
DIGEST

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HB 334 Original

2018 Regular Session

Bacala

Abstract: Provides for implementation of a Medicaid managed long-term services and supports system for the elderly and certain persons with disabilities.

Proposed law provides for implementation of a managed long-term services and supports (MLTSS) program within Medicaid. Provides that MLTSS refers to the delivery of Medicaid services for individuals receiving home- and community-based services or institutional-based services and individuals at highest risk of needing those services through capitated Medicaid managed care programs that coordinate the provision of all physical, behavioral, and long-term health services.

Proposed law requires the secretary of the La. Department of Health (LDH) to develop and implement an MLTSS program and submit an application for the program to the federal Centers for Medicare and Medicaid Services (CMS) no later than Jan. 1, 2019. Provides that the secretary may use in the application existing materials, including waiver drafts and stakeholder input, if the materials comply with the requirements of proposed law.

Proposed law provides that the La. MLTSS program shall apply to the following populations:

- (1) Medicaid recipients who are elderly or who have adult-onset disabilities and who meet the eligibility requirements for and are receiving long-term services and supports through a Medicaid state plan or waiver program designed specifically for the population, including but not limited to nursing facilities, home- and community-based waivers, or state plan personal care programs.
- (2) Recipients who are receiving both Medicaid and Medicare benefits and are not otherwise receiving long-term services and supports.
- (3) The provisions of this Section shall not apply to Medicaid recipients eligible for and receiving services due to an intellectual or developmental disability.

Proposed law requires the secretary of LDH to ensure that the MLTSS program application includes the following elements that have been set forth by CMS as minimum components that will increase the likelihood of a high quality program:

- (1) Demonstration of adequate planning and design.
- (2) Formal process for ongoing education of stakeholders.

- (3) Enhanced provisions of home- and community-based services, consistent with the Americans with Disabilities Act and *Olmstead v. L.C.*, 527 U.S. 581 (1999), that deliver long-term services and supports in the most integrated fashion, in the most integrated setting, and in a way that offers the greatest opportunity for active community and workforce participation.
- (4) Alignment of payment structures and goals to hold providers accountable through performance-based incentives or penalties.
- (5) Beneficiary support such that MLTSS participants have access to conflict-free education and assistance that is accessible, ongoing, and consumer friendly.
- (6) Person-centered processes that include needs assessments, service planning, and service coordination policies and protocols.
- (7) Comprehensive, integrated service packages that require a MLTSS managed care organization to provide or coordinate the provision of all physical, behavioral, and long-term health services.
- (8) A qualified MLTSS managed care organization provider network to ensure long-term service and support providers sufficient enough in amount to provide adequate access to all individuals covered by the program.
- (9) Participant protections to ensure that participant health and welfare is protected in the MLTSS program.
- (10) A quality improvement strategy that is transparent and appropriately tailored to address the unique needs of the MLTSS population.

Proposed law requires the secretary of LDH to ensure that a request for proposals is issued no later than 60 days after the MLTSS program application is submitted to CMS. Provides that MLTSS managed care plans shall be selected through a competitive request for proposals process in accordance with present law.

Proposed law authorizes the secretary of LDH to utilize an existing request for proposals to satisfy the provisions of proposed law if it complies with mandatory minimum qualifications.

Proposed law provides that the secretary of LDH shall select at least two, but no more than three, capitated managed care plans to implement the MLTSS program.

Proposed law provides that sources of funding for the implementation and administration of the MLTSS program may include any monies dedicated or otherwise provided in accordance with present law.

Proposed law stipulates that one year prior to the expiration of any contract entered into to implement the provisions of proposed law, the legislative auditor shall conduct and issue a fiscal and

performance audit of the program, including an audit of the contractor and an audit of oversight of the contract by LDH. Authorizes the legislative auditor to have access to all information in the custody and control of the contractor needed to conduct the audit.

Proposed law requires the secretary of LDH to take all such actions as are necessary to ensure that the MLTSS program is fully implemented, and participant coverage by a managed long-term services and supports managed care plan or plans is available, no later than July 1, 2020.

(Adds R.S. 46:460.101)