Options Counseling and Enrollment Policies for Individuals Transitioning to New Care Models

Issues for Consideration

Introduction

Individuals in need of long-term services and supports (LTSS) often face a complicated patchwork of service options and need assistance exploring the public and private programs available to them, navigating eligibility and enrollment requirements and weighing other factors that affect their ability to live independently.

As the marketplace for LTSS services evolves – especially with the introduction and growth of managed LTSS and the financial-alignment demonstrations underway in many states – the National PACE Association (NPA) recommends that options counseling and enrollment processes be developed to promote and protect the interests of consumers, caregivers, providers, policymakers and taxpayers. To ensure the integrity and success of these efforts, we encourage CMS, state policymakers and other stakeholders to develop systems that are:

i) Comprehensive, so that individuals are aware of the full range of health and LTSS options available to them and are able to develop and access person-centered, tailored plans of care.

ii) Competent and provided by experienced, knowledgeable staff who are fully versed in the full range of available services.

iii) Conflict-free, to ensure that options counselors, enrollment brokers, or their sponsoring organizations do not inappropriately influence individuals’ choices for their own financial benefit.

iv) Continuous/Timely. While it may be expedited when necessary, options counseling should be offered to all individuals prior to their enrollment in a plan. The process should allow sufficient time for clinical and financial eligibility determinations, and for individuals to consider and weigh all their options. Options counseling should be revisited as individual needs or circumstances change.

The following are a set of policies, processes and recommendations that will lead to a high-quality, consumer-oriented options counseling and enrollment system. These concepts are adapted from a range of sources, including the Administration for Community Living’s Draft National Options Counseling Standards, various states’ options counseling standards, Financial Alignment Demonstration Memoranda of Understanding and other sources. This document is not intended to be all-encompassing. As states and programs grow and evolve, additional guidance on options counseling and enrollment may be necessary.

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I. **Options Counseling - Overview**

Options counseling is an interactive process to help individuals make informed choices about how to access health care benefits and long-term services and supports. This process is directed by the individual (and may include others that the person chooses), and is centered on the individual’s preferences, strengths, needs, values and individual circumstances.

Options counseling should be available to any individual who is transitioning from Medicaid fee-forservice to an integrated plan (e.g., financial alignment demonstrations, managed long-term care, etc.). Options counseling should also be offered to any individual who seeks long-term services and supports, irrespective of their age, socioeconomic status or need. Priority should be given to individuals at high-risk for near-term nursing home placement.

**Accessing Options Counseling**

An individual may be in need of options counseling if he or she:

- Requests or indicates an interest in receiving information or advice concerning long-term support options;
- Is required to enroll in an insurance plan as part of a state’s managed LTSS program or financial alignment demonstration initiative;
- Is referred by a hospital, nursing home, assisted living home or other long-term residential setting, home and community based waiver services provider or other agency;
- Has had a recent change in life situation, resulting in a greater need for LTSS;
- Has had a recent change in health status, resulting in a greater need for LTSS;
- Needs assistance coordinating their LTSS and health care needs across many services and systems;
- Has LTSS needs but is unsure about the process of accessing services or what services will best meet their preferences or needs;
- Is requesting assistance in transitioning from one living situation to another;
- Is admitted to the hospital and needs to know what they should be planning for once discharged;
- Was denied eligibility for Medicaid or another public program and needs decision support about other options;
- Lacks awareness of existing community resources and supports and could benefit from decision support and education around their options;
- Has cognitive impairment and could benefit from support about early intervention, caregiver support, or LTSS related to dementia;
• Has behavioral health needs and would like support on options related to their specific needs or situation;
• Has family or caregivers who request or require additional information;
• Experiences a rate change under their managed care plan; or
• Disenrolls from current managed care plan or LTSS plan.

Even if an individual has received options counseling in the past, s/he may require additional options counseling as personal needs and circumstances change.

