

Respite care: Exploring Managed care solutions

Melinda Henderson, MD
National Medical Director,
United Healthcare Community Plan



Objectives today:



Understand the role of Managed Care Organizations in providing respite care.



Understand the caregiver services and respite care available through one MCO.



Understand how family members and other stakeholders can work with state policy makers and MCOs to ensure that respite care is provided under the MCO plan.

Speaker Background

Dr. Melinda Henderson, MD

- Internal Medicine, Geriatrics, and Hospice & Palliative Care Board Certified
- Prior patient care as a hospice physician in home, nursing home and inpatient care settings
- Joined United Healthcare in 2010 as Medical Director of Medicaid Long Term Care in Tennessee, currently National Medical Director for United Healthcare Community Plan

Health care: Managed care

Employer-sponsored
plans

Medicare Managed care
– “Medicare Advantage”

Medicaid Managed Care

Medicare Managed care – “Medicare Advantage”

Coverage is
through the
Medicare
Hospice
Benefit

Respite care is
only covered if the
loved one has a
life-threatening
illness and
qualifies for the
hospice benefit.

Under the Medicare
hospice benefit, your
loved one can get
respite care in a
Medicare-approved
hospital or skilled
nursing facility for up
to five days at a
time.

Medicare will
pay 95% of the
Medicare-
approved cost
for respite care.

Medicaid and Respite

States use waivers to apply federal funds to offset respite costs for residents with specific conditions and disabilities.

All participating states include respite within one or more of their Medicaid Waiver Programs.

Medicaid Waiver populations

- Elderly and Physically Disabled
- Persons with Intellectual disabilities
- Persons with Brain injury
- Individuals with HIV/AIDS related illnesses
- Children with Complex Medical Conditions

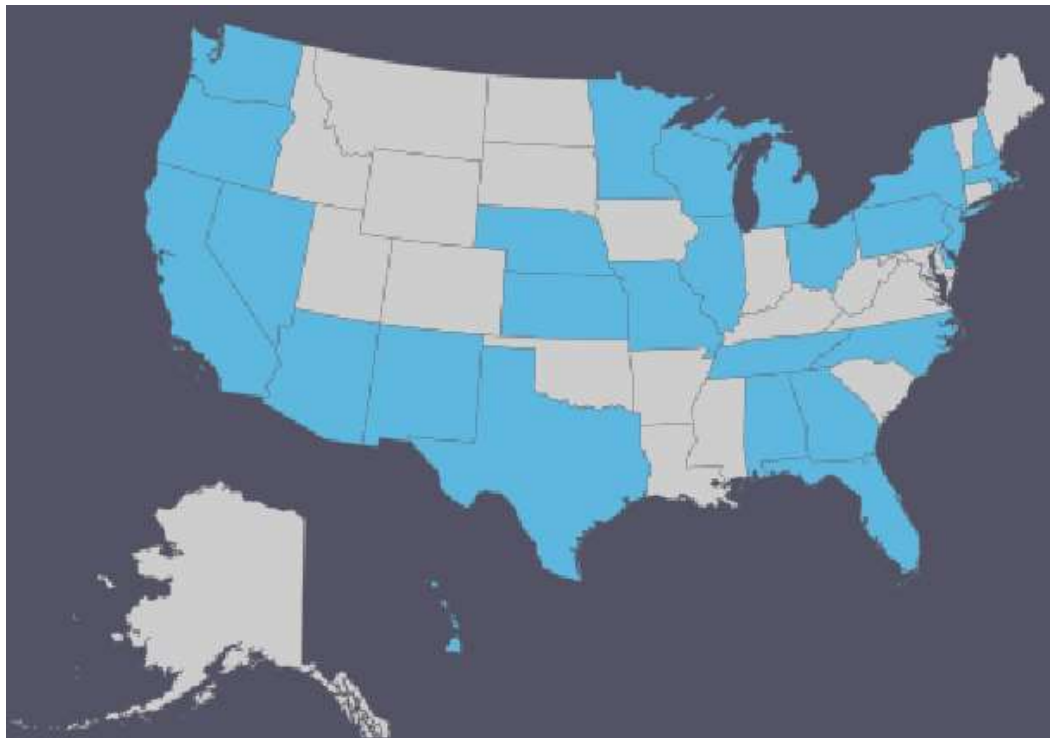
State specific under 1915c or 1115
waivers

Often called Long Term Services
and Support (LTSS) or Home and
Community Based Services (HCBS)



Medicaid waivers and Managed Care

Increasing numbers of states are providing LTSS/waiver services in partnership with Managed care organizations



AL, AZ, CA, DE,
FL, GA, HI, IL, KS,
LA, MA, MI, MN,
MO, NE, NV, NH,
NJ, NM, NY, NC,
OH, OR, PA, RI,
TN, TX, WA, WI

State Medicaid determines benefit

DE: “short term”

FL: 14 days/year

GA (ID): Limits - 889 fifteen-minute units per year; 24 fifteen-minute units per day; 39 overnight units per year; Each overnight billing decreases annual fifteen-minute unit maximum by 24 units; \$3744 per year.

