

# **Managed Long Term Services and Supports (MLTSS): Overview for Behavioral Health Providers**

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# What is MLTSS

- **Managed Long Term Services and Supports (MLTSS)** is one of the NJ Comprehensive Medicaid Waiver initiatives approved by CMS in October, 2012
- **MLTSS Philosophy:**
  - Improved care coordination and better health outcomes (breaking down silos: physical health, mental health/substance abuse, long-term care)
  - Cost reduction
  - Consumer choice and home-based care

# NJ Comprehensive Medicaid Waiver (CMW)

NJ CMW is a demonstration 1115 was approved effective 10/1/12-6/30/17 to:

- Implement statewide health reform and expand current managed care programs to include MLTSS and expand **home and community based services (HCBS)** to some populations
- Consolidate four former HCBS waiver programs
- Provide a care manager to help coordinate medical, long term services and supports, behavioral health services and **NJ FamilyCare (Medicaid)** State Plan services, through an individualized plan of care

# Array of Services under MLTSS

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Effective July 1, 2014, MLTSS includes:

Personal Care

Respite

Care Management

Home and Vehicle Modifications

Home Delivered Meals

Personal Emergency Response Systems

**Mental Health and Addiction Services**

Assisted Living

Community Residential Services

Nursing Home Care

## MLTSS and BH

- Under MLTSS, MCOs are required to cover most behavioral health services that are covered under the current state plan as FFS

# Behavioral Health Services Covered by the MCOs under MLTSS

The following BH services are included in the MLTSS benefit through NJ FamilyCare/Medicaid MCOs:

- Acute Partial Hospitalization, Partial Hospitalization and Partial Care
- Adult Mental Health Rehabilitation (Group Homes A+ thru D)
- Independent Practitioner (Physician, APN, Psychologist)
- Mental Health Outpatient Clinic/Hospital Services
- Opioid Treatment Services
- Private Stand-Alone Psychiatric Hospital Inpatient/Acute Care Unit in a General Hospital (STCF)
- *\*PACT and TCM are not covered by MCOs in MLTSS since they are duplicative care management services and remain Medicaid FFS. However, MCOs are required to coordinate these services for MLTSS members, as needed.*

## Eligibility for MLTSS

An individual is eligible for the MLTSS program when he or she meets nursing home level of care determined by the pre-admission screening (PAS) completed by the MCO or the Office of Community Choice Options (OCCO)

- **Clinical Eligibility**
  - A person meets the qualifications for nursing home level of care, which means that s/he requires limited assistance with a minimum of three (3) activities of daily living (ADLs) such as bathing, toileting and mobility or the consumer has cognitive deficits and ADL needs of supervision in greater than 3 ADL areas
  
- **Categorical Eligibility**
  - Aged – 65 years old or older, or
  - Blind **or** Disabled – Under 65 years of age and determined blind or disabled by the Social Security Administration or the State of New Jersey

## Eligibility for MLTSS Continued

- **Financial** eligibility-Institutional Medicaid-apply at the CWA
  - Income for one person can be equal to or less than \$2,163 per month (2014)
  - Income for a couple can be equal to or less than \$4,326 per month (2014)
  - All income is based on the gross amount
  - Resources
    - Resources must be at or below \$2,000 for an individual and \$3,000 for a couple



## “No Wrong Door/Single Point of Entry” Philosophy

- New Jersey has a standardized process by which potential “new” enrollees that do **NOT** have an MCO enter the MLTSS system:
  - Local County Board of Social Services, also known as County Welfare Agency (CWA) is the single point of entry for consumers who are **not** enrolled in an MCO or
  - Individuals **over 21** can contact **local Aging and Disability Resource Connection (ADRC)** for information, also known as the local county Area Agency on Aging (AAA) or call national toll-free number at 1-877-222-3737
  - Individuals applying on behalf of their child or an individual **under 21 years of age**, can contact **the Division of Disabilities Services (DDS)** at 1-888-285-3036 (press 2 after prompt and then press 1 after next prompt) to speak with an Information and Referral Specialist

## MLTSS Enrollment

- On July 1, 2014 participants in the Medicaid HCBS waiver programs (GO, ACCAP, TBI, CRPD) were automatically enrolled in the MLTSS program through their current NJ FamilyCare **managed care organization (MCO)**, also known as a health plan

