National
MLTSS
Health Plan Association

Unlocking the Value of Enabling Technology in Managed LTSS

JANUARY 2026

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Introduction

The utilization of enabling technologies (ET) to address health and long-term services and supports (LTSS) needs has evolved significantly over the past twenty-five years. These technologies can alleviate the impact of direct care workforce shortages, facilitate members' independence and engagement in their communities, and improve quality of life outcomes. State efforts have been focused on expanding access to ET while recognizing that individuals have differing levels of comfort with and desire to use these tools.

Unfortunately, Medicare, Medicaid, and commercial health programs have struggled with how best to adopt and incorporate ET solutions into policy, service delivery, operational processes, and payment models. A lack of national criteria for evaluating technological solutions for LTSS populations, as well as the absence of clear guidance on how to cover and pay for ET, often leads to administrative barriers for MLTSS plans and partner organizations. State policies and managed care contracts also lack clear processes and funding mechanisms for adequately offering and paying for ET, which leads to administrative barriers for Managed Long-Term Services and Supports (MLTSS) plans and other stakeholders (including providers, family caregivers, and advocacy groups) who wish to accelerate access to technological solutions within LTSS.

The public health emergency (PHE) from the global COVID-19 pandemic initiated rapid advancement of ET and ushered in an explosion of entrepreneurs focused on resolving specific challenges in the LTSS space. During the PHE, States, plans, and providers responded to the moment by rapidly implementing new solutions to safely meet members' health, care, and social needs. Now as the sector is moving beyond the PHE, there is a need to ensure policies, systems, and data align to sustain the most beneficial technologies.

Given State budget constraints, increased demand, and continued care workforce gaps, it is critical to understand the opportunities and to address the challenges that State agencies, Managed Care Organizations (MCOs), and providers experience in adopting and implementing ET solutions within the LTSS space, and specifically within home and community-based services (HCBS). Identifying the strategies and tactics that are being used to address challenges in ET policy, practice, and payment, and sharing these lessons learned, will help the dynamic field of ET to evolve responsibly for LTSS stakeholders.

The National MLTSS Health Plan Association (MLTSS Association) convened a workgroup of MLTSS health plan and technology vendor leaders focused on solutions to scale and grow the use of ET within the MLTSS system. The workgroup met on several occasions between January-April 2025 to discuss trends in access, coverage, and utilization of ET to support the medical, clinical, therapeutic, and functional needs of HCBS program recipients in MLTSS programs.

The purpose of the workgroup was to create and disseminate policy and programmatic recommendations to advance the use of ET and assistive technology (AT) within MLTSS. The workgroup explored the MLTSS sector's experiences thus far in leveraging technology to improve MLTSS member outcomes, focusing on how to realize person-centered options that allow members to have a larger voice in what they need, how they want to be supported, and how they want to be interacted with. These recommendations propose strategies and specific roles for the

Federal government, State MLTSS regulatory authorities, MCOs, service providers, and technology vendors. The hope of the MLTSS Association is that these recommendations are a valuable resource for stakeholders, including health plans and technology vendors, as well as a tool for informing further policy-making at the Federal and State levels.

To further inform the MLTSS Association's work, a landscape assessment of 31 States was also conducted, including detailed information on current State policies and the benefits/services allowed under Medicaid-funded HCBS programs in each State, as well as funding structures, eligibility standards, and service parameters.

Defining Enabling Technology

Enabling technology (ET) is a broad term for devices and technologies that help people with disabilities and older adults regain, maintain, or improve their capabilities in their own homes, in their communities, and at work to remain optimally independent and included in their communities. The MLTSS Association refers to ET as an umbrella term that includes both high- and low-tech interventions intended to support the optimal independence, safety, growth, health, and well-being of individuals requiring LTSS and covers various service delivery modalities and technological tools.

Service Delivery Modalities

- *Telemedicine/Telehealth* – the delivery of clinical physical and behavioral healthcare services and care management/service coordination remotely in real-time between the individual and their care team.

- *Remote Patient Monitoring* – the delivery of continuous or periodic monitoring of vitals/biometrics, emotional regulation, symptoms, and other health information that uses digital technology to transmit health data to healthcare providers, caregivers, or support staff.

- *Remote Supports/Remote Monitoring* – leverages technology to virtually monitor and support individuals with activities of daily living, instrumental activities of daily living, and supervision in real time by off-site/remote staff or caregivers as identified in the person-centered support plan. The off-site/remote staff can be provided by a call center or by the provider authorized to provide the direct or remote service. Supplements in-person direct care.

- *Standalone Technology Tool* – any device, software, or equipment that helps individuals increase, maintain, or improve their ability to complete a task, communicate, or engage with something or someone. Typically considered a low-tech solution.

Technology Solution Tools

- *Everyday Low-Tech* – smartphone, internet connection, Roomba, adaptive utensils, smart toothbrush, magnifiers, screen readers, etc.

- ***Sensors*** – motion, bed, chair, pressure, fall detection, moisture, and heat sensors

- ***Smart Home/Home or Environmental Control Units*** – devices that allow individuals to better interact with their environment, including smoke and carbon monoxide alarms, automatic stove shut-offs, voice/app activated lights and thermostat, and video doorbell

- ***Apps used on tablets or smart phones*** – for communication, GPS, step-by-step guides

- ***Smart Medication Dispensers*** – medication dispensers that utilize smart technology to support taking medications as prescribed

- ***Personal Emergency Response Systems (PERS)*** – an electronic device to request on-demand assistance in an emergency

- ***Care Companions*** – robotic devices designed to interact with individuals to provide companionship, reminders, and information

- ***Communication Hubs to provide Remote Monitoring/Supports*** – audio- and/or video-enabled devices that allow on-demand bi-directional communication with an individual and caregivers or direct care workers who provide support from a different location

- ***Wearables and Vitals/Biometric Devices*** – able to measure heart rate, respiratory rate, oxygen saturation, body temperature, weight, blood glucose, physical activity, sleep quality, and emotional regulation

- ***Durable Medical Equipment/Specialized Medical Equipment*** – medical devices, equipment, and supplies designed to meet medical needs that are ordered by a healthcare provider

Benefits of Enabling Technology

Improved Quality of Care

Enabling technologies can be deployed to support populations receiving LTSS in their homes and in community settings, allowing for real-time data to drive early detection, better assessments, and more timely interventions. These functional advancements help improve health and quality of life outcomes over time and strengthen the overall quality of both acute care and LTSS. ET can also be used as a tool for care managers and service providers to engage with individual recipients, with the goal of customizing their plan of care and improving results over time.

Promoting Independence

Enabling technologies can also be a vehicle for increasing independence and self-sufficiency among individuals with LTSS needs. A hallmark goal of Medicaid-funded HCBS programs is promoting independence for individuals and enabling them to live and thrive in the setting of their choice, particularly in the home.

Enabling technologies improve individuals' opportunities to self-manage and gain, maintain, or increase independence in their own homes, community and at work, as well as control over their

environments. ET allow participants to thrive in the setting of their choice, particularly in their home. The availability of ET provides more resources that eliminate past barriers. For example, a person can go to sleep at any time they choose, as they have the ability to turn on or off their own lights when they utilize a voice-activated device.

Better Supports for Caregivers and Reduced Burden on Direct Care Workers

To address continual direct care workforce shortages in the LTSS space, a paradigm shift must take place that considers services and supports that can be addressed via technology and reserves critical, hands-on services for needs that only humans can resolve. There are several benefits that ET can offer, including:

- Enhancing and extending the workforce by leveraging its capabilities in a more sophisticated, strategic way (for example, helping direct care workers virtually monitor and coach for certain activities of daily living, decreasing commute times and allowing individuals to acquire more independence over time; using apps to provide workers with real-time training and peer mentoring to trouble-shoot challenges that arise in LTSS provision);

- Reducing the need for in-person visits and preventing decline necessitating medical intervention;

- Increasing the efficiency of care delivered by allowing for data-driven decisions regarding the deployment of direct care hours; and

- Providing relief, tools, information, and social networking for direct care workers and family caregivers.

