



# Managed Long Term Services and Supports (MLTSS) VIRGINIA UPDATE

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November 18, 2015

# *Revised MLTSS Plan*

## *Managed Long Term Services and Supports*



# Objectives

1. Key Points From August Advisory Meeting
2. Stakeholder Input and MLTSS Strategy
3. MLTSS Implementation Strategy
  - Initial Strategy
  - Revised Strategy
  - What Will Not Change
  - Where We Are Now
4. CMS Guidance on MLTSS
  - 10 Key Elements
5. MLTSS and DSRIP
6. Next Steps

# Key Points from the August 2015 Meeting

*The Department's goal is to develop a managed care model that is designed to provide individuals with enhanced opportunities to improve their lives . . .*

- ❖ *to promote long term care options in community settings*
- ❖ *to promote community capacity and supports designed to better enable individuals to thrive in the community*
- ❖ *to provide flexible and innovative benefit plans to serve individuals in their setting of choice*

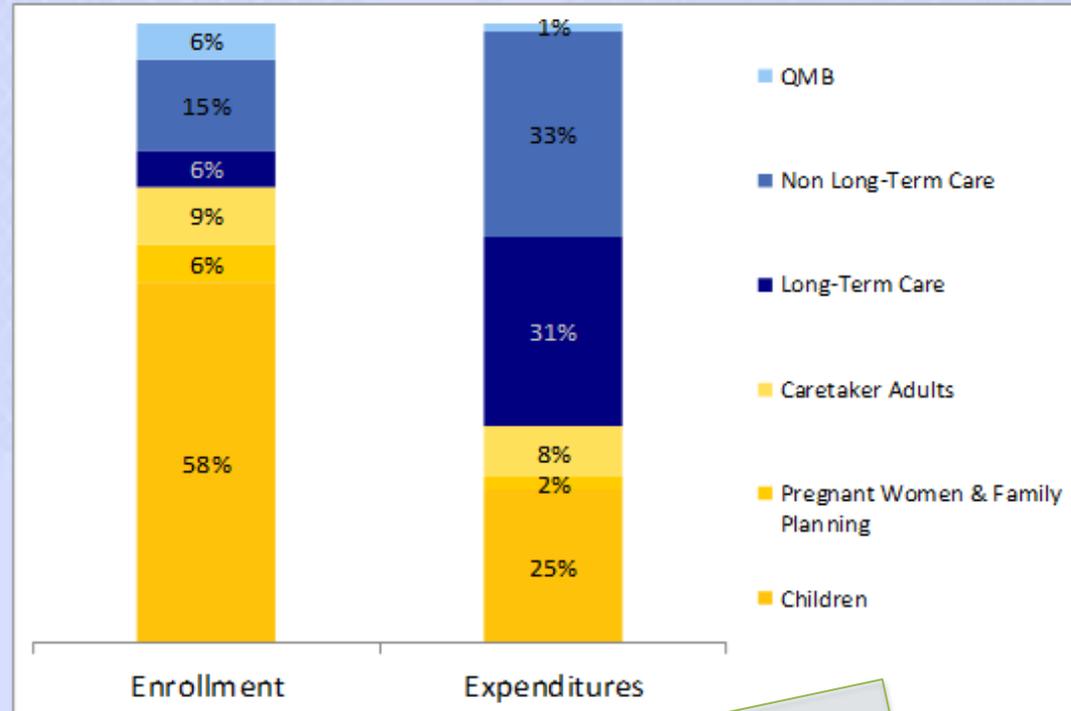
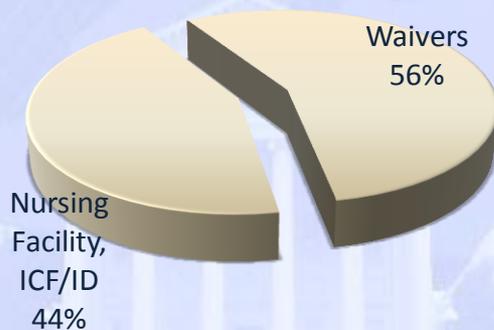


# Key Points from the August 2015 Meeting

## Medicaid Enrollment v. Expenditures

*The current fee-for-service system lacks comprehensive care coordination, the flexibility to provide innovative benefit plans & value based payment strategies, and budget predictability*

