National MLTSS Health Plan Association

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Managed Long-Term Services and Supports (MLTSS): Health Plan Responsibilities and Best Practices

State Medicaid agencies have the responsibility for designing and managing the Medicaid program in their state, subject to federal statute and with financial support (federal Medicaid assistance payments) administered through the U.S. Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS). Medicaid covers long-term services and supports (LTSS)[1] for Medicaid eligible individuals with functional limitations who need assistance in performing activities of daily living (ADLs).[2] States are mandated by federal law to provide nursing home services (institutional care) and can seek waivers of federal law to offer home- and community-based services (HCBS) as an alternative.

States are increasingly choosing to contract with managed care organizations (MCOs), i.e., health plans, to provide managed LTSS (MLTSS) to improve outcomes and manage costs for the Medicaid population with LTSS needs. States provide the MLTSS health plans a fixed payment per member per month (a "capitation" payment) for which they expect the plans to assess the members' LTSS needs and provide the necessary services and supports. States include specific goals in their contracts which they expect the MLTSS plans to meet. Often these are targets plans are expected to achieve, such as changing the balance of members residing in their home or community versus institutional settings, achieving cost savings, and improving the process and/or outcomes of care for their members.

[1] LTSS includes institutional care such as custodial care in a nursing facility and home- and community-based services (HCBS) such as adult day health, personal care attendant services, caregiver support, and non-medical transportation.

[2] Examples of ADLs include bathing, continence, dressing, eating, toileting, and transferring.

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In order to serve their members well and achieve the state's goals, MLTSS health plans:

- **Aim to improve outcomes and provide high-value care for their members.**

  MLTSS plans serve a diverse population of individuals with complex care needs -- roughly half of their members are age 65 and older and half are individuals under age 65 with a wide range of disabilities including intellectual and developmental disabilities (I/DD), physical disabilities, cognitive impairment, severe mental illness, and behavioral health issues. Plans anticipate, identify, and meet the complex care needs of their members in a way that maintains or improves the individuals' quality of life in accordance with their goals and preferences and manages overall, efficient delivery of care.

CCA Member Journey Mapping

Foundational to CCA's full understanding of and engagement with dually eligible members is our comprehensive Member Journey Map, an innovation unique to CCA and first developed in 2017. A journey map:

- **provides a fast, flexible, objective way to develop a clear understanding of the complete set of interactions consumers have with an organization.**
- **enables CCA to understand what matters most to members, provides insight on aspects of care and service delivery that require improvement, and forges clear pathways for innovation.**
- **serves as an important blueprint for CCA's continued growth and innovation, affording CCA a comprehensive, member-centered framework in which to continually innovate, evaluate, and improve our effectiveness as an organization.**

CCA met with over 80 members to validate our original journey map and of the 170 unique member touchpoints, the forty reported by members as most important to their experiences with CCA drive our focus areas for continued innovation and improvement across the organization. The Member Journey Map is updated with members annually to reflect progress and emerging new member-driven priorities. With the success of our internal Member Journey Map and other consumer-centered initiatives, CCA launched the Center to Advance Consumer Partnership to share such tools with like-minded leaders seeking to foster true health care transformation.

- **Improve coordination for dually-eligible beneficiaries and reduce avoidable Medicare spending.**

  A high proportion of Medicaid MLTSS plan members have their medical care covered by Medicare. MLTSS plans coordinate with Medicare or Medicare Advantage plans to ensure members receive the services and supports they need to remain in their homes and communities, reducing avoidable hospitalizations and institutional admissions. With dually-eligible beneficiaries disproportionately representing the highest cost enrollees in both programs, MLTSS efforts to improve coordination can achieve substantial cost-savings for the Medicare program.

- **Engage and earn the trust of individuals and their caregivers.**

  MLTSS plans assign a care manager to members with complex care needs. Effective care managers get to know and respect their members, including their life experience, physical and behavioral health conditions, social circumstances, and resources. Their approach is "person-centered": engaging the person and caregivers in assessing their condition, functional capacity, and environment; enabling the member to articulate their own conception of their care goals and preferences; planning, coordinating, and assuring the delivery of services as a means to actualize the member's goals; and ultimately remaining accountable for their goal attainment.

