

Overview of Managed Long Term Services and Supports

Presentation Topics

- Background of Managed Long Term Services implementation in New Jersey
- Member Eligibility for MLTSS
- Overview Program for All-Inclusive Care for the Elderly (PACE) additional option for LTC coordination for eligible Medicaid residents
- Exclusions for MLTSS Enrollment
- Triggers for MLTSS Enrollment

Backdrop for Move to MLTSS

- 1995 – Medicaid managed care was introduced in NJ to improve quality, health outcomes and contain costs for Medicaid and NJ FamilyCare clients.
- While the program grew in enrollment, the full advantages of the managed care system were not realized with major services excluded from the benefit package.
- Home and community based services (HCBS) and facility-based long term care stayed in the Fee For Service (FFS) system.
- 2010 - NJ spent \$3.5 billion+ on LTC services for seniors and people with disabilities under the current FFS system.
- Most of State's spending was for nursing home care, instead of preferable and often less costly HCBS.

NJ's Comprehensive Medicaid Waiver 1115(a)

- Allows NJ to develop Medicaid programs that differ from the standard federal Medicaid program.
- Enables NJ to expand Medicaid eligibility and coverage options for people who needed home and community based services but they were not eligible for Medicaid due to income.
- Gives NJ broad authority to modify rules for efficiency while providing quality care.
- Combines four existing Home and Community Based waivers (all services remain, provided by MLTSS):
 1. Global Option (GO) for Long Term Care;
 2. AIDS Community Care Alternatives Program (ACCAP);
 3. Traumatic Brain Injury (TBI); and
 4. Community Resources for People with Disabilities (CRPD).
- Protects consumer choice and independence.

Rationale for MLTSS

- July-October 2011 – The aged, blind and disabled populations, and duals (individuals with both Medicare and Medicaid benefits) were mandated to move into managed care for Medicaid benefits.
- This shift to managed care did not include their facility-based long term care or HCBS which remained Medicaid fee-for-service.
- Families prefer to be given the options: access to HCBS, or services in a nursing facility (NF).
- Coordinates primary, acute, behavioral and long term services and supports.

NJ's Medicaid Program = NJ FamilyCare

- NJ FamilyCare managed care delivers coordinated health care services and supports through a network of providers.
- Managed care works like a health care supermarket to deliver **all** of an individual's Medicaid benefits through one organization.
- NJ has chosen to provide MLTSS through NJ Family Care managed care and PACE programs.
- This is called NJ FamilyCare Managed Long Term Services and Supports (MLTSS).

MLTSS Policy and Philosophy

- A MCO-managed care delivery system – **MLTSS** – will coordinate long term services and supports for eligible Medicaid beneficiaries.
- Provides a comprehensive menu of service options across beneficiary groups or care settings; whether in the home, an alternate community setting like assisted living or in a nursing facility.
- Coordination of providers and community based services and supports.
- Enhances the ability of beneficiaries to live as independently as long as possible in the community.

MLTSS Means...

8

- Access to more services
- Delay or discontinue need for care in a facility
- Preservation of independence
- Medically appropriate care
- Better coordination of care (reduced duplication of services)
- Focus on preventive and in-home care
- No slot limitations/No waiting lists due to new Medicaid HCBS eligibility

NJ FamilyCare MLTSS

9

As of July 1, NJ FamilyCare MLTSS will:

- Include the home and community based services; now provided by DoAS/DDS Medicaid waivers, and care in a nursing home when needed.
- **Access To:**
 - Health care providers and services within the managed care network to meet needs; and
 - A care manager to help coordinate medical, long term services and supports, behavioral health services and NJ FamilyCare State Plan services, i.e., medical day care and personal care assistance, through an individualized plan of care.

No Wrong Door/Single Entry Point

- New Jersey has a standardized process by which potential “new” enrollees enter the MLTSS system:
 - Individuals over 21 contact local Aging and Disability Resource Connection (ADRC) for information, also known as the local county Area Agency on Aging (AAA).
 - If you are applying on behalf of your child or an individual under 21 years of age, you can do so by contacting your local County Welfare Agency or 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.
- For NJ FamilyCare eligibility, you must apply at County Boards of Social Services, also known as

Eligibility

Qualifications for MLTSS Eligibility

- **Categorical Eligibility**
 - Aged – 65 years old or older.
 - Blind *or* Disabled – Under 65 years of age and determined blind or disabled by the Social Security Administration or the State of New Jersey.
- **Clinical Eligibility**
 - A person meets the qualifications for nursing home level of care, which means that s/he requires assistance with activities of daily living such as bathing, toileting and mobility.

