



N.C. Department of Health  
and Human Services

# Long-Term Services & Supports Recommendation

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**Medicaid Reform Advisory Group**

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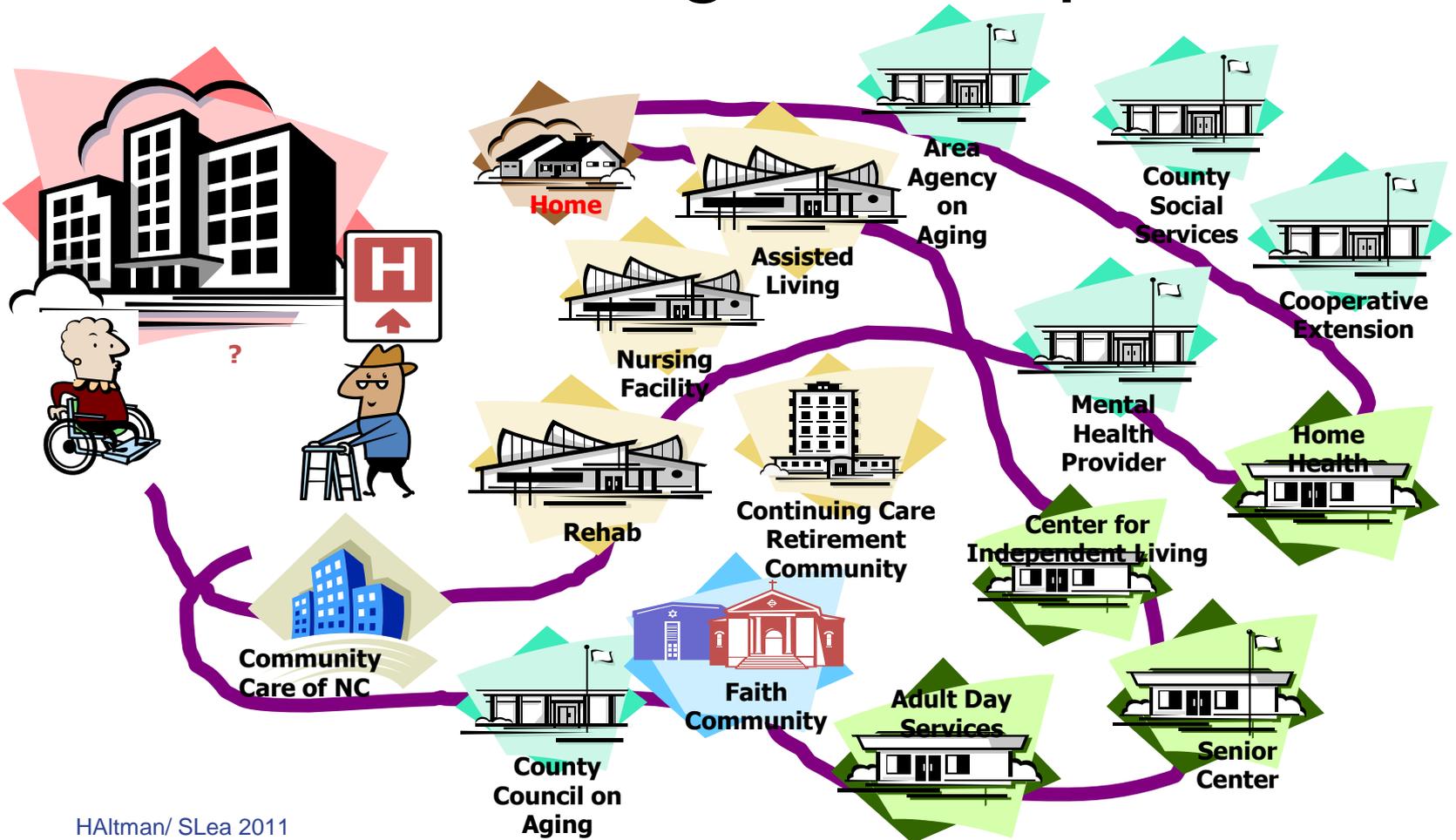
# Two components of LTSS\* reform

1. Streamlined, consistent, person-centered needs assessment, care planning and case management
2. Create strategic plan for LTSS delivery system, exploring options for redesign

\*LTSS in this presentation/reform does not encompass services for individuals with Intellectual or Developmental Disabilities currently covered under the Innovations Waiver.



