



New Hampshire
Department of Health and Human Services

*Medicaid Care Management (MCM) Program
Step 2*

Stakeholder Engagement Summary



Stakeholder Engagement Process

From July to October 2014, the Department of Health and Human Services (the Department) hosted a series of stakeholder input sessions to solicit comments and questions about the next step for the Medicaid Care Management Program. As a result, over 850 stakeholders were engaged in 28 sessions throughout the state. During these sessions, the Department sought feedback from stakeholders using three key questions:

- What works for you now in terms of how your Medicaid services are provided and what should be continued?
- What are the “lessons learned” during Step 1 implementation that we should consider for Step 2 planning and implementation?
- What do you think should be included in a Step 2 Quality Strategy? What are the most important things that should be measured to make sure that the Medicaid Care Management Program is working well?

The Department received verbal, written and emailed responses, suggestions and comments that are being considered in the development and implementation of Step 2 of the Medicaid Care Management Program. The purpose of this document is to organize and summarize the input received from all informational sources. A full breakdown of the stakeholder sessions is below, and themes from stakeholders are described on the following pages.

Stakeholder Forums for Choices for Independence (CFI) Waiver and Nursing Facility Services

- Department of Health and Human Services Legislative Subcommittee for Child & Family Services Workgroup: July 9
- Joint Meeting with Adult Day Program Providers, New Hampshire Association of Residential Care Homes, Residential Care Providers, and Office of Long Term Care Ombudsman: July 17
- Joint Meeting with Transportation and Senior Nutrition Providers: July 21
- ServiceLink Resource Center Managers: July 23
- Joint Meeting with Long Term Care Eligibility Steering Committee, Nursing Facility & County Administrators, and New Hampshire Health Care Association: July 25
- Joint Meeting with Case Management Agencies, Home Care Providers, Statewide Independent Living Council, Endowment for Health: July 31
- State Committee on Aging: August 4
- Elder Rights Coalition: August 6
- TLC Medical Day Care for Adults: August 26
- New Hampshire Benefits Planners Group: September 9
- Nashua Senior Center: September 10
- Hillsborough Nursing Facility: October 1



Stakeholder Forums for Developmental Disabilities, Acquired Brain Disorders and In Home Supports Waiver Services

- State Family Support Council: August 4
- New Hampshire Brain Injury Association: August 13
- Eastern New Hampshire (Exeter) Hosted by Area Agencies: Afternoon, August 18
- Eastern New Hampshire (Exeter) Hosted by Area Agencies: Evening, August 18
- New Hampshire Bureau of Developmental Services Quality Council: August 20
- Developmental Disabilities Waiver Specific: August 27
- Acquired Brain Disorders Waiver Specific: August 28
- In Home Supports Waiver Specific: August 29
- Southern New Hampshire (Bedford) Hosted by Area Agencies: Morning, September 9
- Southern New Hampshire (Bedford) Hosted by Area Agencies: Evening, September 9
- Western New Hampshire (Peterborough) Hosted by Area Agencies: Afternoon, September 15
- Western New Hampshire (Keene) Hosted by Area Agencies: Evening, September 15
- Northern New Hampshire (Albany) Hosted by Area Agencies: Morning, September 16
- Northern New Hampshire (Gorham) Hosted by Area Agencies: Afternoon, September 16
- Northern New Hampshire (Whitefield) Hosted by Area Agencies: Evening, September 16
- People First of New Hampshire: September 20

Themes from Stakeholders Regarding Mandatory Enrollment in the Medicaid Care Management Program

During each of the 28 sessions, the Department accepted comments and questions about the mandatory enrollment of the following population groups into the Medicaid Care Management program for medical care.

- Medicare Dual Eligible Population
- Home Care for Children with Severe Disabilities, e.g. Katie Beckett
- Children with special health care needs (enrolled in Special Medical Services / Partners in Health)
- Children with Supplemental Security Income
- Foster Care Population

Common questions and comments received from stakeholders regarding mandatory enrollment in the Medicaid Care Management program include:

- How and where to see the full provider list for each health plan before choosing a plan, and whether the list of providers will include if they are accepting new patients
- How will the Medicaid Care Management Program work with members' primary insurance
- Access to specialized medical services out of the state and in Boston



- Sharing information when enrolling with a provider or a health plan
- The prior authorization process to be followed for existing authorizations, particularly for medications, durable medical equipment and specialized medical care
- Requesting information and support from health plans to help members understand their process along with who to call to resolve issues or concerns
- Allowing members to switch health plans for medical care and/or long term services and supports
- The need for more time for planning and implementation
- The need for health plans to understand the complex medical needs of individuals with disabilities

Themes from Stakeholder Forums for the Choices for Independence Waiver (CFI) and Nursing Facility Services

The Department held 12 input sessions specific to integrating Choices for Independence Waiver (CFI) and nursing facility services into the Medicaid Care Management Program, which were attended by over 325 stakeholders. Common themes heard from stakeholders include questions and comments about:

- The rates that will be paid by the health plans to service providers
- How health plans will be instructed with respect to contracting, network adequacy, etc.
- The prior authorization process to be followed, including timeliness and frequency; Emphasis on the need for a process that considers individuals' complex long term care needs and must be different from the prior authorization process for acute medical care
- How eligibility for services will be determined
- The need for the Department to educate the health plans about its programs for long term services and supports
- The need to train providers and prepare them for the contracting process and new environment
- The need for more time for planning and implementation
- Assuring continuum of care for clients, especially when transiting between settings

Themes from Stakeholder Forums for Developmental Disabilities, Acquired Brain Disorders and In Home Supports Waiver Services

The Department held 16 input sessions specific to integrating Developmental Disabilities, Acquired Brain Disorders and In Home Supports Waiver services into the Medicaid Care Management Program, which were attended by over 525 stakeholders. Common themes heard



from stakeholders include questions about:

- Functional therapy, e.g. physical therapy, occupational therapy and speech-language pathology, approvals for individuals with complex and/or long term needs
- Pharmacy prior authorizations for people with complex mental health needs
- Overall concerns regarding managed care for individuals with long term needs
- Compliance with the intentions of RSA 171-A (Services for individuals with Developmental Disabilities)
- Knowledge/experience of the health plans with long term services and supports
- Role of area agencies and relationships with knowledgeable, responsive and local staff
- Self-direction and flexibility in the system for long term services and supports
- The need for more time for planning and implementation

Next Steps

As a result of stakeholder input received between July and October of 2014, the Department extended the timeline for Step 2 mandatory enrollment with a health plan for medical care and integration of Choices for Independence Waiver and Nursing Facility services to allow more time for input and planning.

The Department has developed design concepts for integration of Choices for Independence Waiver and Nursing Facility services into the Medicaid Care Management Program. The Department is hosting additional stakeholder input sessions for feedback on the Step 2 design concepts starting in December 2014. A schedule of forums can be found online on the Step 2 Medicaid Care Management website at <http://www.dhhs.nh.gov/ombp/caremgmt/step2.htm>.