

Overview of Medicaid Managed Long-Term Care

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What is Medicaid managed long term care?

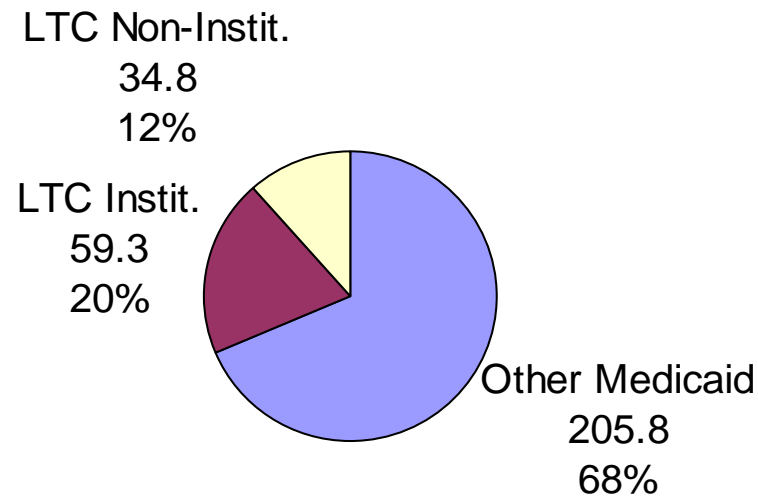
- Broad term describing:
 - various population groups (older persons; adults with physical disabilities)
 - range of LTC need
 - Range of contractors (CBOs, HMOs, counties) and partnerships
- Contractor is responsible for some LTC on a risk basis

Types of MMLTC Programs

1. Medicaid LTC Only	2. All Medicaid	3. Medicaid-Medicare	Contractor at risk for
HCBS	HCBS	HCBS	Medicaid Long-Term Care
Nursing Home	Nursing Home	Nursing Home	
	Medicaid Primary, Acute, Rx	Medicaid Primary, Acute, Rx	Medicaid Primary, Acute, Rx
		Medicare	Medicare

Source: Saucier and Fox-Grage, AARP, 2005

LTC accounted for almost a third of Medicaid spending in 2005. (Total = \$300.3 billion)



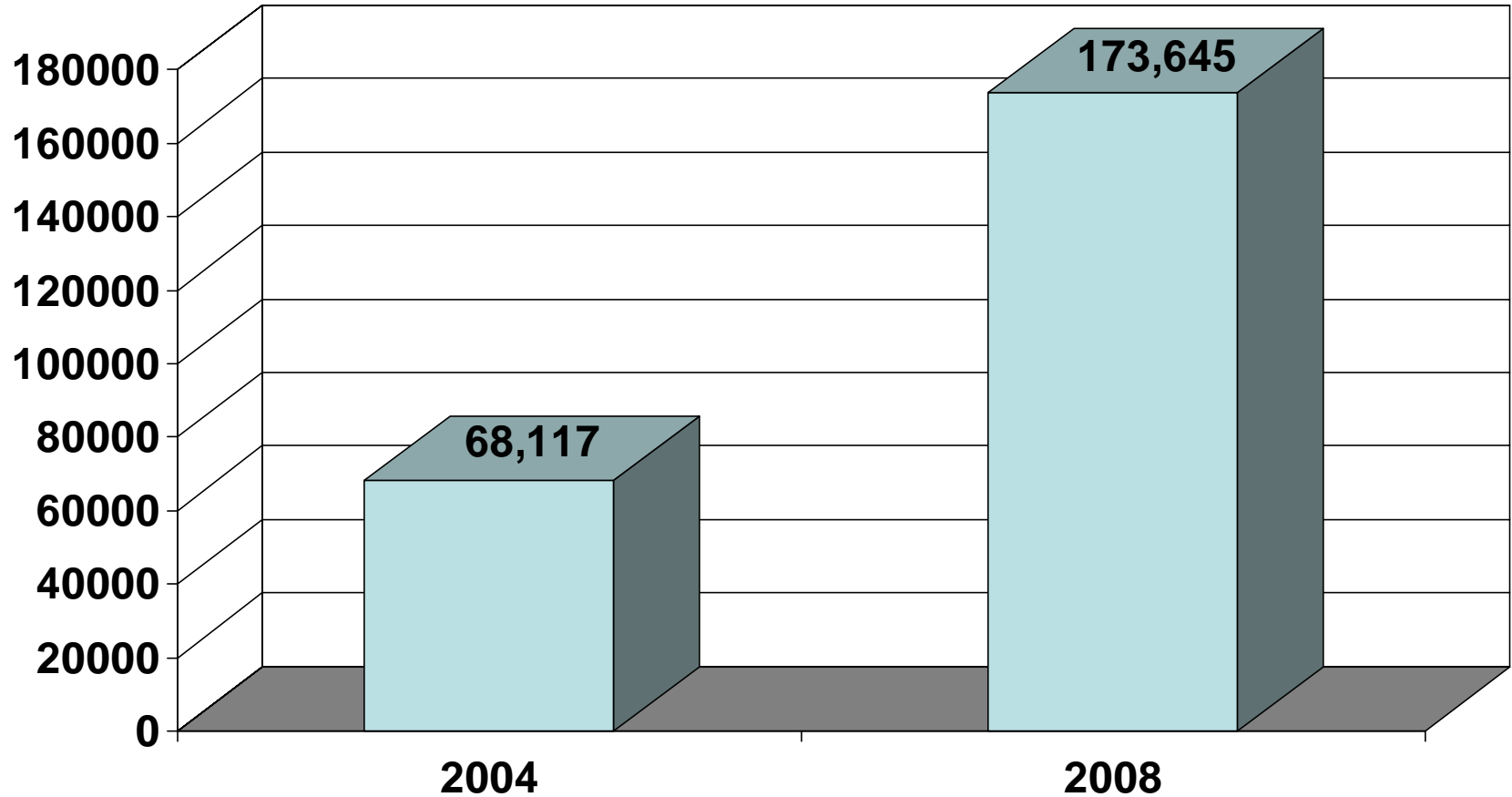
Source: "Fact Sheet: Medicaid and long-term care." Georgetown U. Long Term Care Financing Project (January 2007)

States seek greater value through MMLTC

- Quality
 - Greater access to home and community services (info and options)
 - Better coordination of services over time and place
 - Greater attention to evidence-based practices
 - Adoption of performance measures, pay for performance approaches
- Cost
 - Greater budget predictability
 - Substitution where appropriate
 - Aligned incentives

Recent enrollment growth

2004 estimate from Saucier, Burwell and Gerst (2005)



Enrollment remains small relative to traditional LTC

- In 2004, enrollment was 2.3% of total Medicaid LTC consumers
- Enrollment and growth have been concentrated in 7 states: MN, TX, NY, AZ, WI, FL, MA
- 70% of enrollment is in top four states
- An estimated 8 to 10 states are working on new initiatives

Summary..

- States are seeking greater value in LTC
- Rate of enrollment growth has been rapid in recent years, but is still very small relative to FFS
- 70% of enrollment is in 4 states: MN, TX, NY, AZ
- MMLTC approaches are varied, but employ common strategies to increase value

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