

### **Project Abstract and Profile**

In collaboration with the Centers for Medicare and Medicaid Services (CMS), Texas will establish a federal-state partnership to integrate Medicare and Medicaid services through managed care plans for dual eligible beneficiaries residing in six counties. This Demonstration, known as the Texas Dual Eligibles Integrated Care Demonstration Project (Demonstration), will better serve individuals eligible for both Medicare and Medicaid (Medicare-Medicaid enrollees). In order to support and protect beneficiaries participating in this Demonstration, the Health and Human Services Commission (HHSC) proposes to build upon and leverage its existing ombudsman infrastructure to meet all the necessary requirements of the demonstration ombudsman program. The existing HHSC Office of the Ombudsman (OO) will oversee and manage the demonstration ombudsman program known as the Texas Medicare-Medicaid Ombudsman Advocacy Program (OAP). The OO will coordinate with the State Medicaid Office (SMO) to solicit and obtain stakeholder input into the design, development, and implementation of the OAP.

The primary goal of the OAP is to advocate and provide resolution of beneficiary problems when a Medicare-Medicaid Plan (MMP) has not been able to successfully address the issue. This will be accomplished by 1) educating and advocating on behalf of beneficiaries, 2) empowering beneficiaries and supporting their engagement in resolving problems with their care, 3) conducting investigations of beneficiaries' complaints about the managed care plans, and 4) providing the State and CMS with feedback on MMP performance issues encountered with a focus on compliance with principles of community integration, independent living, and person-centered care in the Home and Community Based Services (HCBS) context. The OAP will ensure individuals are protected from retaliation, treated fairly, respectfully, and with dignity; individual's information and identity are protected; and compliance with HIPAA privacy rules.

A full-time, dedicated OAP unit will be created to serve only Medicare-Medicaid beneficiaries from a central location as well as staff placement in the identified Demonstration counties. Building upon the existing infrastructure of the Ombudsman's office, the OAP will employ a physical presence in six Texas Demonstration counties and test the feasibility of maintaining a community presence through community and stakeholder feedback, reporting and trend analysis, and stakeholder partnership development. Beneficiaries will have access to services and communication with the OAP free of charge, through a dedicated toll-free line, online submission, fax, email, mail, and text updates from the OAP, as well as opportunities for face-to-face visits as necessary. The OO will work toward collaborations with existing state agencies and other established community partner organizations.

To ensure enrollees have access to complaint resolution assistance once the Demonstration begins on March 1, 2015, the OO will dedicate a full-time OAP team to plan, develop, and implement efforts for start-up in March.

## **PROJECT NARRATIVE**

### **A. PROPOSED APPROACH**

#### **Strategy**

In collaboration with the Centers for Medicare and Medicaid Services (CMS), Texas will establish a federal-state partnership to integrate Medicare and Medicaid services through managed care plans for dual eligible beneficiaries residing in six counties. This project, known as the Texas Dual Eligibles Integrated Care Demonstration Project (Demonstration), will better serve individuals who are eligible for both Medicare and Medicaid (beneficiaries). In order to support and protect beneficiaries participating in this Demonstration, the Health and Human Services Commission (HHSC) proposes to build upon and leverage its existing ombudsman infrastructure to meet all the necessary requirements of the demonstration ombudsman program. The existing HHSC Office of the Ombudsman (OO) will oversee and manage the demonstration ombudsman program known as the Texas Medicare-Medicaid Ombudsman Advocacy Program (OAP). The OO will coordinate with the Texas State Medicaid Office (SMO) to solicit and obtain stakeholder input into the design, development, and implementation of the OAP.

The OAP will be an impartial and confidential access point for beneficiaries, their caregivers, and authorized representatives to voice complaints and raise issues of concern related to enrollment in the Demonstration and access to services. The OAP will serve as an independent unit, free of conflicts of interest, and will employ knowledgeable staff experienced in negotiation and dispute resolution techniques and dedicated to serving the needs of dual eligible beneficiaries. The primary goal of the OAP will be to advocate and provide resolution of beneficiary problems when a Medicare-Medicaid Plan (MMP) has not been able to successfully address the issue. This will be accomplished by 1) educating and advocating on behalf of

beneficiaries, 2) empowering beneficiaries and supporting their engagement in resolving problems with their care, 3) conducting investigations of beneficiaries' complaints about the MMPs, and 4) providing the State and CMS with feedback on MMP performance issues encountered with a focus on compliance with principles of community integration, independent living, and person-centered care in the Home and Community Based Services (HCBS) context.

