

Value of Managed LTSS

Key Highlights



What are long-term services and supports (LTSS)?

Long-term services and supports (LTSS) cover a broad range of day-to-day services and supports needed by people with long-term conditions, disabilities, or frailty. LTSS includes institutional care (e.g., nursing homes) as well as home- and community-based services (HCBS).



Types of services that can be delivered through LTSS

LTSS can cover a range of services to help people live independently by assisting with activities of daily living (ADL) such as:



Hygiene



Mobility



Nutrition



Dressing



First Aid



Housekeeping



Medications



Finances

Who uses LTSS?

“Someone turning 65 today has almost a **70%** chance of needing some type of long-term care services and supports in their remaining years.”

Administration for Community Living, 2020

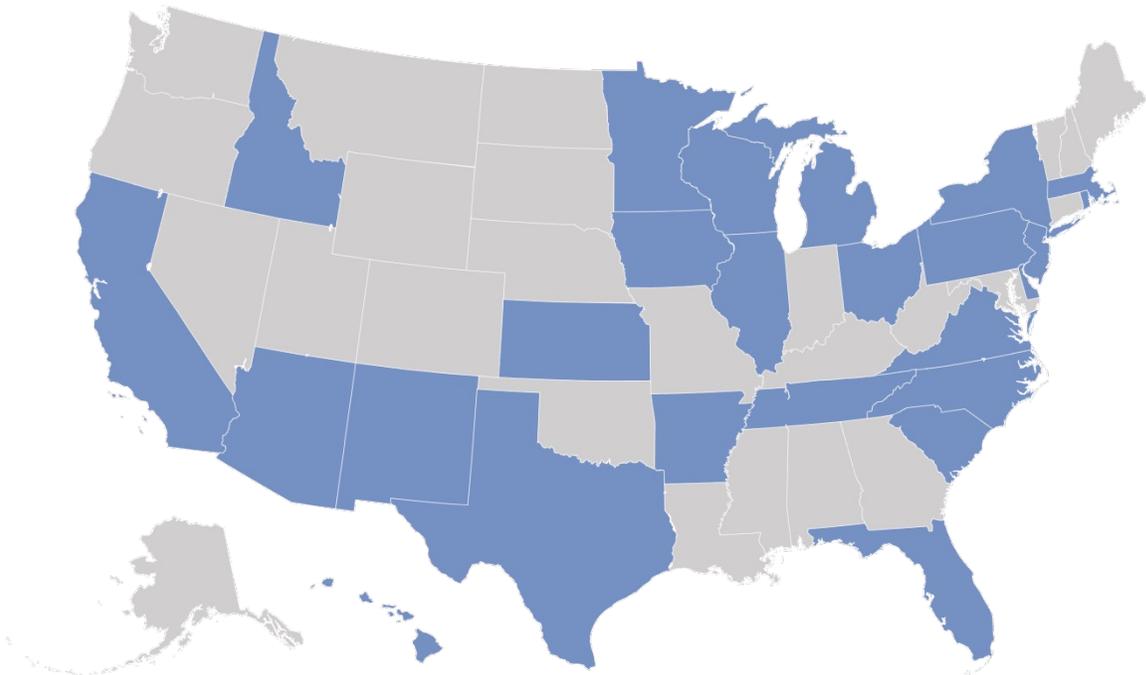


How do states deliver LTSS?

To administer LTSS programs, states can use a fee-for-service (FFS) or managed care model. States are increasingly shifting to managed care models for LTSS, known as **MLTSS**.

Medicaid managed care allows states to deliver higher quality care, improve outcomes, and manage healthcare costs.

States partner with health plans to administer and coordinate LTSS. The state pays participating health plans a fixed rate, and those plans are responsible for delivering care as agreed by the state's MLTSS program



***In 2021, MLTSS
programs were used
in half of all states.***

ADvancing States, 2021

State success with MLTSS

States are intentionally moving towards MLTSS models because they offer more comprehensive care coordination, greater oversight and accountability, higher member satisfaction, and a greater ability to improve outcomes and the quality of life for LTSS beneficiaries.



Approximately **87%** of MLTSS beneficiaries in Arizona receive HCBS, rather than care in a nursing home.

[Arizona Health Care Cost Containment System, 2020](#)



Kansas' KanCare program increased physician visits by **80%** and reduced "costly hospital stays" by **29%**.

[ADvancing States, 2017](#)



77% of beneficiaries in Florida reported an improved quality of life since joining an MLTSS plan.

[ADvancing States, 2021](#)

LTSS beneficiaries, and their families, are seeking LTSS that enables a rich, meaningful life, with the independence and support that is right for their situation. Through a person-centered approach, MLTSS allows for the creation of holistic, coordinated service plans to improve care for the beneficiary.



“Medicaid managed care beneficiaries were 28% more likely than FFS beneficiaries to be satisfied with their experience of care and quality of life.”

Mathematica, 2021

MLTSS supports expanded HCBS

With the right supports, many individuals with LTSS needs can live more fulfilling lives in their homes and communities.

Many states are prioritizing HCBS over institutional care for their LTSS programs. This shift to expand the use of HCBS over institutional care within LTSS is commonly known as **rebalancing**.



