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

Truven Health Analytics. The Growth of Managed Long-Term Services & Supports Programs: 2017 Update. January 29, 2018

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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Cold-Bed Rule limiting 1915(c) waiver slots is repealed (1994)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- **Cold-Bed Rule** limiting 1915(c) waiver slots is repealed (1994)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
- **Olmstead vs L.C. (1999)** requires community care in certain circumstances
- **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
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
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
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
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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