Considerations for Embedding Enabling Technology in MLTSS Systems

Variety in State MLTSS Programs and Service Delivery Models

No two State Medicaid programs – or their approach to covering HCBS – are the same. If structured appropriately, ET can be incorporated into various service delivery models. Despite the complexities and financing challenges inherent in State Medicaid LTSS programs, the adoption and availability of ET have been more expansive in State Intellectual or Developmental Disabilities (IDD) Medicaid programs than in State Medicaid aged, blind, and disabled programs, Medicare, or the commercial health space. This reinforces the need to create best practices and recommendations that can be adopted across States to encourage continued adoption and expansion of ET within State Medicaid programs. Several States with well-established managed LTSS programs across populations – including Tennessee and Iowa – have developed comprehensive definitions, service parameters, and incentives to encourage increased access and adoption of ET solutions to help individuals achieve person-centered goals.

Data Collection and Reporting

Facilitating data capture and reporting across HCBS programs is critical to State ET adoption and implementation. States and plans must balance the need to ensure easier navigation for providers and consumers with the need for appropriate levels of accountability. Value-based models, in which providers and/or health plans are rewarded for demonstrable outcomes, will require accurate and robust data collection and reporting.

Benefit Design & Coverage Parameters

States have struggled to develop innovative approaches to benefit design to ensure optimal coverage of technological supports that align with person-centered goals and desired outcomes. This is largely due to a lack of federal guidance and technical assistance and the ever-changing ET landscape. The goal of Technology First initiatives is to create a viable pathway within HCBS programs that allows individuals to choose a technological alternative to in-person supports for any service. Such initiatives must begin by questioning how enabling technology can be infused into an individual's service plan to help support their person-centered goals. Future iterations of ET benefits must be flexible enough both to account for LTSS members' unique challenges, needs, and preferences and to allow for scalability across LTSS populations when appropriate. To ensure financial sustainability, State policymakers must also fairly compensate providers for ET services.

Access Barriers to ET

Improving access to ET must account for differences in geography, language, age, familiarity, comfort level, and other factors that may make adoption of these technologies more difficult. For example, individuals in rural areas that have limited internet access may have more success with supports that do not rely on 24/7 connectivity.

Stakeholder Training & Adoption

Ensuring that all stakeholders – consumers, family caregivers, direct care workers, and HCBS providers – are aware of, educated on, and gain experience with various ET solutions is imperative to successful adoption and implementation in the individual's home. Any movement towards the use of ET should recognize that, while technology plays a vital role in everyday living (at home, in the workforce, and in community life), people have differing levels of comfort with and desire to use technological tools. Providers must be adequately supported to responsibly offer ET and teach members to use them effectively. States must strike a careful balance between establishing basic, consistent criteria and guardrails around the appropriate use of ET while ensuring consumers can easily access low-tech solutions without unnecessary bureaucratic red tape. States should also work with plans, providers, and vendors to ensure adequate access to education, training, and ongoing technical support as ET continues to evolve. Additionally, leveraging ET to reduce the overreliance on in-person care is critical to adequately addressing the growing demand for HCBS with fewer resources.

Financing & Payment Models

States are trying to figure out how to pay for new technologies and how to establish appropriate base rates for the specific technological tools and supports offered. The methods States currently

utilize to pay for ET hardware and services vary. Some health plans cover ET under their Medical Loss Ratio and Medical Spend, while others cover it under Quality and/or Administrative Spend. Some States that lack defined benefits for ET or assistive technologies (AT) allow for the use of ET within other HCBS service definitions, such as Adaptive Aids, Home Modifications, and Specialized Medical Equipment.

Accessing Enabling Technology through Self-Directed Budget Authority

Participants who elect self-direction and utilize a budget authority model of service gain the flexibility to allocate their individualized goods and services budget toward the purchase of enabling technology. This approach empowers individuals to tailor supports that best meet their unique needs and goals for independence.

- **Goods**: This category encompasses the acquisition of discrete items, such as assistive or adaptive technologies, that directly enhance an individual's ability to function independently within their environment. Examples may include communication devices, mobility aids, or smart home technologies that promote safety, accessibility, and autonomy.

- **Services**: In addition to tangible goods, participants may also invest in services that provide ongoing or event-based support. These services can be one-time interventions or recurring engagements designed to strengthen independence and reduce reliance on direct care staff. Examples include remote supports, training sessions on the use of new technology, technical support, or individualized coaching to maximize the effectiveness of purchased tools.

By integrating both goods and services into their self-directed plan, participants are able to create a comprehensive support system that leverages enabling technology to foster independence, improve quality of life, and minimize the need for continuous direct care assistance.

Role of Financial Management Services (FMS) in Goods and Services under Self-Direction

FMS organizations play a critical role in supporting participants who self-direct their services under a budget authority model. Within the goods and services framework, FMS entities act as the fiscal intermediary, ensuring that participant-directed purchases are processed in compliance with program requirements while maintaining efficiency and accountability. FMS organizations are also responsible for processing participant-directed goods and services expenditures. Health plans and states establish parameters that define which goods and services are allowable, thereby streamlining the approval and payment process. This structure enables FMS providers to administer transactions consistently and in alignment with program standards.

As the enhanced adoption of ET yields further cost efficiencies, these savings must be thoughtfully managed to both ensure an appropriate level of reinvestment in care delivery and allow providers to retain a reasonable margin. This approach will encourage continued provider engagement and mitigate concerns that the use of ET could lead to revenue loss, ultimately promoting sustained innovation and adoption. Thus, how plans approach ET from a reimbursement standpoint is critical when determining how to viably bring a new technological solution into a market. Developing value-based reimbursement strategies that incentivize the appropriate balance of Medicaid funds between in-home care and ET is a vital phase in the evolving management of LTSS.

Validation, Scalability and Sustainability

Some States have developed ET initiatives with one-time funding through the American Rescue Plan Act (ARPA). Georgia, Florida, Kentucky, and Virginia all allocated substantial amounts of ARPA funds towards expanding broadband internet access, recognizing the role of this infrastructure in ET usage and addressing the digital divide, particularly for disabled individuals. An affinity group of States – including Arizona, Connecticut, Georgia, Illinois, Kentucky, Minnesota, Ohio, Oklahoma, Oregon, Virginia, Washington, and Wyoming – has explored and implemented ARPA initiatives focused on expanding access to ET. The District of Columbia even planned a pilot project to use an artificial intelligence-based platform to streamline the identification of AT solutions for individuals with developmental disabilities. Unfortunately, most States did not collect adequate data to substantiate return on investment and value propositions with respect to ET's impact on outcomes, nor have they developed adequate plans to sustain these initial ET investments long-term. States must develop clear value propositions supported by outcomes data and work with their legislatures to secure ongoing investments in ET solutions.

Updated Federal Guidance Needed Around Parameters for Covering ET at the State Level

There is not sufficient Federal-level guidance to inform States' approaches to covering, monitoring, and evaluating ET within their Medicaid programs. The Centers for Medicare & Medicaid Services (CMS) has traditionally not had a large footprint at the Federal level in this space and should coordinate with other Department of Health and Human Services (HHS) entities (e.g., The Office of the National Coordinator) to create additional Federal guidance around privacy, access, interoperability, and payment for States. This guidance will be critical to help States take their approaches to covering ET across HCBS populations to the next level.

Health Plan and Tech Provider Innovations

Throughout this report, we have embedded innovations and promising practices for the use of ET from MLTSS Association Health Plan and Partnership Program members. These examples showcase the innovative ways that MLTSS health plans and their provider partners are assessing, adopting, and advancing ET for their members. These examples show the impact that ET can have on the lives of individuals who receive MLTSS.

Challenges, Recommendations & Innovations

The National MLTSS Health Plan Association (MLTSS Association) offers the following insights and recommendations for strengthening access, coverage, and evaluation of ET within State Medicaid LTSS programs. The Association's findings and recommendations (outlined by stakeholder category) are organized across five key domains: Evaluating New and Existing Technologies; Streamlining Funding Pathways; Facilitating Member, Caregiver and Provider Education; Ensuring Member Safety & Empowerment; and Measuring the Impact of Interventions.

Evaluating New and Existing Technologies	Streamlining Funding Pathways	Facilitating Member, Caregiver, and Provider Education	Ensuring Member Safety & Empowerment	Measuring the Impact of Interventions

This report is informed by our overarching goal to help older adults and people with disabilities gain or maintain independence in their homes and remain meaningfully engaged in their communities, guided by their individual desires and preferences. Health plans and providers must meet people with LTSS needs where they are and deliver the ET solutions they need in a person-centered way, tying the technological interventions used to each person's individual goals and desired outcomes.

