

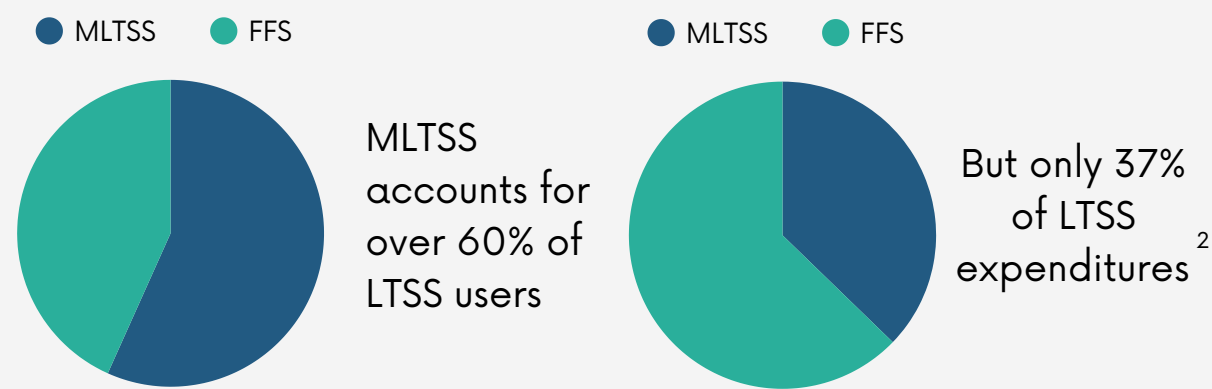
MLTSS LANDSCAPE

Long-Term Services and Support (LTSS) encompass a broad range of day-to-day services and supports needed by people with chronic conditions, disabilities, or frailty to live independently and safely in their communities.

States are increasingly shifting to Managed LTSS (MLTSS) models because they offer more comprehensive care coordination, greater oversight and accountability, higher member satisfaction, and a focus on improving outcomes and the quality of life for LTSS beneficiaries as compared to fee-for-service.

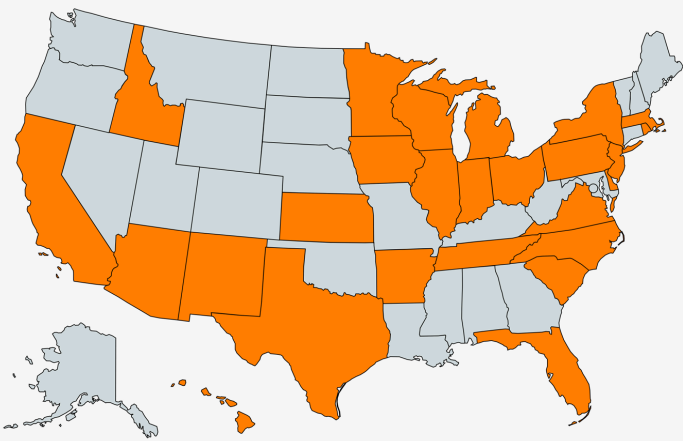
BY THE NUMBERS

Over 9 million Americans receive Medicaid-funded LTSS, through fee-for-service or MLTSS.¹



About half of states have regional or statewide MLTSS programs in 2025.

STATES WITH MLTSS



States with MLTSS vary widely in their program structure and benefits.

These states enter into risk-based contracts with Managed Care Organizations (MCOs) to deliver high-quality care at a lower cost than traditional fee-for-service.

BENEFITS OF MLTSS

Benefits of MLTSS for states include:³

Oversight and Accountability
MLTSS programs are public-private partnerships that combine private sector innovation and expertise with state-led oversight and accountability

Budget Predictability
Managed care provides states with predictable costs and savings through rebalancing LTSS spending, managing service use and avoiding unnecessary hospitalizations.

Competitive Contracting
Managed care organizations (MCOs) are selected through a competitive bidding process, and the state chooses the best MCO to meet their needs.

Holistic and Coordinated Care
MLTSS plans use a dedicated care manager to coordinate care across a range of providers and services, focusing on treating and supporting the whole person.

