Overview of New Jersey's 1115 Research and Demonstration Comprehensive Medicaid Waiver

Managed Long Term Services & Supports

State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

AGENDA

- **Overview of the Comprehensive Medicaid Waiver**
  - Purpose
  - Goals
  - Implementation Strategy
- **Phase 1 – Carve-in of State Plan Services**
  - Activities to Date
- **Phase 2 – Home and Community-Based Services**
  - Planning Process
  - MLTSS care management contact standards
  - MLTSS Case weights and case loads
- **Phase 2 – HCBS Medically Needy**
  - Assisted Living Cost Share
  - Training
  - Pre "Go-Live" membership transition
  - Workforce transition
  - Readiness review
- **Phase 3 – Nursing Home Residents**
- **Timeline for Membership transition**
- **Recap and Next Steps**

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Policy Objectives Achieved Through Comprehensive Waiver

- Budget predictability
- Reduce reliance on institutional care; increased use of home and community-based services
- Promote primary and preventive care
- Integrate and coordinate patient centered care
- Improve health outcomes
- Enhance performance based contracting with HMOs and providers

Administrative Flexibility

- Allows NJ to develop Medicaid programs that differ from the standard federal Medicaid program.
- Expands Medicaid eligibility and options for people who need Long Term Services and Supports (MLTSS), but currently are not eligible for Medicaid due to income.
- Gives New Jersey broad authority to modify rules for efficiency while ensuring quality care.
- Combines 4 existing Home and Community Based waivers (all services remain, provided by MLTSS).
- Protects consumer choice and independence.

Managed Long-Term Services & Supports (MLTSS)

Managed care is the logical solution to achieve delivery system reforms: Increased quality and improved health outcomes.

NJ will add nursing home and home and community based services to Managed Care contracts for Medicaid-eligible individuals who meet a Nursing Facility (NF) level of care.

- **A level of care assessment and Plan of Care will determine the service package and the most appropriate setting for care – whether at home in the community or in a nursing facility.**
- **PACE program will continue to serve as a MLTSS option for eligible beneficiaries in certain geographic areas.**

Implementation Strategy

- **Phase 1**: Carve-in of Medical Day Care and Personal Care Attendant
- **Phase 2**: Transition DoAS/DDS Home and Community-Based Services Waiver Participants to MLTSS
- **Phase 3**: Transition Nursing Facility Residents to MLTSS

Phase 1: Carve in of MDC/PCA

Services Carved into Managed Care on July 1, 2011

1. Home health care for all HMO members
2. Pharmacy for all HMO members
3. Personal Care Assistant services except Personal Preference Program
4. Adult and pediatric medical day care
5. PT, OT and Speech therapies

Other Medicaid Program changes that occurred in 2011

Mandatory enrollment into an HMO, with October 1, 2011 effective date:

- Dually eligible clients (QMB+, SLMB+, Other full duals) (94,000)
- GO Waiver clients (12,000)
- Other Waiver clients
  - Traumatic Brain Injury (TBI) (300)
  - AIDS Community Care Alternatives Program (ACCAP) (220)
  - Community Resources for People with Disabilities (CRPD) (210)
  - Other Waivers (1,000)

Phase 2: Planning for HCBS Waiver Participants

Care Management Design Process

- Researched other states' Medicaid Programs Transitions into MLTSS
  - Identification of best practices
  - Consideration of the context of NJ Medicaid Program
  - Informed by data of the populations and programmatic requirements
- Weekly interdepartmental care management workgroup meetings
- Input from Care Management Agencies and Managed Care Organizations
  - Care management implementation meetings to be scheduled

Consolidation of 4 Home and Community-Based Waivers

- HCBS Waivers
  - Global Options for LTSS (GO),
  - Community Resources for Persons with Disabilities (CRPD),
  - Aids Community Care Alternative Program (ACCAP), and
  - Traumatic Brain Injury
- Service Package
  - Includes all services and supports currently offered by the 4 HCBS waivers
  - Consumer Directed Option

Eligibility

- Clinical Eligibility
  - Nursing facility level of care
  - State maintains authority for NF LOC
- Financial Eligibility
  - $2,130 per/month;
  - Assets less than $2,000
  - Look-back for people with incomes under 100% FPL will be through self attestation.