Evaluating New and Existing Technologies

Challenges

- Technological interventions may improve members' Quality of Life (QOL) in ways that are not captured in current assessments.
- There are no universal guidelines or standards currently available that plans can use when designing their internal approaches for making coverage determinations on new ET for a group of LTSS members.
- Defining value is challenging for LTSS populations and highly individualized based upon person-centered goals and circumstances.

MLTSS PLAN PROMISING PRACTICE

CENTENE®
Corporation

Centene believes that empowering individual autonomy and minimizing restrictive interventions is a fundamental right – one they pursue through innovation and collaboration. Together with members, caregivers, and partners, Centene strives to create solutions that honor dignity, foster independence, and transform lives.

Through their comprehensive assessment process and personalized Person-Centered Service Plan (PCSP), Centene works alongside members, caregivers, and their support networks to identify solutions that foster safety, autonomy, and community living. Using supported decision-making, they explore enabling technologies, remote monitoring, and in-home aids that make independence achievable. From smartphone apps and tablets to smart home devices like voice-activated electronics and sensors to appliance controls to whole home monitoring, they leverage technology to create environments where members thrive.

But innovation isn't just about devices—it's about outcomes.
James, a Centene member, transitioned from a group living setting to his very own apartment with the support of our care manager and service provider. While living in the group home, James met every expectation placed on him—but what Centene didn't fully understand were the limitations that environment imposed. Simply having staff present meant that, often unconsciously, tasks were done for him. Today, in his own home, James performs those same tasks independently, demonstrating capabilities that were previously overlooked.

Equally important is the transformation in his family relationships. In the group home, his family never felt like it was truly "his" space. Since moving into his own apartment, they feel welcome to drop in, share meals, and spend quality time together. This shift has strengthened bonds and created cherished moments that were not possible before.

With access to smart tools and adaptive supports, James now cooks independently—preparing meals for his family in a home that is truly his own. His story is a powerful testament to what happens when technology and compassion come together: **independence, dignity, and deeper connections.**

Centene helps guide families through coverage pathways, ensure timely delivery and installation of devices, and provide ongoing follow-up to confirm success. **Their mission is clear—"Transforming the health of the communities we serve, one person at a time." —by harnessing innovation, creativity, and collaboration so every member can live safely, independently, and fully engaged in their community.**

Recommendations

Federal Recommendations

CMS should leverage previous Federal vehicles focused on technological supports and form a CMS Technical Advisory Group on ET. This Technical Advisory Group would be responsible for:

- Promulgating sub-regulatory guidance that specifies that for HCBS recipients, the person-centered planning process must include the identification of alternative services and supports, including ET;

- Educating CMS/HHS staff who are responsible for the evaluation of ET within Medicaid waivers and waiver renewals;

- Creating an iterative process for establishing quality measures (first focusing on process-oriented measures and eventually evolving to outcome-related metrics) that can be used to assess the impact and return on investment of ET across States;

- Providing guidance to States on how to determine if an ET can be covered; this may include outlining specific billing codes, flexibilities, and suitability of how best to finance and categorize various technologies, parameters around protecting the individual users' privacy and security, and practices for ensuring informed consent, and use of remote supports within the federal HCBS settings criteria; and

- Identifying and highlighting ET best practice waiver language to States that do not currently have a vehicle to pay for ET in a current waiver.

MLTSS PLAN PROMISING PRACTICE

United Healthcare

Early results from **UnitedHealthcare Community & State**'s ET initiative show promising benefits for members. These tools are helping individuals reclaim a sense of safety, autonomy and dignity in their daily lives, especially those who live alone or require high levels of support.

For Susan, a 74-year-old woman with a below-the-knee amputation and limited mobility, even stepping outside was a challenge. Living alone and using a wheelchair, she longed for more independence. Through the ET benefit, Susan received an automatic door opener controlled by voice, remote or smartphone. For the first time in three years, she can now leave her home on her own and sit on her porch, an act she describes as deeply joyful and empowering.

State Recommendations

Establish State-level Enabling Technology advisory bodies to assist State Medicaid Agencies and sub-operational entities to:

- Provide education about the value of ET to stakeholders, focusing on evidence-based solutions and interventions;

- Identify the available funding streams and vehicles for accessing ET across publicly-funded systems and where the gaps lie with respect to accessing, covering, monitoring, and measuring ET within Medicaid LTSS programs;

- Create State-level guidelines around the coverage, monitoring, and evaluation of ET and ensuring such policies align ET to person-centered goals and outcomes;

- Establish State-level privacy and data security requirements for ET;

- Consider the provider types who can supply the services, allowing for flexibility for removing barriers to supplying these solutions; and

- Provide guidance to educate and prepare individuals receiving HCBS, their caregivers, and providers on the appropriate implementation and use of various technological supports and digital solutions.

The advisory bodies could be embedded within existing State advisory committee structures or be stand-alone entities, but must have adequate representation of various LTSS populations, caregivers, providers, tech vendors, plans, and State officials.[1] While a uniform, consistent State-level approach to ET coverage, payment, and evaluation at the State-level is important, plans should have the flexibility to administer unique tools used to operationalize the State's guidance.

All of the work of the State-level ET advisory body should acknowledge that individuals and their care teams will enter this space with different levels of technological literacy and comfort with technology. The education and resources provided by this advisory body must also be accessible to individuals who have primary languages other than English.

> **STATE INNOVATION**   KS
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> The **Kansas** Department for Aging and Disability Services (KDADS) used the American Rescue Plan Act (ARPA) to fund grant opportunities that foster innovation and empowerment in our communities through Supportive Technology and Self-Advocacy initiatives. Kansas envisions a future where technology supports older adults and individuals with disabilities, enabling them to lead fully integrated and equitable lives. As part of this vision, Kansas aspires to become a "Tech First" State. In a Tech First State, technology is prioritized in discussions of available support options for older adults and individuals with disabilities to promote meaningful participation, social inclusion, self-determination, and quality of life. Kansas considers technology a necessity for daily living. It aims to ensure all populations within Kansas have access to it, along with continuous education and support on its use, available adaptations, and updates. Awards were announced in early 2025.

Plan Recommendations

Plans should map out a clear strategy for how they intend to assess, pilot/test, validate, cover, and promote access to a broad spectrum of ET options in their MLTSS benefit packages to advance person-centered goals and outcomes (as outlined in individuals' care and service plans). Additionally, when bringing new proposals to State policy-makers for an expanded or new technology, plans should outline the predicted impact of utilization, the necessary provider and operational infrastructure, anticipated outcomes, quality assurance processes, and workforce management. Key components of a plan-level ET or Technology First Strategy could include, at a minimum:

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[1] Such entities should include representation from: State agencies across populations, including aging, IDD, behavioral health, children/families, and others as appropriate; Medicaid managed care organizations/health plans operating in the state; LTSS recipients with lived experience; technology experts; family caregivers and direct care workers. Federally-funded Aging & Disability Networks (Centers for Independent Living (CILs); Statewide Independent Living Councils (SILCs); Area Agencies on Aging (AAAs); Community Developmental Disabilities Organizations (CDDOs); and other stakeholders as identified by the state.

- Standard assessment criteria that can be embedded into existing tools, covering a broad set of questions that identify the individual's specific needs and possible technological options that could improve the individual's outcomes in addition to or beyond current in-person and other therapeutic options.
- Requirements for care managers/service coordinators and providers to embed ET strategies within the person-centered Individualized Support Plan (ISP) processes.
- Requirements for case managers and/or care managers to document that ET has been identified and considered, and that conversations with individuals about ET occur on a regular basis (e.g., at least annually).
- Guidance on appropriate coding for service authorization and reimbursement/billing processes.
- Member, caregiver, and provider-level education requirements tailored to specific technologies.
- Documentation of the steps required to pilot a new technology in self-direction, including a template for submitting the proposal to the plan, as well as any data to be collected.
- Goals for establishing value-based reimbursement models for leveraging ET to improve health, quality of life (QOL), and cost savings over time.
- Training on ET for care managers and service coordinators, including the types of ET that are available and how to determine if an ET is appropriate for an individual.

