Agenda

• Overview of MLTSS
  – Current national picture
  – Why states are interested

• New MLTSS Requirement - Beneficiary Support System

• Potential role for SLTCO in BSS
Overview of MLTSS
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
• Long term services and supports can include nursing facility services as well as home and community based services (personal assistance, meals, etc.)
• 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 2014, LTSS expenditures represented about 34% of all Medicaid expenditures (~$146B)¹
  – These services constitute the largest group of Medicaid services remaining in traditional fee-for-service system
  – Fragmented approach to the ‘whole person’
  – Of note: managed care expenditures have DOUBLED since FY 2012 (to almost 15% of all LTSS expenditures)

• In FFY 2013, total LTSS expenditures were spent on fewer than 10% of all Medicaid beneficiaries²

¹ Truven Health Analytics, June 2016
² MACPAC, June 2014 Report, Chapter 2
Why Are States Pursuing MLTSS?

• Accountability rests with a single entity
  – Integrating acute and long-term care makes the consumer (rather than their ‘services’) the focus
  – Financial risk for health plan provides opportunity to incentivize/penalize performance for health outcomes and quality of life

• Administrative simplification
  – Eliminates need to contract with and monitor hundreds/thousands of individual LTSS providers
  – Can build on managed care infrastructure to provide support to members
Why Are States Pursuing MLTSS?

• **Budget Predictability**
  – Capitation payments greatly minimize unanticipated spending
  – Can more accurately project costs (especially with LTSS as enrollment doesn’t have as much variation based on economic circumstances)

• **Shift focus of care to community settings**
  – Most consumers express preference for community-based services
  – Health plans may be able to effectuate transfers from institutions to community more easily
Why Are States Pursuing MLTSS?

Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, by State, FY 2014

* North Carolina was not included because a high proportion of data were not reported.

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Why Are States Pursuing MLTSS?

- Graph is misleading -
  - 75% of consumers with ID/DD are served in community settings
    - Closures of ICF-ID/DDs across the country
    - Strong pattern of family caregiving
  - Only 41% of older adults and consumers with physical disabilities are served in community settings
    - An increase since 2002 when 22% of these consumers were in community
    - Opportunities exist to serve consumers in less restrictive settings
MLTSS Programs - 2010

Statewide MLTSS program
Regional MLTSS program

Source: Truven Health Analytics, 2012
Current MLTSS program (regional **)
Duals demonstration program only
MLTSS in active development
MLTSS under consideration

Source: NASUAD survey; CMS data
New MLTSS Requirement – Beneficiary Support System
CMS Requirements for MLTSS Programs

• Guidance issued in 2013 with 10 key ‘elements’ for successful MLTSS programs; now incorporated into Medicaid managed care regulations (May 2016)

• Principles:
  – Consumers need support and education throughout their experience in the MLTSS program.
  – Support is more readily accepted and trusted from an independent and conflict-free source.

• States must create an advocate (or ombudsman) for consumers receiving LTSS; states have option to extend assistance to other managed care enrollees.
LTSS “Ombudsman” Program

• Core functions:
  – Access point for complaints and concerns about MCO enrollment, access to services, and.
  – Advocate on member’s behalf to informally resolve problems with their providers or MCO
  – Help members understand MCO appeal process and right to State fair hearing
  – Assist members in filing an MCO appeal, including guiding them through needed documentation
  – Assist members in requesting a State fair hearing
  – Referring beneficiaries to legal counsel if necessary.
LTSS “Ombudsman” Program

• System design options
  – State-managed (ideally outside Medicaid agency)
    • **Embed function within State Long Term Care Ombudsman Office**
    – Contracted to non-profit

• Identification of trends, patterns critical part of MCO monitoring
  – What MCOs are getting most complaints?
  – What topic(s) are most frequently asked about?
  – Are there regional/county-based differences?
Potential Role for SLTCO
### Current Status of MLTSS ‘Ombudsman’

<table>
<thead>
<tr>
<th>State</th>
<th>Authority</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>FAD</td>
<td>Legal Aid of San Diego with partners d/b/a/ Health Consumer Alliance</td>
</tr>
<tr>
<td>California</td>
<td>1115</td>
<td>DE Dept. of Health and Human Services/LTCO</td>
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<tr>
<td>Delaware</td>
<td>1115</td>
<td>DE Dept. of Health and Human Services/LTCO</td>
</tr>
<tr>
<td>Florida</td>
<td>1915(b)</td>
<td>FL Dept of Aging/LTCO</td>
</tr>
<tr>
<td>Hawaii</td>
<td>1115</td>
<td>HIlopa’a Family to Family Health Information Center</td>
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<tr>
<td>Illinois</td>
<td>FAD</td>
<td>IL Dept. of Aging/LTCO</td>
</tr>
<tr>
<td>Iowa</td>
<td>1915(b)</td>
<td>IA Dept. of Aging/LTCO</td>
</tr>
<tr>
<td>Kansas</td>
<td>1115</td>
<td>KS Dept. of Aging and Disability Services</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>FAD</td>
<td>Disability Policy Consortium/Health Care for all d/b/a/ OneCare Ombudsman</td>
</tr>
<tr>
<td>Michigan</td>
<td>FAD</td>
<td>MI Office of Aging Services/LTCO</td>
</tr>
<tr>
<td>Minnesota</td>
<td>FAD</td>
<td>MI Office of Aging Services/LTCO</td>
</tr>
<tr>
<td>New Mexico</td>
<td>1115</td>
<td>Decentralized – no formal state office</td>
</tr>
<tr>
<td>New York</td>
<td>1115/FAD</td>
<td>Community Services Society of NY d/b/a/ Independent Consumer Advocacy Network (ICAN)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>FAD</td>
<td>OH Dept. of Aging/LTCO</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>FAD</td>
<td>RI Parent Information Network d/b/a Healthcare Advocate</td>
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<tr>
<td>South Carolina</td>
<td>FAD</td>
<td>SC Office on Aging/LTCO</td>
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<tr>
<td>Tennessee</td>
<td>FAD</td>
<td>OTSC/LTCO</td>
</tr>
<tr>
<td>Texas</td>
<td>1115/FAD</td>
<td>TX Health and Human Services Commission</td>
</tr>
<tr>
<td>Virginia</td>
<td>FAD</td>
<td>VA Dept. of Aging and Rehabilitative Services/LTCO</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>FAD</td>
<td>BOALTC/LTCO (for elderly)/Disability Rights Wisconsin (for people with disabilities)</td>
</tr>
</tbody>
</table>

* These states had MLTSS programs in existence prior to the issuance of CMS guidance in 2013; will have to come into compliance by 7/1/18
For more information, please visit: www.nasuad.org

Or call us at: 202-898-2583