



Supportive Housing Association of NJ

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Who is Amerigroup?

- Amerigroup New Jersey has served the NJ FamilyCare population since 1996.
 - Parent company, Anthem, is one of the largest health benefits companies in the United States
 - Currently serving 20 counties and 200,000 members in New Jersey
 - All NJ FamilyCare including traditional/expanded Medicaid, MLTSS program, and new Medicare integration (FIDE SNP)
 - Network of doctors, hospitals, nursing facilities, assisted living, home health agencies, medical day care providers, non-traditional services (e.g. home modifications, meals, non-medical transportation)

Our partnership with the State of New Jersey

Improve Access to Care

- Build and maintain an adequate network of providers
- Meet/exceed state-defined network standards
- Pay claims efficiently

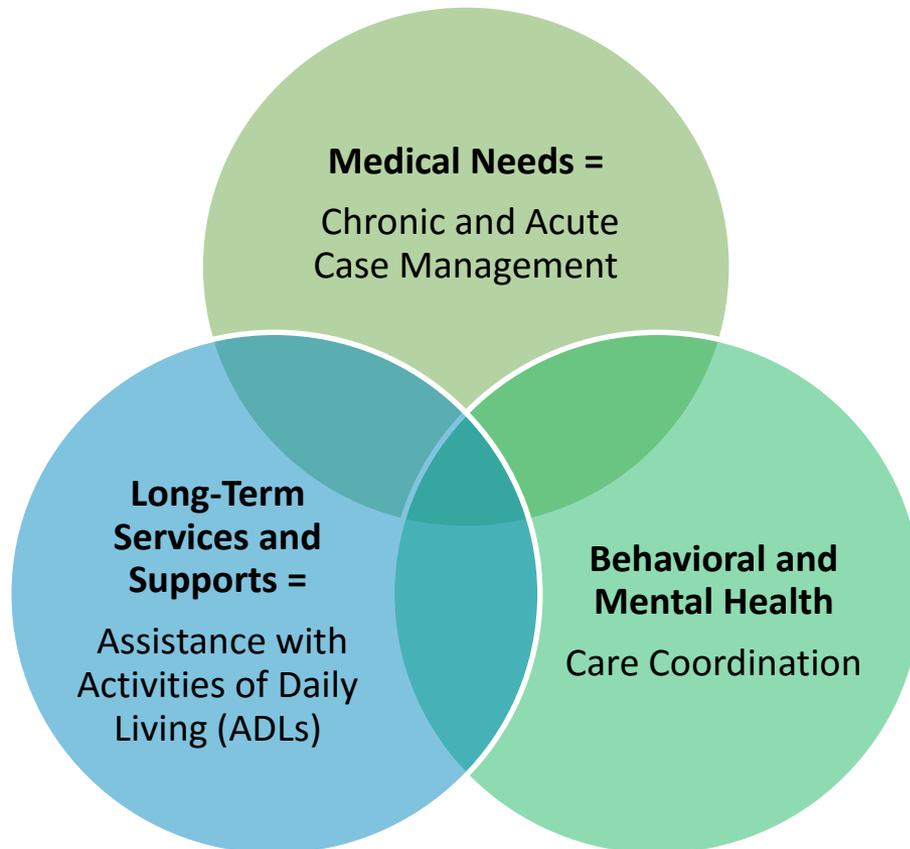
Coordinate Care for Our Members

- Reach out to all populations to encourage preventive care
- Provide intensive case management support to members with acute needs
- Provide ongoing care management support to members who need a little help
- Ensure “continuity of care” for members transitioning into the plan

Analyze, Innovate and Collaborate

- Analyze quality metrics and develop new approaches to improve health outcomes
- Share best practices with the State and other health plans
- Participate in policy dialogues

Managed Long-Term Services & Supports (MLTSS) Launched July 1, 2014



Updated Medicaid service delivery system and care management model for seniors and people with disabilities who need help with Activities of Daily Living.

