

Guidance for Providing Care Coordination and Management to Medicaid Members Enrolled in MLTC Plans and Health Homes

The role of Managed Long Term Care (MLTC) Plans is to provide coordination of long term care services and supports for eligible consumers who need more than 120 days of community based long term care services. Health Home care management is a State Plan service that is required to be offered to all consumers that meet Health Home eligibility requirements. Eligible consumers enrolled in MLTC Plans may also be enrolled in a Health Home.

Health Home care management services are carved out of the MLTC benefit package, thus both the MLTC Plan and the Health Home may bill for their respective services. The respective roles of the MLTC Plan and the Health Home must be formalized by entering into a Statewide Administrative Health Home Services Agreement (ASA) using the template that has been developed by the Department. Reference to the ASA has been included in the MLTC contract amendment.

The template ASA allocates a primary role for the coordination of long term care services to the MLTC Plan and a primary role for the coordination of behavioral health care and other services and supports that are outside of the MLTC benefit package to the Health Home. MLTC Plans are responsible for coordination with the Health Home but are not responsible for Health Home management or performance or any services outside the scope of the MLTC Plan benefit package. While the template ASA provided by the Department may not be altered, a description of the in-plan and out-of-plan services and the respective responsibilities of the MLTC Plan and the Health Home should be included as Appendix A to the ASA. A suggested template for Appendix A has also been developed by the Department. MLTC Plans and Health Homes had requested additional guidance on how to document the collaborative approach to care coordination in the client's care plan record. A suggested template for a client level Care Planning and Coordination form has also been developed by the Department.

It will be the joint responsibility of both parties to determine which care manager will serve as the lead care manager for each consumer. This decision will be based on the primary needs of the client and must be documented on the Care Planning and Coordination form. MLTC Plans and Health Homes are encouraged to identify liaisons to participate in periodic meetings that will include MLTC Plan care coordination and Health Home care management staff. The goals of these meetings should be to:

- Insure a team approach to care coordination
- Avoid duplication of care
- Improve positive outcomes for the consumer
- Discuss quality improvement initiatives

Defining the roles and responsibilities of the MLTC Plan and the Health Home via the ASA and associated Appendix, using the client level Care Planning and Coordination form, and communicating regularly will ensure that MLTC Plan care coordination and Health Home care management services are not duplicated.