Leveraging Opportunities in Medicaid Managed Long-Term Services and Supports (MLTSS)

INSTITUTE FOR MEDICAID INNOVATION

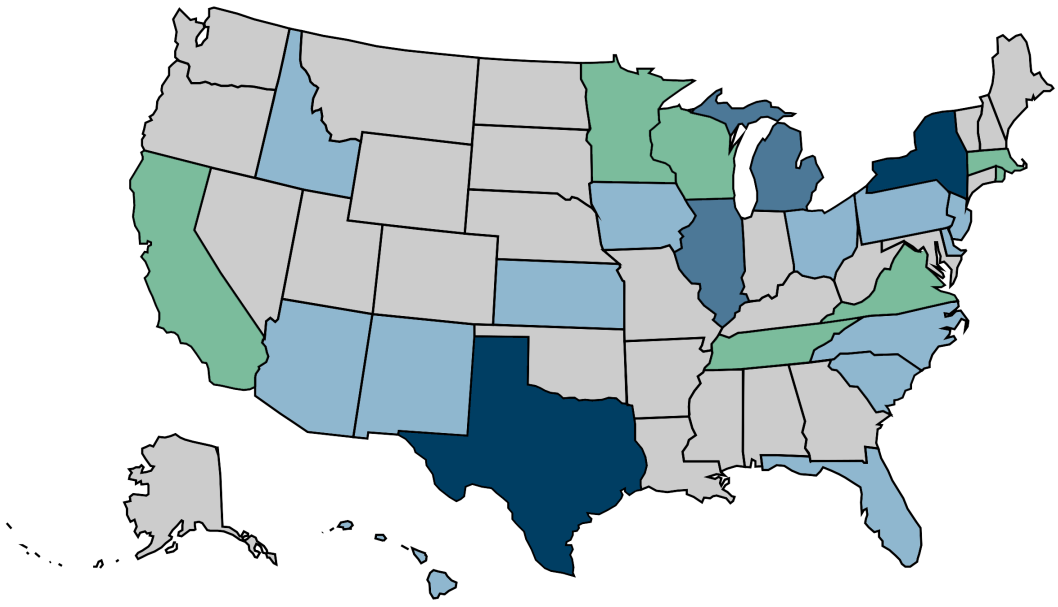
Federal and state policymakers continue to look for opportunities to manage spending growth, improve quality of care, and enhance care coordination for individuals enrolled in Medicaid. One of the common strategies utilized by state Medicaid agencies is to transition their long-term services and supports (LTSS) program from a fee-for-service (FFS) payment model to a managed care model; also referred to as managed long-term services and supports (MLTSS). MLTSS is defined by The Centers for Medicare & Medicaid Services (CMS) as an arrangement between a managed care plan and a state Medicaid program. In these arrangements the participating managed care plan receives a capitated payment to provide LTSS to eligible individuals.

The goals for utilizing this model include expansion of Home and Community-Based Services (HCBS), promotion of community inclusion, ensuring quality, and increasing efficiency in the provision of these services. The delivery of these services is complex, and states are utilizing the expertise of Medicaid managed care organizations to deliver these services to eligible individuals.

MLTSS by the Numbers

- MLTSS continued to grow at a rapid pace during 2012-2017. As the programs and states providing MLTSS continue to increase, **programs for adults and adult individuals with physcial and mental challenges remain the most prevalent.**
- MLTSS continued to outpace total LTSS spending through the end of fiscal year 2015, with a **24 percent increase** from $23 billion to $29 billion, accounting for **18 percent** of all LTSS costs.
- For the same time period, HCBS spending **increased from 53 percent** in 2014 **to 55 percent** in 2015. Looking again at the 2015 years costs, the number of states (including the District of Columbia) in which more expenditures were for HCBS than for institutional care **increased from 25 states** in 2014 **to 28** in 2015.

Number of MLTSS Programs by State, 2017



Number of MLTSS Programs in States

4 MLTSS Programs | 3 MLTSS Programs | 2 MLTSS Programs | 1 MLTSS Program | 0 MLTSS Programs

Source: The Growth of Managed Long-Term Services and Supports Programs: 2017 Update, January 29, 2018. Lewis et al., 2018. https://www.medicaid.gov/medicaid/managed-care/downloads/ltss/mltssp-inventory-update-2017.pdf

Most Common Core Functions Performed by Medicaid Managed Care Organizations for MLTSS Care Coordination Models, 2018

Core Functions	Percentage of Medicaid MCO's
Conducted risk assessments	100%
Coordinated home and community-based services (e.g., day care, employment, rehab, durable medical equipment, home modifications, personal emergency response systems, residential)	100%
Coordinated in-home services	100%
Developed a comprehensive plan of care	100%
Engaged a care team of professionals to address the needs of the member	100%
In addition to supplying the provider directory, supported the member in identifying and connecting with providers	100%
Supported and encouraged adherence to care plan	100%
Transition planning (e.g., acute care to residential care; residential care to the community)	100%
Arranged transportation for appointments	92%
Caregiver support	92%
Coordinated behavioral health services	92%
Coordinated with social services (i.e. housing providers, nutrition programs) as part of care plan development and adherence	92%
Helped in making appointments with providers	92%
Provided guided referrals or "hand-offs" to other needed social services (e.g., faith-based, non-profit, or other government programs)	92%
Provided information on other needed social services (e.g., faith based, nonprofit, other government programs)	92%
Served as a single point of contact for the member	92%
Shared data with social services	84%
Supported the member preparedness for appointments	84%
Screened for social isolation	75%
Other	17%

Institute for Medicaid Innovation. (2019). 2019 annual Medicaid MCO survey – MLTSS. Washington, D.C.

Most Common Components Included in MLTSS Care Plans Offered by Medicaid Managed Care Organizations, 2018

Care Plan Components	Percentage of Medicaid MCO's
Caregiver information and status	100%
Demographic and social needs screening information (e.g., housing, financial, insurance, employment history)	100%
Goals – personal and care goals	100%
Primary care provider	100%
Emergency (crisis) plan	100%
End-of-life plan including Medical Orders for Life-Sustaining Treatment (MOLST) and Durable Power of Attorney (DPOA)/Power of Attorney (POA)/guardianship	92%
Other	34%
Medical Components	**Percentage of Medicaid MCO's**
Activities of daily living (i.e., feeding, dressing, toileting, ambulating, sleep)	100%
Behavioral health status/condition (i.e., depression, anxiety, stress, drug, alcohol screening)	100%
Community transition plan	100%
Current health/medical status	100%
Durable medical equipment use, hearing aids and vision impairments	100%
Medication list	100%
Recent hospitalizations or emergency department visits	100%
Safety screening (i.e., feeling safe and secure)	100%
Other	9%

Institute for Medicaid Innovation. (2019). 2019 annual Medicaid MCO survey – MLTSS. Washington, D.C.

Clinical Opportunities

- Improve care coordination.
- Use a person-centered model.

Research Opportunities

- Begin program with baseline data.
- Continue to increase HCBS.

Policy Opportunities

- Increase consumer choice.
- Improve efficiency.
- Standardize assessments.
- Continue program design changes.
- Allow flexibility from the CMS in program design.

For more information, read IMI's full 2019 report, "Leveraging Opportunities in Medicaid Managed Long-Term Services and Supports (MLTSS)." For a complete list of sources, please contact the Institute for Medicaid Innovation at info@MedicaidInnovation.org