

Long-Term Services & Supports (LTSS) in Massachusetts

A PRIMER ON LTSS COVERAGE, ACCESS, AND AFFORDABILITY

APRIL 2024



manatt

The logo for Manatt Health, consisting of a yellow square with the word "manatt" in lowercase white text.

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INTRODUCTION

WHY FOCUS ON LONG-TERM SERVICES AND SUPPORTS (LTSS) IN MASSACHUSETTS?

- Long-term services and supports (LTSS) are the critical medical and nonmedical services and supports that people with disabilities and chronic conditions of all ages use to meet their daily living needs, remain independent, and participate in their communities. LTSS include nursing facility care, home health care, personal care, physical/occupational/speech therapies, durable medical equipment (e.g., wheelchairs), care management, and more.
- Private commercial health insurance coverage and Medicare cover only a subset of LTSS for a limited duration of time, whereas Medicaid typically covers more comprehensive LTSS for a longer duration. Therefore, most people who need LTSS consistently rely on Medicaid (known as MassHealth in Massachusetts), private long-term care insurance, or self-pay to cover these services.
- The COVID-19 pandemic's significant impact on nursing facility residents and staff nationally and in Massachusetts underscored several vulnerabilities in our LTSS system. It also heightened public awareness about long-standing LTSS workforce shortages and the low wages, limited benefits, and lack of career mobility for these in-demand workers; the significant pressures on unpaid family caregivers who provide the majority of LTSS; racial and ethnic disparities in LTSS care; and the lack of affordable LTSS financing options other than Medicaid. These challenges are expected to worsen with a growing demand for LTSS as the population ages. Federal and state policymakers have responded to these challenges with a renewed focus on strengthening and improving the LTSS system.

WHY FOCUS ON LONG-TERM SERVICES AND SUPPORTS (LTSS) IN MASSACHUSETTS? (CONTINUED)

Massachusetts has made significant investments to strengthen its LTSS system, including expanding access to community-based LTSS, improving care provided in nursing homes and other residential settings, and enhancing care coordination for people who use LTSS. Recent initiatives include:

- **Funding new home- and community-based services (HCBS) initiatives.** HCBS are a subset of LTSS delivered in people's homes and communities; these services can help people stay out of institutional care. Leveraging \$526 million in federal COVID-19 relief dollars, Massachusetts is promoting access to HCBS in various ways, including implementing time-limited worker wage increases, grant and training programs, loan reimbursement, and retention bonuses focused on workforce recruitment and retention. In 2023, MassHealth also relaunched Money Follows the Person, a federal program for rebalancing LTSS spending from institutional to home- and community-based settings.
- **Pursuing innovative care at home models.** Massachusetts is exploring various care-at-home models, including by studying the cost and clinical outcomes of providing post-hospital care at home rather than in a skilled nursing facility.
- **Enhancing its programs — One Care and Senior Care Options (SCO) — that serve people enrolled in both Medicare and Medicaid.** People enrolled in both Medicare and Medicaid tend to have significant LTSS needs. Massachusetts is working with stakeholders to strengthen member protections, improve the care model, and advance health equity in One Care and SCO.

Through these and other initiatives, Massachusetts is recognized as a national leader in LTSS system performance. However, certain areas such as LTSS affordability, quality, and caregiver supports require more attention to meet the growing need for LTSS and ensure equitable and affordable access to LTSS for all Massachusetts residents.

NOTE: This primer serves as a follow-up to a 2022 Blue Cross Blue Shield of Massachusetts Foundation report, [A Focus on Health Care: Five Key Priorities for the Next Administration](#), which identified improving access to LTSS as one of five key areas requiring immediate and focused action in Massachusetts.

KEY FINDINGS — PART I

PEOPLE



Most people who use LTSS are older adults (ages 65 and over) and individuals with disabilities. As the Massachusetts population ages, the demand for LTSS is expected to continue to grow.

- About 16% of people in Massachusetts are ages 65 and older. This older adult population is projected to grow rapidly, increasing the need for LTSS. Over the next 20 years, the 65+ population in Massachusetts is projected to grow 31%, nearly three times the projected growth rate of the total population (11%).
- 1 in 10 adults ages 18–64 in Massachusetts report living with a disability that may require LTSS at some point in their lifetime.

CARE DELIVERY



Through MassHealth, Massachusetts has expanded access to community-based LTSS and to care coordination programs for people with high LTSS needs, but there is more to do.

- The Commonwealth has significantly increased MassHealth LTSS utilization and spending in lower cost community settings where people prefer to receive care and can live independently. MassHealth institutional spending has yet to decline accordingly, due, in part, to increases in skilled nursing facility rates.
- MassHealth has implemented several care management and care coordination programs for managed care members, including those eligible for both MassHealth and Medicare (dual eligible members), who tend to have high LTSS needs. However, a large portion of MassHealth members who use LTSS remain in the fee-for-service delivery system and so are not accessing these care management or care coordination services.

KEY FINDINGS — PART II

COST



LTSS spending accounted for over one-third of all Medicaid spending (\$18B) in Massachusetts.

- In state fiscal year 2020, Massachusetts spent \$6.6 billion in Medicaid funds (inclusive of state Medicaid dollars and federal Medicaid revenue) on institutional and community-based LTSS. This includes Medicaid spending on LTSS programs that are managed by several other state agencies (such as, for example, the Executive Office of Elder Affairs), meaning it cannot be attributed solely to the MassHealth budget. This represents 37% of all Medicaid expenditures in Massachusetts.

QUALITY



Massachusetts is a national leader in LTSS, but there is room for strengthening the system, particularly related to LTSS affordability and LTSS safety and quality.

- Massachusetts ranked fourth among states on LTSS system performance in the 2023 AARP [LTSS State Scorecard](#), with the highest rankings in areas related to access to care and choice of setting and providers, particularly for home- and community-based services (HCBS). Despite ranking highly overall, Massachusetts was near the bottom of states for home care costs (29th) and nursing home costs (44th), meaning that these services are more expensive relative to median household income for ages 65+ in Massachusetts than in other states.
- Massachusetts also ranked poorly in several LTSS safety and quality measures, ranking last in hospital admissions among people receiving home health services and 30th in hospital admissions among nursing home residents, suggesting opportunities to improve the care received by people using LTSS.

OVERVIEW OF LONG-TERM SERVICES AND SUPPORTS (LTSS)

WHAT ARE LONG-TERM SERVICES AND SUPPORTS?

LONG-TERM SERVICES AND SUPPORTS (LTSS)

A range of medical and nonmedical services and supports that people of all ages with disabilities and chronic conditions use to meet their medical, personal care, and daily needs. LTSS promote independence, support one's ability to participate in their communities, and increase overall quality of life. LTSS include services provided in home- and community-based settings and in facilities/institutions.



