

HCBS Pre-Conference Intensive: Managed Long-term Services and Supports

Welcome to the first (and hopefully only) virtual 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

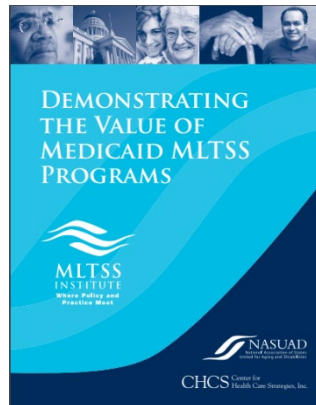
Managed Long-Term Services and Supports (MLTSS)

- 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

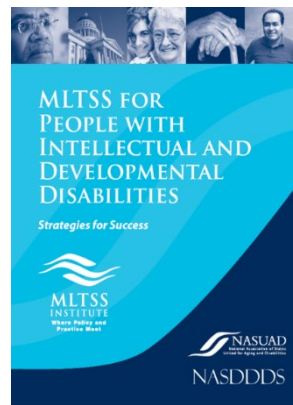
ADvancing States' MLTSS Work

■ MLTSS Institute

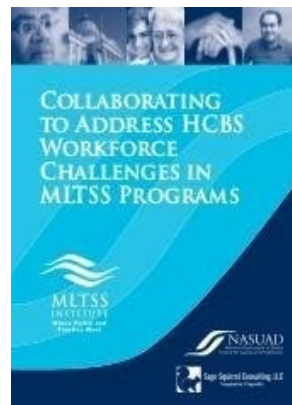
- ❑ Provide intensive technical assistance to states
- ❑ Bring thought leaders together to discuss policy issues
- ❑ Publish research papers (<http://www.nasuad.org/initiatives/managed-long-term-services-and-supports/resources>)