“78% of Americans age 45 and over want to age at home.”

AARP, 2015

MLTSS is uniquely able to help states meet rebalancing goals and ensure members receive the care they need in their setting of choice.

What are examples of home- and community-based services (HCBS)?

Daily Living Activities

 *Getting dressed*

 *Personal care*

 *Home-delivered meals*

 *Grooming*

 *Using the toilet*

Community Integration

 *Social engagement*

 *Work supports*

 *Transportation services*

 *Adult daycare*

Additional Assistance

 *Home modifications*

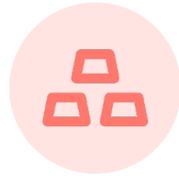
 *Financial and legal services*

MLTSS promotes 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.

MLTSS supports at-home services by

1. Facilitating successful transitions

MLTSS programs provide extensive care coordination to ensure members maintain the right level of care from institutions to home.

3. Providing holistic and coordinated care

Having a comprehensive view of a beneficiary's needs and care ensures that each beneficiary receives the right level of care in the setting of their choice, with the rights supports in place.

2. Promoting accountability to shift members to HCBS

MLTSS plans can partner with states to provide unique insights through data and progress to help measure and achieve rebalancing goals.



MLTSS improves quality of life

MLTSS enables increased access to HCBS, which enables people with disabilities of all ages to live as independently as possible and fully participate in their communities as they choose.



Care coordination

Working with care managers to ensure whole-person care, beneficiaries can improve their quality of life and regularly re-evaluate needs.

MLTSS plans employ care coordinators, ensure appropriate care, and build care plans. The care manager acts as a trusted point of contact to coordinate care, support caregivers, and monitor progress.



Goal setting

Ensuring beneficiaries have the right supports in place along with a personal care plan that meets their needs and goals.

MLTSS care coordinators work closely with beneficiaries beyond physical health needs to help them achieve what they identify to be important life goals.

The value of MLTSS

- Improved quality of life and health outcomes
- Reduced waiting lists and increased access to services
- Increased access to home- and community-based services
- Holistic and coordinated care
- Higher beneficiary satisfaction
- Public-private partnership
- Budget predictability and cost savings for states

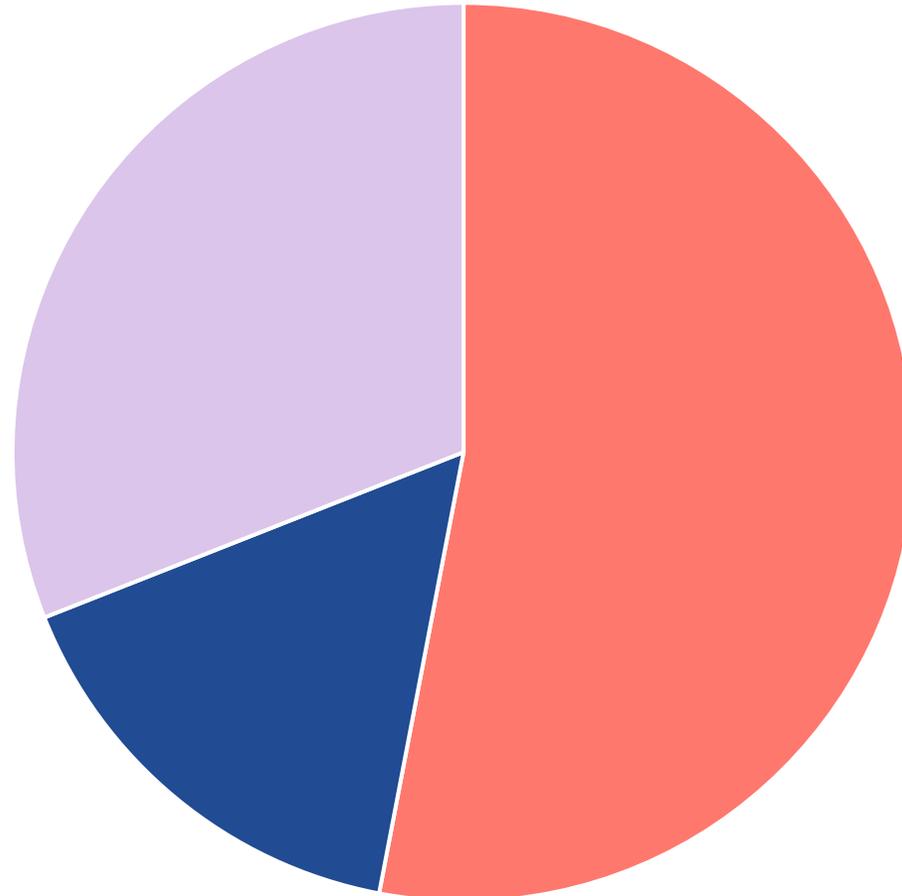




For more information, visit
<https://nationalmltss.org/>

Additional Charts

LTSS spending



Over 50% paid for by Medicaid

16% paid for by beneficiaries out of pocket

31% paid for by private insurance and other public and private sources

Kaiser Family Foundation, 2020

At-home care facts

Annual Median Costs of Care