COMMUNITY-BASED SERVICES

These services provide person-centered care delivered in the home and community settings. These programs are designed to assist individuals with functional limitations in performing daily activities. The primary goal of community-based services is to enable people to receive care and support in their own homes, rather than having to move to a facility for assistance. Common community-based services include:

- **Adult Day Health:** Community-based programs that provide nursing services, therapy services (e.g., physical, occupational, speech/language), nutrition and dietary services, and case management, as well as transportation to and from the service site.
- **Assisted Living Facilities:** Living communities that provide assistance for individuals who do not require 24/7 support but may need assistance with cooking, cleaning, transportation, or activities of daily living (ADLs) (e.g., bathing, dressing).
- **Home Health:** Set of in-home services that include skilled nursing, home health aide services (such as bathing and grooming), and therapies.
- **Personal Care Attendant (PCA):** Services that assist people with ADLs, such as personal hygiene, eating and dressing, and instrumental activities of daily living (IADL), such as chores, laundry, and meal preparation.



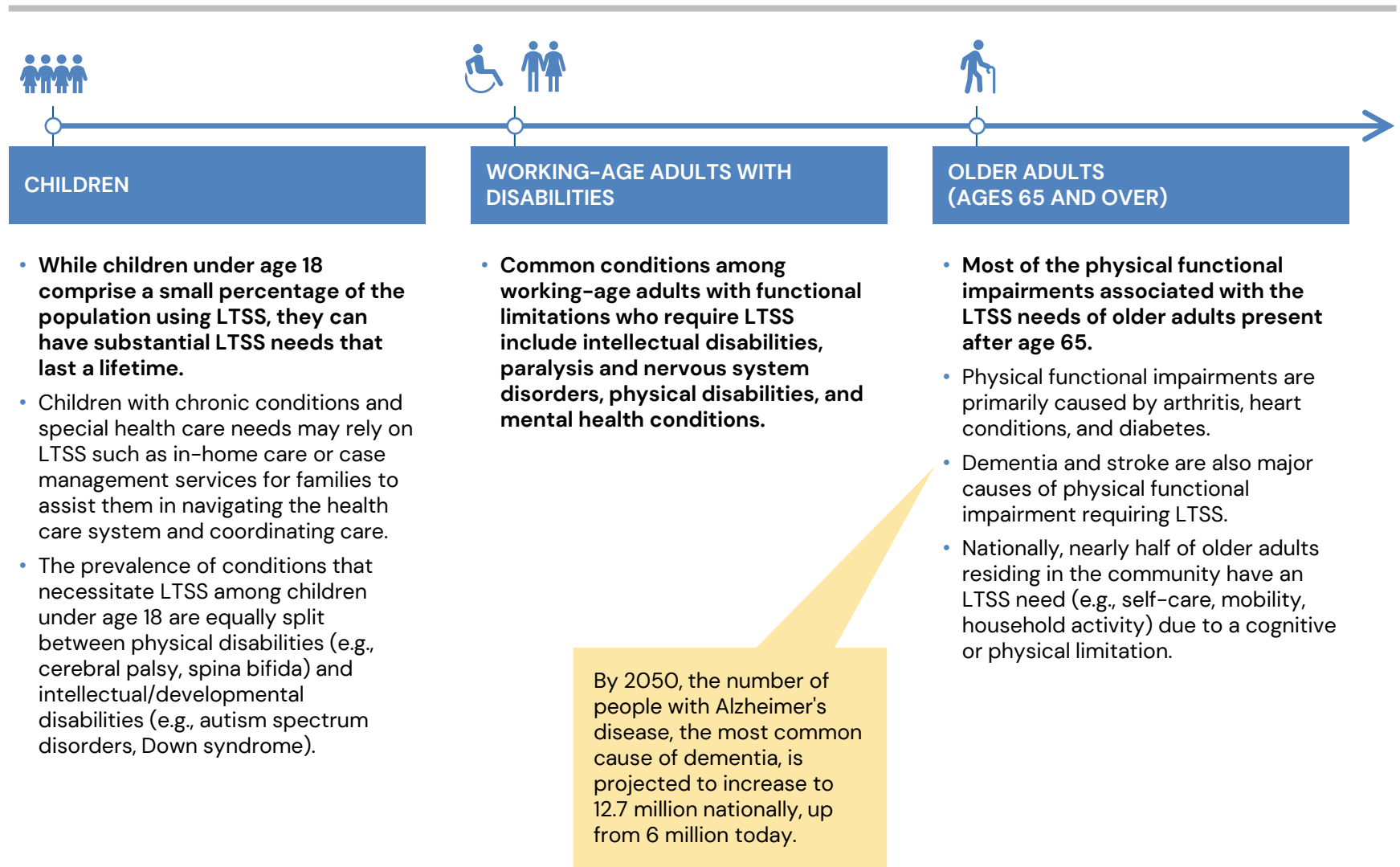
INSTITUTIONAL SERVICES

In some cases, individuals requiring continuous care may need more complex care rendered in residential facilities. Common institutional LTSS include:

- **Nursing Facilities:** Short-term and long-term skilled nursing services for individuals with diagnoses that require 24/7 nursing care. Services provided in a nursing facility may include assistance with ADLs, nursing services, skilled services for more complex needs (e.g., intravenous feeding), and hospice care.
- **Chronic Disease and Rehabilitation (CDR) Hospital Services:** CDR hospitals provide both inpatient and outpatient services for rehabilitation from conditions such as stroke, head injury, and spinal cord injury.

NOTE: These examples of LTSS are not specific to any one payer. For example, while MassHealth is the prominent payer for LTSS in Massachusetts, it does not typically cover Assisted Living Facilities. For more details on these and other LTSS, see the Appendix.

