Activities to Promote Quality In Florida's Medicaid Managed Long-Term Care Program

Guidance for Stakeholders

Laura Summer, Georgetown University Health Policy Institute

Florida's new Medicaid Managed Long-Term Care (LTC) Program has two broad goals – improving service quality and cutting costs – that some observers think may not always be compatible. Strong oversight and the availability of timely information about program performance and beneficiary experience can help ensure that quality services are delivered even as savings are achieved. Information about how beneficiaries, providers and plans are faring is essential to efforts to refine and improve program operations. Data on plan performance also can be used to help beneficiaries make informed choices among competing managed care organizations.

This publication provides general guidance related to planning, sponsoring and conducting Long-Term Care program monitoring activities. It also describes methods and measures that can be used to answer specific questions that stakeholders have raised about Florida's Medicaid Long-Term Care program.[1]

AARP Real Possibilities · Health Foundation of south florida · Quantum Foundation · Allegany Franciscan Ministries · Jessie Ball duPont Fund · Winter Park Health Foundation

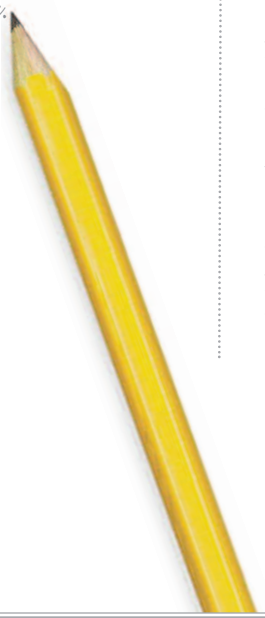
Who should be involved in oversight activities?

Florida's Agency for Health Care Administration (AHCA) and Department of Elder Affairs (DOEA) are responsible for program oversight. CMS — the federal Centers for Medicare & Medicaid Services — exercises some oversight as well.

The new Long-Term Care program has an ambitious strategy for assuring quality, including requirements for monitoring and reporting on the part of the state and the plans. Past experience in Florida and elsewhere suggests, however, that intended monitoring activities do not always occur and that they may not be sufficient to ensure that programs are operating in the optimal manner.[2] The combination of budgets that are already strained, staff reductions and major new responsibilities related to Medicaid program changes pose challenges to fully implementing strategies.

Efforts on the part of a variety of other stakeholders can bring independent perspectives and complement state and plan-based activities to promote quality.

State and local organizations, associations, academic institutions, advocates, foundations and other groups associated with service providers, counselors and beneficiaries can play an active oversight role.



What kind of oversight activities can stakeholders undertake?

ENCOURAGE COLLABORATION.

No single organization has the time, money or expertise to mount a comprehensive monitoring effort. Ideally all monitoring activities will be complementary rather than duplicative. With a clear understanding of what the state will monitor and measure and when results will be publicly available, others can enhance or supplement activities that the state undertakes. Collaborative efforts are most likely to occur and succeed if there is a sense that the goal is program improvement rather than to expose problems.

PARTICIPATE IN OR SPONSOR ADVISORY COMMITTEES, WORK GROUPS OR TASK FORCES.

Florida's Long-Term Care program has no requirements for this type of activity, but the new Medicaid Managed Assistance program for acute care does require that there be a Medical Care Advisory Committee with a subpopulation advisory committee for long-term care. Stakeholders need not wait for the state to convene groups, however. Outside organizations in other states have sponsored stakeholder meetings, sometimes on particular topics of concern, and invited state officials.

REQUEST PROGRAM DATA.

Past experience indicates that data collected by the state are not always available to the public in a timely manner. Knowing what information the state has promised to collect (as indicated in the table later in this guide) can help stakeholders decide what to request and when it is likely to be available.

HOST AN INFORMATION-GATHERING SITE.

Establish a website, email account, list-serve, phone line or other means that stakeholders can use to comment on program activity. Then, periodically send memos to state officials and others to let them know what program issues and questions stakeholders are raising.

HELP DISSEMINATE INFORMATION ABOUT PROGRAM PERFORMANCE.

