

# Massachusetts Long-Term Services and Supports: Achieving a New Vision for MassHealth **EXECUTIVE SUMMARY**

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## EXECUTIVE SUMMARY

Long-term services and supports (LTSS) enable hundreds of thousands of people of all ages in Massachusetts to live with independence and dignity in their daily lives, participate in their communities, and increase their overall quality of life. MassHealth, the Commonwealth's Medicaid program, is the largest payer of LTSS, spending \$4.5 billion (including federal Medicaid matching funds) on LTSS in 2015, representing nearly one-third of all MassHealth spending and 12 percent of the state budget. Although the demand for LTSS is projected to skyrocket, few people are aware of the likelihood they will need LTSS in their lifetime and few viable LTSS financing options exist beyond MassHealth.

The increasing demand for LTSS, rising costs, and building pressure on the workforce coupled with a care delivery system that is fragmented and lacks meaningful quality measures creates an LTSS system in Massachusetts that may be providing suboptimal care while simultaneously creating serious budget pressures on the MassHealth program. Additionally, the fragmented LTSS system is difficult to navigate, and may be increasing avoidable hospitalizations and ER visits and replacing much-needed functional supports with more expensive medical interventions. While Massachusetts is widely recognized as a leader among states in health care reform, it is near the middle of the pack on LTSS system transformation.

Massachusetts has a unique opportunity to address these issues and become a bellwether state on LTSS transformation, as state policymakers and stakeholders are coalescing around LTSS reform more than ever before. Not only have stakeholders unanimously identified LTSS reform as one of the top five priorities facing the MassHealth program, but demographic trends predicting increased LTSS demand and spending are also propelling LTSS closer to the center of MassHealth policy debates. State policymakers are incorporating LTSS and LTSS providers into broader discussions about MassHealth payment and care delivery reform, recognizing the interdependencies among medical care, LTSS, behavioral health services, and social support services in promoting health and well-being for some of MassHealth's most vulnerable members.

To become a leader on LTSS reform, Massachusetts must expand on its long-standing Community First policy vision and establish a quality-driven, affordable LTSS purchasing and delivery system strategy. Implementation of the strategy will require a multiyear commitment and should result in a system with the following features:

- **Person-centered.** It identifies and provides the services and supports that people prefer and need in locations of their choosing, is flexible to meet the diverse needs of diverse populations, and includes consumers and their families as integral parts of the care delivery team.
- **Integrated.** It has an infrastructure in which provider systems, funding streams, financial incentives, administrative agencies, regulatory structures, and contractual requirements are aligned such that medical and nonmedical providers share information and work together to coordinate and deliver comprehensive care.
- **Sustainable.** It employs purchasing strategies that encourage and reward high-quality, high-value care that ensures individuals receive the right care in the right place at the right time, thereby helping to support the long-term sustainability of the MassHealth program.
- **Accountable.** It designates entities at both the state agency and the delivery system level to be responsible for administering and managing the care of the LTSS population, actively monitoring provider

and plan performance and quality, and continually engaging stakeholders via transparent and publicly available program and data analyses.

- **Actionable.** It leverages technological solutions to collect real-time outcome, quality, and safety information from providers, in order for the state and consumers to make more informed decisions and appropriately intervene to improve processes, performance, and quality.

The LTSS system of the future likely can be achieved through various models, but the best vehicle is one in which a single entity or network of entities assumes financial responsibility and performance accountability for coordinating and delivering comprehensive care to LTSS populations and is vigorously monitored by the state. Options for such a vehicle could include Medicaid Accountable Care Organizations (ACOs), Senior Care Options (SCO) or One Care plans, consortia of community-based organizations, partnerships among such entities, or a combination of these. Regardless of the vehicle, community-based LTSS providers must be at its core, as they have the expertise needed to serve diverse LTSS populations. Such an entity, particularly one paid through a risk-adjusted global or shared savings payment arrangement and accessing Medicare financing for dually eligible populations, will have more flexibility than providers in the current system to creatively address people’s needs in a person-centered and cost-effective manner and to integrate and coordinate physical health care, behavioral health care and LTSS.

To successfully design, implement, and oversee this transformation, the Commonwealth must designate a senior health and human services official to be responsible and accountable for the LTSS system. It must also invest in hiring highly skilled contract management and analytic staff in order to vigorously monitor integrated care programs and hold them accountable for providing high-quality, effective, and accessible care. In addition, the state must monitor the financial performance of contractors, particularly those taking on financial risk and/or reward, to ensure effective stewardship of state and federal resources and instill a level of confidence that public dollars are being spent wisely.