The OAP will ensure individuals are protected from retaliation, treated fairly, respectfully, and with dignity; individual's information and identity are protected; and compliance with HIPAA privacy rules. The OAP program staff will be capable of providing culturally and linguistically competent services. Staff will be trained to be sensitive to the unique needs of families they serve in each county, and outreach efforts and services will be routinely tailored to meet those needs. Interpreter services will be obtained to accommodate language needs. All promotional materials will be provided in both English and Spanish.

A full-time, dedicated OAP unit will be created to serve only Medicare-Medicaid beneficiaries from a central location as well as staff placement in the identified Demonstration counties. Building upon, but unlike the existing Ombudsman's office, the OAP will employ a physical presence in each of the six Texas Demonstration counties and will test the feasibility of maintaining a community presence through community and stakeholder feedback, reporting and trend analysis, and stakeholder partnership development. Beneficiaries and applicants will have access to services and communication with the OAP free of charge, through a dedicated toll-free line, online submission, fax, email, mail, and text updates from the OAP, as well as opportunities for face-to-face visits as necessary. The OO will seek to collaborate with existing state agencies and other established community partner organizations.

The OAP staff in central and county offices will leverage existing processes for intake and resolution of inquiries and complaints, utilize current referral databases and protocols to coordinate with key departments and stakeholders, and track and manage complaints data in the current database. The proposed planning phase will allow opportunity to identify new processes and systems, modifications, and enhancements to adjust and ensure adequate and proper systems are in place to support Medicare-Medicaid beneficiaries, their caregivers and authorized representatives. Moreover, county staff in particular, will have local accessibility to beneficiaries, involvement with local organizations and stakeholders to further assess staffing needs and requirements, develop key partnerships, and ensure awareness of the OAP program to the community.

To ensure enrollees have access to assistance once the Demonstration begins on March 1, 2015, HHSC will dedicate a full-time OAP project team to plan, develop, and implement efforts for start-up in March. Primary planning deliverables, including outreach, communication, and training plans will be finalized no later than December 31, 2014. HHSC will work with the OO, the MMPs, and designated agencies, advocacy, and community organizations to solicit stakeholder input for the OAP. Enhancements to the OO's current reporting system to meet the reporting requirements listed in the CMS Funding Opportunity Announcement (FOA) will also be in place by December 31, 2014.

**Planned Activities and Staffing: Phase One, Planning**

During the first six months of the planning phase, HHSC will work with CMS and identified stakeholders to discuss barriers in conducting investigations as part of the complaint resolution process (i.e., communicating with health plans to access beneficiary records), share resources and information across states, refine strategies, develop and update the work plan, develop

reporting elements and systems, hire a manager to lead the OAP project and program management activities, as well as hire staff.

The following outlines the major tasks, milestones, and deliverables under Phase One. Please see [Appendix A](#) for a detailed OAP Work Plan.

*Task One, Stakeholder Input:* Within ten days of receipt of the grant funds, the SMO and OO will conduct a teleconference with CMS and stakeholders to discuss the project tasks and deliverables. The OO will participate as the entity primarily responsible for the management and oversight of the OAP.

*Resources Needed:* SMO, OO, and CMS

*Task Two, Staffing Resources:* The OO will hire an OAP Manager to plan and implement activities and provide oversight, management, and operational support. The OAP Manager will hire a Team Lead and Community Support Specialist as well as Ombudsman Complaints Resolution staff to support the OAP.

*Resources Needed:* OO and OAP Manager

*Task Three, Inter-Agency Advisory Group:* In collaboration with HHSC, the OO will attend inter-agency advisory group meetings consisting of representatives from various state and local authorities to collectively coordinate and leverage planning and operational activities of the OAP. In collaboration with the SMO, the OAP team will identify stakeholder representatives and organizations to contribute to the development of OAP tools, and an outreach and communication plan.

*Resources Needed:* SMO, OO, OAP Manager, Department of Aging and Disability Services (DADS), Department of Assistive and Rehabilitative Services (DARS), Department of Family

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Protective Services (DFPS), Department of State Health Services (DSHS), and relevant community organization representatives

*Task Four, Outreach and Communication Plan:* The OAP team will develop an outreach and communication plan for beneficiaries and other stakeholders (MMPs, advocacy groups, legislative offices, etc.), informing them about OAP services. Direct efforts will be implemented to ensure beneficiaries, their caregivers, and representatives know about the availability of these services.

*Resources Needed:* OAP Manager, OAP Team, OO, and SMO

*Task Five, Training:* Newly hired OAP staff will be trained using existing OO orientation training materials. A training plan will also be developed for all OO staff to effectively address the special needs of the Demonstration enrollees being served. The SMO, in cooperation with OO and CMS, will develop additional training curriculum and provide access to orientation, professional development trainings, and educational resources that focus on the unique issues faced by dual eligible beneficiaries. HHSC will include cultural competency, customer service, and dispute resolution, among other training.

