

State Medicaid Agency Collaboration in NWD System Checklist

This checklist provides a guide for No Wrong Door (NWD) Systems to promote collaboration between aging and disability state agencies and the state Medicaid agency as part of a robust and responsive access system for all populations and payers. The state Medicaid agency should be a designated partner of the NWD System governance structure. This partnership further enhances access to long term services and supports (LTSS). As described in the NWD Key Elements, Medicaid plays a key role in the state's NWD efforts:

- **Key Element Measure I.2:** The State has a formal multi-state agency operational structure that coordinates the State government's work to develop a single NWD System for all people needing LTSS, regardless of income, age, or disability, and *this operational structure includes the state Medicaid agency*, the state unit on aging, the state agencies that serve or represent the interests of individuals with physical disabilities, intellectual and developmental disabilities, and the state authorities administering mental health services.
- **Key Element Measure: I.6:** The State uses a variety of state administered funding sources to support the planning, implementation, and ongoing operation of the state's NWD System including Medicaid.

This checklist can be used by state units on aging and state agencies overseeing disability programs as a starting point to accelerate meaningful collaboration with the state Medicaid agency. Reviewing the "keys to integration" in the table below can help identify which intersection points make sense to begin a discussion with Medicaid.

When engaging with the state Medicaid agency, consider the following questions:

- What are the state Medicaid agency's strength areas? Their "pain points" and areas for growth? Pain points are key weaknesses, challenges, or growth areas.
- For their areas of improvement, how could the NWD System help?
- What potential risks and mitigation strategies exist for a partnership? What resources would be involved in a partnership?
- Can existing partnerships be built upon?

The <u>NWD System Business Case Toolkit</u> includes additional suggestions for partner outreach and engagement.

Emerging Networks at the Local Level

Health care and community-based longterm services and supports have historically operated as separate delivery systems, with health care providers addressing individuals' medical needs and community-based organizations (CBOs) addressing functional needs and nonmedical drivers of health and wellness. There is a growing body of literature that shows integrating these systems into community care hubs leads to better outcomes and lower costs. These networks allow CBOs to provide uniform services across a larger area, increasing opportunities to contract with health care entities. The NWD System, through collaboration with Medicaid agencies, can help coordinate key players and stakeholders to support increasing access to Medicaid programs.

For more information see the Administration for Community Living's and the Aging and Disability Business Institute websites.



NWD Keys to Integration	Intersection Points	Tools/State Examples or National Resources
State Leadership/ Governance	 ✓ The state Medicaid agency is part of the NWD governance structure. If not, what successful partnerships in the past can be built upon? (i.e., Master Plan for Aging process, Olmstead committees, Managed LTSS, Money Follows the Person (MFP), etc.). ✓ The state Medicaid agency and aging/disability state agencies discuss data they collect and how they can improve the state access system data storytelling. 	 NWD Medicaid Administrative Claiming Workbook and Tools: Tool Two: Presentation to State Level Partners Agencies Tool Three: Presentation to Stakeholders These tools offer materials to use in making the case that ADRCs can help the Medicaid agency identify and enroll eligible individuals needing LTSS and avoid institutionalization. As the COVID public health emergency ends, Medicaid will have to recertify beneficiaries. ADRCs can be a support to the state Medicaid agency workforce. See this post on the TA Community for resources related to strengthening Medicaid's role in state NWD systems.
Medicaid Outreach and Eligibility	 ✓ The state NWD System includes access points for applying for Medicaid. ✓ NWD System personnel can track the status of Medicaid applications. ✓ NWD System personnel assist people with applying for Medicaid (functional and financial) or can make seamless referrals. 	The Vermont ADRC serves as primary access points for Medicaid outreach and eligibility. Five Area Agencies on Aging (AAAs) and the state's Center for Independent Living (CIL) support persons seeking Medicaid access to services and supports through options counseling. They work closely with the state to track both clinical and financial eligibility, which are performed by different state agencies. VT AAAs serve as case management entities supporting individuals enrolled in the Medicaid Choices for Care Program (1115 waiver) supporting development of a person-centered service plan and tracking of service use and need.
Nursing Facility Transition	 ✓ NWD System partners serve as local contact agency for Section Q. ✓ NWD System coordinates Money Follows the Person initiative. ✓ Revise the state nursing facility level of care form to ask about preferences for community living to easily have a process for connecting individuals to NWD person-centered counseling. 	 North Dakota's Informed Choice Program offers an example of a nursing facility transition program. The state revised the nursing facility level of care form to ask about preferences for community living and provide a referral pathway for ADRC person-centered counseling.



