NASUAD
National Association of States United for Aging and Disabilities

Current Trends in MLTSS

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What is Managed Long-Term Services and Supports (MLTSS)?

- MLTSS is the delivery of long term services and supports (either state plan or waiver services) through capitated Medicaid managed care plans
- Plans can be a managed care organization, pre-paid inpatient health plan, pre-paid ambulatory health plan
- In many cases, plans are covering medical services as well, which provides a comprehensive delivery system for beneficiaries

Why are states pursuing MLTSS?

- In FFY 2012, LTSS expenditures represented about 34% of all Medicaid expenditures (~$140B) (Source: Truven Health Analytics, April 2014)
  - These services constitute the largest group of Medicaid services in traditional fee-for-service system
  - Fragmented approach to the 'whole person'
- Accountability for beneficiary outcomes (both acute and LTSS) rest with a single entity
  - Plans can impact acute care utilization by providing broader array of LTSS services

Why are states pursuing MLTSS?

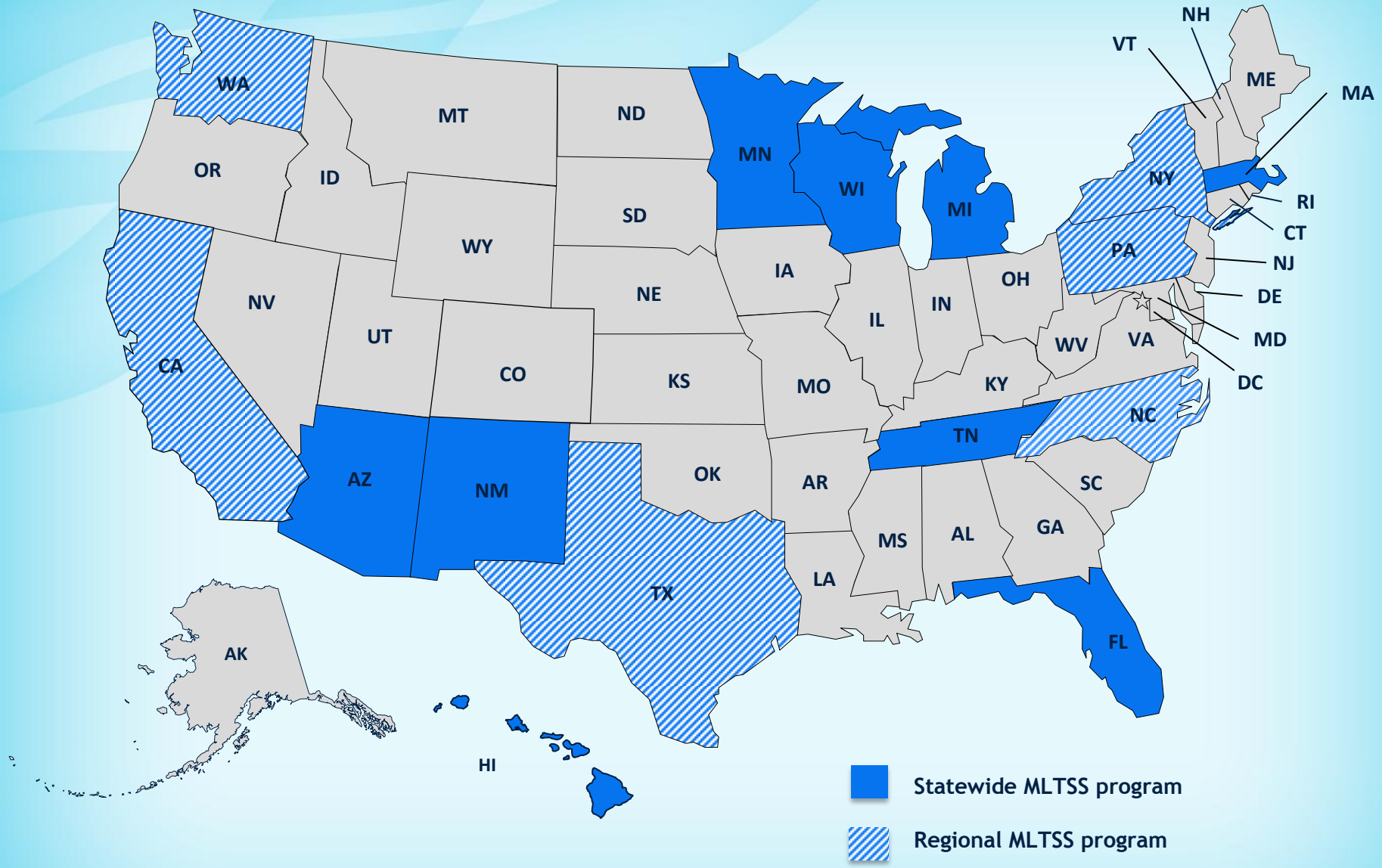
- Potentially can provide more HCBS services to beneficiaries on waiting lists
- Managed care payments provide budget predictability for states
- Plans have incentives to provide care in least restrictive/most cost-effective settings

Why are states pursuing MLTSS?

