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# MANAGED LONG TERM SERVICES AND SUPPORTS

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# MANAGED LONG TERM SERVICES AND SUPPORTS

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- An accountable entity has a contract with the State Medicaid agency that includes long term services and supports (LTSS) in a capitated payment
- The contract defines performance and quality standards that must be met at the specified price
- Contractors include HMOs, provider-based organizations, and governmental organizations
- Populations include older persons, persons with physical disability, persons with developmental/ intellectual disability

# SUMMARY OF MLTSS EVALUATION RESULTS (11 studies, 1997-2010)

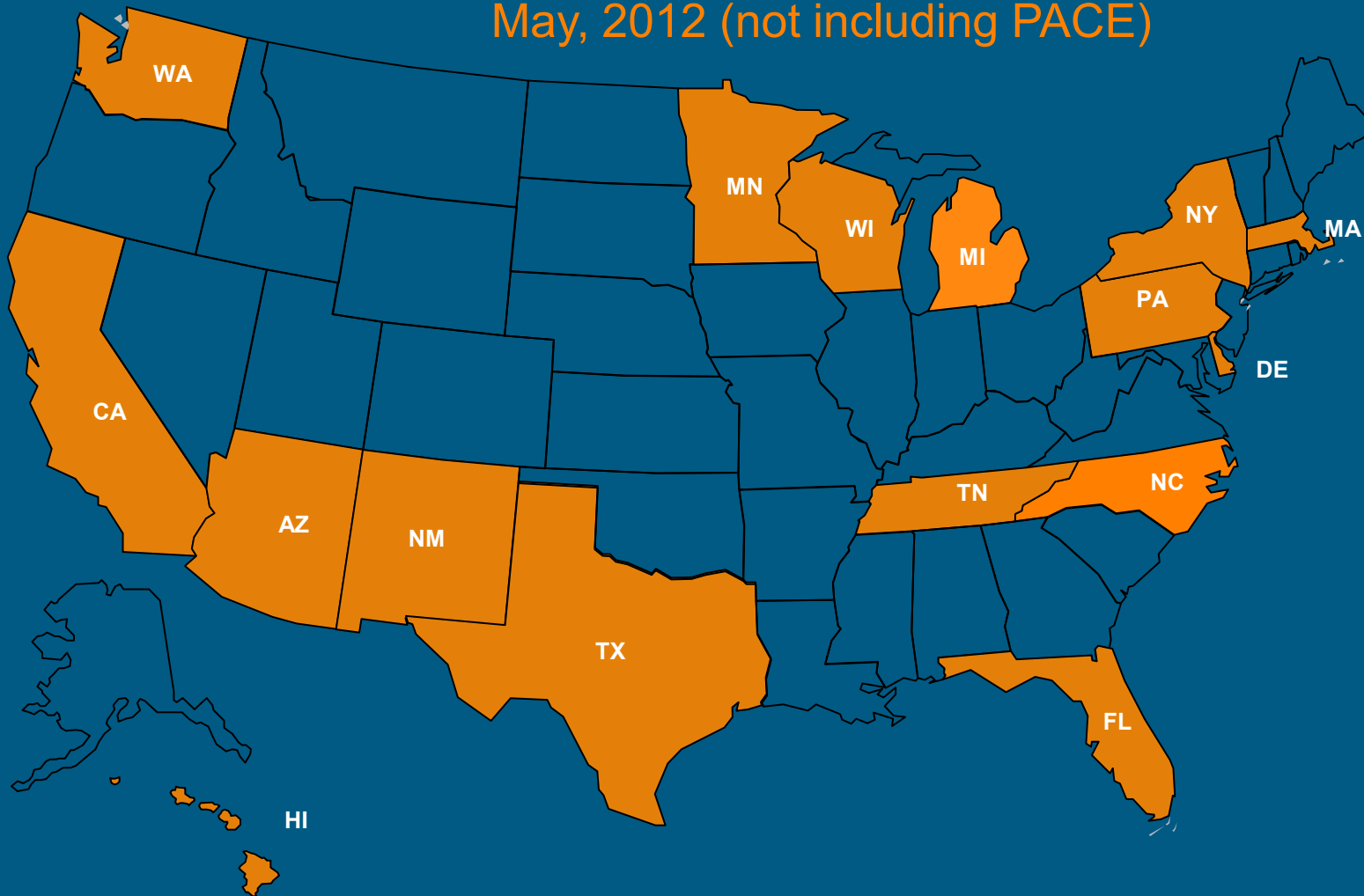
Program	Type of Contract	Use	Costs	Quality
MN Disability Health Options	Medicaid & Medicare	NA	NA	Favorable
MN Senior Health Options	Medicaid & Medicare	Favorable	Unfavorable	Favorable
WI Partnership	Medicaid & Medicare	Favorable	Mixed	Favorable
MA Senior Care Options	Medicaid & Medicare	Favorable	NA	NA
AZ LTC System	Medicaid Comprehen.	Favorable	NA	NA
FL Contracted HCBS	Medicaid Comprehen.	Mixed	Mixed	NA
TX Star Plus	Medicaid Comprehen.	Favorable	Favorable	Mixed
WA Medicaid Integration	Medicaid Comprehen.	Mixed	NA	Mixed
WI Family Care	Medicaid Partial	Favorable	Favorable	Favorable

