

Leading Change Session: Driving Health Outcomes

Engaging Stakeholders to Influence Managed Care Plans that Include Long-term Services and Supports on Tuesday, November 19, 2019 8:30 AM - 10:15 AM

Session Description:

Managed care plans that combine medical services with community-based, long-term services and supports now exist in 24 states. Several additional states are considering this approach. How can people with disabilities and the organizations that support them engage with the state and health plans to ensure the needs of people with disabilities are successfully addressed?

Background Information:

- In fiscal year (FY) 2015, long-term services and supports (LTSS) accounted for almost a third (\$158 billion) of Medicaid benefit spending - approximately 18 percent (\$29 billion) of this was delivered through managed care
- As of January 2018, 24 states operate managed LTSS (MLTSS) programs - up from just 8 states in 2004

States with MLTSS, January 2018



Source: MACPAC analysis of Lewis, E., S. Eiken, A. Amos, and P. Saucier. 2018. *The growth of managed long-term services and supports programs: 2017 update*. Ann Arbor, MI: Truven Health Analytics/IBM Watson Health. <https://www.medicare.gov/medicaid/managed-care/downloads/lts/mtlssp-inventory-update-2017.pdf>.

Purpose of Managed Long-term Services and Supports (MLTSS):

State and federal policymakers have sought ways to manage LTSS spending while maintaining and improving people's quality of care and quality of life. Goals to use MLTSS include:

- rebalancing LTSS spending
- improving peoples' care experience by increasing care coordination to improve health and quality of life
- reducing or eliminating HCBS waiver waiting lists
- providing budget predictability and potentially containing costs

Concerns in Delivering MLTSS:

- Maintaining and improving principles and values of serving people with disabilities:
 - self-directed care options
 - person-centered planning
 - quality and continuity of care
 - the dignity of risk
- Common challenges include state capacity to meet demand for home and community-based services (HCBS) and workforce shortages

Opportunities for Engagement:

- Educating people with disabilities as consumers/beneficiaries
- Comment on transition planning/Member of advisory council
- Training of providers in change in delivery system

- Collaboration/training of care coordinators (Care coordinators are typically nurses or social workers who either work for a plan or community-based organization that contacts with the plan and enforces principles important to deliver LTSS)
- Evaluation research of successes of MLTSS and transition to it
- National Core Indicator surveys

Questions to Ask:

- How are states aligning MLTSS with Medicare Advantage dual-eligible special needs plans (D-SNPs) to integrate care for dually eligible beneficiaries?
- How will states oversee MLTSS programs and does the process of filing grievances and complaints change?
- How do the costs and quality of MLTSS compare to LTSS delivered under fee for service?
- How do different states design decisions include outcomes?
- How do plans manage care and costs?