*Resources Needed:* OAP Manager, OAP Team, OO, SMO, and CMS

*Task Six, Data Collection and Reporting:* Data collection elements, fields, and reporting templates will be developed. Data collection protocols for reporting key metrics of approved OAP activities will be designed. The OO will review, revise and modify reporting systems to ensure key elements are collected to monitor trends and issues encountered by beneficiaries participating in the Demonstration. The OAP will track each contact with beneficiaries and report on the volume and nature of complaints and the outcome of efforts to resolve complaints on a schedule and manner that supports CMS reporting requirements. The OO will compile and

analyze complaint data and prepare ad hoc and routine reports for internal and external use. In addition, the OO will provide reports on identified systemic trends to policy-makers, stakeholders, CMS contract management, and the MMPs when appropriate. The OO will provide recommendations to improve the Financial Alignment Initiative and Medicaid or Medicare-covered services to dual eligible beneficiaries.

*Resources Needed:* OAP Manager, OAP Team, OO, HHSC Information Technology, SMO

*Task Seven, Revised Strategy and Work Plan:* The OAP Manager will assess the preliminary project work plan and develop a revised strategy and design that outlines specific project tasks to meet identified goals and measurable deliverables.

*Resources Needed:* OAP Manager and OAP Team

*Task Eight, Program Evaluation:* The OAP Manager will design an evaluation plan that identifies and defines evaluation and monitoring methodologies.

*Resources Needed:* OAP Manager and OAP Team

### **Planned Activities and Staffing: Phase Two, Implementation**

Beginning March 1, 2015, the OAP staff will provide applicants, beneficiaries, and their authorized representatives with assistance and advocacy regarding their coverage, enrollment, and MMP services. HHSC will function as the oversight agency ensuring that the OAP meets all requirements listed in Section 4.1.b of the CMS FOA. When necessary, the SMO will serve as the subject matter expert and will also ensure MMP contract compliance. The OAP, in coordination with OO, will collect and analyze data on complaints, systematic issues, and their outcomes.

The following outlines the major tasks, milestones, and deliverables under Phase Two.

Please see Appendix A for a detailed OAP Work Plan.

Task One, Outreach and Communication Plan: The OAP shall implement the outreach and communication plan developed during Phase One.

*Resources Needed:* OAP Manager, OAP Team, SMO, OO, other state agencies, and community organizations

Task Two, Training: The OO in coordination with HHSC will provide access to orientation and professional development training for all relevant staff.

*Resources Needed:* OO, OAP Manager, OAP Team, SMO, and CMS

Task Three, Delivery of OAP Services: The OAP will provide services to beneficiaries as needed and required. The OAP will work through existing resources to identify new partners to address any issues that beneficiaries encounter. The OAP will research issues and regularly communicate with the MMP and enrollment brokers to provide advocacy and resolve complaints as expeditiously as possible. If a problem requires further escalation, the OAP will contact key Health and Human Services partners for further guidance and assistance.

*Resources Needed:* OAP, SMO, MMPs

Task Four, Data Collection and Reporting: The HHSC Ombudsman reporting system will collect and generate report data to monitor the effectiveness of service delivery by plans and the OAP. All collection and reporting functions shall protect confidential beneficiary information in compliance with the HIPAA privacy rule. The HHSC will analyze data and provide routine progress reports and ad hoc reports to CMS as required.

*Resources Needed:* OAP Manager, OAP Team, OO

Task Five, Program Evaluation: The OAP Manager will create an evaluation tool to gather data to evaluate the effectiveness of ombudsman services provided to dual eligible beneficiaries and incorporate lessons learned and best practice techniques to establish program quality improvement.

*Resources Needed:* OAP Manager and OAP Team

### **Resources**

Texas Medicaid provides health care services to most of its consumers through a managed care model that engages multiple health plans. As of November 2013, about 3.6 million individuals were enrolled in Texas Medicaid and about 2.9 million members were enrolled in managed care. Of that population, the Demonstration will serve approximately 165,000 beneficiaries who are eligible for Medicare and Medicaid in six of the state's most populous counties.