### Long-Term Care Expenditures



Current LTSS spending trends are unsustainable

# Key Points from the August 2015 Meeting

*Consistent with Virginia General Assembly and Medicaid reform initiatives, DMAS is moving forward transitioning individuals from fee-for-service delivery models into managed care*

General Assembly Directives beginning 2011 through 2015

Continue to transition fee-for-service populations into managed care

Phases 3 of Medicaid Reform

Move forward with managed long term services and supports (MLTSS) initiatives

Value of Managed Care

Timely access to appropriate, high-quality care; comprehensive care coordination; and budget predictability

# Stakeholder Input & MLTSS Strategy

Stakeholder input has significantly informed the DMAS MLTSS program design and implementation strategy

- MLTSS proposed 2-phased design strategy
- 137 pages of comments from 53 stakeholders

Design

Model of Care

- MLTSS Model of Care
- Comments received from 8 advocates, 2 providers, and 10 health plans

- Revised MLTSS strategy
- Communicated to Stakeholders in September 2015

Revised Strategy

June

July

August

September

October

November

# Stakeholder Input for MLTSS Design

*Initially DMAS proposed to operate MLTSS through two separate and distinct contractual arrangements; MLTSS-I and MLTSS-II*

MLTSS-I for CCC  
Eligible Individuals  
*Who Opt-out of CCC*

- Enroll individuals who opt out of CCC with an existing CCC plan for their Medicaid coverage;
- Would operate concurrently with the CCC demonstration (same populations/services);
- Earliest start date would be July 1, 2016

MLTSS-II for Duals  
and LTSS Individuals  
*Who Are  
Not CCC Eligible*

- Competitively procure MLTSS plans (RFP);
- Populations would be phased in regionally;
- Earliest start date would be mid-year 2017

*Proposed Strategy*

# Stakeholder Input and MLTSS Strategy

*The revised MLTSS strategy will operate under a single, comprehensive implementation design. The CCC Demonstration will continue operating as an optional program until CCC ends (December 31, 2017)*

## Revised Strategy

### MLTSS for Duals and LTSS Individuals

- Competitively procure MLTSS plans (RFP);
- Populations would be phased in regionally;
- Earliest start date would be Spring 2017
- CCC demonstration participants will begin to transition to MLTSS when the CCC demo ends, beginning January 1, 2018. DMAS will work closely with CMS to develop a transition plan that ensures continuity of care.

*\*Individuals enrolled in the ID, DD, and DS Waivers will continue to receive their home and community-based LTSS through Medicaid fee-for-service until the Department of Behavioral Health and Developmental Services completes the redesign of these Waivers. Individuals residing in ICF-ID facilities will be excluded from MLTSS until after the completion of the redesign*

# What Will Not Change

- DMAS remains committed to the CCC program for the duration of our contract with CMS (through December 2017)
- MLTSS will include many of the core program values from CCC (e.g., person centered, integrated care, care coordination, etc.)
- MLTSS allows us to proceed with the directives from the General Assembly to move our remaining vulnerable populations into a coordinated care delivery model
- MLTSS is being thoughtfully developed in a manner that allows sufficient time for program development, stakeholder input, and a strategic implementation
- Stakeholder input into advancing MLTSS began in May 2015 and continues

# What Will Not Change

## *Vision and goals remain the same*

Coordinated system of care that focuses on improving quality, access and efficiency

- Improves quality of care and quality of life
- Enhances community-based infrastructure and community capacity
- Promotes innovation and value based payment strategies
- Improves care coordination and reduces service gaps
- Better manages and reduces expenditures and provides for budget predictability (full-risk, capitated model)

# MLTSS Strategy

- *Where we are now. . .*



# MLTSS Included Populations

## Duals

*who are excluded from  
the CCC Demo*

- Full Medicaid and any Medicare benefits
- Nursing facility and Waiver participants
- Approximately 46,000 individuals

## Non-Duals with LTSS

- Nursing facility and Waiver participants
- Waiver individuals in Medallion 3.0 (HAP)
- Approximately 18,000 individuals

## CCC Demo Population

- Approximately 66,000 individuals; 28,000 enrolled and 38,000 eligible/not enrolled
- Transition from CCC to MLTSS after CCC demonstration ends; January 1, 2018