MLTSS AND DUAL ELIGIBLES

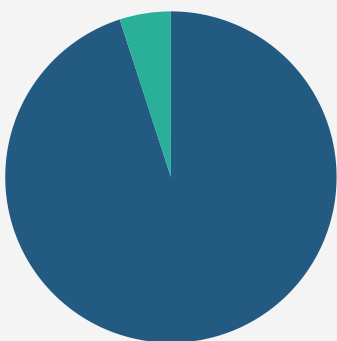
Over 12 million Americans are dually eligible - individuals jointly enrolled in both Medicare and Medicaid. These individuals receive their Medicare and Medicaid benefits through a system called Integrated Care.

Integrated care includes the delivery of wraparound benefits, including LTSS, which nearly 40% of dually eligible individuals receive. Integrated care is delivered primarily through Dual Eligible Specials Needs Plans (D-SNPs); Medicare Advantage plans specifically designed to meet the needs of dually eligible individuals. About 21 percent of dually eligible beneficiaries were enrolled in integrated products in 2022.⁶

BY THE NUMBERS

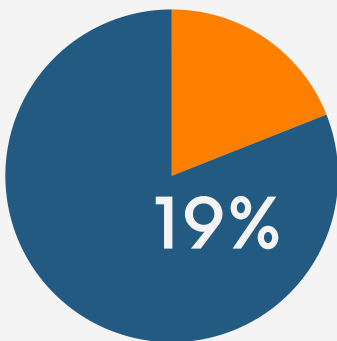


Over 60% of individuals who use Medicaid-funded LTSS are dually eligible individuals.

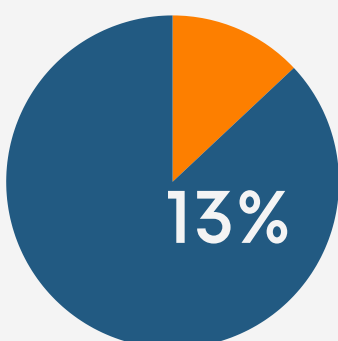


With that proportion growing to 95% of Medicaid-funded LTSS users over age 65.⁴

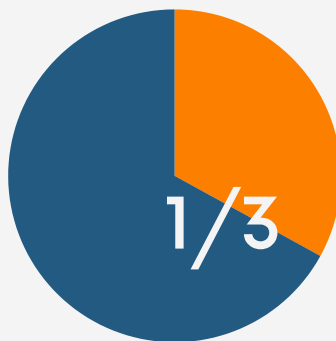
Dual eligibles are a high-cost, high-needs population, accounting for:⁵



of Medicare enrollees



of Medicaid enrollees



of both program spending

MLTSS AND D-SNPs

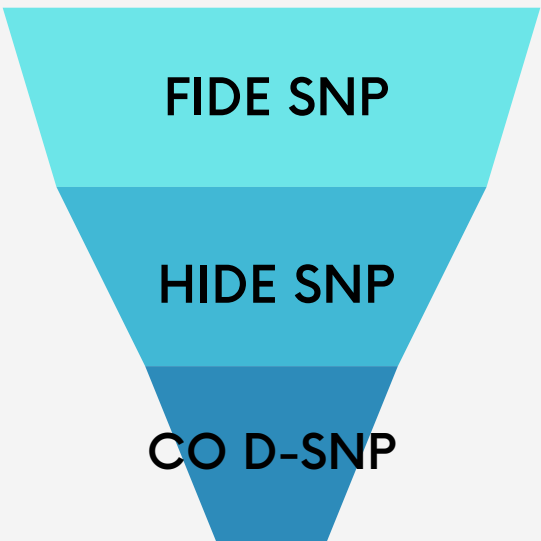
There are three types of D-SNPs: Coordination Only D-SNPs (CO DSNPs); Highly Integrated D-SNPs (HIDE SNPs); Fully Integrated D-SNPs (FIDE SNPs).

These plans offer different levels of benefit integration:

FIDE SNPs offer the highest level of integration, along with both MLTSS AND Behavioral Health.

HIDE SNPs offer a high level of integration; with MLTSS OR Behavioral Health.

CO D-SNPs offer the lowest level of integration; provide only coordination of Medicaid and Medicare benefits.



Without MLTSS, states are unable to offer FIDE SNPs, and may not be able to offer HIDE SNPs. These state program design choices lead to fewer options for dually eligible individuals.

References

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4. Who Uses Medicaid Long-Term Services and Supports?; KFF
5. Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid; MACPAC
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