## Care Management before MLTSS

- 11,138 (1915 c) waiver participants were transferred from 100+ community-based care management agencies to four MCOs
- Division of Aging Services (DoAS) database provided MCOs with demographic information; identification of high risk members; authorized services/hours and provider agencies
- DoAS database provides a benchmark for QA audits to monitor changes in members' new plans of care

# Crosswalk of Care Management Before and After July 1, 2014

Population	Prior to Implementation of Comprehensive Waiver and MLTSS	New Care Coordination Entity
<i>Global Option (GO) Waiver</i>	<i>Division of Aging Services (DoAS)</i>	MCO
<i>AIDS Community Care Alternatives Program (ACCAP) Waiver</i>	<i>Division of Disability Services</i>	MCO
<i>Traumatic Brain Injury (TBI) Waiver</i>	<i>Division of Disability Services</i>	MCO
<i>Community Resources for People with Disabilities (CRPD) Waiver</i>	<i>Division of Disability Services</i>	MCO
<i>CCW</i>	<i>Division of Developmental Disability</i>	<i>No change</i>
<i>PACE</i>	<i>PACE entity</i>	<i>PACE Entity</i>

## PACE in NJ

### **LIFE at Lourdes**

- Serving most of Camden County

### **Lutheran Senior LIFE**

- Serving parts of Hudson County

### **LIFE St. Francis**

- Serving Mercer County and parts of northern Burlington County

### **Inspira LIFE**

- Serving Cumberland and parts of Gloucester and parts of Salem counties

## NJ FamilyCare MLTSS MCOs

**Aetna Better Health of New Jersey** – Serving Counties: Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset and Union

**Amerigroup New Jersey** -- Serving all counties except Salem

**Horizon NJ Health** -- Serving all counties

**UnitedHealthcare Community Plan** -- Serving all counties

**WellCare Health Plans of New Jersey** -- Serving counties: (Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union)

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/>

# Health Plan Provider Contact Telephone Numbers

Health Plan	Provider Relations	MLTSS Contact Number
• Aetna Better Health of NJ	1-609-282-8143	1-855-232-3596
• Amerigroup New Jersey:	1-800-454-3730	800-454-3730
• Horizon NJ Health:	1-800-682-9091	877-765-4325
• UnitedHealthcare Community Plan:	1-888-362-3368	888-702-2168
• WellCare:	1-888-588-9769	888-453-2534

## MCO MLTSS Contract

- MCO MLTSS contract outlines the State's requirements for provision and coordination of MLTSS to eligible members, including Care Management, coordination and continuity of care, NJ choice assessment standards (clinical eligibility and level of care determinations), plan of care development/care planning, provider network development/adequacy, claims payment, quality matrix and the BH standards (Article 9.9)

<http://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>



# Behavioral Health (BH) Standards under MLTSS

- BH Standards - Article 9.9:
  - MLTSS BH Administrator, Supervisor, Medical Director
  - BH Guidelines to ensure the integrated delivery of physical health, behavioral health and long term care services

# Behavioral Health (BH) Administrator Contacts for MLTSS

Heath Plan	MLTSS Behavioral Health Administrator Contact Number
• Aetna Better Health of NJ	Gustavo Mejia, MA, PCS, LCADC (609) 480-0793 <a href="mailto:MejiaG@aetna.com">MejiaG@aetna.com</a>
• Amerigroup New Jersey	Ann Basil, LCSW, CCS (732) 623-5835 <a href="mailto:Ann.basil@amerigroup.com">Ann.basil@amerigroup.com</a>
• Horizon NJ Health /Value Options	Michelle Clavecilla-Chan, MA, LPC (609) 718-9727 <a href="mailto:marie.clavecilla-chan@valueoptions.com">marie.clavecilla-chan@valueoptions.com</a>
• UnitedHealthcare Community Plan/Optum	Beth Abramovitz, LCSW 1-800-548-6549 x66315 <a href="mailto:beth.abramovitz@optum.com">beth.abramovitz@optum.com</a>
• WellCare Health Plans of NJ	Hania Schwartz, LCSW (973) 274-2155 <a href="mailto:Hania.schwartz@wellcare.com">Hania.schwartz@wellcare.com</a>