For example, the Medicaid Managed Assistance program requires that the state develop report cards that consumers can use to compare MMA plans. AHCA may decide to expand on that requirement and issue report cards for Long-Term Care plans as well. If not, however, other stakeholders could request pertinent plan-specific data and develop tools for Long-Term Care plan comparison.

PROVIDE FINANCIAL SUPPORT FOR EXPERTS.

Pay local academic advisors who can help design oversight activities and interpret results. Or, support training by experts for program or plan staff or volunteers on topics related to improving or measuring quality.

HELP RECRUIT ENROLLEES FOR MONITORING ACTIVITIES.

Experience in other states indicates that simply sending invitations to enrollees asking them to participate in surveys, focus groups or other activities to collect information about programs does not elicit a large response. But when trusted consumer groups or community organizations have co-signed invitations, beneficiaries are more likely to participate.[3]

ADVOCATE FOR QUALITY MEASURES THAT ARE SPECIFIC TO THE LONG-TERM CARE POPULATION.

Performance measurement for Long-Term Care, particularly community-based Long-Term Care services, has lagged behind measurement for more established medical care outcome measures. Clinical outcome measures that gauge improvement in health status may not always be relevant for beneficiaries who use Long-Term Care services and have conditions that are not expected to improve. Measures related to maintaining independence, having an optimal living situation and having the option to self-direct services if desired are very important, however.

CALL ATTENTION TO SUB-POPULATIONS.

Florida requires that Long-Term Care plans report certain information by age bands: 18-60, 61-65 and 66 or older. This helps ensure that reporting on the whole population will not mask problems or successes specific to one age group. To be most useful, data should also be reported and analyzed by other population characteristics such as beneficiary group, service setting or Long-Term Care plan.

ADVOCATE FOR EVIDENCE-BASED POLICY CHANGES.

Oversight activities are of limited value unless feedback is used to improve program operations in a timely manner. For example, if monitoring activities indicate that beneficiaries are not involved in decisions about their care or are not offered the option for self-directed care, the findings would indicate that more specific and immediate training requirements for plan staff should follow. Or, if data show little change in the balance of community-based and institutional services, those results would suggest that new or different types of investments or incentives be considered to change the balance.

What methods can stakeholders use to provide information about program performance and beneficiary experience?

State and federal policymakers and program administrators are more apt to act on evidence that is collected and presented in an objective systematic manner rather than on anecdotal information. Two methods commonly used to supplement quantitative program data are obtaining input directly from stakeholders and observing program operations directly.

STAKEHOLDER INPUT

To obtain input directly from stakeholders, structured questions are used as the basis for focus groups, interviews or surveys. In planning this type of activity it is important to consider how to best obtain information and opinions from different groups of enrollees, for example those with limited English proficiency, younger and older consumers, and those with different types of disabilities.

Focus groups use a set of structured questions on selected topics to gather impressions from participants. They provide an opportunity for stakeholders to elaborate on their opinions and offer suggestions for program improvements in an interactive group setting. Experience in other states indicates that recruiting focus group participants may require a good deal of effort. Small incentives often are offered as part of recruitment efforts. Also, people may be more willing to participate if they are assured that they will not be identified when findings are reported. Community-based organizations, service providers and consumer groups have been helpful in convening focus groups. The composition of the groups may vary depending on the topics of interest.

Structured interviews also rely on a standard set of questions about particular aspects of program operations. Logistically, they are easier to undertake than focus groups because they do not require that all participants be present at the same time. Recruitment also poses a challenge. Assurances of anonymity are helpful in recruiting and in obtaining candid responses. The interviews can be conducted in person or by telephone. They offer an opportunity for stakeholders who may have difficulty traveling to participate.

Surveys can address questions similar to those asked in focus groups and interviews. They can be conducted online, by telephone or by mail. More people's opinions can be represented, but the responses will not be as nuanced. Response rates must be sufficient to promote confidence in the results. Therefore, recruitment is an important factor for surveys as well. Endorsements from trusted organizations can be helpful in encouraging respondents. The potential for anonymity as well as the ability to respond from home may encourage some people to participate.

