



Medicaid Long-Term Services and Supports: Moving Forward

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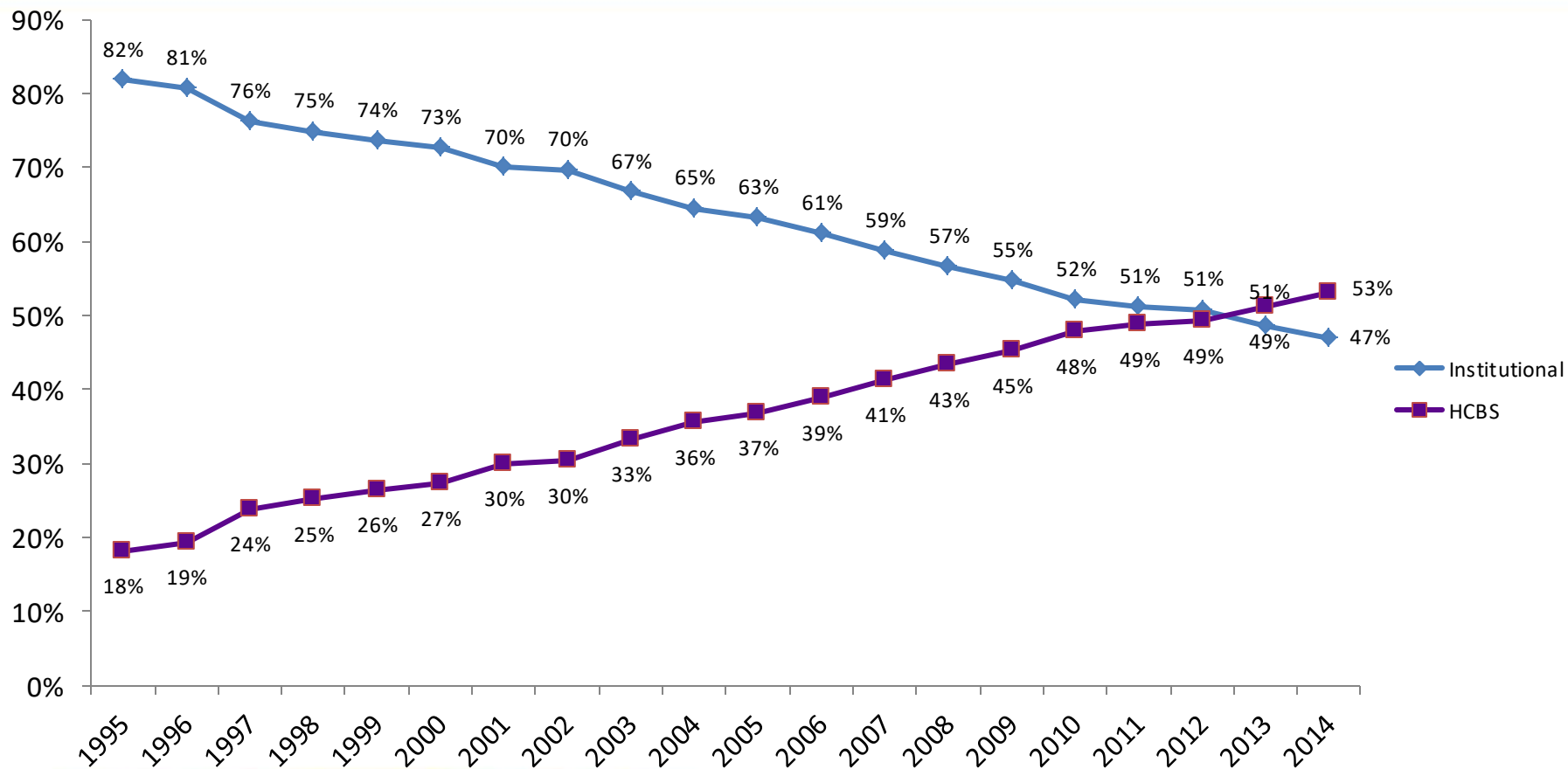
August 31, 2016



