



CAN PARTICIPANT-DIRECTED SERVICES WORK IN A MANAGED CARE WORLD?

In 2013, the National Resource Center for Participant-Directed Services (NRCPDS) conducted two studies to assess the state of participant direction in Medicaid managed care settings and in programs that integrate services provided to people eligible for both Medicare and Medicaid. Following are descriptions of these studies, highlights of study findings, and recommendations based on this research.

PARTICIPANT DIRECTION IN MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS PROGRAMS AND FINANCIAL ALIGNMENT DEMONSTRATIONS

In this two-part study, we assessed key issues related to participant direction in Medicaid managed long-term services and supports (MLTSS) and integrated Medicare and Medicaid programs for the dually eligible. We reviewed participant direction provisions from requests for proposals, contracts, and other documents related to Medicaid MLTSS programs in 12 states. In addition, we examined the memoranda of understanding and three-way contracts of eight states participating in a financial alignment demonstration for the dually eligible.

PARTICIPANT-DIRECTED SERVICES IN MANAGED LONG-TERM SERVICES AND SUPPORTS PROGRAMS: A FIVE-STATE COMPARISON

For this in-depth examination of MLTSS programs with participant-directed service options in five states, we interviewed state program staff, administrators of managed care organizations (MCOs), MCO service coordinators, representatives of financial management services agencies, and advocates in each state. The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, supported this research. This study is available at www.participantdirection.org.

12-State Review

- Arizona
- Florida
- Hawaii
- Kansas
- Massachusetts
- Michigan
- Minnesota
- New Mexico
- Tennessee
- Texas
- Washington
- Wisconsin

8 Dual Eligible States

- California
- Illinois
- Massachusetts
- New York
- Ohio
- South Carolina
- Virginia
- Washington

5-State Comparison

- Arizona
- Massachusetts
- New Mexico
- Tennessee
- Texas

KEY FINDINGS FROM NRCPDS RESEARCH

1. Contractual language for participant direction services in managed and integrated health care settings varies substantially among states.
2. There are very few requirements specific to monitoring of participant direction services.
3. Guidance from MCOs regarding training for service coordinators in participant direction is inconsistent.

IMPLICATIONS OF THESE FINDINGS

1. Lack of participant direction standards and requirements impacts the design, operation, and evaluation of these programs.
2. The implementation of participant direction is delegated to health plans that may or may not understand the philosophy or roles and responsibilities of participant direction.
3. Lack of standardized service coordinator training results in participant experiences varying widely within and across states.
4. Lack of participant-directed quality measures prevents most states from evaluating program performance and distinguishing high-quality programs from low-quality ones.

RECOMMENDATIONS

1. The Centers for Medicare & Medicaid Services (CMS) and states should identify best practices in participant direction program design, operation, and evaluation to guide further development of these programs.
2. CMS, states, and health plans should identify standardized participant-directed training curricula and techniques for training health plan staff.
3. The health plan industry should work with national consumer groups to develop participant-directed quality measures and a standardized way to collect program information.

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