The Role of Clinical Guidelines in a Managed Long Term Services & Supports Framework

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The Role of Clinical Guidelines in a Managed Long Term Services & Supports Framework

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Overview

- Introductions
- MLTSS National Landscape
- MLTSS Best Practice Framework
- MLTSS Clinical Guidelines
- MLTSS Clinical Guidelines in Practice
- Questions
MLTSS National Landscape
MLTSS Growth Through 2017
LTSS Utilization Trends

Medicaid HCBS and Institutional Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981-2014

- **OBRA (1981)** establishes Medicaid 1915(c) waivers to cover HCBS
- **OBRA (1987)** protects nursing home residents and alters 1915(c) waiver cost-neutrality formula for people with DD
- **Cold-Bed Rule** limiting 1915(c) waiver slots is repealed (1994)
- **Olmstead vs L.C. (1999)** requires community services in certain circumstances
- **TEFRA (1982)** enables states to cover certain disabled children living at home
- **Americans with Disabilities Act (1990)** protects people with disabilities from unequal health services
- **BBA (1997)** allows states to cover workers with disabilities up to 250% of FPL
- **DRA (2005)** establishes 1915(i), 1915(j), and MFP
- **ACA (2010)** establishes Balancing Incentive Program and Community First Choice

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LTSS Utilization Trends

Medicaid Service Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by Type, FY 1981-2014

- OBRA (1981) establishes Medicaid 1915(c) waivers to cover HCBS
- OBRA (1987) results in some nursing homes being converted to ICF/IID and alters 1915(c) waiver cost neutrality formula for people with DD
- Cold-Bed Rule limiting 1915(c) waiver slots is repealed (1994)
- Medicaid Tax Amendments (1991) limit growth of mental hospital DSH payments
- Managed care and 1115 Demonstration data collection from states begins (2008)
- ACA (2010) establishes Balancing Incentive Program and Community First Choice
MLTSS Best Practice Framework
Develop, Implement & Sustain

- Training
- Quality & Performance Metrics
- Policy, Procedures & Transitions of Care
- Person-centered & Integrated Service Plans
- Comprehensive Needs Assessments
- Utilization Management
- Clinical Guidelines
- Service Modeling
- Contract & Network Management
MLTSS Program Goals: 2017 Snapshot

Goal Areas Identified for MLTSS Programs, 2017

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Percentage of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved participant outcomes</td>
<td>67%</td>
</tr>
<tr>
<td>Increased access to HCBS</td>
<td>46%</td>
</tr>
<tr>
<td>Improved care coordination</td>
<td>46%</td>
</tr>
<tr>
<td>Increased efficiency</td>
<td>41%</td>
</tr>
<tr>
<td>Improved consumer choice</td>
<td>15%</td>
</tr>
</tbody>
</table>
MLTSS Clinical Guidelines
The Foundation of MLTSS Cost Containment and Quality Improvement

- Comprehensive Assessment
- Complex Care Management
- Utilization Review
- Program Integrity
- MLTSS Clinical Guidelines
**Purpose of Clinical Guidelines**

- **Provides the base for the service** (clinical evidence, regulatory, etc.)

- **Details what program will cover**
  - Limits in quantity, frequency or duration
  - Criteria to be met (diagnosis, functional need, etc.)
  - Exclusions may be clinical characteristics or duplications in services

- **Clinical documentation and other information needed to determine medical necessity**
Clinical Guideline Development and Implementation

Research & Development

Training & Implementation

Post-Implementation Quality Assessment
Research & Development: Topic Research

- Identify topic for prior authorization and guideline development

- Subject matter review
  - Literature search
  - Environmental scan
  - Internal subject matter experts
  - Review covered services, policy and regulatory requirements
Research & Development: Guideline Development

Draft creation

- Using the researched information
  - Synthesize clinical details & criteria
  - Align clinical criteria with regulatory language

- Develop support materials, including:
  - Required forms
  - Tools to determine eligibility (e.g., time for task)
Consider audience when developing drafts

Guidelines are generally written for providers, however...

- Advocates and patients/members read them
- Can be used to support PA decisions in appeals
- If published, can provide guidance for clinical criteria and documentation submission
Research & Development: Review Processes

- **Internal review**
  - Identify internal review team and role
  - Executive review

- **External review**
  - Stakeholder engagement, as appropriate
    - Providers
    - Advocates and members
Research & Development: Guideline Completion

Process:

- Final clinical review – executive level medical director
- Editing and formatting
- Cycle set to review and update (e.g., 1 or 2 year mark)
- Executive signoff
- Online publication, if desired
Research & Development:  
Parallel Activities

Prior authorization:

- Identifying appropriate codes
- Setting up PA flags in claims system so that service claims will not pay unless PA is approved
- Electronic forms and documentation submission preferred
- Assessing clinical capacity for completing reviews (how many members receiving the service, etc.)
  - In-house or outsourced operations
- Cost benefit/savings from PA – i.e., what is the likely denial rate?
Training & Implementation: Training

- **Internal staff**
  - Clinical reviewers
  - Administrative staff

- **MLTSS provider trainings**
Training & Implementation: Implementation

Integration into UM program
- Internal escalation development for:
  - Denials and reconsiderations
  - Unusual situations
  - Appeals

Program monitoring
- Peer review process
- Inter-rater reliability testing

Implement when all pieces are ready
Post-Implementation Quality Assessment

- Evaluation of outcomes
- Continuous quality reviews
- Change management, if appropriate
MLTSS Clinical Guidelines
In Practice
Inform development and implementation of MLTSS Utilization Management activities

- Utilization review, including prior authorization
- Comprehensive assessment and person-centered planning
- Care coordination/complex case management
Case Study
Mrs. Martin

- Utilizing in-person Assessment to comprehensively evaluate her MLTSS needs and develop person-centered plan
Mrs. Martin

- Integration of **Care Management** supports to further facilitate independent living
Mrs. Martin

- Evaluating a **Prior Authorization** request for home health services
- No skilled nursing need identified by nurse reviewer
- To meet ADL needs consider personal care and adult day program
Mrs. Martin

- Using data gathered to inform Program Integrity activities and evaluate home health provider quality

Program metrics + Evaluations + Informed data = Improved Quality
Questions
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