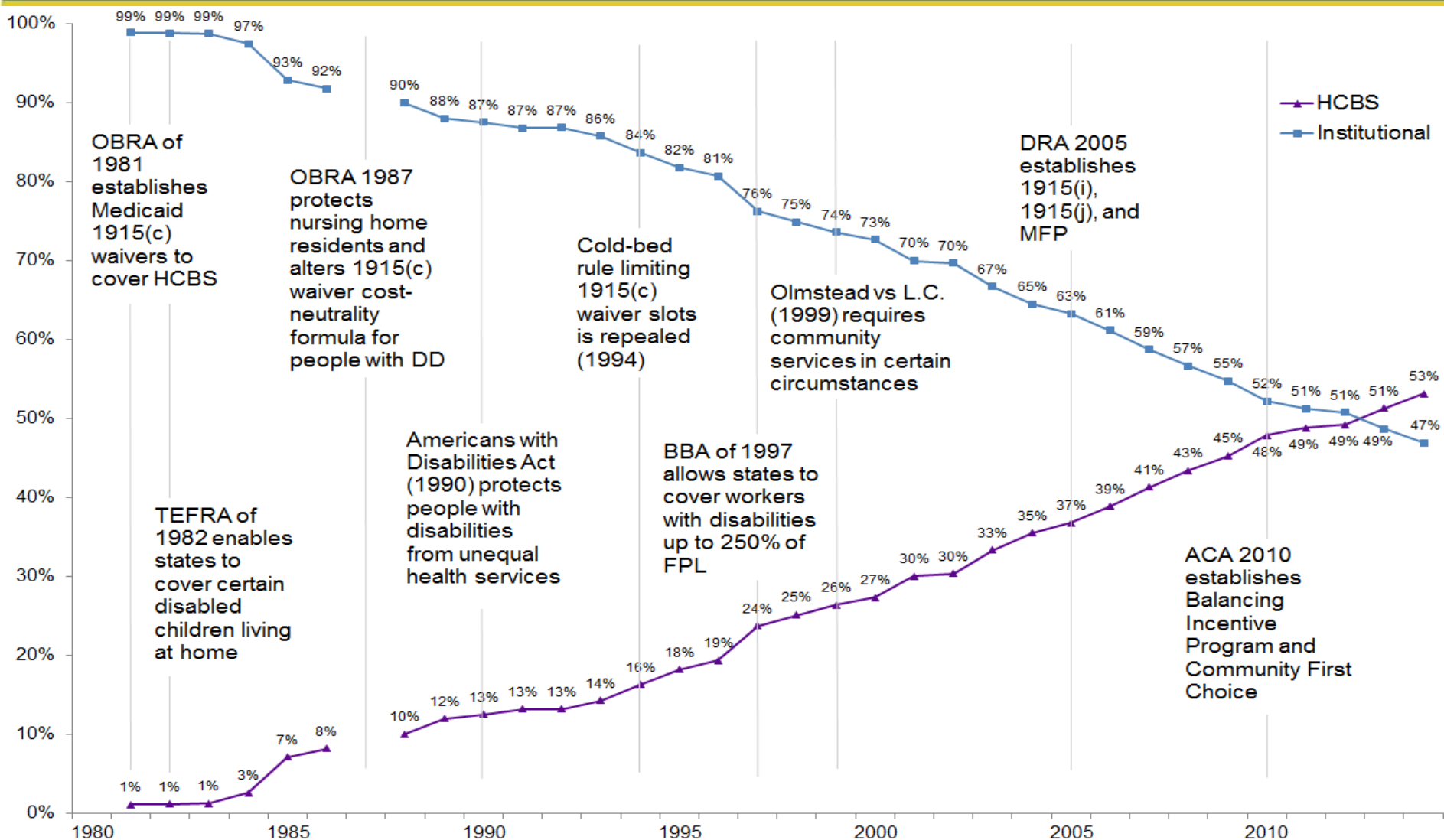
DEHPG Priorities

- ❖ Continued balancing of the system toward HCBS versus institutional services
- ❖ Implementation of the HCBS Settings Final Rule
- ❖ Implementation of the Medicaid Managed Care Final Rule
- ❖ Support for State Delivery System Reform Efforts
- ❖ Quality Improvement

