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MLTSS LEADERSHIP SUMMIT 2026 | BREAKOUT SESSION

Innovation at the Point of Need

How In-Home Technology Is Reshaping MLTSS Care Delivery

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— SPEAKERS

Today's conversation



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— FURTHER READING

MLTSS Association's Report on Enabling Technology

Earlier this year, the MLTSS Association released a new report – *Unlocking the Value of Enabling Technology in Managed LTSS.*

This report, which features promising practices from Centene and Connect America, examines how enabling technologies can support independence, strengthen community-based care, and improve quality of life for individuals receiving LTSS while also helping states, plans, and providers respond to workforce shortages, rising demand, and fiscal constraints.

Access the report here

— THE PREMISE

The next MLTSS innovation may already be in the home

OUR CONJECTURE

Plans can unlock significant value, without new capital, by rethinking how "old" technology is used today.

The question for today: what more could the technology already in members' homes do?

Already funded

Paid for through existing HCBS and supplemental benefits

In the home and trusted

Installed, powered on and used every day

Already generating data

Every call, alert and interaction is a signal

FOR LTSS PLANS

No new budget line, procurement cycle or contract amendment. Innovation you can launch inside benefits you already fund, at a time when Medicaid budgets are tightening.

— WHY THIS, WHY NOW

LTSS dollars and risk have moved into the home

37%

of Medicaid spending goes to the 6% of enrollees who use LTSS

KFF, 2020 data

$229B

Medicaid LTSS spend in 2023; 64% now in home and community settings

CMS, 2023

1 in 4

older adults fall each year; fall death rate up 21% from 2018 to 2024

CDC



The risk moved into the home. Plans' visibility didn't.

Plans already pay for technology that sits in those homes every day.

FOR LTSS PLANS

~$11K a year: the gap in average Medicaid spend between an institutional LTSS user ($47.3K) and an HCBS user ($36.3K). Every member kept safely at home protects your margin.

Sources: KFF, Medicaid LTSS users and spending (2020 data); CMS, Medicaid LTSS Expenditures Rebalancing Brief (FY2023); CDC, Older Adult Falls Data.

— FOUR EXAMPLES

Three new jobs, and one on the way

01

PERS, Reimagined

BUILT FOR
Fall response and 911 dispatch

NEW JOB
Front door to care: right site of service, access point, fall prevention

Nursing facility diversion

02

Engagement & Care Gaps

BUILT FOR
Member calls in when something is wrong

NEW JOB
Plan reaches hard-to-reach members through a trusted in-home channel

Care coordination contacts

03

Decline Prediction

BUILT FOR
A log of past events

NEW JOB
Interaction patterns flag rising risk so teams act before the event

Targeted service coordination

04

Beyond Wearables

TODAY
A pendant to wear and press

WHAT'S COMING
Passive sensing: fall detection, health trends, vitals, visit verification

Program integrity and safety

FOR LTSS PLANS

No new budget line, no new vendor. Each new job serves a priority you already report on to the state: diversion, care coordination, targeted outreach and, next, program integrity.

— 01 | PERS, REIMAGINED

Four shifts that turn PERS into a front door to care

FROM	TO	WHAT IT UNLOCKS
The call ends with an agent or a caregiver	**The right site of service for the situation**	Clinical judgment on the call; the ED becomes one option among several
PERS is only for emergencies	**PERS as an access point**	One trusted button for the moments of uncertainty that come before an emergency
PERS responds after a fall	**PERS as a prediction tool for fall prevention**	Call patterns point to who is likely to fall next, so prevention starts sooner
Eligibility follows fall risk	**Eligibility follows utilization risk**	Extend to members at high risk of ED use or readmission, not only classic PERS users

FOR LTSS PLANS

~3x the odds: a fall-injury hospitalization roughly triples the odds of long-term nursing home admission. Every fall or ED visit avoided protects a community placement.

Sources: Gill TM, et al. Am J Epidemiol 2013;178(3):418-425 (adjusted odds ratios 3.2-3.3 vs. other hospitalizations); CDC STEADI.

— 01 | PERS, REIMAGINED

PERS as a service, not a box

THE SERVICE STAYS THE SAME

24/7 live response

Clinical triage and routing

Connection to the care manager

Closed-loop reporting to the plan

THE ACCESS POINT CAN BE ANY DEVICE THE MEMBER ALREADY USES

Cell phones

One-touch help from the phone the member already carries; 90% of adults 50+ own a smartphone

Smart speakers (e.g., Amazon Alexa)

Voice-activated help with no button to find or press

Existing wearables

Fall detection and SOS on watches members already wear

Medication dispensers

A help button on a device the member opens every day

FOR LTSS PLANS

Scale the benefit without scaling field capacity. No install visit, and you can reach members earlier, before a first fall starts the nursing facility conversation.

Source: AARP, 2026 Tech Trends and Adults 50-Plus (smartphone ownership, 2025).

Flip the device into a trusted line into the home

WHY PHONE AND TEXT FAIL

8 in 10 Americans don't answer calls from unknown numbers

52.5B robocalls placed in the U.S. in 2025

$7.7B lost to fraud by Americans 60+ in 2025, up ~60%

Members are taught: don't answer, don't click. A plan's outreach looks just like the scam.

