

ADVANCING STATES



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The Value of MLTSS – 2021 Update

HCBS Conference – MLTSS Intensive

Need for Study

- Repeated requests for ‘proof’ of MLTSS benefits
 - Providers and consumer groups argue that FFS is good enough
 - Common questions about access and quality
- Little objective research has been available
 - Available studies focus on population or aspects of care
 - Rare to see formal evaluations of MLTSS
- Evidence of ‘success’ has been primarily anecdotal
 - Would fill identified gap with state-reported data

Background

- 2017 methodology
- 2021 approach to update

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State MLTSS Goals

Rebalancing LTSS Spending

Improving Member Experience, Quality of Life, and Health Outcomes

Reducing Waiver Wait Lists and Increasing Access to Services

Increasing Budget Predictability and Managing Costs

Rebalancing LTSS Spending

Goal: Rebalancing Medicaid LTSS spending toward HCBS and providing more options for people to live in and receive services in the community—if that is consistent with their goals and desires

2017 data:

- Florida, New Mexico, Tennessee and other states use blended rates to provide financial incentives to MCOs to prioritize home and community-based settings when possible and consistent with consumer preference
- Arizona now has over 86 percent of all LTSS users receiving services in the community

Rebalancing LTSS Spending

2021 updates:

- At the start of their MLTSS program in 2014, New Jersey served only 30 percent of their LTSS users in the community; as of 2021 that percentage had increased to 64 percent.
- MLTSS population has increased 53% since 2014, but there has been a 20% absolute decrease in the number of individuals residing in nursing facilities.
- Tennessee has seen an absolute decrease in institutional placements every year since implementing the CHOICES program in 2010.
- In New York, Florida, Kansas and Tennessee, nursing facility utilization declined year over year for Medicaid-only consumers (ie. non-duals)

Improving Member Experience, Quality of Life, and Health Outcomes

Goal: Improving consumer health and ensuring effective care coordination to improve consumer experience and quality of life

2017 data:

- Tennessee's QuILTSS program focuses on rewarding LTSS providers for improving member experience and quality of life
- States that use integrated care programs for dually eligible beneficiaries to maximize coordination of both LTSS (covered by Medicaid) and acute care services (coordinated by Medicare) are more likely to have data showing improved health outcomes

Improving Member Experience, Quality of Life, and Health Outcomes

2021 updates:

- National MLTSS evaluation by CMS analyzed NCI-AD data which showed that MLTSS consumers 28 percent more likely to have positive responses to questions about their experience of care and quality of life compared to FFS beneficiaries.
- 5 MLTSS programs oversample NCI-AD survey respondents by MCO and can compare plan performance
- Delaware and Tennessee require MCOs to implement quality improvement activities to increase performance on specific NCI- AD measures

Reducing Waiver Wait Lists and Increasing Access to Services

Goal: Reducing or eliminating waiting lists and/or increasing access to HCBS options. In 2018, over 800,000 people in 40 states were on waitlists for HCBS service

2017 data:

Tennessee – Eliminated waiting lists by expanding community options and providing targeted services to at-risk consumers

Florida – Invested \$12.6 million to enroll wait-listed individuals with the most critical needs into its MLTSS program

Reducing Waiver Wait Lists and Increasing Access to Services

2021 updates:

- Wisconsin eliminated its two-decade old waitlist for its MLTSS program
- Massachusetts MLTSS program provides adult dental benefit not otherwise offered in fee-for-service
- Tennessee exempts members at risk of institutional placement and those transitioning from NFs from HCBS program enrollment limits

Increasing Budget Predictability and Managing Costs

Goal: Improving budget predictability and reducing the rate of growth in Medicaid LTSS costs

2017 data:

- Capitation (monthly payments per enrollee) is an inherently more predictable payment approach than utilization-based FFS.
- Florida achieved five percent savings targets established by the legislature during statewide implementation in 2013 and 2014

Increasing Budget Predictability and Managing Costs

2021 updates:

- The rate of growth in NF expenditures decreased by 100% while rate of growth in HCBS expenditures increased by 50% between 2011 and 2018
- Florida, Kansas, New York, New Mexico and Tennessee spent almost 70 percent more on HCBS between 2015 and 2017 than other states.
- Ohio's MyCare program saved the state money in its first year through reduced hospitalizations, ER visits and nursing home utilization

Key Takeaways

- States need to continue to collect data, especially on consumers' health status and other program variables like cost and service utilization, and tie outcome measures to these benchmarks
- Researchers need to continue to evaluate MLTSS programs
- The prevalence of dually eligible beneficiaries in MLTSS programs continue to challenge data collection on health outcomes
- States should be transparent about their program goals and progress toward them with stakeholders to build trust and engagement on long-term program operations.



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