HCBS Pre-Conference Intensive:
Managed Long-term Services and Supports
Welcome to our hybrid HCBS Conference

• HCBS is the premiere national conference on LTSS, including Medicaid, the Older Americans Act, and a broad array of programs, services, and supports for older adults and people with disabilities

• Learn more about ADvancing States at www.advancingstates.org

• Don’t forget to sign up for:
  – The Friday Update: a weekly electronic newsletter that consolidates federal and other news on aging and disability policy
  – The State Medicaid Integration Tracker: a bi-monthly publication that highlights LTSS activities, including MLTSS, dual eligible programs and other integrated care activities in the states
ADvancing States’ MLTSS Work

- MLTSS Institute
  - Provide intensive technical assistance to states
  - Bring thought leaders together to discuss policy issues
  - Publish research papers (http://www.nasuad.org/initiatives/managed-long-term-services-and-supports/resources)

Managed Long-Term Services and Supports (MLTSS)

- MLTSS is the delivery of long-term services and supports (state plan, waiver or both) through capitated Medicaid managed care plans.

- Plans can be a managed care organization, pre-paid inpatient health plan, or a pre-paid ambulatory health plan (depending on scope of benefits provided).

- In most states, plans are covering medical services as well, which provides a comprehensive delivery system for consumers.

- Plans are typically contracted after a public procurement process.
Why MLTSS?

| Accountability & Simplification | • State can drive performance through contracting with few entities  
| | • Eliminates need to contract with/monitor hundreds/thousands of LTSS providers  
| | • Managed care plans take on claims payment, member management, utilization review  
| Access | • Reduce HCBS waiting lists  
| | • Plans can integrate siloed streams of care (primary/BHI/LTSS) more effectively  
| | • Increased use of primary and preventive care  
| System Balance | • Increase HCBS options (consistent with consumer desire)  
| | • Plans have incentive to divert NF admissions  
| | • May be less susceptible to political influences on NF downsizing  
| Innovation and Quality | • Shift to person-centered, integrated care and services  
| | • Plans have more flexibility to deliver services  
| | • Can better measure health and quality of life outcomes  
| Budget Predictability | • Capitation minimizes unanticipated spending  
| | • LTSS interventions can lower acute care costs  
| | • May slow growth in per-person costs  

MLTSS Programs, December 2021

Note: CMS includes VT in its map of MLTSS programs
Key Elements for an Effective MLTSS Program

- Thoughtful Program Design
  Populations; services; geographic reach; provider protections; quality goals
- Stakeholder Engagement
  Early and ongoing during design, implementation and operation
- State Oversight Capacity
  New roles and responsibilities; adequate staffing; information feedback loops
- Rigorous RFP and Contract
  Specific and detailed; performance expectations; translate FFS policies effectively
- Consumer/Provider Support
  Public education campaign; MCO/provider speed dating; choice counseling; ombudsman assistance
Trends for 2021 and beyond

- No new programs implemented since 2017; however, several states moving slowly toward MLTSS including IN and DC
- States continue to focus on quality especially outcome measurement
- States also looking at expanding pay-for-performance/value-based purchasing from NFs and other large providers to HCBS providers
- Increasing focus in MCOs on combatting social isolation, addressing workforce shortages and caregiver supports – all the more critical given the pandemic and its impact on LTSS consumers
Today’s Intensive

• Focusing on what you need to hear/know about
  – MLTSS Program Evaluation in PA
  – How MLTSS Programs Add Value to State Medicaid Programs
  – Serving Dual Eligibles Better

• Intended to pique your interest in learning more