PROGRAM OBSERVATION

Direct observation is used by state officials as well as other stakeholders to gather information.

Secret shoppers pose as beneficiaries to obtain program information, usually by telephone. This activity can help demonstrate, for example, whether enrollment brokers or plan staff are available, have the capacity to respond in languages other than English and can answer questions adequately in a helpful manner when beneficiaries request assistance. Questions regarding enrollment status, provider networks or service coordination are examples of topics that secret shopper can cover. Equipped with scripts and the proper training, state staff or volunteers can act as "shoppers." In reporting results, the questions asked and responses received should be consistently and well documented.

Ride-alongs are conducted to observe how program policies are being implemented. For example, in one state, staff charged with monitoring the program accompany and observe case managers as they interact with enrollees.[4] In other states, consumer-led evaluation teams conduct satisfaction interviews at facilities providing mental health services and make unannounced site visits to facilities to observe operations.[5] Ride-alongs to visit providers can help determine whether facilities are physically accessible; whether adequate accommodations are available for enrollees with needs related to language, culture, or disability; or whether transportation services are working effectively. As with other methods, observers must be well trained and the methods and findings reported systematically and objectively.

Volunteers working with ombuds offices can help expand the capacity of the office by assisting in a proactive capacity to conduct direct observation activities across the state or to serve as local contacts for enrollees who have problems. If state ombuds offices are not operating effectively or if their scope of authority is limited, other stakeholders can sponsor ombuds-like activities.

What measures can help answer specific questions about the performance of Florida's Medicaid Long-Term Care program?

Stakeholders in all states are at a disadvantage because the development of Long-Term Care program performance measures – particularly measures pertinent to home and community-based services – has lagged behind other types of measures. National efforts to develop and test Long-Term Care measures are under way, however, and states are developing their own measures. The measures in the following table were obtained from a review of Florida Long-Term Care program materials as well as selected literature and program materials from other states, including memoranda of understanding for the financial alignment demonstrations sponsored by CMS. Topic-specific questions that stakeholders have raised are listed in the table with examples of methods and measures that can be used to help answer the questions. This table can serve as a reference document for all stakeholders. It offers suggestions, but not every example of methods and measures. With limited resources, performance measurement should focus on particular questions, perhaps on particular groups of consumers and on defined time periods.

Program data are the source for many of the performance measures. Items marked with the symbol "[FL]" refer to Medicaid Long-Term Care program data that AHCA has already provided or has indicated it will collect from Long-Term Care plans and program records. With this knowledge, stakeholders will have a better understanding of how to sponsor complementary rather than duplicative measurement activities. They will also know what type of information to request if it is not made publicly available in a timely manner. Topic-specific measures from other states should be of interest to all stakeholders, including state officials, as they think about how to measure performance.

Sample questions for obtaining stakeholder input are a collection of questions, most specific to long-term care, that have been used in program and research activities involving surveys, focus groups, and structured interviews.

Observation activities describe other approaches that have been used to obtain information about program operations.

Long-Term Care Program Performance Measures

PLAN ENROLLMENT	
To what extent are consumers choosing LTC plans?	**Program data:** % of enrollees who choose a plan on their own [FL] % of enrollees auto-assigned to plans [FL]
To what extent is plan switching occurring?	**Program data:** % of enrollees who changed plans within 90 days [FL]
Does initial choice affect plan switching?	**Program data:** % of enrollees who chose initially, then changed plans within 90 days % of enrollees passively enrolled who changed plans within 90 days
What are the reasons for changing plans?	**Program data:** % of enrollees dis-enrolling for various reasons [FL] **Sample questions for obtaining consumer input:** I changed my LTC plan because: The state put me in a plan that I did not choose. I did not like my plan. (Please tell us why below) I did not like my LTC plan because: I could not get the service I wanted. The information I was given before I signed up for the plan was not correct. The service provider I wanted was not in my plan. When I called my plan with a question or needed help, they did not help me. I did not like my health plan's providers for personal care, home health care, assisted living, transportation, or other services that help me to stay in my home and the community. (Please tell us why below) I did not like my LTC plan providers because: The providers on my plan's list would not take new clients. The providers I wanted would not take my plan. I could not get as many of these services as I needed.

