

MEDICAID MANAGED LONG-TERM SERVICES AND SUPPORTS ACT
(DRAFT, DECEMBER 2, 2011)

SUMMARY

This Act implements a coordinated and capitated long-term care program for Medicaid beneficiaries who are chronically ill or who have disabilities and need health and long-term care services and supports, such as home care or adult day care. The program will allow these people to stay in their homes and communities as long as possible, and delay the transition to institutional care. The plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place, at a lower cost than under a Medicaid fee-for-service program.

MODEL LEGISLATION

Section 1. Short Title. This Act shall be known as the “Medicaid Managed Long-Term Services and Supports Act.”

Section 2. Definitions.

A. Eligible Medicaid beneficiaries means the following:

1. Frail elders (ages 60+) who are receiving 1915(c) Medicaid waiver services;
2. Adults with physical disabilities (ages 18-64) who are receiving Medicaid home and community based waiver services;
3. Children (ages 3-17) with physical disabilities who are receiving Medicaid home and community based waiver services;
4. Individuals who are dually eligible under the Medicaid program and the Medicare program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C. 1395, as amended; and
5. Medicaid consumers with a nursing facility level of care, or at risk for needing a nursing facility level of care.

B. Eligible services include acute care, including medical, pharmacy, dental, and behavioral health services, and the following long-term care services and supports:

1. Nursing facility care;
2. Services provided in assisted living facilities;
3. Hospice;
4. Adult day care;
5. Medical equipment and supplies;
6. Personal care;

7. Home accessibility adaptation;
8. Behavior management;
9. Case management;
10. Therapies, to include:
 - a. Occupational therapy;
 - b. Speech therapy;
 - c. Respiratory therapy; and
 - d. Physical therapy;
11. Intermittent and skilled nursing;
12. Medication administration;
13. Medication management;
14. Nutritional assessment and risk reduction;
15. Caregiver training;
16. Respite care;
17. Transportation; and
18. Personal emergency response system.

Section 3. The {insert state department of health and human services} shall establish a capitated Medicaid long-term services and supports coordinated care program. The department shall make payments for long-term care, including home and community-based services, using a managed care model.

The {insert state department of health and human services} shall submit, if necessary, applications to the United States Department of Health and Human Services for waivers of federal Medicaid requirements that would otherwise be violated in the implementation of the system, and shall consolidate current home and community based waivers where appropriate. The {insert state department of health and human services} shall ensure that all participants are enrolled in health insuring corporations under contract with the {insert state department of health and human services} pursuant to the appropriate section of the state code. The program shall be statewide, fully integrated, and risk based; shall integrate Medicaid-reimbursed primary, acute, and long-term care services; and shall align incentives to ensure the right care is delivered in the most appropriate place and time.

In designing the program, the {insert state department of health and human services} shall ensure that the program:

- A. Reduces fragmentation and offers a seamless approach to meeting people's needs;
- B. Delivers needed supports and services in the most integrated, appropriate, and cost-effective way possible;
- C. Offers a continuum of acute and long-term care services, which includes an array of home and community-based options including community-based residential alternatives;
- D. Includes a comprehensive quality approach across the entire continuum of long term care services; and
- E. Consults stakeholders in the program development process.

Section 4. {Severability Clause}

Section 5. {Repealer Clause}

Section 6. {Effective Date}