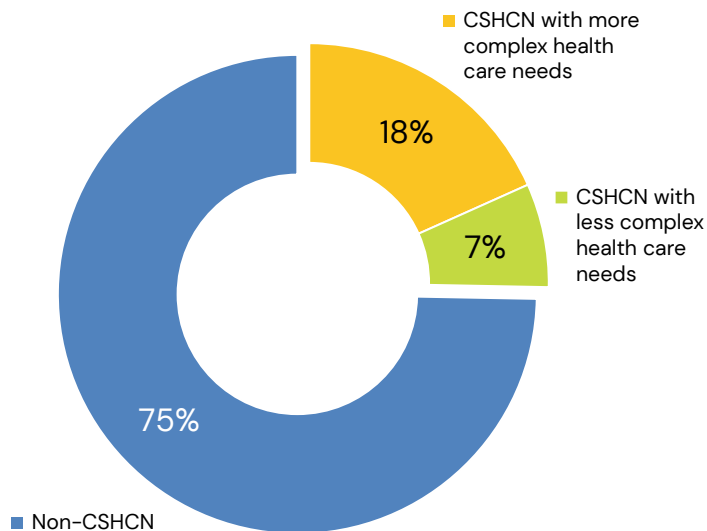
LTSS NEEDS ACROSS THE LIFESPAN



POPULATIONS WHO USE LTSS: CHILDREN

Children with special health care needs (CSHCN) and chronic health conditions often rely on LTSS to allow them to receive care at home with their families.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) IN MASSACHUSETTS, AGE 0-17, 2022



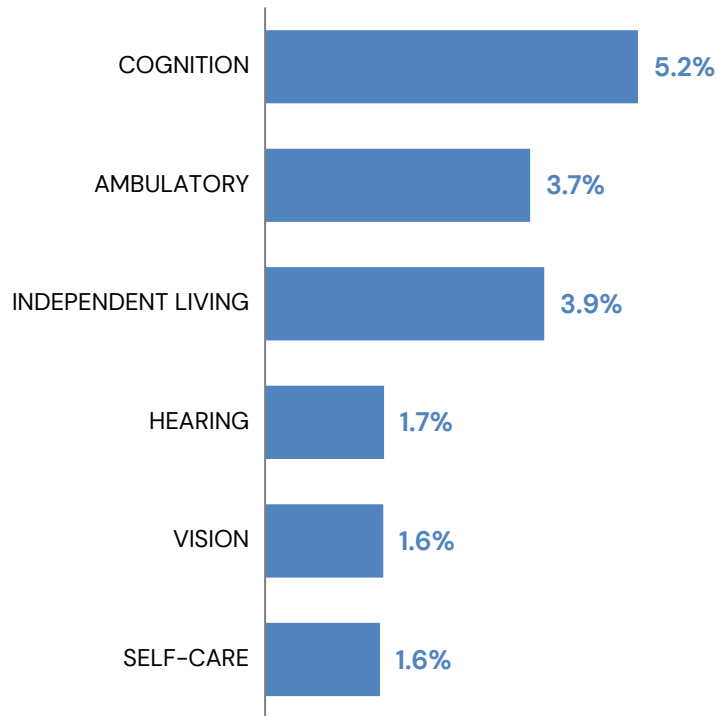
- Over one-quarter (343,000) of Massachusetts children ages 0 to 17 years are living with a special health care need. Specifically, 7% of Massachusetts children ages 0 to 17 years are living with less complex health care needs, which are treated primarily through medication and can largely be managed successfully through continuous treatment. Eighteen percent of Massachusetts children ages 0 to 17 years are living with more complex health care needs. To manage their chronic health conditions, these children often require specialized services (e.g., medical care, mental health, education) or therapies (e.g., speech, physical), in addition to prescription medication.
- While not all CSHCN have the same level of care needs — and many CSHCN do not have any LTSS needs — some are living with medical complexities that require multiple services and supports. Over 10% of children in Massachusetts are living with two or more functional difficulties (e.g., difficulty walking, dressing, or bathing) and may require LTSS. This population often requires a more comprehensive set of services than others who use LTSS due to the complexity of their conditions. The needs of CSHCN may change as children age, requiring different services and provider types over the lifespan. CSHCN may receive LTSS in an institutional setting, such as a nursing home, but many families rely on HCBS, such as private duty nursing, care management, and transportation services to allow CSHCN to live at home.

SOURCE: 2022 National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>.

POPULATIONS WHO USE LTSS: WORKING-AGE ADULTS WITH DISABILITIES

In Massachusetts, one in ten adults ages 18 to 64 report living with a disability, and people with disabilities in Massachusetts have disproportionate rates of certain health conditions that may increase the need for LTSS.

PERCENTAGE OF ADULTS (18-64) LIVING WITH FUNCTIONAL DISABILITIES IN MASSACHUSETTS, 2022



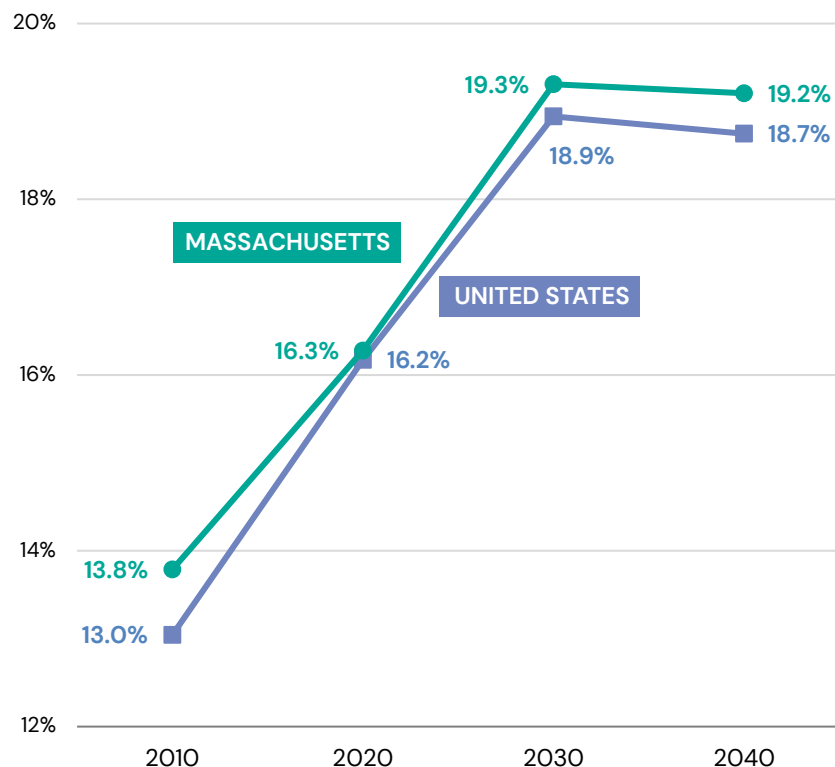
- Over 820,000 adults ages 18 to 64 in Massachusetts reported living with a disability in 2022. The American Community Survey groups functional disabilities into six categories – cognition, ambulatory difficulties, independent living, hearing, vision, and self-care. In Massachusetts, over 12% of the population reported living with a functional disability related to cognition, ambulatory difficulties, and independent living in 2022. Cognition included disabilities that result in serious difficulty concentrating, remembering, or making decisions. Independent living included disabilities that created difficulties doing errands alone like visiting a doctor’s office or shopping. Ambulatory difficulty included physical disabilities that created difficulty walking or climbing stairs.
- Adults with disabilities in Massachusetts have higher rates of some behavioral health conditions compared to those without disabilities, with 44% of adults with disabilities reporting living with depression, compared to 13% for those without a disability. Adults with disabilities are also more likely to live with certain chronic conditions. In Massachusetts, 13% of adults with disabilities reported having diabetes and 9% reported living with heart disease, compared to 6% and 4% of adults without disabilities, respectively.