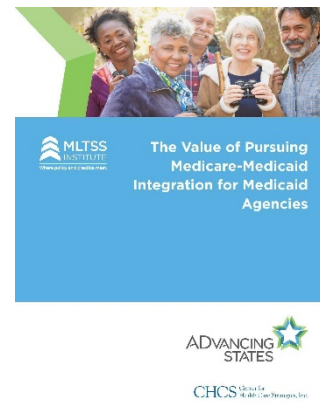
May 2017



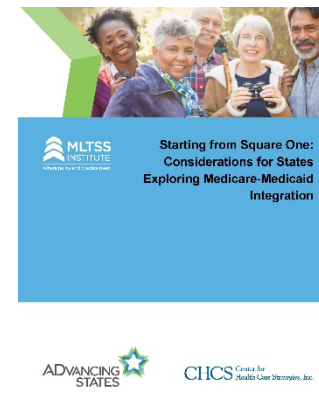
May 2018



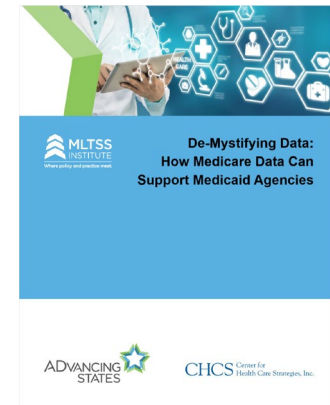
April 2019



November 2019



June 2020



October 2020

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

