

Improving Lives Through Long Term Services and Supports



Key Takeaways

- **Long term services and supports (LTSS) are a broad range of services** utilized by people who are aging; have cognitive or physical limitations; require assistance with activities of daily living (ADLs) such as eating, bathing, and dressing; and require assistance to perform instrumental activities of daily living (IADLs) such as shopping, housework and money management.
- The population of individuals utilizing LTSS is diverse and growing. According to AARP, **more than 14 million adults needed LTSS in 2018**. An aging American population and increasing longevity among people with developmental and physical disabilities will continue to increase the demand for these services.
- In 2016, LTSS spending across all payers (private and government) totaled **\$366 billion**.
- Family and other unpaid caregivers provide the majority of LTSS their loved ones require. **At an estimated value of \$470 billion per year**, family caregivers provide more value through their services than all payers combined.
- While some options for coverage of paid LTSS do exist, **LTSS financing is highly fragmented** and not available to many individuals in need of services.

What are Long Term Services and Supports (LTSS)?

“Long term services and supports” encompasses a broad range of assistive services that are needed by individuals over an extended period of time. LTSS can be medical in nature, such as wound care, skilled nursing, or certain therapies that require the care of a skilled professional. LTSS can also include non-medical assistance for people who need help with routine activities of daily living (ADLs) such as bathing, grooming, dressing, meal preparation, eating, and medications.

A wide variety of individuals use LTSS to assist them in overcoming barriers caused by physical, cognitive, or mental conditions or disabilities. LTSS can be provided in a range of settings, including nursing homes, assisted living facilities, convalescent homes, and home and community-based settings.¹ LTSS can be provided by a family member or aide-level caregiver.

The LTSS services available to meet a given person’s needs depends on their functional status, type of insurance coverage available to them and, often, their ability to pay directly for the services.

Who Uses LTSS?

There is a significant population of Americans who need LTSS and the need will continue to grow. According to American Association of Retired Persons (AARP), in 2018, over 14 million adults in the United States needed LTSS. Of that population, 56 % were over age 65 and 44 % were ages 18 to 64.² Additionally, some state Medicaid programs maintain wait lists for people who need services but for whom the Medicaid program is unable to provide care. Today, more than 700,000 individuals are on wait lists, approximately two-thirds of whom are individuals with intellectual and developmental disabilities (I/DD). Millions more children require LTSS, but those services are often provided by family members.³

Both older and younger people with physical disabilities use LTSS. The likelihood of needing LTSS increases with age. Instances of Alzheimer’s and other dementias are rapidly expanding the need for services. In 2014, approximately 5 million Americans were diagnosed with Alzheimer’s disease and related dementias. This number is projected to grow to 13.9 million by 2060.⁴ In the 2018-19 academic year, 7 million students age 3-21 received special education services under the Individuals with Disabilities Education Act (IDEA). Of the 7 million students, 34% had specific learning disabilities.⁵ While the total percentage of children living with disabilities of any type is just 7.7%⁶, thanks to medical advances and increased access to care children with hearing, vision, cognitive and ambulatory disabilities are living long and healthy lives. Longevity will create a need for ongoing LTSS.

1 <https://www.hilltopinstitute.org/wp-content/uploads/publications/LTSSChallengesandOpportunitiesforStatesinDifficultBudgetTimes-December2011.pdf>

2 <https://www.aarp.org/content/dam/aarp/ppi/2019/08/long-term-services-and-supports.doi.10.26419-2Fppi.00079.001.pdf>

3 <https://www.kff.org/medicaid/issue-brief/key-questions-about-medicaid-home-and-community-based-services-waiver-waiting-lists/>

4 <https://www.cdc.gov/media/releases/2018/p0920-alzheimers-burden-double-2060.html>

5 https://nces.ed.gov/programs/coe/indicator_cgg.asp

6 https://disabilitycompendium.org/sites/default/files/user-uploads/2017_AnnualReport_2017_FINAL.pdf

Who Pays for LTSS?

