

Medicaid Managed Long Term Services and Supports (MLTSS): The Role of Senior Housing Providers

Nancy Day, Deputy Director
Division of Aging Services
Department of Human Services



Aging in New Jersey

- NJ's aging population is growing and diverse
- Census data ranked NJ 11th in the nation in overall population and 10th in the number of individuals age 60 and older (1.7 million)
- From 2000 to 2010, the percentage of NJ residents age 60 and older rose 15 percent.
- People aged 60 and over represented 19 percent of the state population in 2010, and by 2030, this figure is expected to rise to 25.6 percent.

Diversity in New Jersey

- NJ is one of the most diverse states in the nation across all generations.
- Among state residents aged 60 years and over, 42.6 percent are from racial or ethnic minority groups compared to 37.7 percent nationally.
 - According to the 2010 Census, 9.8 percent were non-Hispanic Black, 8.5 percent were Hispanic and 5.3 percent were Asian and Pacific Islanders.

HCBS Service Utilization in NJ

- Service utilization of HCBS continues to rise in NJ:
 - Over 12,000 adults and seniors with disabilities are enrolled in the State's 1915 (c) Medicaid Waiver programs.
 - About 1,400 participants are in the State-funded Jersey Assistance for Community Caregiving (JACC) program
 - Over 400,000 individuals receive services through their Area Agencies on Aging
- Through efforts to rebalance the state's long-term care system, the % of government funding now dedicated to HCBS has risen to 30%.

To meet the changing demographics, diversity, needs and demands of the citizens of NJ, the Aging Network is changing the way it does business...

Major Activities Underway

Aging Services
Restructuring

ADRC

LTC
Rebalancing

NJ's
Comprehensive
Medicaid
Waiver

Aging Services Restructuring

- Restructuring of state government in SFY13 budget included the move of senior services from DOH to DHS
 - Guiding this move was the improvement of health outcomes, appropriate care in the most integrated setting, coordination of wrap-around services and the greater opportunities for aging adults to stay at home
- With the Division of Aging Services in DHS, this restructuring has established a single point of access for older adults, people with disabilities and their caregivers, regardless of income

State Strategic Plan on Aging 2013-2017

Goals	Strategies
Goal 1	Empower older adults to be active, health and engaged in their communities.
Goal 2	ADRC partnership serves as no wrong door/single entry point to HCBS and LTSS
Goal 3	Older adults and their caregivers have access to public and private HCBS regardless of income.

State Strategic Plan on Aging 2013-2017

Goals	Strategies
Goal 4	Ensure the rights of older people and prevent their abuse, neglect and exploitation.
Goal 5	Ensure older adults and the network that serves them are better ready for the next emergency.

State Plan: Goal 1	Empower older adults to be active, health and engaged in their communities.
Obj. 1.1	Promote nutrition education in programs.
Obj. 1.2	Promote behavior changes for better self-management of chronic diseases.
Obj. 1.3	Expand the role of the AAAs in evidence-based disease prevention.
Obj. 1.4	Increase state-level partnerships to promote healthy aging.
Obj. 1.5	Promote Medicare prevention benefits.

State Plan: Goal 2	ADRC partnership serves as no wrong door/single entry point to HCBS and LTSS
Obj. 2.1	Implement enhanced training curriculum for AAAs on MLTSS.
Obj. 2.2	Establish a financial infrastructure in which FFP is secured for ADRC functions which are Medicaid-related.
Obj. 2.3	Assist AAAs to continue to establish local partnerships.
Obj. 2.4	Expand the state's current options counseling curriculum to focus on all publicly- and privately-funded programs.

State Plan Goal 3	Older adults and their caregivers have access to public and private HCBS regardless of income
Obj. 3.1	Consolidate five of the nine state-funded programs to provide older adults at risk of NF placement and spend-down to Medicaid with a consumer-directed HCBS alternative to institutionalization.
Obj. 3.2	Modernize Older Americans Act contracting policies to support consumer-directed cash management plans.

