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Connecting Health Care to Long-Term Services and Supports (LTSS)

Paul Saucier, Director
DHHS Office of Aging and Disability Services
29th Maine Geriatrics Conference
Bar Harbor – June 14, 2019

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Office of Aging and Disability Services

1,300 adults in public guardianship or conservatorship	**650** adult protective referrals/mo. that meet criteria	**5,500** adults with intellectual disabilities receiving HCBS
7,000 older persons and adults with physical disabilities receiving HCBS	**6,800** MaineCare members in nursing facilities	**3,100** Ombudsman visits to facilities/yr
24,000 LTSS Assessments/yr	**590,600** home-delivered meals/yr under OAA	**26,000** persons/yr receiving help choosing Medicare options

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Overview

- Why is it important to connect LTSS with health care?

- What are the characteristics of older people who need both?

- What models have emerged, what are their key features and are they effective?

- What are the Mills' Administration's plans in this area?

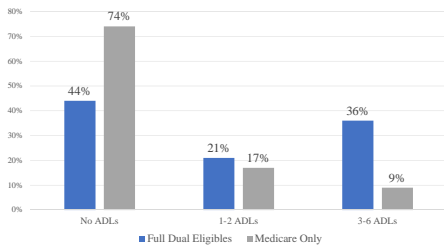Maine Department of Health and Human Services 3

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Landscape

- **52%-70%** of individuals turning 65 today will eventually need some form of long-term assistance with their activities of daily living (US DHHS, 2017; Reinhard *et al.,* 2017)

- Among those 65 and over receiving MaineCare-funded LTSS, Medicare enrollment is nearly **universal**

- Coordinating LTSS and health care for older Mainers is largely about coordinating MaineCare and Medicare services for dually eligible beneficiaries

- Maine has about 54,000 "full" duals, and roughly half of them are 65 and older

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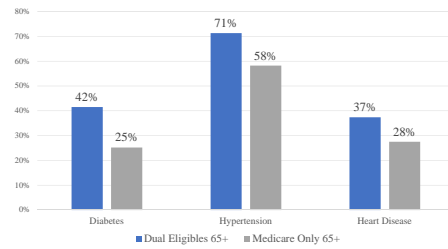## Percent of Beneficiaries 65 and Older with Limitations in ADLs, U.S., 2013

Source: MedPAC and MaCPAC. Data Book: Beneficiaries Dually Eligible For Medicare and Medicaid. January, 2018.

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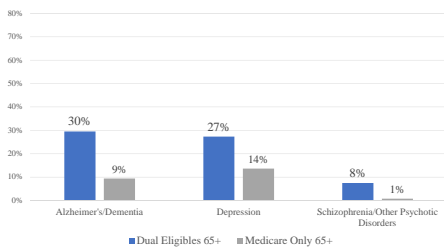## Percent of Beneficiaries 65 and Older with Chronic Physical Conditions, U.S., 2017

Source: CMS Medicare Chronic Conditions Dashboard: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html

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Percent of Beneficiaries 65 and Over with Mental Conditions, U.S., 2017

Source: CMS Medicare Chronic Conditions Dashboard: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html
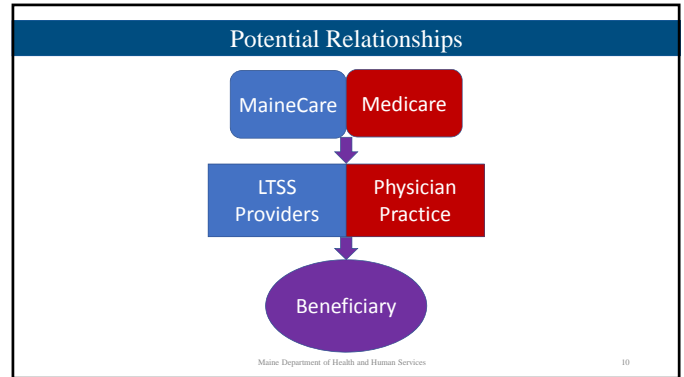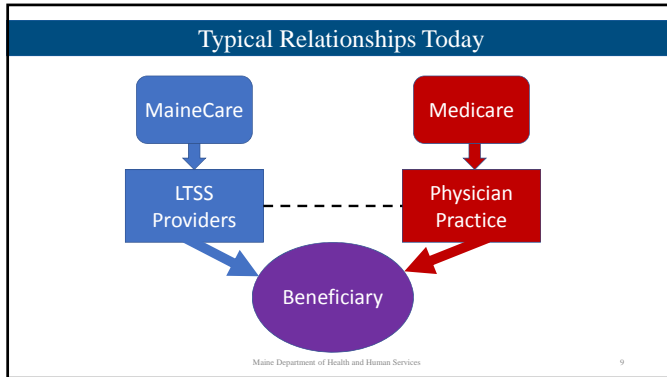
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Discontinuous Care and Services