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Medicaid Managed LTSS (MLTSS)	✓ NWD System is involved in Medicaid managed LTSS in the state.	• For Massachusetts, the state Medicaid's (i.e., MassHealth) Delivery System Reform Incentive Payment (DSRIP) Program supports Accountable Care Organizations (ACOs) and Community Partners (CPs). CPs include community-based organizations that provide specialized care coordination supports for members with significant behavioral health and long-term care needs. In 2018, ACOs were required to partner with at least two Long Term Services and Support CPs in their service regions, and beginning in 2020 were able to jointly identify preferred relationships. The CPs are responsible for providing "Options counseling, assessment for social and health related needs, care planning, member and family support, and referral assistance." Independent Living Centers and Aging Service Access Points, which make up the NWD System in MA, participate as CPs. DSRIP funds have been used by CPs for enhanced care coordination and navigation, as well as infrastructure and capacity development.
Hospital Care Transitions	 ✓ Hospitals refer individuals on Medicaid to the NWD System for support in discharge and transitioning home. ✓ NWD System partners assist the state Medicaid agency in various programs specifically such as waivers, Medicaid Special Needs Plans (SNPs), etc. 	 Indiana Care Transitions Program for Individuals on Medicaid and Special Needs Plans (SNPs) Alabama Care Transitions Spotlight Oregon Care Transitions Program
Medicaid Administrative Claiming	✓ The NWD System participates in Medicaid Administrative Claiming.	 Iowa worked with their state Medicaid agency to establish the structure to claim for Medicaid administrative funds for the following functions: outreach, facilitating applications, referral and coordination, training and planning. They also created a checklist for putting together the plan for approval. Email nowrongdoor@acl.hhs.gov for access to the Iowa documents.



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State Master Plans for Aging	✓ The NWD System is leveraging relationships built with the state Medicaid agency through the Master Plan for Aging¹ process.	 The <u>California Master Plan for Aging (MPA)</u> provides a clear roadmap for building a California for all ages and abilities, including enhancing and growing the NWD System. One of the key initiatives of the MPA includes building out "No Wrong Door/'One Door' statewide for public information and assistance on aging, disability, and dementia via an upgraded web portal, statewide network of local ADRCs with shared training, tools, and technology, and continually improving cultural competency and language access." Learn more about the MPA by visiting <u>mpa.aging.ca.gov</u>. SCAN, West Health and the Center for Health Care Strategies launched a <u>learning collaborative</u> to help states develop and implement Master Plans for Aging. A requirement for participation was formal collaboration with the state Medicaid agency.

Additional Resources:

<u>ADvancing States State Medicaid Integration Tracker</u> ADvancing States publishes this tracker bi-monthly to document state activity in MLTSS, state demonstrations to integrate care for individuals dually eligible for Medicare and Medicaid and other Medicare-Medicaid coordination initiatives, and other LTSS reform activities.

<u>Medicaid 101 – Advancing States 2020 Virtual Home and Community-Based Services Conference</u> These slides provide a general overview of the Medicaid program.

National Association for State Medicaid Directors This is the membership organization for state Medicaid Directors.

<u>Medicaid Leadership Exchange Podcast</u> This podcast jointly produced by the National Association for State Medicaid Directors and the Center for Health Care Strategies features discussions with Medicaid directors on priority topics related to leading state agencies.

¹ A cross-sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services for their rapidly aging population, as well as people with disabilities.