PROVIDER INNOVATION

ImpruvonHealth

Impruvon Health is a role-based medication management platform designed specifically for individuals with IDD and the care teams who support them. It leverages modern, proactive technology to simplify some of the most time-consuming, error-prone, and high-risk processes in long-term services and supports: medication management, treatment management, vital management and independence. The platform integrates patented smart software, secure med boxes, and a national network of pharmacy partners to streamline clinical workflows—ensuring compliance, reducing DSP turnover, and improving both health outcomes and individual independence. Impruvon delivers end-to-end support including infrastructure setup, training, ongoing maintenance, and customer success to ensure seamless implementation and sustained impact. Across MLTSS settings for individuals with IDD, implementation of Impruvon Health has resulted in:

- **48% reduction in medication errors**
- **39% increase in compliance with medication regimens**
- **69% improvement in audit-ready documentation**
- **Improved member outcomes and independence**, reducing reliance on intensive supports

MLTSS PLAN PROMISING PRACTICE

independent living systems | Florida community care

Independent Living Systems' introduction of specialized tablets for homebound members has made a meaningful and deeply personal impact on their daily lives. Many homebound older adults experience limited mobility, social isolation, and reduced access to in-person services. Traditional technology can often feel overwhelming and too complicated, creating additional barriers to staying connected. Specialized tablets help remove these challenges by offering a simple, senior-friendly platform that allows members to communicate, participate, and engage in ways that feel comfortable and empowering.

With their tablets, members are now able to participate in virtual wellness programs, join social activities remotely, and access memory and brain-health exercises that support cognitive well-being. They can also attend telehealth appointments at home without the stress of arranging transportation. These tablets also allow care teams to share important reminders, resources, and wellness check-ins directly with members in a way that feels personal and supportive. Most importantly, these tablets have created a bridge to connection, which is vital for homebound older adults. Members use these tablets to call family, reconnect with friends, and stay engaged with their social support networks.

One member, who lives alone and has not been able to travel to see her daughter in over a year, now uses the tablet to video chat with her every afternoon. She shared that just being able to see her daughter's face and hear her voice has eased the loneliness she once felt daily. Another member, who has limited mobility and used to feel disconnected from other activities, can now join live virtual music and chair movement sessions from her dining room. She often tells staff, "I may be homebound, but I don't feel forgotten anymore".

These tablets aren't just devices, they are tools that restore connection, dignity, and emotional well-being. These tablets help homebound members stay socially engaged, informed, and supported, while reducing isolation, strengthening independence, and improving overall quality of life. For many members, these tablets have given them something that cannot be measured easily: a renewed sense of being part of a community that cares.

Provider Recommendations

Providers can play a variety of roles in informing and approving access and coverage policies surrounding ET for various LTSS populations:

- Providers should make sure all staff and program leadership are trained in Technology First principles and standard practices for incorporating ET exploration into comprehensive assessment and person-centered planning processes.

- Providers can work with plans and States to develop their capacities for piloting various technological innovations and reporting data back to inform long-term payer policy.

- Providers can serve as an intermediary between HCBS recipients, caregivers, and payers to identify areas where technological solutions are in greatest need to inform strategic investments at a plan and/or State-level.

- Where State HCBS waiver designs permit, providers should identify and forge relationships as a broker between technology vendors, HCBS participants and families, and other providers to ensure appropriate exposure to various technological options to promote informed choice and responsible utilization.

- Providers should proactively engage with health plans and State officials to share the qualitative and quantitative data that could inform policy decisions and investments in ET.

PROVIDER INNOVATION

Evolve offers a turnkey, scalable infrastructure for states and MLTSS plans to administer ET benefits, including member assessments, vendor management, compliance, procurement, training, and post-installation follow-up, all under one platform. This solves a key pain point for health plans and state agencies: the absence of a centralized, outcomes-driven partner that can scale AT implementation without increasing administrative burden. Their model includes:

- Centralized Benefit Administration;
- Nationwide Provider Network;
- Integrated Member Assessment;
- Outcomes Monitoring & Reporting; and
- Policy Alignment and Reimbursement Readiness

Evolve has successfully supported over 15,000 Medicaid and MLTSS members nationwide through home-based interventions that include both home modifications and assistive technologies. Preliminary results from other initiatives with Medicaid plans suggest:

- 27% average reduction in personal care hours following installation of ET and environmental supports;
- 88% member satisfaction rate, with members reporting increased ability to perform daily activities independently;
- 21% fewer reported in-home falls six months post-intervention; and
- 4:1 ROI ratio within 12 months, factoring reduced personal care utilization and avoided institutional care costs.

Streamlining Funding Pathways

Challenges

- Independence may be facilitated by person-centered interventions, including assistive and enabling technologies, provided by MLTSS plans. Unfortunately, the funding structure in MLTSS is often tied to the volume of services provided, instead of the outcomes achieved. Successful adoption and provision of ET is contingent upon a transformation of how plans and providers are currently incentivized. This means ensuring solid value-based

reimbursement models are implemented that reward providers and plans for improving member outcomes and decreasing costs.

- Existing State contracts often do not contain clear funding mechanisms or processes (no common service codes, billing units, common rates, caps, etc.) to adequately offer and pay for assistive and enabling technologies, which leads to administrative barriers for MLTSS plans and partner organizations. Many States and health plans require a denial in order to access specialized medical supplies, which then allows access to some technology.

- Cost shifting between Medicaid and Medicare for dually eligible members continues to be problematic.

- For dually eligible individuals, ET will largely be paid for under their Medicaid coverage. However, ET may lead to decreases in members' acute care costs, leading to cost savings for Medicare that are not necessarily attributed back proportionately to Medicaid.

- Providers also expressed difficulties obtaining ET coverage for dually eligible members if they are initially denied under a member's Medicare coverage. Creating synergies between these two programs could lead to reduced administrative burden for both plans and providers.

PROVIDER INNOVATION

MedScope.
A Medical Guardian Company

Personal Emergency Response Systems (PERS) have long served as a foundational HCBS service, helping individuals live independently at home and in the community. While traditionally viewed as emergency tools, PERS are increasingly recognized as scalable enabling technologies that promote independence, improve access, and support person-centered outcomes. With two-way voice communication and accessibility for individuals without smartphones, cellular service, or Wi-Fi, modern PERS devices now enable wellness check-ins, appointment reminders, and outreach to address social isolation. By meeting members where they are—both physically and in terms of ease of technology use—plans and providers are using PERS to prevent avoidable hospitalizations and institutionalization while connecting with populations that might otherwise be out of reach.

MedScope, a Medical Guardian company, offers a leading example of this evolution. Its PERS devices now include health engagement campaigns and fall risk analytics powered by step tracking and fall detection. Through this approach, MedScope/Medical Guardian has helped MLTSS plans deliver proactive care with historically hard-to-reach Medicaid members. In one deployment, 21% of previously unresponsive members engaged through their PERS device, and 75% of those took action on care gaps such as getting a flu shot or scheduling a preventive screening. This model highlights how PERS can shift from reactive tools to proactive platforms that advance health equity, reduce costly hospitalizations, and support more efficient allocation of resources. Fall risk analytics provide actionable data for MLTSS care managers, enabling them to work upstream to address rising risk levels. As enabling technology strategies continue to grow, PERS remain a proven way to close care gaps, improve outcomes, and help aging adults and individuals with disabilities live independently in the setting of their choice.

Recommendations

Federal Recommendations

- MACPAC should establish a policy/research initiative focused on effective financing models for ET, with an emphasis on creating adequate rates and effectively incentivizing providers to adopt ET and shift their focus to delivering outcomes, as opposed to solely relying on a fee-for-service model. The focus of this research initiative would be to analyze and propose funding structures for ET, specify basic minimum areas of ET for dual-eligible special needs plans (DSNPs), and outline potential models for shared savings across payers (i.e., how to attribute savings to both Medicaid and Medicare for dually eligible members).

- CMS should promulgate guidance regarding available coverage mechanisms for ET.

MLTSS PLAN PROMISING PRACTICE

United Healthcare

Some **UnitedHealthcare Community & State** members, like Michael, who is paralyzed from the neck down due to a spinal cord injury, have found safety and freedom through smart locks and voice-activated doorbells. "Before, I had to leave my door unlocked or give caregivers a key," he shared. "Now I can see who's at my door and lock or unlock it by voice, right from my bed." The technology has allowed him to feel secure and more self-sufficient, especially when home alone.

State Recommendations

- States should create requirements that specify that if an ET is denied under Medicare for a dually eligible individual, the claim automatically flows to the member's Medicaid coverage for review/approval. Additionally, if there are benefits that cannot be covered under an individual's Medicare coverage, States should not require that the claim flow through an individual's Medicare coverage and instead allow it to go directly to Medicaid.

