



MACPAC

Medicaid and CHIP Payment and Access Commission



Managed Long-Term Services and Supports (MLTSS) Overview and Themes from Site Visits

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Overview

- LTSS & MLTSS Overview
- Themes from Site Visits
- Policy Questions
- Next Steps

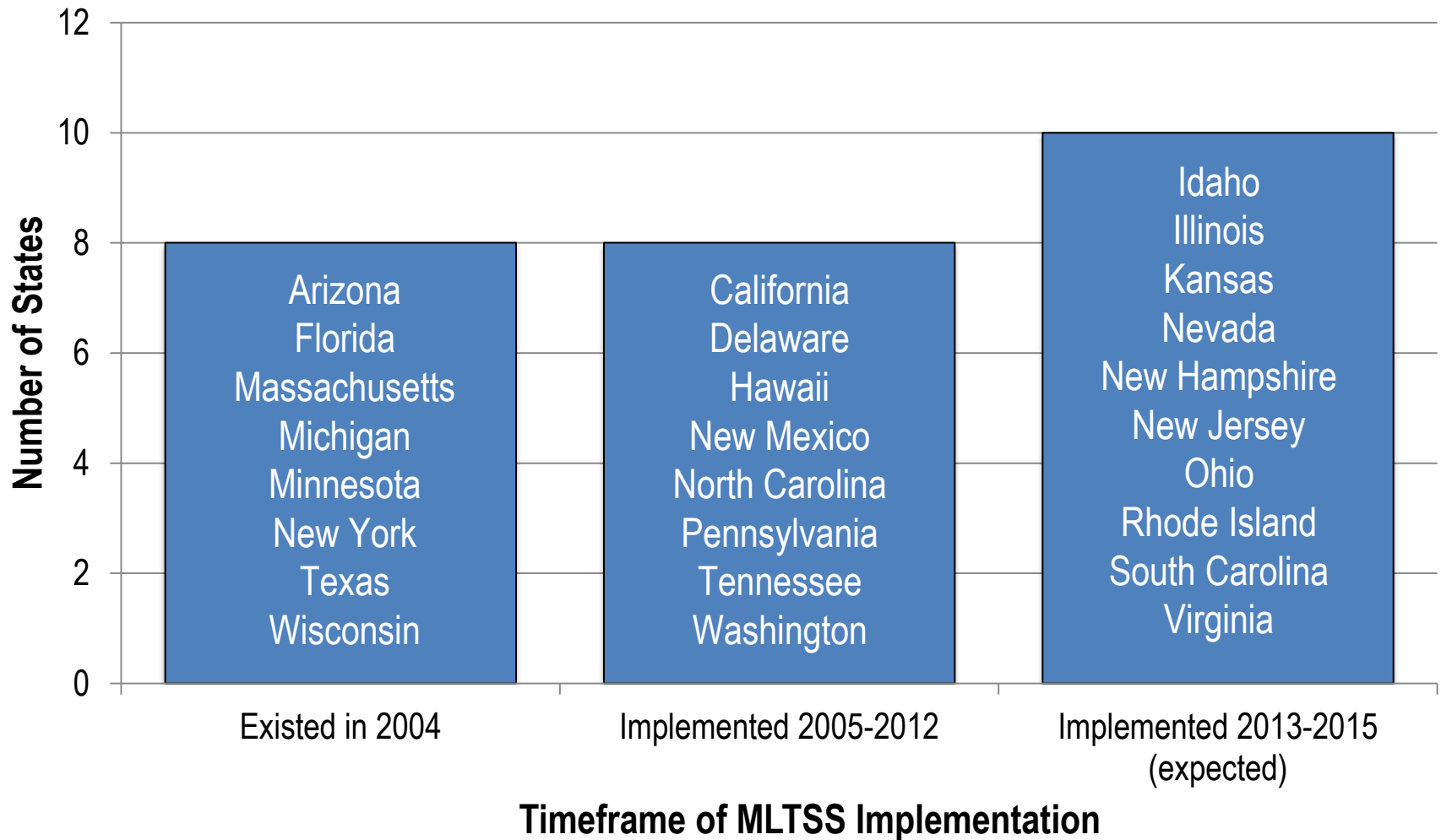
LTSS Overview

- Long-term services and supports (LTSS) for individuals with physical and mental disabilities generally focus on helping people maintain (and sometimes improve) functioning
- An increasing proportion of LTSS is being provided in home and community-based settings
- Services provided at home or in the community include personal aide and homemaker services, respite care, meal delivery, adult day care, and transportation, among others

MLTSS Overview

- An increasing number of states are choosing to deliver LTSS through arrangements with managed care organizations (MCOs)
- MCOs are responsible for providing the broad range of LTSS services within the capitated rate they receive from the state
- The number of states with MLTSS programs has increased rapidly in recent years, with additional states showing interest in developing programs

States with MLTSS Programs



Source: MACPAC analysis of Saucier et al. *The growth of managed long-term services and supports (MLTSS) programs: A 2012 update* and NASUAD, *State Medicaid Integration Tracker* October 2014.

MLTSS Program Characteristics

- Populations covered
- Mandatory or voluntary enrollment
- Inclusion of nursing home residents
- Stand-alone MLTSS plans versus comprehensive Medicaid managed care plans
- Geographic reach
- Number of MCOs participating
- Types of MCOs participating

MLTSS Site Visits

- In August and September of 2014 we conducted five site visits to states with either recently implemented or established MLTSS programs
- The states we visited were: Arizona, Florida, Illinois, New York, and Wisconsin
- States were chosen to include variation in implementation stage and program design, and for geographic diversity

Site Visit Themes

- Assessment of service needs
 - Beneficiary advocates were concerned about reductions in service
 - States varied in the development and implementation of assessment tools
- Need for appropriate quality measures
 - Oversight relies on process measures
 - Many stakeholders noted a need for better ways to assess MCO quality

Site Visit Themes

- Integration with medical care, or lack thereof
 - Stand-alone LTSS plans are not incentivized to consider the full spectrum of care
 - Duplication of case management can cause communication challenges and confusion
- Preparation of the provider community to changes
 - Providers faced challenges in adapting to new billing requirements, leading to payment delays in some instances

Site Visit Themes

- Care management intensity
- State staff capacity for oversight
- Data infrastructure
- Stakeholder engagement
- Transition concerns versus long-term issues

Policy Questions

- How similar or dissimilar are service level determinations across states? What level of services would a beneficiary with similar conditions receive in each state?
- What lessons can be learned that will assist other states interested in implementing MLTSS?
- Which problems reported by stakeholders are primarily transitional problems and which are systemic to MLTSS in general and likely to persist?

Policy Questions

- What are the advantages and disadvantages of having LTSS stand-alone plans versus integrated into plans that also cover medical services?
- What quality measures would improve oversight of MLTSS programs?
- How will recent regulatory changes such as new HCBS regulations affect existing and future MLTSS programs?

Next Steps

- Reviewing uniform assessment tools
- Monitoring state and federal initiatives to develop performance measures for LTSS
- Determining how new regulations for community-based settings will affect the breadth of options MLTSS programs will provide in the future