

## Communicating with HCBS Providers: Key Considerations for Health Plans

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As more states contract for managed long-term services and supports (LTSS), health plans increasingly will be required to arrange for home- and community-based services (HCBS). Establishing a written protocol for clear and effective communication methods with your HCBS providers can improve both member understanding of their plans of care (POC) and the quality of care they receive. This brief discusses communications with HCBS providers and identifies critical communication junctures for the health plan-HCBS provider relationship.

### Key Considerations

- **Understand state and contract requirements.** Your state may have requirements that dictate how your health plan communicates with HCBS providers. For example, the state may require that the plan employ or hire a HCBS coordinator (as described below). Check your contract and state regulations for applicable requirements.
- **Recognize HCBS provider capacity.** Many HCBS providers are small or family-owned businesses and may lack computers or other technologies. Also, some providers may be unfamiliar with standard health plan practices such as prior authorization and using procedure codes when billing. When HCBS providers first join the health plan, consider allocating additional staff time to provide one-on-one support or trainings, including webinars. Develop communications protocols that account for HCBS providers' infrastructure and experience.
- **Familiarize HCBS providers with your health plan.** It is important that HCBS providers are educated about your health plan. Essential topics include the populations you enroll and the services you offer (including those unrelated to HCBS). This information will help HCBS providers deliver appropriate care that complements other services. Your health plan may consider offering a formal overview during training and written descriptions for reference.
- **Establish communication channels and written protocols.** Establishing clear communication channels for HCBS providers can help address issues and resolve service gaps in a timely manner. Consider designating a specific staff member for HCBS providers to contact with questions or concerns; this will streamline communications and expedite requests, ensuring better care for your members and improved understanding of their POC. Establishing expectations and policies in a written manual may be helpful for HCBS providers. Policy manuals can be attached to the HCBS provider contract.
- **Connect with key state organizations and associations.** Connecting with state organizations and associations, such as the [Aging and Disability Resource Center](#), [Area Agencies on Aging](#), and provider member associations may increase your understanding of the capacity, needs, and concerns of local HCBS providers and help you develop relationships with them.

- **Be aware of the critical communication junctures.** These include:
  - **Initial referral.** You will want to make sure HCBS providers have complete information about the member, including health, functional limitations, and language preferences, to ensure they are able to meet member needs. Consider including assessment results in the initial referral.
  - **POC or service plan development and updates.** As the POC is developed, HCBS providers need to understand the services members are currently receiving. During the planning process, HCBS providers may be able to help you tailor services to best meet members' needs.
  - **Care transitions and health status changes.** Ensure HCBS providers know when members are transitioning into new care settings or experience health status changes.

## Options for Improving Communication with HCBS Providers

Certain health plans will have to comply with federal or state requirements that support communication with HCBS providers. Even if your health plan is not required to comply with these requirements, you may find they offer helpful recommendations for improving communication with HCBS providers.

- **Use a designated HCBS coordinator.** A designated HCBS coordinator, employed by your health plan or a local LTSS organization, coordinates LTSS and community supports. This individual should be well-versed in community supports to identify and manage member LTSS needs. By coordinating with your health plan's care manager, the HCBS coordinator can ensure better integration of acute and long-term care services. Using a designated coordinator also ensures a single communication point for HCBS providers.
- **Integrate HCBS providers in the health assessment and care planning process.** In this model, HCBS services (and thus providers) are integrated into the POC development and implementation. Important components of this model include:
  - **Assessment.** When a member first joins, your health plan or designee will conduct a comprehensive assessment of the member's needs. Your health plan may want to involve HCBS providers at this juncture if the member chooses. The member may have an existing relationship with HCBS providers, and these providers may be attuned to the member's needs and service use. Involving HCBS providers at the outset ensures continuity of care for the member and establishes a communication channel. These approaches can be formalized into written protocols during the contracting process, and should be maintained and updated as the process may evolve.
  - **Interdisciplinary care team (ICT).** Your health plan may consider involving HCBS providers on the ICT, which will ensure communication and coordination across providers.
  - **Plan of care.** Each member will have a unique POC, which may include HCBS. Your health plan may consider involving HCBS providers in the POC creation and ongoing assessment.

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