

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.



Strategies for Rebalancing Medicaid-Financed LTSS

Strategy 1 Develop LTSS System Infrastructure to Promote Greater Access to HCBS 	Strategy 2 Invest in Programs and Services that Help Nursing Facility Residents Return to and Remain in Their Communities 	Strategy 3 Expand Access to HCBS for “Pre-Medicaid” Individuals to Prevent or Delay Medicaid Nursing Facility Utilization 
► Description of Strategy		
Focuses on ways states are enhancing LTSS to: <ul style="list-style-type: none"> ■ Simplify access to information and referrals for beneficiaries ■ Ensure access to LTSS based on standardized eligibility ■ Offer sufficient and well-trained direct care workforce ■ Support the informal caregiver workforce ■ Develop person-centered care plan 	Focuses on state investments in: <ul style="list-style-type: none"> ■ Transition and tenancy-sustaining services (e.g., transition counselors, housing searches, rental security deposits, and home modifications) ■ Affordable housing options 	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.
► Implementation Mechanisms*		
<ul style="list-style-type: none"> ■ Federal, state, and private funding ■ Section 1115 waiver ■ State-based managed care contracting authority ■ State regulatory changes ■ Pilot programs 	<ul style="list-style-type: none"> ■ Federal funding ■ Tax credits ■ Section 1915(c) waiver ■ Section 1115 waiver ■ State-based managed care contracting authority 	<ul style="list-style-type: none"> ■ Section 1115 waiver ■ State general funds
► State Case Studies in the Toolkit		
<ul style="list-style-type: none"> ■ Creating a one-stop information and referral network (MA) ■ Implementing paid family leave for family caregivers (CA) ■ Developing a standardize HCBS needs assessments (NY) ■ Funding to recruit/retain care workers (NY) ■ Establishing a nurse delegation to increase HCBS access (NJ) ■ Creating a comprehensive LTSS workforce strategy (TN) 	<ul style="list-style-type: none"> ■ Diverting and transitioning Medicaid enrollees from nursing facilities (NY) ■ Enhancing benefits for people with serious mental illness to support their community transitions (TX) ■ Offering housing to individuals with disabilities exiting institutions (AZ, TX) ■ Transitioning individuals from nursing facilities to the community (TN) 	<ul style="list-style-type: none"> ■ Expanding access to services for individuals at-risk of needing LTSS (WA) ■ Expanding HCBS to people at-risk of needing intensive LTSS (VT)

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

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

* 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.