# MLTSS Excluded Populations and Services

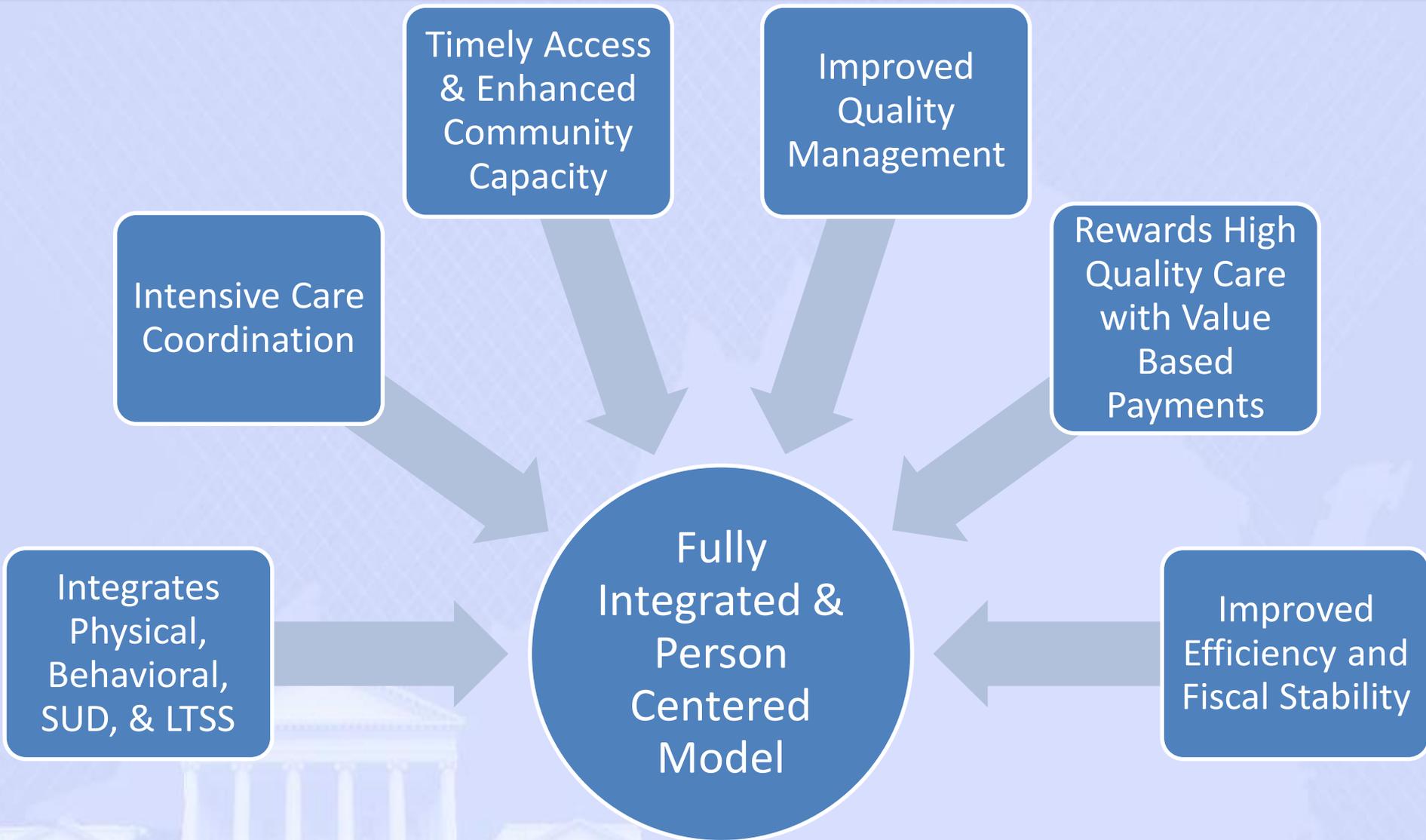
## Excluded Populations

- Limited Coverage Groups (Family Planning, GAP, QMB only, HIPPA, etc.)
- Medallion 3.0 and FAMIS
- ICF-ID and MH Facilities
- Veterans Nursing Facilities
- Residential Treatment Level C
- Medicaid Works
- PACE
- Certain Out of State Placements
- Hospice and ESRD (*will remain enrolled in MLTSS if MLTSS enrolled and then subsequently enroll in Hospice or ESRD*)

## Carved-Out Services

- Dental
- School Health Services
- Community Intellectual Disability Case Management
- ID, DD, and DS Waiver Services, including waiver related transportation services, until after the completion of the ID/DD redesign
- Developmental Disability Support Coordination
- Preadmission Screening
- Money Follows the Person (MFP)
  - MFP (new) enrollments end 12/31/17

