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February 14, 2024

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MLTSS Association, MHPA Launch National Campaign to Raise Awareness of the Value of Managed Long-Term Services and Supports to Consumer Outcomes

WASHINGTON, D.C. – Growth in America’s older adults and people with disabilities (projected to reach 95 million in 2060 and 14.7 million in 2065, respectively), will have profound impacts on the nation’s long-term health care delivery system. Yet only half of all states are equipped with integrated, coordinated, and holistic Managed Long-Term Services and Supports (MLTSS) programs that meet the unique and diverse needs of vulnerable and underserved populations. To increase awareness of the positive impact of MLTSS on consumer outcomes and state Medicaid programs, the National MLTSS Health Plan Association (MLTSS Association) and Medicaid Health Plans of America (MHPA) are launching the “Value of MLTSS” campaign.

“Enabling individuals, particularly those in vulnerable populations, to receive the care and coordination needed to anticipate, identify, and meet their complex care needs in a way that maintains or improves their quality of life is a basic tenet of the nation’s public health safety net. As state policymakers continue to grapple with limited funding and continued workforce shortages, innovative strategies are needed to ensure quality of care and control costs. MLTSS plans are acutely focused on doing just that,” said MLTSS Association CEO Mary Kaschak.

“Where MLTSS programs have been implemented, we know that consumers and states have benefited from pioneering services, coordinated care, and budget predictability. As people live longer, interact with our health care system more frequently, and overwhelmingly prefer to live and age at home, the need and demand for MLTSS programs will undoubtedly increase. Medicaid managed care is uniquely positioned to fulfill the needs of consumers, providers, and states as they seek to address today’s complex and growing health care needs,” said MHPA President and CEO Craig A. Kennedy, MPH.

MLTSS covers a broad range of day-to-day services and supports needed by people with long-term conditions, disabilities, or frailty to help them live more independently. Support is often provided in the areas of hygiene, nutrition, medication administration, mobility, dressing, and

more and covers care provided in institutional settings, such as nursing homes, and home- and community-based services (HCBS).

More than 14 million Americans rely on Long-Term Services and Supports (LTSS) in general, with 1.7 million receiving care through Medicaid managed care programs known as MLTSS. Although only 5.3% of Medicaid enrollees are LTSS users, they comprise 31.3% of total Medicaid spending at \$197 billion.

“Data supporting Medicaid managed care’s impact in providing higher quality of care, improving health outcomes, and managing health care costs are being reported across the country. Based on these proven results, it’s our hope that many more states will adopt MLTSS so older adults and people with disabilities receive the care they so desperately need and deserve,” said Kaschak and Kennedy. “MLTSS should be the model of choice.”

For example:

- One study evaluating MLTSS programs across the country found MLTSS enrollees to have on average 28% higher odds of responding favorably to questions related to experience of care and quality of life compared to fee-for-service (FFS) beneficiaries.
- Kansas’ KanCare (MLTSS) program increased physician visits by 80% and reduced “costly hospital stays” by 29%.
- In Florida, 77% of enrollees reported an improved quality of life since joining an MLTSS plan.
- In Texas, enrollees in MLTSS reported that having HCBS gave them a sense of independence and personal space that was important for their quality of life.
- In New York, 87% of MLTSS enrollees rated their plans as good or excellent.

Learn more about how MLTSS is transforming the lives of older adults and people with disabilities, enhancing the nation’s health care delivery system, and providing fiscal certainty for resource-strapped states by visiting nationalmltss.org.

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About MHPA

Founded in 1995, the Medicaid Health Plans of America (MHPA) is the only national association that solely represents the interests of the Medicaid managed care industry. Through its advocacy and research work, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 130+ member health plans, known as managed care organizations (MCOs), which serve nearly 52 million Medicaid enrollees in 41 states, the District of Columbia and Puerto Rico. MHPA’s members include both for-profit and non-profit national, regional, and single-state health plans that compete in the Medicaid market. Visit medicaidplans.org for more information.

About the National MLTSS Health Plan 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) provided

under Medicaid. 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. Our members cover the majority of enrollees in MLTSS plans and integrated plans, including national plans and regional and community-based plans. Visit mltss.org for more information.