




## Strengthening Medicaid Long-Term Services and Supports: Reform Strategies for States





This summary table provides an overview of implementation mechanisms and state case studies included in the toolkit, *Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment*, which features long-term services and supports (LTSS) reform strategies adopted by state innovators that may be replicated by other states. To learn more and download the full toolkit, visit [www.chcs.org/ltss-toolkit](http://www.chcs.org/ltss-toolkit).



### Strategies for Rebalancing Medicaid-Financed LTSS

<b>Strategy 1</b> Develop LTSS System Infrastructure to Promote Greater Access to HCBS 	<b>Strategy 2</b> Invest in Programs and Services that Help Nursing Facility Residents Return to and Remain in Their Communities 	<b>Strategy 3</b> Expand Access to HCBS for “Pre-Medicaid” Individuals to Prevent or Delay Medicaid Nursing Facility Utilization 
<b>► Description of Strategy</b>		
Focuses on ways states are enhancing LTSS to: <ul style="list-style-type: none"> <li>■ Simplify access to information and referrals for beneficiaries</li> <li>■ Ensure access to LTSS based on standardized eligibility</li> <li>■ Offer sufficient and well-trained direct care workforce</li> <li>■ Support the informal caregiver workforce</li> <li>■ Develop person-centered care plan</li> </ul>	Focuses on state investments in: <ul style="list-style-type: none"> <li>■ Transition and tenancy-sustaining services (e.g., transition counselors, housing searches, rental security deposits, and home modifications)</li> <li>■ Affordable housing options</li> </ul>	Focuses on expanding access to a limited set of HCBS for people who would not otherwise qualify for Medicaid to slow their likely future need for more expensive Medicaid LTSS, including institutional services.
<b>► Implementation Mechanisms*</b>		
<ul style="list-style-type: none"> <li>■ Federal, state, and private funding</li> <li>■ Section 1115 waiver</li> <li>■ State-based managed care contracting authority</li> <li>■ State regulatory changes</li> <li>■ Pilot programs</li> </ul>	<ul style="list-style-type: none"> <li>■ Federal funding</li> <li>■ Tax credits</li> <li>■ Section 1915(c) waiver</li> <li>■ Section 1115 waiver</li> <li>■ State-based managed care contracting authority</li> </ul>	<ul style="list-style-type: none"> <li>■ Section 1115 waiver</li> <li>■ State general funds</li> </ul>
<b>► State Case Studies in the Toolkit</b>		
<ul style="list-style-type: none"> <li>■ Creating a one-stop information and referral network (MA)</li> <li>■ Implementing paid family leave for family caregivers (CA)</li> <li>■ Developing a standardize HCBS needs assessments (NY)</li> <li>■ Funding to recruit/retain care workers (NY)</li> <li>■ Establishing a nurse delegation to increase HCBS access (NJ)</li> <li>■ Creating a comprehensive LTSS workforce strategy (TN)</li> </ul>	<ul style="list-style-type: none"> <li>■ Diverting and transitioning Medicaid enrollees from nursing facilities (NY)</li> <li>■ Enhancing benefits for people with serious mental illness to support their community transitions (TX)</li> <li>■ Offering housing to individuals with disabilities exiting institutions (AZ, TX)</li> <li>■ Transitioning individuals from nursing facilities to the community (TN)</li> </ul>	<ul style="list-style-type: none"> <li>■ Expanding access to services for individuals at-risk of needing LTSS (WA)</li> <li>■ Expanding HCBS to people at-risk of needing intensive LTSS (VT)</li> </ul>

## Strategies for Advancing Integration of LTSS with Physical and Behavioral Health Services

<b>Strategy 1</b> Integrate Medicare-Medicaid Benefits for Dually Eligible Beneficiaries 	<b>Strategy 2</b> Integrate Comprehensive Care for Medicaid-Only Beneficiaries under Capitated Managed Care 	<b>Strategy 3</b> Enroll Individuals with Intellectual/Developmental Disabilities in Managed Care 	<b>Strategy 4</b> Integrate LTSS Under Provider-Based Initiatives 
<b>► Description of Strategy</b>			
Focuses on aligning Medicare and Medicaid financing and care delivery for dually eligible beneficiaries with the goal of streamlining access to services, provider networks, and administrative processes.	Focuses on providing a comprehensive benefit package, including physical and behavioral health services and LTSS under a single capitated rate and coordinated delivery system.	Focuses on how states are transitioning individuals with intellectual/developmental disabilities (I/DD) to managed care, including: <ul style="list-style-type: none"> <li>■ Moving LTSS benefits into existing managed care programs</li> <li>■ Creating care coordination entities as a pathway to managed care contracting arrangements</li> <li>■ Integrating LTSS with medical, behavioral, and social services into managed care</li> </ul>	Focuses on initiatives to better coordinate comprehensive care at the provider level, including: <ul style="list-style-type: none"> <li>■ PACE programs that offer comprehensive medical and social services</li> <li>■ Medicaid ACOs that coordinate LTSS with other services</li> <li>■ Health home models that use care coordination to support individuals with complex care needs</li> </ul>
<b>► Implementation Mechanisms*</b>			
<ul style="list-style-type: none"> <li>■ Financial Alignment Initiative</li> <li>■ Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs)</li> <li>■ Aligned MLTSS and D-SNPs through state Medicaid agency contracting authority</li> <li>■ Section 1115 waiver</li> </ul>	<ul style="list-style-type: none"> <li>■ Section 1932 state plan amendment</li> <li>■ Section 1915(a) waiver</li> <li>■ Section 1915(b) waiver</li> <li>■ Section 1915(c) waiver</li> <li>■ Section 1115 waiver</li> </ul>	<ul style="list-style-type: none"> <li>■ Section 1115 waiver</li> <li>■ Section 1945 health home state plan amendment</li> </ul>	<ul style="list-style-type: none"> <li>■ Program of All-Inclusive Care for the Elderly (PACE)</li> <li>■ Section 1115 waiver</li> <li>■ Section 1945 health home state plan amendment</li> </ul>
<b>► State Case Studies in the Toolkit</b>			
<ul style="list-style-type: none"> <li>■ Creating a path toward alignment (NJ, AZ)</li> <li>■ Aligning administrative processes for Senior Health Options beneficiaries (MN)</li> </ul>	<ul style="list-style-type: none"> <li>■ Creating a coordinated care plus program that will integrate LTSS, medical, and behavioral health care under one program for Medicaid-only beneficiaries (VA)</li> </ul>	<ul style="list-style-type: none"> <li>■ Establishing care coordination organizations to integrate primary care, behavioral health, and social support services with LTSS for the I/DD population (NY)</li> </ul>	<ul style="list-style-type: none"> <li>■ Integrating medical and social services at the site of care (VA)</li> <li>■ Requiring partnerships between or inclusion of LTSS and behavioral health providers in Medicaid ACOs (MA)</li> <li>■ Coordinating comprehensive LTSS, medical, and behavioral health services (WA)</li> </ul>

\* The implementation mechanisms listed here correspond to those used by states featured herein; this is not an exhaustive list of all possible implementation mechanisms for states.