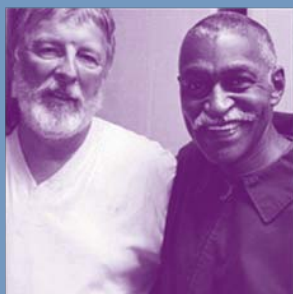


# A Roadmap for Planning and Implementing Medicaid Managed Long-Term Services and Supports

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# Background

- ▶ Medicaid funds more than 40% of long-term services and supports (LTSS) in the US, most in unmanaged fee-for-service.
- ▶ Nearly 75% of Medicaid LTSS dollars for seniors and adults with physical disabilities support nursing home care.
- ▶ CHCS, with support from The SCAN Foundation, conducted an environmental scan, *Profiles in Innovation* and a follow-up TA toolkit on best practices in rebalancing LTSS, developing MLTSS programs, and integrating care for duals.

# Overview

- I. Medicaid MLTSS National Landscape
- II. Considerations for MLTSS Planning and Implementation



# **I. Medicaid MLTSS National Landscape**

# States with MLTSS Programs

- MLTSS programs doubled from 8 to 16 between 2004 - 2012.
- By 2014, 26 states are projected to have MLTSS programs.
- Currently, 8 states have mandatory enrollment, 7 voluntary, and 1 has both.
- Number of MCOs in the MLTSS market has expanded accordingly.
- Consumer-directed options offered in 12 of the 16 states with MLTSS.\*

\*The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update, Truven Health Analytics for Centers for Medicare and Medicaid Services, July, 2012.

# States with MLTSS Programs

- Arizona
- California
- Delaware
- Florida
- Hawaii
- Massachusetts
- Michigan
- Minnesota
- New York
- New Mexico
- North Carolina
- Pennsylvania
- Tennessee
- Texas
- Washington
- Wisconsin

# Managed Care as a Purchasing Strategy for LTSS

- Managed care can be a tool to reduce fragmented acute and primary care, behavioral health, and LTSS.
- With strong oversight and incentives MLTSS programs can provide high-quality, person-centered and cost-effective care to eligible beneficiaries in the setting of their choice.

# Promoting Rebalancing and Choice of MLTSS

Mechanism	State
Plans responsible for NF and HCBS under blended capitation rate (full risk, full profit)	MN, NJ, WI
Plans responsible for NF and HCBS under blended capitation rate (risk and profit shared with state)	AZ, HI, TN
HCBS available as an entitlement (enrollment not capped) for NF level of care	TN, TX, WI
Higher rate for HCBS services	MN
Transition allowance benefit	TN
Plans required to work with consumers who want to transition	HI, MN, TN, TX
Performance measures require service timelines for sentinel events	AZ, TN, TX
Performance measure with penalty for NF utilization	TX

Source: Mildred Consulting -- Flexible Accounting for Long-Term Care Services: State Budgeting Practices that Increase Access to Home- and Community-Based Services -- Recommendations for California. 2012. [http://www.thescanfoundation.org/sites/scan.Imp03.lucidus.net/files/Mildred\\_Flexible\\_Accounting.pdf](http://www.thescanfoundation.org/sites/scan.Imp03.lucidus.net/files/Mildred_Flexible_Accounting.pdf)





## **II. MLTSS Planning and Implementation**

# Building a Strong MLTSS Program

- Develop a communication plan and engage stakeholders during design, implementation and ongoing program oversight;
- Involve IT staff at outset of program design and planning;
- Clearly outline MCO responsibilities and expectations in contracts;
- Create strong state infrastructure for program monitoring; and
- Create LTSS-specific quality measures.

# Develop a Communication Plan and Engage Stakeholders

- Engage stakeholders early on to understand their priorities and values.
- Have beneficiary representatives on advisory committees addressing program design, implementation and oversight.
- Once known, provide a good level of detail/specificity of the program design in basic terms that are understandable to stakeholders.

# Communication Plan: Include the MCOs

- Bring together beneficiaries, managed care organizations (MCOs) and providers.
- Having stakeholders meet the MCOs and problem solve early on helps build a relationship and better ensures that design processes and systems will work for all.

# Communication Plan: Program Oversight

- Consider a permanent subcommittee to the Medicaid Advisory Committee to address MLTSS program design and implementation issues and to share successes with:
  - ▶ Beneficiaries and their families;
  - ▶ Advocacy and community-based organizations; and
  - ▶ Providers.
- MCOs
  - ▶ Require Consumer Advisory Councils for each MCO.
  - ▶ Require consumer review of MCO performance measures and/or report card.

# Involve IT Staff in Program Design, Implementation and Monitoring

- Successful program designs require identification of system limitations and workarounds up front.
- Successful program transition and implementation requires information sharing with MCOs on eligibility and enrollment data; provider lists; and care plans (electronically if possible).
- Successful program reporting and monitoring requires codes for encounter data; working around system limitations; and enabling report submission.

# Clearly Outline MCO Responsibilities and Expectations in Contracts

- Most states start with very prescriptive contracts and monitoring practices and over time, if MCO performance is consistently high, move focus to a few high-risk, high-cost areas.
- Up front want to address:
  - ▶ Transition policies
  - ▶ Network adequacy
  - ▶ Care/Service Coordination
  - ▶ Member Education
  - ▶ Member complaint resolution
  - ▶ Reporting
  - ▶ Quality Improvement

# Create Strong State Infrastructure for Program Monitoring

- Train and recruit staff to obtain contract management skills needed for shift from fee-for-service to risk-based MLTSS.
- Create oversight structure that partners with sister agencies (e.g. Aging, Disability and Mental Health)
- Hold regular meetings with MCOs: weekly during implementation; monthly as program matures; and formal contract status meetings quarterly.
- States vary in their approach to contracting out vs. building in-house expertise for: rate setting; financial oversight and monitoring; and data collection and analysis.



# Create LTSS-Specific Quality Measures

- Create LTSS-specific measures from the outset.
- Many states track process measures (days to assessment; care plan completion).
- Look to best practices in other states that use outcome or quality of life measures (WI PEONIES interview).

# Conclusion

- Managed care can be used as a tool to move state policy in positive directions.
- States need strong oversight and management structures to maintain ultimate authority over the program.
- MLTSS can be a win-win for the state and stakeholders by improving the quality of life for beneficiaries and controlling cost growth.

# Resources

- CHCS long-term services and supports resources:  
[www.chcs.org](http://www.chcs.org)
- *The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update*, Truven Health Analytics for Centers for Medicare and Medicaid Services, July, 2012.
- *Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports*, Debra J. Lipson, Jenna Libersky, Mathematica Policy Research; Lynda Flowers and Wendy Fox-Gage, AARP Public Policy Institute, July 2012.