Care Coordination Guidance

1. What are Accountable Care Organizations and who is eligible?

Effective March 1, 2018, as part of the Payment and Care Delivery Innovation (PCDI) initiative, MassHealth is introducing new Accountable Care Organization (ACO) health plans to its 1.3 million managed care eligible members. These health plans are designed to emphasize care coordination, member-centric care and align financial incentives. An ACO is a provider led health plan that holds participating providers financially accountable for both cost and quality of care for members. ACOs are composed of groups of primary care providers (PCPs) to whom members are attributed. In an ACO, the PCP and their team is responsible for working with the member and the ACO’s network of providers to help coordinate care and connect the member with available services and supports. There are three types of ACOs: Accountable Care Partnership Plans, Primary Care ACOs, and MCO-Administered ACOs.

MassHealth will also continue to offer Managed Care Organizations (MCOs) and the Primary Care Clinician (PCC) Plan to managed care eligible members. MCOs are health plans run by insurance companies that provide care through their own provider network that includes PCPs, specialists, behavioral health providers, and hospitals. Care coordinators are employed by the MCO. The PCC Plan is a statewide plan run by MassHealth that uses the MassHealth provider network. Managed care eligible members are individuals younger than age 65 and without any third-party insurance coverage (including Medicare); living in the community (e.g. not in a nursing facility); and enrolled in one of the following MassHealth coverage types: Standard, CommonHealth, CarePlus, or Family Assistance.

1. What is a LTSS Community Partner (CP) and what does it do?

Community Partners (CPs) are community-based organizations or consortiums that support ACO and MCO members with complex behavioral health and LTSS needs. MassHealth has contracted with two types of CPs that will support members as of June 2018: Behavioral Health (BH) CPs and Long-Term Services and Supports (LTSS) CPs. LTSS CPs provide LTSS care coordination and navigation to approximately 20,000 – 24,000 members. Functions performed by LTSS CPs include:

* outreach and engagement of members;
* identifying members’ unmet needs and providing informed choice of services and providers;
* developing and maintaining a LTSS care plan,
* coordinating LTSS and social services;
* participating on ACO/MCO Care Team to integrate LTSS with other care; and
* coordinating and collaborating with other state agencies and providers providing services to members

MassHealth is investing in CP infrastructure development (e.g., workforce development, technology, data reports) to promote integration with ACO and MCO health plans and improve care coordination and care management. MassHealth will monitor CP performance (e.g., timeliness of care plans, ensuring members have informed choice and monitoring referrals to financially affiliated providers) and hold CPs financially accountable for member outcomes.

In addition to holding contracts with MassHealth, CPs have defined agreements with ACOs and MCOs that clearly document roles and responsibilities and care coordination and care management processes. These agreements are designed to enable CPs to overcome common care coordination barriers such as communication, data sharing, and care team member expectations.

1. What are the objectives of the CP Program?

Objectives of the Community Partners (CP) Program are to:

* Support members with high BH needs, complex LTSS needs and their families to help them navigate the complex systems of BH and LTSS in Massachusetts.
* Improve member experience, continuity and quality of care by holistically engaging members with high BH needs (Serious Mental Illness, Serious Emotional Disturbance, and members with addiction) and complex LTSS needs.
* Create opportunity for ACOs and MCOs to leverage the expertise and capabilities of existing community-based organizations serving populations with BH and LTSS needs.
* Invest in the continued development of BH and LTSS infrastructure (e.g. technology, information systems) that is sustainable over time.
* Improve collaboration across ACOs, MCOs, CPs, community organizations addressing the social determinants of health, and BH, LTSS, and health care delivery systems in order to break down existing silos and deliver integrated care.
* Support values of Community First, SAMHSA recovery principles, independent living, and promote cultural competence.
1. Which members will a LTSS CP support?

LTSS CPs will provide supports to MassHealth members ages 3 and older in an ACO or MCO with complex LTSS needs who are identified by MassHealth or referred for supports. MassHealth will identify members based on service utilization history (e.g., high MassHealth State Plan LTSS use over the past year) who will be auto-assigned for CP Supports. Members may choose not to participate at any time.

Members receiving comprehensive care coordination through some MassHealth programs, such as HCBS Waivers, 24/7 residential supports through DDS, Community Case Management and the Children’s Behavioral Health Initiative will not be pre-identified or auto-assigned by MassHealth to receive LTSS CP Supports. However, members in these programs could receive LTSS CP Supports if there is a need for additional coordination and integration by making a referral. Referrals are made directly to the members’ ACO or MCO to determine if the person would benefit from LTSS CP Supports. Members, providers, HCBS Waiver case managers, Service Coordinators, state agencies, and others can make referrals.