- State Medicaid Agencies and HCBS sub-operational entities should engage in cooperative agreements with other publicly-financed systems (education, vocational rehabilitation, workforce development, housing, transportation, and others) to leverage resources and incentivize MCOs to work with these other systems to expand ET offerings for LTSS populations.

- States should issue clear guidance to MCOs and providers that outline clear policies for the coverage and payment of specific ET interventions, as well as to support the design of a value-based reimbursement model for ET and the core data elements needed to consider expansion, scalability and sustainability of a Value-Based Reimbursement (VBR) model over the long-term.

- States should promote and invest in the creation of financial pathways and flexibilities that help plans and providers make upfront investments in the infrastructure necessary to operationalize new categories of ET. Additionally, plans must be allowed to implement payment methodologies that temporarily offset decreased provider reimbursement resulting from introducing technological supports and reducing in-person care. Such flexibility is needed to sustain provider stabilization, particularly in service areas where provider network adequacy is a challenge.
- States should clarify the coverage, payment, and data collection/evaluation requirements for ET within State Medicaid programs during the contracting process with State regulatory agencies.

> **STATE INNOVATION**   **IA**
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> The **Iowa** Department of Health and Human Services used ARPA dollars to fund grant opportunities to aid qualified HCBS providers by providing funds for remote support services that use technology. These services involve real-time assistance from direct support professionals in distant locations. The grant funds are meant to cover expenses associated with implementing technology-enabled services to enhance and expand the capacity of providers to serve HCBS waiver and HCBS habilitation participants.

Plan Recommendations

We recommend plans use the contracting process, as well as contractual flexibilities (value-added benefits, in-lieu of services, and options for innovation within existing waiver services), to achieve the following:

- Garner buy-in and support from State Medicaid authorities to allow plans to work with providers to leverage other public funds – including, but not limited to, education, housing, transportation, vocational rehabilitation, and workforce development – to ensure optimal financing of technological solutions in support of LTSS participants' individualized needs and goals.
- Create processes for providers with innovative value-based reimbursement strategies to bring their ideas and proposals to the plan for consideration, review, and potential partnership support.
- Provide financial incentives for HCBS providers to invest in the education and skills of direct care workers and front-line supervisors for exposing, informing, educating, providing, and evaluating various categories of ET and new technological innovations coming to the HCBS market.

MLTSS PLAN PROMISING PRACTICE

Assistive technology has been central to increasing personal independence and autonomy for people with disabilities for decades. **AmeriHealth Caritas** launched a smart home initiative late last year in the Pennsylvania Community HealthChoices market. This initiative included working with a local foundation to develop a smart home technology training and education program for service coordinators. AmeriHealth Caritas also established a partnership with a Community-Based Organization (CBO) with expertise in smart home technology, who conducts a specialized assessment of needs, personalized technology recommendations, installation and member orientation, and training and troubleshooting to improve overall engagement and adoption of smart home technology.

Provider Recommendations

To remain competitive in the next phase of MLTSS provision, both technology vendors and providers will need to adapt to ever-changing market dynamics, fiscal constraints, and heightened expectations from stakeholders. Technology vendors and providers should work to improve access to technological tools that can directly improve the health and quality of life outcomes for LTSS participants. We recommend that providers and vendors consider the following strategies to strengthen the successful provision and uptake of ET:

- Complete all ET-related training and certification required by the State regulatory authority or plan.

- Participate regularly in person-centered planning processes (if/when appropriate) and provide feedback to HCBS consumers' case managers and service coordinators regarding observed needs and potential technological tools that could address such needs.

- Engage with plan market representatives early and often regarding any interest in piloting or introducing new technological innovations to HCBS clients to ensure a seamless partnership and approval process with respect to pilot design, reimbursement, and evaluation.

- Cultivate partnerships between providers and vendors to collaborate on ET initiatives with health plans to maximize the impact of ET uptake, utilization, data collection, and evaluation.

Facilitating Member, Caregiver, and Provider Education

Challenges

- Any movement towards the use of ET must recognize that members and caregivers have differing levels of comfort with and desire to embrace technological supports into their daily lives.

- Providers need to be adequately supported to responsibly offer various technologies and help members and caregivers to effectively utilize them.

- Most States have yet to provide clear guidance on how technological support needs should be uniformly assessed across individuals in various waiver programs and populations.

- The lack of access to culturally competent information, provided at a basic level of literacy, makes it difficult for case managers and service coordinators to explore with LTSS participants and their caregivers how ET can be leveraged to address their needs or support their goals.

- This informational asymmetry limits both the ability of members and their caregivers to make informed decisions about ET during the person-centered planning process and the ability of caregivers and providers to support members in maximizing the benefits of technological tools and resources.

PROVIDER INNOVATION

One of the most persistent barriers to the implementation of technology-enabled supports in HCBS for individuals with intellectual and developmental disabilities (I/DD) is the lack of early and meaningful buy-in from key stakeholders, including the individuals receiving services, their families and caregivers, and MCO case managers. To address stakeholder hesitancy around technology-enabled supports, **ShiftAbility** implemented a strategic, research-based engagement model aimed at building buy-in across all levels of the I/DD support ecosystem.

ShiftAbility designed a suite of buy-in training modules and town hall templates that agencies and MCOs could use to introduce, explain, and normalize technology-enabled supports. These resources were focused on shifting the narrative - framing technology as an enhancement to care, not a reduction of it. Crucially, ShiftAbility collaborated directly with MCOs to deliver targeted training sessions to case managers. These sessions helped demystify the service authorization process, illustrated how to identify appropriate candidates for remote supports, and built confidence among frontline case managers to recommend and support these options. In parallel, they also conducted outreach to families and caregivers, emphasizing values-based storytelling and real-life success stories, ensuring that families could envision how technology could improve and not compromise the safety, dignity, and independence of their loved ones. This stakeholder engagement resulted in measurable increases in understanding, acceptance, and use of technology-enabled supports. MCO case managers who participated in ShiftAbility-led trainings reported feeling more confident in authorizing remote services and identifying appropriate candidates. Follow-up data also showed an increase in families opting to explore technology-enabled supports for their loved ones. Case managers began proactively identifying individuals who could benefit from technology, and families who once expressed fear began advocating for additional technology to support independence and safety.

Recommendations

Federal Recommendations

- CMS should offer technical assistance and guidance to States regarding strategies to streamline ET education and training requirements and implementation activities in partnership with plans and providers.

- CMS should partner with the Administration for Children, Families, and Communities to provide clarity regarding ongoing Federal support to aging and disability networks, which are often engaged in the assessment, planning, coordination, provision, and/or data collection processes related to securing HCBS participants' access to ET.

MLTSS PLAN PROMISING PRACTICE

Elevance Health, along with its 12 LTSS affiliate plans, has embraced an "Independence First" philosophy aimed at transforming the delivery of HCBS. This approach prioritizes supporting individuals in regaining, maintaining, or enhancing their independence before initiating hands-on services. As part of this commitment, Elevance Health has invested in comprehensive training for case managers, providers, and members to promote the integration of ET and other supportive capabilities. Elevance Health encourages case managers and providers to consider these tools as the first option in care planning, empowering individuals to achieve greater independence and improving outcomes across the LTSS continuum. Across Elevance Health's 12 LTSS affiliate plans, the "Independence First" philosophy is fostering a cultural shift— encouraging case managers, care coordinators and providers to incorporate Assistive/Enabling Technologies as a core component of care planning. This approach has led to increased member engagement, greater self-sufficiency, and improved satisfaction, underscoring Elevance Health's commitment to advancing independence through innovative and technology-enabled supports.

Before introducing a new ET, Elevance assesses the service definitions to determine if they are able to utilize existing ET/AT within the service. They then assess provide capacity and internal processes to determine readiness. With provider capacity, they then assess providers' models, their experience, and their ability to provide the services. After provider capacity and internal processes have been established, Elevance brings training to their teams.

Early feedback and implementation results suggest positive impacts, and Elevance initiatives in Texas and Indiana have demonstrated how integrating ET/AT through Adaptive Aids and Specialized Medical Equipment benefits can effectively promote member independence and enhance quality of life.

State Recommendations

- States should outline specific content criteria for MCOs and providers to offer basic uniform Technology-First education and training across HCBS programs that expose and orient

HCBS recipients, caregivers, and providers to various technological solutions and State requirements for how to access ET.

