National
MLTSS
Health Plan Association

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, nearly half of all 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 FY2016, Medicaid spending on LTSS was $167 billion[3] -- over 50 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 42 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]

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

[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, February 2016.
[3] S. Eiken, et al. Medicaid Expenditures for LTSS in FY2016. IBM Watson Health. May 2018.
[4] N. Thach, J. Weiner. An Overview of Long-Term Services and Supports and Medicaid: Final Report. ASPE, August 2018.
[5] MACPAC, Report to Congress on Medicaid and CHIP, June 2018. P. 51.
[6] S. Eiken, et al. 2018.

(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 2017, there were 1.7 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 2003, Medicare Advantage Special Needs Plans were developed for dually eligible beneficiaries (D-SNPs) with the intent that they coordinate with Medicaid. A subset of D-SNPs are designated Fully Integrated Dual Eligible (FIDE) SNPs, designed to promote the full integration and coordination of Medicare and Medicaid benefits by a single managed care organization. CMS is also operating a demonstration program though the Financial Alignment Initiative 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. Association members also offer integrated plans for dually eligible beneficiaries. The Association possesses a 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, Anthem, Centene Corp., Commonwealth Care Alliance, Health Plan of San Mateo, Inclusa, Inc., L.A. Care Health Plan, UPMC Health Plan, VNSNY CHOICE, and WellCare Health Plans Inc.

- ❖ Association members contract with 22 of the 25 states that operate MLTSS programs: *Arkansas, Arizona, California, Delaware, Florida, Hawaii, Illinois, Iowa, Kansas, Massachusetts, Michigan, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wisconsin.*

- ❖ Association members provide MMP coverage in 8 of the 9 states that operate Medicare-Medicaid Plans: *California, Illinois, Massachusetts, Michigan, New York, Ohio, South Carolina, and Texas.*

- ❖ Association members provide integrated coverage in 5 of the 8 states that operate Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP): *Arizona, California, Massachusetts, New Jersey, and New York.*

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[7] https://www.medicaid.gov/medicaid/managed-care/ltss/index.html
[8] ADvancing States. State Medicaid Integration Tracker, July 10, 2019. This number includes two states that have Medicare-Medicaid Care Coordination initiatives only.
[9] E. Lewis et al. The Growth of Managed Long-Term Services and Supports Programs: 2017 Update. Table 2.1. Truven Health Analytics. January 29, 2018. Table 6. The count for MLTSS plan enrollment includes the enrollees using LTSS in Medicaid Comprehensive MCOs that cover LTSS.