

Coordinating Medicaid Long-Term Services and Supports for Older Adults

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. The fragmentation in the FFS system also limits beneficiaries’ ability to access the full array of services needed to support community inclusion (e.g., housing, food security, 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. Additionally, older adults who are dually eligible for Medicare and Medicaid, as well as their families, must navigate not one but two delivery systems, with two different sets of rules that are sometimes misaligned, further increasing the risk of poor outcomes.

MLTSS can improve access to home and community-based services for beneficiaries as well as help older adults and their families navigate across delivery systems. MLTSS also coordinates services and supports among older adults for whom a nursing home may be the most appropriate setting. MLTSS aids providers in coordinating across physical health, behavioral health and LTSS systems and supports states’ goals to serve Medicaid beneficiaries with high-quality care under budgetary constraints.

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 older adults 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 older adults in a comprehensive manner can improve quality of care, enhance health outcomes, and support community living through assistance with activities of daily living while at the same time reducing utilization of high cost institutional settings such as nursing homes.

Enhances Community Integration for Older Adults. By coordinating all benefits through a single entry point, MCOs are well-positioned to reduce fragmentation and enhance service delivery. Facilitating true community inclusion for individuals needing LTSS requires coordinating with community supports that may not be directly covered by Medicaid. In particular, older adults who need LTSS often require access to housing, non-medical transportation, and other social supports to achieve community engagement and live independently. 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.



Older adults who receive Medicaid-funded LTSS

are usually low income, age 65 and older, and have physical and/or cognitive functional needs. Demand for LTSS will increase as the Baby Boomer generation ages and will diversify as adults with intellectual or developmental disabilities grow older.¹ Additionally, the increasing number of older adults with Alzheimer’s disease and related dementias may eventually require services and supports (e.g., help with cooking or bathing) to address their cognitive needs and help them live safely in their homes and communities and delay or avoid nursing home admission.

Finding Comprehensive Solutions

Supporting Caregivers of Older Adults

MCOs are well-positioned to address the needs of the family caregiver, in addition to the individual. Significant predictors of institutionalization among older adults, particularly those with cognitive impairment, are the amount of time a caregiver spends taking care of the individual and the caregiver's own self-reported health status.² Spouse caregivers often have their own health issues, and adult child caregivers must often balance caring for their parent(s) with raising their own children and attending to their professional work responsibilities. For instance, caring for a loved one with Alzheimer's disease or related dementia requires a unique set of supports, and a caregiver's needs must be considered. MCOs support family members by providing necessary respite care even above the limits available through the State Plan in order to help the family caregiver continue in that role.

Achieves Better Outcomes for Members. Whether individuals reside in their homes or a nursing facility, MCOs make sure beneficiaries receive the appropriate medical care that they need. MCO service coordinators work with primary care physicians and other providers to ensure an individual's needs are met and conditions are monitored. MCOs are able to bring more resources to bear, when needed, such as to help avoid admission to the hospital or transfer from a nursing facility to the emergency department. MCOs also 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 older adults and their caregivers within the home, such as medication reminders, personal emergency response systems, and other technologies that support independence and safety in the home. Further, MCOs can provide enhanced supports for parents, family members and other informal caregivers, including respite services, education and training, and assistance navigating both the Medicaid and Medicare systems. 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 Older Adults

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 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 D. Braddock, R. Hemp, M.C. Rizzolo, E.S. Tanis, L. Haffer, and J. Wu (2015). The State of the States in Intellectual and Developmental Disabilities, 10th Edition (Boulder: Coleman Institute and Department of Psychiatry, University of Colorado).

² J.E. Gaugler, R.L. Kane, R.A. Kane, T. Clay, and R. Newcomer (2003). Caregiving and Institutionalization of Cognitively Impaired Older People: Utilizing Dynamic Predictors of Change. *Gerontologist*; 43(2): 219-229.