

The National MLTSS Health Plan Association is an association of managed care organizations that contract with state Medicaid agencies to manage their Medicaid long-term services and supports (LTSS). The plans take responsibility for meeting the LTSS needs of the members who are enrolled in their plans for a fixed payment per member per month. Plans are accountable to the state for the quality of the services and supports they provide and for their members' outcomes.

Role in Public Policy

The Association works with key federal agency leadership, U.S. House and Senate committees of jurisdiction, and Members of Congress and their staff to promote legislative and regulatory changes that:

- Improve the availability, operations, quality, and accountability of MLTSS plans;
- Advance models of coverage and care that integrate medical services, behavioral health services, and long-term services and supports (LTSS);
- Enable MLTSS plans to assist their members in achieving their goals and maintaining and improving their quality of life; and
- Help MLTSS plans meet the states' access, cost, and quality objectives for their Medicaid LTSS programs.

Association Leadership

The Association and its member organizations play a leading role in three priority areas of activity:

- **Integration** – Promoting legislation and regulation to advance integrated models of care and increase enrollment in plans that combine Medicare and Medicaid coverage and benefits for individuals who are enrolled in both programs (so-called “dual-eligible beneficiaries”). <http://mltss.org/2019/05/17/proposal-advance-integrated-care/>
- **Quality** – Advancing the capacity to provide outcome and process measures of MLTSS plan performance in support of efforts by CMS, ACL, NCQA, and states to develop, test, and implement quality measures for home- and community-based services (HCBS). <http://mltss.org/issues-2/quality-measures-2/>
- **Value of MLTSS** – Educating legislators, regulators, and the general public on LTSS and the value created in managed LTSS (MLTSS) for beneficiaries, families, states and the federal government. <http://mltss.org/wp-content/uploads/2017/05/MLTSS-Integrated-Value-Statement-Final-1-3-17.pdf>

Other Priority Issues

- **Money Follows the Person (MFP)** – reauthorization, permanent authorization, and multi-year funding of the demonstration program that supports individuals transitioning from institutional to community-based settings.
- **Spousal Impoverishment Protections for HCBS** – permanent authorization for the provision in Medicaid that protects a spouse’s income and home in the event an individual “spends down” their resources and qualifies for Medicaid.
- **MLTSS Regulations** – revisions to the Medicaid Managed Care Rule and implementation of the Rule and the HCBS Settings Rule.
- **Medicare Regulations Related to Integrated Plans** – implementation of Chronic Care Act provisions related to Medicare Advantage D-SNP integration requirements, and annual changes in the annual MA Policy and Technical Changes Rule and the annual Call Letter.
- **Electronic Visit Verification (EVV)** – implementation of requirements included in the 21st Century Cures Act that states adopt electronic visit verification for personal care services by 2020 and home health services by 2023.
- **Social Determinants of Health** – support for efforts by health plans to address food insecurity and housing needs for members with complex environmental and health challenges.
- **Interoperability** – efforts to promote consistent standards for the exchange of claims, clinical, and non-medical information between Medicaid and Medicare organizations to improve the delivery and coordination of care and enable quality measurement.