SOURCE: American Community Survey (ACS) 2022 5-Year Estimates, S1810 “Disability Characteristics.”

POPULATIONS WHO USE LTSS: OLDER ADULTS

The population that is most likely to need LTSS — older adults ages 65 and over — is also the fastest growing population group in the United States and in Massachusetts.

PERCENTAGE OF POPULATION AGED 65+, 2010–2040



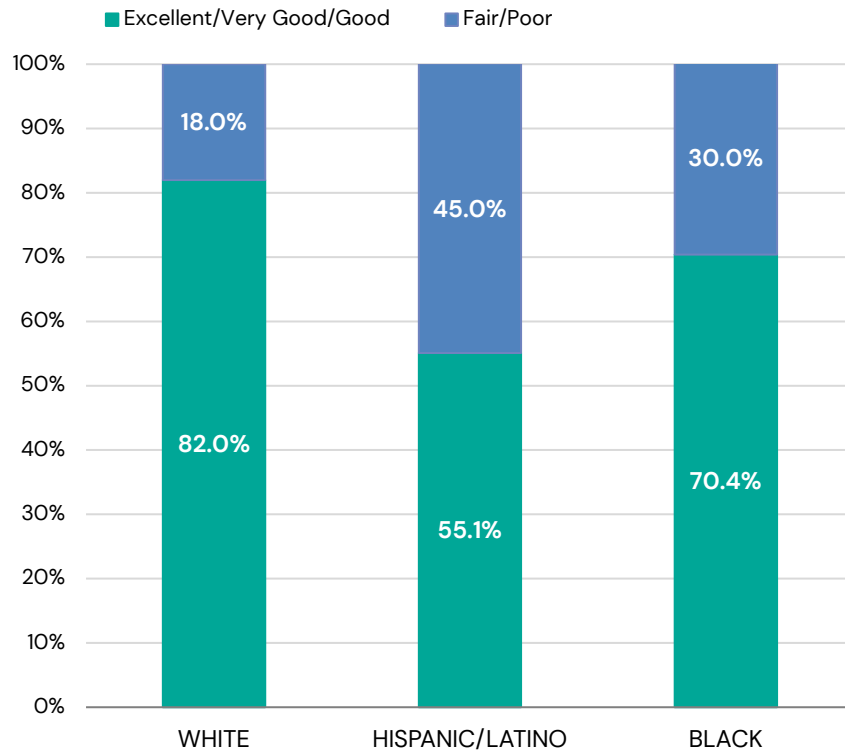
- In 2020, there were over 55 million people aged 65 and over in the United States, comprising 16% of the total population. This represents a nearly 40% increase from 2010.
- Massachusetts saw a similar trend in the growth of the population aged 65 and over, with the share of people 65+ as a percent of the total population increasing over 25% during the same time period.
- The number of individuals ages 65 and over is expected to grow over the next 20 years, increasing the need for LTSS and the demand on the workforce. In Massachusetts, the projected total population ages 65 and over in 2040 is 1.4 million, up from 1.1 million in 2020. Nearly 70% of people turning age 65 will develop significant LTSS needs in their lifetime.

SOURCE: Weldon Cooper Center for Public Service. "National Population Projections." <https://demographics.coopercenter.org/national-population-projections>.

RACIAL AND ETHNIC DISPARITIES IN LTSS NEEDS

The aging of the U.S. population will increase the demand for LTSS, and this trend is expected to vary by race and ethnicity.

SELF-REPORTED HEALTH STATUS OF OLDER ADULTS BY RACE/ETHNICITY, 2021



- Nationally, Black and Hispanic/Latino older adults consistently report poorer overall health status relative to White older adults. Additionally, national data from the Centers for Disease Control and Prevention shows the prevalence of both diabetes and hypertension is higher for Black older adults relative to other groups. Together, disparities in overall health status and in chronic illness may drive increased LTSS needs among Black and Hispanic/Latino older adults.
- From 2020 to 2060, the proportion of older adults in the United States who are Black, Asian, and Hispanic/Latino is expected to grow, while the share of older adults who are White is expected to decrease, potentially creating a disproportionate need for LTSS among communities of color.

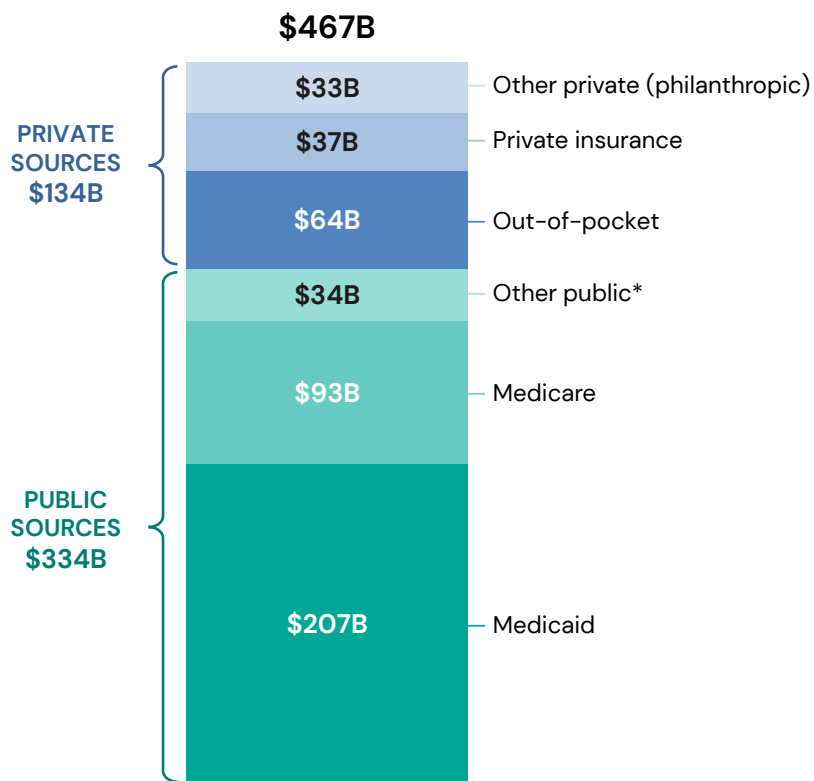
SOURCE: Kaul, B., Larocque, A., Matson, P., & Sheppard, R. "Long-Term Services and Supports: Usage and Payment by Race, Ethnicity and Socioeconomic Factors." SOA Research Institute. January 2023. <https://www.soa.org/490916/globalassets/assets/files/resources/research-report/2023/2023-long-term-services-support-report.pdf>.