# MLTSS Person Centered Delivery Model



*Person centered, coordinated system of care that improves community access, quality, efficiency and value*

# Coordination with Medicare

## MEDICARE COVERS

- ▶ Hospital care
- ▶ Physician & ancillary services
- ▶ Skilled nursing facility (SNF) care
- ▶ Home health care
- ▶ Hospice care
- ▶ Prescription drugs
- ▶ Durable medical equipment

## MEDICAID COVERS

- ▶ Medicare Cost Sharing
- ▶ Hospital and SNF (when Medicare *benefits are exhausted*)
- ▶ Nursing home (custodial)
- ▶ HCBS waiver services
- ▶ Community behavioral health and substance use disorder services,
- ▶ Medicare non-covered services, like OTC drugs, some DME and supplies, etc.

- ✓ MLTSS plans must operate (or obtain approval to operate ) as Medicare Dual Special Needs Plans (DSNP)
- ✓ DSNPs operate under contract with Medicare and Medicaid
- ✓ Once DSNPs are operational, MLTSS individuals will have the option to choose the same plan for Medicare and Medicaid coverage
- ✓ DMAS Contracts (DSNP and MLTSS) will facilitate care coordination across the full continuum of care

# MLTSS Health Plan Licensure and Certification

## Dual Special Needs Plan (D-SNP)

MLTSS contracted health plans will be required to operate as a [dual special needs plan](#) (D-SNP), through the Center for Medicare and Medicaid Services (CMS) for all localities in which the plan intends to operate within two (2) years of being awarded an MLTSS contract.

## Virginia State Corporation Commission's Bureau of Insurance (BOI) Licensure

MLTSS contracted health plans will need to be licensed by the Virginia State Corporation Commission's Bureau of Insurance (BOI), as set forth in the Code of Virginia §38.2-4300 through 38.2-4323, 14 VAC5-211-10 et. Seq. prior to MLTSS contract signing (if selected).

## Certification of Quality Assurance of Managed Care Health Insurance Plans (MCHIP)

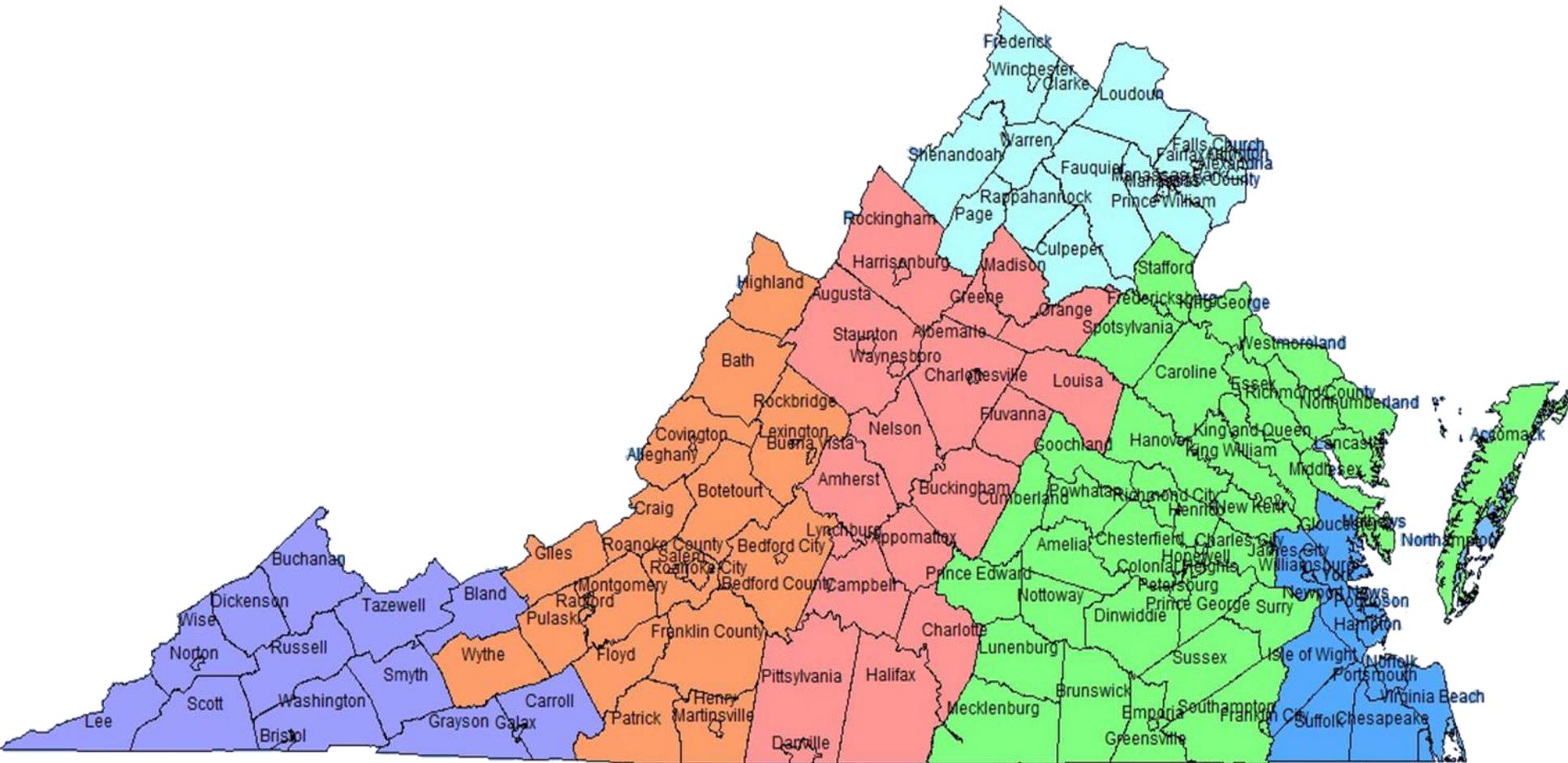
MLTSS contracted health plans will need to have in place an approved Certificate of Quality Assurance from the Center for Quality Health Care Services and Consumer Protection, Office of Licensure and Certification, Virginia Department of Health, pursuant to §32.1-137.1 through §32.137.7 Code of Virginia, and 12VAC5-408-10 et. seq. for all region(s) in which the health plan intends to operate prior to MLTSS contract signing (if selected).