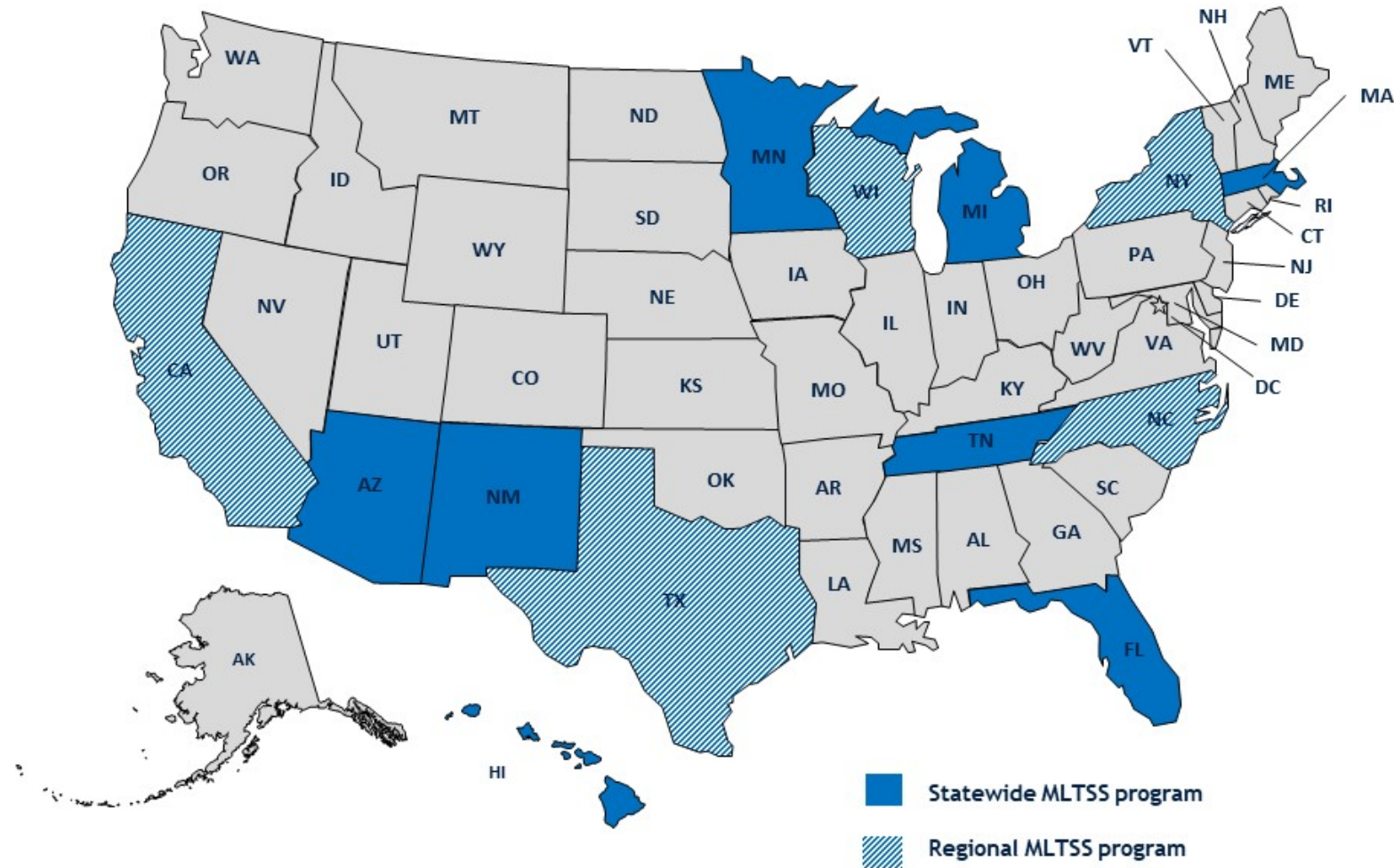
Innovation and Quality

- 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

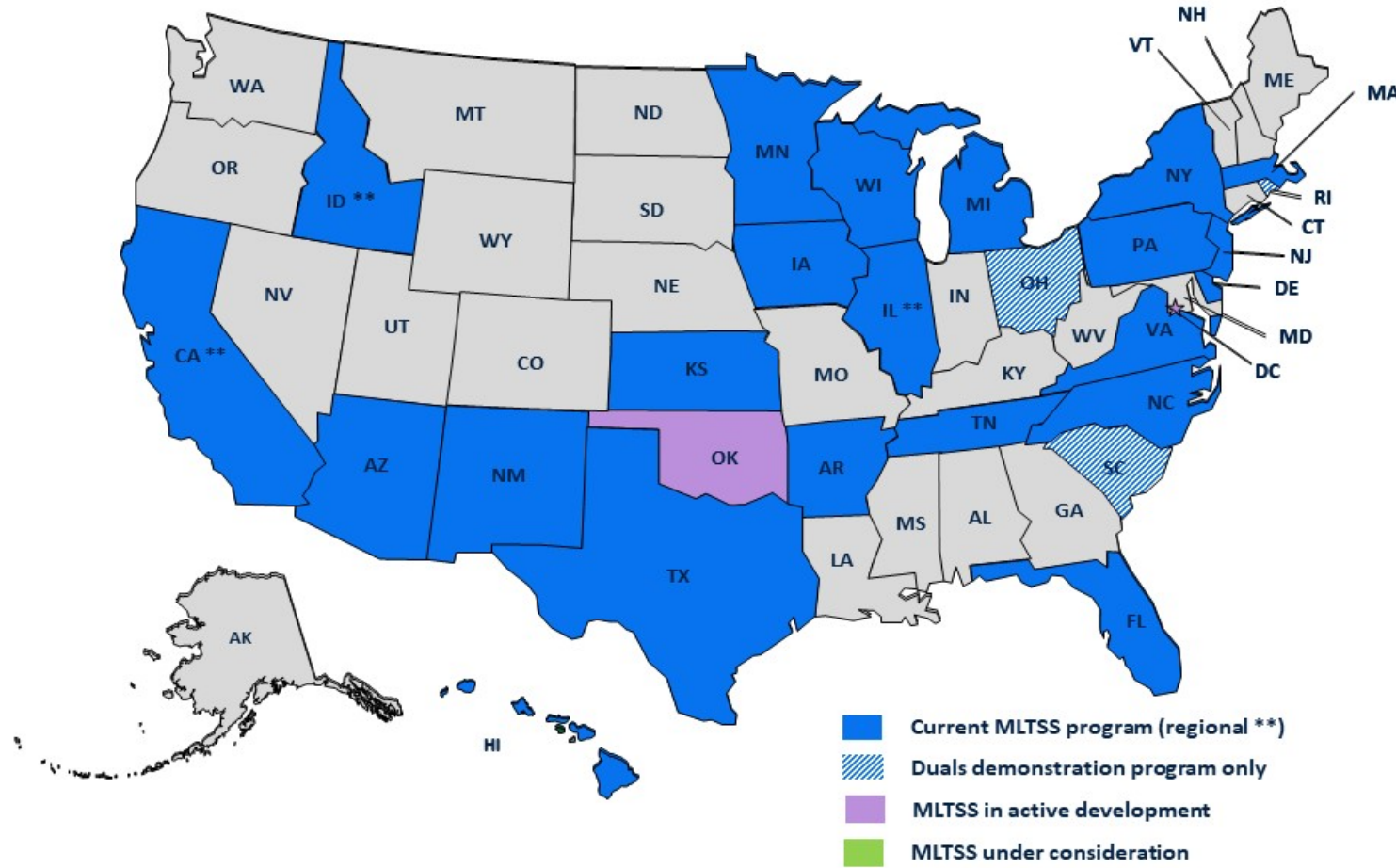
- Capitation minimizes unanticipated spending
- LTSS interventions can lower acute care costs
- May slow growth in per-person costs

