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# **New Quality Measures of Long Term Services and Supports (LTSS) Rebalancing and Utilization for State Medicaid Agencies and Managed LTSS Plans**

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**May 22, 2019**

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This work was conducted under a contract with the Centers for Medicare & Medicaid Services (CMS) Measure Instrument Development and Support, #HSM-500-2013-13011, Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees, #HSM-500-T0004

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# Webinar Logistics

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- All lines are muted
- If you would like to make a comment or ask a question, there is a Q&A section at the end of the presentation
  - Use the ON24 “Q&A” function to send a message
- You can access the webinar slides and recording after the event using the same link you used to register for the event
- Webinar slides will also be available on the MLTSS site of Medicaid.gov  
<https://www.medicaid.gov/medicaid/managed-care/ltss/index.html>

# Webinar Objectives

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Describe **new quality measures** for states and managed long term services and supports (MLTSS) plans related to rebalancing LTSS toward greater use of home- and community-based services (HCBS)



Discuss **issues for states** in implementing and using these measures

# Agenda

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- **Introductions**
- **State MLTSS program landscape**
- **LTSS Rebalancing and Utilization measures**
  - **Description of the measures**
  - **Frequently asked questions (FAQs)**
    - Numerator, denominator, and exclusion calculations
    - Risk stratification and adjustment methods
- **Discussion of state implementation issues**
- **Questions & Answers**

# Introductions

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- **Centers for Medicare & Medicaid Services (CMS)**
  - Debbie Anderson, Center for Medicaid and CHIP Services
- **Mathematica Policy Research**
  - Breanna Arndt
  - Lara Rosen
  - Debra Lipson
  - Jessica Ross
- **NCQA**
  - Dan Roman

# CMS Goals for MLTSS Quality Measures

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**Create nationally standardized measures for use in state Medicaid MLTSS programs**

- 1. Fill major gaps in MLTSS measures**
- 2. Develop and test measures that could be included in an MLTSS quality measure set, including:**
  - ✓ Person-centered assessment and care planning
  - ✓ LTSS systems rebalancing/reducing unnecessary institutional stays
- 3. Enable “apples-to-apples” comparisons of MLTSS plan performance**

