

Coordinating Medicaid Long-Term Services and Supports for Individuals with Intellectual Disabilities and/or Developmental Disabilities

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. For instance, individuals with intellectual disabilities and/or developmental disabilities (ID/DD) may have behavioral health needs that get overlooked by providers who lack the necessary training to identify them or a referral system to connect individuals to proper treatment. Fragmentation in the FFS system also limits beneficiaries’ ability to access the full array of services needed to support community inclusion (e.g., employment, housing, non-medical transportation). Insufficient access to these services is sometimes due to a lack of coordination and the inflexible nature of services that can be delivered under FFS.

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Managed Care Improves the Experience of Individuals 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 individuals with ID/DD 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 an individual’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 adapt to and evolve with members’ changing needs. Addressing the needs of an individual in a comprehensive manner can help make sure a member’s underlying health needs are identified and the member is referred to and receives appropriate care. The holistic approach through MLTSS can also improve quality of care, enhance health outcomes, and promote community engagement while reducing utilization of high cost institutional settings.

Enhances Community Integration for Individuals with ID/DD. By coordinating all benefits through a single entry point, MCOs are well-positioned to reduce fragmentation and inappropriate utilization of institutional settings of care. Facilitating true community inclusion for individuals with ID/DD who need LTSS requires coordinating with community supports that may not be directly covered by Medicaid. In particular, these members often require access to supportive housing services, employment



Intellectual disabilities

are generally characterized by significant limitations in both intellectual functioning—such as learning, reasoning, and problem solving—and in adaptive behavior, which includes social and practical skills. By definition, intellectual disabilities originate before the age of 18.

Developmental disability

is an umbrella term that is more broadly defined to include intellectual disabilities as well as other cognitive and/or physical disabilities that manifest during the developmental phase, generally before the age of 22, and are expected to be life-long. Some developmental disabilities can be primarily physical such as muscular dystrophy; others may include both physical and intellectual disabilities such as Down syndrome.¹

Finding Comprehensive Solutions

Supporting Community Engagement

The person-centered planning process for individuals with ID/DD can identify for whom employment is a goal. To help those individuals meet their goals, the MCOs' MLTSS service coordinator pulls together resources through coordination with businesses, supported employment, and vocational and/or educational programs operated by other state agencies and community-based organizations. For example, service coordinators with the Amerigroup health plan in Kansas work directly with state agency staff and other partners to facilitate member transportation to and attendance at meetings with vocational rehabilitation, which heighten job opportunities and support members' transition to employment.² Furthermore, MCOs engage in partnerships with Medicaid Buy-in programs, which can offer eligible individuals the ability to retain Medicaid coverage while they work.

supports or educational services, and non-medical transportation to achieve community engagement and live independently. Housing supports, for example, can be a critical resource that enables individuals with ID/DD to remain in the community or transition to the community from an institutional setting. MCOs have the flexibility to go beyond certain FFS limitations to coordinate across these resources, build collaborative relationships with community organizations, and execute the most effective approach to achieving each individual's person-centered plan goals.

Achieves Better Outcomes for Members. MCOs promote consumer choice, self-direction, community integration, and independent living. In doing so, MCOs can bring best and most promising practices to MLTSS programs, including technologies that support the member and their caregivers as well as promote independence and safety in the home (e.g., home adaptation, remote supports (including sensors and alerts systems), adaptive aids, and other assistive technologies). Further, MCOs can provide enhanced supports for parents, family members and other informal caregivers, including respite services, education, and training. The result can be enhanced member engagement, improved adherence, and higher member satisfaction.

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 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 both members and states seeking improvements in service quality and consumer satisfaction.

Delivering on the Promise of MLTSS for Individuals with ID/DD

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 and caregivers 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 individuals, 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>

¹ Definitions for ID/DD come from the American Association on Intellectual and Developmental Disabilities (2013) and the Developmental Disabilities Assistance and Bill of Rights Act of 2000.

² Program information from the Amerigroup health plan in Kansas.