NASUAD
National Association of States United for Aging and Disabilities

MLTSS and Support for Consumers

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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 beneficiaries [2]

[1] Truven Health Analytics, June 2016

[2] MACPAC, June 2014 Report, Chapter 2

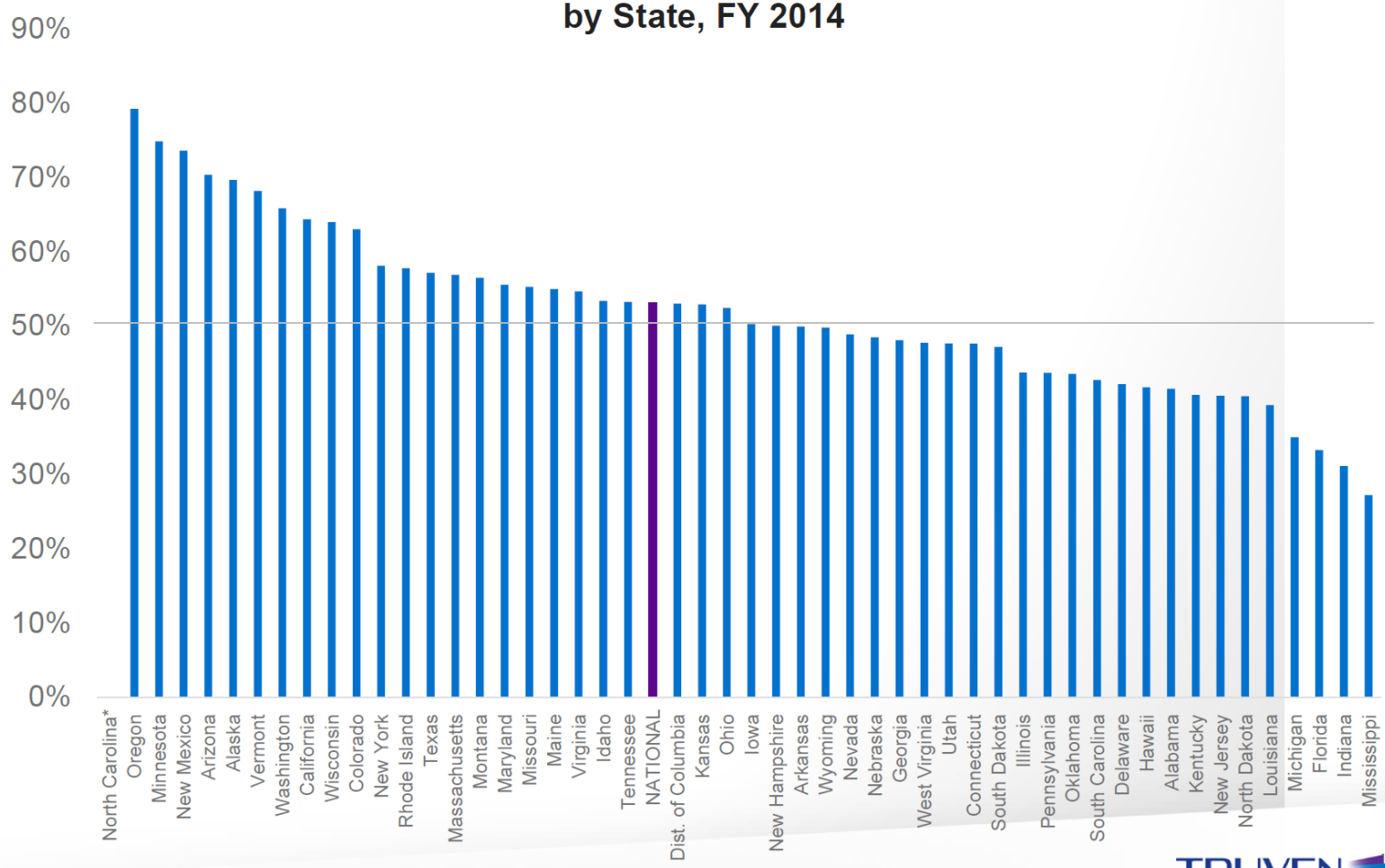
Why Are States Pursuing MLTSS?

- 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?



