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Managed Long-Term Services and Supports Program Framework: Best Practices

Jessica Carpenter
University of Massachusetts Medical School

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Managed Long-Term Services and Supports Program Framework: **BEST PRACTICES**

Health plans and accountable care organizations (ACOs) are working with Medicaid programs to transition fee-for-service long-term services and supports (LTSS) to a managed care model known as managed LTSS.

As the independent living movement continues to advance, more individuals with disabilities seeking to live in their own homes or a community setting. Payers must take steps to ensure individuals receive the right service, in the right setting, and at the right time.



When creating a comprehensive managed LTSS program, these actions should be considered:



Contract and network management

- Build a community-based provider network for the range of covered services to ensure network adequacy
- Set rates with community-based programs and set expectations for service delivery and quality of services with contracts



Service modeling

- Identify and select members who may require comprehensive LTSS offerings
- Identify service combinations to set appropriate case management case ratios



Develop clinical guidelines

- Ensures authorization of services that are medically necessary, non-duplicative, and least costly
- Utilizes evidence-based practices to guide clinical service decisions, medical necessity determinations, and person-centered planning to develop clinical guidelines



Conduct comprehensive LTSS assessments

- Conduct an unbiased independent assessment that is based on goals of the individual
- Focuses on consumer-direction and self-directed services



Design person-centered and integrated service plans

- Involve the individual, who is central to the care team and an active participant
- Guarantees all needs, including medical, behavioral and LTSS, are met and encourages independence
- Coordinate and integrate care across settings and provider types



Create care transitions processes and procedures

- Promotes safe transitions amongst providers and across settings; prevents unplanned transitions
- Engages individual, family, caregivers, providers
- Integrates strategies that minimize disruption as individuals transition to managed LTSS programs



Build a utilization management plan

- Determines the services to be provided through prior authorization, and what needs in-depth review
- Assesses individuals and reviews requests for services based on elements such as medical necessity and most appropriate setting
- Creates integrity program to minimize duplication and reduce the potential for fraud and abuse



Assemble quality and performance measures

- Ensures that the push to reduce/save costs doesn't impact quality of care
- Develops strategies that consider medical, behavioral health, and LTSS needs – and expected outcomes



Initiate training

- Organize competency-based trainings for plan staff related to LTSS in the managed LTSS program design
- Training for providers and stakeholders on program, engagement strategies, delivery of services, etc.

A well-structured framework takes into consideration what needs to be done in order to build a robust, qualified, and accessible provider structure. It could also outline what assistance would be provided to benefit the individual from an administrative perspective, such as help with enrollment and understanding benefits and rights.

How We Can Help

UMass Medical School provides managed long-term services and supports consulting and operational services to payers and health plans. Our cross-disciplinary team includes nurses, occupational, physical, speech, and respiratory therapists, and social workers with many years of experience in the delivery and design of LTSS delivery at both the individual and system levels.

CONTACT

Jessica Carpenter

Senior Director, Disability and Community Services

508-421-5861 | Jessica.carpenter@umassmed.edu

Visit our website: <https://commed.umassmed.edu/managed-ltss>



**University of
Massachusetts
Medical School**

333 South Street
Shrewsbury, MA 01545