Medically Needy for HCBS

- Optional Categorically Needy group using a hypothetical NF cost – currently NJ uses $7,787.
- Allows eligibility without the need for individual to incur actual medical expenses.
- Allows individual to keep maintenance amount to allow them to continue to stay in community alternative program.
- Maintenance allowance for people living at home has been established at the maximum income for HCBS waiver –currently $2,130 monthly.
- For individuals residing in AL facilities, the PNA ($105.50) will be the maximum maintenance allowance.
- The individual's premium will be calculated as the portion of the capitated payment rate that is attributable to HCBS waiver services as the "dollar" amount of services the individual is liable for – minus their adjusted income and PNA.

Cost Share Computation

Nursing Facility	Assisted Living Adult Family Care	Home & Community Based ServicesPR-1
PR-1 is completed by CWA, then data entered manually by DoAS. Beginning May 2013, a pilot will be implemented for an electronic PR-1 process	AL-3 is completed by the Care Manager	None required
Proposed Change:		
No changes necessary for MLTSS	Recommended to change to modified PR-1 process. R&B cost share payment process will not change.	None Required

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Premium Payment Process for HCBS Medically Needy

Nursing Facility	Assisted Living Adult Family Care	Home & Community Based Services
PR-1 is completed by CWA, then data entered manually by DoAS, Beginning May 2013, a pilot will be implemented for an electronic PR-1 process	Services currently not available for HCBS Medically Needy	Services currently not available for HCBS Medically Needy
Proposed Change		
1/1/14 NF's still fee for service, no change necessary 7/1/14 No change necessary for MLTSS	1/1/14 Recommended to change from AL-3 to modified PR-1 For HCBS Medically Needy - AL premium will be collected by DoAS.	1/1/14 Recommended to change from AL-3 to modified PR-1 For HCBS Medically Needy premium will be collected by DoAS.

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Care Management Responsibilities

- Coordinate and integrate across full spectrum of services regardless of payer source;
- Link formal and informal services and supports that address the member's physical health, behavioral health, and long term care needs;
- Conduct the NJ Choice care needs assessment and reassessments;
- Facilitate participant centered care planning process, regardless of setting;
- Conduct face-to-face visits and develop follow up schedule based on individual member circumstances and needs;
- Coordinate community transitions and Money Follows the Person (MFP) opportunities;
- Monitor and address health and welfare of members, including the tracking and reporting of critical incidents;
- All MLTSS members must receive CM

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MLTSS Care Management Requirements for HCBS

- **Individuals receiving home and community based services, including those in alternative residential settings (AL/AFC), will receive at a minimum quarterly face-to-face visits with at least two occurring in the members home each year.**
  - Re-determination of clinical eligibility will occur annually or when a significant change in condition or circumstances occurs
  - Frequency of interim outreach is at the discretion of the MCO but should be in consideration of the rapidly changing functional status, social needs and medical complexity of the individual

MLTSS Care Management Requirements for NFS/SCNF

- **Individuals residing in a NF or SCNF facility will have a minimum of two face-to-face visits annually.**
  - Re-determination of clinical eligibility will occur annually or when a significant change in condition or circumstances occurs
  - Participation in NF/SCNF care planning process is encouraged and may serve as a face-to-face visit
  - Frequency of interim outreach is at the discretion of the MCO but should be in consideration of the MCOs responsibility to supplement the NF, SCNF plan of care as necessary

MLTSS CM: Case Weights and Caseloads

Each care manager's caseload would not exceed a weighted value of 120. The following formula represents the maximum number of members the would be allowable

Per Care Manager:

Population	Weighted Value	Maximum Caseload	Total Caseload Value
Nursing Facility &/or Adults Residing in SCNF	0.5	240	120
HCBS - residing in an Alternative Residential Setting	1.0	120	120
HCBS - in the community setting	2.0	60	120
Pediatric Specialty Care Nursing Facility	2.5	48	120

If a mixed caseload is assigned, there would be no more than a weighted value of 120.