## National Committee for Quality Assurance (NCQA) Health Plan Accreditation

Each MLTSS contracted health plan selected will be required to obtain NCQA accreditation for its Virginia Medicaid line of business. Plans who are not NCQA accredited would be required to adhere to DMAS' timeline of milestones for achieving NCQA accreditation. Further, all contracted plans would be required to comply with NCQA guidelines at contract signing, based on the most current version of NCQA Standards and Guidelines for the Accreditation of MCOs. Plans would also be required to comply with and participate in comprehensive onsite reviews at dates to be determined by the Department and must attain Interim Accreditation Status from NCQA by the end of the eighteenth (18th) month of operations (onset of delivering care to MLTSS members), and obtain NCQA accreditation status of at least "Accredited" within 36 months of MLTSS start date.

# MLTSS Regional Map

## Virginia Medicaid's Regional Map for Managed Long-Term Services and Supports (MLTSS)



- Southwest
- Roanoke / Alleghany
- Western / Charlottesville
- Northern / Winchester
- Central
- Tidewater

# MLTSS Program Launch

## Proposed

2  
0  
1  
7  
  
2  
0  
1  
8

Date	Region	Totals *
March-April	Tidewater	8,000
May-June	Central	11,000
July – August	Charlottesville/Western	13,000
September – October	Roanoke/Alleghany	4,500
September – October	Southwest	12,500
November – December	Northern/Winchester	13,500
Starting in January 2018	CCC Demonstration <i>(Transition plan is to be determined with CMS)</i>	67,000
Total	All Regions	129,500

Source – VAMMIS Data; \*Approximate totals based upon MLTSS targeted population as of June 2015

Additional information by region and population is provided in your packet

# MLTSS and National Trends

- Many states are moving LTSS into managed care programs and towards payment/outcome driven delivery models
  - LTSS spending trends are unsustainable
  - Managed care offers flexibility not otherwise available through fee-for-service
  - Affordable Care Act emphasis on care coordination/integration of care

**Virginia's MLTSS efforts are consistent with National trends**

# CMS MLTSS Guidance

- In summer 2013 CMS published MLTSS guidance for states based on best practices for establishing and implementing MLTSS programs
  - clarifies expectations of CMS from states using section 1115 demonstrations or 1915 (b) (c) combined waivers
  - includes 10 key elements that CMS expects to see in MLTSS programs