- States should engage with providers, vendors, and plans to establish in their HCBS applications/amendments or subsequent policy guidance, appropriate provider training/certification requirements for the provision of different categories of ET. Such requirements should be balanced to consider the sophistication of various levels of technologies required (i.e., low-tech v. high-tech) and allow flexibility for providers who are entering the space and wish to partner with plans to pilot new ET solutions.

- States should publish member training requirements for approved ET that all plans must implement with approved providers, with the goal of providing consumer-friendly information regarding the opportunity to receive initial and ongoing training on how to use ET.

  o Informed consent around utilization of ET should be established as part of the person-centered, individualized service planning process so individuals know not only how to use their equipment but also where their data is going and how it is protected.

  o States should also reinforce the importance of supporting members with education on an as-needed basis across the care continuum, taking into consideration that technology changes rapidly and technological literacy is an iterative process.

> **STATE INNOVATION** AR
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> The **Arkansas** Department of Human Services engaged with a provider in support of an ARPA-funded project focused on Technology First Systems Change across all Medicaid Specialty populations. The main deliverables of the project are:
>
> - Provide recommendations and best practices for integrating technology and remote support services into existing waivers.
> - Engage with Arkansas Providers and Provider-led Arkansas Shared Savings Entities (PASSEs) to provide education on technology first processes and best practices.
> - Launch a technology pilot with participating providers to support 200+ individuals across all Medicaid specialty populations.
> - Host an ET summit to showcase national leaders and successes with ET and remote support.

Plan Recommendations

- Health plans should work with providers to develop their competencies to work with technology vendors and plans to introduce new ET solutions into the field and coordinate technical support as needed to direct care workers, LTSS recipients, and caregivers.

- Health plans should compensate technology vendors and/or providers for training members' care management and clinical teams, including providing financial support for hands-on in-person orientation and training for LTSS participants and their family caregivers. Such training models need to be flexible enough to take into consideration different levels/modes of learning and training, as well as the need for additional education and training as technology continues to expand and evolve.

- Health plans can partner with providers to survey LTSS recipients and caregivers about their fears, interests, and concerns about ET, as well as the kinds of information they need to feel confident using new technologies.

MLTSS PLAN PROMISING PRACTICE

UPMC Community HealthChoices

Many LTSS members, particularly those in Medicaid, face significant barriers to digital connectivity, including lack of access to mobile devices, internet service, and digital literacy support. These barriers limit their ability to engage with healthcare providers, access telehealth, manage care independently, and stay socially connected—ultimately impacting health outcomes and quality of life. **UPMC Community HealthChoices** partnered with a provider to implement a Lifeline enrollment initiative targeting Medicaid-eligible LTSS members that provided eligible individuals with a free smartphone, unlimited talk/text/data, and an optional low-cost tablet. The partnership leverages federal programs like Lifeline, and previously the ACP, to provide no cost or low-cost technology to eligible members, demonstrating a creative approach to funding digital inclusion.

The initiative was supported by bulk mailings, auto dialer outreach, and the UPMC Tech Guides team, who offered digital literacy support and helped members set up email accounts and navigate device use. In addition to individual outreach, UPMC collaborated with its Community Engagement Team and a provider to host targeted enrollment events at nursing facilities across Pennsylvania. These events provided on-site support for residents to apply for the Lifeline program, receive new phones, and learn how to use them. Provider organization staff facilitated application processing and device setup, while

UPMC Tech Guides offered remote digital literacy support through hands-on demonstrations and instructional videos. For residents unable to attend, paper applications were distributed to ensure continued access. The hands-on support provided by the Tech Guides was essential to overcoming digital literacy barriers and ensuring sustained use of devices. By providing members with mobile devices and connectivity, the initiative empowers them to manage their care, communicate with providers, and stay connected with support systems, enhancing both safety and independence.

Results of this initiative included:
- **Over 6,000 application requests** were generated through auto dialer outreach alone;
- **Over 2000 smartphones and hundreds of tablets** were distributed to UPMC CHC participants across Pennsylvania;
- **Increased member engagement** with healthcare services, including telehealth and care coordination; and
- **Enhanced digital equity** through the Tech Guides program, which supported members in using UPMC digital tools

Key Learnings from this initiative included:
- Embedding Lifeline enrollment into routine care coordination workflows (e.g., face-to-face visits) significantly improves uptake;
- Providing hands-on support through Tech Guides is essential to overcoming digital literacy barriers and ensuring sustained use of devices;
- Partnerships with trusted vendors streamline application processing and fulfillment, reducing administrative burden on care teams; and

Federal program limitations (e.g., ACP funding expiration) highlight the need for sustainable, state-supported digital inclusion strategies.

Provider Recommendations

- ET providers and vendors should host onboarding meetings with members and their families/caregivers, provide access to technology home labs, and allow members to trial specific technological solutions before making a final decision. These practices can help teach members and their caregivers about the technology they are signing up for – avoiding purchasing ET that is ultimately a poor fit for the individual – and how their data will be protected. In alignment with person-centered practices, these orientation and educational practices meet members where they are with their technological comfort and needs.

- Providers should work with individuals' case manager/service coordinators and support teams to identify technological solutions that support individuals' person-centered goals, develop anticipated outcomes and evaluation protocols, and tailor the proposed ET interventions for members with different levels of comfort with technology. Informed consent should also be a key element in all assessment, exploration, and planning activities.

PROVIDER INNOVATION   MapHabit
                                                         ENGAGE. ENHANCE. ENVISION.

MapHabit is a neuroscience-based technology platform that uses step-by-step visual guides to help neurodivergent individuals strengthen independent living skills. The platform supports the use of enabling technology (ET) to help members transition to less restrictive environments. Currently fully reimbursed in 15 states and recognized as a qualified medical expense by MACPAC, MapHabit's patented system activates a preserved region of the brain to increase task completion with less reliance on in-person support. This not only enhances member autonomy but also significantly improves satisfaction and efficiency among overwhelmed direct care workers (DCWs).

At the heart of MapHabit's model is **personalized education**. Members access a library of 1,000+ curated "maps" that assist with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). These visual routines are customized to support medication adherence, supported employment, and social story development to manage behavior in unfamiliar situations. Meanwhile, caregivers receive training in self-care, critical thinking, and mood regulation strategies, enabling them to be stronger and more resilient support partners. Providers can standardize care delivery by using MH to share clinical protocols with

DCWs, such as wound care procedures or durable medical equipment usage, ensuring quality and consistency at the point of care.

MapHabit has received over **$10 million in NIH funding** and has produced **six peer-reviewed publications** supporting its efficacy. Collaborations with MLTSS organizations have delivered strong clinical outcomes and return on investment (ROI), including:

- **100% improvement in dental visit compliance** among special needs populations;
- In foster care settings: improved **placement stability** and **significant reductions** in behavioral health costs, inpatient admissions, and emergency utilization; and
- **Reduced need for behavioral health professionals and DCW hours** as members and caregivers build proficiency in independent routines.

Ensuring Member Safety and Empowerment

Challenges

- While CMS has provided some initial guidance to improve the protection of member data and privacy, more specific requirements around protections are warranted.

- Guardrails around the use of ET to ensure members' safety and adherence to their person-centered care plans are critical, especially when transitioning from in-person services to services delivered remotely or services enhanced or replaced by ET.

- Technologies must be flexible enough to align with informed consent, member rights, individual privacy, as well as each person's evolving needs and preferences in different settings and stages of life (in accordance with the federal HCBS settings criteria)

Recommendations

Federal Recommendations

- CMS, in collaboration with the HHS Office of the National Coordinator (ONC) and LTSS stakeholders, should issue stronger guidance and provide technical assistance regarding the management of members' personal data. Recently, CMS released revisions to the 1915(c) waiver that included new requirements for States to specify how they will enhance privacy protections and ensure informed consent for remote or electronic monitoring for a small subset of services. CMS should build upon these general requirements to create additional guidance on data security in LTSS.

- CMS should provide technical assistance to States on promising practices for streamlining Electronic Visit Verification (EVV) data, data extrapolated from remote technological supports, and critical incidence reporting to better evaluate the impact of ETs to demonstrate systemic quality improvement and individual outcomes related to safety and well-being.

State Recommendations

- States should work with LTSS stakeholders to establish a statewide streamlined process for ensuring member safety in remote monitoring environments, including appropriate staffing patterns for Direct Support Professionals (DSPs) supporting multiple individuals at one time.