# MLTSS Quality Monitoring Unit:

- The MLTSS Quality Monitoring Unit
  - addresses MLTSS member inquiries and/or complaints as they relate to the member's assessed need, plan of care, service provision, etc. with the MCO to assure continuity of care and contract compliance
  - Conducts member complaint resolution tracking/reporting
  - Coordinates with the MCOs on the MLTSS Performance Measures' data elements
  - Reviews and analyzes the MCO Performance Measures data submission and works with the MCO to formulate quality improvement strategies
  - MLTSS Quality Monitoring Unit may be reached at 609-584-4304

# Behavioral Health (BH) Quality Measures under MLTSS

## Annual Performance Measures capturing:

- face to face meeting with mental health professional at 7 days post hospitalization for mental illness for MLTSS participants\*
- face to face meeting with mental health professional at 30 days post hospitalization for mental illness for MLTSS participants\*
- MLTSS members\* with selective behavioral health diagnoses

\* MLTSS nursing home members and MLTSS home and community-based services members each reported separately

## MCO BH Provider Network Development

- DHS staff from the NJ Division of Aging Services, Mental Health and Addictions Services and Medical Assistance and Health Services have been meeting with the MCOs on the regular basis to discuss the development of their provider network
- Each MCO has been developing its own BH network and has been reaching out to providers about joining its network for the services listed earlier (refer to slide 6)

## MCO Care Management Under MLTSS

- When an individual becomes eligible for MLTSS, he/she can choose to live in the community with the necessary supports arranged and managed by his/her MCO
- Once an individual is enrolled in managed care, the individual will always remain in managed care and outside of the FFS system, regardless of placement
- When an individual chooses to remain in the community, the MCO Care Manager will work with him or her to determine the plan of care that will include physical and behavioral health care services necessary for him/her to remain in the community.
- The MCOs are responsible for **coordinating** BH services that are not in the MLTSS benefit (i.e. substance abuse services, self help services, S-COPE) if these services are included in the individual's plan of care

## Exclusions to MLTSS on July 1, 2014

About 27,000 Medicaid fee-for-service (FFS) beneficiaries in long-term care facilities:

- FFS Medicaid beneficiaries who are in custodial nursing home care on or before 7/1/14
- Medicaid beneficiaries living in Special Care Nursing Facilities (**SCNFs**) as of 7/1/14 **will remain in the current FFS for two years (until 7/1/16)**
- Persons receiving **inpatient services** for mental health illness **in a State or a County psychiatric hospital**
- Persons with I/DD residing in an Intermediate Care Facility

## Exclusions to MLTSS Continue

- Persons enrolled in Dual Eligible Special Needs Plans (D-SNP) continue to be excluded from HCBS MLTSS. As of 1/1/15, MLTSS members residing in NFs will not be excluded from D-SNP
- Persons participating in the Pervasive Developmental Disabilities (PDD) program
- ID/DD Beneficiaries in out-of-state HCBS settings
- Division of Developmental Disabilities' CCW (Community Care Waiver) or Supports Program beneficiaries
- PACE Program beneficiaries



# MLTSS Implementation Strategy

- Weekly calls between DHS and MCOs
- Weekly calls between the OCCO and MCO Care Management Supervisors
- Webinars – focused topics
- Monthly MLTSS BH Administrators' Workgroup meeting with MCO BH Administrators

## MCO Member Services: Top Questions

- The MCOs handled a total of 29,674 calls on MLTSS as of September 24, 2014
- The majority of calls centered on these issues:
  - Benefits (What does it mean?)
  - Primary care providers/specialists (Does it mean I have to change my MD?)
  - ID cards; (What does MLTSS on my card mean and what about my old card?)
  - Care management inquiries: appointments (Who is this person, CM?)
  - Durable medical equipment questions (How do I get it?)

# NJ Dual Eligible Special Needs Plans

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- **Structure**

- Authorized under Medicare Advantage (Part C) to deliver coordinated care to dual eligibles (Medicare-Medicaid enrollees) through specially designated Medicare Advantage plans (D-SNPs)
- Medicaid complements service package and helps pay for Medicare Part A, B, and D services
- NJ Medicaid partners only with health plans that contract with the State to provide Medicaid Managed Care.
- Medicaid service network for NJ D-SNPs is the same as the NJFamilyCare network for each participating MCO. D-SNP networks are supported by written contracts between the D-SNP product and its providers.

