Managed Long Term Services and Supports (MLTSS) Program Overview

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Office of Managed Healthcare
New Jersey Department of Human Services
Division of Medical Assistance and Health Services
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NJ Comprehensive Medicaid Waiver (CMW)

NJ CMW is a demonstration 1115 was approved effective 10/1/12-6/30/17 to:

Implement statewide health reform and expand current managed care programs to include MLTSS and expand home and community based services (HCBS) to some populations

Consolidate four former HCBS waiver programs
Provide a care manager to help coordinate medical, long
term services and supports, behavioral health services and
NJ FamilyCare (Medicaid) State Plan services, through an
individualized plan of care

What is MLTSS

 Managed Long Term Services and Supports (MLTSS) is one of the NJ Comprehensive Medicaid Waiver initiatives approved by CMS in October, 2012

MLTSS Philosophy:

- Improved care coordination and better health outcomes (breaking down silos: physical health, mental health/substance abuse, long-term care)
- Cost reduction
- Consumer choice and home-based care

MLTSS Enrollment

On July 1, 2014 participants in the Medicaid HCBS waiver programs (GO, ACCAP, TBI, CRPD) were automatically enrolled in the MLTSS program through their current NJ FamilyCare managed care organization (MCO), also known as a health plan

Crosswalk of Care Management Before and After July 1, 2014

Population	Prior to Implementation of Comprehensive Waiver and MLTSS	New Care Coordination Entity
Global Option (GO) Waiver	Division of Aging Services (DoAS)	MCO
AIDS Community Care Alternatives Program (ACCAP) Waiver	Division of Disability Services	MCO
Traumatic Brain Injury (TBI) Waiver	Division of Disability Services	MCO
Community Resources for People with Disabilities (CRPD) Waiver	Division of Disability Services	MCO
CCW	Division of Developmental Disability	No change
PACE	PACE entity	PACE Entity

Eligibility for MLTSS

An individual is eligible for the MLTSS program when he or she meets nursing home level of care determined by the NJ Choice assessment tool/pre-admission screening (PAS) completed by the MCO or the Office of Community Choice Options (OCCO)

- **Clinical** Eligibility
 - A person meets the qualifications for nursing home level of care, which means that s/he requires limited assistance with a minimum of three (3) activities of daily living (ADLs) such as bathing, toileting and mobility or the consumer has cognitive deficits and ADL needs of supervision in greater than 3 ADL areas
- Categorical Eligibility
 - o Aged 65 years old or older, or
 - Blind or Disabled Under 65 years of age and determined blind or disabled by the Social Security Administration or the State of New Jersey
- Financial eligibility-Institutional Medicaid-apply at the CWA

"No Wrong Door/Single Point of Entry" Philosophy

- New Jersey has a standardized process by which potential "new" enrollees that do NOT have an MCO enter the MLTSS system:
 - Local County Board of Social Services, also known as County Welfare Agency (CWA) is the single point of entry for consumers who are **not** enrolled in an MCO or
 - Individuals over 21 can contact local Aging and Disability Resource Connection (ADRC) for information, also known as the local county Area Agency on Aging (AAA) or call national toll-free number at 1-877-222-3737
 - Individuals applying on behalf of their child or an individual under 21 years of age, can contact the Division of Disabilities Services (DDS) at 1-888-285-3036 (press 2 after prompt and then press 1 after next prompt) to speak with an Information and Referral Specialist

Array of Services under MLTSS

Effective July 1, 2014, MLTSS includes but is not limited to:

Personal Care

Respite

Care Management

Home and Vehicle Modifications

Home Delivered Meals

Personal Emergency Response Systems

Mental Health and Addiction Services

Assisted Living

Community Residential Services

Nursing Home Care

Please refer to the MLTSS Service Dictionary for a complete list of MLTSS services

http://www.state.nj.us/humanservices/dmahs/home/ MLTSS Service Dictionary.pdf

NJ FamilyCare MLTSS MCOs

Aetna Better Health of New Jersey – Serving Counties: Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset and Union

Amerigroup New Jersey -- Serving all counties except Salem
Horizon NJ Health -- Serving all counties
UnitedHealthcare Community Plan -- Serving all counties
WellCare Health Plans of New Jersey -- Serving counties: (Bergen,
Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset,
Sussex and Union)

The link below will provide connection to individual MCO sites http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/

Contact phone number for Member and Provider Relations is listed Link for MCO Member Manual is posted