INFORMATION AND ASSISTANCE	
Do beneficiaries understand how to choose and use plans?	**Program data:** # of calls and % of all callers to the enrollment broker who request information or help on particular topics [FL]
Are enrollment broker/LTC plan call centers operating efficiently?	**Program data:** % of calls answered within a specified time [FL] % of callers who are on hold for less than a specified number of minutes [FL] **Observation:** Calls by "secret shoppers" to track time to answer, time on hold
Are LTC plans providing effective assistance for enrollees?	**Sample questions for obtaining consumer input:** Does the LTC plan explain all of their services to you clearly? If you called the plan with questions or for help, Were you able to speak with a person quickly? Were your questions answered quickly? Were you able to understand the answers? Were you treated with politeness and respect? Over the last __ months, How often did your plan's customer service give you the information or help you needed? How often did your plan's customer service treat you with courtesy and respect? How often were the forms for your health plan easy to fill out? [Always, Usually, Sometimes, Never, Don't Know, Not Sure] **Observation:** Calls by "secret shoppers" to track whether particular questions are answered correctly and in a helpful manner Calls by "secret shoppers" to track whether interpreters are also knowledgeable about program details
Are foreign language interpreter or TTY/TDD services generally available at enrollment broker/LTC plan call centers?	**Program data:** % of the time that the TTY/TDD services and foreign language interpretation were available when needed by members who called the enrollment broker/health plan's customer service phone number % of members who need an interpreter and always wait fewer than 15 minutes for the interpreter
Is information maintained to help assist people with communication needs, physical or other disabilities, or other circumstances that may require accommodations?	**Program data:** % of enrollees for whom specific demographic data - for example as primary language, disability type, homelessness - are collected and maintained in Medicaid records % of enrollees for whom specific demographic data - for example as primary language, disability type, homelessness - are collected and maintained in LTC plan records

ASSESSMENTS AND CARE PLANS	
Are assessments conducted in a timely manner?	**Program data:** % of enrollees with an initial assessment within 60 days of enrollment [FL] % of enrollees whose record contains documentation of an annual assessment within 365 days of the previous level of care determination [FL]
Are beneficiaries involved in decisions about care?	**Program data:** % enrollees with care plans documenting personal goal setting and community integration goal setting [FL] % care plans with enrollee participation verified by signature [FL] % of eligible enrollees whose record contains a plan of care signed by the enrollee or the enrollee representative [FL]
Are plans of care appropriate?	**Sample questions for obtaining consumer input:** Are you involved in making decisions about your plan of care? If decisions were made about your care, how often were you involved as much as you wanted in these decisions about your health care? Do you feel like you get to be part of deciding what the best care is for you? [Always, Usually, Sometimes, Never, Don't Know or Not Sure] **Observation:** "Ride-alongs" to observe the assessment and care planning processes **Program data:** % enrollees with care plans meeting all assessed needs and risks [FL]
Are providers notified of care plans in a timely manner?	**Program data:** % of enrollees whose record indicates that the plan of care was sent to the service provider within __ days of enrollment for new enrollees or the anniversary of the effective date for established enrollees

SELF-DIRECTION	
To what extent are consumers directing their own services?	**Program data:** % of enrollees directing their own services
Are consumers offered the self-direction option?	**Program data:** % of assessed enrollees with signed forms regarding the self-directed care option **Program data:** "Ride-alongs" to observe the assessment and care planning processes
Are case managers trained to support self-direction?	**Program data:** % of case managers that have undergone training for supporting self-direction

CASE MANAGEMENT ACTIVITIES	
Are case managers conducting the required number of visits?	**Program data:** % of enrollees receiving services who had a face-to-face encounter with a case manager every 3 months [FL] % enrollees who received a telephone contact at lease every 30 days to assess their health status, satisfaction with services, and any additional needs [FL]
Do case managers receive appropriate training?	% case managers at each plan who complete training requirements [FL]
Do consumers and case managers have stable relationships?	**Program data:** % of case managers at each plan who have been employed for >6 months, >12 months **Sample questions for obtaining consumer input:** Do you have a case manager that your work with? Do you know your case manager's name? How often do you see or talk to your case manager? Do you know who to contact when you have a question about your care or services?