WHY THE DEVICE EARNS TRUST

In the home
Funded, installed and powered on

Worn every day
On the member, not in a drawer

A closed channel
Not a number anyone can spoof

QUIET MESSAGING: LIKE A PHONE ON SILENT

Plan queues a message → **Device signals quietly, no ring** → **Member pushes the button when ready** → **Connect to care manager** / **Or play a message**

WHAT PLANS COULD SEND

- **HRA and care plan check-ins**
- **Screening and vaccine reminders**
- **Redetermination and address updates**
- **Post-discharge follow-up**
- **Appointment and medication reminders**

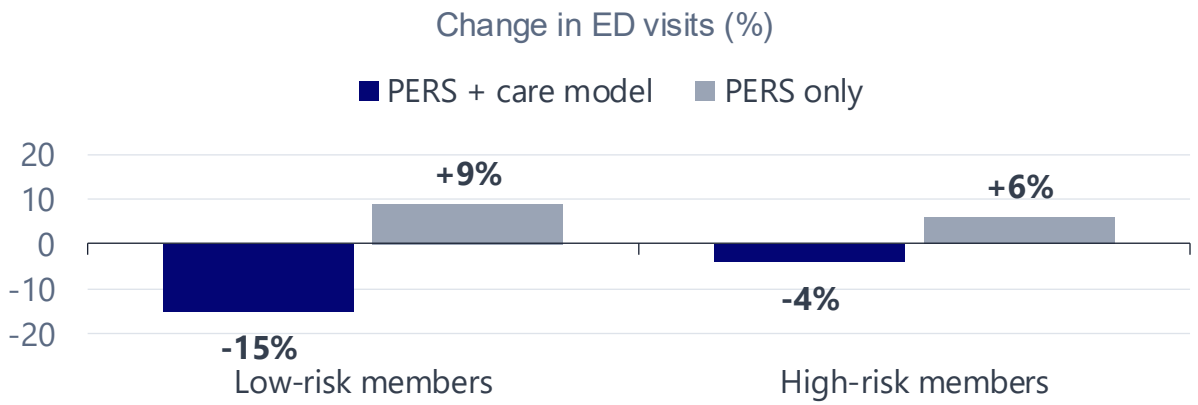
FOR LTSS PLANS

Meet contact requirements and keep eligible members. Complete HRAs and care plan reviews on time, and fight procedural churn: 66-74% of unwinding disenrollments were for paperwork, not eligibility.

Sources: Pew Research Center (2020); YouMail Robocall Index (2025); FBI IC3 2025 report via AARP; KFF, Medicaid renewal outcomes during the unwinding (2024).

Device interaction data can show who is declining

Centene's PA Health & Wellness: PERS reports acted on by service coordinators vs. PERS only



$424-$728 net ED savings per member vs. PERS only (1,710 LTSS members, 18 months)

PREDICTING THE NEXT EVENT

~11x **higher 30-day emergency transport rate**

Top 1% of predicted risk vs. baseline (25.5% vs. 2.2%), in a published model built on ~290,000 PERS subscribers

THEN INTERVENE WITHIN THE 30-DAY WINDOW

Risk flag → **Nurse outreach** → **In-home assessment**

Targeted response: home modification, OT/PT referral, nurse coaching

FOR LTSS PLANS

Put scarce service coordinator time where it matters most: the members most likely to have an event in the next 30 days, before a fall or hospitalization becomes a nursing facility admission.

Sources: PA Health & Wellness PERS-facilitated care model study, Jan 2023-Jun 2024 (accepted, American Journal of Managed Care); Op den Buijs et al., JMIR Medical Informatics 2018;6(4):e49.

What passive sensing can do that a pendant can't

THE LIMITS OF A WEARABLE

It only works if it is worn, charged and pressed

82% of falls among adults 90+ happened when alone

30% of those who fell lay on the floor for an hour or more

Call alarms went unused in most of the long-lie falls.

NEW CAPABILITIES, NOTHING TO WEAR



Falls detected automatically

No button, no charging, no reliance on the member



Trends, not just events

Activity, gait and sleep against each member's own baseline



Contactless vitals

Breathing and heart rate at rest, with no device on the body



Earlier warning

Changes in routine that come before infection, decline or a fall



Reach beyond the button

People with cognitive impairment who won't wear or press



Visit verification

Activity in the home to back up EVV that care was delivered

FOR LTSS PLANS

Eyes between visits when aides are scarce. 9.7M direct care job openings are projected through 2034, and states are building incident management and EVV oversight under the CMS Access Rule.

Sources: Fleming J, Brayne C. BMJ 2008;337:a2227 (adults aged 90+); Rantz M, et al., University of Missouri; PHI, Direct Care Workers in the U.S.: Key Facts (2025); CMS Medicaid Access Rule (2024).

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OPEN DISCUSSION

WHAT OTHER "OLD" TECHNOLOGIES COULD DO A NEW JOB?

IN THE FIELD TODAY

- EVV and care apps
- Medication dispensers
- RPM cuffs and scales
- Smart speakers
- Meal and ride visits

WHAT WOULD IT TAKE?

- Data access
- A benefit pathway
- An owner for the signal
- Proof of ROI
- Member consent



Thank You

Continue the conversation

- Anna Keith | VP, LTSS Products, Centene
- Todd Levin | Chief Revenue Officer, Connect America

— APPENDIX

Sources

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