1. How will a LTSS CP work with other care coordinators within other programs or services?

Certain programs and services include case management or care coordination as a provider function or discrete role. For example, members in HCBS waivers have a Waiver case manager or DDS Service Coordinator coordinating their HCBS Waiver services with other services the member receives. In addition, services such as Adult Foster Care, Group Adult Foster Care, Day Habilitation, and Adult Day Health include service management functions. Care coordinators and care managers within HCBS Waiver programs and MassHealth programs will be expected to perform functions per regulations and agency guidance. LTSS CPs will supplement but not duplicate these functions. LTSS CPs will be a resource and support for coordinating with the ACO and MCO, including ensuring that all LTSS are integrated into the member’s overall ACO/MCO Care Plan.

1. Who will do what in the new care delivery models?

ACO and MCO care delivery models emphasize care coordination, including through the use of Community Partners. ACOs/MCOs, Community Partners, HCBS Waiver case managers/DDS Service Coordinators, LTSS Providers, and the MassHealth Third Party Administrator have roles in coordinating and monitoring care, integrating care, and authorizing LTSS services. Descriptions below explain what each entity will do and will not do in these new care delivery models.

* 1. ACO/MCO Health Plan
		1. What it will do
			1. Be accountable for quality and cost of health care
			2. Convene interdisciplinary care teams
			3. Integrate physical, behavioral health & LTSS
			4. Address social determinants of health needs
		2. What it will not do
			1. ACOs and MCOs will not authorize any ACO/MCO non-covered services including community-based LTSS and HCBS Waiver services
	2. LTSS Community Partner
		1. What it will do
			1. Provide LTSS expertise to ACOs and MCOs
			2. Ensure members have a choice of appropriate LTSS services and LTSS providers
			3. Perform care coordination and monitoring
			4. Participate as part of member’s ACO/MCO care team
			5. Connect members to social services, including recommending Flexible Services for eligible ACO members
		2. What it will not do
			1. LTSS CPs will not authorize services
			2. LTSS CPs will not define the quantity or duration of services
			3. LTSS CPs will not duplicate the functions of other care coordinators, care managers, HCBS Waiver case managers, or state agency care coordinators.
	3. HCBS Waiver Case Manager/DDS Service Coordinator
		1. What it will do
			1. Develop the HCBS Waiver plan of care/Individual Service Plan (ISP), including MassHealth State Plan community LTSS
			2. Connect members to appropriate services identified within the member’s HCBS Waiver plan of care or ISP that are provided by or contracted for by the state agency or ASAP, including HCBS waiver services, where applicable
			3. Provide information and referral for HCBS Waiver services and MassHealth State Plan LTSS
			4. Provide crisis intervention, when needed, as appropriate within the Case Manager or Service Coordinator role
			5. Refer members to services provided by other state agencies, when applicable
			6. Assist members in completing MassHealth eligibility applications
		2. What it will not do
			1. HCBS Waiver case managers/DDS Service Coordinators will not develop care plans for the ACO/MCO
			2. HCBS Waiver case managers/DDS Service Coordinators will not authorize ACO/MCO or MassHealth State Plan LTSS
			3. HCBS Waiver case managers/DDS Service Coordinators will not screen for eligibility for Flexible Services for ACO members (CP function only)
	4. Individual LTSS providers
		1. What it will do
			1. Deliver necessary, authorized LTSS services
			2. Assess needs & develop program-specific care plans consistent with MassHealth regulations
			3. Collaborate with the member’s ACO/MCO/CP in the delivery and coordination of care
			4. Submit authorizations for service consistent with the member’s person-centered care plan
		2. What it will not do
			1. LTSS providers will not duplicate the person-centered care plan created by the member with their care team
			2. LTSS providers will not duplicate care coordination, navigation and transition of care support delivered by the LTSS CP
			3. LTSS providers will not influence a member to change ACO/MCO/CP or decline CP services
	5. MassHealth LTSS Third Party Administrator
		1. What it will do
			1. Provide prior authorization for community-based LTSS & certain other covered services delivered by Primary Care ACOs, based on MassHealth policy, directives, etc.
			2. Provide LTSS provider quality reporting and analytics
			3. Implement program integrity initiatives on behalf of MassHealth
			4. Review requested services for potential duplication and consult with case managers if there are concerns about potential service overlaps.
			5. The TPA will not establish medical necessity criteria upon which prior authorization is implemented
			6. The TPA will not establish quality metrics
			7. The TPA will not define standards applied in conducting program integrity efforts
			8. The TPA is not at risk for overall LTSS total cost of care
			9. The TPA is not responsible for utilization management or prior authorization for HCBS waiver services.
1. Case Use Examples
	1. Need a few case studies from the group
2. What do I do if I have questions when the program starts?
	1. MassHealth will provide regular (several times per week) office hours for CPs, providers, HCBS Waiver case managers/DDS service coordinators to call and ask questions. Information will be forthcoming about this support.
3. Appendix
	1. Description of HCBS Waivers, HCBS Waiver services, and care coordination functions
	2. Description of MassHealth State Plan LTSS services and providers and/or link to LTSS Handbook
	3. List of ACOs/MCOs
	4. List of CPs