



# **Support for Demonstration Ombudsman Programs Serving Beneficiaries of Financial Alignment Models for Medicare-Medicaid Enrollees**

**Funding Opportunity Announcement (FOA) Number:  
CMS-1J1-13-001**

**CFDA: 93.634**

**November 21, 2013**





## Presentation Outline

1. Objectives of the Webinar
2. Program Overview
3. Evaluation Criteria
4. Role of ACL
5. State Proposals
6. Questions



# Webinar Objectives

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This webinar will provide:

- An outline of the funding opportunity announcement to help States and other stakeholders better understand the goals as well as requirements under this opportunity.
- Examples of successfully funded proposals.
- An opportunity for States and other stakeholders involved in designing and implementing other integrated care models to learn about these ombudsman programs and why they are important for any integrated model to support and protect beneficiaries that will be served by these programs.



# Program Overview

# Program Overview:

## Background

- Financial Alignment Initiative – Unique Federal-State partnership to test aligning Medicare and Medicaid benefits.
- Two models
  - **Capitated Model:** State, CMS, and a health plan enter into a three-way contract to integrate primary, acute, and behavioral health services, long term services and supports (LTSS) and prescription drugs.
  - **Managed fee-for-service Model:** Agreement between State and CMS under which States would be eligible to benefit from savings resulting from initiatives to reduce costs in both Medicaid and Medicare.



# Program Overview:

## Purpose of Funding Opportunity

- Provide funding to support the creation and/or expansion of ombudsman programs for beneficiaries of the Financial Alignment Demonstration.
- Ensure that the beneficiaries of these models – as well as their caregivers and authorized representatives – have access to person-centered assistance in resolving problems related to the Demonstration.
- Inform States, Plans, CMS, and other stakeholders regarding beneficiary experience with Plans and will recommend areas of improvement in States' Financial Alignment Initiatives.

# Program Overview:

## Eligible Applicants

- Available to States that have signed MOU with CMS to implement an approved Federal Alignment model at the time of award
  - An up-to-date list of States can be found at CMS's website
  - Note that an MOU is required for award, but not for application and panel review
- Eligible applicants include any state government agency
- Only one application can be submitted from each eligible State





## Program Overview: Award Information

- Up to \$12,170,000 available over three years.
- Awards may range from \$275,000 to \$3,000,000 depending on factors such as enrollee population.
- Funding will be for a three-year project period.
- There are three rounds, with application due dates of August 5, 2013, October 3, 2013 and January 14, 2014.



## Program Overview: Activities of An Ombudsman Program

- Work to empower beneficiaries and support their engagement in resolving problems they have with their health care, behavioral health care, and long-term services and supports;
- Investigate and work to resolve beneficiary problems with Plans; and,
- Provide systems-level analysis and recommendations.



# Program Overview: Ombudsman Program Requirements

- **Credibility with beneficiaries:**
  - Be free of conflicts of interest
  - Be knowledgeable in areas relevant to beneficiary service
  - Be confidential
  - Protect individuals from retaliation
  - Be skilled in negotiation

# Program Overview:

## Ombudsman Program Requirements (Cont'd)

- **Accessible to beneficiaries:**
  - Free of charge to beneficiaries and applicants
  - Accessible by phone, web, and e-mail
  - Able to provide in-person access when necessary
  - Able to provide culturally and linguistically competent services

# Program Overview:

## Ombudsman Program Requirements (Cont'd)

- **Authorized to access information needed to investigate complaints:**
  - Provided with access to records of the Plan, Medicaid/Medicare, service providers and regulatory agencies
  - Required to comply with HIPAA Privacy Rule and other relevant privacy laws and regulations

# Program Overview:

## Ombudsman Program Requirements (Cont'd)

- **Coordinated with other entities in order to resolve beneficiary problems:**
  - Coordinate its services and develop referral protocols with other entities
- **Capable of identifying trends and emerging issues:**
  - Collect data on inquiries, complaints and outcomes
  - Provide reports on identified systemic trends
  - Provide recommendations to improve the Financial Alignment Initiative and Medicaid or Medicare covered services to beneficiaries



# Program Overview:

## Ombudsman Program Requirements (Cont'd)

- **Capacity of State administrative agency or entity:**
  - The capacity of the State or designated entity to be prepared to provide services to beneficiaries no later than six months after the award date.
  - Existing entities that it may be able to leverage in order to promote efficient delivery of services to beneficiaries.



