

# Managed Long-Term Services and Supports (MLTSS) Site Visit Results

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Medicaid and CHIP Payment and Access  
Commission

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**The Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP).**

# MACPAC Publications on LTSS

- June 2011 report on the evolution of managed care in Medicaid
- March 2012 report chapter on persons with disabilities
- March 2013 report chapter on dually eligible beneficiaries
- June 2014 report chapter on LTSS
- State policy compendia on nursing facility payment methods
- MACStats data figures on LTSS users

# MLTSS Overview

- An increasing number of states are choosing to deliver LTSS through arrangements with managed care organizations (MCOs).
- MCOs are responsible for providing the broad range of LTSS services within the capitated rate they receive from the state.
- The number of states with MLTSS programs has increased rapidly in recent years, with additional states showing interest in developing programs.

# MLTSS Site Visits

**In August and September 2014, MACPAC staff conducted five state site visits to states with MLTSS programs.**

Our goals were to:

- educate staff on MLTSS
- identify policy questions for future inquiry
- inform the Commission's deliberations on the changing LTSS landscape

# MLTSS Site Visits

- The states we visited were Arizona, Florida, Illinois, New York, and Wisconsin.
- States were chosen to include variation in implementation stage and program design, and for geographic diversity.

# MLTSS Site Visits

- In each state, MACPAC and Mathematica staff met with a variety of stakeholders.
  - state Medicaid officials
  - plan representatives
  - provider association representatives
  - beneficiary advocates
- Following the site visits we identified key themes within each state and across states.

# Site Visit Themes

**Each MLTSS program is unique; states made different design choices in a number of areas:**

- populations covered
- mandatory versus voluntary enrollment
- stand-alone MLTSS versus comprehensive Medicaid managed care plans
- geographic reach
- number and type of managed care organizations



# Site Visit Themes

**States' MLTSS program configuration was influenced by a variety of factors, including:**

- executive leadership
- legislation
- existing LTSS infrastructure
- stakeholder input

# Site Visit Themes

## All states with recent MLTSS transitions phased in enrollment by region.

- Each of the transition states first introduced their programs in large population centers and later expanded to rural regions.
- CMS guidance strongly encourages a phased approach.

# Site Visit Themes

**In states with recent transitions, preparation of the provider community was a major challenge.**

- The provider community had to undergo a shift from one to several payers.
- States and plans employed a number of strategies to assist in the transition to new billing requirements.

# Site Visit Themes

**States implemented a number of transition protections, but service changes remained a source of dispute for advocates.**

- Protections included requiring maintenance of services, providers, and payment levels for a set period of time.
- The mix of protections and the time during which they remain in place vary by state.

# Site Visit Themes

**The accuracy of provider directories was a source of frustration for beneficiary advocates.**

- Arizona, Florida, and Wisconsin reported conducting ad-hoc “mystery shopper” calls to verify that providers are accepting new patients.
- Plan representatives reported that keeping this information up to date is a challenge for all plan types, not just MLTSS or Medicaid plans.

# Site Visit Themes

**States use a mixture of staff and vendors to administer and oversee MLTSS programs.**

- States emphasized that the skills needed to administer MLTSS differs from what was needed to administer LTSS benefits under fee-for-service.
- Some states hired additional staff.
- In other cases, resource constraints required the use of contractors.

# Site Visit Themes

**States' performance measurement strategies varied, but states with longer MLTSS experience employed more financial penalties.**

- States often work in collaborative manners with plans to address performance issues.
- Illinois was just beginning to use data to identify outliers and investigate patterns.
- Arizona and Florida described financial sanctions used for a variety of deficiencies.

# Site Visit Themes

**All states reported that strong partnerships with stakeholders are integral to a successful program.**

- In New York, state Medicaid staff met monthly with plans and advocates, and convened councils and work groups on key issues.
- In Wisconsin, stakeholders described state Medicaid staff as accessible and collaborative.



# Site Visit Themes

## Stakeholders identified challenges that are likely to persist past implementation.

- Duplication of case management for stand-alone LTSS plans can cause communication challenges and confusion.
- Many stakeholders noted a need for better ways to assess plan quality.
- Transportation services were a concern across states.

# Policy Questions

- How similar or dissimilar are level of care determinations across states?
- What are the advantages and disadvantages of having LTSS stand-alone plans versus integrated plans?
- What quality measures would improve oversight of MLTSS programs?
- How will HCBS and managed care regulations affect existing and future MLTSS programs?

# Ongoing MACPAC Work

## MLTSS issues integrated into our LTSS work:

- reviewing uniform assessment tools for eligibility and care planning
- monitoring HCBS quality measurement initiatives
- understanding assisted living payment and coverage policies
- determining how HCBS and managed care regulations may affect the breadth of options MLTSS programs provide



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