LTSS PAYERS AND SERVICES IN MASSACHUSETTS

WHO PAYS FOR LTSS? SETTING THE CONTEXT

Medicaid is the primary payer for LTSS nationally and in most states. LTSS account for roughly one-third of Medicaid spending nationally.

NATIONAL LTSS EXPENDITURES BY PAYER, 2021



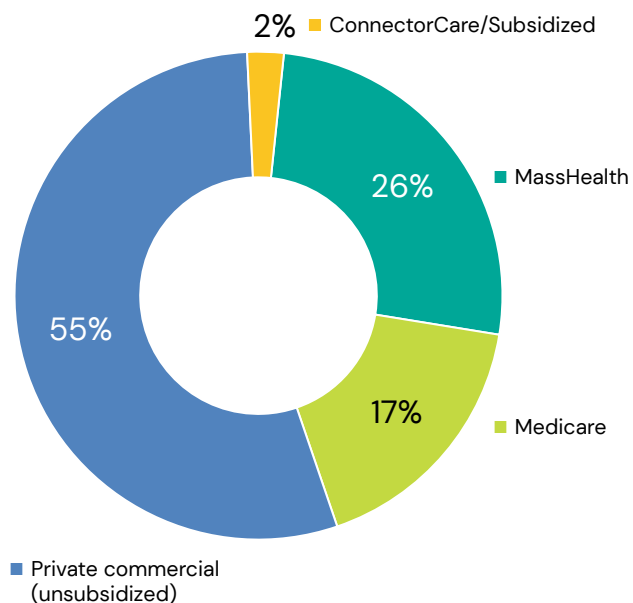
- In 2021, public sources accounted for over 70% of national LTSS spending, with over half of public funding from Medicaid (62%). LTSS is a major driver of Medicaid spending and accounted for over 32% of total Medicaid spending nationally in 2021.
- Medicare was the second largest LTSS funding source nationally in 2021, comprising 20% of total LTSS spending. Medicare only covers a subset of LTSS services, typically for a limited duration of time, such as skilled nursing facility services following a hospital stay, short-term home health services, hospice, and palliative care. Some Medicare Advantage plans (managed care plans offering Medicare benefits) are starting to cover LTSS-like related supplemental benefits, such as adult day care, caregiver supports, medical and nonmedical transportation, and meal delivery.
- Data on LTSS expenditures by payer is not available for Massachusetts, though it is expected that these national trends hold true in the Commonwealth.

*Includes federal COVID-19 assistance, Veteran’s Health Administration, and Children’s Health Insurance Program (CHIP).
SOURCE: Colello, K., & Sorenson, I. “Who Pays for Long-Term Services and Supports.” Congressional Research Service (CRS).
September 19, 2023. <https://crsreports.congress.gov/product/pdf/IF/IF10343>.

HEALTH INSURANCE COVERAGE AND LTSS IN MASSACHUSETTS

The majority of Massachusetts residents have health insurance coverage that does not cover comprehensive LTSS. Most people with ongoing LTSS needs rely on MassHealth, the state’s Medicaid program for low-to-moderate-income people, or self-pay for these services.

MASSACHUSETTS HEALTH INSURANCE ENROLLMENT BY PAYER, MARCH 2023



* For more information about MassHealth, please see the Blue Cross Blue Shield of Massachusetts’ publication, “MassHealth: the Basics”, available at <https://www.bluecrossmafoundation.org/publication/masshealth-basics-facts-and-trends-october-2023>.

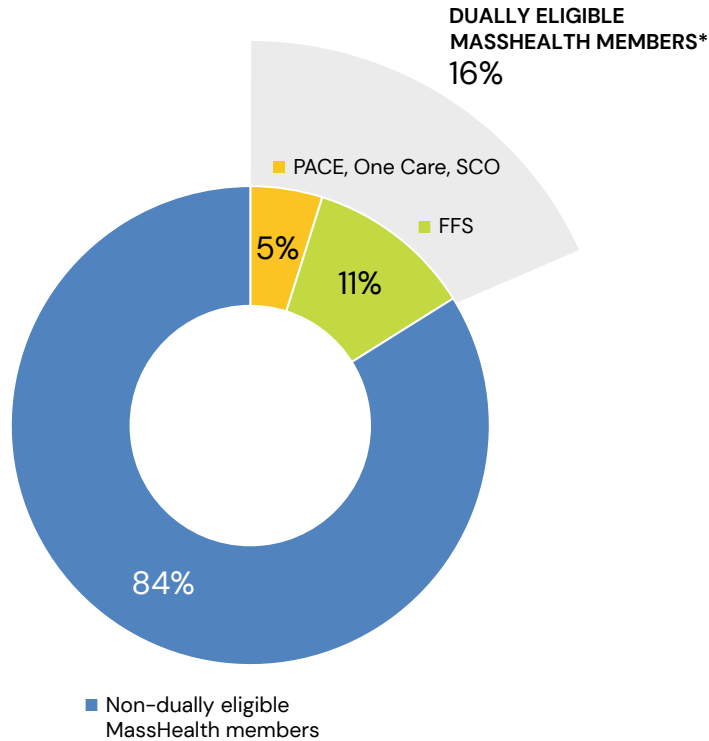
SOURCE: Massachusetts Center of Health Information and Analysis (CHIA). “Enrollment in Health Insurance: Enrollment Trends (through March 2023).” www.chiamass.gov/enrollment-in-health-insurance.

- Nearly three-quarters of Massachusetts residents have **private commercial health insurance coverage or Medicare**, which cover only a subset of LTSS for a limited duration of time. Therefore, most people who need a broader set of LTSS on an ongoing basis rely on MassHealth, private long-term care insurance, or self-pay to cover these often costly services. See data on LTSS affordability on page 20.
- Roughly 26% of the state’s insured population receive health insurance coverage through **MassHealth**, which covers a broad array of community-based and facility-based LTSS. Many Commonwealth residents with high LTSS needs ultimately need to “spend down” their income or assets paying for these services until they become eligible for MassHealth coverage (see page 18 for more information on income and asset eligibility requirements for MassHealth).*
- Approximately 8% of residents have **private long-term care insurance** (not shown on the graph because it is limited benefit insurance) to cover some LTSS costs, but insurance policies must be purchased well in advance of anticipated needs. Policyholders also often experience significant premium increases.
- Due to the lack of coverage options for LTSS, the state is working to identify alternate LTSS financing options. The Massachusetts state fiscal year 2024 budget included funding for an actuarial study on a statewide long-term care insurance program, which will be completed by the Joint CHIA in the spring of 2024.