# Current care navigation experience





# Essential aims for LTSS reform

- Engage with beneficiaries earlier, before needs worsen and require more intensive, costly care
- Coordinate care better, with focus on transitions between settings of care
- Use local resource networks to fullest extent
- Accompany with workforce development and capacity building

*Doing nothing is not an option. Our aging and disabled populations are growing faster than available resources.*



# Key elements of LTSS reform

- Highly visible, well established points of entry for accessing Medicaid LTSS based on where people already go
- Better use of technology for information sharing and assessing needs
  - *But, keep the human in human services: the role of the usher to help navigate the system*
- Clear integration of primary care/ACOs into LTSS system design



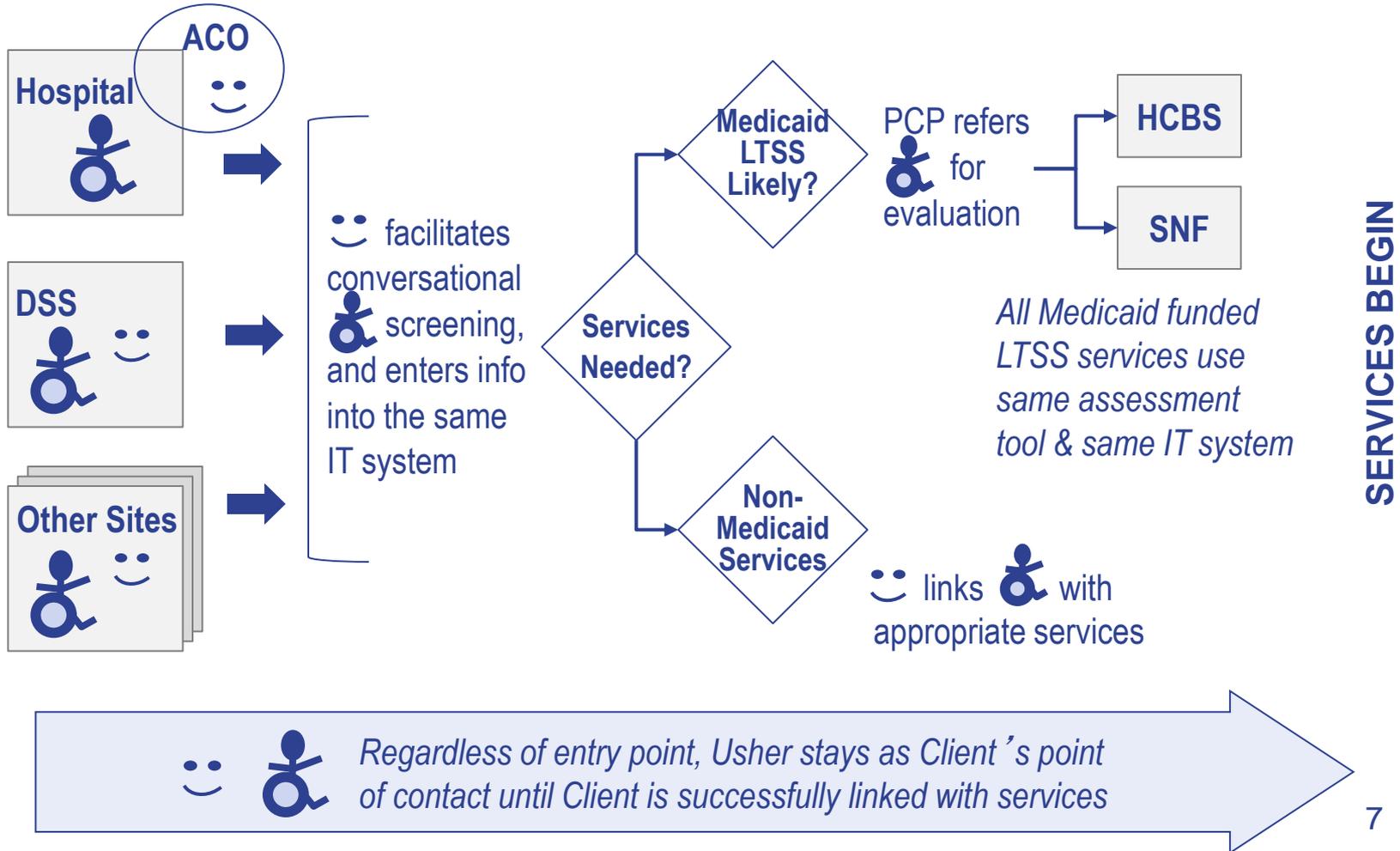
# Help navigating the system

- Ability to support people to access the right services, even if not Medicaid
- Strengthen IT mechanisms to empower and educate people on navigating the system
- People who need help and are bewildered also deserve real people escorting them through the service access process if needed





