## 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

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<th>Strategy 2</th>
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<td><strong>Develop LTSS System Infrastructure to Promote Greater Access to HCBS</strong></td>
<td><strong>Invest in Programs and Services that Help Nursing Facility Residents Return to and Remain in Their Communities</strong></td>
<td><strong>Expand Access to HCBS for “Pre-Medicaid” Individuals to Prevent or Delay Medicaid Nursing Facility Utilization</strong></td>
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#### Description of Strategy

- **Strategy 1** focuses on ways states are enhancing LTSS to:
  - 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

- **Strategy 2** focuses on state investments in:
  - Transition and tenancy-sustaining services (e.g., transition counselors, housing searches, rental security deposits, and home modifications)
  - Affordable housing options

- **Strategy 3** 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*

- **Strategy 1**:
  - Federal, state, and private funding
  - Section 1115 waiver
  - State-based managed care contracting authority
  - State regulatory changes
  - Pilot programs

- **Strategy 2**:
  - Federal funding
  - Tax credits
  - Section 1915(c) waiver
  - Section 1115 waiver
  - State-based managed care contracting authority

- **Strategy 3**:
  - Section 1115 waiver
  - State general funds

#### State Case Studies in the Toolkit

- **Strategy 1**:
  - 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)

- **Strategy 2**:
  - 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)

- **Strategy 3**:
  - 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

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<tr>
<td>Integrate Medicare-Medicaid Benefits for Dually Eligible Beneficiaries</td>
<td>Integrate Comprehensive Care for Medicaid-Only Beneficiaries under Capitated Managed Care</td>
<td>Enroll Individuals with Intellectual/Developmental Disabilities in Managed Care</td>
<td>Integrate LTSS Under Provider-Based Initiatives</td>
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</table>

### Description of Strategy

- **Strategy 1**
  - 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.

- **Strategy 2**
  - Focuses on providing a comprehensive benefit package, including physical and behavioral health services and LTSS under a single capitated rate and coordinated delivery system.

- **Strategy 3**
  - Focuses on how states are transitioning individuals with intellectual/developmental disabilities (I/DD) to managed care, including:
    - 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

- **Strategy 4**
  - Focuses on initiatives to better coordinate comprehensive care at the provider level, including:
    - 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*

- **Strategy 1**
  - 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

- **Strategy 2**
  - Section 1932 state plan amendment
  - Section 1915(a) waiver
  - Section 1915(b) waiver
  - Section 1915(c) waiver
  - Section 1115 waiver

- **Strategy 3**
  - Section 1115 waiver
  - Section 1945 health home state plan amendment

- **Strategy 4**
  - 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

- **Strategy 1**
  - Creating a path toward alignment (NJ, AZ)
  - Aligning administrative processes for Senior Health Options beneficiaries (MN)

- **Strategy 2**
  - Creating a coordinated care plus program that will integrate LTSS, medical, and behavioral health care under one program for Medicaid-only beneficiaries (VA)

- **Strategy 3**
  - Establishing care coordination organizations to integrate primary care, behavioral health, and social support services with LTSS for the I/DD population (NY)

- **Strategy 4**
  - 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.

Learn more and download the full toolkit at: [www.chcs.org/ltss-toolkit](http://www.chcs.org/ltss-toolkit).