State Plan Goal 4	Ensure the rights of older people and prevent their abuse, neglect and exploitation.
Obj. 4.1	Increase appropriate reporting of neglect and abuse through work of the Ombudsman for the Institutionalized Elderly.
Obj. 4.2	Strengthen Long-Term Care Ombudsman Program's capacity to provide information to older consumers and public on elder rights and consumer protection issues.
Obj. 4.3	Continue to promote advance planning.
Obj. 4.4	Increase consumer knowledge and self direction in LTC choices and management.

State Plan Goal 4	Ensure the rights of older people and prevent their abuse, neglect and exploitation.
Obj. 4.5	Address and train others to identify abuse, neglect and exploitation among elderly.
Obj. 4.6	Identify special needs for provision of individualized services.
Obj. 4.7	Advocate for supported decision-making models and enhanced community support services.
Obj. 4.8	Provide technical assistance regarding the needs of at-risk adults with respect to access to LTSS.
Obj. 4.9	Enhance legal services advocacy and education

State Plan Goal 5	Ensure older adults and the network that serves them are better ready for the next emergency.
Obj. 5.1	AAAs have coordinated, updated and practice emergency plans.
Obj. 5.2	DoAS provides leadership and guidance for AAA disaster planning efforts.
Obj. 5.3	Evaluate and recommend changes to current preparedness and emergency response plans.

Aging and Disability Resource Connection (ADRC)

- Creation of a no wrong door coordinated single entry system for older adults, persons with disabilities and long term chronic illnesses and their caregivers.
- In May 2012, NJ achieved a milestone when the 21 AAAs became ADRCs.
- There now is a single point of access in each county for aging residents and individuals with disabilities to get information or referrals, submit applications and access services regardless of income. It is a one-stop resource.



- Information and Assistance
- Community Screening
- Program Planning, Development and Administration
- Outreach
- Streamlining enrollment into NJ FamilyCare

ADRC Five-Year Strategic Plan

- Access
- Assessment and Options Counseling
- Money Follows the Person
- Transition Care Models
- Information Technology Support
- Financing Opportunities for HCBS
- Quality Management

NJ's Rebalancing Efforts

- NJ has a 20-plus year commitment to creating a LTSS system that emphasizes HCBS and relies less on institutionalization.
- In the past 10 years, NJ has used legislation, executive orders and budget initiatives to advance balancing of long-term care expenditures away from a reliance on institutionalization.
- Nursing home expenditures account for 67% of spending versus 33% for HCBS

NJ's Comprehensive Medicaid Waiver

- Allows NJ to develop Medicaid programs that differ from the standard federal program as long as cost neutral.
- Enables NJ to expand Medicaid eligibility and coverage options for people who needed HCBS 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 HCBS
 - Global Option (GO) for Long Term Care;
 - AIDS Community Care Alternatives Program (ACCAP);
 - Traumatic Brain Injury (TBI); and
 - Community Resources for People with Disabilities (CRPD).
- Protects consumer choice and independence.

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 managed care were not realized, with major services excluded from the benefit package.
- 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.

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. Services considered long term supports (Medical Day Care and Personal Care Assistant services) also were moved into managed care.
- This shift to managed care did not include facility-based long term care or HCBS. These stayed 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 FamilyCare 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 NJ FamilyCare benefits through one organization.
- NJ has chosen to provide MLTSS through NJ Family Care. PACE programs, which also manages physical and long term service needs, remains an option.
- This is called NJ FamilyCare Managed Long Term Services and Supports (MLTSS).

MLTSS Means...

- 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

- 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.

Services under MLTSS

- Respite
- Personal Emergency Response System (PERS);
- Home and Vehicle Modifications;
- Home Delivered Meals;
- Assisted Living;
- Behavioral Health Services;
- Community Residential Services; and
- Nursing home care.

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)

Continued...

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).

In Conclusion...

- NJ is reforming its long-term care system with the move to MLTSS under NJ's Comprehensive Medicaid Waiver.
- NJ is advancing a service delivery change which rebalances to HCBS, better serves the needs of its vulnerable populations and supports consumer choice.
- ADRC business process was created to better the eligibility process and improve access to services of all funding sources –not just NJ FamilyCare.
- DoAS (DHS) administers Older Americans Act funding and State-funded HCBS programs through the 21 AAAs/ADRCs

For More Information:

Nancy Day, Deputy Director

Division of Aging Services

Department of Human Services

Nancy.Day@dhs.state.nj.us