Counseling Functions

The options counseling process is designed to educate individuals about the range of long-term services and supports available and to assist them in selecting the LTSS option that will best meet their needs. The final product of options counseling may be the development of a unique, person-centered plan of care, enrollment in a Managed Long-Term Services and Supports Plan, enrollment in a PACE program, or selection of other LTSS options. Given the unique needs of each individual, there is no single “correct” approach to options counseling. The following components, however, ensure that individuals receive comprehensive, timely, conflict-free counseling that results in a robust, person-centered plan of care.

**Step 1: Assessment of goals, values and needs**

Options counseling begins with a preliminary interview where the options counselor can assess an individual’s need for long-term services and supports, assess his/her existing supports, and explore individual strengths, values and goals. To ensure timely delivery of long-term services and supports, options counselors should determine an individual’s clinical/financial eligibility for public programs early in the process. During the initial assessment, an options counselor might note an individual’s short and near-term risk for nursing home placement, and flag that individual for periodic follow up.

**Step 2: Exploring Options/Planning**

Based on the individual’s needs, strengths and goals, as identified in the preliminary interview, options counselors should support individuals in considering the full range of services available to them. During the exploration phase, an options counselor should offer comprehensive, accurate, unbiased information about all available services. During this phase, options counselors help participants weigh the pros/cons of various options, explore potential costs and benefits of services, and offer other decision supports. An options counselor should not make judgments on behalf of the individual or withhold information about appropriate options.

To ensure the integrity of the options counseling process, the options counseling organization should have no financial interest in any of the long-term services and supports available to individuals (i.e., conflict free).

**Step 3: Develop a long-term support plan**

After an individual has developed a plan to meet their LTSS needs, the options counselor should assist the individual in connecting with appropriate service providers. This may include facilitating enrollment in public programs, identifying appropriate providers, employing a fiscal
intermediary and other services. In the event that eligibility determinations create a delay in delivery of services, or that crisis situations call for immediate intervention, options counseling may facilitate short-term care management to ensure that short-term needs do not supersede long-term goals.

**Step 4: Follow-up**

Options counselors should undertake periodic follow-up to ensure that individual needs are being met, to modify the delivery plan as necessary and to ensure quality. Follow-up should take place soon after an individual’s plan is activated, but also over time as an individual’s needs and circumstances change. For individuals who have been flagged as “at-risk” for nursing home placement, options counselors should follow-up to note any change in the individual’s status and offer additional counseling as appropriate.

**Conflicts of Interest**

Options counseling and enrollment organizations must be unbiased and conflict free. Ideally, organizations that offer options counseling services should not have any financial, organizational or other relationship with LTSS providers, health plans and sponsors.

However, in communities with limited resources, organizations may offer both options counseling services and long-term services and supports such as case management or home health. Additional conflicts may come from contracted relationships between the options counseling organization and one or more of the managed care organizations providing LTSS. In these cases, policies and procedures should be developed to separate those functions or contracted relationships from the options counseling function. Furthermore, CMS and the state should develop evaluation tools and assessments to ensure that options counselors are not engaging in self-referral or referrals to organizations with which they have a contracted interest. These evaluations should measure self-referral and contractually related organization referral rates, explore patterns and trends in enrollment, and evaluate the effectiveness of the organization in separating functions and minimizing opportunities for abuse.

**Options Counselor Competencies**

Options counselors must be knowledgeable, experienced, trusted, and compassionate individuals. A highly skilled options counselor listens to individuals to identify their needs and goals, supports them as they weigh their options, connects them with the right type of care in the right setting, and anticipates and prevents problems with care delivery. Individual options counselors should have knowledge about:

- Issues confronting older adults and individuals with disabilities;
- The full range of long-term service and support options available in a community;
- Financial and clinical eligibility requirements;
- Related and relevant public policies and programs; and
- Potential conflicts of interest (and policies and procedures to avoid conflicts).
II. Enrollment Policies

Enrollment policies can have significant impact on consumers, providers and plans themselves. A well designed enrollment process will match individuals with the most appropriate plan or service, will facilitate care coordination and continuity, and will ensure a fair, competitive marketplace.

