

Understanding Long-Term Services and Supports in Medicaid

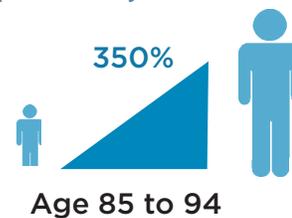
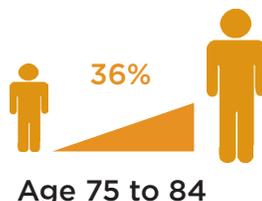
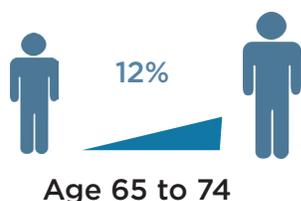
Long-Term Services and Supports (LTSS) involves a variety of services to help individuals live as independently and safely as possible when they are no longer to perform all of their daily activities on their own. The assistance can be provided in an individual's home or in an institution such as a nursing home or adult day care center. Recipients of LTSS services can be of any age and may have diverse cognitive, mental, and/or physical disabilities. These services are often not medical services, but instead, support services that allow individuals to remain independent, often in the community.

Medicaid is the largest payer of long-term care, or LTSS. Medicaid-eligible individuals who use long-term care services are among the most disabled and chronically ill of the total Medicaid population.

LTSS by the Numbers

- In 2011, around **11 million** people required some form of paid LTSS.
- In 2013, although LTSS enrollees comprised only **6%** of the Medicaid population, their services comprised **35% of total Medicaid spending**.
- About half of all LTSS spending is financed through Medicaid funds, and these costs are expected to increase from **\$113 billion annually** in 2016 to **\$154 billion** in 2025.

Projection of Percent Increase of Elderly Adults in the U.S. Population, 2000- 2040



Institute for Medicaid Innovation. (2019). 2019 annual Medicaid MCO survey – MLTSS. Washington, D.C.



Clinical Opportunities

- Utilize a common format for Home and Community-Based Services (HCBS) to quantify service utilization.
- Standardize assessments.



Research Opportunities

- Utilize the HCBS taxonomy to compare and contrast interventions and outcomes.
- Explore the value of direct-care workers on quality outcomes.



Policy Opportunities

- Focus on workforce and workforce development.
- Increase support for the direct-care workforce.
- Amend Section 1932(a)(2) to allow states to require any or all enrollees to enroll in Medicaid managed care.
- Extend the approval and renewal periods for all Section 1915(b) waivers from two to five years.
- Revise Section 1915(c) waiver authority to permit Section 1915(c) waivers to waive freedom of choice and selective contracting.
- Standardize assessments.

For more information, read IMI's full 2019 report, "Understanding Long-Term Services and Supports in Medicaid." For a complete list of sources, please contact the Institute for Medicaid Innovation at info@MedicaidInnovation.org

