

Centers for Medicare & Medicaid Services & Idaho Department of Health and Welfare Demonstration to Integrate Care for Dual Eligible Individuals

Idaho Medicare-Medicaid Coordinated Plan (MMCP)

Stakeholder Update

May 1, 2013

Webinar Topics

- **Enrollment**
- **Long Term Services and Supports (LTSS)**
 - **A&D Waiver**
 - **DD Waiver**
- **Network Adequacy**

Opt-In Enrollment Period and Phased-In Enrollment Approach

- Enrollment in the Demonstration will be phased in by IDHW's three geographical service areas (Southwest, East and North).
- Opt-in enrollment in the Southwest geographic area begins on March 1, 2014.
 - All Enrollees in the Southwest geographic area who have not opted-in or out before April 1, 2014 will be passively enrolled on that date.
- Opt-in enrollment in the East geographic area begins on May 1, 2014.*
 - All Enrollees in the East geographic area who have not opted-in or out before June 1, 2014 will be passively enrolled on that date.
- Opt-in enrollment in the North geographic area begins on July 1, 2014.*
 - All Enrollees in the North geographic area who have not opted-in or out before August 1, 2014 will be passively enrolled on that date.

*Please note that while the 1-month opt-in enrollment period for the East and North geographic areas is expected, the decision has not yet been finalized.

1915(c) Aged and Disabled Waiver Service Planning and General Requirements

- **Aged and Disabled HCBS Waiver services must be offered by the health plans to the same extent they are available to qualifying Enrollees in the waiver program.**
- **The same assessment tools currently in place must continue to be used to determine the quantity and types of waiver services eligible Enrollees may receive.**

1915(c) Aged and Disabled Waiver Service Planning and General Requirements

- IDHW will retain responsibility for the eligibility assessment for those waiver participants with incomes above standard Medicaid income limits, who are eligible for Medicaid under 42 CFR §435.217, and whose Medicaid eligibility therefore depends on the results of the assessment.
- For all other individuals who do meet categorical, income, resource, and other Medicaid eligibility requirements, the health plans will complete the assessment at the time of re-determination (annually) or application.

1915(c) Aged and Disabled Waiver Service Planning and General Requirements

- Staff that conduct the eligibility assessments will be required to meet the qualifications outlined in the waiver (i.e., RN).
- IDHW will require the plans to submit qualifications of each assessor.
- Standard instructions on completing the assessments will be distributed to the plans, and the plans will be required to attest that all its assessors have been trained in accordance with the instructions.
- IDHW will confirm the qualifications were met through its HCBS quality reviews.
- In addition to the quality measures, plans will also be required to report on all applicable waiver quality measures.

1915(c) Developmental Disabilities
Waiver—Traditional, 1915(c)
Developmental Disabilities Waiver—
Consumer Directed Services Option
and 1915(i) State Plan Amendment
Option Service Planning and General
Requirements

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **1915(c) Developmental Disabilities Waiver—Traditional, 1915(c) Developmental Disabilities Waiver—Consumer Directed Services option and 1915(i) State Plan Amendment Option services will continue to be provided by the State of Idaho.**
- **All 1915(c) Developmental Disabilities Waiver—Traditional, 1915(c) Developmental Disabilities waiver—Consumer Directed Services option and 1915(i) State Plan Amendment option services for Enrollees with developmental disabilities will be carved out of the capitated Demonstration rate paid to the Health Plan.**

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **Each Health Plan will contract with and pay the service coordination agency to complete plan development, plan monitoring and DD service coordination duties to ensure coordination of the Individualized Care Plan with the 1915(c) Developmental Disabilities Waiver services—Traditional and/or 1915(i) State Plan Amendment Option services.**

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **The Health Plans will contract with an adequate number of DD targeted service coordination agencies to meet the needs of eligible Enrollees.**
- **The total caseload of a Targeted Service Coordinator must assure quality service delivery and participant satisfaction.**
 - **The contract between the Health Plan and the service coordination agency must describe how caseloads will be determined and monitored.**