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

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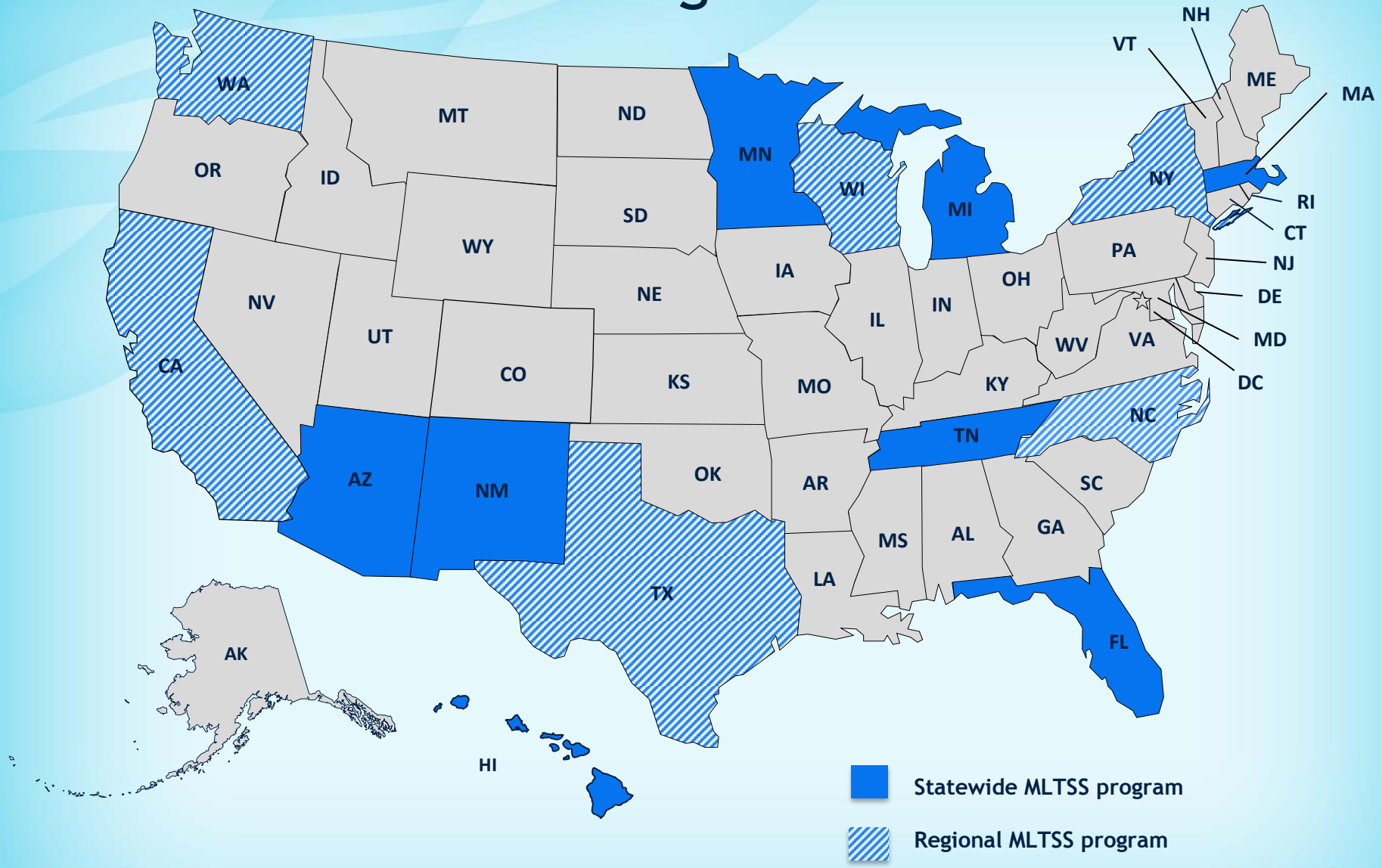
Why Are States Pursuing MLTSS?

