

A Communications Work Plan to Engage Stakeholders in Medicaid Managed Long-Term Services and Supports Program Development

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State Medicaid programs are increasingly exploring ways to provide long-term services and supports (LTSS) through capitated managed care plans rather than traditional fee-for-service delivery systems. Over half of the states in the country are expected to be operating managed long-term services and supports (MLTSS) programs by January 2014.¹ MLTSS is also an important component of several states' demonstration programs to integrate care for individuals dually enrolled in Medicare and Medicaid.

Emerging MLTSS programs provide services to Medicaid's most vulnerable populations, namely seniors and people with disabilities with complex medical, behavioral, and LTSS needs. Important goals for serving these individuals include expanding access to home- and community-based services (HCBS), increasing the quality and experience of care, and promoting efficiency. For these programs to be successful, states need to engage stakeholders in shaping program goals, designing benefit packages, and defining desired outcomes. A comprehensive communications work plan, written by state staff in the agencies serving the target group of beneficiaries, can help ensure that MLTSS programs meet the diverse needs of beneficiaries. The plan can also be used to address the training needs of state staff so they can effectively share information about the program with beneficiaries and their caregivers, providers, and others.

The communications work plan and the other technical assistance tools in this document were originally created by the Center for Health Care Strategies (CHCS) to assist states participating in CHCS' *Implementing the Roadmaps: Innovations in Long-Term Supports and Services* program, which is supported by a grant from The SCAN Foundation. Now available to all states, these tools provide practical strategies to facilitate stakeholder engagement through the design and implementation of a Medicaid MLTSS program.

IN BRIEF

State Medicaid programs are moving away from traditional fee-for-service delivery systems and toward capitated programs for the delivery of long-term services and supports. Emerging managed long-term services and supports (MLTSS) programs provide services to Medicaid's most vulnerable populations, namely seniors and people with disabilities with complex medical, behavioral, and long-term services and supports needs. Important goals for serving these individuals include expanding access to home- and community-based services, increasing the quality and experience of care, and promoting efficiency. For these programs to be successful, states must engage stakeholders in shaping program goals; designing benefits; and defining desired outcomes. A comprehensive communications work plan can help ensure that MLTSS programs meet the diverse needs of these individuals.

This technical assistance tool provides states with a communications work plan template and information about how to customize the template for their needs. It offers states practical strategies to facilitate stakeholder engagement through the design and implementation of a Medicaid MLTSS program.

Engaging a Wide Range of Stakeholders Contributes to Program Success

Moving the delivery of LTSS from a fee-for-service to a managed care system will affect a wide range of stakeholders. It is essential to engage as many of these stakeholders as possible to inform benefit design and program structure and establish mechanisms through which MLTSS program enrollees can access needed providers.

Communication with stakeholders should start early in program development and carry on through implementation. Engaging beneficiaries and their families, advocacy organizations, social service organizations, and providers early on helps the state identify their priorities and values. This should inform the MLTSS program's goals and shape its design. After the program begins providing services, the state should continue to engage stakeholders and demonstrate its

responsiveness to their concerns. Ongoing input should continue to inform modifications to program structures. Similarly, internal stakeholders from the departments/agencies serving older adults or persons with disabilities that are not typically involved in Medicaid operations should inform program design. This helps to ensure that all components of the new delivery system work together and benefit from linkages to other state programs serving older adults or persons with disabilities.

Developing a Communications Work Plan to Inform Program Design

Creating a comprehensive communications work plan can be a helpful tool for states in designing MLTSS programs. The work plan serves to guide decision making around including appropriate stakeholders in program design and implementation and ways to convey information clearly, at the correct time, and through the most effective mechanisms. The work plan should be written at the start of the planning process by a work group comprised of staff from the state agencies referenced above with expertise regarding the needs of the targeted group of beneficiaries. This will help ensure that the MLTSS program best serves the diverse needs of beneficiaries and that all agencies will "buy-in" to the final program structure.

The Communications Work Plan Template outlines the types of stakeholders to involve and the tasks to be accomplished. The remainder of this document walks through the tasks in the work plan template and describes two additional tools – the List of External and Internal Stakeholders and the Sample List of Frequently Asked Questions – that may be helpful to states using the Communications Work Plan Template.