# NJ Dual Eligible Special Needs Plans

- Eligibility and Enrollment
  - November 2014 enrollment = 22,889
  - Available in New Jersey to full benefit dual eligibles of all ages
  - Available in all counties
  - Currently operated by 3 HMOs: Amerigroup, Healthfirst, and Horizon
  - Single point of enrollment for all Medicare and Medicaid managed care benefits
  - Division of Developmental Disabilities Community Care Waiver members are eligible to enroll in D-SNP
  - NF managed long-term services and supports available in 2015
  - HCBS managed long-term services and supports available in 2016

# NJ Dual Eligible Special Needs Plans

- Benefits Package
  - All Medicare and Medicaid managed care services & prescription drug coverage offered in one umbrella package
  - Single benefits card
  - Covers all Medicaid benefits available under State Plan A, including but not limited to:
    - Dental
    - Transportation
    - Hearing
    - Vision
    - Durable Medical Equipment
    - BH/SA benefits limited to State Plan until 2016 for members in the community
    - NF MLTSS residents may receive full complement of behavioral health available through NF MLTSS while in a long-term stay
  - Uses provider network and formulary (covered drug list)
  - May require a referral (depends on the plan)
  - Complex care needs met and managed
  - \$0 cost sharing, including prescription drug copays
  - Supplemental benefit packages (varies by plan)

# NJ D-SNP: 2015 Enrollment Options & Service Areas

Medicaid Managed Care Plan	Special Needs Plan Name	Counties of Operation
Amerigroup New Jersey, Inc.	Amerivantage Speciality+Rx (HMO-SNP)	Bergen Burlington Essex Hudson Middlesex Monmouth Ocean Passaic Somerset Union
UnitedHealthcare	UnitedHealthcare Dual Complete One	Essex Monmouth Ocean Union

# NJ D-SNP: 2015 Enrollment Options & Service Areas

- Enrollee Rights
  - D-SNP enrollees have the same appeals, grievance and fair hearing rights available to Medicaid and Medicare enrollees.
  - For more information on D-SNP:
    - Contract: [http://www.state.nj.us/humanservices/dmahs/info/d-snp\\_contract.pdf](http://www.state.nj.us/humanservices/dmahs/info/d-snp_contract.pdf)
    - Member and Provider FAQs: [http://www.state.nj.us/humanservices/dmahs/clients/d\\_snp.html](http://www.state.nj.us/humanservices/dmahs/clients/d_snp.html)
    - Contact:  
**Elizabeth Wood**  
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Division of Medical Assistance and Health Services  
New Jersey Department of Human Services  
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# NJ FAMILY CARE MANAGED CARE PROVIDER RESOURCES

# NJ Family Care Managed Care Reference Information

- Below is the link where MCO contract is posted online:  
<http://www.state.nj.us/humanservices/dmahs/info/resources/care/>
- **The link below will provide connection to individual MCO sites. The phone number for Member and Provider Relations for MCO's are listed as well**  
<http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/>
- **MLTSS website:**  
[http://www.state.nj.us/humanservices/dmahs/home/mltss\\_resources.html](http://www.state.nj.us/humanservices/dmahs/home/mltss_resources.html)

## State Resource for Providers: Office of Managed Health Care (OMHC) Managed Provider relations Unit

- The OMHC, Managed Provider Relations Unit addresses Provider Inquiries and/or Complaints as it relates to MCO contracting, credentialing, reimbursement, authorizations, and appeals
- Conducts complaint resolution tracking/reporting
- Provides Education & Outreach for MCO contracting, credentialing, claims submission, authorizations, appeals process, eligibility verification, TPL, MLTSS transition and other Medicaid program changes
- Addresses stakeholder inquiries on network credentialing process, hospital turnover, network access, and payment compliance
- Provider inquiries should be e-mailed to the **State Office of Managed Health Care** at: [MAHS.Provider-Inquiries@dhs.state.nj.us](mailto:MAHS.Provider-Inquiries@dhs.state.nj.us)

# Provider Inquiries

- The Managed Care Provider Relations Unit will work with necessary staff at DMAHS, Molina, DOBI, other State Departments and/or HMO to address inquiry
- Prior to contacting the State directly, individuals should contact **Member and/or Provider Relations Office at the Managed Care Organization (MCO)**
- If matter is unresolved, state staff will review and assist as necessary

## For More Information on MLTSS

- NJ FamilyCare Hotline 1-800-356-1561 (for consumers and providers)
- The NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 for assistance with MLTSS enrollment **for D-SNP participants**
- <http://www.state.nj.us/humanservices/dmahs/home/mltssresources.html>

# Questions