To achieve this vision and advance its legacy of leadership and innovation, the Commonwealth must address seven fundamental reforms. In some cases, new investments or reallocation of existing resources will be required to achieve more lasting and sustainable improvements.

REFORM AREA	POLICY ACTIONS
<b>1. Drive Integration of LTSS at the Provider Level</b>	<ul style="list-style-type: none"> <li>• Expand opportunities for physical health, behavioral health, and LTSS providers to participate in cross-provider education and training in order to enhance communication, understanding, trust, and information exchange across providers.</li> <li>• Align provider and program rules across state agencies and provider systems to minimize duplication, contradictions, and confusion, and standardize access to services to the extent possible.</li> <li>• Continue to invest in LTSS system infrastructure (e.g., capital, health information technology) as part of the state’s Delivery System Reform Incentive Payment (DSRIP) proposal or otherwise.</li> </ul>

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REFORM AREA	POLICY ACTIONS
<b>2. Assess and Learn from Existing Programs and Data</b>	<ul style="list-style-type: none"> <li>• Inventory and comprehensively assess the multitude of existing LTSS programs in the Commonwealth to identify which models are worth expanding and which must be improved or eliminated.</li> <li>• Create the administrative infrastructure required to support ongoing data aggregation and analytics by continuing to invest in technology systems and data analytics staff at MassHealth.</li> <li>• Engage stakeholders in the process of continual program improvement by making these evaluations and analyses publicly available.</li> </ul>
<b>3. Identify and Implement Meaningful Quality Measures</b>	<ul style="list-style-type: none"> <li>• Identify and require providers to report on a manageable set of measures that could be instituted uniformly across initiatives (e.g., FFS, managed LTSS, and Medicaid ACOs) in the near term, while simultaneously working with consumers and other stakeholders to develop a comprehensive set of agreed-upon LTSS metrics.</li> <li>• Make existing quality information more readily available to the public through an easily understandable, regularly updated LTSS dashboard.</li> </ul>
<b>4. Improve Access to LTSS</b>	<ul style="list-style-type: none"> <li>• Conduct an in-depth assessment of how and when individuals and families currently seek out and receive information regarding LTSS to gain a better understanding of people's experiences with the LTSS system, their familiarity with available service and financing options, and how they currently access care to inform the design of information and referral resources, technological solutions, and education and awareness campaigns.</li> <li>• Fully implement existing options counseling programs in order to ensure that individuals and their families are properly supported when making decisions about where and how they will receive LTSS.</li> <li>• Simplify where and how consumers and their families access LTSS information, including standardizing terminology across agencies and harnessing technology to make accessing information more user-friendly.</li> <li>• Continue to streamline financial and clinical eligibility requirements across agencies and programs to ensure equitable access to all people who need LTSS.</li> </ul>
<b>5. Support Informal Caregivers</b>	<ul style="list-style-type: none"> <li>• Expand access to respite services for certain populations (e.g., family members who have been providing more than a certain number of hours of informal care per day for over a year).</li> <li>• Allow MassHealth to pay spouses as family caregivers (with appropriate protections to address concerns about fraud and abuse).</li> <li>• Work with public and private employers to provide paid family leave as a benefit.</li> <li>• Increase awareness of and enhance existing tax incentives for family caregivers.</li> <li>• Connect dedicated care coordinators with informal caregivers to help them navigate the system and coordinate appointments and transportation.</li> <li>• Partner with community-based organizations to provide peer support, offer financial or legal education, share best practices, and standardize training of caregivers.</li> </ul>
<b>6. Enhance Direct-Care Workforce Capacity</b>	<ul style="list-style-type: none"> <li>• Build on the state's commitment to increase wages for personal care attendants to \$15 an hour and set a goal to establish a minimum wage for all direct-service workers in all care settings.</li> <li>• Support or facilitate efforts to professionalize the LTSS workforce, including offering benefits (e.g., health insurance, travel reimbursement, paid time off, sick leave), full-time employment opportunities, and standardized orientation and ongoing skills trainings, while protecting consumers' need for person-centered care.</li> <li>• Construct and communicate a clear career ladder for the direct-care workforce to promote recruitment and retention of workers in this field.</li> </ul>
<b>7. Expand Access to Affordable Housing with Supports</b>	<ul style="list-style-type: none"> <li>• Implement cross-agency and cross-sector initiatives to craft viable housing solutions, including continuing the efforts of the state's Interagency Council on Housing and Homelessness.</li> <li>• Analyze the nursing home capacity required to meet future demand and assess how nursing homes could be repurposed.</li> <li>• Assess current housing pilots in place throughout the state to determine if there are any sustainable, affordable housing and supportive housing models that could be expanded and replicated.</li> </ul>