- Plans can affect provider change more readily through reimbursement and contracting practices

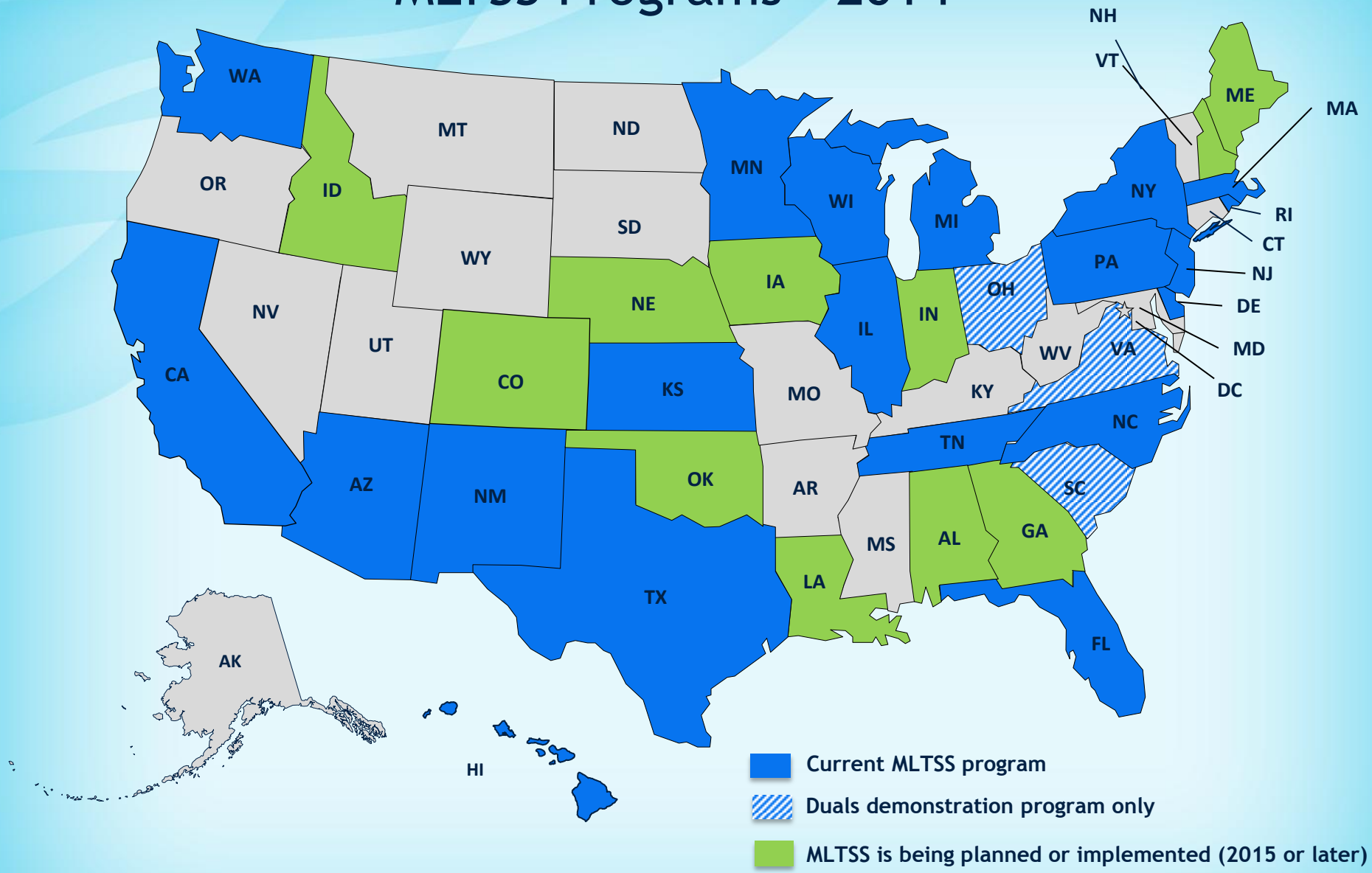
- Duals demonstration provides unique opportunity to blend Medicaid/Medicare services in one place

MLTSS Programs - 2010



Source: Truven Health Analytics, 2012

MLTSS Programs - 2014



Source: NASUAD 2014 State of the States; CMS

Trends for 2015 and beyond

- Expansions of existing programs either statewide or beyond dual eligibles
- Inclusion of individuals with intellectual/developmental disabilities in MLTSS programs
  - Only a handful of States currently enroll this population in MLTSS
- Less ‘managed’ options for states with no managed care plan infrastructure

Expanded Quality Efforts

- 30 measures included in duals demonstrations
- National Core Indicators for Aging and Disabilities (NCI-AD) assessing HCBS consumer quality of life and experience in ~15 states in 2015
- CMS-sponsored TEFT experience of care survey in 9 states
- National Quality Forum beginning 2-year Quality Measurement for HCBS project
  - Multi-stakeholder committee will create a conceptual framework, conduct an environmental scan, identify gaps, and recommend measure development efforts

CMS "Requirements" for MLTSS

- Published guidance for States implementing Medicaid-only MLTSS (May, 2013)
- CMS is using this guidance to inform the approval of Medicaid-only MLTSS programs
- Standard Terms and Conditions (STCs) have been added to all new MLTSS waivers (see Kansas, New York, New Mexico)
- Financial alignment demonstration MOUs and 3-way contracts for dual eligible have similar, if not identical, requirements

CMS "Requirements" for MLTSS

Adequate planning and transition strategies	Support for beneficiaries
Stakeholder engagement	Person-centered processes
Enhanced provision of HCBS	Qualified providers
Alignment of payment structures with MLTSS programmatic goals	Participant protections
Comprehensive and integrated service package	Quality

Promising practices in MLTSS programs

- Ombudsman reporting and monitoring feedback loop to improve MCO performance
- Regular and ongoing stakeholder (including consumer) feedback before and after implementation
- Financial penalties for poor MCO performance
- Quality measures addressing rebalancing and compliance with service plans

Promising practices in MLTSS programs

- Pre-enrollment choice counseling available in multiple formats and venues
- Financially incenting MCOs for successful transitions from NF to community
- Facilitating education and training for MCOs on value of aging and disability networks

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Or call us at: **202-898-2583**