COVERAGE OPTIONS FOR DUAL ELIGIBLE MEMBERS IN MASSACHUSETTS

Roughly one in five of all MassHealth members are eligible for both MassHealth and Medicare (dual eligible members), and these enrollees typically have high LTSS needs.

PERCENTAGE OF MASSHEALTH MEMBERS DUALLY ELIGIBLE FOR MEDICAID AND MEDICARE, SFY2022



- Dual eligible members are typically low-income seniors and people with disabilities — two groups with high LTSS needs. Most dual eligible members receive care in the MassHealth fee-for-service (FFS) delivery system, meaning they are not covered through a managed care arrangement and MassHealth pays providers directly for each service received by an eligible MassHealth member.
- But roughly 30% of dual eligible members (2% of the state’s insured population) are enrolled in integrated care programs administered by MassHealth that provide or coordinate comprehensive Medicaid and Medicare services, including Medicaid-covered LTSS. These integrated care programs are the **Program of All-Inclusive Care for the Elderly (PACE), One Care, and Senior Care Options (SCO)**. Overall, close to 300,000 MassHealth members, or about 12% of the MassHealth population, use LTSS (see page 26 for more on how we define the population who use LTSS in this report).

*Includes MassHealth FFS members who are dually eligible for Medicare and enrollees in integrated care programs (PACE, One Care, and SCO).

SOURCE: MassHealth LTSS Data Request. August 2023.

MASSEALTH FINANCIAL ELIGIBILITY REQUIREMENTS

Financial eligibility requirements to access MassHealth LTSS benefits vary by population.

	POPULATION	MONTHLY INCOME LIMIT	ASSET LIMIT**
MassHealth*	Individuals with disabilities ages 0-64	No limit	No limit
	Individuals without disabilities ages 0-64	\$1,670 (133% FPL)	No limit
	Individuals ages 65+	\$1,255 (100% FPL)	\$2,000
	Couples ages 65+	\$1,704 (100% FPL)	\$3,000
PACE*	Individuals ages 55+	\$2,829 (300% FBR; 224% FPL)	\$2,000
SCO*	Individuals ages 65+	Enrolled in MassHealth	
One Care*	People with disabilities ages 21-64 at time of enrollment, and also enrolled in Medicare	Enrolled in MassHealth	
HCBS Waivers* (Limits apply to adult waivers)	Varies by waiver	\$2,829 for the applicant (300% FBR; 224% FPL)	\$2,000

- Eligibility for MassHealth is dependent on age, disability status, and income/asset limits. Among MassHealth members, access to LTSS benefits also varies depending on an individual’s age, disability status, and income/assets.
- Most individuals ages 65 and over can only access MassHealth community-based LTSS if their income is below 100% of the federal poverty level (FPL). They also cannot qualify for MassHealth if they have assets over \$2,000 for an individual or \$3,000 for a couple. As a result, many older adults are forced to “spend down” their income or assets paying for LTSS until they become eligible for MassHealth coverage.
- MassHealth has used “HCBS waivers” (special programs created with the federal government’s authority) to expand access to HCBS for people earning higher income levels (up to 224% FPL) if they meet specific clinical criteria. See next page for more on HCBS waivers.
- Clinical and functional requirements may further restrict access to specific services, even for those who do qualify for MassHealth LTSS broadly. For example, personal care services for FFS members are only available for members who need hands-on or physical assistance with at least two of several specific ADLs.

*Other clinical criteria and restrictions may apply for eligibility.

**Asset limits listed here do not reflect potential exemptions, such as the community spousal allowance.

NOTE: Individuals ages 65+ residing in nursing facilities may be subject to higher income and asset limits and may have to contribute more to pay for the costs of LTSS. FBR = federal benefit rate.

SOURCE: Code of Massachusetts Regulations (CMR) for MassHealth.

OVERVIEW OF STATE PLAN LTSS AND HCBS WAIVERS

MassHealth covers a wide array of LTSS, including through HCBS waivers for individuals with institutional level of care needs who prefer to receive care in the community.



MASHEALTH STATE PLAN SERVICES

State plan services may be provided in an institution or a member's home/community.

- **Adult Day Health:** Community-based programs involving services such as medication administration and therapies.
- **Adult Foster Care:** Services provided by an in-home caregiver that assist with activities of daily living (ADLs).
- **Chronic Disease and Rehabilitation (CDR) Hospital Services:** These include inpatient and outpatient services for conditions such as stroke.
- **Continuous Skilled Nursing:** In-home nursing services for members with complex care needs.
- **Day Habilitation:** For medical, therapeutic, and habilitation services for members with developmental disabilities.
- **Durable Medical Equipment (DME):** This includes wheelchairs or home infusion equipment.
- **Group Adult Foster Care:** Provided in congregate settings such as assisted living facilities.
- **Home Health:** This includes in-home nursing or therapy.
- **Hospice Services:** Services to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill member or family members
- **Nursing Facilities:** These include institutional skilled nursing services for members with diagnoses that require 24/7 nursing care.
- **Oxygen/Respiratory Therapy Equipment:** This includes oxygen delivery systems.
- **Personal Care Attendant (PCA) Services:** These include assistance with bathing or dressing.
- **Orthotics:** These include shoes or splints.
- **Prosthetics:** These support paralyzed muscles.
- **Therapies:** Including physical, occupational, and speech/language.