The health and human services enterprise is comprised of the oversight agency, HHSC, and four departments: Department of Aging and Disability Services (DADS), Department of Assistive and Rehabilitative Services (DARS), Department of Family Protective Services (DFPS), Department of State Health Services (DSHS). Currently, there are several organizations within the health and human services enterprise engaged in efforts to assist Medicaid and/or Medicare consumers with inquiries and complaints. Two primary organizations, HHSC OO and the DADS Long Term Care (LTC) Ombudsman, provide direct ombudsman activities to beneficiaries of the aforementioned programs. The LTC Ombudsman administered by DADS advocates for the rights of people who live in nursing homes and assisted-living facilities to ensure an individual receives optimal quality of care and achieves high quality of life. The

HHSC Ombudsman program was created to assist the public when the typical HHS agencies' complaint process cannot or does not satisfactorily resolve the issue.

Although the OO is within the enterprise, it does not reside within any of the program areas or departments. It is free of conflicts of interests and is independent and separate from program administration, eligibility determination, or enrollment activities. The OO is located within the Chief of Staff's office that reports directly to the Executive Commissioner of HHS. The current HHSC ombudsman program serves the entire HHS system, to provide consumers with prompt, professional, and courteous service for resolution of HHS-related inquiries and complaints. Within the OO is a specialized unit, the Medicaid Managed Care Helpline (MMCH), dedicated to complaint resolution and advocacy for individuals enrolled in Medicaid Managed Care health plans. Both primary organizations provide valuable consumer protections to their respective audiences.

Currently, resource constraints (such as limited staffing and/or breadth of expertise, specialized knowledge, and in-depth training in dispute resolution and negotiation) prevent either organization from being fully equipped to meet the diverse needs of the high risk population served by the Demonstration and from providing the range of services and continuum of person-centered assistance outlined in the FOA.

To promote efficient delivery of services, the OAP funding will provide the opportunity for Texas to establish a dedicated team, highly trained to meet the needs of the Demonstration population. In addition, the OAP will allow the state to explore possibilities of collaboration and implementation of best practices from among various organizations and stakeholder groups, such as existing OO, MMCH, DADS LTC Ombudsman, Area Agencies on Aging, and the Aging and

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Disability Resource Centers. To reduce the impact on existing state resources and fully protect and serve the Demonstration population, funding is needed to hire and train staff and provide support services to establish an effective ombudsman network dedicated to meeting the needs of enrollees. Beneficiary issues need to be addressed through a specialized ombudsman who understands the complexities of both acute and long term care services and supports. Furthermore, the funding is needed to develop and identify effective business processes, training, and community approaches that recognize beneficiary needs and support the resolution of inquiries and complaints, as well as explore a person-centered approach supporting consumer advocacy for problem-resolution.

Support of the Demonstration population without additional funding would be challenging and limited in scope. With various entities serving a broad spectrum of needs related to the beneficiary population, funding is essential to help bridge the gap and provide a more streamlined approach to ensure complete protections and supports for this population. Dual eligible beneficiaries are more vulnerable in terms of their treatment and financial needs and are therefore anticipated to require intensive OAP services. They are more likely to have characteristics that make them more at risk related to age, disability, poorer health status, and socio-economic factors. Moreover, access to timely, quality care, can be hindered by a number of factors including lack of beneficiary education, ineffective outreach, language and cultural barriers, extensive paperwork and coordination, and furthered compounded by administrative intricacies between Medicare and Medicaid. Recognizing these challenges, HHSC views it as critical to have dedicated, skilled program staff to directly support the OAP who will be interacting with the beneficiaries, caregivers and other representatives. Staff will be trained and

developed to represent the interest of the beneficiary throughout the entire complaint resolution process.

## **B. ORGANIZATION CAPACITY AND STRUCTURE**

Created by House Bill 2292, 78<sup>th</sup> Texas Legislature, Regular Session 2003, the OO serves consumers through prompt, professional and courteous service as a neutral resource for resolution of HHS-related inquiries and complaints. Annually, OO staff refers and responds to 110,311 contacts from the public and their primary functions include:

- Coordinating the resolution of consumer complaints regarding HHS-related programs and services.
- Conducting independent reviews of complaints concerning agency policies and practices.
- Ensuring policies and procedures are consistent with agency goals.
- Making referrals to other agencies as appropriate.
- Compiling and analyzing inquiry and complaints data to prepare ad hoc and routine reports for internal and external use, and to identify serious, systemic and emerging issues.

The current OO infrastructure consists of four units and 66 full-time equivalents residing in a central location (Austin, Texas). Three units have direct interactions with clients and other consumers to address inquiries and complaints about HHS benefits and services. The fourth unit specializes in operations and reporting. The OO has a dedicated Medicaid Managed Care unit, MMCH, tasked with answering and resolving issues for managed care plan beneficiaries. This unit, created by Senate Bill 601, 74<sup>th</sup> Texas Legislature, Regular Session 1995, requires staff to assist removing barriers that may be experienced by managed care consumers. Specifically,

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advocates in this unit manage and resolve complex Medicaid benefits issues in accordance with policy; intervene with the state Medicaid office, managed care organizations, providers, and other agencies; educate clients so they understand concepts of managed care, their rights and can advocate for themselves; provide guidance on how to access services; and provide referrals to the right place to get help.

