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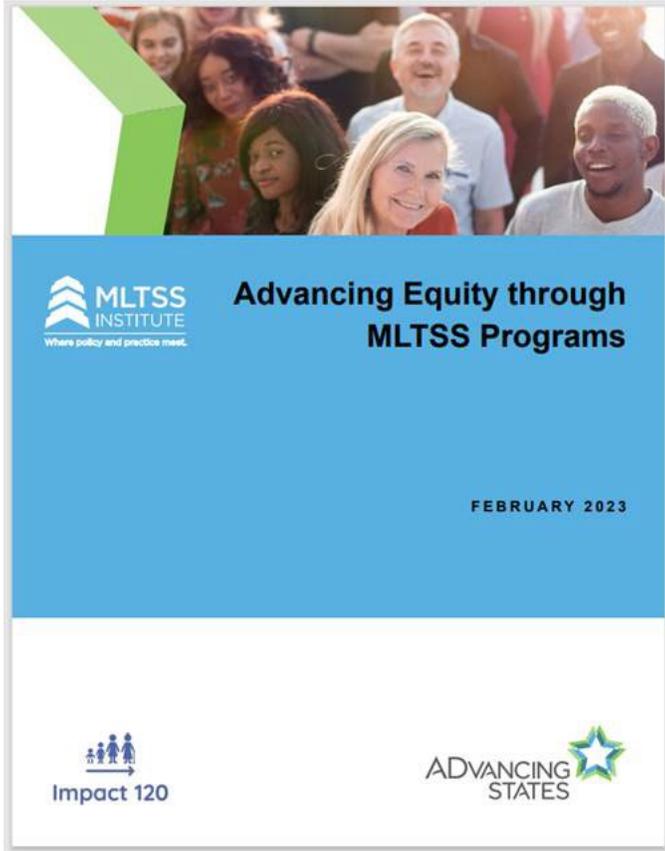
Leadership, innovation, collaboration
for state Aging and Disability agencies

Advancing Equity through MLTSS Programs

HCBS Conference MLTSS Intensive

August 28, 2023

Context for this Issue Brief



- Published by the ADvancing States' MLTSS Institute
- Two primary focus areas:
 - Consumers with LTSS needs and the intersectional impact of disability and age, when combined with race, ethnicity, language, sexual orientation, gender identity, and geography
 - How managed care can be a partner to states in achieving equity-related goals
- Methods:
 - Literature review
 - Interviews with state and MLTSS plan leaders

To access the issue brief: <http://www.advancingstates.org/sites/nasuad/files/Advancing%20Equity%20MLTSS%20Feb.%202023.pdf>

What does currently available data tell us?

- Limited information is available about this specific population segment
- Some adjacent data is available:

Access to LTSS

- 37 states had waiting lists for waiver services in 2021
- People with I/DD wait significantly longer for services, on average
- Rural access can be limited

Disparities for persons with disabilities

- 36% of individuals with disabilities delayed or missed needed health care in last year
- Only 40% of physicians were very confident they could provide the same quality of care to patients with disabilities

Individuals dually eligible for Medicare & Medicaid

- 48% are from a racial or ethnic minority group
- 9 times more likely to have limited English fluency than Medicare-only beneficiaries

See issue brief for cited sources: <http://www.advancingstates.org/sites/nasud/files/Advancing%20Equity%20MLTSS%20Feb.%202023.pdf>

Themes from our research and interviews

1

It's hard to address equity if we cannot measure it

2

Equitable MLTSS programs require a diverse network of culturally competent providers and community partners

3

States can use a variety of existing tools to align MLTSS plan efforts with equity-related goals

4

To understand inequities, MLTSS plans must authentically engage members through multiple modalities

5

Person-centered planning can advance equity by addressing barriers at the individual consumer level

1

It's hard to address equity if we cannot measure it



What we heard

Significant data gaps shouldn't stop us from taking action
States are improving data by:

- Refining questions & data elements collected
- Collaborating with enrollment entities on how to request information from consumers
- Supplementing with data from other agencies (e.g., public health)
- Transferring data between the state, plans, and providers
- Leveraging Health Information Exchanges (HIEs)



Recommendations for States

- Improve Medicaid application forms and consumer-facing processes to collect better demographic data
- Align any state-required LTSS forms (NFLOC, needs assessments)
- Integrate data collected by plans and providers

2

Equitable MLTSS programs require a diverse network of culturally competent providers and community partners



What we heard

Need to support providers owned/operated by people who represent the community and have lived experience

All providers can benefit from training on accessibility, implicit bias, and cultural humility

- Important to include “invisible disabilities”

LTSS programs improve access for under-served groups by:

- Expanding consumer-directed and peer support options
- Promoting availability of culturally-tailored services
- Collaborating with community organizations to provide care coordination



Recommendations for States

- Remove administrative barriers for small, under-represented providers
- Be intentional about provider types included in equity-related initiatives (i.e., HCBS providers, not just physical health providers)
- Invest in programmatic and physical accessibility
- Measure HCBS access via service fulfillment and consumer surveys (e.g., EVV, NCI-AD, HCBS-CAHPS)

3

States can use a variety of existing tools to align MLTSS plan efforts with equity-related goals



What we heard

RFPs can emphasize equity as a program goal and request information about how plans will support that goal

Health plan contracts can require:

- Reporting related to equity
- Staff and provider training
- Beneficiary and community engagement structures
- Equity-related positions (e.g., Health Equity Officer, Member Advocate)

Quality infrastructure can:

- Encourage NCQA accreditations
- Highlight measures that address disparities
- Monitor consumer experience



Recommendations for States

- Encourage innovation - requirements provide a foundation but are not sufficient to achieve equity goals
- Specify where there is an MLTSS-specific focus needed within broader efforts (e.g., cultural competency plan, Health Equity Officer)

4

To understand inequities, MLTSS plans must authentically engage members through multiple modalities



What we heard

Virtually all MLTSS and FAI programs require member engagement and education (e.g., advisory councils)

To exceed requirements and more deeply engage with consumers, success factors include:

1. Soliciting feedback from a representative, diverse group of members
2. Enabling consumers to fully participate
3. Offering multiple channels for engagement
4. Becoming a consumer-oriented organization



Recommendations for States

- Keep investing in consumer and provider engagement
- Include consumers and providers in the development of equity frameworks and priorities
- Practice self-awareness as an organization – are there unintended barriers in your state's processes?
- Embed diversity, equity, and inclusion in your organization's culture and processes

5

Person-centered planning can advance equity by addressing barriers at the individual consumer level



What we heard

When done well, person-centered planning can:

- Identify and address consumers' individual needs and goals
- Ensure services are provided in a culturally- and linguistically-reflective manner
- Help consumers understand the options of settings in which they can choose to live and the available services in each setting

Workforce shortages and geographic barriers can limit service options



Recommendations for States

- Keep investing in person-centered systems
- Create processes to identify common needs and trends across individual cases
- Administer surveys to ensure that person-centered processes are meeting consumer needs
- Continually assess provider network capacity to provide person-centered services

Additional Opportunities with Managed Care

For states with MLTSS, plans can enhance state capacity to address equity by:

- Defining clearer roles and responsibilities across a complex system with numerous stakeholders
- Driving rigorous data analysis and quality improvement
- Providing flexibility to innovate and invest in communities
- Sharing best practices from other states
- Bringing resources and insights from outside of Medicaid

Thank you

Access the full issue brief at advancingstates.org

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