

Managed Long-Term Services and Supports (MLTSS)

More than 12 million Americans use long-term services and supports (LTSS). People with functional or cognitive limitations of all ages, including children, adults under 65 with disabilities, and older adults, require LTSS to maintain independence and a high quality of life in their home and community or in an institution. While older adults represent the majority of the population that uses LTSS, 44 percent of people who use LTSS are under the age of 65.¹ LTSS includes a range of services from nursing home care to assistance provided in the home with activities of daily living (ADLs), such as bathing, dressing, and eating; including adult daycare, home health aides, homemaker and personal care services, community residential services, respite care, transportation, and home delivered meals.

Payment for LTSS

Family caregivers typically provide the needed care their family members and make adjustments in their family and work life to do so. Paid care, when needed, is expensive – the average person turning 65 today who will need paid care can expect to pay \$266,000 in LTSS costs over their lifetime.² Most Americans do not have insurance coverage for LTSS. Health insurance plans and Medicare do not cover LTSS. As a result, many individuals exhaust their resources paying for care and qualify for Medicaid. In FY2015, Medicaid spending on LTSS was \$158 billion³ -- over 60 percent of total spending on LTSS in the U.S.⁴

Medicaid and LTSS

Medicaid is America's largest health insurance program, covering over 73 million low-income and medically vulnerable individuals. States administer Medicaid programs and split the bill with the federal government. Persons with disabilities and older adults who are using LTSS are 6 percent of the total Medicaid population and account for 43 percent of all Medicaid spending.⁵ More than half of Medicaid LTSS spending today is for home and community-based services (HCBS) a proportion that increased steadily since the late 1990s.⁶

¹ Commission on Long-Term Care, U.S. Senate. Report to the Congress. September, 2013.

² M. Favreault, J. Dey. Long-Term Services and Supports for Older Americans: Risks and Financing. ASPE Issue Brief, July 2016.

³ S. Eiken, et al. Medicaid Expenditures for LTSS in FY2015. Truven Health Analytics. April 14, 2017.

⁴ C. O'Shaughnessy. The Basics: National Spending for Long-Term Services and Supports (LTSS), 2012. National Health Policy Forum, Washington, DC. March 27, 2014.

⁵ MACPAC, Report to Congress on Medicaid and CHIP, June 2016. P. 69.

⁶ S. Eiken, et al. 2017.

Of the Medicaid eligible population, 10.7 million are “dually eligible” for Medicaid and Medicare. This population is almost entirely older adults and persons with disabilities; many with complex care needs, and 44 percent using LTSS.

Medicaid Managed LTSS (MLTSS)

States today administer Medicaid for most of the eligible population through contracts that pay a per capita amount to enroll beneficiaries in private managed care organizations (MCOs).⁷ When most states converted to managed care, they excluded the older adult and disabled populations (with LTSS). In recent years, though, states have increasingly moved to create managed LTSS (MLTSS) programs. The number of states with MLTSS programs has grown from 8 in 2004 to 25 today, and is continuing to grow.⁸ In 2014, there were 1.4 million Medicaid beneficiaries enrolled in MLTSS plans.⁹

“Dually eligible” beneficiaries present a special challenge for MLTSS plans because their medical benefits are covered separately under Medicare. In recent years, Medicare Advantage Special Needs Plans have been developed for dual eligibles (D-SNPs) with the intent that they coordinate with Medicaid. CMS is now operating a demonstration program to combine Medicare and Medicaid in a single plan (MMP) to better integrate care for this population.

The National MLTSS Health Plan Association

The National MLTSS Health Plan Association is a national association of the leading managed care organizations that deliver high-value, quality managed long-term services and supports (MLTSS) for state Medicaid programs and beneficiaries. The Association reflects the unique understanding of LTSS and of the variety of persons of all ages with disabilities and functional limitations who need these services.

Member organizations include: Aetna Inc., AmeriHealth Caritas, CareSource, Centene Corp., Commonwealth Care Alliance, Health Plan of San Mateo, L.A. Care Health Plan, Tufts Health Plan, UPMC Health Plan, VNSNY CHOICE, and WellCare Health Plans Inc.

- ❖ Total members covered across MLTSS contracts: **628,365**
- ❖ Members under the age of 65 covered across MLTSS contracts: **172,201**
- ❖ Members 65 or older covered across MLTSS contracts: **252,711**
- ❖ Total members enrolled in a Medicare-Medicaid Plan (MMP): **162,171**
- ❖ States contracted with for MLTSS: **Arizona, California, Florida, Hawaii, Illinois, Kansas, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, and Virginia.**

⁷ <https://www.medicaid.gov/medicaid/managed-care/ltss/index.html>

⁸ NASUAD. State Medicaid Integration Tracker, December 21, 2018. This number includes three states that have Medicare-Medicaid Care Coordination initiatives only.

⁹ CMS. Medicaid Managed Care Enrollment and Program Characteristics, 2014. Table 6. The count for MLTSS plan enrollment includes the enrollees using LTSS in Medicaid Comprehensive MCOs that cover LTSS.