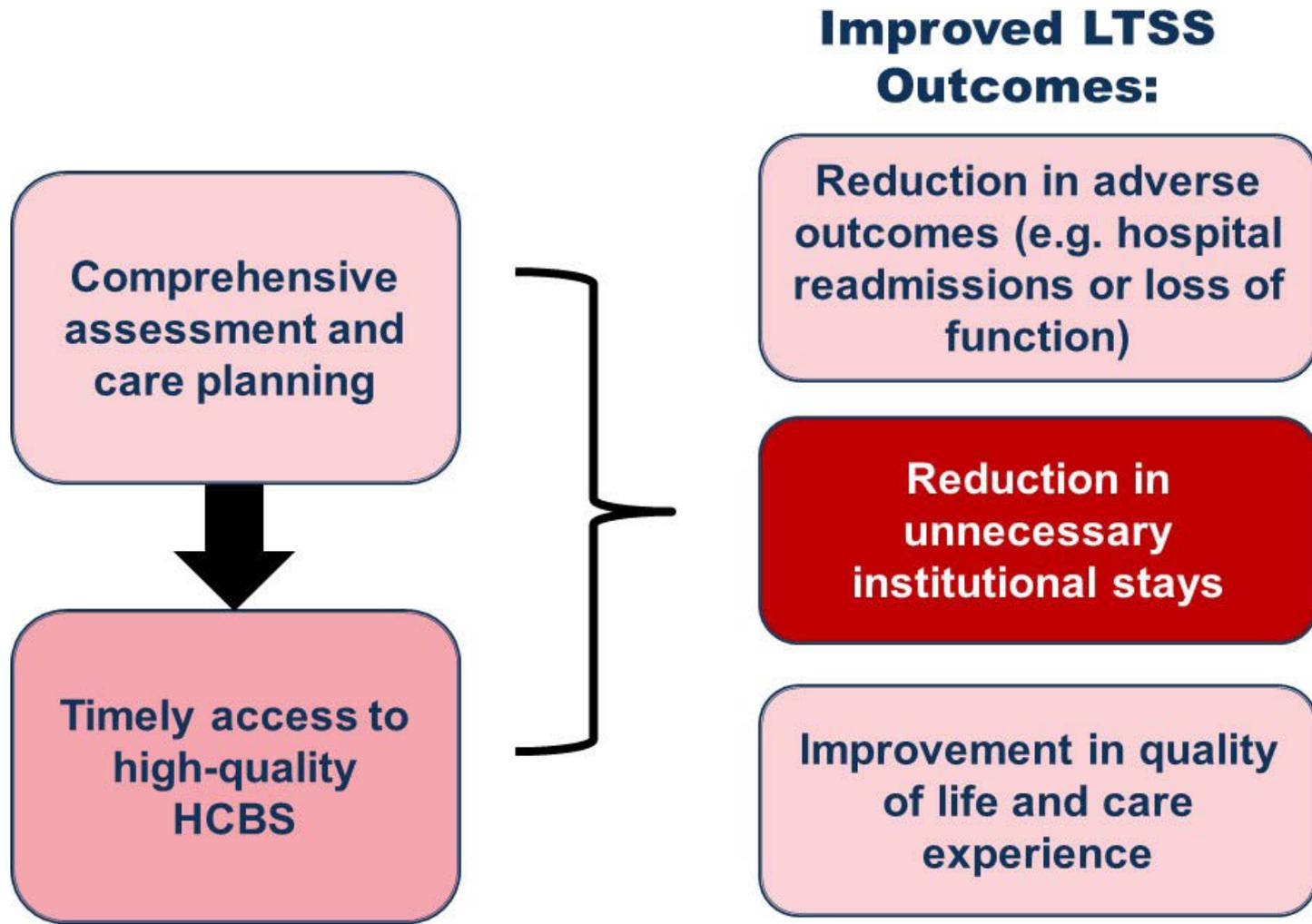


# How do State MLTSS programs achieve LTSS system rebalancing?

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- States are obligated to provide LTSS in the most integrated setting appropriate to the needs of qualified beneficiaries (Olmstead decision, 1999)
- The majority of older adults and people with disabilities prefer to receive their LTSS in home or community settings
  - MLTSS programs seek to rebalance LTSS systems away from institutional care by providing timely access to high quality HCBS

# Timely access to high-quality HCBS lowers unnecessary admissions to institutions



# LTSS Rebalancing and Utilization Measures

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## Three claims-based measures

- **LTSS Admission to an Institution from the Community**
  - **Managed Care and Fee-for-Service versions**
- **LTSS Minimizing Institutional Length of Stay**
- **LTSS Successful Transition after Long-Term Institutional Stay**

# Admission to an Institution from the Community: Among MLTSS plan members

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The number of **MLTSS plan member** admissions to an institution from the community during the measurement year, per 1,000 member months.

Three rates are reported:

- Short-Term Stay (1 to 20 days)
- Medium-Term Stay (21 to 100 days)
- Long-Term Stay (greater than or equal to 101 days)

These 3 rates are reported across 4 age groups:

- 18 to 64, 65 to 74, 75 to 84, and 85 and older

# Admission to an Institution from the Community: Among State Medicaid FFS HCBS users

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The number of **fee-for-service (FFS) HCBS Medicaid beneficiary** admissions to an institution from the community during the measurement year, per 100,000 months of HCBS use.

Three rates are reported:

- Short-Term Stay (1 to 20 days)
- Medium-Term Stay (21 to 100 days)
- Long-Term Stay (greater than or equal to 101 days)

These 3 rates are reported across 4 age groups:

- 18 to 64, 65 to 74, 75 to 84, and 85 and older

# Admission to an Institution from the Community

## FAQs

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### What types of institutions are included in the measure?

- Medicaid- or Medicare-certified nursing facility (NF)
- Intermediate care facility for individuals with intellectual disabilities [ICF/IID]

### How is community residence defined?

- Community residence may include residence in:
  - Homes
  - Assisted living
  - Adult foster care
  - Another setting that is not defined as an institution

# Admission to an Institution from the Community

## FAQs

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### How does the denominator differ between the two versions of this measure?

#### – FFS version

- Medicaid FFS beneficiaries using HCBS
  - Medicaid 1915(c) HCBS waiver enrollment or claims
  - HCBS state plan benefit service claims
- Per 100,000 months of HCBS use

#### – MLTSS version

- Per 1,000 member months
  - Member must have resided in the community for at least one day of the month
  - Remove months during which the member died and any subsequent months
  - 30-day continuous enrollment requirement

