



# MLTSS - The National Landscape

SB 553 Working Group on Implementation of MLTSS  
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# Agenda

- Introduction
- Overview of MLTSS Programs
- States' Interest in MLTSS
- Key Elements for Successful MLTSS Programs
- Open Discussion

# NASUAD: Who We Are

- **State Association:** 56 members, representing state and territorial agencies on aging and disabilities
- **Our Mission:** To design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers.



# NASUAD: Who We Are

- Our members include:
  - State Unit on Aging directors
  - Medicaid Long-term Services and Supports directors
  - Developmental Disabilities Services directors
- 11 staff manage Federal policy (congressional and executive branch), administer 6 Federal and Foundation grants, and publish Medicaid Integration Tracker and Friday Update
- Conveners of the National Home and Community Based Services Conference - largest conference of its kind with over 1,400 attendees, 5 plenaries, 5 all-day preconference intensives and 115 sessions over 3 ½ days

# NASUAD Provides Leadership, Technical Assistance, and Policy Support to State LTSS Systems in the Following Areas:



# NASUAD's MLTSS work

- Grant from ACL to help states and CBOs address the implications of MLTSS programs
  - Talk to/educate executive branch leadership, legislators, providers, other stakeholders on national perspective
  - Published “CBOs and MLTSS: An Issue Brief to Assess CBO Readiness” in December, 2014 (with funding from SCAN Foundation)
- Soon-to-be released analysis and implications of new Medicaid managed care regulations on MLTSS programs
- Represented states on National Quality Forum's Home and Community-Based Services Quality Workgroup
  - Released final report recommending domains of measurement and promising measures for further refinement

# My Credentials

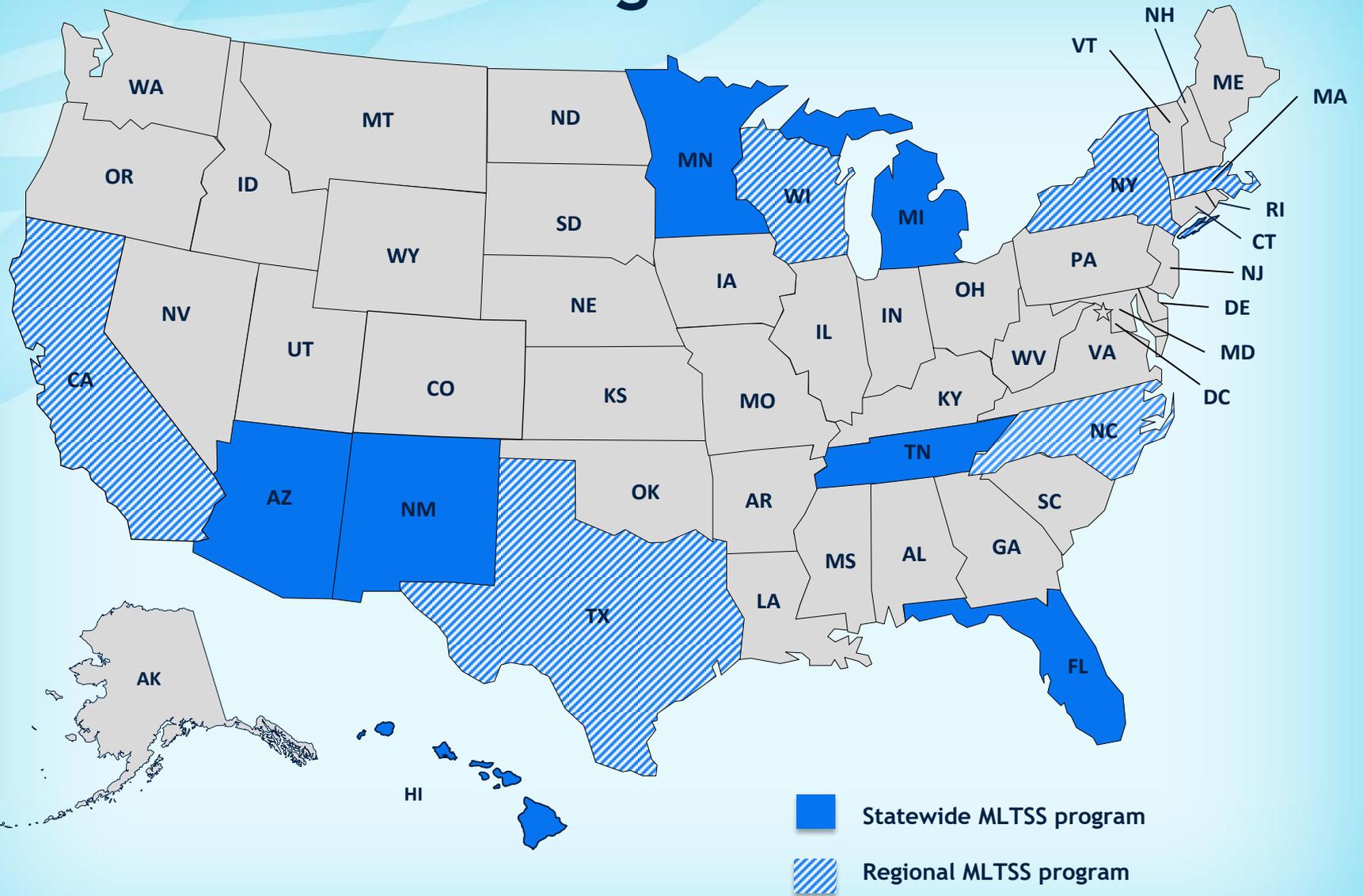
- 20 years in Medicaid managed care:
  - Worked in Medicaid MCOs in Maryland doing operations and regulatory compliance for 10 years
  - Increasingly senior positions in CMS on Medicaid delivery systems since 2005
- Senior Policy Advisor on Medicaid managed care at Center for Medicaid & CHIP Services (4 years)
  - National expert on MLTSS
  - One of primary authors of CMS MLTSS guidance and MLTSS sections of new Medicaid managed care regulations
- Providing intensive TA to new MLTSS states at NASUAD
- Semi-annual full day conferences on MLTSS