> **STATE INNOVATION**   TN
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> **Tennessee** is a "technology first" state – they believe that ET should be considered first as an option for services and supports and should be prioritized as a possible solution to promote independence and reduce risk of reliance on direct supports and services. Tennessee, through the CHOICES & ECF CHOICES programs, connects individuals with ET to enable them to remain living at home and in their communities. The ET program is available to any person in Tennessee enrolled in a 1915(c) waiver or the ECF/ECF CHOICES program. In 2022, Tennessee invested over $5 million in ARPA funding towards ET for individuals in the CHOICES and ECF CHOICES programs.

- States should establish basic criteria around the use and monitoring of ET to ensure that beneficiaries are empowered with adequate information, support, and resources to successfully utilize technological supports.

Plan Recommendations

- Plans may wish to proactively engage with State regulatory authorities, providers, members, and caregivers to solicit feedback on additional processes and practices that could be implemented to ensure member safety and empowerment in the identification, exploration, and utilization of ETs.

MLTSS PLAN PROMISING PRACTICE

United Healthcare

UnitedHealthcare Community & State implemented a pilot program to explore the use of technology alongside neighborhood logistics & deployment strategies to reimage traditional care-delivery models and produce alternative models that are affordable, practical, and value-based. In this pilot, UnitedHealthcare, with their provider partner, identified and targeted communities for intervention that had concentrated needs across multiple waiver programs. They then conducted in-depth analyses to determine the current hours of care *authorized* versus the hours of care being *delivered* to identify care gaps.

UnitedHealthcare and their provider partner then used data analysis to develop alternative care models that improve care, promote independence, and lower costs by leveraging technology, workforce stabilizing strategies, and neighborhood care models. These models include the use of smart home technologies combined with intelligent software that enable individuals to live independently with fewer intrusions. These smart home technologies can include optic, contact, and motion sensors, 2-way intercoms, and stove support. This model enables community providers to remotely monitor safety and health needs, provide real-time coaching, supervise & support caregivers, control home automations, and remotely deliver professional services.

UnitedHealthcare also leveraged a neighborhood network model to combine professional, next-door neighbors with remote support infrastructure to provide an alternative home care ecosystem for semi-independent adults that functions as a virtual assisted living community. This virtual assisted living community fosters real inclusion, access, and the tools to self-direct.

Expected Impacts of these innovations include:

- **Cost savings and reduced loss ratios** as a result of reduced reliance on expensive, just-in-case care;
- **Enhanced health outcomes for members** including fewer ER visits, reduced loneliness and fewer medication errors; and
- **Greater member satisfaction** and fulfillment of authorized hours, building stronger, inclusive, and well-supported communities.

Provider Recommendations

- Providers and vendors should proactively collect data to assess the impact of ET exploration and utilization on member safety and empowerment. Providers should also engage with plan market representatives regularly to provide feedback regarding current ET authorization and coverage processes and potential enhancements to improve member safety and empowerment.

PROVIDER INNOVATION   ConnectAmerica

LTSS programs consistently struggle with avoidable emergency department (ED) utilization because members rarely contact their care manager at the actual moment of need. Traditional PERS devices only trigger an EMS response, and existing ED-avoidance programs often rely on outbound calls or retrospective data—intervening too late to change the care path. This results in unnecessary ED visits, unnecessary downstream costs, and avoidable disruption for vulnerable LTSS members.

ConnectAmerica's CareCompass platform uses a connected smart wearable device to link members directly to a registered nurse in real time during a moment-of-need event, at the press of a button. The nurse conducts clinical triage, determines the appropriate level of care, and resolves many events without dispatch. Based on prior data from similar implementations and the design of the connected smart wearable nurse triage model, expected outcomes include:

- **Reduce avoidable ED visits by 30–40%:** Immediate nurse triage at the moment of need has consistently demonstrated high rates of on-site resolution in comparable populations.
- **Resolve a significant percent of events on-site (~40%):** Members contacting a nurse in real time are likely to receive guidance that prevents unnecessary EMS dispatch;
- **Deliver measurable ROI (estimated 3:1):** Cost savings are anticipated from avoided ED visits and hospitalizations, and better care alignment, similar to previous program outcomes;
- **Improve member experience and safety:** Rapid access to a nurse in moments of need should reduce anxiety, avoid unnecessary hospitalizations, and enhance trust in care management; and
- **Provide actionable insights for scaling:** Early data will help identify patterns in member needs, intervention timing, and overall program impact for future rollouts.

Key Learnings from this innovation include:

- **Timing is everything:** Intervening in the moment of need is far more effective than retrospective outreach. Immediate nurse triage prevents unnecessary ED visits and hospitalizations;
- **Connected technology + human expertise is a powerful combination**: A smart wearable device alone isn't enough to change member behavior; using it as an access point to a nurse for real-time triage enables better decision-making and improves outcomes;
- **High potential for ED avoidance and cost savings**: Previous data suggest that nearly half of alert events can be resolved on-site, highlighting the program's ability to reduce unnecessary EMS calls and ED visits;
- **Member engagement is critical**: Members are more likely to follow guidance when they have immediate access to a trusted nurse;
- **Real-time data drives better program insights**: Triage data allows LTSS programs to identify patterns, optimize workflows, and refine interventions over time; and
- **ROI is achievable and measurable**: Early modeling indicates a strong return (estimated 3:1), showing that investments in real-time connected care can be financially sustainable while improving outcomes.

Measuring the Impact of Interventions

Many tools exist, but few universal or statewide strategies have been implemented to evaluate the impact of ET on health and quality of life outcomes at an individual, population, geographic, or programmatic level.[2] A framework for carefully measuring the impact of ET utilization and trends nationwide would help inform federal and State policy related to access, coverage and payment in the long-term. Assessing the ROI of ET should consider projected care gap reductions, progress in person-centered goal attainment, improved member health and QOL outcomes, and anticipated cost-savings. Beyond just the ROI, ETs may defray the use of other services and can be instrumental in keeping individuals stable and prevent/delay the progression of chronic conditions or disability.

Challenges

- There is lack of clear federal guidance and examples for effectively evaluating the impact of technological solutions (both hardware and software) on LTSS populations
- States do not have consistent criteria to support plans and providers in measuring the impact and outcomes of ET within HCBS programs.

PROVIDER INNOVATION

CAREBRIDGE

CareBridge Health partners with MLTSS health plans to assist case managers in developing person-centered support plans that leverage personalized enabling technologies[1] to increase safety and independence at home and in the community for members receiving HCBS. The CareBridge team of clinicians with occupational and physical therapy training and expertise utilize the nation's largest HCBS analytical database, personalized medical information, and an individualized strengths-based functional and environmental review to identify personalized empowering alternatives that will increase safety and independence and improve quality of life.

All CareBridge consults include discussion of a member's goals, strengths, and abilities, centering recommendations for the creation of the care plan on how services, including enabling technologies, can support those member goals and maximize their strengths and abilities. These recommendations include personalized enabling technologies, such as durable medical equipment, adaptive technology, home modifications, and other tools that increase member safety, promote greater independence, and enhance quality of life for individuals living at home, while reducing caregiver burden, and the need for in-person support. Recommendations are provided to MCO case managers prior to the completion of an in-home assessment, so they can be discussed with the member as part of the person-centered planning process and help inform the development of an optimal person-centered care plan. To date, CareBridge has recommended over 125,000 enabling technologies to help care managers increase independence and improve quality of life for individuals enrolled in MLTSS programs across the

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[2] The National Core Indicators (NCI) and National Core Indicators for Aging & Disability (NCI-AD) surveys include questions about technology and assistive services. However, they lack specificity and are intended to assess individual consumer experience.

PROVIDER INNOVATION

TRUALTA

Caregivers and direct care workers in Pennsylvania's LTSS population experience high levels of isolation, burnout, and stress, with limited access to education to provide care outside of compliance, and limited social support. Early onboarding data revealed that 38% of caregivers felt lonely or isolated and 63% did not feel calm, highlighting the critical need for interventions focused on well-being, connection, and practical caregiving skills. **Trualta** partnered with **PA Health & Wellness** (a **Centene** health plan) to develop a caregiver support portal for caregivers supporting the LTSS population. They developed a multi-modal, evidence-based caregiver support model designed to empower caregivers with education, reduce social isolation, and improve health outcomes. The intervention includes three complementary components:

- **Education:** A self-paced digital learning platform featuring 400+ interactive modules delivered through video, audio, tip sheets, and scenarios.