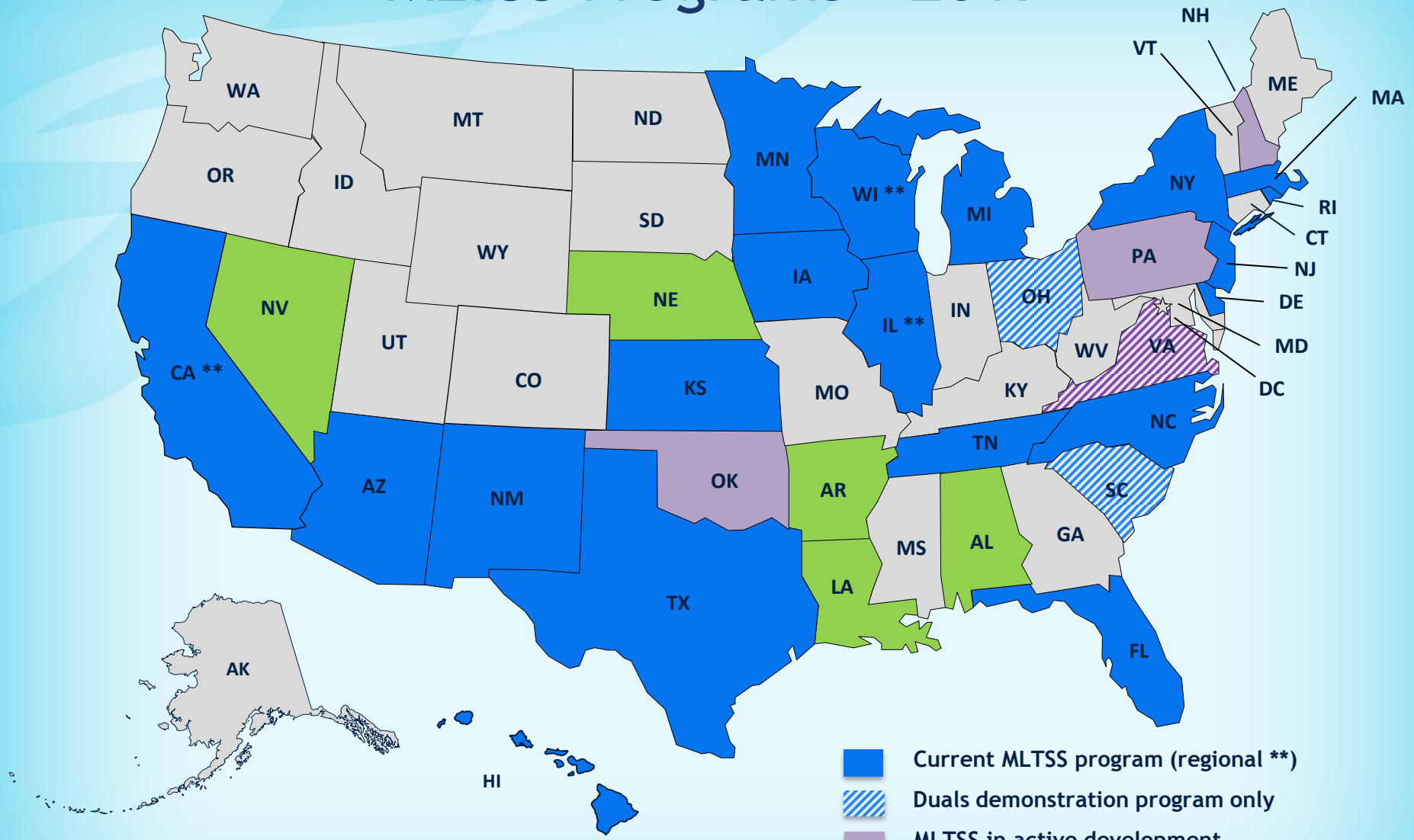
- Graph is misleading –
  - 75% of consumers with ID/DD are served in community settings
    - Closures of ICF-ID/DDs across the country
    - Strong pattern of family caregiving
  - Only 41% of older adults and consumers with physical disabilities are served in community settings
    - An increase since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

MLTSS Programs - 2010



Source: Truven Health Analytics, 2012

MLTSS Programs - 2017



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'

	State	Authority	Provider
1	Arizona *		
2	California	FAD	Legal Aid of San Diego with partners d/b/a/ Health Consumer Alliance
3	Delaware	1115	DE Dept. of Health and Human Services/LTCO
4	Florida	1915(b)	FL Dept of Aging/LTCO
5	Hawaii	1115	Hilopa'a Family to Family Health Information Center
6	Illinois	FAD	IL Dept. of Aging/LTCO
7	Iowa	1915(b)	IA Dept. of Aging/LTCO
8	Kansas	1115	KS Dept. of Aging and Disability Services
9	Massachusetts	FAD	Disability Policy Consortium/Health Care for all d/b/a/ OneCare Ombudsman
10	Michigan	FAD	MI Office of Aging Services/LTCO
11	Minnesota *		
12	New Jersey *		
13	New Mexico	1115	Decentralized – no formal state office
14	New York	1115/FAD	Community Services Society of NY d/b/a/ Independent Consumer Advocacy Network (ICAN)
15	North Carolina *		
16	Ohio	FAD	OH Dept. of Aging/LTCO
17	Rhode Island	FAD	RI Parent Information Network d/b/a Healthcare Advocate
18	South Carolina	FAD	SC Office on Aging/LTCO
19	Tennessee *		
20	Texas	1115/FAD	TX Health and Human Services Commission
21	Virginia	FAD	VA Dept. of Aging and Rehabilitative Services/LTCO
22	Wisconsin *		BOALTC/LTCO (for elderly)/Disability Rights Wisconsin (for people with disabilities)

* 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

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For more information, please visit: **www.nasuad.org**

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