The following enrollment policies will facilitate continuity of care, smooth transitions, and better consumer satisfaction as states develop enrollment policies to transition individuals from fee-for-service to managed LTSS or the financial alignment demonstrations.

• Enrollment should take place only after an individual receives comprehensive options counseling. If a consumer has not received options counseling, an enrollment broker should refer her/him to options counseling;

• Enrollment brokers and organizations must be unbiased and free of conflicts of interest;

• Enrollment materials should be fact-based, understandable, culturally-competent and designed in a way that does not give an option unfair advantage (e.g., similar design style, font size, terminology, etc.);

• Individuals should be afforded the opportunity to select a plan, rather than being automatically enrolled in a plan;

• An individual’s clinical needs (and eligibility for certain services) should be assessed prior to automatic enrollment in a plan;

• Individuals should have the option of dis-enrolling from a plan at any time;

• Enrollment should be timely, but not rushed. An individual should be given at least 30 days to study her/his choices prior to being enrolled in a plan; the timeframe for enrollment should be sufficient to allow for any financial or clinical eligibility determinations that will impact an individual’s LTSS options to be made.

• Enrollment brokers should be familiar with the full range of long-term service and support options available in a community and their various financial and clinical eligibility requirements, and use “intelligent assignment” in its auto-enrollment processes;

• CMS and states should have a system for evaluating enrollment broker practices to ensure that individuals are being enrolled in plans that are consistent with their health and long-term care needs. Evaluations should identify whether a consumer received or was referred to options counseling, explore enrollment patterns and trends, measure consumer satisfaction rates, determine whether the enrollment broker is conflict-free, and evaluate other factors.

Ombudsman

An independent, robust, well-funded, adequately staffed and empowered ombudsman program will ensure that individuals have recourse if they are dissatisfied with their quality of care. Consistent with the recommendations of the consumer community, NPA endorses an ombudsman system that supports individual advocacy, systemic monitoring, and consumer education.
Evaluation

Finally, in addition to a rigorous evaluation of the plans, services and care provided through these new financial and delivery models, CMS and states must undertake an evaluation of the entire system to ensure that individuals’ needs are being met. That includes an assessment of enrollment processes, “no-wrong-door” policies, options counseling, consumer satisfaction and ombudsman processes.

Measures should include:

- Timeliness of options counseling and enrollment;
- Regular training and assessment of options counselors and enrollment brokers;
- Whether options counseling, enrollment brokers and ombudsman programs are independent, unbiased and conflict free;
- Options counseling delivered in accordance with agreed-upon standards;
- Outcomes of options counseling can be tracked and measured; and
- Consumer awareness of LTSS options and satisfaction with the options counseling service.

Appendix A: Model options counseling policy for financial alignment demonstrations and other mandatory Medicaid LTSS programs

OPTIONS COUNSELING:

Options counseling shall be offered to all individuals prior to active or passive enrollment in a participating plan. Special efforts shall be made to offer options counseling to individuals at risk for near-term nursing home placement or those with long-term service and support needs.

Options counseling shall be offered by an independent, objective, qualified options counseling entity. The options counseling entity shall have no direct or indirect relationship with any of the enrollment options (e.g., health plans, PACE) and shall not have a financial conflict related to its own line of business that might compete with those enrollment options.

Options counselors shall undergo training to ensure they have a strong understanding of the unique needs of individuals who require LTSS and are fully versed on the various plans available, including eligibility requirements, benefit structures, provider networks, and other features.

Options counseling shall be offered prior to enrollment in a plan, and should allow adequate time for a clinical eligibility determination.

Options counseling should be revisited if a plan participant experiences a change in life situation, health status, level of care need, or upon a change in reimbursement to the plan related to a higher level of care assessment (e.g., change in rate cell).

States will be evaluated on their ability to provide competent, comprehensive, conflict-free, and continuous options counseling to all plan participants. Participants who are dissatisfied with options counseling services shall have the ability to seek recourse through the ombudsman program.