HI: Multiple episodes of respite may occur during the year. However, any episode of respite is limited to 14 consecutive day

NM (LTSS): Respite services are limited to a maximum of 336 hours annually per individual service plan of care year provided there is a primary caretaker

Ohio Example:

RESPIRE CARE

- Effective January 1, 2014
- Offered by Ohio's five managed care plans, through ODM
- Offered to members and their families who meet the criteria
 - under the age of 21 who are determined eligible for social security income for children with disabilities; OR
 - supplemental security disability income for adults disabled since childhood
- Prior Authorization is required for all Respite Care Services
- Provide short-term, temporary relief to the informal, unpaid caregiver of an individual in order to support and preserve the primary caregiving relationship.
- Provided on a planned or emergency basis and shall only be furnished in the member's home.
- The provider must be awake during the provision of respite services and the services shall not be provided overnight.

ELIGIBILITY CRITERIA

- Member must reside with informal, unpaid primary caregiver
- Member must reside in a home/apartment that is not controlled by any health-related treatment or support service
- Member must not be in foster care
- Member must be enrolled in the MCP's care management program
- Member must be determined by the MCP to meet an institutional level of care as set forth in Administrative Code rules 5160-3-07, 5160-3-08
- Member must require skilled nursing or rehabilitative services at least weekly
- Member must receive at least 14 hours per week of home health aide services
 - For at least six consecutive months preceding the request for respite care

COVERAGE/LIMITATIONS

- Services are limited to no more than 24 hours per month/250 hours per year
- Services must be provided by enrolled Medicaid providers who meet the qualifications of the program, including a competency evaluation program and first-aid training
- Services must not be delivered by the child's legally responsible family member or foster caregiver
- MCP staff trained to increase awareness of member's who may benefit from this service; to facilitate referrals/requests
- Provider education regarding new benefit
- Allows caregivers the opportunity to "refuel and replenish"

Tennessee LTSS specifics

- TN (LTSS): up to 9 inpatient days/year at a skilled nursing home or up to 216 hours/year at home care
- Included on a Member's individualized LTSS Plan of Care/Service Agreement
- 48-72hr advanced notification requested



The decision makers for...

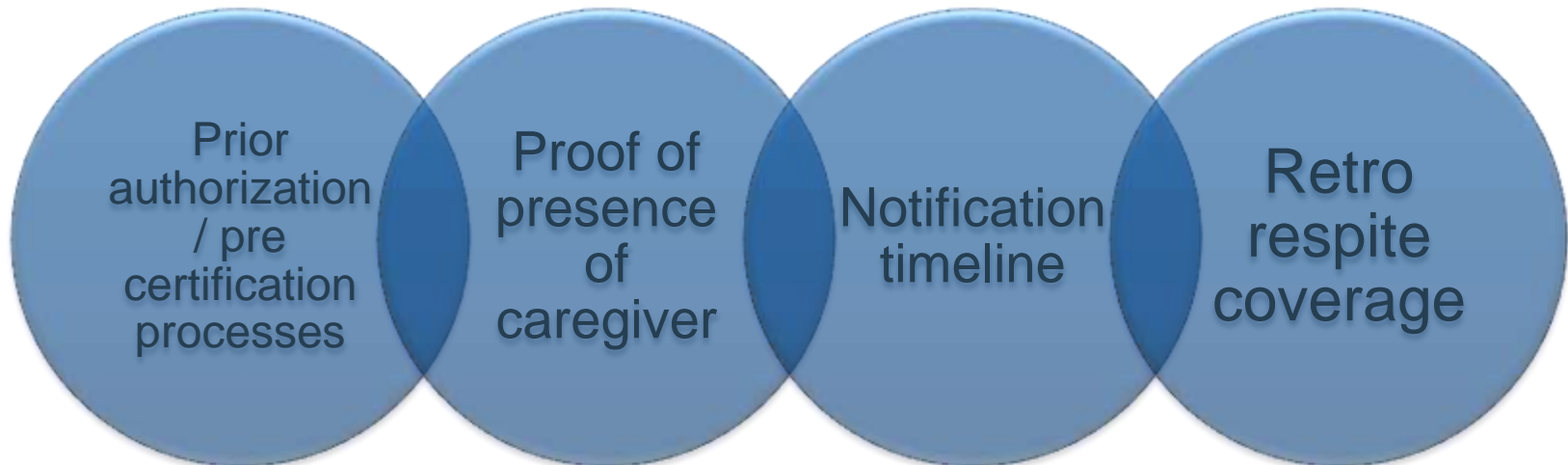
What is covered?

