

Introduction

Delivery system reforms continue to play a role in shaping state Medicaid programs, particularly with regard to beneficiaries who require long term services and supports. An increasing number of states in the US are using managed long term services and supports (MLTSS) as a strategy for expanding home- and community-based services. The use of these services, which are provided through capitated Medicaid managed care programs, has been shown to enhance the quality and improve the efficiency of care..

<http://www.firstreportnow.com/articles/breaking-down-managed-long-term-services-and-supports-programs>

Glossary

Managed Long Term Care (MLTC)

A system that streamlines the delivery of long-term services to people who are chronically ill or disabled and who wish to stay in their homes and communities. These services, such as home care or adult day care, are provided through managed long-term care plans that are approved by the State Department of Health. The entire array of services to which an enrolled member is entitled can be received through the MLTC plan the member has chosen.

Long-term services and supports (LTSS)

Encompasses a range of paid and unpaid medical and personal care assistance that people may need when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.

Long-term services and supports provide assistance with activities of daily living and instrumental activities of daily living. Long-term services and supports include, but are not limited to, nursing facility care, adult daycare programs, home health aide services, personal care services, transportation, and supported employment as well as assistance provided by a family caregiver.

Care planning and care coordination services help beneficiaries and families navigate the health system and ensure that the proper providers and services are in place to meet beneficiaries' needs and preferences; these services can be essential for LTSS beneficiaries.

Element of MLTC

1. Adequate Planning and Transition Strategies. Older adults often rely on networks to meet all needs: basic daily, planning for future care and incorporating strategies for transitional care into the MLTSS are important.

2. Stakeholder Engagement. All stakeholders, including patients, health care providers, and payers, must be given opportunities to provide input on the MLTSS program in order for it to be effective.

Element of MLTC (cont)

3. Enhanced Provision of Home-Based and Community-Based Services. Take into account the key questions of what the individual's goals and preferences are be when providing home/community-based services, in order to ensure that these goals and preferences are being met.

4. Alignment of Payment Structures with MLTSS Programmatic Goals. In the last few years, many states have worked to better align their Medicaid payment structures with the goals of the MLTSS program. For example, having a single rate for institutional care and home- and community-based care can provide an incentive for people to stay in the community, because this would result in a lower total cost for community-based care.

5. Support for Beneficiaries. Some of the current proposals highlighted by Kayala included having mandatory independent choice counseling and advocacy support for people receiving MLTSS. These services would be provided independently of the managed care entities so that an individual can get a broader range of options.

6. Person-centered Processes. Frequently heard from patient advocates are concerns that MLTSS must be more person-centered to be effective.

7. Comprehensive & Integrated Service Package. Ideally, MLTSS will evolve to integrate LTSS with other health care needs on order to provide a broader and more comprehensive range of services. Health experts must look at the big picture and work with other stakeholders to optimize that integration.

8. Qualified Providers. The qualifications required of the health care provider will depend on the individual's needs. Therefore, having a standard set of requirements for providers may not be the best strategy.

9. Participant Protections. CMS expects states will address vulnerabilities through program design, contracts with appropriate health and welfare assurances, a strong critical incident management system, and an appeals process that allows access to continuation of services while an appeal is pending.

10. Quality. A quality MLTSS program includes both existing LTSS quality systems and managed care quality systems