# Overview of MLTSS Programs

# What is 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 many cases, plans are covering medical services as well, which provides a comprehensive delivery system for beneficiaries

# MLTSS Programs - 2010



Source: Truven Health Analytics, 2012



# State MLTSS Programs at a Glance

- There are 8 comprehensive MLTSS programs that include all Medicaid services (acute, behavioral, LTSS), operate statewide and enroll most populations:

Hawaii (2008)	Kansas * (2013)
Tennessee * (2010)	New Mexico (2013)
Delaware (2012)	New Jersey (2014)
Texas * (2013)	Iowa * (2016)

- \* indicates programs which include persons with intellectual/developmental disabilities

# State MLTSS Programs at a Glance

- There are 12 states have at least one separate program for acute care and LTSS:

Arizona (1988)	Massachusetts * (2013)
New York (1997)	Ohio * (2014)
Wisconsin (2001)	California * (2014)
Minnesota (2005)	Virginia * (2014)
Illinois (2011)	South Carolina * (2015)
Florida (2013)	Rhode Island * (2016)

Notes: \* indicate dual-only programs through CMS

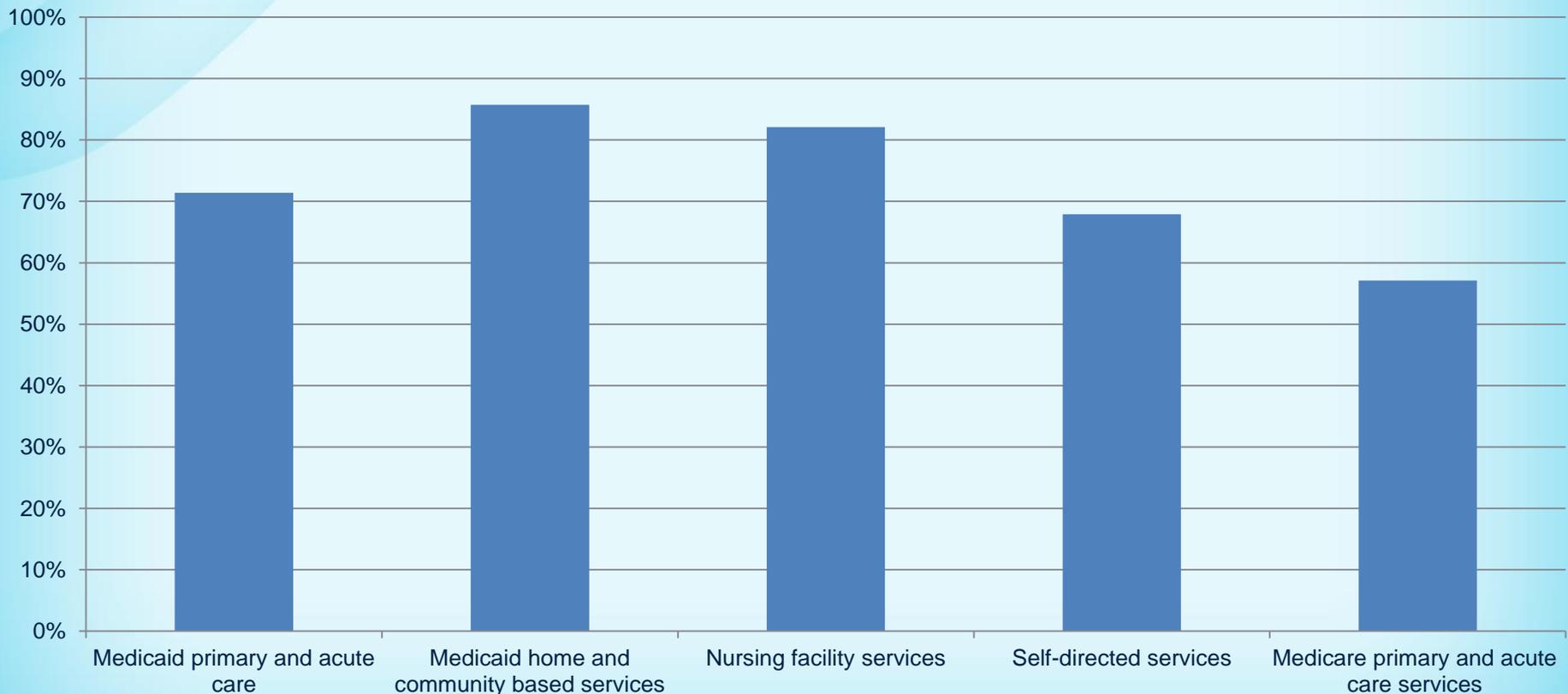
- Pennsylvania will join this list when they launch their Community Healthchoices program in 2017
- Virginia plans to close its' duals demonstration in 2017 and create a new MLTSS program in 2018

