

Short Checklist: How Consumer Focused Are Your State's Medicaid Managed Long Term Services and Supports?



Many states are shifting Medicaid long-term supports and services (LTSS) from a fee-for-service model to managed care. In some states, this change is happening as part of demonstration projects to coordinate care for people eligible for both Medicaid and Medicare while in other states it is happening separately. At its best, managed care can reduce fragmentation of care, expand access to community based services and increase the quality and efficiency of services. But there are significant risks for LTSS consumers if states or managed care organizations (MCOs) use managed care to cut services, squeeze out community providers or medicalize support services. To help minimize the risks and maximize the benefits of this shift, consumer advocates and other stakeholders can assess state programs using this checklist. A more detailed checklist is also available from Community Catalyst.

Adequate Planning

Has the state included the components below in its preparations as well as

- plans for rapid identification and resolution of problems including state hotline
- readiness assessment of contractors, providers and MCOs

Stakeholder Engagement in Design, Implementation and Oversight

- Is the state regularly gathering input and sharing information with stakeholders in culturally and linguistically competent formats

Has the state

- posted all proposals and contracts for public comment
- established a stakeholder planning and oversight committee with at least 50 percent consumer representation
- required contractors and MCOs to include at least 25 percent consumer representation on governing boards and establish local or regional consumer advisory boards

Consumer Support and Protections

Does the state

- make enrollment voluntary or if mandatory, allow consumers 90 days to choose a health plan and allow them to opt out of managed care at any time
- provide conflict-free counseling to help consumers choose an MCO by hiring an enrollment broker and contracting with trusted community groups
- contract with and provide dedicated funding to an independent ombudsman to address individual consumer problems and identify systemic problems
- provide an easy to use grievance and appeals system, fair hearing protections, and continue to provide services in the same amount, duration, and scope during appeals

Enhancing Home and Community-Based Services

- Has the state ensured the program and MCOs meet all requirements of the ADA and the Supreme Court's Olmstead decision
- Do the MLTSS benefits include services to support active participation in the workforce and community, including personal assistance, supported employment and peer support services
- Does the state use payment methods to incentivize community based care

Person-Centered Processes

- Does the LTSS program offer consumers the opportunity to direct their care, and provide supports and training to do so
- Does the state require a face-to-face assessment of each consumer that examines physical, mental and functional strengths and needs, personal goals and preferences and results in an individualized service plan

Does the state require an interdisciplinary care team

- chosen by and led by the consumer or his/her designee
- including a care coordinator who visits and calls the consumer regularly

Comprehensive Integrated Service Package

- Does the state require MCOs to provide or coordinate a full range of services for physical health, behavioral health, and LTSS, including peer and recovery services
- Do consumers get needed supports to transition among care settings

Provider Quality, Quantity and Continuity

Does the state require MCOs to maintain a diverse and robust network of providers

- experienced and credentialed in LTSS
- culturally and linguistically competent

During the transition to managed care, does the state minimize disruption by

- requiring MCOs to include current community providers and offer transition support
- permitting consumers to continue seeing non-network providers for at least a year

Overall Quality

Does the state have a comprehensive quality strategy that annually works to improve

- consumer quality of life, health and functional status
- rebalancing of care from institutions to the community
- compliance with the ADA, including the Olmstead decision, anti-discrimination laws and the Mental Health Parity and Addiction Equity Act of 2008

Oversight

Does the state

- maintain ultimate responsibility for all aspects of MLTSS
- enforce compliance with contracts and laws by issuing penalties and citations
- ensure there is no system-wide reduction in LTSS use, particularly community services

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