Work Plan Task 1: Convene Communications Work Group and Identify Goals

The creation of a communications work group that meets regularly is central to a smooth and comprehensive planning process. Because this is a

work group, not an advisory group, members should include internal state staff from the agencies that will carry out the tasks in the work plan and, later, implement the overall MLTSS program. Attendees at the kick-off meeting may include the leadership and senior staff of involved departments and agencies to convey high-level support for the initiative. Subsequent meetings will include implementation-level staff who will actually be convening meetings, designing agendas, and coordinating logistics. These work group members will also be drafting communication materials. Potential goals for the group may include ensuring that key stakeholders provide input into program design and that all beneficiaries and providers are fully informed of program components and services. Work group members should also identify resources within their departments and agencies that could be leveraged to support development and implementation of the MLTSS program. Examples of such resources include staff who could develop a website or an accessible meeting space to convene stakeholder groups.

The frequency and duration of work group meetings will depend on the goals set for the group and may evolve as the MLTSS program progresses from design to initial implementation and to ongoing management. The breadth of the communications activities undertaken by the work group will be determined by available resources. Determination of an appropriate timeframe for each of the tasks is an important consideration for the workgroup. The timing of activities will depend on a variety of state-specific factors such as available resources and stakeholder receptiveness to the proposed MLTSS program. Thus, the template does not suggest the timing or duration for these tasks.

Work Plan Task 2: Identify External Stakeholder Communication Needs, Pre-Implementation

The communications work group should carefully consider stakeholders who need to be engaged or informed about the program, as well as where and how this should be accomplished. A clear understanding of the unique needs and interests of all parties affected by

Virginia: Communications Work Plan Supports Development of Integrated Care

Virginia used the Communications Work Plan Template, as well as the List of External and Internal Stakeholders, to convene a multi-agency Communications Work Group kick-off meeting to identify the composition of the work group going forward and plan communications activities for its integrated care demonstration for dual eligibles. The Deputy Secretary of Health and Human Resources attended the initial meeting with senior-level staff to emphasize the importance of the group's work. Staff members of each agency in attendance identified hands-on staff that should be members of the communication work group moving forward. The group is currently meeting on a weekly basis as the state prepares to implement its duals demonstration. The work plan template is updated as the group refines its plans and completes various action items.

the initiative is critical. Compiling a comprehensive stakeholder list at the start will guide both planning and selection of modes of engagement. The List of Internal and External Stakeholders provides examples of key external stakeholders to consider.

After identifying external stakeholders, the work group will need to decide the best methods of disseminating information to them. This may be through educational sessions or meetings, websites, webinars, or by issuing formal requests for information. Establishing a program-specific webpage is an effective way to disseminate information. A list of frequently asked questions and state-specific answers should be publicly available, ideally through the program's website, to help address common stakeholder concerns. The Sample List of Frequently Asked Questions provides examples. Creating a list-serve or other on-line forum to send updates to interested stakeholders can further help ease the burden of timely communications with external stakeholders.

States may be able to leverage existing communications staff and resources from state agencies to reach stakeholder groups. For example, state aging agencies often have staff who train community-based organizations such as Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs). These staff can use regularly-scheduled meetings within their organizations and invite other community organizations to provide training on the new MLTSS program. Other state entities such as disability, behavioral health, or rehabilitation agencies may have regular meetings with advocacy groups and beneficiaries that could be used to provide information. Also, state Medicaid programs and executive offices may have communications staff that can support work group planning and activities.

Work Plan Task 3: Identify Internal Stakeholder Communication Needs, Pre-Implementation

Another critical task for the communications work group is to identify the state staff who will need training on the new MLTSS program. All Medicaid staff, from leadership to program managers to administrative staff, will have an important role in communicating with stakeholders about the new initiative. Training staff on program goals and operations (e.g., how to access services, how to file appeals and grievances, where providers may make inquiries) will support program success. The List of

External and Internal Stakeholders provides examples of internal stakeholders to consider.

After all relevant internal stakeholders are identified, the communications work group will need to identify their training needs. Training may be in the form of direct training sessions or train-the-trainer sessions for sister agencies. A desk reference guide is an easy-to-develop tool to support front-line staff in directing calls from beneficiaries and providers. Appropriately directing inquiries about the new MLTSS program will prevent confusion and frustration and should improve the experience of beneficiaries, providers, and health plans. Another simple tool to consider is an internal set of frequently asked questions that is regularly updated based on input from staff receiving stakeholder inquiries. States may consider bringing call-center and other staff together on a regular basis during the initial months of program implementation to share complex inquiries and update the internal frequently asked questions as needed.

