

**Managed Long-Term Services & Supports:  
What Does it Really Mean for Consumers?  
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# Significant Growth of MLTSS



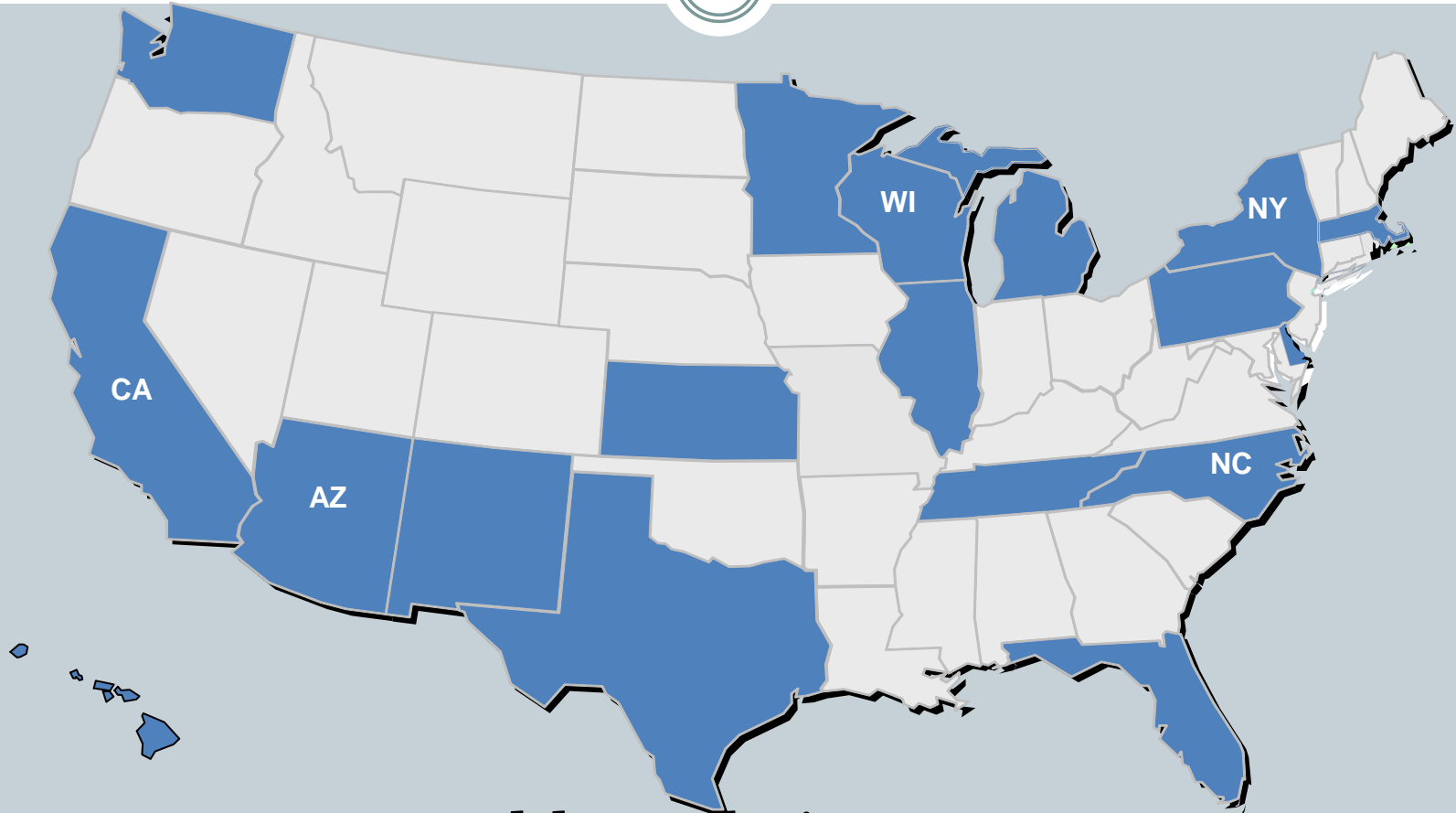
Year	States with MLTSS Programs
2004	8
2012	16
2014 projected	24 Source: Truven Health Analytics

# 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
- ~1/2 states included adults with ID/DD, and ~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
- ~1/2 states include major Medicaid services in capitated rate, and ~1/2 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



Average Spending per Beneficiary in 2009	Full Duals	Nondual Medicare Beneficiaries
Medicaid	\$15,100	---
Medicare	\$18,200	\$8,300
<b>Total</b>	<b>\$33,300</b>	<b>\$8,300</b>

SOURCE Congressional Budget Office, June 2013.

# Duals Demos: Today



**6 proposals withdrawn**  
**Gray: Not participating**

**8 MOUs Signed**  
**14 Capitated (1.5 mil duals eligible) 6 MFFS**

**12 proposals pending**

# 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.