Managed care organizations (MCOs) coordinate and pay for the services.

MCO Care Managers visit these members in their home to support the them and their caregivers with a plan of care focused on their unique needs and preferences.

Goals of MLTSS

Increase community supports, decrease institutionalization

- Easier access to long-term services and supports
- Real-time program accountability

A three-dimensional person, one comprehensive plan of care

- Streamline and integrate administration of medical, behavioral, long-term services
- Reduce gaps in care to maintain independence

Support individuals and caregivers as needs change

- Connect caregivers to resources
- Improve understanding of chronic conditions

How do we know MLTSS is working?

All Medicaid services through one touchpoint

- a. Specialized care managers working together daily and in clinical rounds with Medical Director to take all health care needs into consideration.
- b. Unprecedented co-management of Medical, Behavioral and LTSS – three dimensions of the member. Full Medicare integration option (FIDE SNP sub-population) as of 1/1/16

Reduced bureaucratic delay

- a. In 2015, 932 Amerigroup members were internally referred to MLTSS, assessed within 30 days, and became eligible for the program through State data exchange.
- b. We estimate 6,000 added to the program through internal referrals across all plans in 2015.

Modernized system to deliver improve outcomes

- a. State has monthly and quarterly quality metrics reported by each health plan that were not available in the past.
- b. Care plans and audit trails are now electronic vs old paper system.
- c. Call center phone/fax metrics validate service levels.

More customizable care planning

- a. Care managers now using flexibility to combine Medicaid State Plan and Waiver services in creative ways the old system could not accommodate.

How do we know MLTSS is working?

Decreasing institutionalization/ increasing community care

- a. 29% of Medicaid LTC was in community services in July 2014; 37% as of January 2016.
- b. LTC population rising (increased by 4,000) but institutionalized LTC down by 1,000 since July 2014.
- c. Constant stream of feedback from caregivers indicates great appreciation for care managers' willingness "to explain everything."

Improving program quality

- a. State agency staff now have the opportunity to focus on program improvement – e.g. "Quality Improvement Program" initiated with health plan clinicians to focus on fall prevention.
- b. Prevention and investigation of fraud/waste/abuse is much more active with partnership between State and health plan staff.

MLTSS and Supportive Housing: Successful Transitions

- Lee – Subsidized housing
 - Age 50, lived in nursing home 5 yrs
 - Medically complex + ADL support
 - Family, friends, faith community.
 - Amerigroup care management team:
 - Recognized member’s wish to live in community, made a plan
 - Coordinated discharge/transition to **subsidized housing** in Perth Amboy.
 - Arranged for medical services and community supports
 - Ordered furniture, household supplies, groceries
- Kathy – Subsidized Housing w/ALP
 - Age 75, lived in nursing home 3 yrs
 - Depression/anxiety + ADL support
 - No family support.
 - Amerigroup care management team:
 - Recognized member’s wish to live in community, made a plan
 - Coordinated discharge/transition to **subsidized housing/ALP** in Ewing
 - Arranged for medical services
 - Paid security deposit, ordered furnishings, household supplies, personal emergency response system

Supportive Housing with ALP

- NJAC 8:36 – licensed by NJ Department of Health
- MLTSS Service Dictionary:

Assisted Living Program - (ALP) - (Eligible for MFP 25%)

Assisted Living Program means the provision of assisted living services to the tenants/residents of certain publicly subsidized housing buildings. Assisted Living Programs (ALPs) are available in some subsidized senior housing buildings. Each ALP provider shall be capable of providing or arranging for the provision of assistance with personal care, and of nursing, pharmaceutical, dietary and social work services to meet the individual needs of each resident.

Assisted Living Services include personal care, homemaker, chore, and medication oversight and administration throughout the day.

Individuals receiving services from an ALP reside in their own independent apartments. The individual is responsible for his or her own rent and utility payments as defined in a lease with the landlord. Individuals are also responsible for the cost of meals and other household expenses.