Financial Qualifications

- **Income¹**
 - 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.

Financial Eligibility includes 5 year look back to insure member meets requirements for Institutional Medicaid

*** Subject to annual change**

¹Note that for children applying for MLTSS and who meet the nursing home level of care, parental income and resources are not counted in determining financial eligibility.

Crosswalk of Care Management Before and After July 1, 2014 MLTSS implementation

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>

MLTSS Enrollment Process

Beginning July 1, 2014, consumers will have two options:

1. Receive MLTSS through Managed Care Organization (MCO); OR another option
2. PACE Program (based on geography)
 - Apply through one of the four PACE organizations operating in seven NJ counties. NJ FamilyCare financial eligibility is also required through the County Welfare Agencies.

NJ FamilyCare MLTSS MCOs

- **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, Middlesex, Passaic and Union)

Program of All-Inclusive Care for the Elderly (PACE)

- The PACE organization coordinates and provides ALL services including nursing facility care, if needed.
- An individual must be 55 or older, able to live safely in the community at the time of enrollment and have care needs at the nursing home level.
- Four PACE organizations now are in seven counties. An individual must live in the PACE provider service area to be eligible to enroll.

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

Policy Cornerstones for Phase-in of Nursing Facility (NF) Residents into MLTSS

- NJ FamilyCare State Plan Services are available on a FFS basis during the gap between the determination of an individual's NJ FamilyCare eligibility and his/her enrollment in an MCO.
- Once an individual is enrolled in managed care, the individual will always remain in managed care and outside of FFS system regardless of placement.

Exclusions to MLTSS on July 1, 2014

Exclusions to MLTSS on July 1, 2014

- Division of Developmental Disabilities' CCW (Community Care Waiver) or Supports Program beneficiaries
- People with Pervasive Developmental Disabilities (DD)
- Intellectual/DD Beneficiaries in out-of-state HCBS settings
- Persons receiving inpatient services for intellectual or developmental disability and mental health illness in a psychiatric hospital
- PACE Program beneficiaries
- Persons enrolled in Dual Eligible Special Needs Plans (D-SNP)

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Exclusions to MLTSS on July 1, 2014

- Fee-for-service (FFS) Medicaid beneficiaries who are in custodial nursing home care on or before July 1, 2014
- Medicaid beneficiaries living in Special Care Nursing Facilities (SCNFs) as of July 1, 2014 will remain in the current fee-for-service environment for two years (until July 1, 2016)

Additional: Exclusions for Enrollment in MLTSS for Individuals Currently Residing in a NF/SCNF Effective 7/1/14

- 1) **Temporary admission to the hospital**
 - a) Individual returns to the same NF after hospitalization regardless of the length of the hospital stay under FFS

- 2) **Non-IMD psychiatric treatment facility stay of less than 30 days**
 - a) Individual returns to the same NF after treatment under FFS

Triggers to MLTSS on July 1, 2014

Triggers Effective 7/1/14 for Managed Care MLTSS Enrollment for Individuals Currently Living in a NF/SCNF

- 1) Change in Level of Care
- 2) Change in NF/SCNF Provider (new Plan of Care, MDS and Admission Records Required)
- 3) New Admission to MLTSS (NF or Community Placement)
- 4) New Individual to NJ FamilyCare and Eligible for MLTSS
- 5) Change from Rehabilitation to Custodial Care after 7/1/14 (regardless of when admission to the NF occurred) meaning that an individual's Medicare benefits are exhausted after July 1 and the individual is determined to need custodial care

Note: If a member is custodial FFS prior to July 1 and uses Medicare benefit for an acute or skilled service this is not a trigger for change in members Medicaid enrollment.

Medicaid FFS Individuals in a NF Seeking Transition to the Community

- 1) **NJ FamilyCare MCO enrollment occurs upon discharge to the community**
 - a) NJ FamilyCare MCO, which is selected by the individual, is responsible for participating in the Transition Planning IDT and establishing/authorizing Transitional Services before enrollment in the MCO

MLTSS Participant Rights

- Consumer can change his/her NJ FamilyCare MCO as follows:
 - Within 90 days of new enrollment ;
 - During the annual Open Enrollment Period, which takes place every year from October 1 to November 15; or
 - For good cause.

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/mltss_resources.html