# LTSS Minimizing Institutional Length of Stay

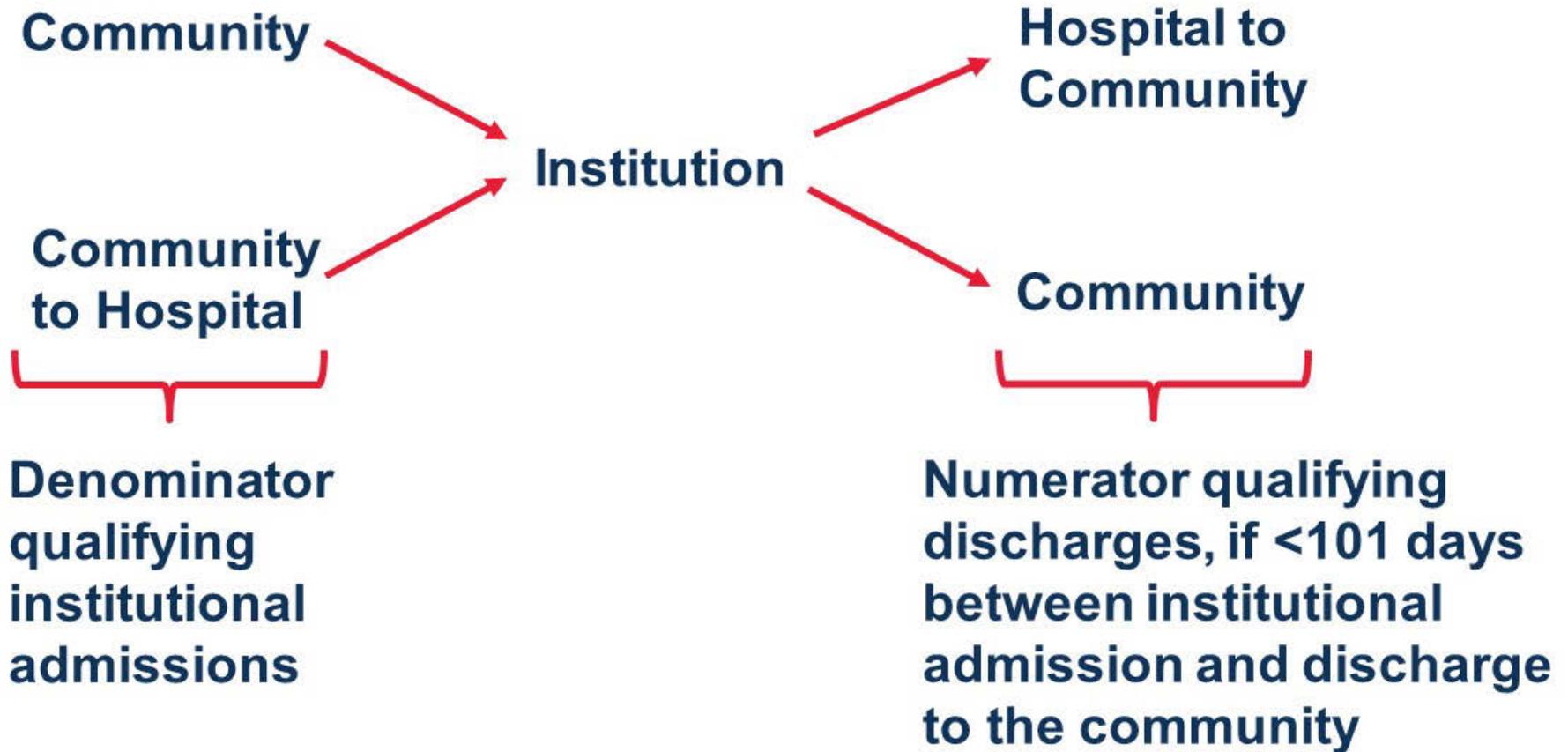
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The proportion of admissions to an institutional facility for MLTSS plan members, age 18 and older, that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.

Two rates are reported

- Observed rate
- Risk-adjusted rate

# LTSS Minimizing Institutional Length of Stay: Pathways to Qualifying Admissions and Discharges



# LTSS Minimizing Institutional Length of Stay FAQs

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## Who is eligible for the measure?

- MLTSS plan members receiving medical benefits through the MLTSS plan

## How is this measure risk-adjusted?

- Use a statistical risk model that adjusts for each plan member's:
  - Age and gender
  - Dual Medicare and Medicaid eligibility status
  - Number of hospital stays during the classification period
  - Number of days of enrollment in the MLTSS plan during the classification period
  - Diagnoses during the institutional facility admission

# LTSS Successful Transition after Long-Term Institutional Stay

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The proportion of long-term institutional stays among MLTSS plan members age 18 and older, which result in successful transitions to the community (community residence for 60 days or more).

Two rates are reported:

- Observed rate
- Risk-adjusted rate

## Long-term institutional stay

Continuous stay in the institutional facility for 101 days or more

# LTSS Successful Transition after Long-Term Institutional Stay: Pathways to Discharge to the Community

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# LTSS Successful Transition after Long-Term Institutional Stay FAQs

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## How is this measure risk-adjusted?

- Use a statistical risk model that adjusts for each plan member's:
  - Age and gender
  - Dual Medicare and Medicaid eligibility status
  - Number of hospital stays during the classification period
  - Number of days of enrollment in the MLTSS plan during the classification period
  - Diagnoses during the institutional facility admission

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# Issues for States Considering Whether and How to Use These Measures

# Key Issues for States to Consider

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- For which types of MLTSS programs and plans are the measures suitable?
- How should states validate plan-reported measures?
- What factors should be considered before publicly reporting MLTSS plan scores?

# Additional Resources

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- Resources for calculating the MLTSS measures, and additional information about MLTSS more generally, are available at <https://www.medicare.gov/medicaid/managed-care/ltss/index.html>
  - Technical specifications
  - Value sets
  - Risk adjustment tables
  - FAQs
- For technical assistance, please email [MLTSSMeasures@cms.hhs.gov](mailto:MLTSSMeasures@cms.hhs.gov)

# Questions & Answers

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