

Why managed long-term services and supports

States partner with managed care organizations (MCOs) to administer Medicaid benefits, customizing this partnership to address what their state needs most, including administering long-term services and supports.

States are intentionally moving toward managed long-term services and supports (MLTSS) models because they offer more comprehensive care coordination, greater oversight and accountability, higher member satisfaction, and a focus on improving outcomes and the quality of life for LTSS beneficiaries.



Providing high-quality care



Access to Quality Care:

MLTSS programs can be used to improve quality, coordinate care, support caregivers, and monitor progress.



Holistic and Coordinated Care:

MLTSS plans use a dedicated care manager to coordinate care across a range of providers and services, focusing on treating the whole person.



Oversight and Accountability:

An effective MLTSS program is a unique public-private partnership that combines private sector innovation and expertise with state-led oversight and accountability.



Innovation:

Managed care organizations bring private sector innovation, expertise, and agility to help states in the delivery of LTSS.



Competitive Contracting:

Managed Care Organizations (MCOs) are selected through a competitive bidding process, and the state chooses the best MCOs to meet their needs.



Budget Predictability:

Managed care allows states to better manage costs and budget with predictability. Programs can achieve savings by rebalancing LTSS spending, managing service use, and avoiding unnecessary hospitalizations or institutional placements.

State success with MLTSS



Arizona Medicaid has successfully transitioned most individuals who can receive HCBS out of nursing facilities, with approximately 87% of MLTSS beneficiaries receiving HCBS. [Arizona Health Care Cost Containment System, 2020](#)

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Through the Kansas KanCare program, primary care physician visits increased by 80%, “costly hospital stays” decreased by 29%, and emergency department use decreased by 7%.

Non-emergency transportation use also increased 56%, an indication that KanCare consumers attended more appointments with providers. [ADvancing States, 2017](#)