- Favorable
- Mixed
- Unfavorable

NA Not Addressed in Studies

# STATES WITH MANAGED LONG TERM SERVICES AND SUPPORTS PROGRAMS

May, 2012 (not including PACE)



Source: Environmental scan conducted for CMS/DEHPG by Thomson Reuters, forthcoming.

# PARTICIPANT-DIRECTED SERVICES OPTION

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- 10 States offer beneficiaries the choice of self-directing within their MLTSS programs
- Features of participant-directed services in MLTSS tend to mimic what the State offers in FFS (employer authority, agency with choice, budget authority)
- Some states prescribe a particular Financial Management Services agency; others offer a choice among several certified agencies

# IN FFY 2009, U.S. MLTSS EXPENDITURES WERE ABOUT 5% OF TOTAL MEDICAID LTSS EXPENDITURES

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Medicaid LTSS, Fee for Service	Medicaid MLTSS	MLTSS as % of Total
\$121 billion	\$5.8 billion	4.8%

Sources: Kasten, Eiken and Burwell. *Medicaid Managed Long-Term Services and Supports Expenditures*. Thomson Reuters, April, 2011, with updates from Eiken, Sredl, Burwell and Gold. *Medicaid Long-Term Care Expenditures: 2011 Update*. Thomson Reuters, October , 2011

# NECESSARY TOOLS: CONTRACT, MONITORING, ENFORCEMENT

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- Strong Contract
  - Structures for ongoing member input
  - Detailed specifications on person-centered care coordination for members using LTSS
  - Initial and regular information about participant-directed options, and designated support organizations
  - Continuity for persons in transition
  - Network standards relevant to LTSS
  - Rate structure and other incentives for HCBS
  - Provision for regular amendments/guidance
- Meaningful Monitoring
  - Frequent contact at start-up, tapering as appropriate
  - Ride-alongs with care coordinators
  - Early and ongoing ISP audits
  - Regular LTSS reports: care coordination, MFP, timeliness of services and payments, participant direction, complaints, incidents, workforce



## TOOLS (continued)

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- Credible Enforcement
  - Easy to implement
  - Attention grabbing
  - Reinforcing LTSS goals
  - Consistently applied



## Readiness

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- Test interface with LTSS providers and Financial Management Services agency (referrals, authorizations, claims)
- Simulate assessment/care coordination
- Test network adequacy standards for in-home services
- Conduct secret shopper tests of member services, network providers
- Allow time between contract execution and readiness review

# START UP

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Tennessee CHOICES start-up slogan:

*Beneficiaries get services, providers get paid.*

# EVALUATION STUDIES REVIEWED

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McCall, Nelda and Jodi Korb. 1997. "Utilization of Services in Arizona's Capitated Medicaid Program for Long-Term Care Beneficiaries." *Health Care Financing Review*. Winter, 1997.

# STUDIES REVIEWED, cont.

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