The provision of LTSS relies on a complex patchwork of unpaid family caregivers, community-based organizations, some insurance coverage and government programs. In 2016 LTSS spending, across all payers, totaled \$366 billion.⁷ Medicaid is the largest funder of LTSS. Medicaid provided LTSS for less than 6% of the Medicaid population in 2013, at a total cost of \$168 billion or 42% of the total Medicaid budget.⁸

Unpaid Caregivers

Family members and other unpaid caregivers provide most of the care to people who require LTSS. Family caregivers manage their loved one's medical needs such as wound care and injections, self-care needs such as bathing and toileting, and social needs and administrative tasks such as paying bills and managing health insurance claims. Family caregivers handle the tasks of a case manager, skilled nurse, home care aide, and accountant. It is estimated that 41 million family caregivers provide more than 30 billion hours of care each year. While the family caregivers are unpaid, the estimated value of their services is \$470 billion per year.⁹

Medicaid

Medicaid is a means-tested program funded by the federal and state governments. Medicaid covers more than 64 million people, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.¹⁰

The federal government established the broad parameters for Medicaid and each state designs and administers a program that best suits the needs of the population. As a condition of having a Medicaid program, the federal government requires each state to provide nursing facility care and certain therapies. Every state also provides additional services (e.g., paid assistance for ADLs and IADLs) to certain aging and disability populations to support their ability to remain at home and in their community. These programs are authorized by the federal government through Medicaid waiver authorities, and they vary in terms of eligibility and covered services from state to state.

Despite the relatively small number of Medicaid participants who avail themselves of these services, LTSS consumes a disproportionate share of Medicaid spending. In 2013, the most recent year for which complete data are available, only 5.9% of Medicaid enrollees used LTSS but at a total cost was of \$168 billion or 42% of the total Medicaid budget.¹¹ In 2016, the most recent year for which expenditure data are available, total LTSS spending in Medicaid (combined federal and state) was \$154.4 billion, or 30.6% of all Medicaid spending.¹²

Medicare

Medicare is the federal program that covers health services for all people over the age of 65, people under the age of 65 with certain disabilities, and people of all ages living with End Stage Renal Disease (ESRD). Medicare is made up of several parts:

- Medicare Part A covers inpatient hospitalizations as well as some limited-duration nursing facility stays and home health care services.
- Medicare Part B covers doctor visits and other outpatient services as well as some therapies.
- Medicare Part C is the authority that created Medicare Advantage Plans which are a type of Medicare health plan offered by a private insurer that contracts with Medicare to provide all Part A and Part B benefits.¹³
- Medicare Part D is coverage for prescription drugs.¹⁴
- Medicare supplement (Medigap) insurance is private health insurance designed to supplement traditional Medicare. It offers coverage, at varying levels, for the significant out-of-pocket costs that are not covered by Medicare, such as deductibles, coinsurance, and copayments.¹⁵

7 <https://fas.org/sqp/crs/misc/IF10343.pdf>

8 <https://aspe.hhs.gov/basic-report/overview-long-term-services-and-supports-and-medicare-final-report#main>

9 <https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html>

10 <https://www.medicare.gov/medicaid/index.html>

11 <https://aspe.hhs.gov/basic-report/overview-long-term-services-and-supports-and-medicare-final-report#main>

12 <https://fas.org/sqp/crs/misc/IF10343.pdf>

13 <https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/medicare-advantage-plans>

14 <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index>

15 <https://www.medicare.gov/supplements-other-insurance/whats-medicare-supplement-insurance-medigap>

More than 60 million Americans are enrolled in Medicare at an annual cost of approximately \$582 billion. Medicare provides limited services to enrollees with long-term care needs. Medicare provides some post-acute care, typically through a skilled nursing facility or skilled home health. Services are available for a limited time, intended to be rehabilitative to prevent future decline. In 2016, Medicare accounted for 22% of all LTSS spending and included \$39 billion in payments to home health agencies and \$41 billion in payments to skilled nursing facilities.¹⁶

Long-Term Care Insurance

More than 7 million Americans have purchased long-term care insurance.¹⁷ Long-term care insurance policies vary and often cover most LTSS, including home care, respite care, adult day care, care in assisted living facilities, and nursing homes. Most policies in force today are stand-alone long-term care insurance policies. However, an increasing number of life insurance policies and some annuity contracts now offer an add-on rider that could be used to pay long-term care expenses. In order to receive the benefits of long-term care insurance, individuals purchase a policy and pay a monthly premium. The policy will cover the defined benefits when the insured person satisfies the requirements of the policy. There are typically limitations such as duration the policy will cover, the amount the policy will cover, and waiting periods for the benefits. Approximately 7.5%, or \$27.6 billion, of LTSS spending is covered by long-term care insurance.¹⁸

Self-Financing

Individuals without family-provided care or insurance pay for LTSS themselves. In 2016, Americans spent \$57 billion of their own resources on LTSS including co-payments for Medicare-covered nursing home stays, and payments for care while waiting for long term care insurance coverage to begin.¹⁹ Some people plan for and can afford to pay for LTSS. Others may spend their assets and income until they become eligible for Medicaid. The amount of assets and income an individual can retain while qualifying for Medicaid differs from state to state.²⁰

Who Provides Care?