- **Peer Support:** A series of live, facilitated support groups and webinars with multiple engagement formats (anonymous sessions, drop-ins, book clubs, etc.) designed to build community, provide emotional support, and reduce caregiver loneliness.

- **1:1 Coaching:** Personalized, monthly sessions with expert care coaches. Focused on high-need caregivers needing individualized emotional support and problem-solving.

Caregivers in the **PA Health & Wellness** program are demonstrating deep and sustained engagement on Trualta's platform, proven to lead to quantifiable health outcomes.

Engagement:

- 43% of registered caregivers have demonstrated high engagement with the platform, reflecting strong and sustained retention throughout the intervention;
- Engaged caregivers complete an average of 16 activities, over 20% higher than Trualta's overall health plan benchmark; and
- 84% of engaged caregivers participate in educational content; 16% participate in social or peer activities.

Satisfaction:

- 5/5 satisfaction rating for live events (webinars and support groups).

Trualta's evidence connects engagement to outcomes:

- 91% of caregivers learn new skills;
- 93% feel less lonely;
- 86% report improved stress management;
- 20% reduction in emergency department utilization among "power users"; and
- 15-month delay in long-term care placement compared to baseline.

Recommendations

Federal Recommendations

- CMS should issue policy guidance that offers general guidelines and suggested evaluative criteria for states to use in measuring the impact of ET aligned with CMS's Recommended HCBS Outcome Measure Set.

State Recommendations

- States should clearly establish evaluative reporting requirements within their waiver applications/amendments and revisit them regularly to ensure alignment with members' needs and continued improvement in outcomes and efficiencies.

- In partnership with health plans and providers, States should establish policies and procedures to ensure consistent collection and integration of baseline data across plans and their provider networks on the utilization and effectiveness of various categories of ET, in accordance with the HHS Chief Information Officer's (HHS-CIO) HCBS interoperability guidelines.

> **STATE INNOVATION** WI
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> The **Wisconsin** Department of Human Services awarded 50 grants focused on technology improvements with ARPA funding. These initiatives identified gaps between individuals who have affordable access, skills, and support to effectively engage online and those who do not, aiming to increase the autonomy and independence of HCBS recipients by expanding facility accessibility and increasing access to assistive devices. These programs allowed for the following:
>
> - Purchasing devices such as laptops, tablets, phones, and/or software to increase the efficiency of HCBS workers; and
>
> - Providing technology training for HCBS participants to help close the digital divide.

Plan Recommendations

- Data on the following metrics should be collected regularly (and providers/vendors should be financially supported in collecting such data) to measure the ROI for ET:
  o Increased independence and self-sufficiency related to community living
  o Improved leveraging of direct care workforce
  o Decreased emergency room visits and unnecessary hospitalizations
  o Prevented or delayed nursing home placement or institutionalization
  o Enhanced member quality of life

MLTSS PLAN PROMISING PRACTICE
United Healthcare

Ms. Morris, a **UnitedHealthcare Community & State** member who was previously unable to unlock her door for visitors or emergency responders, received a custom smart home setup tailored to her needs and privacy preferences. By opting out of 24/7 monitoring and using only voice-controlled locks and video capability, she now feels safer and more in control. She can see visitors, unlock her door remotely and even call 911 with her Alexa device. "The tech works like a dream," she said, calling it a game-changer for her ability to live at home safely.

Provider Recommendations

Providers should work with plans and State regulators to inform a streamlined process for collecting data and measuring the impact of various ET.

PROVIDER INNOVATION

Jukebox Health

Medicaid plans are experiencing unsustainable personal care cost growth, with some plans reporting single-year increases exceeding 40%. The challenge stems from a fundamentally reactive system that addresses functional decline only after it occurs during annual or quarterly assessments. When members transition between functional levels (e.g., from "limited" to "extensive" assistance for toileting), costs can immediately increase by $6,552 annually for a single Activity of Daily Living (ADL). These increases get locked in for 12 months, and real-world decline rarely affects just one category.

Jukebox Empower proactively identifies members at rising risk of functional decline, enabling targeted interventions before costly care dependencies develop. We directly integrate with care management teams, facilitating actionable insights that support better-informed interventions. By leveraging our clinical and technical networks to deliver proven interventions during critical care planning windows, we help teams optimize HCBS allocation and amplify member-centered outcomes. Jukebox aligns incentives and assumes risk to ensure our success is directly tied to delivering measurable results for our partners.

The Model:

- Analyzes historical functional data, personal care utilization patterns, and clinical indicators to identify members approaching critical cost cliffs;
- Deploys licensed occupational therapists to conduct in-home evaluations 60-90 days before annual reassessment;
- Implements targeted home modifications (grab bars, raised toilet seats, shower transfer benches, bed rails, non-slip surfaces), assistive tech, and associated interventions to maintain independence;
- Provides training on optimal member and caregiver strategies to maximize independence; and
- Operates on a value-based care model with shared savings, where Jukebox assumes all upfront costs with repayment tied directly to demonstrated PCA reductions.

Results:

- 4.5x overall program return on investment (ROI).
- $3,424 peak personal care assistance (PCA) savings per engaged member.
  - Engaged = member who received evaluation from Jukebox Health OT.
- Individual cohorts achieved ROI as high as 7.0x.
  - All savings validated through iCircle's rigorous time-tasking methodology and service planning process.
- Additional outcomes driven:
  - Preserved member independence and dignity
  - Maintained family stability
  - Avoided cascade of secondary costs related to functional decline
- Outcomes driven without any increase in complaints or grievances.

Acknowledgements

We extend our gratitude to the many individuals and organizations who contributed to the development of this paper. Their insights, expertise, and dedication to advancing Enabling Technology within MLTSS were invaluable.

We especially want to thank our member organizations and members of our Partnership Program for their contributions to this paper and to our Enabling Technology Workgroup.

Contributors

About the MLTSS Association

The MLTSS Association represents managed care organizations (MCOs) that have Medicaid managed care contracts with one or more states and take risk for long-term services and supports (LTSS), including home and community-based services (HCBS), provided under Medicaid[3]. Our members assist states in delivering high-quality LTSS at the same or lower cost as the fee-for-service system with a particular focus on ensuring beneficiaries' quality of life and ability to live as independently as possible.

MLTSS Association members are also leaders in integrated care - a system that aligns the delivery, payment, and administration of Medicare and Medicaid benefits for individuals who are dually eligible for both programs. [4]

Our members currently cover the large majority of all enrollees in MLTSS plans and integrated plans, including national plans and regional and community-based plans.

Learn more at www.mltss.org.

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[3] Members include Aetna, AlohaCare, AmeriHealth Caritas, CareSource, Centene, Elevance Health, Florida Community Care, Humana, LA Care, Molina Healthcare, Neighborhood Health Plan of Rhode Island, VNS Health, UnitedHealthcare, UPMC Community Health Choices

[4] What is Integrated Care | Medicare Messenger

MLTSS Association Member Organizations

aetna

ALOHACARE

AmeriHealth Caritas

CareSource

CENTENE Corporation

Elevance Health

Humana

INDEPENDENT Living Systems

FLORIDA COMMUNITY CARE

L.A. Care HEALTH PLAN

MOLINA HEALTHCARE

Neighborhood Health Plan OF RHODE ISLAND

United Healthcare

UPMC Community HealthChoices

VNS Health

MLTSS Association Partnership Program Members

Applied Self-Direction

AssuranceSD
Self directed. Self assured.

BAYADA
Home Health Care

BENCHMARK
HUMAN SERVICES

braided health

CAREBRIDGE

CONSUMER DIRECT
CARE NETWORK

ConnectAmerica

Elligint
Health

EVOLVE
Enable Health & Independence

gt independence
Your life. Your choice.

HHAeXchange
Homecare Management Software

Homestyle Direct
Your Health. Your Meals. Your Choice.

ImpruvonHealth

Jukebox
Health

MapHabit
ENGAGE. ENHANCE. ENVISION.

MedScope
A Medical Guardian Company

MOM'S
MEALS

Netsmart

PALCO

PointClickCare

PPL
YOUR LIFE
YOUR CARE
YOUR PEOPLE

QCSS
HEALTH

ShiftAbility

tenderheart
health outcomes

The Helper Bees

TRUALTA

healthcare
Vesta