HCBS Pre-Conference Intensive: Managed Long-Term Services and Supports









Our mission is to design, improve, and sustain state systems delivering long-term services and supports for older adults, people with disabilities, and their caregivers.



Welcome to HCBS Conference 2023

- HCBS is the premiere national conference on LTSS, including Medicaid, the Older Americans Act, and a broad array of programs, services, and supports for older adults and people with disabilities
- Learn more about ADvancing States at <u>www.advancingstates.org</u>
- Don't forget to sign up for:
 - The Friday Update: a weekly electronic newsletter that consolidates federal and other news on aging and disability policy
 - The State Medicaid Integration Tracker: a bi-monthly publication that highlights LTSS activities, including MLTSS, dual eligible programs and other integrated care activities in the states





Wi-Fi

Hotel Wi- Fi: HCBS_Conference

Password: MERCER





Conference App



Search for "Events Air" in the app store and download the mobile app

The event code for the HCBS conference is 082823

Log- in using the email address you used to register.



Conference App

Use the app to:

- Send direct messages to other attendees
- View the agenda and virtual exhibit hall
- Make your own agenda for the week
- Post updates and photos the live feed
- Win raffle prizes





Post about the conference!

Use:

HCBS2023
ADvancingStates

Tag us on Linkedin, Facebook and Twitter

@ ADvancingStates





All Sessions **Must** End at <u>11:45 am</u> Opening of Exhibit Hall





Visit with the Exhibitors





Win an Apple Watch!

Enter with your business card at the ADvancing States booth



Raffle Sponsored by:





Overview of MLTSS

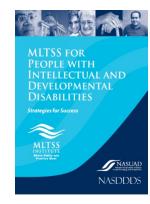




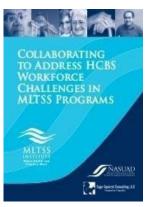
ADvancing States' MLTSS Activities

MLTSS Institute

- Provide intensive technical assistance to states
- Bring thought leaders together to discuss policy issues
- Publish issue briefs (http://www.advancingstates.org/initiatives/managed-long-term-services-andsupports/resources)



May 2018



April 2019



November 2019





















Managed Long-Term Services and Supports (MLTSS)

- MLTSS is the delivery of long-term services and supports (state plan, waiver or both) through <u>capitated</u> Medicaid managed care plans
- Plans are called different things depending on the scope of benefits provided
 - Most typically are MCOs (managed care organizations)
 - Several states call their MLTSS managed care plans PIHPs (pre-paid inpatient health plans)
- In most states, MCOs are covering medical services as well, which provides a comprehensive delivery system for consumers
- MCOs are typically contracted after a public procurement process



Why MLTSS?

Accountability & Simplification

- State can drive performance through contracting with few entities
- Eliminates need to contract with/monitor hundreds of LTSS providers

Access

- Potentially reduce HCBS waiting lists
- Increased use of primary and preventive care

System Balance

- Increase HCBS options (consistent with consumer preference)
- MCOs have incentive to divert NF admissions

Innovation and Quality

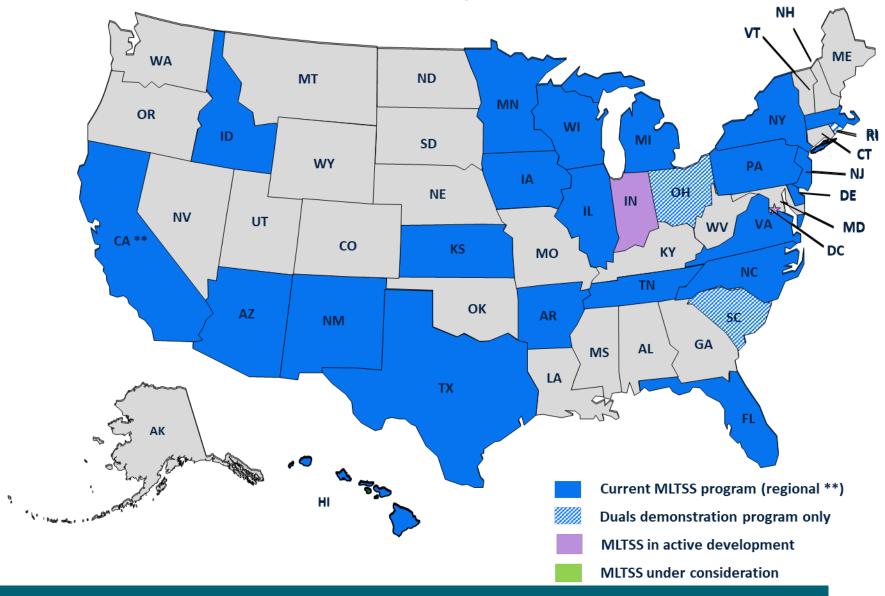
- MCOs have more flexibility to deliver services
- Established process to measure health outcomes