In 2017, approximately 41 million family caregivers provided LTSS to their loved ones without pay.²¹ A 2015 study found that the average age of unpaid caregivers was 49, and among them 34% were over the age of 65.²² A 2013 study by AARP found that the nation would see a dramatic decline in the caregiver support ratio over the next 20 years - from 7 potential caregivers for every person in the high-risk years of 80-plus in 2010, to 4 caregivers for every person 80-plus in 2030.²³

Approximately 4.5 million people are employed in the workforce to provide LTSS. Of those, 2.3 million workers provide in-home care, while the balance of workers provide care in settings such as residential care homes, nursing homes and hospitals.²⁴ The direct care workforce is expected to grow by 41% between 2016 and 2026.²⁵

Individuals who take on the job of direct care are tasked with providing some of the most important care needed by patients with complex medical needs but their compensation is low and their benefits are limited. From 2008 to 2018 these workers experienced little to no pay increases.²⁶ The combination of low pay and few or no benefits leads to low job satisfaction, high rates of burnout, and high rates of turnover.

Challenges in LTSS

- **Fragmentation and lack of sustainability:** LTSS care is highly fragmented leading to inefficiencies, and inadequate financing and capacity. Access to services is dependent upon not only physical and cognitive diagnoses but also on insurance status. Many people are surprised by either limited coverage for services or no coverage at all. For people who do have coverage for LTSS, simply determining who to call and what to ask for can be overwhelming. Because institutional care was the only consideration when Medicare and Medicaid were enacted, the present system of LTSS

16 <https://fas.org/sgp/crs/misc/IF10343.pdf>

17 <https://www.ahip.org/long-term-care-insurance-financial-stability-and-security-for-consumers/>

18 <https://www.morningstar.com/articles/879494/75-must-know-statistics-about-long-term-care-2018-edition>

19 <https://fas.org/sgp/crs/misc/IF10343.pdf>

20 <https://www.medicaidplanningassistance.org/state-specific-medicaid-eligibility/>

21 <https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html>

22 <https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>

23 http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-ltc.pdf

24 <https://phinational.org/policy-research/key-facts-faq/>

25 <https://www.americanprogress.org/issues/healthcare/reports/2019/04/10/468290/state-options-making-wise-investments-direct-care-workforce/>

26 <https://phinational.org/policy-research/workforce-data-center/#tab=National+Data&natvar=Wage+Trends>

delivered in a variety of settings is a patchwork system developed in response to need but without a plan for financing or growth in response to additional need. With Americans aging at an unprecedented rate and people with disabilities living longer, the need for a sustainable system is greater than ever.

- **Workforce capacity does not meet the need:** The lack of funding to provide LTSS for all Americans who need it has resulted in a limited workforce paid low wages or unpaid family caregivers. This gap in capacity to meet the need will be exacerbated as the over 65 population is expected to double from 52 million in 2018 to 95 million by 2060.
- **Availability of Volunteer Caregivers:** Many Americans require care that is not covered by their insurance or have assets beyond what Medicaid allows. These individuals must spend their income and assets until they qualify for Medicaid or rely on family to provide uncompensated care. The availability of family caregivers is expected to decline significantly between 1990 and 2050.

Health Insurance Providers Address Critical Needs

Health insurance providers play a key role in ensuring access to all needed services for enrollees, and they have developed a wide variety of innovative solutions to address the challenges in LTSS. Three types of health plans are responsible for financing and delivering LTSS. Those are Medicare-Medicaid Plans (MMPs), Fully Integrated Medicare Duals Special Needs Plans (FIDE-SNPs) and Medicaid Managed Long Term Services and Supports (MLTSS) plans.

Three other types of plans - Medicare Advantage Duals Special Needs Plans (D-SNPs), Medicare Advantage (MA) and Medicaid Managed Care (MMC) Plans - are responsible for financing and delivering acute and post-acute care to members with LTSS needs. These plans work collaboratively with the LTSS provider community to ensure efficient and effective delivery of LTSS.