- Benefit design outlined by **State Medicaid Agency**

How it is implemented?

- Benefit implementation is often up to the **Managed Care Organization**

Managed care variables



Managed Care Structure

National Structure

Local Health plan structure typically has business, operational, and clinical leaders

Clinical Leaders often consist of physician (Chief Medical Officer or Medical Director) and nurse leader

Waiver managed care plans often have assigned Care Management/Care Coordination

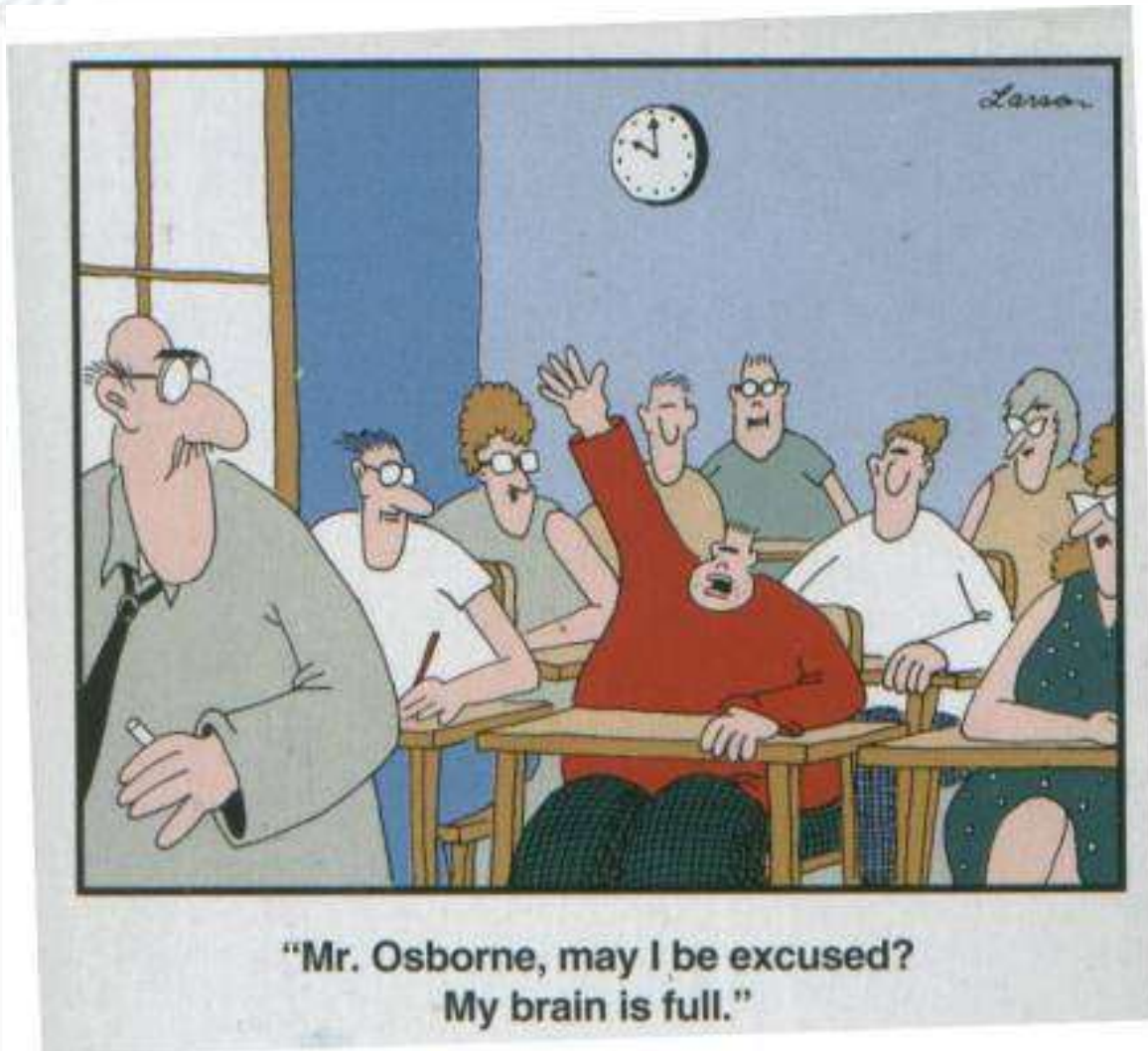
Advocacy For Medicaid coverage

Family members and advocacy groups have the greatest opportunity to influence the service options provided by MCOs and how they should communicate and work with an MCO.

- Especially during LTSS managed care design
- Involvement with advocacy groups, letters to state Medicaid/Legislature



Questions?



Contact:
Melinda
Henderson, MD
Melinda.henderson@uhc.com
615-585-1181