Work Plan Task 4: Identify External and Internal Stakeholder Communication Needs, Post-Implementation

Communicating with stakeholders should continue after the MLTSS program is implemented to ensure that it is meeting beneficiary needs and supporting providers' abilities to deliver quality care and services. After implementation, the mechanisms for engaging stakeholders should evolve into more permanent structures. Establishing a subcommittee devoted to the new MLTSS program within a Medicaid Advisory Committee is one way to create ongoing communication with stakeholders.² Through this avenue, information about program changes and successes can be shared with a wide audience in a regular forum. Requiring managed care organizations (MCOs) to establish consumer advisory councils can provide an ongoing vehicle to solicit direct beneficiary feedback. States can also require MCOs to develop publicly available dashboards on quality and consumer satisfaction.

Within the Medicaid agency, communication about the new program should not stop after implementation. The communications work group should consider ongoing strategies to retrain and inform staff about the program. This should be done as changes occur, as successes are achieved, and to foster innovative thinking about program direction and policy changes.

New Mexico: Communication Strategies for MLTSS Program Implementation

New Mexico created its MLTSS program, Coordination of Long-Term Services (CoLTS), in 2008, and, thus, it did not participate in CHCS' *Implementing the Roadmaps: Innovations in Long-Term Supports and Services* program. However, it employed many of the strategies described in the Communication Work Plan Template during its development and implementation. Because New Mexico's MLTSS program is fully implemented, it is an example of how the use of the strategies contained in the work plan can be used to ensure broad stakeholder input during program design, implementation, and after.

The Human Services Department's Medical Assistance Division (MAD) partnered with the Aging and Long-Term Services Division (ALTSD) to convene a multi-agency work group during program design and implementation. The group identified individuals with expertise in communications and training within their respective agencies who could carry out a comprehensive communication and outreach strategy that included:

- **Regular meetings** - Joint MAD and ALTSD monthly stakeholder meetings with the two CoLTS MCOs in attendance prior to and during program implementation to obtain stakeholder input and provide program updates during the transition from fee-for-service to CoLTS.
- **Broad outreach to stakeholders** - Meetings throughout the state with the two CoLTS MCOs to educate and support beneficiaries and their families, as well as to train providers on program components and new relationship with the MCOs.
- **External stakeholder FAQs** - Developed frequently asked questions and a CoLTS section on the ALTSD web site containing an email address for direct inquiries.
- **Internal training** - ALTSD staff trained its call-center staff, MAD call center staff, care managers, AAAs, ADRCs, and other community-based organizations on the components of the CoLTS programs and how to assist beneficiaries with questions about new program.
- **Internal stakeholder FAQs** - Call center staff at both divisions were brought together to identify issues most frequently addressed and share challenging inquiries. Information exchanged informed updates of frequently asked questions posted on the CoLTS web site.
- **Desk reference guide** - Joint development of a desk reference guide of state and MCO telephone numbers to refer beneficiaries and providers with questions about accessing services, providing care, and billing inquiries.
- **Memorandum of Understanding** - MAD and ALTSD delineated roles and functions of each agency for ongoing program oversight, including communications with stakeholders in a formal Memorandum of Understanding.
- **Consumer Advisory Councils** – Each MCO was required to have a consumer advisory council to obtain ongoing input from beneficiaries served.
- **CoLTS Subcommittee to the Medicaid Advisory Committee** – A CoLTS Subcommittee to the Medicaid Advisory Committee met on a quarterly basis with broad representation including providers, consumers, MCOs and legislative staff.

Summary

Stakeholder engagement is critical to the successful development and implementation of a Medicaid MLTSS program. A communications work plan is a useful tool to help identify relevant stakeholders and plan the method, mode, and frequency of interactions

with both internal and external stakeholder groups. The work plan can easily be modified to accommodate the unique environments in which different state Medicaid agencies operate.