Regardless of plan type, health insurance providers often focus on four areas:

- identifying the existence of an ADL or IADL challenge.
- assuring effective and efficient lines of communication.
- focusing on delivering positive outcomes for the person utilizing LTSS and their unpaid caregiver(s).
- integrating non-medical services intended to overcome social barriers to better health such as transportation and access to fresh, healthy foods.

Identifying the presence of an ADL or IADL need: Health insurance providers are keenly focused on maintaining good health for all enrollees. In some cases, an individual's level of need is not immediately clear – which can, ultimately, result in a decline in the individual's health status. To better identify needs before a health care crisis occurs, health insurance providers conduct health risk assessments (HRA) and use the data from those assessments to determine the individual's social, functional and cognitive needs. Once enrollees are assessed and their risks identified, health insurance providers work to develop a comprehensive, person-centered plan of care.

Assuring effective and efficient lines of communication: Clear lines of communication between the enrollee and all providers—physical health, behavioral health, LTSS, health insurance and any community-based organizations upon which the enrollee may rely - is essential to good health and good outcomes. Health insurance providers have invested in developing “whole person care” models. These models place the enrollee at the center of his/her care, allow the enrollee to choose the care team participants, and create open communication that allows for each member of the care team to share important information regarding the enrollee's health status.

Delivering positive outcomes for the person and their unpaid caregiver(s): Health insurance providers have taken steps to improve outcomes not only for the insured individual but also for their family caregivers. For many, family caregivers provide the vast majority of LTSS and are, therefore, essential to maintaining good health for the enrollee. Recognizing the significant contribution of family caregivers, many health insurance providers have developed programs to support caregivers, including assessing the caregiver's status, offering reminders of the need for self-care, and offering respite for caregivers in need of a short break from their considerable duties.

Integrating non-medical services intended to overcome social barriers to better health: Many of the services provided in LTSS are non-medical in nature. Instead, services are often more closely oriented to social services and can have a significant impact. Health insurance providers have found success in developing meaningful partnerships with organizations with a historic focus on social services. Health insurance providers have sought out and cultivated a wide variety of partnerships with community-based and social service organizations to ensure enrollees have ample access to services that are often life-changing.

Policy Recommendations

Better Integration Between Medicare and Medicaid

Since the implementation of the Affordable Care Act, states have been working on care delivery models that integrate Medicare and Medicaid. Medicare and Medicaid have historically operated in siloes with wholly separate benefits. Efforts to integrate the programs are aimed at improving care for the 11 million people who are eligible for both. These integration efforts have shown promise and have streamlined care for enrollees. The Bipartisan Budget Act of 2018 included provisions that require further integration. By integrating Medicare and Medicaid—the two largest payers of LTSS—there is opportunity to better coordinate care and provide the most appropriate care in the most appropriate setting. The right care, in the right place, at the right time can keep enrollees healthier and enable them to receive LTSS at home, resulting in fewer hospitalizations and less need for post-acute care.

Direct Care Workforce

Job satisfaction is low among the people who care for vulnerable populations which leads to significant turnover in the industry. Lack of training, lack of opportunity, and low wages are the leading reasons for dissatisfaction. Many in the workforce cite lack of professional development and growth as a reason for exiting the direct care workforce. Studies have shown a decrease in departures among workers who are offered training and a career ladder.²⁷ Policymakers and health insurance providers must champion efforts to create training opportunities and develop pathways to promotion.

Care for Family Caregivers

Policymakers and employers must recognize the value of family caregivers in providing their loved ones with LTSS. Family caregivers will always play an active role in caring for their loved ones. Policies and benefits should address their needs. Providing respite programs, education and training programs, and access to leave without risking loss of a job are important steps to take. The RAISE Family Caregivers Act became law on January 22, 2018, with the goal of developing and implementing a national caregiver strategy.

Medicare Advantage Supplemental Benefits

The Centers for Medicare & Medicaid Services (CMS) recently gave Medicare Advantage health plans the opportunity to provide additional supplemental benefits for enrollees with chronic illness and other significant health needs. The supplemental benefits can include home delivered meals, in-home personal care, and other services that have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee. Providing these services can prevent deterioration and can reduce the need for full LTSS.