Transition Planning: Consumer Communications

TASK
Consumer Inquiry Communications
Develop Care Management Frequently Asked Questions **(FAQs)** for CMAs, CMs and supervisors and MCO member services
Issue Care Management Frequently Asked Questions **(FAQs)** to CMAs, MCOs, MLTSS Providers** ** MLTSS Provider will receive FAQs during training sessions and on the web, beginning in August 2013
Share all Communications from Consumer Information and Enrollment Communication Plan - with MCOs and CMAs
MCO Messaging to Member Strategy
Preparation for messaging members about transition prior to and after go-live – details to be defined by State and MCOs

Transition Planning: Data Information Exchange

TASK
Share member specific Molina claims data on HCBS services
HCBS database (repository for collecting member CM data)
Update HCBS database and functionality
Provide access and train CM Agencies on HCBS database
Input/Update member information
System testing HCBS member data exchange
Share final MCO specific HCBS member data

Training Strategy for MCOs

- Training is necessary to:
  - Ensure a safe and seamless transition and
  - Build knowledge and understanding of the key concepts of delivering home and community based services.
- Mandated Training
  - The State will mandate MCO CMs receive training in two key areas:
    - NJ Choice Tool Assessment
    - Options Counseling
- Additional training for all MCOs will include:
  - Education about HCBS members, including special populations,
  - Diversity of services/service definitions, and
  - Self direction, cost share, etc.

Training Topics for MCOs

TASK
NJ Choice Assessment Training
Options Counseling (Rutgers Pilot)
Community Resources Networking for MCOs - Facilitation and training about AAA/ADRC for MCOs
Additional Topics: ×Emergency Preparedness Training ×Critical Incident Reporting ×Self Direction/Personal Preference Program ×Visit outreach standards and processes ×Guardianship/Protective Services

Training Topics for MCOs

TASK
Additional MCO Training
Training on topics such as: ×HCBS Concepts +Bio psychosocial approach +Person centered planning +Dignity of Risk/Choice ×Training on target populations +TBI +ACCAP +CRPD ×Self Direction/Personal Preference Program ×Cost Share for Assisted Living/Adult Family Care ×Behavioral Health

MCO Contract Process

TASK
Contract Requirements – finalizing contract requirements
Standing MCO & State meetings to share care management operational details that are driven by the contract (workflows)
Operationalize processes and tools specified in the contract
Integrate MLTSS requirements into main MCO contract

Readiness Review

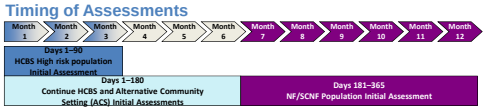
TASK
Contract compete and develop questions for request for information (RFI)
Kick-off meeting with MCOs about RFI
RFIs sent to MCOs (posted on Connect site)
RFI response due to State/Mercer (On Connect site)
On-site reviews (one day per each MCO)
Review critical items with MCOs
RR findings to MCOs in corrective action plan (CAP) format
RR critical CAP response due to State/Mercer (1 week)
Final RR report to State and MCOs
Go or No Go Decision by the State

Pre Go-Live Membership Transition

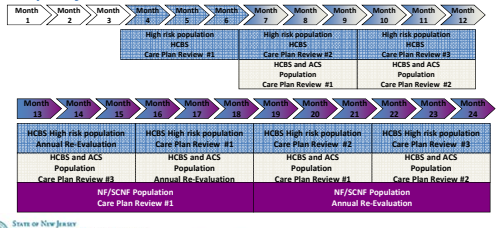
TASK
Timing of new assessments
Members continue to be assigned to CMAs until 90 days Pre-go–live
90 days prior to go live, DHS Medical Assistant Customer Centers will assume care management responsibilities for new MLTSS participants
CMA Redeterminations continue as usual

Post Go-Live Membership Transition

Timing of Assessments



Frequency of Face-to-Face Care Plan Reviews



Recap and Next Steps

Summary

- Today we have shared with you the framework for CM transition
- Incorporated input from both CMAs and MCOs
- Represents the State's plan to ensure a safe and coordinated transition of members into MLTSS

Next Steps

- May 2013 – December 2013
  - *Schedule and complete training sessions*
  - *Meetings to operationalize CM contract requirements*