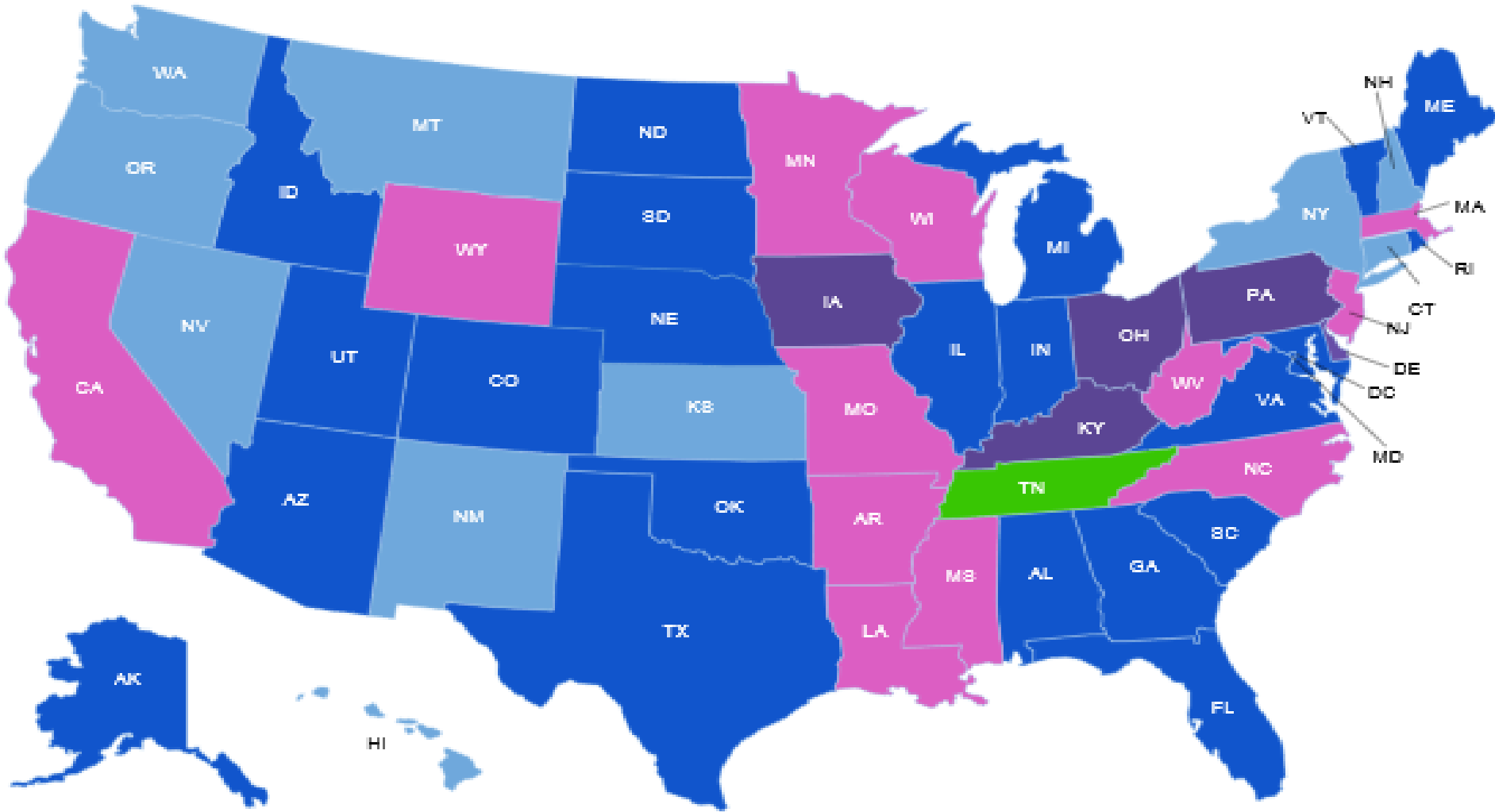
Institutional and Home and Community-Based Services (HCBS) as a Percentage of Long-Term Services and Supports (LTSS), FFY 1995-2014



How Did We Get Here?