Health insurance providers are very supportive of these new benefits and efforts to promote these new benefits. For example, CMS proposed in the CY 2021/2022 MA & Part D Proposed Rule that amounts paid to non-providers for providing supplemental benefits be included in the medical loss ratio calculation. Health insurance providers support this proposal, which would ensure that services that address SDOH are recognized in the medical loss ratio calculation, like other traditional supplemental benefits.

27 <https://www.leadingage.org/sites/default/files/Direct%20Care%20Workers%20Report%20%20FINAL%20%282%29.pdf>

Strengthen Long-Term Care Insurance

It is estimated that the average lifetime cost of long-term care per person has already reached \$172,000 as of 2016 and the total cost will rise to \$5.7 trillion by 2047.²⁸ To care for our seniors, we need to strengthen and support long-term care coverage choices. Some strong policy solutions that would improve Americans' personal control and choice over their long-term care decisions include:

- Allowing employees to use cafeteria plans and flexible spending arrangements (FSA) to buy long-term care coverage.
- Allowing retirement plans to invest directly in long-term care coverage.
- Allowing employees to make additional contributions to their health savings accounts (HSA) to pay for long-term care plans.

Enacting these policies will offer seniors a new pathway to health, independence, and financial security, while ensuring the best use of taxpayer dollars spent on care.

Health Insurance Providers Innovate to Improve LTSS Care

Anthem

Anthem is an early adopter in improving the experience of members and their access to LTSS through a whole-person care approach, especially in recognition of the rapidly growing aging population including those with disabilities. To bolster this endeavor, Anthem launched their approach across its enterprise. As part of that effort, Anthem's LTSS division implemented its person-centered initiative via The Learning Community for Person Centered Practices (TLC) curriculum, which prioritizes the needs, preferences, and goals of the individual in health care decision-making.

Anthem uses personally certified trainers (PCT) within its organization to administer the training to all member-facing LTSS staff and leaders. The core concept of the PCT philosophy is that people are motivated to do what is important for them if we listen to and support those things that are important to them. The curriculum teaches concrete skills on how to extract meaningful information from individuals receiving services that goes beyond traditional assessment practices. Anthem assists the individual with building a care team comprised of their selected caregivers, including both paid and unpaid support, and developing a care plan that meets the person's objectives. Within the care plan, Anthem coordinates physical health, mental health and substance use disorders as well as services addressing social drivers of health across the care continuum. Local, culturally competent, well-trained case managers work with the individual to identify and address gaps in care by coordinating with local resources and community-based organizations and by engaging with the individual's selected support system, including family, friends, neighbors, and trusted community partners.

Anthem's holistic approach, beginning with learning about the individual's personal goals, needs and preferences, allows for the LTSS team and the individual to work together to identify the full range of services that support the individual's health and well-being. Anthem has found its approach to service delivery, including improved access to a broader array of services delivered in the community, results in higher levels of satisfaction and increased quality of life. Access to supportive services that address both traditional health care and social-related needs helps individuals avoid costly, unnecessary medical interventions.

Anthem has consistently invested in transforming its organizational mindset and approach in order to better serve people who access LTSS. Anthem recognizes that the whole person care approach to delivery of high-quality, person-centered LTSS is an evolving journey instead of a final destination and remains committed to being a partner in the development of solutions that meet the needs of current and future populations who utilize LTSS.

Centene

A Person Centered Team is a cornerstone of Centene Corporation's work with enrollees with complex care needs. The Person Centered Team includes the providers chosen by the enrollee and, for those receiving additional care, the team includes the caregiver. Centene refers to the caregiver as the enrollee's Person of Support and is an essential participant in the Person Centered Team. In 2017, recognizing the instrumental role Persons of Support play, Centene set out to offer support through the Caregiving Collaborations® program. Caregiving Collaborations® establishes a formal support program promoting Centene Members to remain in the home as long as possible.

²⁸ The Formal Cost of Long-Term Care Services: How Can Society Meet a Growing Need? 2017. PWC.

In the Caregiving Collaborations® program, Centene offers a variety of tools to caregivers, including a Caregiver Questionnaire, education resources, planning tools, and additional enhancements in various markets such as a caregiver hotline. The hotline is available 24/7 to support the caregiver with stress, burnout and locating local resources. One of the tools offered by Centene is a Caregiver Journal which provides tips, encouragement, and a place to write down information such as concerns or caregiving strategies. The Caregiver Journal includes pages to list important information about the enrollee that is often necessary, but difficult, to maintain, such as medications, necessary medical equipment, provider contact details, emergency planning, advance directives and health care surrogate forms. Caregiving Collaborations® recognizes the importance of legal documents and provides links to state-specific information to access forms and legal assistance. Finally, Caregiving Collaborations® includes a variety of resources to help caregivers understand their loved one's condition, as well as who and when to reach out to for help.

