

## **Ohio's Managed Long Term Services and Supports Program** ***Frequently Asked Questions***

Effective July 1, 2018 the Ohio Department of Medicaid, in partnership with the Ohio Department of Aging, will establish a new managed long-term services and supports (MLTSS) program. The program will create a system that promotes the health, safety and well-being of eligible participants and incentivizes providers to keep recipients healthy while eliminating gaps in service.

Below are frequently asked questions about proposed program changes. Additional questions may be sent to [MLTSS@medicaid.ohio.gov](mailto:MLTSS@medicaid.ohio.gov).

### **GENERAL QUESTIONS**

#### **What is managed long-term services and supports (MLTSS)?**

Ohio currently provides long-term services and supports (LTSS) through a variety of programs, such as nursing home facilities and home and community-based waivers programs (PASSPORT, Assisted Living, and Ohio Home Care). These support services provide assistance to eligible participants with their daily life activities, such as their self-care and meal preparation.

Beginning July 1, 2018, Ohio will implement a new managed care program, currently referred to as the Managed Long Term Services and Supports (MLTSS) program. MLTSS will be a statewide program that will serve approximately 80,000 to 100,000 Ohioans with the most complex needs who could benefit most from care coordination. MLTSS is an integrated delivery system that focuses on individual across the full continuum of care.

The goals of the MLTSS program are to

- Promote the health, safety, and well-being of Medicaid recipients – through *care management*
- Expand community LTSS options, and streamline and standardize the way people *access* them
- Create a system where health care providers are *incentivized* to keep patients healthy and eliminate gaps in service
- Strengthen the focus on *quality measurement*, including both quality of life and quality of care, in order to achieve better outcomes
- Strengthen health care and LTSS delivery systems
- Ensure transparency, accountability, effectiveness and efficiency of the program
- Ensure *long-term sustainability* of the system as demand for LTSS grows by controlling costs

#### **What are the benefits of managed care?**

Managed care is a proven way to promote the health and well-being of eligible participants by focusing on preventative care and controlling chronic conditions.

Other benefits include:

- Care management, which leads to better health outcomes
- Expanded access to care and provider networks
- Dedicated points of contact for members
  - A toll-free member services call center
  - A 24/7 toll-free nurse advice line
- Health and wellness programs
- Enhanced accountability through monitoring by the Department of Medicaid to ensure that plans are meeting their obligations
- Priorities of managed care plans will be linked to state's key health care improvement efforts

### **What will the new program accomplish for eligible participants?**

The new program will allow eligible participants to receive quality coordinated services that address their specific needs. The program will integrate physical and behavioral health care needs, and long-term services and supports into a seamless program; ultimately promoting the overall health, safety and well-being of the individuals.

### **Will the state still have an Ombudsman to advocate for consumers?**

Yes, Ohio's Office of the Long-Term Care Ombudsman will continue to advocate for people receiving home care, assisted living and nursing home care. Eligible participants will be able to contact the Ombudsman Office for assistance with complaints they may have against their MLTSS plan or provider. More information is available on the Ohio Department of Aging [website](#).

## **ENROLLMENT**

### **What is the timeline for program enrollment?**

Transition to the new program will start on July 1, 2018. All eligible participants will be transitioned into the program over a six-month period, between July 1, 2018 and December 31, 2018.

### **Who will be eligible for MLTSS?**

The new populations enrolled in Ohio's MLTSS program will include individuals receiving community and facility based long terms services and supports and individuals dually eligible for Medicaid and Medicare who are not yet participating in the MyCare Ohio program.

### **Will the program coordinate care for Medicare/Medicaid dual eligibles?**

Yes, managed care plans selected for the MLTSS program will coordinate care with members eligible for both Medicare and Medicaid. The Ohio Department of Medicaid is developing the MLTSS program and exploring options of how to best manage these individuals' care within the managed care plans to ensure their care and service needs are being met.