# State MLTSS Programs at a Glance

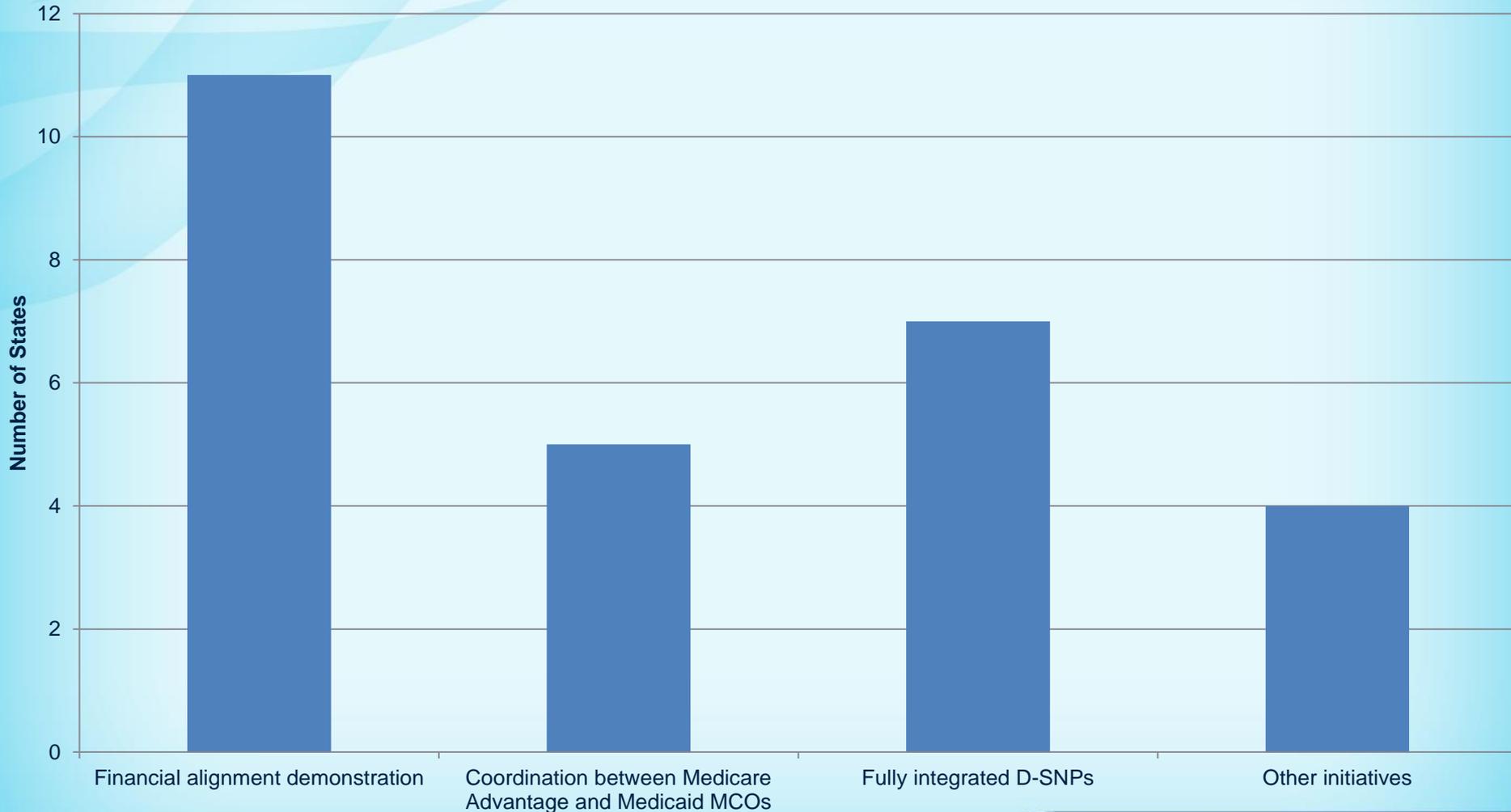
- These states have MLTSS programs for limited populations or in limited geographic areas:
  - Michigan and North Carolina both have a statewide, county-based capitated program for mental health and I/DD services only
  - California integrated LTSS into its Medi-Cal health plans in 5 counties
  - Massachusetts, Minnesota and Wisconsin have more than one program for its LTSS populations

# MLTSS programs generally focus on fully integrating benefits

Percent of States including Selected Services in MLTSS



# States using varied strategies to coordinate care for dual eligibles



# Trends for 2017 and beyond

- MLTSS continues to be the biggest trend/opportunity for states to address accountability, cost efficiency and better outcomes for consumers
- Expansion of existing programs either statewide or beyond dual eligibles
- Inclusion of LTSS services for individuals with intellectual/developmental disabilities in MLTSS programs
  - Currently only IA, KS, TN, and TX use MCOs to deliver these services

# Trends for 2017 and beyond

Focus on quality - consumer concern about potential MCO service denials has amplified calls for outcome measurement

- 30 measures in duals demonstrations
- NASUAD-sponsored National Core Indicators for Aging and Disabilities (NCI-AD) consumer quality of life survey in ~13 states in 2016
- CMS-sponsored TEFT experience of care survey in 9 states
- National Quality Forum completed of 2-year HCBS Quality Measurement project
  - » Multi-stakeholder committee has developed a conceptual framework, conducted an environmental scan, identified gaps as well as promising measures and recommended new measure development efforts for those gaps

# Trends for 2017 and beyond

- States without managed care capacity OR hostility toward managed care looking at partial-risk alternatives like ACOs
- States also looking at expanding pay-for-performance/value-based purchasing from NFs and other large providers to HCBS providers
  - Nascent effort due to lack of standardized measures and need for significant stakeholder engagement
- More and more involvement by MCOs in states' Olmstead plans, as well as housing and employment first initiatives

# States' Interest in MLTSS

# Why are states pursuing MLTSS?

- In FFY 2014, LTSS expenditures represented about 34% of all Medicaid expenditures (~\$146B) <sup>1</sup>
  - 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 <sup>2</sup>