Budget Predictability

- Capitation minimizes unanticipated spending
- May slow growth in per-person costs

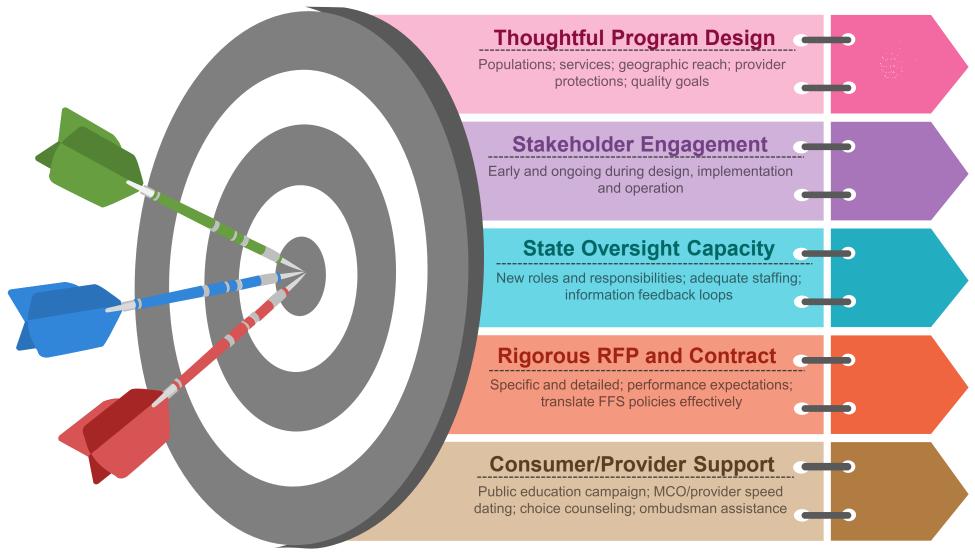


MLTSS Programs - 2023





Key Elements for an Effective MLTSS Program





Trends for 2023 and beyond

- No expansion of MLTSS to new states
 - New MLTSS program planned for 2024 in Indiana
- States partnering with MCOs in number of areas:
 - Assistance with Medicaid eligibility redeterminations after PHE end
 - Collaboration on direct care workforce crisis
- States continue to focus on quality especially outcome measurement
- MCO innovation in addressing social drivers of health including housing, food insecurity, and social isolation
- Implementing CMS regulations on access and managed care



Overview of CMS Proposed Access Rule



Payment Adequacy & Rate Transparency

Proposed
Rule
Requirements

Critical Incidents

Quality Measures & Reporting

Timeliness of Access

FFS Grievances



NPRM Requirements

Rates

Critical Incidents

- 80% of rates must go to direct service worker wages for personal care services, homemaker services, and home health aide services.
- Reporting on percentage of rates paid to direct service workers
- Interested parties advisory group

- Establishes new federal definition of critical incident
- Use electronic incident management system with required elements (coordination with investigative agencies)
- Report on critical incidents



NPRM Requirements

Quality

Timeliness of Access

- Implementation of HCBS Quality Measure Set
- Requires states to establish performance targets for mandatory measures to be approved by CMS
- New biennial quality measure reporting

- Report on amount of time from service authorization to initiation of services
- Report on percent of authorized hours that are delivered
- Report on waiting lists



NRPM Requirements

FFS Grievance Process

- Establish a grievance process regarding person-centered planning (PCP) service plan
- Resolve grievances within 90 calendar days and expedited grievances within 14 days.

and HCBS settings rule.

Provide written notice to the beneficiary.

Website Transparency

 Establish one web page that provides results of reporting requirements: incident management, critical incident, PCP, and service provision compliance data; **HCBS Quality Measure Set;** access data; and payment adequacy data.



Agenda

State Approaches to Better Serving Dually Eligible Individuals

New MLTSS Institute paper on Addressing Equity in MLTSS Programs

Using Data to Address Quality and Health Equity

Hot Topics and Q&A with MLTSS Thought Leaders

