



## FORUM SESSION

# Medicaid Managed Long-Term Services and Supports (MMLTSS):

## Lessons from Three States

OCTOBER 5, 2012

The uptick in state interest in Medicaid managed long-term services and supports (MMLTSS) has drawn attention from national organizations and consumer advocacy groups that promote quality long-term services and supports for people with functional limitations. To date, MMLTSS arrangements have been confined to a handful of states with limited enrollment and expenditures. While a few states have had long-standing programs, others have recently established programs, are expanding an existing program, or are on the cusp of implementing a new MMLTSS program. A recent report for the Centers for Medicare & Medicaid Services (CMS) indicates that current state planning initiatives will result in 26 states having MMLTSS programs by 2014, up from 8 states in 2004 and from 16 states in 2012.<sup>1</sup>

In May 2012, the Forum held a meeting on MMLTSS that provided an overview and discussion about evidence of its effect on cost savings and quality outcomes, actions being taken by CMS to help states interested in moving to MMLTSS, and consumer protections to be considered. (For background on MMLTSS and speaker slides from that session, see [www.nhpf.org/library/details.cfm/2894](http://www.nhpf.org/library/details.cfm/2894).)

In this second of two meetings on MMLTSS, the Forum explored the experiences of three state programs. **Arizona** is a veteran of MMLTSS and began operation of the Arizona Long-Term Care System (ALTCS) in 1988. ALTCS operates on a statewide basis and enrolls about 52,000 people. **Texas** also has had a long-standing program, Star+Plus, that began in 1998 and operates in part of the state. Texas has about 401,000 people enrolled and is expanding its program to other regions of the state. **Delaware** is a newcomer to the field and began implementation of Delaware Diamond

## National Health Policy Forum

2131 K Street, NW  
Suite 500  
Washington, DC 20037

T 202/872-1390  
F 202/862-9837  
E [nhpf@gwu.edu](mailto:nhpf@gwu.edu)  
[www.nhpf.org](http://www.nhpf.org)

Judith Miller Jones  
*Director*

Sally Coberly, PhD  
*Deputy Director*

Monique Martineau  
*Director, Publications and  
Online Communications*

## Forum Session Manager

Carol V. O'Shaughnessy  
*Principal Policy Analyst*

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State Health Plan-Plus in April 2012. The program is statewide and has 4,800 people enrolled.<sup>2</sup>

## KEY QUESTIONS

- What are the states' key program design elements? Populations and services covered? Enrollment requirements? Capitation and fee structure? Consumer assessment requirements and procedures?
- What criteria are used in selecting managed care organizations (MCOs)? How important is prior experience with LTSS populations?
- How does the state measure consumer satisfaction, outcomes, and quality of care? How have these programs affected consumers?
- How does the state oversee managed care organizations' (MCOs) operations?
  - » How is network adequacy measured and determined?
  - » What methods are used to assess beneficiary and family care-giver needs?
  - » How is continuity of care and coordination among providers assured?
  - » What consumer protections are employed, such as choice of services and providers, education and rights, and grievance and appeals?
  - » What information is collected to assess service adequacy and impact on consumer outcomes and quality of life?
- What can be learned about implementation from methods to set capitation rates?
- What are the administrative costs of MMLTSS programs?
- What lessons can be learned about the effect of MMLTSS on state budgets and cost savings?

## SPEAKERS

**Sarah Barth, JD**, senior program officer, Center for Health Care Strategies, provided an overview and context for state MMLTSS programs and discussed issues that states may consider in planning and implementing programs. A panel of state officials—**Thomas J. Betlach**, director of the Arizona Health Care Cost Containment System (AHCCCS); **Erica Stick**, special advisor, Office of the Executive

Commissioner, Texas Health and Human Services Commission; and **Rosanne Mahaney**, director, Division of Medicaid & Medical Assistance, Delaware Health and Social Services—discussed their respective state MMLTSS programs.

## ENDNOTES

1. Paul Saucier *et al.*, “The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update,” prepared for the Centers for Medicare & Medicaid Services (CMS) by Truven Health Analytics, July 2012, available at [www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSSP\\_White\\_paper\\_combined.pdf](http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSSP_White_paper_combined.pdf).
2. Enrollment numbers are from Saucier *et al.*, “The Growth of Managed Long-Term Services and Supports (MLTSS) Programs.”