**What managed care plans will be available? Will eligible participants be able to choose or will participants be assigned to a managed care plan?**

The Ohio Department of Medicaid will accept applications from interested managed care plans and will select the best plans by evaluating the applications. The Executive Budget proposal states that eligible participants will have a choice of at least three managed care plans, giving participants the ability to select a plan that best fits with their care needs. The final decision and announcement of selected managed care plans will be made later in 2017.

**SERVICES**

**What services will be covered in a managed care benefit package?**

The benefit package will cover all medically necessary services traditionally covered by Medicaid fee-for-service, including preventive care, hospital and emergency services, prescriptions, behavioral health, transportation and long-term services and supports, which includes home and community-based waiver services and facility based care. The managed care plans may offer additional benefits as well.

**Will eligible participants still be able to see their current providers?**

Yes, there will be protections in place so eligible participants will be able to keep the same level of services and access to their current providers, including independent providers, for a prescribed period of time to give eligible participants and providers time to adjust to the program. The plans will be required to have a minimum number of providers in each type of covered service to ensure the plans are meeting the participants' needs.

**What is the responsibility of the care manager?**

Care managers will work with the participants, their families, and providers to make sure there are no gaps in care and will help coordinate all necessary services.

**PROVIDERS**

**Will providers be involved in the stakeholder engagement process?**

Yes, provider input is important and the Departments of Aging and Medicaid will continue to include providers and other stakeholders in the design and implementation phases of the program. If you are a provider interested in joining the MLTSS workgroup, please email [MLTSS@medicaid.ohio.gov](mailto:MLTSS@medicaid.ohio.gov).

**Will the state implement a payment structure to reward higher performance providers other than nursing facilities?**

Yes, a part of the MLTSS plan design will be a pay for performance incentive system to provide financial rewards to managed care plans for improved health outcomes. In order to earn these rewards, managed care plans have value-based arrangements with providers where they can share in these incentives if quality care is delivered and patient health outcomes improve.

**Some eligible participants might already receive care coordination from their providers. Why is it necessary to require additional care coordination as part of the MLTSS program?**

Care coordination is not an industry standard. The goals of managed care are to improve access to care, patient satisfaction, appropriate utilization, health outcomes, quality of care and costs of care. These goals of managed care will also be extended to individuals who reside short- or long-term in the nursing facility.

**What will be the role of the care manager?**

Managed care plans' care managers will work with nursing facility care coordinators to assure that all eligible participants' care is comprehensively coordinated and identify ways to avoid unnecessary hospital admissions, readmissions, and emergency room visits.

**What role will the Area Agencies on Aging play in MLTSS?**

The area agencies on aging (AAAs) are the lead agencies in Ohio's Aging and Disability Resource Networks to help people gain access to services through the Older Americans Act. In Addition, the AAAs help individuals through case management of long-term care services and supports. The AAAs currently play a critical role in the MyCare Ohio demonstrations. The Ohio Department of Medicaid is actively discussing the MLTSS program with the AAAs to determine what role they will have in the program.

**LESSONS LEARNED FROM MYCARE OHIO**

**What is the difference between MyCare Ohio and MLTSS?**

MyCare Ohio is a dual demonstration program with the Centers for Medicare and Medicaid Services (CMS) for individuals who receive both Medicare and Medicaid services. It is available in only 29 counties throughout the state.

The MLTSS program is being established and implemented by the Ohio Department of Medicaid and will be available statewide. The eligible populations, policies and program features will be different.

**How will the rollout of MLTSS be different from MyCare Ohio?**

The state will improve upon the MyCare Ohio roll-out by using lessons learned during that implementation. Participants will be phased into MLTSS over a six-month period, with transitions occurring every 60 days. Regional trainings, community education and an extensive readiness review will also be incorporated.

**How will provider payment issues be addressed in the MLTSS program?**

MLTSS will be a new, separate contract with selected managed care plans. The new contract will address challenges that providers had faced in the beginning of MyCare Ohio's implementation, including prompt pay requirements and provider billing support.