Centene: "Person-Centered" Training

- **Centene provides intensive two-day Person-Centered Thinking training for all plan MLTSS/MMP leadership and care managers, using materials developed with academic experts in person-centered care practices.**
- **Centene also maintains a Person-Centered Center of Excellence (CPCCE), which provides ongoing support and training updates.**
- **Centene is revising their provider contracts to clarify the expectation of full compliance with the PCT provisions of the 2013 HCBS Settings Rule.**
- **Centene helps care managers educate members about the person-centered planning process through educational materials.**

- **Ensure members are served in the least restrictive and most community-integrated setting possible**.

  Most people with disabilities prefer to live in integrated settings with the broader community and not isolated in residential or employment settings uniquely for people with disabilities. MLTSS health plans work with states to achieve the goals set out by the *Olmstead*[3] Supreme Court decision to support people with disabilities in the most-integrated and least-restrictive settings possible. MLTSS health plans work with members and their families to provide services and supports (including housing- and employment-related services) to enable them to transition to and remain in these more-integrated and less-restrictive settings, achieving savings for states in the process.

CCA Health Outreach Workers

Consistent with the Housing First philosophy, CCA health outreach workers address housing needs including assessment of and assistance with housing barriers, connection to local funding agencies to assist with financial burdens and budgeting, eviction prevention and mediation, and follow-up with housing applications and evictions. These dedicated CCA staff:

- **proactively engage with members to avoid homelessness and to link homeless members and their families to permanent housing without pre-conditions and barriers to entry like sobriety or service participation requirements.**
- **create tailored solutions to challenges, such as housing workshops which, in the first three sessions, supported almost 60 members in the completion of nearly 500 applications for various housing supports. As much as 50 percent of a health outreach worker's time is spent on assisting CCA members with housing.**

[3] Olmstead v. L.C., 527 U.S. 581 (1999)

- **Ensure members are connected to their care team and not socially isolated.**

  MLTSS plans coordinate services and supports to enable individuals to remain in their preferred setting for as long as possible. As part of this effort. care managers establish and maintain effective two-way communication with plan members and their caregivers to be alerted and respond to changes in condition and other signals. These efforts reduce avoidable emergency room visits, hospital admissions, and nursing home stays that can trigger complications and lead to a decline in an individual's health and functioning.

- **Engage and support family caregivers.** Parents, spouses, and adult children are often the predominant caregivers for seniors and younger adults with disabilities who need assistance with daily activities. MLTSS plans identify each member's primary caregiver(s) and work to ensure family caregivers remain in place and are supported. Care managers also include family caregivers in assessment interviews, identify caregiver(s) needs and arrange for services to support them, offer training to expand the caregiver's capacity and role, and include a caregiver in the member's care team.

LA Care - IHSS+ Program Trains and Integrates Family Caregivers

- **LA Care partners with Service Employees International Union (SEIU) to provide training for family caregivers who are In-Home Supportive Services (IHSS) providers to better integrate with interdisciplinary care teams (ICTs) and communicate more effectively with other care team members. By helping family caregivers be more active members of ICTs, IHSS+ facilitates more integrated and effective provision of LTSS services.**

- **LA Care will soon also offer "support groups" to foster social connections between IHSS+ program graduates, giving family caregivers a stronger support network to decrease stress and isolation, both improving caregivers' wellbeing and helping them continue providing high-quality care for their family members.**

- **Invest in expanding and improving the LTSS workforce.**

  MLTSS plans pay for and support direct care workers providing in-home care (including personal care aides, home health aides, and nursing assistants). In many parts of the country, health plans encounter shortages of qualified direct care workers and partner with unions or other organizations in programs offering training, expanded responsibility, career ladders, and higher compensation. These efforts attract, retain, and improve the performance of in-home workers, and translate to improvements in member satisfaction and health outcomes.

Arizona: LTSS Workforce Development Initiative

The state of Arizona included workforce planning requirements in their managed LTSS contracts beginning October 2017. The state requires the plans to have an annual workforce development plan with specific interventions. Through these plans, MCOs provide technical assistance to LTSS providers to help them improve workforce recruitment and retention and develop workforce training and education programs. The plans regularly engage with the state and LTSS providers to work collaboratively on workforce development.

VNSNY CHOICE Health Plan – Investment in Training the LTC Workforce

Through its 1115 Medicaid waiver, New York State is investing over $180 million in LTSS workforce development programs designed to build LTSS workforce infrastructure and retention through retraining, redeployment, and skill enhancement. VNSNY CHOICE is leveraging this opportunity and partnering with a Workforce Investment Organization (WIO) to create training initiatives for home care providers on high-quality clinical and administrative practices that support shared value-based payment (VBP) goals. Based on performance, CHOICE recommends certain trainings and curriculum to home health aides serving at-risk members to improve on specific measure performance.