MASHEALTH HCBS WAIVERS

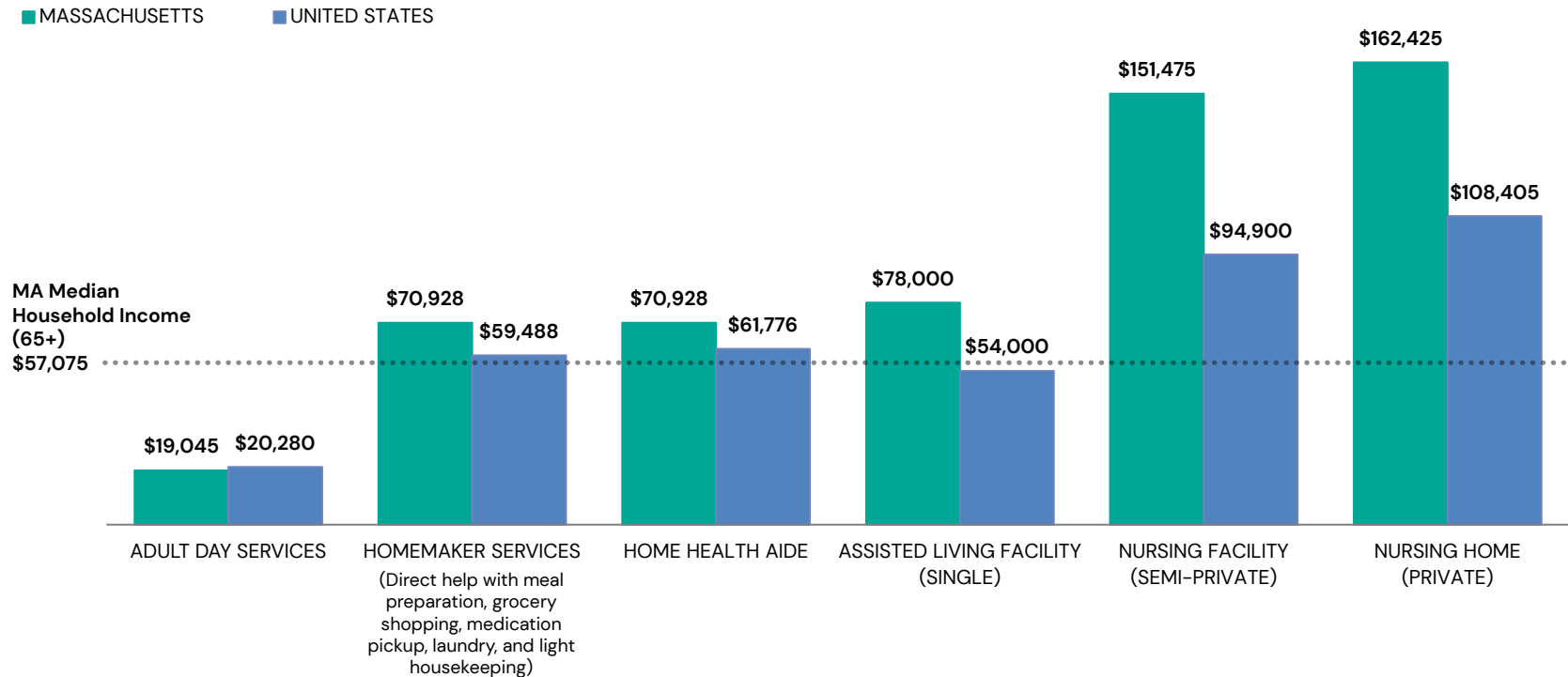
Home- and community-based service (HCBS) waivers provide services to eligible individuals in their home and community. Note: some of the MassHealth HCBS waiver programs below are managed by other state agencies (for example, the Executive Office of Elder Affairs) and not directly by MassHealth.

- **Acquired Brain Injury with Residential Habilitation Waiver (ABI-RH) & Acquired Brain Injury Non-Residential Habilitation Waiver (ABI-N):** Provide services and supports to individuals with a brain injury to assist in moving from an institution (e.g., nursing facility) back to their community.
- **Children's Autism Spectrum Disorder Waiver:** Provides in-home expanded habilitation and education services to children with an autism spectrum disorder.
- **Department of Developmental Services Adult Intellectual Disabilities Waivers:** Provide services to adults with intellectual disabilities (e.g., supported employment and day services).
- **Frail Elder Waiver (FEW):** Provides older adults (60+) with significant medical needs access to services they need to live in their community, such as home delivered meals, personal care, and transportation.
- **Moving Forward Plan Community Living Waiver (MFP-CL) & Moving Forward Plan Residential Supports Waiver (MFP-RS):** Provide services and supports to individuals moving from an institution (e.g., nursing facility, psychiatric hospital) back to their community.
- **Traumatic Brain Injury Waiver:** Provide services and supports to individuals with a traumatic brain injury who are at a facility level of care.

AVERAGE COSTS FOR LTSS IN MASSACHUSETTS

Costs for most LTSS in Massachusetts are higher than the national average, particularly for nursing facility care, making it difficult for many residents to afford. This may be driven by the higher overall cost of living and cost of care in Massachusetts.

MEDIAN ANNUAL COSTS FOR LTSS BY SETTING, 2021
(DOLLARS PER YEAR)



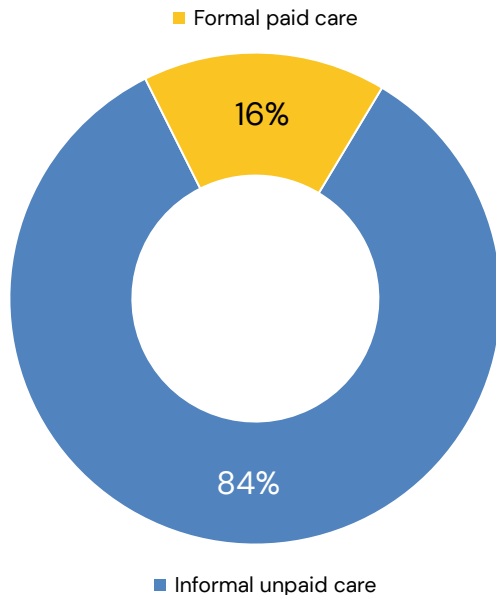
SOURCE: Genworth. "Cost of Care Survey," June 2, 2022. <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>.

LTSS WORKFORCE IN MASSACHUSETTS

LTSS WORKFORCE OVERVIEW

LTSS are provided by informal unpaid caregivers, such as family members and friends, and by formal paid LTSS workers.

MASSACHUSETTS LTSS PROVIDER WORKFORCE COMPOSITION, 2021



- In Massachusetts, 84% of LTSS care is provided by unpaid informal caregivers, and 16% is provided by formal paid LTSS workers. Many caregivers actively choose to provide care to their family members and friends, but informal unpaid care also fills gaps in care resulting from LTSS workforce shortages and limited LTSS coverage by payers other than MassHealth.
- Informal caregivers play a crucial role in providing daily care for older adults and individuals with disabilities. Studies have shown that half of older adults residing at home or in the community face challenges in independently performing daily activities, such as bathing or using the bathroom. The majority of this population requires assistance from their family or close friends to perform these activities. In addition to these daily activities, many family caregivers also perform more complex nursing tasks, such as wound care and medication administration.
- The majority of formal paid LTSS care (66%) is provided by direct care workers, such as certified nursing assistants (CNAs), home health aides (HHAs), and personal care attendants (PCAs). Formal LTSS care may also be provided by registered nurses (RNs) working in nursing facilities and other institutional settings, as well as other providers such as dietitians, nutritionists, and therapists. LTSS workers may be employed by LTSS provider agencies (such as a home health or home care agency) or are independent workers employed directly by individuals and their families. In MassHealth, members can choose to participate in self-directed care models in which the MassHealth member or a family member directs the member’s services and hires and manages their LTSS workers.