# Evaluation Criteria



# Evaluation Criteria

- 100 Points are available
- The following criteria will be used to evaluate applications :
  - Proposed Approach (30 Points)
  - Organizational Capacity and Management Plan (25 Points)
  - Evaluation and Reporting (20 Points)
  - Budget and Budget Narrative (25 Points)



## Evaluation Criteria: Proposed Approach (30 points)

- Sustainability plan in connection with the timeline
- Phase I (Planning) and Phase II (Implementation) activities, including timeline and how infrastructure will be built
- Essential partnerships
- State resources

## Evaluation Criteria:

### Organizational Capacity and Management Plan(25 points)

- Sufficient infrastructure and capacity to plan and implement the program
- Ability to successfully coordinate with and leverage existing state programs
- Clearly articulates a preliminary draft of the work plan for implementation



## Evaluation Criteria: Evaluation and Reporting (20 points)

- Plans for meeting the required State semi-annual award progress report to CMS
- Plans for meeting the State or designated entity's quarterly program data report to CMS



## Evaluation Criteria:

### Budget and Budget Narrative (25 points)

- Carefully developed and reflect efficient and reasonable use of funds
- Comprehensive budget reflecting all costs of staffing and implementing the program
- Avoids supplantation or duplication of funds for the same services



# Role of ACL

# Role of ACL

- ACL, in collaboration with CMS, will manage and administer technical assistance to CMS Demonstration Ombudsman Program grantees
- Assist with planning needs, including:
  - Refining strategies and updating work plans
  - Developing reporting elements and systems
  - Developing a learning collaborative for grantees
  - Facilitating outreach and stakeholder engagement
  - Developing training curriculum
  - Providing feedback on contract requirements

## Role of ACL (Cont'd)

- Assist during the implementation phase, including:
  - Strategizing in problem solving
  - Working through complex issues or cases
  - Providing guidance on how to analyze and communicate trends in consumer issues
  - Continuing support in training needs, outreach and stakeholder engagement, data collection, evaluation and reporting





# State Proposals: California

# State Proposal: California

- Implementing a demonstration under the Financial Alignment Initiative, called Cal MediConnect.
- The California Department of Health Care Services (DHCS) is responsible for implementing Cal MediConnect.
- Cal MediConnect is expected to be operational no sooner than April 2014 in eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.
- DHCS applied for and received funding from CMS in support for a demonstration ombudsman program in the state.
- Amount of funding for year 1 is \$708,366.

# State Proposal: California

- DHCS is partnering with the Department for Managed Health Care (DMHC) to develop a Cal MediConnect Ombudsman Program, which will be modeled on the existing DMHC-administered Consumer Assistance Program (CAP).
- DMHC will release a Request for Proposal to contract with independent, qualified Ombudsman Service Providers (OSP) who will provide ombudsman services to individuals enrolled in Cal MediConnect plans.
- Among other qualifications, OSP providers must have: demonstrated experience in providing direct consumer assistance services relative to health coverage and health insurance in the designated region; expertise in Medi-Cal, Medicare and Long Term Services and Supports and competency in serving seniors and persons with disabilities; proven ability to coordinate its services with other entities; and ability to provide culturally and linguistically competent services.

# State Proposal: California

Roles of DMHC	Roles of DHCS
<ul style="list-style-type: none"><li>• Act as the principal agent administering the Cal MediConnect OSP component of the program</li><li>• In collaboration with DHCS, developing the RFP</li><li>• Soliciting RFP for bid, reviewing submissions, and awarding contracts</li><li>• Managing selected OSPs</li></ul>	<p>Responsible for all other functions, including, but not limited to:</p> <ul style="list-style-type: none"><li>• Obtaining stakeholder input</li><li>• Collaborating with DMHC in development of RFP</li><li>• Developing an outreach strategy</li><li>• Developing the training curriculum and training OSPs</li><li>• Providing ongoing support to OSPs</li></ul>

# State Proposal: California

- **Phase I activities:**
  - Obtain stakeholder input
  - Develop, solicit, and initiate Cal MediConnect Ombudsman Program RFP
  - Develop reporting elements and system
  - Develop an outreach plan
  - Develop training materials and train OSPs
  - Refine strategy and work plan
  - Share resources across states
- **Phase II activities:**
  - Implement the outreach plan
  - Delivery of ombudsman services
  - Project oversight and management
  - Data collection and casework tracking
  - Reports submission

# State Proposal: California

- **Key points about reporting.** The program will perform the following reporting activities:
  - Data collection and analysis
  - Tracking of problems reported and assistance provided
  - Rapid identification of urgent system problems based on individual requests for assistance
  - Broader identification of system elements in need of reform and unmet consumer care and service needs
  - Quarterly submission of data to CMS
  - Informing and making recommendations to CMS, DHCS, DMHC, the Plan, and other stakeholders of systemic analysis findings

# State Proposal: California

- **Key points about outreach.** DHCS will perform the following outreach activities:
  - Create and implement an educational program to support OSPs that can train their staff to assist enrollees and their representatives
  - Include discussion of ombudsman services during monthly meetings with advocacy groups at the statewide level
  - Include discussion of ombudsman services as part of an ongoing monthly conference call with DMHC and OSP staff
  - Coordinate with other state entities and local stakeholder organizations on outreach efforts
  - Coordinate with all relevant California ombudsman programs
  - Continue to update and refine CalDuals.org, a consumer friendly website through which enrollees and their advocates can access relevant information
  - Work with provider associations to ensure that information flows in a timely manner for gatherings and publications, as well as work to assist with routine member inquiries and clarification.