- Dually eligible individuals navigate two payer systems:
  - Medicare for most preventive, primary, and acute services and prescription drugs
  - MaineCare for LTSS, certain behavioral health, and Medicare cost sharing
- The medical, behavioral and LTSS service systems operate separately from one another
- LTSS providers are often unaware of transitions of care (admissions, transfers, discharges)
- Missed opportunities to coordinate on post discharge visit, med reconciliation, meal delivery, etc.

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Typical Relationships Today

MaineCare

Medicare

LTSS Providers

Physician Practice

Beneficiary

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Potential Relationships

MaineCare Medicare

LTSS Providers Physician Practice

Beneficiary

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National Opportunities

- CMS Financial Alignment Initiative (FAI)
  - Capitated model
  - Managed FFS model
- Dual Eligible Special Needs Plans (D-SNP)
- Program of All-inclusive Care for Elderly persons (PACE)
  - Capitated Medicare and Medicaid payments to PACE providers for members who qualify for nursing facility level of care and can be served safely in the community
  - RFI issued in Maine in 2016; DHHS not pursuing at this time

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CMS FAI Managed FFS Example:
Washington State's Dual Eligible Health Homes

- Intensive, standardized care coordination across the full continuum of care
- Targeted to individuals with high needs and chronic conditions
- Health homes based in Area Agencies on Aging
- Outcomes
  - Increased patient activation
  - Decreased inpatient acute care, preventable admissions and readmissions
  - Increased utilization of HCBS
  - Significant Medicare savings, which CMS shares with state
- Could Maine's Health Home model be adapted to include LTSS?

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CMS FAI Capitated Model Example: Minnesota's Senior Health Options (MSHO) Program

- Health plans are responsible for most Medicare and Medicaid services
- The plans are responsible for care management across the continuum
- Outcomes
  - Decreased inpatient acute care and emergency department use
  - Increased utilization of HCBS
- Minnesota Medicaid had extensive managed care experience prior to MSHO
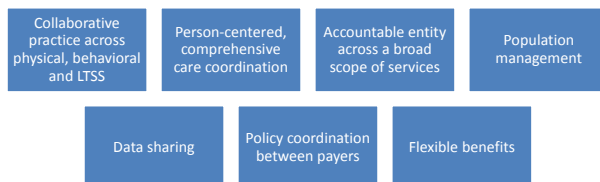
Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs)

- Some states have added Medicaid LTSS to existing Medicare Advantage D-SNPs as a way to connect Medicaid and Medicare
- These models have not had rigorous evaluation
- As of April 2019, Maine had about 9,000 individuals enrolled in four D-SNPs (CMS SNP Comprehensive Report)

Key Features Across Models

- Collaborative practice across physical, behavioral and LTSS
- Person-centered, comprehensive care coordination
- Accountable entity across a broad scope of services
- Population management
- Data sharing
- Policy coordination between payers
- Flexible benefits

Next Steps for Maine

- DHHS has launched an Aging and LTSS Initiative to:
  - Expand access to in-home supports
  - Improve coordination for dually eligible Medicare-MaineCare beneficiaries
  - Improve recruitment and retention of direct support workers
- Advisory Committee
- Listening Sessions
- Plan ready by November

Questions?