



Innovation to Enhance Long-Term Services & Supports: Panel Discussion

June 15, 2021, 3:00 – 4:00 pm ET

Event Summary

On June 15, 2021, Long-Term Quality Alliance and National MLTSS Health Plan Association Executive Director Mary Kaschak joined Healthspieren Senior Partner Jeanne De Sa to moderate a panel discussion focused on emerging practices and current gaps in long-term services and supports (LTSS). The panelists touched on topics ranging from the direct care workforce crisis to LTSS solutions for middle-income families. A summary of the discussion can be found below.

Panelists

Camille Dobson, Deputy Executive Director, ADvancing States
Anne Tumlinson, Founder and CEO, ATI Advisory
Tom Beauregard, CEO, Home Care Genie

Key Points and Themes

Nursing Home Repurposing and Diversion

- 90% of older adults prefer to receive services in their homes and communities, but many are not receiving them there. Given the high rates of COVID-19 in nursing homes, the pandemic has highlighted the urgency of repurposing nursing homes and transitioning residents into their setting of choice.
- States are trying to incentivize nursing homes to engage more with the community and provide outpatient services.
- MLTSS states have seen greater success in transitioning residents from nursing homes to the community compared to FFS states.

Workforce

- The U.S. is facing a workforce crisis as demand for personal care services is growing, both from greater rebalancing and overall growth in LTSS need. The workforce is aging, and the low pay (\$11/hour) incentivizes workers to take less strenuous jobs elsewhere.
- Innovations are needed to professionalize the workforce and entice young people to work in these settings.

Individuals Dually-Eligible for Medicare and Medicaid

- 75% of LTSS recipients are dually eligible for Medicare and Medicaid, but less than 10% of them are enrolled in an integrated program. Misaligned incentives make it difficult to reduce total cost of care, emphasizing the need to consider the role of Medicare when designing programs for LTSS beneficiaries.
- Dual-eligible special needs plans (D-SNPs) are particularly well-positioned to intervene with in-home support services earlier in an individual's functional decline trajectory.

Paying for LTSS Outside of Medicaid

- Only one third of the 6 million individuals who need help with multiple activities of daily living (ADLs) are receiving Medicaid-funded services, and there has long been a strict division between Medicare and long-term care. However, many people retire believing LTSS is covered by Medicare and aren't able to pay for services when they ultimately need them in 15-20 years.
- For the first time, Medicare is paying for limited services in the context of Medicare Advantage supplemental benefits. However, these supplemental benefits are very targeted, short-duration.
- New solutions are also emerging in the private sector which are focused on middle-income families.

Early Intervention and Care Planning

- Many people only begin to engage with LTSS at a point of crisis when someone is hospitalized and suddenly needs help that they didn't before, leading individuals to end up in nursing homes.
- States are providing limited services to people above the Medicaid limit and targeting at-risk individuals to delay future need. Medicare Advantage plans are also finding that limited services can delay need, especially for institutional care.
- Options counselling and private programs which begin care planning at retirement serve the same purpose. Self-directed programs can help ensure that people get the help that is most useful to them.

Family Caregivers

- Many families don't have the resources to pay for care and expect that their family will be able to take care of them. Caregivers are often daughters who are in their fifties and sixties themselves, who are giving up income and retirement savings for themselves.
- Supporting family caregivers and providing funding for the services around the individual may lead to paying for fewer paid services. COVID led to expansion in paying family caregivers, which is a major innovation that should remain post-pandemic.

LTSS System Navigation

- Families with ample resources can still struggle to get connected to services due to difficulty in navigating the system. The lack of a unified system also makes it difficult for direct care workers to coordinate and support families. There is no federal funding for the No Wrong Door system, leading to a patchwork in which some states have created different pieces that work well, but they aren't working together.

- The Aging and Disability Information and Referral Networks to help older adults and people with disabilities get connected to services, but are not properly funded.
- If the private sector can lead the way by demonstrating demand and positive outcomes, we can hope that federal funding will follow, although it is uncertain that private models can scale. We need to invest in what's already been built and connect across systems; integrating Medicare and Medicaid is just a starting point.