# State Proposals: Virginia



# State Proposal: Virginia

- Implementing a demonstration under the Financial Alignment Initiative, called Commonwealth Coordinated Care (CCC).
- The Department of Medical Assistance Services (DMAS) is responsible for implementing CCC.
- CCC will be phased-in by region through a combination of voluntary and automatic enrollment.
- Virginia Department for Aging and Rehabilitative Services (DARS) applied for and received funding from CMS in support for a demonstration ombudsman program in the state.
- Amount of funding for year 1 is \$245,079.

# State Proposal: Virginia

- DMAS will leverage the State's current Long-Term Care Ombudsman Program (LTCOP), locally provided through its Area Agencies on Aging (AAA) network, and expand it by building a new component of ombudsman services to address the needs of CCC enrollees of any age, who live in the community.
- The expanded LTCOP will continue to be delivered locally by AAAs, with oversight by the Office of the State LTC Ombudsman, housed within DARS.
- The new component of LTCOP, referred to as Coordinated Care Advocates, will be staffed under the direction of DARS' Office of the State LTC Ombudsman.
- Together the existing LTCOP and Coordinated Care Advocates will create a team with varied areas of advocacy experience and expertise in health and human services delivery, offering a robust resource base of knowledge and expertise for problem-solving strategies and diminished conflict of interest.

## "Hybrid" Model for Virginia

Level/Role	Entity/Location	Service/Strategy	Target Population
State	State Level Manager for CCC Advocate Program housed in DARS	Statewide Oversight /Training/ Coordination /Systems Advocacy	CCC Enrollees – All dually eligible individuals in the 5 demonstration regions
Regional	Local Long-Term Care Ombudsmen housed in AAAs	Leverage existing infrastructure to expand the current LTC Ombudsmen capacity by hiring additional ombudsmen, trained to work with managed care plans and to advocate on behalf of enrollees living in facilities, to help them to understand and exercise their rights and to ensure enrollees' needs are met and systemic problems addressed	Dually eligible individuals enrolled in CCC living in LTC Facilities, Nursing Homes & ALFS
Regional	Contract with entities such as CILs, AAAs, CSBs, Legal Services or individual professionals with skills and knowledge in behavioral health, disability services, language and cultural diversity (RFP process to ensure conflict free resolution)	Contract through RFP process to create a new network of trained professionals to work with managed care plans and advocate on behalf of enrollees living in the community, to help them to understand and exercise their rights and to ensure enrollees' needs are met and systemic problems addressed	Dually eligible individuals enrolled in CCC living in the community including "Community Well" and enrollees on EDCCD waiver.

# State Proposal: Virginia

- **Phase I activities:**

- Establish and convene stakeholder advisory group to discuss mission and goals, and solicit input on proposed schedule and methods for optimizing communication
- Recruit, interview and hire state-level Coordinated Care Advocate Program Manager
- Develop policies and procedures for the Coordinated Care Advocacy Program
- Develop job descriptions and requirements for RFP, write and disseminate RFP and contract with Coordinated Care Advocates
- Secure and equip field offices for Coordinated Care Advocates
- Develop tools and protocol for capturing critical data to measure outcomes, produce reports, and inform appropriate systems advocacy
- Develop and modify MOUs with key partners and stakeholders for ombudsman services for CCC
- Support AAAs in modifying area plans to enhance capacity of current ombudsman for CCC

# State Proposal: Virginia

- **Phase I activities (Cont'd):**
  - Review pertinent statutes to address necessary changes in legislative authority to perform prescribed functions of the Ombudsman component of CCC
  - Modify existing LTCOP data management and reporting system to create and ensure capability to collect and report data elements and capture trends and outcomes
- **Phase II activities:**
  - Develop and implement training
  - Work with CCC Communications Committee and Ombudsman stakeholder advisory group to enhance public awareness of and access to ombudsman/advocate services for CCC
  - Deliver advocacy and problem-resolution supports to CCC enrollees
  - Monitor program data and develop required and requested reports
  - Develop recommendations for the Plans, DMAS, and CMS regarding delivery of care and services to the dual eligible population



Questions?