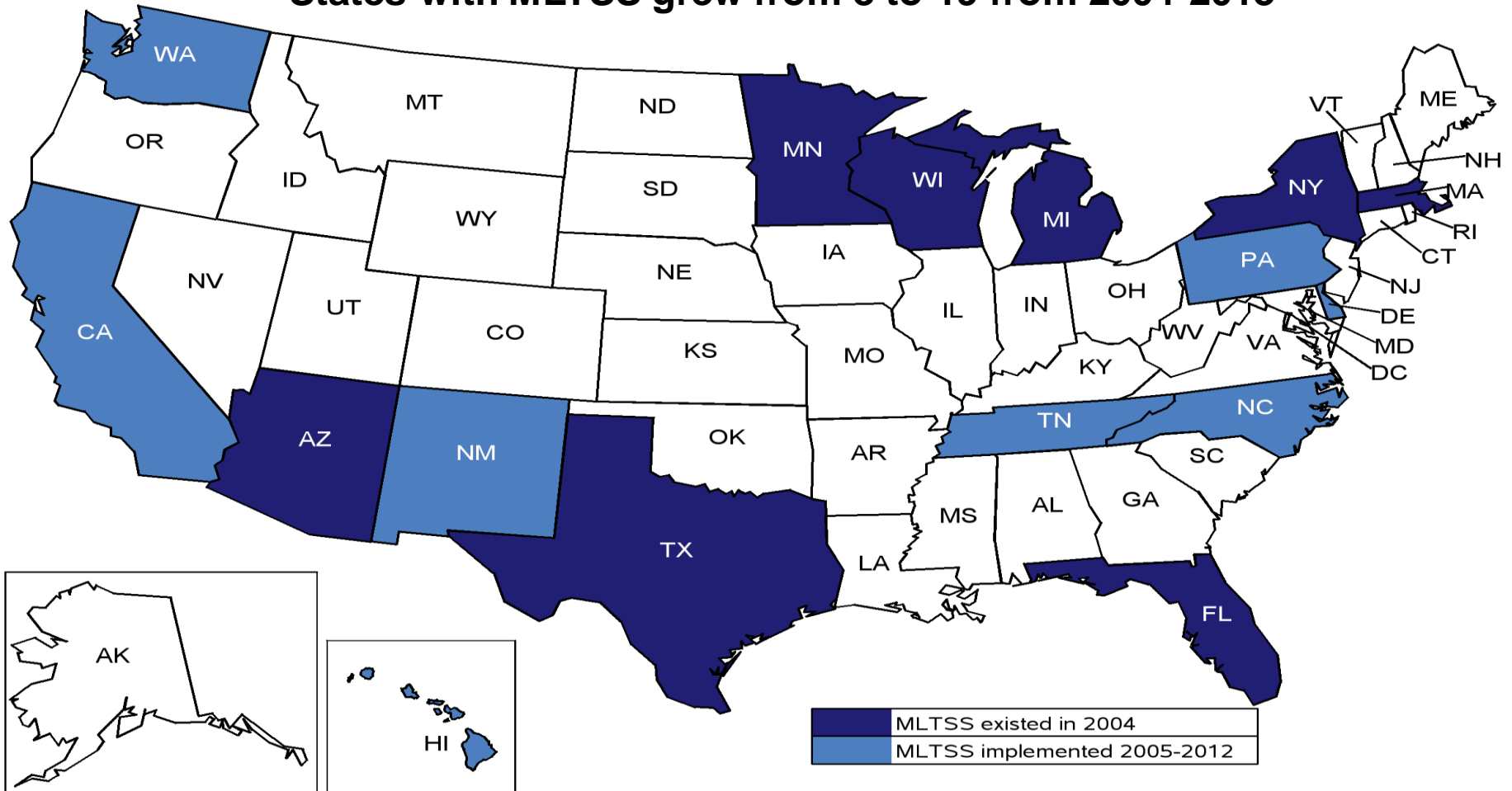


Statewide Transition Plan – Resubmission Status



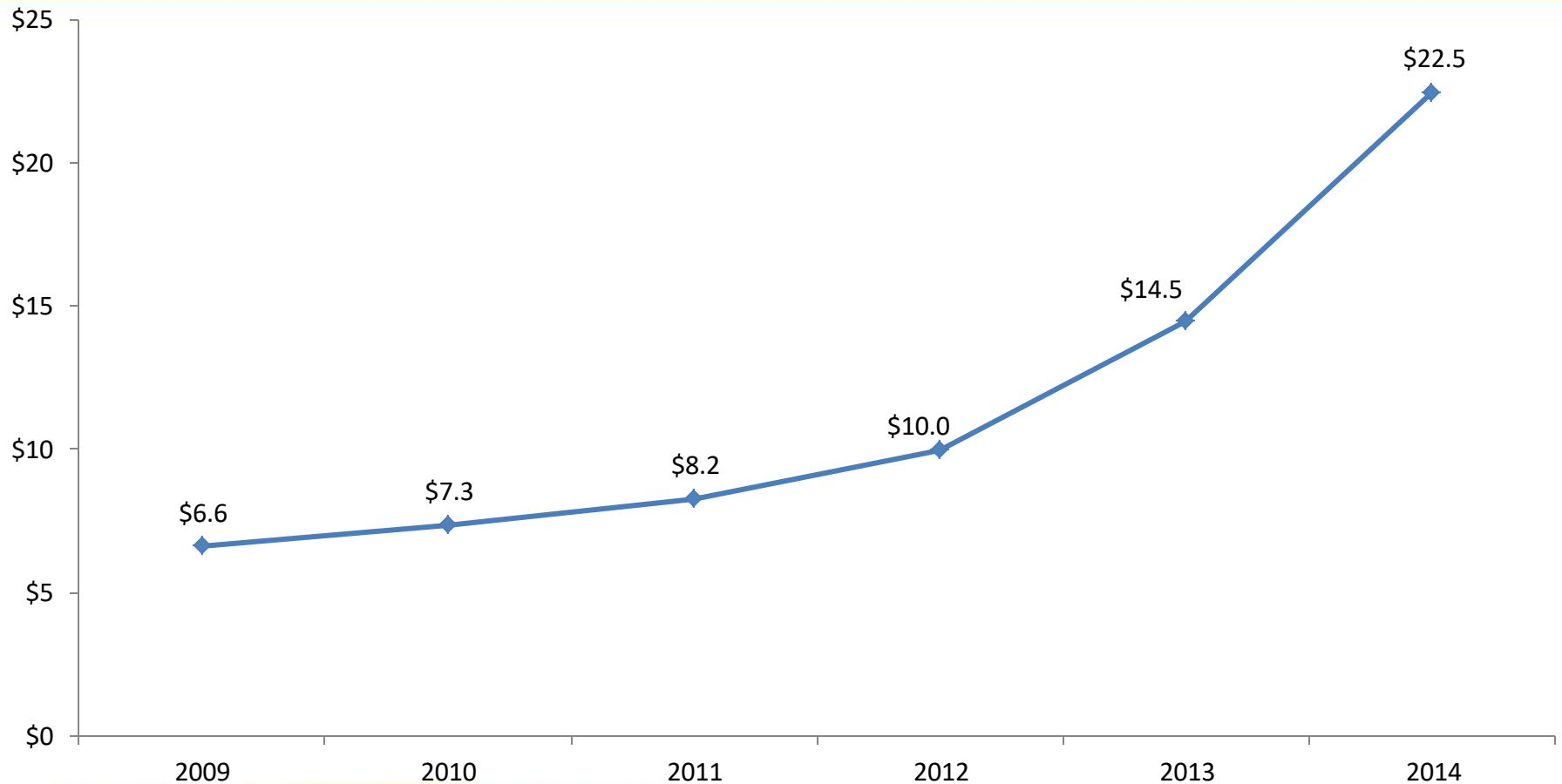
Managed LTSS in 2013

States with MLTSS grew from 8 to 19 from 2004-2013



Source: Truven – Health Analytics - *The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update*

Medicaid Managed LTSS Expenditures, in billions, FY 2009-2014



Source - *Medicaid Expenditures for Long Term Services and Supports in 2014*:
Prepared for CMS by Truven Health Analytics, April 22, 2016



Managed Care Regulation - Background

- ❖ Final rule is the first update to Medicaid and CHIP managed care regulations in over a decade. The health care delivery landscape has changed and grown substantially since 2002.
- ❖ Predominant form of Medicaid is managed care – risk-based arrangements for delivery of Medicaid services
- ❖ States have expanded managed care in Medicaid to enroll new populations, including seniors and persons with disabilities who need long-term services and supports, and individuals in the new adult eligibility group
- ❖ In 1998, 12.6 million (41%) of Medicaid beneficiaries received Medicaid through capitation managed care plans
- ❖ In 2013, 45.9 million (73.5%) of Medicaid beneficiaries received Medicaid through managed care (MCOs, PIHPs, PAHPs, PCCMs)

Managed LTSS Protections

1. State planning process
2. Stakeholder engagement
3. Compliance with ADA and HCBS settings requirements
4. Alignment of payment structures and goals
5. Beneficiary support system
6. Person-centered processes
7. Integrated service package
8. Network adequacy and accessibility
9. Health and welfare
10. Quality

Medicaid Delivery System Reform

PROGRAM AREAS

Improving Care for Medicaid Beneficiaries with Complex Needs and High Costs

Promoting Community Integration Through Long-Term Services and Supports

Supporting Physical and Mental Health Integration

Reducing Substance Use Disorders

Functional Areas

- Data Analytics
- Quality Measurement
- Performance Improvement
- Payment Modeling and Financial Simulations

Additional Areas of Focus

- ❖ Supporting the needs of the growing aging population
- ❖ Meeting the specialized needs of those with Alzheimer's and related dementias
- ❖ Quality framework
- ❖ Workforce issues
- ❖ Ideas for future innovation (HCBS, delivery system, etc.)