# CMS Guidance

## 10 Key Elements of MLTSS

1. Adequate planning and transition strategies
2. Stakeholder engagement
3. Enhanced provision of HCBS
4. Alignment of payment structures with MLTSS programmatic goals
5. Support for beneficiaries
6. Person-centered processes
7. Comprehensive and integrated service package
8. Qualified providers
9. Participant protections
10. Quality



## Transformation Efforts Underway

Virginia is pursuing a comprehensive 1115 Demonstration Waiver

- 1 Managed Long-Term Services and Supports (**MLTSS**) – aligning with Medicare to transform care and enable individuals with the most complex and high-cost needs to thrive in the community
- 2 Delivery System Reform Incentive Payment (**DSRIP**) – improve Virginia's Medicaid delivery system to achieve high-value care and the most medically complex enrollees with significant behavioral, physical, and developmental disabilities can live safely and thrive in the community

Also leveraging the work of Virginia's State Innovation Model grant

*Additional information about DSRIP is available at: [http://www.dmas.virginia.gov/Content\\_pgs/dsrip.aspx](http://www.dmas.virginia.gov/Content_pgs/dsrip.aspx)*



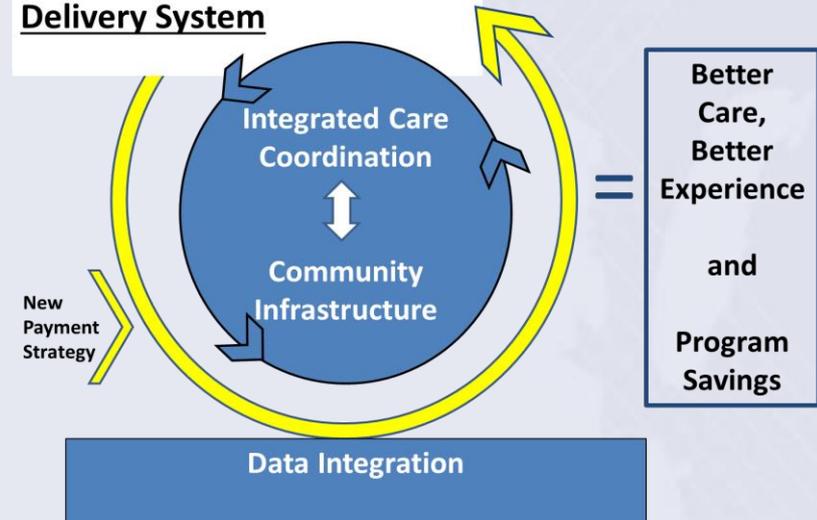
## Transforming Virginia's Medicaid Delivery System

In 5 years, Virginia envisions a Medicaid delivery system where high-value care is the norm and even the most medically complex enrollees with significant behavioral, physical, sensory, and developmental disabilities can live safely and thrive in the community

### Four Transformation Steps:

1. Invest in Data Integration
2. Integrate Service Delivery
3. Build Community Capacity
4. Advance How DMAS Pays for Services

### Transforming Virginia's Delivery System



# For More Information and to Submit Written Comments

- MLTSS updates are available on-line at:  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx)
  - Send MLTSS Comments to:
    - [VAMLTSS@dmas.virginia.gov](mailto:VAMLTSS@dmas.virginia.gov)
  
- Delivery System Reform Incentive Payment (DSRIP) updates are available on-line at:  
[http://www.dmas.virginia.gov/Content\\_pgs/dsrrip.aspx](http://www.dmas.virginia.gov/Content_pgs/dsrrip.aspx)
  - Send DSRIP Comments to:
    - [DSRIP@dmas.virginia.gov](mailto:DSRIP@dmas.virginia.gov)

# MLTSS Next Steps. . .

- RFP (publish, evaluate, negotiate, readiness, award)
- Work with CMS
  - 1115 Waiver (DSRIP/MLTSS)
  - Regulations
  - Readiness review
  - MCO Contracts
- Systems enhancements
- Ongoing stakeholder and member engagement, outreach and education
- Program launch in regional phases
- Ongoing program monitoring and evaluation

# Other References

- Implementing Medicaid Reform in Virginia (Report to the General Assembly of Virginia, January 2014)  
[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD62014/\\$file/HD6.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD62014/$file/HD6.pdf)
- CMS Technical Assistance Tools for MLTSS:  
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Medicaid-Managed-Long-Term-Services-and-Supports-MLTSS.html>