SERVICES AND PROVIDERS	
Are services received in a timely manner?	% of newly enrolled members who receive services within 3 days of enrollment [FL]
Following the transition/when reassessments occur, do beneficiaries continue to receive the same types and amounts of services?	**Program data:** # and % of enrollees for whom state officials reviewed and approved plans for changes or reductions in services during the transition period/at reassessment % of beneficiaries who receive fewer services than they had received before % of beneficiaries who receive more services than they had received before
Following the transition/when reassessments occur, do beneficiaries continue to receive services from the same providers?	**Program data:** % of beneficiaries with a change in provider (after 60 days)
Do beneficiaries continue to use community-based services?	% of LTSS enrollees served in the community at the time of transition and still served in the community three months later
Are appropriate providers available?	**Observation:** Calls by "secret shoppers" to ask if service providers are available for new clients or to ask about the availability of translation services "Ride-alongs" to determine whether facilities are physically accessible; whether adequate accommodations are available for enrollees with needs related to language, culture, or disability
Are consumers satisfied with the services they receive?	**Sample questions for obtaining consumer input:** Do the people who help you treat you the way you want them to? Do you like where you live? Is your life stable? Do you think your service providers do a good job for you? Do your providers listen to you? Do they answer your questions? Do you feel like they help you in the ways you need help?
Are services well coordinated?	**Sample questions for obtaining consumer input:** Do you feel there is someone you can talk to who is in charge of your care?

COMMUNITY-BASED AND INSTITUTIONAL SERVICES	
What is the balance of community-based and institutional care?	**Program data:** % of enrollees who do not reside in a nursing facility
Is the balance of community-based and institutional care changing?	**Program data:** % of enrollees who do not reside in a nursing facility, reported periodically
To what extent are enrollees transitioning from nursing facilities to the community?	**Program data:** % of enrollees transferring from nursing facilities to the community [Among those with and without institutional stays ≤ 90 days.]
Do enrollees moving from nursing facilities to the community remain in the community?	**Program data:** % of enrollees transferring from nursing facilities to the community who remain in the community 6 months later/1 year later. [Among those with and without institutional stays ≤ 90 days.]

ENDNOTES

(1) A companion Issue Brief, Launch of Medicaid Managed Long-Term Care in Florida Yields Many Lessons for Consideration, by Laura Summer of the Health Policy Institute at Georgetown University, as well as previous work in the series of briefs on the Florida's experience with Medicaid reform are available at hpi.georgetown.edu/floridamedicaid.
(2) Department of Health and Human Services Office of Inspector General, Oversight of Quality of Care in Medicaid Home and Community-Based Services Waiver Programs, June 2012.
(3) A sample of the letter is available at: http://www.azahcccs.gov/reporting/Downloads/Integration/DualsInvitationEnglishSpanish.pdf.
(4) Patti Killingsworth, TennCare presentation at Alliance for Health Reform Briefing: Medicaid Managed Long-Term Services and Supports: Are More Caution and Oversight Needed? August 3, 2012.
(5) S. Plachta-Elliott and J. Delman, Consumer-Led Evaluation Teams: A Peer-Led Approach to Assessing Consumer Experiences with Mental Health Services, National Empowerment Center (June 2009), available at http://www.power2u.org/downloads/CET-ReportByCQI.pdf.

This guide can be used in conjunction with the educational brief "Launch of Medicaid Managed Long-Term Care in Florida Yields Many Lessons for Consideration," which can be found at hpi.georgetown.edu/floridamedicaid. The documents build on nearly a decade of research by Georgetown University into Florida's effort to reform its Medicaid program.

AUTHOR: Laura Summer
Health Policy Institute
Georgetown University
Box 571444
3300 Whitehaven Street NW
Washington, D.C. 20057
202-687-0880
ihcrp.georgetown.edu

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