

# Coordinating Medicaid Long-Term Services and Supports for Children with Medical Complexity

Given the significant role that Medicaid plays in the financing and delivery of long-term services and supports (LTSS), states are focused on improving the delivery of LTSS in ways that help Medicaid beneficiaries remain in their homes, live independently, and engage meaningfully in their communities. Managed care organizations (MCOs) are valuable partners to states as they seek to achieve these goals. More and more, states are moving to managed LTSS (MLTSS) arrangements in Medicaid.

## MLTSS Can Help Address Barriers in the Fee-for-Service System

Under Medicaid fee-for-service (FFS), LTSS are often delivered in a “silo”—separate from physical and behavioral health services—which can result in a fragmented and uncoordinated system of care rather than a person-centered model of care delivery. In addition to the Medicaid system, children with medical complexity and their families interact with many different systems and providers such as schools, maternal and child health agencies, and the medical and supportive services delivery systems. This often results in multiple entities trying to manage their care, with either duplication of or gaps in services. The fragmentation in the FFS system can also limit the ability of children and their families to access the full array of services and supports they need in the home or community.

MLTSS can address these barriers by improving access to home and community-based services for children with medical complexity, improving coordination of services and supports across different systems, and supporting states’ goals to serve Medicaid beneficiaries with high-quality care under budgetary constraints.

## Managed Care Improves the Experience of Children Using LTSS

Through a well-designed managed care approach, MCOs are able to enhance the delivery of coordinated, high-quality services and supports that help children achieve their goals. MLTSS adds value in a variety of ways.

**Integrates LTSS with the Broader Array of Physical and Behavioral Health Services.** MCOs employ a holistic approach that addresses a child’s multifaceted needs—crossing the traditional “silos” of physical health, behavioral health, and LTSS. MLTSS is flexible; through a high-touch individualized approach, service coordinators can ensure that the services and supports provided to the child adapt to and evolve with changing needs. Addressing the needs of a member in a comprehensive manner can improve quality of care, enhance health outcomes, and promote community engagement while reducing utilization of high cost institutional settings.

**Enhances Community Integration for Children with Medical Complexity.** By coordinating all benefits through a single entry point, MCOs are well-positioned to reduce fragmentation of service delivery. Facilitating true community inclusion for children needing LTSS requires coordinating with community supports that may not be directly covered by Medicaid. In particular, children with medical complexity often require access to educational services to achieve their goals and thrive in the community. MCOs have the flexibility to go beyond certain FFS limitations to coordinate across these resources. Through MLTSS, MCOs can coordinate with the school system to help children receive necessary services and supports at school that are integrated into their overall medical support plans, as well as their individual education plans (IEPs). MCOs are also practiced in building collaborative relationships with the family, education systems, and other community supports to execute the most effective approach to achieving each child’s person-centered plan goals.



**Children with medical complexity** also considered “medically fragile,” generally have “intense medical needs that result from multisystem disease states, technology dependence, or complex medication regimens.”<sup>1</sup> Examples include congenital or acquired multisystem disease, severe neurologic conditions with marked functional impairment, and cancer and ongoing disability in multiple areas.<sup>2</sup> These children typically have functional needs that require multiple medical and non-medical services including LTSS, and many are dependent on technologies such as ventilators, renal dialysis, or enteral feeding tubes.

## Finding Comprehensive Solutions

### Coordinating Critical Supports over Time

MLTSS offers an effective framework for supporting children with medical complexity and their families. The needs of these children evolve substantially as they grow and transition to different stages of development. Initially, service coordination focuses on the parents of an infant who is medically fragile to ensure they are well-prepared to address the needs of their child in the home and community. As the child grows and develops, however, LTSS service coordination addresses the changing set of broader social support needs in addition to any ongoing or new physical and/or behavioral health needs. Having service coordinators who are able to follow the child throughout their development from infant to adolescent and transition into adulthood is critical. MCOs can best support medically fragile children as they grow—creating an environment that encourages children and families to articulate their own preferences for care and working with children and families to integrate LTSS to the fullest extent within their home, school, and social environments.

**Achieves Better Outcomes for Members.** MCOs can bring best and most promising practices to MLTSS programs that support the child, parents, and caregivers. For instance, when babies are born with serious medical conditions, there is tremendous need for immediate support and coordination for both the child and parents. MLTSS service coordinators are trained to engage from “day one,” while the family is still in the hospital, to support, educate, and assist the parents and other caregivers in understanding the baby’s needs, arrange and coordinate the child’s LTSS for after discharge, and follow up to ensure the baby, family, and caregivers are adequately supported. This creates the environment necessary for the parents to gain confidence in caring for their child and helping the child thrive. Additionally, MCOs can support parents by offering additional respite care, overnight respite care, and additional personal assistance services—extending the existing level of coverage for these LTSS services beyond that which is covered in the state Medicaid plan.

### Provides an Accountable Structure for the Delivery of High-Value LTSS.

MCOs are valuable partners to states as they seek to improve the delivery of services for children with medical complexity who need LTSS. MCOs have the ability to reach beyond Medicaid-covered services to better address social determinants of health and support community integration. MCOs can also facilitate innovation and accountability in LTSS provider networks through flexible approaches to reimbursement and value-based purchasing. Overall, MCOs create a point of accountability for children, their families, and states seeking improvements in service quality and consumer satisfaction.

## Delivering on the Promise of MLTSS for Children with Medical Complexity

As more states move in the direction of fully integrated managed care for all health care, services and supports, including LTSS, several recommendations can guide their efforts:

- Create flexibility in program design to meet individual needs and preferences: MCOs must meet members and their families where they are, understand their goals, and work with them to achieve those goals.
- Engage the broad range of stakeholders: A successful MLTSS program depends on the development of strong and trusted relationships with advocates, providers, and others.
- Provide administrative and program value to states: MCOs should support children, families and caregivers, and states’ goals.

The comprehensive and integrated approach of MLTSS allows coordination across the full array of services and supports that an individual needs, promotes access to HCBS, and enhances the quality of care and services delivered. MCOs are well-positioned to support states and their Medicaid beneficiaries in achieving the vision of a person-centered LTSS delivery system that emphasizes independence, choice, and overall well-being of the member.

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*For more information, please see our complete paper on managed LTSS at <http://antheppublicpolicyinstitute.com>*

<sup>1</sup> K.H. Burns, P.H. Casey, R.E. Lyle, T.M. Bird, J.J. Fussell, and J.M. Robbins (2011). Increasing Prevalence of Medically Complex Children in US Hospitals. *Pediatrics*; 126(4): 638-646.

<sup>2</sup> E. Cohen, D.Z. Kuo, R. Agrawal, J.G. Berry, S.K.M. Bhagat, T.D. Simon, and R. Srivastava (2011). Children With Medical Complexity: An Emerging Population for Clinical and Research Initiatives. *Pediatrics*; 127(3): 529-538.