Communications Work Plan Template

Task	Agencies & Responsible Staff	Schedule
I. Convene communications work group and identify goals		
<p>a. Hold initial meeting to identify work group members among the following agencies based on population(s) served by the program</p> <ul style="list-style-type: none"> • Medicaid agency • Aging/Elder affairs agency • Health department • Behavioral health agency • Agency for individuals with intellectual/developmental disabilities • Agency for the blind and/or deaf and hearing impaired • Veteran’s Administration • Bureau of insurance • Long-term care ombudsman • Self-advocate/beneficiary, as appropriate • Area Agencies on Aging/Aging and Disability Resource Centers/State Health Insurance Assistance Programs to select meetings as appropriate <p>NOTE: This list is intended as a guide. States should include additional or different agencies that reflect their governmental structure.</p> <p>b. Hold additional meetings to define work group goals and to:</p> <ul style="list-style-type: none"> • Establish frequency of communications work group meetings • Discuss and complete communications work plan • Identify available agency communication resources 		
II. Identify external stakeholders and obtain input prior to implementation		
<p>a. Identify stakeholder groups (see List of Key External and Internal Stakeholders for more suggestions)</p> <ul style="list-style-type: none"> • Beneficiaries and their families and representatives • Providers and provider organizations <ul style="list-style-type: none"> ○ Medical (primary care providers; nursing facilities; hospitals) ○ Non-medical home- and community-based service providers • Behavioral health organizations • Advocacy organizations <p>NOTE: Identify champions and challengers within state legislature and consider meeting with editorial review boards of media outlets.</p> <p>b. Identify mode of information dissemination</p> <ul style="list-style-type: none"> • Education sessions/forums • Frequently asked questions (see List of Frequently Asked Questions) 		

Task	Agencies & Responsible Staff	Schedule
<ul style="list-style-type: none"> • Web site or page specific to the program • Provider and/or member notices, newsletters, and list-serve generated program updates <p>c. Convene forums to obtain Input</p> <ul style="list-style-type: none"> • List and review current workgroups, committees and other meetings that may be used • Identify need for different/new meetings/venues • Determine meetings/forums to be held and build schedule <p>d. Hold meetings/ forums</p>		
III. Identify internal stakeholders and obtain input prior to implementation		
<p>a. Identify state staff training and resource needs</p> <ul style="list-style-type: none"> • Identify staff and method (direct versus train the trainer/other) • Administrative • Call center staff (may be multiple agencies) • Hearings staff • Case managers/care coordinators • Other <p>b. Develop desk reference guide</p> <p>c. Develop and disseminate internal frequently asked questions</p> <p>d. Identify contractor training needs and method</p> <ul style="list-style-type: none"> • Medicaid Management Information System • External Quality Review Organization • Fiscal Intermediary (for self-directed services) <p>e. Identify MCO training responsibilities</p> <ul style="list-style-type: none"> • Network – contracting process; billing process • Customer Service 		
IV. Identify external and internal stakeholder communication mechanisms post-implementation		
<p>a. Consider permanent subcommittee to the Medicaid Advisory Committee to address MLTSS program design and implementation issues and to share successes with:</p> <ul style="list-style-type: none"> • Beneficiaries and their families • Advocacy and community-based organizations • Legislative representatives and staff • Providers 		

Task	Agencies & Responsible Staff	Schedule
<p>b. Consider ongoing interactions with managed care organizations</p> <ul style="list-style-type: none"> • Require Consumer Advisory Councils for each MCO • Require consumer review of MCO performance measures and/or report card <p>c. Plan for continued staff trainings and forums for exchange of information and ideas</p> <ul style="list-style-type: none"> • Maintain regular cross-agency meetings for program management • Hold meetings for staff directly working with MCOs to discuss policy direction and MLTSS program operations • Continue to bring together call center staff and other staff directly receiving inquiries from stakeholders to inform program management staff of patterns of difficulties or challenges faced by providers and beneficiaries that need to be addressed • Hold staff trainings for major program and policy changes 		

List of Key External and Internal Stakeholders

Orientation	Category	Group/Organization
External to State	Beneficiaries	Beneficiaries, their family members, and representatives
	Providers	Primary care providers
		Specialty providers
		Behavioral health care providers
		Federally qualified health centers
		Hospitals
		Long-term services and supports providers (nursing facilities and home- and community-based services providers including transportation providers)
		Care managers/care coordinators
	Provider or Trade Organizations	Nursing facilities
		Personal care/home health care providers
		Durable medical equipment providers
	Advocacy Groups	Individuals with disabilities (including developmental disabilities)
		Older adults
		Traumatic brain injury
		Legal aid
	Community Organizations	Housing services/homelessness advocates
		Food banks/Meals-on-Wheels
		Religious organizations
		Senior centers
		Veteran's organizations
Special Populations	Behavioral health/peer support organizations	
	Native American/American Indian leadership and public health officials	
	Organizations serving special populations (e.g., immigrant/refugee, Latino, Asian, African-American)	
Internal to State	Sister Agencies	Aging agency
		Disability agencies
		Behavioral health agencies (if separate)
		Rehabilitation agency (if present)
	Contractors	Managed care organizations
		External quality review organizations (EQROs)
		Medicaid Management Information System (MMIS) contractor
		Enrollment broker
Other stakeholders	Other	Call centers of Medicaid and sister agencies
		Board of Hearings
		External affairs/Communications
		State legislators and legislative staff
		Managed care ombudsman
		Long-term care ombudsman
		Area Agencies on Aging (AAAs)
		Aging and Disability Resource Centers (ADRCs)
		State Health Insurance Programs (SHIPs)
Behavioral Health Resource Centers		