The HHSC oversees five state agencies responsible for health and human services programs and has an annual operating budget of over \$25.5 billion and over 12,600 employees state-wide. In addition, HHSC is the state agency responsible for the administration of the Texas Medicaid Program. With an annual Medicaid budget of nearly \$23 billion, HHSC coordinates and directs services to approximately 3.6 million individuals enrolled in Texas Medicaid. The HHSC will ensure the State has adequate capacity to implement and oversee the OAP for participating beneficiaries in the six counties for the full grant period, and beyond. Overall day-to-day project responsibility will reside with the OAP Manager who will report directly to Elisa Hendricks, Director, HHSC Office of the Ombudsman. Overall HHSC leadership will reside with Erica Stick, HHSC Chief of Staff who reports to Kyle Janek, M.D., HHSC Executive Commissioner. Please see the following Appendices and Tables: Appendix A for OAP Work Plan; Appendix B for Organizational Chart; Appendix C for Roles and Responsibilities; Table 1 for Summary of OAP Staff and Qualifications.

The State will perform the functions needed to support an effective OAP. The OAP program staff will be trained to provide culturally and linguistically competent services. Staff will be trained to be sensitive to the unique needs of families they serve in each county, and outreach efforts and services will be routinely tailored to meet those needs. All promotional materials will be provided in both English and Spanish.

Throughout the Demonstration, the OAP will coordinate and collaborate primarily with the MMCH Ombudsman unit and the entire OO as needed so staff can work collaboratively toward unified program goals. The OAP may eventually fully integrate with MMCH. A strategic plan for sustainability of unit operations will be developed to ensure continued full services and supports are provided to beneficiaries throughout the cooperative agreement period and beyond.

### **C. REPORTING AND EVALUATION**

The HHSC will facilitate conference calls for the purposes of information sharing between HHSC, the OO, and other corresponding parties as necessary to provide status and progress reports, as well as identify and resolve issues related to the Demonstration. The OAP will leverage existing reporting systems while also participating with CMS, its technical assistance provider, and peers from other Demonstration states in the development and refining of an effective reporting system.

The current HHS Enterprise Administrative Reporting and Tracking System (HEART) supports client database tracking, reporting, and management. HEART is designed to provide centralization of complaints for the HHS enterprise in one broad, web-based application. Implemented in 2007, HEART provides accurate data/information; tracks and monitors thorough complaint resolution activities; and allows for routine and ad hoc reporting. The system also allows for separate, independent, and secured business units to manage and maintain confidential client data. The OAP will leverage the existing reporting system while also participating with CMS, its technical assistance provider, and peers from other Demonstration States in the development and refining of an effective reporting system. Reporting leads will identify reporting elements, establish data collection protocols for

reporting key metrics, and analyze data. Major and emerging issues, patterns and trends will be assessed to yield insight into how to target decisions and directions concerning the Demonstration. The reporting unit will inform and make recommendations to the SMO, CMS, the MMPs, and other stakeholders of any systemic analysis findings.

The OAP will identify reporting elements, establish data collection protocols for reporting key metrics, and analyze data. Major and emerging issues, patterns and trends will be assessed to yield insight into how to target decisions and directions concerning the Demonstration. The OAP will inform and make recommendations to the SMO, CMS, the MMPs, and other stakeholders of any systemic analysis findings.

The OAP will also compile and analyze inquiry and complaint data to prepare reports and monitor indicators to identify potentially serious, systemic and emerging issues. Reporting work plans will include 1) the State's semi-annual award progress reporting to CMS; and 2) submittal of quarterly data that is to be developed during Phase One planning activities. Other routine and ad hoc reporting will also be available.

## **BUDGET AND BUDGET NARRATIVE**

### **A. BUDGET NARRATIVE**

Additional infrastructure support will be needed to meet all requirements as specified in the CMS FOA. The OO will oversee the hiring of 13 staff to plan and implement the OAP activities and provide support and services to enrollees of the Demonstration. The OAP Manager, Team Lead, Community Support Specialist, and two Ombudsmen will be centrally housed within the OO. Eight community Ombudsmen will be staffed in the following counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant. All staff positions will be 100% grant funded. Overall budget and detailed expenditure justification is documented in form SF-424(a).