Health Plan Provider Contact Telephone Numbers

He	eath Plan	Provider Relations	MLTSS Contact Number
•	Aetna Better Health of NJ	1-609-282-8143	1-855-232-3596
•	Amerigroup New Jersey:	1-800-454-3730	800-454-3730
•	Horizon NJ Health:	1-800-682-9091	l 877-765-4325
•	UnitedHealthcare Commun	ity Plan: 1-888-362-3368	8 888-702-2168
•	WellCare:	1-888-588-9769	9 888-453-2534



Exclusions to MLTSS on July 1, 2014

About 27,000 Medicaid fee-for-service (FFS) beneficiaries in long-term care facilities:

- FFS Medicaid beneficiaries who are in custodial nursing home care on or before 7/1/14
- Medicaid beneficiaries living in Special Care Nursing Facilities (SCNFs) as of 7/1/14 will remain in the current FFS for two years (until 7/1/16)
- Persons (ages 21-64) receiving inpatient services for mental illness in a State or a county psychiatric hospital
- Persons with I/DD residing in an Intermediate Care Facility

Exclusions to MLTSS Continue

- Persons enrolled in Dual Eligible Special Needs Plans (D-SNP) continue to be excluded from HCBS MLTSS. As of 1/1/15, MLTSS members residing in NFs will not be excluded from D-SNP
- Persons participating in the Pervasive Developmental Disabilities (PDD) pilot program
- ID/DD Beneficiaries in out-of-state HCBS settings
- Division of Developmental Disabilities' CCW (Community Care Waiver) or Supports Program beneficiaries
- PACE Program beneficiaries

Provider and Member Resource Information

Division of Aging Services Care Management Hotline	1- 866-854-1596
Division of Disability Services Care Management Hotline	1-888-285-3036
NJ FamilyCare Member/Provider Hotline	1-800-356-1561
NJ FamilyCare Health Benefits Coordinator (HBC)	1-800-701-0710
NJ FamilyCare Office of Managed Health Care, Managed Provider Relations	MAHS.Provider-inquiries@dhs.state.nj.us
NJ State Health Insurance Assistance Program	1-800-792-8820





MLTSS and Behavioral Health

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Division of Medical Assistance and Health Services

 Under MLTSS, MCOs are required to cover most behavioral health services that are covered under the current state plan as FFS

Behavioral Health Services Covered by the MCOs under MLTSS

- The following BH services are included in the MLTSS benefit through NJ FamilyCare/Medicaid MCOs:
 - Acute Partial Hospitalization, Partial Hospitalization and Partial Care
 - Adult Mental Health Rehabilitation (Group Homes A+ thru D)
 - Independent Practitioner (Physician, APN, Psychologist)
 - Mental Health Outpatient Clinic/Hospital Services
 - Opioid Treatment Services
 - Inpatient Psychiatric Hospital Care
 - **PACT** and **TCM** are not covered by the MCOs in MLTSS since they are duplicative care management services and remain Medicaid FFS. However, MCOs are required to coordinate these services for MLTSS members, as clinically appropriate

Behavioral Health (BH) Administrator Contacts for MLTSS

	Heath Plan	MLTSS BH Administrator	Contact Number
•	Aetna	Joseph Colosi colosij@aetna.com	(609) 282-8155 or (609) 480-0267
•	Amerigroup	Ann Basil, LCSW, CCS Ann.Basil@amerigroup.com	(732) 623-5835
•	Horizon/Value Options	Eric Levy@horizonblue.com	(609) 718-9717
•	United Healthcare/Op	tum Beth Abramovitz, LCSW Beth.Abramovitz@optum.com	1-800-548-6549x66315
•	WellCare	Hania Scwartz, LCSW <u>Hania.schwartz@wellcare.com</u>	(973) 274-2155

MLTSS Quality Monitoring Unit:

- The MLTSS Quality Monitoring Unit
 - addresses MLTSS member inquiries and/or complaints as they relate to the member's assessed need, plan of care, service provision, etc. with the MCO to assure continuity of care and contract compliance
 - Conducts member complaint resolution tracking/reporting
 - Coordinates with the MCOs on the MLTSS Performance Measures' data elements
 - Reviews and analyzes the MCO Performance Measures data submission and works with the MCO to formulate quality improvement strategies
 - MLTSS Quality Monitoring Unit may be reached at 609-584-4304