- **Partner with community-based organizations (CBOs) and address social determinants of health.**

  MLTSS health plans partner with CBOs such as area agencies on aging (AAAs) and coordinate with community organizations to provide social services and supports and address social determinants of health for their members. These health plans develop networks of CBOs and invest in improving their management, data collection, and reporting capacity to ensure members receive high-quality services in a timely fashion.

Aetna -- Area Agency on Aging (AAA) Partnerships

For the MyCare Ohio Financial Alignment Initiative (FAI) [Medicare-Medicaid Plans (MMPs), Aetna partners with local AAAs to provide care management services.

- **Aetna fully delegates care management for members receiving HCBS to the community-based organizations' waiver service coordinators, leveraging their experience providing HCBS management services.**
- **The AAAs help the plans improve their provider network, conduct health risk assessments, locate hard-to-reach members, help members transition from institutions to the community, and coordinate waiver services.**
- **Aetna supports each AAA by providing technology, analytics, and medical and behavioral health expertise.**

CCA Health Home Partnerships

To maximize service co-location and integration, as well as to leverage members' existing engagements with providers, CCA has collaborated with community-based organizations and human service providers to provide high-quality care coordination through CCA's health homes.

The health homes are responsible for care management, comprehensive assessments, and individualized care plans and coordinate care onsite, often in settings and by individual providers which our members are already comfortable with and trust.

CCA identifies health homes with prior experience providing human services and integrated care management along with experience with or willingness to participate in value-based purchasing arrangements. Increasingly holistic alignment of financial incentives on key clinical and operational metrics focuses the partnership around shared goals, such as reducing acute care admissions.

The health homes benefit from CCA's clinical infrastructure and access to specialized services, such as our in-house diabetes specialist, palliative care team, and physicians specializing in substance use disorder. Seven health homes serve approximately 25 percent of our One Care members.

VNSNY CHOICE Health Plan – Focus on Social Determinants of Health

CHOICE MLTC has contracts with VNSNY's Community Mental Health Services PEARLS Program to conduct in-home depression screenings. CHOICE's contracted aides have been trained to refer MLTC members to the PEARLS program in order to receive six sessions of in-home mental health services that are designed to address the symptoms of depression and improve the quality of a senior's life. The intervention is currently being evaluated with pre- and post-intervention depression scores to assess impact.

Plans share savings and reward community providers' performance in order to align provider and payor incentives to improve outcomes and reduce low-value care.

- **Measure quality and are accountable to states for performance and outcomes.** MLTSS health plans maintain extensive information systems that maintain and integrate member enrollment records, electronic medical records, case management files, and assessment records when made available and accessible. Health plans can share appropriate information as needed with their members' providers to coordinate care. MLTSS health plans can also use this information in predictive modeling to ensure that more intensive levels of care are available to support members who are developing or may develop complex care needs. Health plans' data resources also provide information to measure and report state- required measures of plan performance and quality of services. Federal and state agencies are working to provide important health plan-level quality metrics to consumers and the general public to support plan comparison and selection.

Centene – Performance Measurement Dashboard

Centene's information technology (IT) specialists manage a key performance measure dashboard which pulls data from care management, financial, and other records across the country and aggregates it in one place that provide comparative measurement of plans performance and quality.

VNSNY CHOICE Health Plans – Data-Driven Partnerships to Improve Quality

Working with its contracted home care providers and its labor union (1199SEIU), VNSNY CHOICE is developing new mechanisms to support collaboration and relationship-building to meet contract expectations and drive changes in practice patterns. CHOICE and its LHCSAs meet bi-weekly to review and discuss performance against quality measures and collaborate on interventions for low-performing measures. This includes:

(1) ***sharing performance data*** **in real-time through dashboards that summarize provider performance against key quality measures, with the ability to see member-level details;**

(2) ***at-risk reports*** **that outline the areas where the member experienced a decline and identify members for timely clinical interventions;**

(3) ***assessment details*** **that provide supplemental clinical information at the member-level; and**

(4) ***best practice sharing*** **from our home care provider partners. Moreover, during monthly clinical workgroups, CHOICE Care Management works with its contracted home care providers to review 10 high-risk member cases and discuss how to address member issues.**