



DEPARTMENT OF HEALTH
AND HOSPITALS

TRANSFORMING LOUISIANA'S LONG TERM CARE SUPPORTS AND SERVICES SYSTEM

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Implementation
Concept Brief



FEBRUARY 6, 2014

Implementation:

Introduction

As stressed in the initial concept paper released this past August on the transformation of long-term supports and services (LTSS), the ongoing transformation of Louisiana's LTSS system will continue to be an open and collaborative process. The involvement of stakeholders across the state is critical for the successful design and implementation of Managed Long Term Supports and Services (MLTSS) in Louisiana. The purpose of the Long Term Care Advisory Group is to provide an organized venue for feedback from stakeholders in Louisiana, including participants in the current LTSS system, LTSS providers, and community-based organizations involved in the support of those using LTSS. Based on feedback received during the first meeting of the advisory group, advisory group meetings will focus on soliciting purposeful feedback through the use of focused work groups. This concept brief is intended for use in work group discussion.

Background

This shift to MLTSS naturally raises policy and operational questions. Concerns raised include the potential for interruption of LTSS during the initial transition to managed care and experiencing changes to services over time as managed care contractors seek to lower costs. Stakeholders also have concerns about changes to the LTSS provider network if some providers have not yet enrolled in the managed care network before it comes online or have opted not to participate. A number of national advocacy groups have taken time to evaluate state and consumer experience in transition to MLTSS, with two important publications released: *Consumer Choice and Continuity of Care in Managed Long-Term Services and Supports: Emerging Practices and Lessons*, AARP Public Policy Institute, July 2013, and *Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers*, National Council on Disability (content composed by National Association of State Directors of

Developmental Disability Services), March 2013. These resources, as well as information and technical assistance resources compiled by the Centers for Medicare & Medicaid Services (CMS), have provided consistent recommendations for best practice in implementation of MLTSS. Some of these practices were discussed by the advisory workgroup in both the enrollment and consumer protections recommendations. Additional discussion is required to address specific implementation concerns.

Implementation of MLTSS includes both the planning period and the launch. A best practice recommendation for closing out the planning period is that states complete a readiness assessment. This readiness assessment will guide the state's phase-in planning for enrollment of persons in managed care plans. The assessment occurs at two levels, the first being a global evaluation of the state's readiness to move to a managed care system. This assessment is conducted by the Department and any third party contractors used, such as an External Quality Review Organization (EQRO). The second assessment is conducted by the MCOs, targeting assessment of the capabilities of the MCO to begin enrolling eligible persons in their plans meeting the requirements of the contract. Bayou Health's transition successfully utilized readiness assessment to bring MCOs online within timeframe and with appropriate capabilities.

Once the state initiates launch and is in active transition to MLTSS, implementation practices must address the transition period, which is a time of vulnerability for both service recipients and providers. MLTSS contracts generally include continuity provisions during the transition period. Some examples include, but are not limited to:

Establishing a continuity of care transition period for existing providers and approved service plans.

The creation of a "transition period" during which existing service plans for all consumers continue uninterrupted, and all providers are

paid regardless of network status, reduced the likelihood that consumers would fall through the cracks upon enrollment and gave the plans time to engage consumers while continuing to formalize their networks. In both Kansas and New York, all MCOs were required to pay existing Medicaid LTSS providers at the fee-for-service rate throughout the transition period, regardless of whether they were in a contractor's network. This gives consumers time to learn whether their existing providers are in the network, and contractors time to conduct individual outreach to those providers.

Longer protection for residents of nursing homes and residential settings.

Kansas requires plans to pay nursing homes and residential care providers at the fee-for-service rate for a year, regardless of whether they join the network. This minimizes the chances that consumers residing in those facilities will need to be moved.

Standardized provider forms.

Kansas required contractors to collaborate on developing a universal form for provider credentialing. The objective was to allow LTSS and other providers to complete one form and use it with all three KanCare contractors, thereby addressing an administrative barrier to participating in multiple networks and increasing the likelihood of broad provider choice.

The transition period must be defined, and states have approached this differently. Some specify a number of days, whether 30, 60, 90, or 180. Ninety (90) days is the most common choice. Another option is to end the transition period when the MCO conducts an assessment and implements a service plan. This presumably incentivizes the MCO to initiate the coordinated care structure with consumers as quickly as possible.

In addition to defining the transition period, the scope of any continuity provisions must be specified. In several state MLTSS contracts, the continuity provision applies to any LTSS service authorization that has been authorized for the consumer on or prior to the day of enrollment.

Other contracts do not mention LTSS specifically but are broad enough in scope to include LTSS. For example, Minnesota's provision applies to any medically necessary service authorized prior to enrollment. The advisory group has agreed to an all-inclusive MLTSS system for Louisiana, incorporating acute, behavioral health, and LTSS services. Thus, continuity provisions potentially involve transition from Medicaid fee-for-service, Bayou Health, and SMO/Louisiana Behavioral Health Partnership.

Feedback to Louisiana's Approach

In the initial LTSS concept paper that was released in August 2013, DHH emphasized the importance of providing adequate time to plan, design and launch an LTSS program. The process must provide sufficient opportunity for public review and engagement, while also protecting fragile populations during transition.

As DHH continues to research best practices and lessons learned from other states and works to build the framework for the transformation to MLTSS, DHH actively solicits feedback on the following areas of relative to Implementation:

Louisiana's Approach to Implementation: Workgroup Questions

- 1. DHH is proposing to incorporate readiness assessment into the RFP as an important component of implementation planning and design. Does the advisory group support this? What specific areas of focus does the advisory group recommend?**
- 2. What are some recommended continuity provisions for the implementation transition period?**
- 3. How should the transition period be defined? Should these be global or should some provisions be specific for certain services?**
 - a. Should the same continuity provisions apply across all service types (LTSS, acute, behavioral health)? If not, discuss differences in provisions.**

4. Are there particular continuity concerns when persons are moving from Bayou Health or SMO/LBHP to MLTSS? NOTE: Persons with HCBS waivers are not currently

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using Bayou Health and many individuals are dual eligible beneficiaries in which Medicare is the primary payer for medical services.

Transforming Louisiana's Long Term Care Supports and Services System

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