

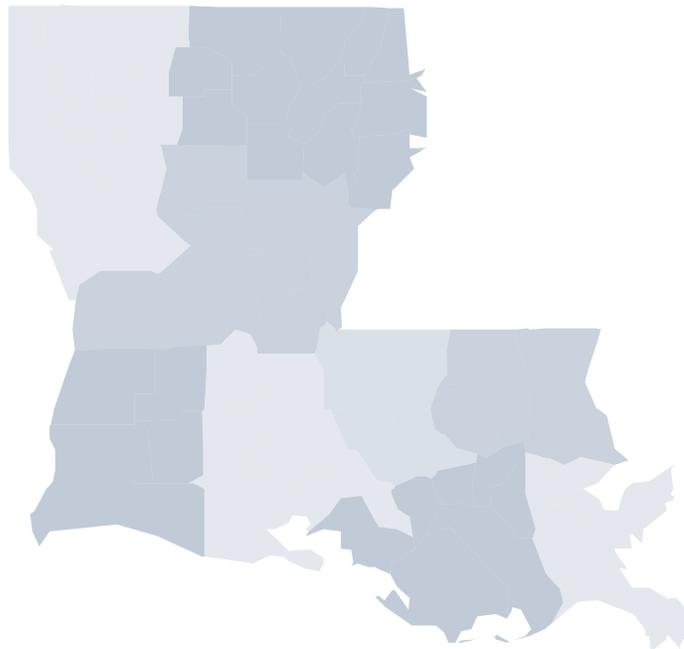


# TRANSFORMING LOUISIANA'S LONG TERM CARE SUPPORTS AND SERVICES SYSTEM

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*Consumer Protections*

*Concept Brief*



**DECEMBER 12, 2013**

## Introduction

As stressed in the initial concept paper released this past August on the transformation of long term supports and services, the ongoing transformation of Louisiana’s long-term supports and services system will continue to be an open and collaborative process. The involvement of stakeholders across the state is critical for the successful design and implementation of Managed Long Term Supports and Services (MLTSS) in Louisiana. The purpose of the Long Term Care Advisory Group is to provide an organized venue for feedback from stakeholders in Louisiana, including participants in the current Long Term Supports and Services (LTSS) system, LTSS providers, and community-based organizations involved the support of those using LTSS. Based on feedback received during the first meeting of the advisory group, future meetings of the advisory group will focus on soliciting purposeful feedback through the use of focused work group meetings.

One of CMS’s requirements in an MLTSS system is that a state offers MLTSS recipients conflict-free education, assistance with enrollment and disenrollment, and consumer-friendly education and advocacy. Further safeguards are required to protect participant health and well-being, including a statement of participant rights and responsibilities; a critical incident management system to guard against abuse, neglect and exploitation; and fair hearing rights. In the initial LTSS concept paper released in August, the Department of Health and Hospital (DHH) emphasized the importance of seeking input on innovative and effective strategies to ensure that MLTSS participants receive adequate protections.

## Feedback to Louisiana’s Approach

As DHH continues to research best practices and lessons learned from other states and works to build the framework for the transformation to MLTSS, feedback is actively being solicited on the following areas of consumer protections.

## Louisiana’s Approach to Consumer Protections: Workgroup Questions

Use the information following to inform discussion of these key questions:

1. **What are key considerations in implementing the mandatory consumer protections?**
2. **What voluntary options for consumer protections should be included in Louisiana’s plan?**
3. **Should there be an ombudsmen program? If so, what should the ombudsman program look like? What are some design characteristics and ideal outcomes for a successful Ombudsman program functioning in MLTSS?**
4. **Aside from initial and annual enrollment periods, what factors/cause should warrant an individual being able to change plans?**

## Mandatory and Voluntary Components of Consumer Protections

Required by CMS	Voluntary for States
Civil Rights and Compliance	Continuity of Care – Voluntary or Mandatory Enrollment
Enrollment Support	
Appeals and Due Process	Complaints and Grievances
Critical Incident management System to Guard Against Abuse, Neglect, and Exploitation	Individual Choice
Conflict-free education	Contingency Plans
Consumer-friendly Education and Advocacy	Ombudsman

## Description of Required Components

### Civil Rights and Compliance

Compliance with civil rights in an MLTSS system is required by CMS. DHH expects that the Managed

Care Organizations (MCOs) will comply with established policies regarding consumer rights and protections. Furthermore, the MCO will be expected to implement internal policies and procedures to remain in compliance with applicable laws.

**Enrollment Support**

Effective enrollment support should be provided through an independent enrollment broker/counselor not affiliated with the MCO. The MCO should also provide a post-enrollment period in which consumers can change their chosen MCOs without cause. Assistance with enrollment should be clear, accessible, targeted to the intended audience, and responsive to the individual goals, needs, resources, and preferences of consumers.

**Appeals and Due Process**

The MCO will be responsible for implementing a DHH-approved appeals process applicable to the administrative functions carried out by the MCO, including service authorization and requests for change in services, provider, or care manager based upon change in need.

Additionally, DHH expects that the MCO will put into place an adequate support system for persons to understand and respond to any components of their plan, whether in an institution or Home and Community Based Services (HCBS). This would include providing training, referral to advocacy attorneys and the use of an ombudsman. Furthermore, the MCO will be expected to comply with ICF/DD regulations and with the DHH waiver policies to ensure the review of restrictive processes and procedures by qualified personnel before plan implementation.

**Abuse and Neglect**

DHH expects that the MCO will make sure that all suspected cases of abuse/neglect/exploitation are reported to the appropriate protective services or

regulatory agency. The MCO will also be expected to have all system participants are trained in detecting and reporting abuse/neglect/exploitation and document this training. The MCO will be expected to follow-up on recommendations from protective services or regulatory agencies, ensuring to document follow-up actions and their effectiveness.

**Description of Voluntary Components**

**Complaints and Grievances**

DHH expects that the MCO will be responsible for implementing complaint and grievance processes to handle both consumer and provider complaints regarding MCO performance and consumer complaints about network providers.

**Individual Choice**

People have the power to make decisions about services and supports, how they are delivered, and by whom. Managed care consumers should receive the necessary services, supports, and information promptly. DHH expects the MCO will implement policies and practices that encourage and enable individual choice.

**Contingency Plans**

MCOs will be expected to develop and maintain contingency plans in case a large provider of services continues to operate or is otherwise unable to provide needed services. MCOs will also be expected to work with DHH to develop procedures and timelines for the MCO’s role in provider closures.

**Ombudsman**

As part of the expectations that the MCO puts into place adequate supports for persons to understand and to respond to restrictive components of their plan, MCOs will be expected to make available training, referral to advocacy attorneys, the use of an ombudsman, and other protections.

**Transforming Louisiana’s Long Term Care Supports and Services System**

*For additional information, please visit  
MakingMedicaidBetter.com/LongTermCare*

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