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- For eligible Enrollees, DD Targeted Service Coordinators will be members of the Health Plan's Integrated Care Team (ICT).
 - A DD Targeted Service Coordinator will only coordinate 1915(c) Developmental Disabilities waiver—Traditional and 1915(i) State Plan Amendment option services in conjunction with other services described in the Enrollee's individualized care plan. Targeted Service Coordinators will not be responsible for coordinating all services on the individualized care plan.
 - Targeted Service Coordinators are not responsible for coordinating services for Enrollees accessing 1915(c) Developmental Disabilities—Consumer Directed Services option waiver services.

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- The contract between the Health Plan and the service coordination agency employing the Targeted Service Coordinators will include the following provisions:
 - Health Plans will be responsible for coordinating with the service coordination agency to provide seamless access to 1915(c) Developmental Disabilities waiver—Traditional services and/or 1915(i) State Plan Amendment Option services for individuals who meet the eligibility criteria and are accessing these benefits.
 - The 1915(c) Developmental Disabilities waiver and 1915(i) State Plan Amendment Option services listed in Figure 7-2 will be financed and administered by IDHW through a fee-for-service arrangement and excluded from the capitation payment to the Health Plans.

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- The contract between the Health Plan and the service coordination agency employing the Targeted Service Coordinators will include the following provisions:
 - Integration of 1915(c) Developmental Disabilities Waiver— Traditional services and 1915(i) State Plan Amendment Option services for Enrollees with developmental disabilities –
 - Health Plans will work together with the service coordination agency to coordinate care and develop strategies for shared accountability to be codified through separate contracts.
 - These contracts, which will be reviewed by CMS and the State during the readiness review process and in place by March 1, 2014, will include policies and procedures for the following categories: 1) targeted service coordination; 2) administrative coordination; 3) information exchange; 4) plan development; and 5) plan monitoring.

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- Targeted service coordination – Contracts between Health Plans and the service coordination agency will have clear policies and procedures that describe:
 - Delineation of clinical responsibilities and provider contracting responsibilities
 - Standardized approaches to screening, referral and coordination for services with timelines specified
 - Processes for clinical consultation and integration of DD service plans and individualized care plans
 - Point of contact within the Health Plan and the service coordination agency and the various communication processes to address issues related to coordination of services
 - A process for resolving disagreements related to service recommendations and referrals.

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **Administrative coordination – Contracts between Health Plans and the service coordination agency will have clear policies and procedures that describe:**
 - **Delineation of administrative responsibilities and provider contracting responsibilities**
 - **Point of contact within the Health Plan and the service coordination agency and the various communications processes to address issues related to administrative coordination**
 - **A process for demonstrating how administrative problem identification and resolution occurs.**

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **Information exchange – CMS and IDHW will describe how the State will monitor progress regarding information sharing for Enrollees with developmental disabilities in the three-way contract with the Health Plans.**
 - **Health Plans and the service coordination agency will develop data sharing mechanisms to share accurate and timely information to inform service delivery.**
 - **Contracts will have clear policies and procedures that describe the process for the exchange of medical, developmental, behavioral and social information between the service coordination agency and Health Plan that maintains confidentiality in accordance with HIPAA and other Federal and State laws and regulations.**

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **DD service plan monitoring must include the following:**
 - Review of the individualized care plan in a face-to-face contact with the Enrollee at least every 90 days to identify the current status of programs and changes if needed;
 - Contact with service providers to identify barriers to service provision;
 - Discuss with Enrollee satisfaction regarding quality and quantity of services; and
 - Review of provider status reviews, with DD service providers when the DD service plan has been in effect for six months and at the annual DD Person-Centered Planning meeting.