Today Caregiving Collaborations® is available in 11 Centene affiliates, with plans to roll-out the program in an additional 8 states mid-year 2020. The program is shared with enrollees and, with enrollee consent, with caregivers. Once the enrollee consents and the caregiver wishes to participate, the caregiver is provided with a brochure about the program and given a questionnaire for completion. Questionnaire results are used to develop action items to support the caregiver which could include a referral to a support group, additional clinical trainings such as wound care and medication dispensing, and depending on the benefits available could include respite services such as adult day care or in-patient respite for the member. Many resources, including the Caregiver Journal, can also be found online at participating Centene affiliate websites. Centene has also partnered with community-based organizations to share information and encourage participation. Because of the success of Caregiving Collaborations®, Centene is exploring ways to improve the program. The next iteration of Caregiving Collaborations® may include increased use of technology to communicate with caregivers, on-demand educational resources, and expansion to additional populations supported by Centene affiliates.

Commonwealth Care Alliance (CCA)

Established in 2003, CCA is a not-for-profit, Massachusetts-based health care organization dedicated to improving the health and well-being of people with significant needs. Forward-thinking and mission-driven, CCA provides and manages whole-person care across the continuum, including full integration of primary care, behavioral health, LTSS, and social needs. CCA invests in innovations that enable individuals to maximize their potential. It advances alternative payment models to better align payer and provider incentives to improve outcomes and achieve cost savings. CCA is rooted in more than 30 years of experience providing care to complex populations. It now serves more than 35,000 members in two nationally recognized programs focused on integrating care for Medicare-Medicaid enrollees.

Addressing social barriers to better health is central to integrated care programs for people with complex needs, since members often prioritize working on pressing housing, food, and transportation issues before addressing medical and chronic health care needs. CCA health outreach workers, with deep understanding of the local community and ability to relate with members, are often focal points on the care team. Health outreach workers address housing needs including assessment of and assistance with housing barriers, connection to local funding agencies to assist with financial burdens and budgeting, eviction prevention and mediation, and proactive follow-up with housing applications and eviction avoidance. These staff create tailored solutions to challenges, such as housing workshops which, in the first three sessions, supported almost 60 members in the completion of nearly 500 applications for various housing supports.

SCAN Health Plan

With over 40 years of experience serving a diverse enrollment across several types of Medicare Advantage plans, as well as a plan focused on dually eligible individuals, SCAN Health Plan has created a wide variety of LTSS offerings that are aimed at assisting with different need types. Because SCAN serves such a diverse population, they utilize several strategies to determine which enrollees require supplemental benefits and LTSS. All supplemental benefits and LTSS offered by SCAN are intended to keep its members healthy and independent, living in their community.

In some cases, enrollees who need these benefits and services contact SCAN directly to ask for services. In those cases, SCAN team members evaluate the individual's needs, determine eligibility for LTSS, and pair them with appropriate services. In other cases, SCAN learns of an individual's need during the annual HRAs. Based on individual need and regulatory requirements, SCAN either sends a social worker to the individual's home or conducts phone assessments for a full level-of-need evaluation. The individual then receives any benefits for which they are eligible.

Individuals who require LTSS don't always self-identify by proactively contacting SCAN or completing an HRA. SCAN communicates with its network providers to make sure that enrollees with onset of a new condition or those returning home following an acute care stay have the LTSS necessary to remain in their home safely.

Finally, SCAN utilizes rules-based risk stratification, and it is beginning to use artificial intelligence to identify individuals who are at risk of hospitalizations or whose chronic conditions might make them eligible for LTSS. By examining data to search for patterns of utilization that indicate an acute need, SCAN is able to get help to enrollees before a health crisis occurs.

A combination of approaches has allowed SCAN to locate high-need individuals and provide them with services that are critical to leading a safe and healthy life at home. Services like in-home personal care, nutrition assistance, non-medical transportation for medical and non-medical needs, and caregiver respite are targeted to the SCAN members who can benefit most. SCAN's success with person-centered product design and innovative approaches to delivering LTSS are evidenced by SCAN's 4.5 Star Rating, 90% rating on Medicare.gov, and several awards for customer service.

