

Long-Term Services and Supports (LTSS) are imperative for individuals with complex health needs due to aging, chronic illness or disability. With an aging population and increased longevity, the demand for LTSS is expected to increase dramatically in the coming years.

**Fee-for-service vs. managed care.** LTSS can be provided through either a fee-for-service (FFS) or a managed care model, with the latter offering a higher touch, person-centered approach for care planning and case management. Where managed care coordinates all of a person's care and services with a fixed amount of monthly funding, FFS does not get involved in managing the cost of a person's care. Instead, states pay claims individually as providers deliver and bill for services and care.

Managed care reduces LTSS costs. Since Medicaid is by far the largest payer of LTSS, the increasing demand for it will continue to strain state Medicaid budgets. To relieve some of the pressure of LTSS delivery, managed care offers an established strategy chosen by states to help deliver better health outcomes and quality of life. Managed long-term services and supports (MLTSS) programs provide a cost-efficient and sustainable solution to help states meet the needs of individuals with complex care needs while affording them greater flexibility and control over their lives.

The managed care delivery of LTSS provides a supportive transition for the member between institutional care and Home and Community-Based Services (HCBS) when needed and improves quality of life and reduces costs. Members are also more likely to:

- · Complete an assessment upon enrollment
- Develop a long-term plan with regular assessments and monitoring of gaps in care
- Already have prior authorization or review of inpatient admission upon hospitalization
- Receive regular progress reviews while hospitalized and given a specific plan for discharge, whether to a skilled nursing facility (SNF) or home

At its core, MLTSS provides three important benefits:

- Reduced costs
- 2 Improved health outcomes
- 3 Better member experiences

## Services typically covered by LTSS include:



Personal care (e.g., clothing, bathing)



Home-delivered meals



Transportation



Home health aide services



Supported employment



As more states begin to implement an MLTSS program, they will need to put operational resources into place, select contractors, engage with key stakeholders and obtain state and federal approval. Working together, stakeholders can shape MLTSS programs to ensure that quality, holistic care will be delivered and that community resources are aligned to meet beneficiary needs.

Since the late 1980s, UnitedHealthcare has been at the forefront of helping states successfully transition from FFS to MLTSS programs. The priority has always been to provide a person-centered approach, improve quality, contain costs and give members more input in health care decisions. Collaborating with individuals and families, UnitedHealthcare serves more than 300,000 individuals covered by a variety of LTSS programs across the country.

States that have implemented managed LTSS programs include Arizona, Florida, and Tennessee. According to the most recent data, Arizona steadily reduced the number of eligible individuals placed in nursing homes from 95% to 29%. Along with this, Florida reported that 60% of beneficiaries experienced improved health since their MLTSS programs went into effect. Tennessee nearly cut in half the number of nursing home-eligible individuals accessing HCBS and living in community settings.



## 25 states

As of November 2020, 25 states operated MLTSS programs, serving more than **2.7 million individuals**.

## **MLTSS Program Design Considerations**

These MLTSS program components are fundamental in supporting state efforts to: reduce fragmentation of care; promote access, community inclusion and health equity; and provide high-quality, person-centered and cost-effective care.



Broad populations reach dually eligible individuals and can ensure early detection of risk



Eligibility standards include tiered eligibility to encourage use of HCBS, increase access to LTSS earlier and minimize barriers to waiver participation



Benefit design encourages a holistic, person-centered approach, inclusive of medical, pharmacy, behavioral and social services



Medicare/dual special needs plans (DSNP) alignment will simultaneously integrate care and align the delivery of LTSS services



Mandatory enrollment will ensure program viability, achieve optimal savings, and improve quality and budget predictability



Health plan engagement will limit the number of MCOs serving LTSS- eligible individuals to maintain simplicity



Clinical models enable optimal program effectiveness when including things such as flexibility in timing of assessments, appropriate utilization and care plan development, and sufficient incentives

To read the full whitepaper on Managed Long-Term Services and Supports, visit: UHCCS.com/MLTSS



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