<sup>1</sup> Truven Health Analytics, June 2016

<sup>2</sup> MACPAC, June 2014 Report, Chapter 2

# Why are states pursuing MLTSS?

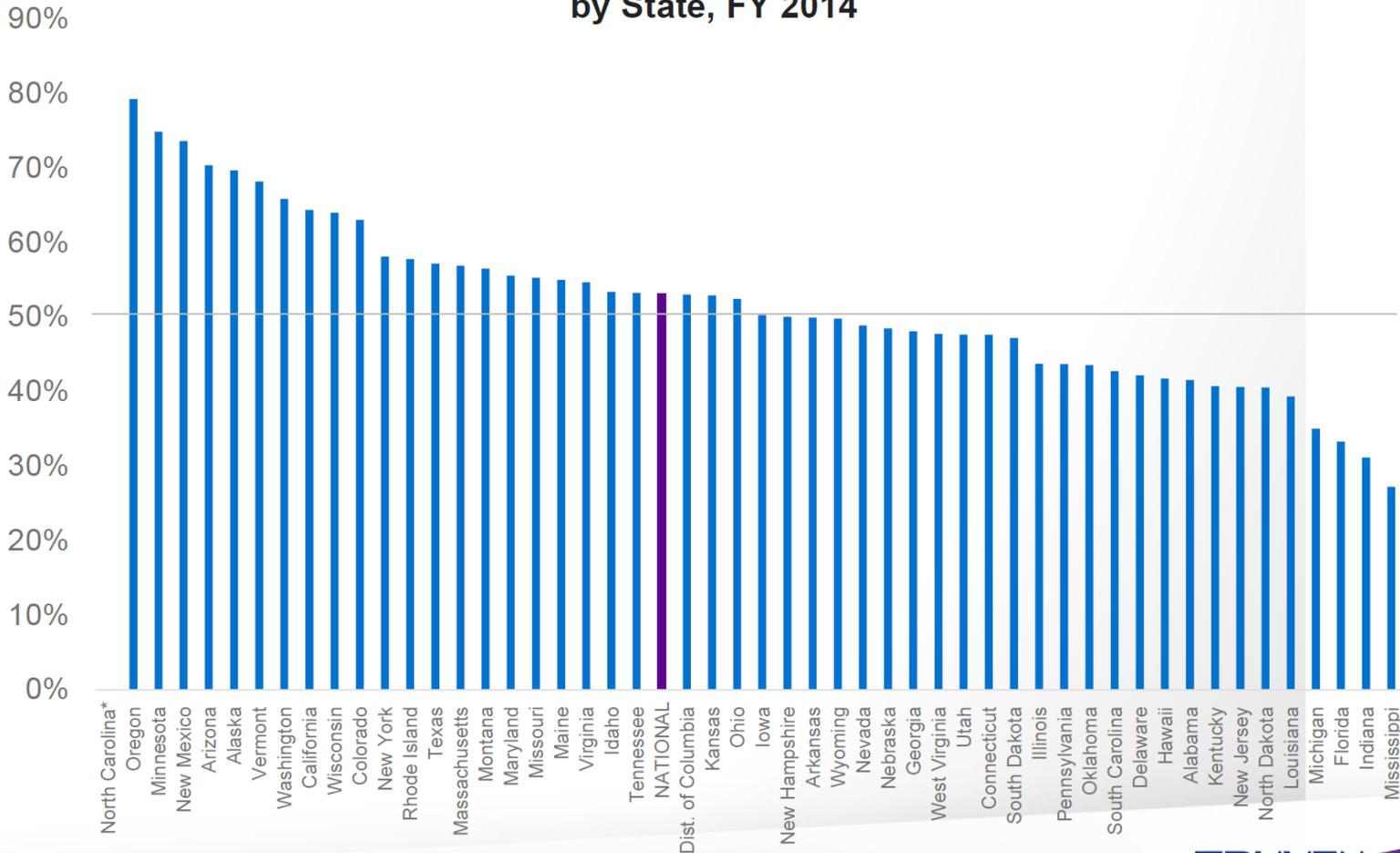
- Accountability rests with a single entity
  - Integrating acute and long-term care makes the consumer (rather than their ‘services’) the focus
  - Financial risk for health plan provides opportunity to incentivize/penalize performance for health outcomes and quality of life
- Administrative simplification
  - 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 locus 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 however.
  - 75% of consumers with I/DD are served in community settings
    - Closures of ICF-I/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