UCare

In some cases, individuals may need some help with certain activities of daily living but may not rise to the level of needing full LTSS. Sometimes the needed help is a ride to the grocery store, a short break from caring for a loved one, or even just some social company. To help with social isolation, caregiver burnout and to prevent decline into need for additional services, UCare has partnered with Lutheran Social Services of Minnesota's (LSS of MN) Senior Companion Services program. Through the Senior Companion Services program, seniors receive help that allows them to maintain independence while developing meaningful relationships.

In a 2019 survey, LSS of MN found that 100% of UCare members surveyed feel less lonely because of their Senior Companion, 89% feel healthier, 78% agree that they can continue living in their own home, and 91% are more satisfied with their lives. The DeJong Gierfield Six Item Loneliness Scale showed that 77% of those surveyed remained stable or improved in their Emotional Loneliness and 66% remained stable or improved their Social Loneliness. Emotional Loneliness is affected by the strong relationships that many of UCare members form with their companions. Social Loneliness is affected, because the companion allows opportunities for community integration or visiting friends and family.

The Live Well at Home Rapid Screen showed that 63% of members participating in evaluation remained stable or lowered their level of risk. Companions act as eyes and ears for family, medical professionals, etc. The companion communicates any concerns immediately to the LSS program coordinator who can then alert the family or professionals. Companions also encourage UCare members to talk more openly with their care coordinators or medical team. In addition to the assistance from a companion, community resources are offered to further bolster independence. Across the LSS companion program, 4,357 hours of companionship were provided and 17,408 miles were driven by companions to get members to the grocery store, the pharmacy, the bank, to medical appointments, and for community integration.

UPMC Health Plan

UPMC *for You* (UPMC Health Plan) recognizes the value in strong partnerships to effectively serve the LTSS population. With the creation of Community Health Choices (CHC), Pennsylvania's managed care program to integrate dually eligible individuals, UPMC Health Plan recognized a need to inventory their LTSS capabilities and develop partnerships to strengthen those capabilities.

UPMC Health Plan discovered important opportunities for partnering with local Area Agencies on Aging (AAA) and Centers for Independent Living (CIL) as both had been administering LTSS benefits for decades before the creation of CHC in Pennsylvania in 2018. From these important partners, UPMC Health Plan learned valuable lessons about moving away from a medical model and toward a social, functional model of care. The CILs helped UPMC Health Plan understand the importance of dignity and how to overcome the challenges that can come with nursing home transitions. Once individuals transition from a nursing home to the community, UPMC Health Plan is partnering with local contractors who are experienced with home modifications that keep people safe and secure in their homes. The partnerships with AAAs and CILs have allowed UPMC Health Plan to gain the benefit of decades of experience and maintain access to high-quality services and supports.

Another important area for partnership has been with culturally focused community-based organizations (CBO). LTSS are often highly personal in nature and the success of the services depends on the recipient's experience. UPMC Health Plan has developed partnerships with CBOs who assist with a variety of tasks from ensuring the methods of communication are culturally appropriate to connecting enrollees with informal caregivers who will deliver care in a way that suits an enrollee's personal and cultural needs. These important partnerships have allowed UPMC Health Plan to provide the right care, at the right time, and in the right way for enrollees, which leads to improved outcomes.

As the CHC program grows and Medicare Supplemental Benefits evolve, UPMC Health Plan is looking ahead to additional partnerships. A planned area of focus is preventing social isolation by partnering with organizations who will link a beneficiary to a person who will provide a social visit as well as some minor chores such as light housekeeping and meal preparation. UPMC Health Plan will seek two paths—one where the visitors are young people and a second where the visitors are local senior citizens who are in good health but seeking companionship. Each path provides meaningful benefit to the caregiver and the care recipient.

Conclusion

The services provided through LTSS programs are life-saving and life-sustaining. While LTSS programs have evolved significantly over the past 20 years, they have evolved sometimes as patchwork responses to issues faced by various populations. Streamlining LTSS through a holistic, intentionally designed approach, as well as continued advancements that increase the availability and sustainability of LTSS, will help ensure that aging Americans and individuals living with disabilities can maintain their independence and quality of life while making smart use of taxpayer dollars.

As an essential private-market partner, health insurance providers offer their innovation and insights to improve health, well-being, outcomes, and value. Our experience shows that when it comes to providing important LTSS, Americans do not need to choose between innovation and affordability. By working together, we can have both.