Managed Long-Term Services & Supports: What Does it Really Mean for Consumers? October 25, 2013

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## Significant Growth of MLTSS

<table>
<thead>
<tr>
<th>Year</th>
<th>States with MLTSS Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>8</td>
</tr>
<tr>
<td>2012</td>
<td>16</td>
</tr>
<tr>
<td>2014 projected</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: Truven Health Analytics
What is Medicaid MLTSS?

• CAPITATED PAYMENTS TO MANAGED CARE ORGANIZATIONS – SHIFTING RISK

• CAN MAKE MCO ACCOUNTABLE FOR SERVICES AND COSTS
18 STATES HAD ENROLLED PEOPLE INTO MLTSS PROGRAMS AS OF OCTOBER 2013

Source: Truven Health Analytics
Who’s in MLTSS?

- Older people and adults with physical disabilities are the most common populations covered.
- \(\frac{1}{2}\) states included adults with ID/DD, and \(\frac{1}{2}\) states included children with disabilities in 2012.
- More states in 2014 planning to include these populations.
What Services are Capitated in MLTSS?

- Home and community-based services and nursing home care
- Most give members the option to self-direct
- ~½ states include major Medicaid services in capitated rate, and ~½ have carve outs; ask about service limits
How do Programs Measure LTSS Quality?

- Quality management programs with LTSS specific measures
- Lack of a nationally endorsed set of measures, so great state variation
How Can Consumers Give Input?

- Member advisory committees
- Member consumer satisfaction surveys
What’s the New Focus?

- Dual Eligibles

- New efforts to integrate Medicare and Medicaid and better coordinate care for dual eligibles

- CMS’ Medicare-Medicaid Financial Alignment demo

- Many states moving to Medicare-Medicaid capitation for dual eligibles
Who are the duals?

- 10.2 million people are eligible for both Medicare and Medicaid (dual eligibles or duals)
  - 7.4 million of them are eligible for Medicare and the full range of Medicaid benefits (Full Duals).

- Duals are the poorest and sickest of all Medicare beneficiaries, i.e. more chronic conditions, cognitive limitations and functional limitations than other Medicare beneficiaries.

- But **not a homogenous group**
Dual eligibles account for a disproportionate share of Medicare and Medicaid Spending

<table>
<thead>
<tr>
<th>Average Spending per Beneficiary in 2009</th>
<th>Full Duals</th>
<th>Nondual Medicare Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$15,100</td>
<td>---</td>
</tr>
<tr>
<td>Medicare</td>
<td>$18,200</td>
<td>$8,300</td>
</tr>
<tr>
<td>Total</td>
<td>$33,300</td>
<td>$8,300</td>
</tr>
</tbody>
</table>

SOURCE Congressional Budget Office, June 2013.
Duals Demos: Today

- 6 proposals withdrawn
- 8 MOUs Signed
- 12 proposals pending
- Gray: Not participating
- 14 Capitated (1.5 mil duals eligible)
- 6 MFFS

What do consumers want?

The Goals:

- Bring better care coordination
- Improve transitions between settings
- View families as partners in care
- Create new options in home and community-based services
Putting Consumers First

- **Consumer Involvement:** Consumers need to be actively and meaningfully involved during every step of the process and on an ongoing basis.

- **Consumer Education:** Consumers must have access to ongoing, unbiased information and education.

- **Transition plans:** No abrupt termination of long-standing relationships with traditional providers.
Putting Consumers First (con’t)

- **Transparency**: Consumers need to be able to make choices based on information they receive from independent parties and have access to independent ombudsmen.

- **Continuity**: Consumers need the broadest possible provider networks, so they experience the least disruption.