

The logo for Rutgers University, featuring the word "RUTGERS" in a large, white, serif font. Below it, the text "THE STATE UNIVERSITY OF NEW JERSEY" is written in a smaller, white, sans-serif font. The background is a solid red color with a faint, circular seal of Rutgers University visible behind the text.

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# EVALUATION OF MANAGED LONG-TERM SERVICES AND SUPPORTS (MLTSS)

Good Care Collaborative  
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# The NJ Comprehensive Medicaid Waiver

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Medicaid section 1115 demonstration proposal was approved for the period October 1, 2012 to June 30, 2017 – Rutgers CSHP is the evaluator

## ***MLTSS-Relevant Components***

- Expansion of managed care to include additional services including long term services and supports and behavioral health services for those receiving MLTSS
  - Consolidation of four 1915 (c) HCBS waivers
- Administrative changes relating to LTC eligibility: eliminating transfer of asset look back period for those under the poverty line; introduction of Qualified Income Trust

# The Overall MLTSS Evaluation Process

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- Examines the impact of policies on waiver populations by examining trends in key outcomes e.g.,
  - How does the shift to managed care affect access to care, quality of care and health outcomes for the long term care population?
  - What are stakeholder views of the changes?
  - Impact of administrative changes
- Sources for quantitative metrics
  - All payer hospital discharge data
  - Medicaid claims and encounter files
  - Quality metrics reported by MCOs
- Stakeholder Interviews
- Other sources: Update meetings, implementation details with Medicaid and other departments

## Data-Based Measures

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- Avoidable hospitalizations and ED visits
  - Indicates inadequate ambulatory care/primary care
- 30 day all-cause readmissions
  - May reflect barriers to care coordination, care transition
- Hospitalizations associated with behavioral health problems
  - Mental illness; substance use disorder; severe mental illness
- Follow-up after hospitalization for mental illness
- Percent of long-term care population and spending on HCBS
- HEDIS and CAHPS-based preventive measures
- PACE outcomes

# Assessing Stakeholder Input - MLTSS

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- Attend stakeholder meetings; review recommendations and meeting minutes; monitor progress, successes, challenges
- Supplemented by Key Informant Interviews
  - State officials
  - Provider associations
  - Advocacy organizations
  - Agencies providing consumer guidance or eligibility determinations
  - MCO staff
- Provides context for data analysis

# Initial Report on Stakeholder Feedback

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- 16 telephone interviews with 34 confidential key informants from February to June of 2015 (i.e., 8-11 months post-implementation)
  - supplemented by information gleaned from meetings, material found in published accounts or on stakeholder web sites
- 13 common themes found
  - impressions of the design and rollout of MLTSS
  - views of the state's efforts to communicate with stakeholders
  - effects on and characteristics of consumers and providers
  - thoughts on potential for improvement with MLTSS as well as concerns
- Additional specific findings mentioned where relevant
  - Some findings were specific to particular stakeholders and weren't broadly mentioned, but seemed important given potential impact on consumers

# Interview Questions

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- How do you think MLTSS implementation has gone so far?
  - Examined specifics for MCOs including number of enrollees, process of transitioning from waiver agency to MCO, case manager characteristics and performance, reaction to assessment tools, appeals, provider networks, facility transitions, consumers hitting cost caps
- Have the changes with MLTSS benefitted any population or patient groups? Have they caused difficulty?
  - Follow-ups to ask about new services or reductions in service, continuity of care, eligibility determinations (functional, financial) and service authorizations, self direction, and transitions from facilities to community settings

## Interview Questions (cont.)

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- Since MLTSS was implemented, have you noted any problems or improvements in the health of specific population groups that you work with?
- Have you seen any changes in the LTSS providers since the changeover to managed care began in 2011? How do you think MLTSS is affecting the various LTSS providers that serve consumers?
  - Changes/expected changes to payment rates received by providers under MCOs? What has this meant for providers and consumers?
- Have you seen new clinical or community partnerships that have developed to support MLTSS?



## Interview Questions (cont.)

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- What do you think are the key data that should be examined regarding the effectiveness of MLTSS?
  - Are these data being collected? If not, what would the data source(s) be?
- Are there additional supports or improvements that are needed to make MLTSS successful? If so, what are they?
- Is there anything else relevant to the evaluation of MLTSS that I haven't asked you about?

## Future Rutgers Activities with MLTSS Stakeholders

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- Release of initial stakeholder feedback report
  - Draft under review by DHS
  - Responses to this report are part of the evaluation process
- Gathering feedback for final report draft due to CMS by July 1, 2017
  - Expect to do another round of interviews beginning in summer of 2016

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QUESTIONS/COMMENTS?

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