# Select Achievements

There have been no national studies assessing the efficacy of MLTSS programs; however, there are anecdotal indications of improvement

1. Increase in consumers served in home and community based settings
  - Tennessee spent 19% of its total LTSS expenditures on HCBS in 2010; by 2014, HCBS were over 50% of total HCBS expenditures
2. Improved health outcomes for LTSS consumers <sup>3</sup>
  - New York MLTSS plans improved consumers' functional ability; increased administration of flu vaccines; and showed high member satisfaction

<sup>3</sup> [http://www.health.ny.gov/health\\_care/managed\\_care/mltc/pdf/mltc\\_report\\_2015.pdf](http://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_report_2015.pdf)

# Key Elements for a Successful MLTSS Program

# Keys to Success

- Critical elements in high-functioning MLTSS programs
  - Strong care coordination requirements and structure
  - Network adequacy standards
  - Provider contracting and training at start-up
  - Consumer protections - ombudsman; strong choice counseling
  - Timely assessments and service delivery; back up plans; service verification (safety/fraud and abuse)
  - **STRONG** state agency management controls and health plan accountability mechanisms (contract language and financial consequences)
- Many mirror 2013 CMS guiding principles for MLTSS <sup>4</sup> as well as 2014 AARP Issue Brief <sup>5</sup>
- Incorporated into successful programs: AZ, TN, NJ and TX

4 <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf>

5 [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/health/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-ltss-AARP-ppi-health.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-ltss-AARP-ppi-health.pdf)

# Keys to Success

- State must take responsibility for the success of the program
- It is a multi-faceted approach, including....
  - MCO contract
  - MCO expectation-setting/training
  - Consumer and provider education
  - Beneficiary support system
  - State oversight and monitoring
- All of this can be imperiled WITHOUT thoughtful planning and design in collaboration with stakeholders and implementation timeframes that accommodate systemic change

# Keys to Success

## 1. Strong care coordination requirements:

- Continuity of care period where current care plans continue unmodified (will be required by MMC regs by 7/1/18)
  - ❖ All states have taken this approach
- State review of service plan reductions (at least first year)
  - Important to define what a ‘reduction’ is
  - Substitution of services may be OK if identified needs are met appropriately
  - ❖ KS, TN, TX
- Detailed contract language for care coordination and care plan development
  - ❖ TN, NJ, DE, AZ

# Keys to Success

## 2. Network Adequacy Standards:

- Definitely an area for more creativity, esp. for services delivered in the home (will be required by MMC regs by 7/1/18)
  - ❖ TN, DE, AZ assess network adequacy in operation by assessing gaps between services needed, authorized and delivered

## 3. Provider contracting and training (at start-up)

- MCO training; LTSS provider outreach/communication and training, both from state and MCOs
- Standardized provider contracts, credentialing and authorization forms, mandatory claims testing between MCOs and providers
  - ❖ TN has done most of these

# Keys to Success

## 4. Consumer Protections:

- Clear and consistent communication about upcoming changes (and their advocates)
  - ❖ TN, NJ, TX, duals alignment demonstrations
- Multi-modal choice counseling for plan selection (will be required by MMC regs by 7/1/17)
  - ❖ FL
- Post-enrollment consumer assistance (will be required by MMC regs by 7/1/18)
  - ❖ KS, IA, FL, NM, NY, duals alignment demonstrations

# 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)
  - Contracted
- 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?

# Keys to Success

## 5. Timely assessments and service delivery; service verification (safety/fraud and abuse)

- Assessments, care plans and service delivery timeframes at least as stringent as FFS
  - ❖ Most have shortened timeframes from FFS, including duals alignment demonstrations
- Visit verification systems (proposed to be mandatory for states in House mental health bill)
  - ❖ TN, TX, IL, OH, KS

# Keys to Success

## 6. Strong State oversight and accountability mechanisms

- State staff experienced in program management, contract monitoring, provider network adequacy, quality assessment, and rate setting
  - ❖ AZ, TN, FL, NJ, DE, NY
- Contract with stringent MCO reporting and liquidated damages for immediate financial consequences
  - ❖ TN, DE, NJ, TX
- Public reporting of MCO performance
  - ❖ NY, MN

# Questions/Discussion



For more information, please visit: [www.nasuad.org](http://www.nasuad.org)

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