# New client entry/assessment model





# Clear, logical points of entry

- First, reduce need for Medicaid enrollment
- Our established paths make sense
- Strengthen the path people already travel
- Improve online access and self-screening



# Unified screening and assessment

## **SCREENING:** What's needed?

- Starts with a conversation
- Usher is fully trained to screen
- Consistent screening tool
- Data fed into single system

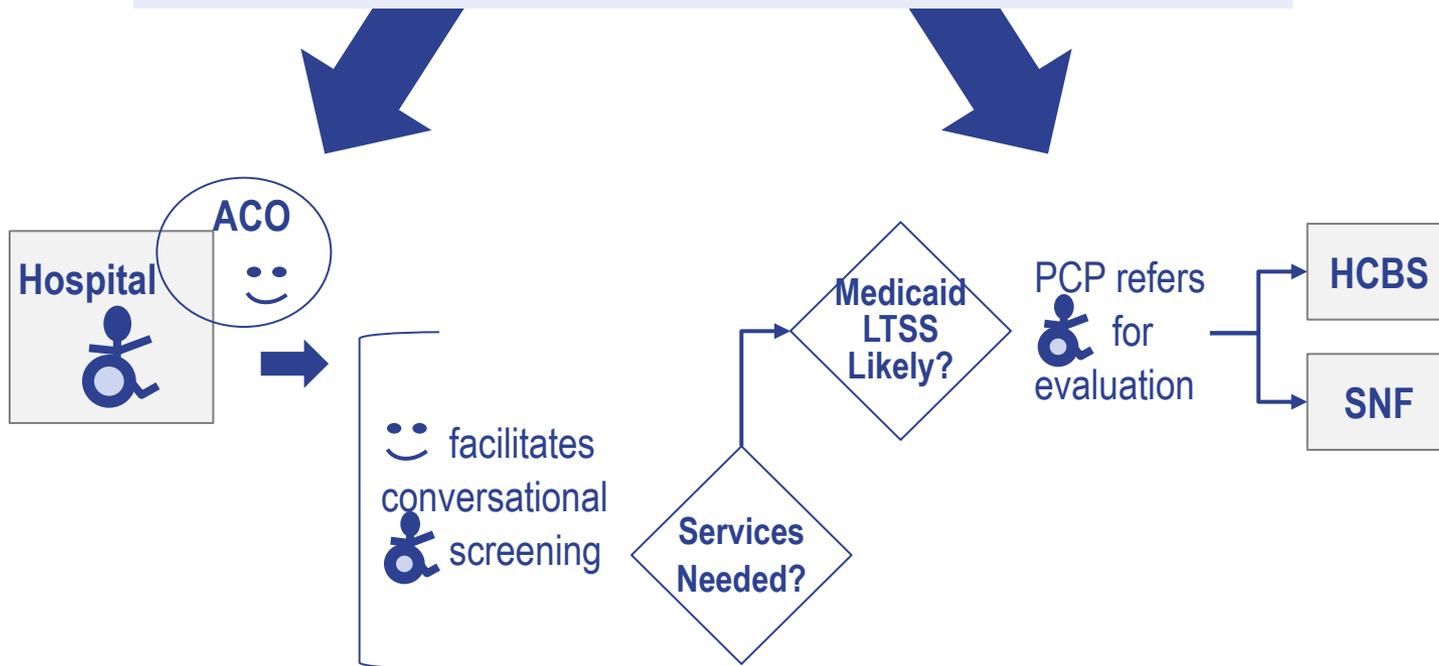
## **ASSESSMENT:** Is the person eligible for a [Medicaid] service?

- Comprehensive, clinically-based person-centered assessment
- Assessment unified across LTSS programs
- If person is denied Medicaid services, Usher helps explore other options



