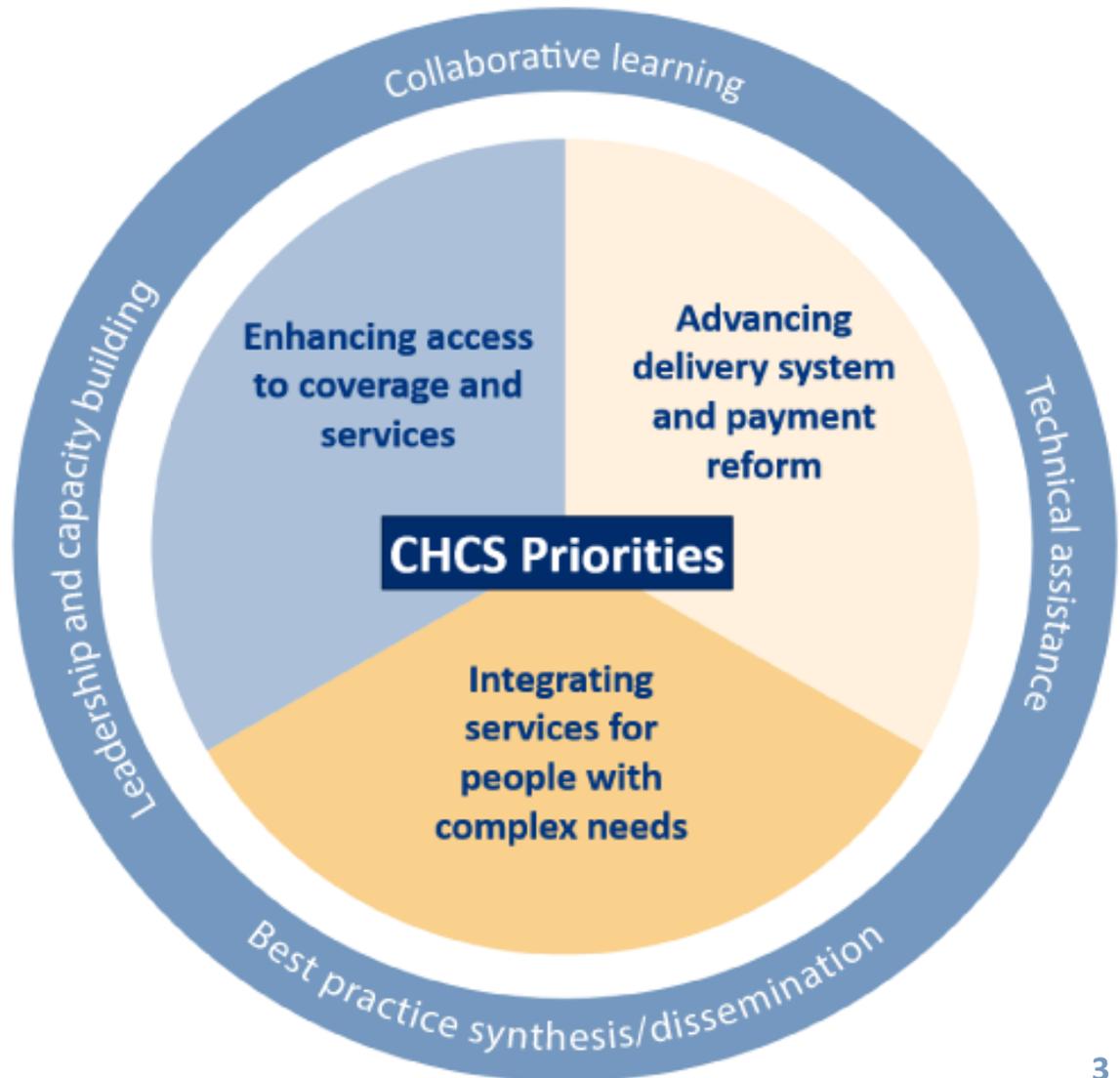
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About the Center for Health Care Strategies

**A non-profit health
policy center
dedicated to
improving the
health of low-
income Americans**



Agenda

- 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

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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 its become 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

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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

MLTSS

- Medicaid LTSS consumers
- MediCal health plans
- Nursing facilities
- IHSS agencies and workers
- MSSP sites
- CBAS providers
- Other HCBS providers
- Advocacy organizations
- LTSS partner agencies

Cal MediConnect

- Dually eligible beneficiaries
- Medicare-Medicaid plans
- **CMS**
- **Medicare physicians**
- **Hospitals**
- **County mental health authorities**
- Nursing facilities
- IHSS agencies and workers
- MSSP sites
- CBAS providers
- Other HCBS providers
- Advocacy organizations
- LTSS partner agencies

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/beneficiaries/>
- Cal MediConnect Toons: <http://vimeo.com/album/3146784>
- Enrollment video:
<https://www.youtube.com/watch?v=NKUQuQZkiVU>
- Provider FAQ: http://www.calduals.org/wp-content/uploads/2014/02/ContinuityofCare_14-02-131.pdf
- Pharmacist FAQ: http://www.calduals.org/wp-content/uploads/2014/07/PharmacyFact_LA.pdf

Questions?

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