MLTSS Programs - 2010



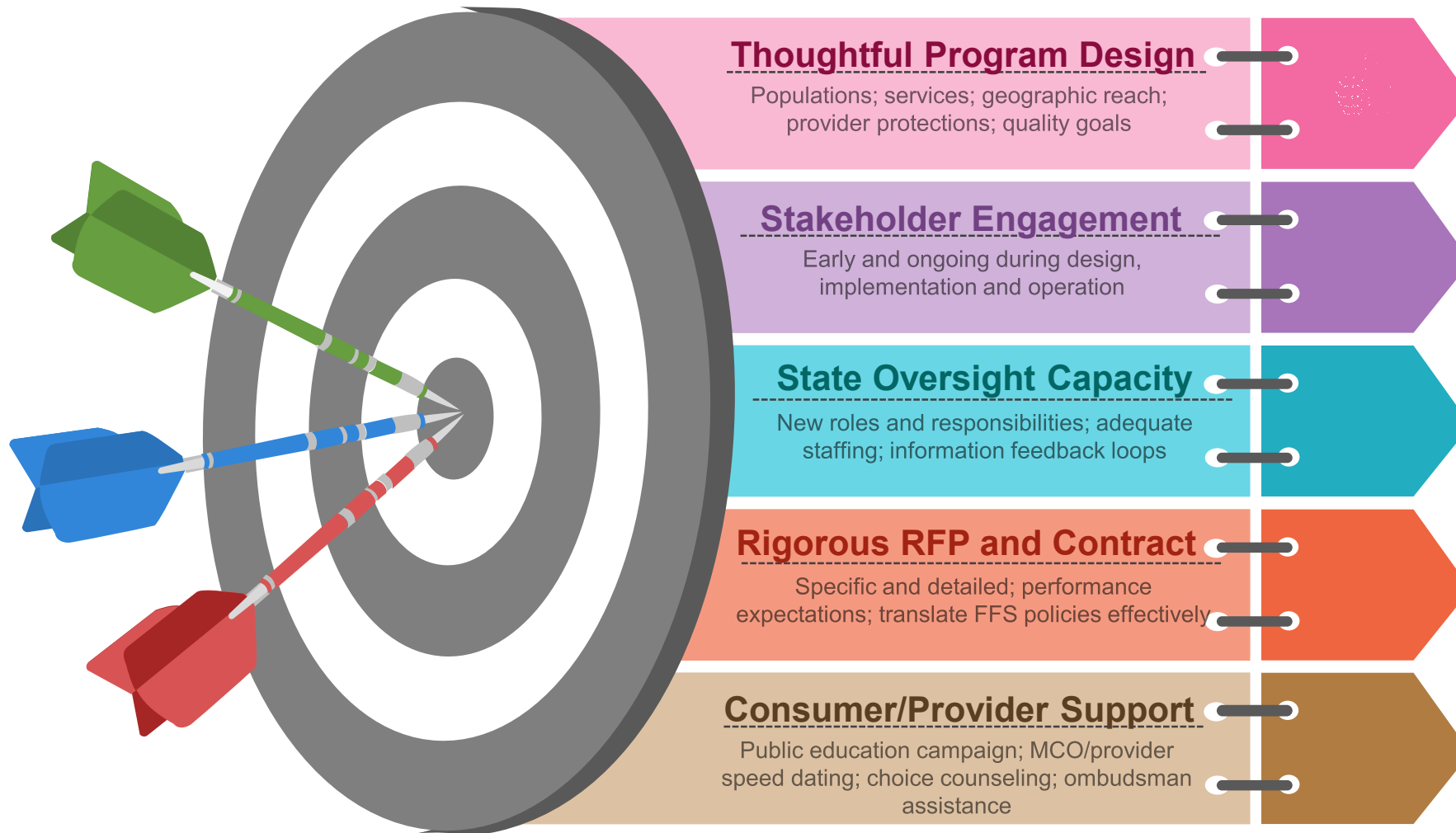
Source: Advancing States survey, Truven Health Analytics, 2012

MLTSS Programs, November 2020



Note: CMS includes VT in its map of MLTSS programs

Key Elements for an Effective MLTSS Program



Trends for 2020 and beyond

- MLTSS continues to be the biggest trend/opportunity for states to address accountability, cost efficiency and better outcomes
- No new programs implemented since 2017; however, several states moving slowly toward MLTSS including NC, OK, and DC
- As state budget pressure increases, MLTSS is likely to be an option for states looking for a value proposition for their LTSS programs
- 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 Addressed COVID
 - Serving Dual Eligibles Better
- Intended to pique your interest in learning more
- Welcome feedback on topics for next year's intensive!