

Medicaid Matters is a series of fact sheets concerning how Medicaid policy proposals will directly affect eldercare and disability services employers, consumers and their families, and the direct-care workforce.

Medicaid is a public health insurance program for low- and modest-income individuals and families that covers acute care and long-term services and supports. It is jointly funded by state and federal governments, and is managed by the states. For middle class families who spend down their assets paying for long-term care, Medicaid provides an essential safety net.

Medicare is an insurance program administered by the federal government, providing health coverage to people who are aged 65 and over or who are living with disabilities. Medicare covers only short-term nursing home and home health services as opposed to on-going assistance.

...for Managed Long-Term Services and Supports

Many state Medicaid programs have long relied on managed-care organizations to deliver health care services to millions of low-income Americans—primarily children and their parents—covered under this program. Over the past decade, states have increasingly opted for managed-care models for the delivery of long-term services and supports as well. Currently, **at least 16 states** are pursuing managed-care models for the provision of Medicaid-funded long-term services and supports (LTSS). By 2014, it is anticipated that 26 states will have managed long-term services and supports programs.

This growing trend prompted the federal Centers for Medicare & Medicaid Services (CMS) in May 2013 to publish **guidance for states** on key elements to incorporate in managed long-term services and supports (MLTSS) programs (see box below).

Key Elements of MLTSS Programs Identified by CMS


- Adequate planning
- Stakeholder engagement
- Enhanced provision of home and community-based services (HCBS)
- Alignment of payment structures and goals
- Support beneficiaries
- Person-centered processes
- Comprehensive, integrated service packages
- Qualified providers
- Participant protections
- Quality

Advocates are encouraged to review the guidance and use it as a tool to improve the quality of LTSS and LTSS jobs and to promote the inclusion of workforce initiatives in the transition to MLTSS. A few of the guidance elements most relevant for direct-care workforce advocacy are identified on **page 2**.


Tips for Advocates

 **Adequate Planning:** CMS notes the importance of thoughtful planning and design of MLTSS programs.


*Because direct-care workers are so central to the delivery of LTSS, advocates in states implementing MLTSS programs should encourage state officials to **collect data** on direct-care workforce volume, stability, and compensation in order to identify challenges and strengths for policy decisions and to assess progress toward building and sustaining a quality workforce over time.*

 **Stakeholder Engagement:** CMS expects states to create an ongoing, formal process for obtaining meaningful input from stakeholders prior to, during, and after implementation, and states must require their contractors to do the same.


Advocates should work with state officials to ensure that such processes are in place, and that elders, people with disabilities, family members, and direct-care workers participate.

 **Alignment of Payment Structures and Goals:** CMS requires that states evaluate their payment structures on an ongoing basis and make changes necessary to support the goals of their programs. CMS suggests that states consider performance-based incentives and/or penalties. Payment structures can significantly influence direct-care workforce stability and adequacy.

Advocates should promote rate-setting methodologies that are adequate to attract a sufficient supply of competent direct-care workers, as well as enhanced reimbursement for providers who ensure training in core competencies for direct-care workers; improve direct-care worker compensation; and demonstrate better recruitment and retention outcomes.

 **Qualified Providers:** Under these CMS guidelines, states must require that managed care organizations (MCOs) develop and maintain a network of qualified LTSS providers who meet state licensing, credentialing, or certification requirements and which is sufficient to provide adequate access to all services covered under the MCO contract. Personal care aides (PCAs) play a major role in LTSS delivery; however, in most states, **they are not credentialed**.

*In states without training and credentialing for PCAs, advocates should ask state officials to implement core competency training requirements for PCAs based on the findings of the **Personal and Home Care Aide State Training Demonstration Program**. Advocates should also ask that MCOs and providers be required to report on actions they are taking to strengthen and stabilize the direct-care workforce.*

 **Quality:** CMS expects states to develop and implement a comprehensive quality strategy for MLTSS that is integrated with any existing state quality strategies.

Advocates should ensure that the strategy is transparent, and that it addresses direct-care workforce recruitment and retention challenges.

As the trend toward MLTSS continues, advocates will need to be vigilant—both to realize opportunities for improving quality and to protect against any erosion of benefits. Resources to inform your advocacy are listed on **page 3**.

You can also sign up at the PHI website to receive ongoing updates about how managed long-term services and supports and Affordable Care Act provisions are being implemented in your state. See **page 4** for details.

Resources:

Center for Medicare & Medicaid Services:

- [The Growth of Managed Long-Term Services and Supports Programs: A 2012 Update](#)
- [Guidance to States using 1115 Demonstrations of 1915\(b\) Waivers for Managed Long-Term Services and Supports Programs](#)

National Senior Citizens Law Center:

[Summary of CMS Guidance on Managed Long-Term Services and Supports](#)

Kaiser Family Foundation:

[Examining Medicaid Managed Long-Term Services and Support Programs: Key Issues to Consider](#)

Community Catalyst:

[Putting Consumers First: Promising Practices for Medicaid Managed Long-Term Services and Supports](#)

AARP:

[Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports](#)

[Consumer Choices and Continuity of Care in Managed Long-Term Services and Supports: Emerging Practices and Lessons](#)

Center for Health Care Strategies:

[Developing Provider Networks for Medicaid Managed Long-Term Care Services and Supports Programs: Considerations for States](#)

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Learn more by going to the PHI PolicyWorks website (www.PHInational.org/policy). Here you'll find reliable information about emerging state and federal policies that impact our nation's direct-care workforce.

BE FIRST *to know about...*

- **Emerging policy developments that impact the home care workforce in your state.**
- **Coordinated care models and how they are being implemented in managed long-term care**
- **Timely alerts about wages and benefits, workforce projections, training and credentialing... and other topics of your choosing.**

How it works

PHI regularly posts news, curricula, research, fact sheets, advocacy materials and other resources related to the direct-care workforce. When something new is posted that matches your interests, we send you an alert.

You can sign up for as many states and topics as you like. And you can choose how frequently you would like the alerts sent: immediately, daily, or weekly.

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Go to: www.PHInational.org/subscribe then create an account and choose your topics.

The screenshot shows the 'Subscriptions' page on the PHI website. At the top, there is a search bar and navigation links for Home, About, Clearinghouse, Workforce News, Media Center, Contact, Login, and Create Account. Below the search bar are three main categories: PolicyWorks, Coaching & Consulting Services, and Workforce & Curriculum Development. The 'Subscriptions' section has three buttons: 'CREATE NEW ACCOUNT', 'LOG IN', and 'REQUEST NEW PASSWORD'. The 'Account Info' section includes fields for 'E-mail address', 'Password', and 'Confirm password', along with a dropdown menu for 'Which role best applies to you?'. The 'Newsletters' section has three checkboxes: 'Coaching & Consulting News', 'PHI Action Alert', and 'Direct-Care Workforce News'. The 'Topic' and 'States' sections have checkboxes for various subjects and states. A 'Word verification' section with a CAPTCHA image and a 'Sign up!' button are also present. The footer contains contact information for the National Office and links to various services.

PHI

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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