1915(c) and 1915 (i) Developmental Disability Services Virtual Integration

- **Consumer-Directed Services option**
 - BDDS will forward a copy of any Support and Spending Plan (SSP) approved by Medicaid for an Enrollee accessing 1915(c) Developmental Disabilities Waiver—Consumer Directed Services to the Enrollee’s Integrated Care Team (ICT) Care Manager.
 - The ICT Care Manager will be responsible for ensuring coordination of services on the SSP with other services identified on the Enrollee’s Individualized Care Plan through coordination with the Enrollee and/or their Support Broker.
 - Health Plans will report to BDDS if there are health and safety concerns associated with an Enrollee’s refusal to coordinate the Developmental Disabilities Waiver—Consumer Directed service plan with other services on the Individualized Care Plan.

Figure 7-2: Carved-Out Developmental Disabilities Services Under the Demonstration

<u>Carved-Out 1915(c) Developmental Disabilities Waiver Services</u>	<u>Carved-Out 1915(i) Developmental Disabilities State Plan Services</u>
Residential Habilitation	Developmental Therapy
Respite	Community Crisis Supports
Supported Employment	
Community Support Services	
Financial Management Services	
Support Broker Services	
Adult Day Health	
Behavior Consultation/Crisis Management	
Chore Services	
Dental Services	
Environmental Accessibility Adaptations	
Home Delivered Meals	
Non-Medical Transportation	
Personal Emergency Response System	
Skilled Nursing	
Specialized Medical Equipment and Supplies	

Network Adequacy

- Medicaid standards will be utilized for LTSS or for other services for which Medicaid is primary.
- Medicare standards will be utilized for pharmacy benefits and for other services for which Medicare is primary.
- Home health and durable medical equipment requirements, as well as any other services for which Medicaid and Medicare may overlap, will be subject the more stringent of the applicable Medicare and Medicaid standards.
- IDHW has developed transition requirements that specify continuation of existing providers for nursing and intermediate care facilities, LTSS and behavioral health providers.

Network Adequacy

- Health Plans must do the following, at a minimum, to meet the Medicaid network adequacy standards for Medicaid services:
 - Offer an appropriate range of preventive, primary care, and specialty services that is adequate for the anticipated number of enrollees for the service area.
 - Maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
 - Maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the Demonstration.

Network Adequacy

- IDHW also requires that Health Plans provide and arrange for timely access to all medically-necessary services covered by Medicaid. Both IDHW and CMS will monitor access to services through survey, utilization and complaint data to assess needs to Health Plan network corrective actions.
- For services for which Medicaid is the traditional primary payer (including LTSS and Community-Based Outpatient Behavioral Health Services), each Enrollee must have a choice of at least two (2) providers located within:
 - 1) Thirty (30) miles or within thirty (30) minutes of travel within Ada, Canyon, Twin Falls, Nez Perce, Kootenai, Bannock and Bonneville counties, and
 - 2) Within forty-five (45) miles or within forty-five (45) minutes in all other counties.

Network Adequacy

- Travel time will be determined based on driving during normal traffic conditions (i.e., not during commuting hours).
- Health Plans may request that IDHW grant exceptions to the standards above.
- Detailed network adequacy standards will be identified in IDHW's RFP.
- When a network adequacy standard is not achievable, the Health Plan will develop a plan for moving toward achieving this standard.
- Networks will be subject to confirmation through readiness reviews and on an ongoing basis.

Network Adequacy

- For any covered services for which Medicare requires a more rigorous network adequacy standard than Medicaid (including time, distance, and/or minimum number of providers or facilities), the Health Plan must meet the Medicare requirements.
- Medicare network standards account for the type of service area (rural, urban, suburban, etc.), travel time, and minimum number of the type of providers, as well as distance in certain circumstances.
- IDHW and CMS may grant exceptions to these general rules to account for patterns of care for Medicare-Medicaid beneficiaries, but will not do so in a manner that will dilute access to care for Medicare-Medicaid beneficiaries.

Questions?

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Duals Demonstration Feedback

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