

# Medicaid Managed Care Model Contract Due Process and LTSS

Division of Health Plan Contracting and Oversight  
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# Mainstream MMC

## Persistent Concerns in 2013

- ▶ Confirmed through survey, fair hearings and complaint analysis
- ▶ Due Process
  - Late authorizations
  - Late/inadequate notice
  - Enrollee not able to appeal by phone
  - Aid Continuing not provided
  - Enrollees asked to withdraw hearing request
  - Evidence packets difficult to obtain
  - Waiver of appearance not requested
- ▶ Long Term Services and Supports
  - No transitional care/service gaps
  - Unsupported reductions/terminations
  - Lack of enrollee care management
  - Disenrollments not reported to LDSS

# MMC/FHP/HIV SNP Model Contract

- ▶ Propose several changes and clarifications in next contract
- ▶ New requirements effective 5/1/14

# MMC/FHP/HIV SNP Model Contract Changes Due Process

- ▶ Member services
  - End call with satisfaction query; offer option to file complaint
- ▶ Initial Adverse Determinations prior approved by DOH
  - Warning statement re: time to request Fair Hearing
  - New standard fair hearing form
- ▶ New model Notice of Action

# MMC/FHP/HIV SNP Model Contract Changes

## Due Process

- ▶ Upon fair hearing request, automatically send copy of evidence packet to enrollee
  - within 10 bd; or if not at least 5 bd before hearing, at time of hearing
- ▶ Fair hearing process – clarifications
  - May not act so as to influence enrollee's decision to request fair hearing
  - Aid continuing requirements
  - Fair hearing decision appeal process

# MMC/FHP/HIV SNP Model Contract Changes Long Term Services and Supports

- ▶ Home and community based LTSS includes:
  - Private duty nursing
  - Home health care
  - Personal care
  - Consumer directed personal assistance
  - Adult Day Health Care
  - AIDS Adult Day Health Care

# MMC/FHP/HIV SNP Model Contract Changes Long Term Services and Supports

- ▶ Identify enrollees in receipt of LTSS
  - Use welcome letters; health screening; FFS data
  - Outreach to autoassigned disabled enrollees
  - Reminders to par home care agency providers
- ▶ Monitor enrollee needs
  - Have unit or designated staff to track enrollees in receipt of LTSS
  - Coordinate person centered planning
  - Report disenrollments to LDSS or new plan, if known

# MMC Model Contract Changes

## Long Term Services and Supports

- ▶ All transitional Care for LTSS for new enrollees from FFS
  - 90 days or until MMC care plan in place, whichever is later
  - Must be authorized promptly at FFS level and amount
  - Ensure no service gap at 90 day mark
- ▶ Impacts transitioned populations and benefits
  - Waiver look-alikes
  - Long Term Home Health Care Program
  - Adult Day Health Care
  - AIDS Adult Day Health Care

# MMC Model Contract Changes

## Long Term Services and Supports

- ▶ Person Centered Services Plan
  - Structure and mechanisms to meet requirements
- ▶ Linkages with case management
- ▶ Link service authorization process to care management
  - Coordination with care plan development/discharge planning
  - Consider total needs of patient and impact on care plan when authorizing services
  - Consider incidental services when lowering level of care
  - Reductions/terminations supported by assessments and change in condition or environment

# MMC/FHP/HIV SNP Model Contract Changes Long Term Services and Supports

- ▶ Advance notice for LTSS reductions/  
terminations
  - Allow at least 10 days before effective date of Action, regardless of end of authorization period
- ▶ No reductions terminations effective on non-business days, unless plan
  - Provides “live” telephone coverage 24/7 to respond to complaint, complaint appeals and action appeals, and
  - Is able to respond to callers seeking assistance with keep enrollee safe in the home.

# Questions ??



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