# Role of ACO/PCP in LTSS

*Holistic care management for identified clients*



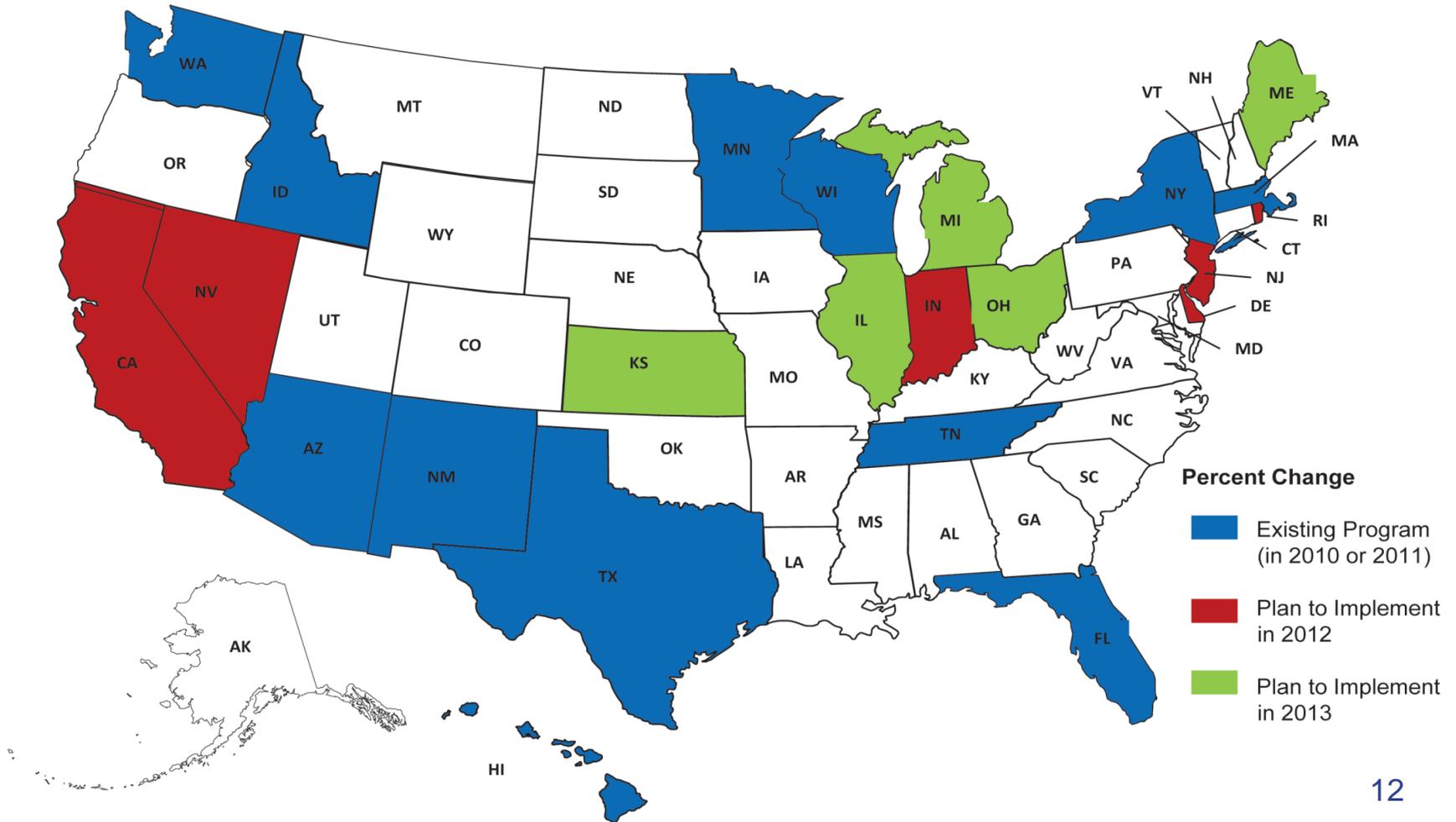


# Shape ultimate direction of LTSS

- Organize collaborative strategic planning process
  - DHHS
  - Providers
  - Beneficiaries/Advocates
  - Other stakeholders
- Evaluate range of options
  - Continuation of in-force plan with refinements
  - Shift to managed LTSS model



# States moving to managed LTSS





# Reasons states choose MLTSS

- Flexibility in program design options
- Rebalance system - reduce reliance on institutions, increase availability of home and community based services (HCBS)
- Stronger mechanism for ensuring quality
- Opportunity to increase efficiencies
- Cost predictability



# What CMS expects

- Adequate planning
- Stakeholder engagement
- Enhanced provision of HCBS
- Alignment of payment structures and goals
- Support for beneficiaries
- Person-centered processes
- Comprehensive, integrated service package
- Qualified providers
- Participant protections
- Quality assurance



# Is MLTSS right for NC?

Questions to explore in collaboration with stakeholders:

- LTSS integration into NC's current or future structures?
- Who is covered?
  - Medicaid only? Duals?
  - Current LTSS populations?
  - Voluntary or mandatory enrollment?
- Benefits package the entity is responsible for managing?
  - Both facility and community services?
  - Just LTSS or all Medicaid services\*?
- Provider capacities needed?
- Quality and performance measures?
- Transition plan?



# First stage lays the groundwork

- Ensure strong benefits counseling mechanism for sharing information and options with LTSS clients
- Develop standardized screening assessment
- Strengthen LTSS workforce capacity – case management, LTSS providers – to be strong, viable members of potential MLTSS community
- IT to support all aspects