Sample List of Frequently Asked Questions

For Beneficiaries

Am I going to be part of the [INSERT MLTSS PROGRAM NAME] program?

1. Who is eligible for the program?
2. How do I know if I am eligible for the program?

How do I enroll and what services will I get through the program?

3. How do I enroll?
4. Can I choose not to enroll in the program, and if I do, how will I receive my care/services?
5. What services will I receive through the new program?
6. Are there any services that I will continue to get outside of the new MLTSS program? How do I get those services?
7. What drugs are covered by the program?

How will my care and services be provided and coordinated?

8. How will my care and services be coordinated?
9. How will I be involved with the planning of my care and services?
10. Who is my contact person for the coordination of my care and services (case manager/care coordinator)?
11. Will I lose services when I am enrolled in the program? (The answer would cover protections including ensuring continuity of care during the transitions to the program (e.g., timeframe for making changes to current providers/prescriptions/plans of care))
12. Is my Primary Care Provider (PCP) participating in this program?
13. How can I check if my PCP and other providers are in the program and which managed care organization(s) I can enroll with to stay with my PCP?
14. What managed care organizations or health insurance plans can I choose from?
15. Where do I go to get information about each health plan?
16. How will I know the difference between the health plans?

What do I do when I have questions or complaints?

17. If I have a question how will I know who to call: my health plan or the state Medicaid office?
18. What is a grievance or complaint?
19. How do I file a grievance or a complaint?
20. Who can help me with a grievance or complaint?
21. Does the grievance or complaint process depend upon the service provided? (answer addresses services provided outside the MLTSS program)
22. How will I be updated if changes are made to the care and services I receive?
23. How can I participate in participant-directed care? Who do I contact?

For the General Public

Who will be part of the [INSERT MLTSS PROGRAM NAME] program?

1. Who is eligible for the program?
2. How do individuals learn if they are eligible?

How are beneficiaries affected?

3. How are beneficiaries enrolled in the program?
4. May beneficiaries choose not to be enrolled or disenroll from the program?
5. What services are provided through the program?
6. What services are provided outside of the program and how will individuals receive those services (i.e. Medicaid services not included)?
7. What drugs are covered by the program?

How will care and services be provided and coordinated?

8. How is coordination accomplished in the program?
9. Who is the beneficiary's contact person for coordination (case manager/care coordinator)?
10. What protections does the program have for continuity of care during the transitions to the MLTSS? (The answer would cover protections including ensuring continuity of care during the transitions to the program (e.g. timeframe for making changes to current providers/prescriptions/plans of care))
11. How can a beneficiary participate in participant-directed care?
12. How can a beneficiary find out if a Primary Care Provider (PCP), nursing facility and other providers are participating and with which health plan?
13. How does a beneficiary determine what pharmacies are participating in the program?
14. What health insurance plans are participating in the program?
15. Where can people go to get information about each health plan?
16. What are the potential differences between participating health plans and how can beneficiaries get this information?

Grievances, Appeals, Questions, and Complaints

17. When does the beneficiary call the health plan or Medicaid if they have a question?
18. How does a beneficiary file a grievance or a complaint?
19. Who can help the beneficiary with a grievance or complaint?
20. When must a beneficiary file a grievance or appeal with the health plan or state hearing office?
21. How will beneficiaries be informed of changes to coverage or services?

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

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Endnotes

¹ Truven Health Analytics. *The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update*. Prepared for CMS, July, 2012.

² 42 CFR 431.42 requires the single state Medicaid agency to hold quarterly Medical Advisory Committee meetings. Many states not only have the quarterly meetings, but also have created subcommittees devoted to specific program areas. The membership of the Medical Advisory Committee must include: 1) board-certified physicians and other health professionals familiar with the needs of Medicaid beneficiaries; 2) members of consumers' groups, including Medicaid recipients, and representatives of other consumer organizations; and 3) the director of the public welfare department or the public health department, whichever does not head the Medicaid agency.