SOURCE: Formal paid care employment data was sourced from the [PHI Workforce Data Center](#). Informal unpaid caregiver estimates were sourced from the [AARP Valuing the Invaluable Report](#).

VALUE OF INFORMAL CAREGIVERS

Nearly 780,000 individuals, roughly 11% of all state residents, provided informal unpaid LTSS care in Massachusetts in 2021.

MASSACHUSETTS AARP LTSS SCORECARD REPORT, 2023

DIMENSION	MASSACHUSETTS RANK
Overall: Support for Family Caregivers	13

SUPPORT FOR FAMILY CAREGIVER POLICY TRACKER*

Family Caregiver Policy	Does Massachusetts fulfill criteria for policy?
Paid Family Leave: Statewide paid family leave enacted.	Yes
Mandatory Paid Sick Days: Statewide mandate for paid sick days or leave for employees.	Yes
Flexible Sick Days: Policy allowing for paid sick time to be used to care for someone else, including for caregiving responsibilities.	Yes
Unemployment Insurance for Family Caregivers: Laws allow people to collect unemployment insurance if they quit their jobs in order to do family caregiving.	Yes
Spousal Impoverishment Protections: Rules designed for couples to prevent the impoverishment of one spouse when the other enrolls in Medicaid.	Yes
State Caregiver Tax Credits: Tax credits are available for state caregivers to reimburse the cost of care.	No

- In 2021, family caregivers in Massachusetts provided 730 million hours of care, valued at almost \$21 an hour. In total, it is estimated that the total economic value of care was worth \$15.1 billion.
- Massachusetts has improved efforts to support family caregivers in recent years, ranking 13th in the nation in overall support for family caregivers based on 2023 data, increasing from 26th in 2011. Massachusetts has enacted several family caregiver policies, including comprehensive leave and sick day laws.
- However, gaps in informal caregiver supports exist. Massachusetts does not provide tax credits for family caregiver out-of-pocket expenses, which total, on average, \$7,242 per year. Six states, including New Jersey, provide a caregiver tax credit to cover expenses such as home modifications, assistive technology, or hiring direct care workers.

*Sample of family caregiver policies, for full list, see the Massachusetts LTSS Scorecard [here](#).

DIRECT CARE WORKFORCE ISSUES

A growing demand for LTSS and historical underinvestment in the LTSS workforce have contributed to critical recruitment and retention challenges for the direct care workforce.

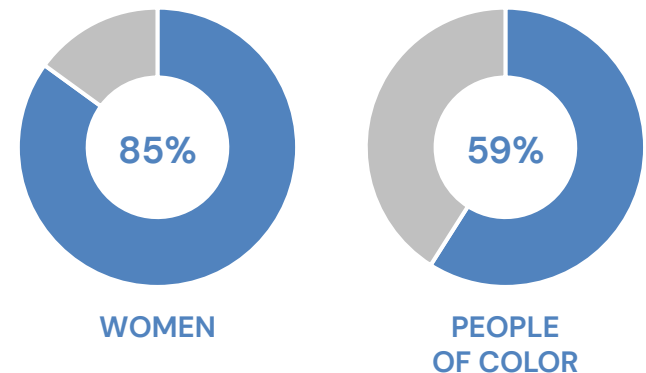
In Massachusetts, the median hourly wage for direct care workers was \$17.59 in 2021, falling short of the living wage in the state (\$21.88 for a full-time working adult with no children). In 2020, over a third of direct care workers (35%) were in a low-income household below 200% of the federal poverty level, and nearly half (45%) lacked affordable housing.

By 2030, rising demand for direct care workers will create nearly 23,000 new direct care job openings in the Commonwealth, the largest growth of any job sector. Despite the essential role of these workers, most direct care workers face low wages, inadequate training and support, and demanding schedules. Because the direct care workforce is predominantly women and people of color, these workforce issues stifle the economic mobility and career advancement of people in these demographics.

These issues have also resulted in widespread workforce shortages both in Massachusetts and nationally. In Massachusetts, there will be an estimated 216,400 job openings between 2020 and 2030 due to the creation of new jobs and job separations (e.g., quits, layoffs, and other separations). These shortages disproportionately impact care for people living in nonurban areas.

In recent years, Massachusetts has implemented several workforce development programs to address shortages and increase wages for direct care workers. For example, Massachusetts established the Personal Care Attendant (PCA) Quality Home Care Workforce Council, which has improved recruitment, retention, and wages for PCAs in the Commonwealth. In 2023, the council voted to approve a three-year contract for PCAs, including wage increases from \$18 to \$25 per hour for some PCAs by 2026.

MASSACHUSETTS DIRECT CARE WORKFORCE COMPOSITION, 2020



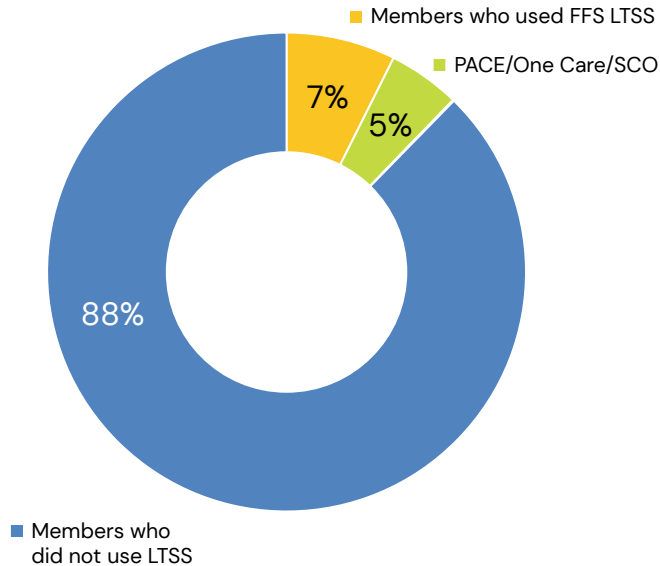
SOURCE: PHI National. "Direct Care Workforce State Index: Massachusetts." 2021. <https://www.phinational.org/state/massachusetts/>.

MASSHEALTH LTSS ENROLLMENT, UTILIZATION, AND SPENDING

LTSS UTILIZATION

In state fiscal year (SFY) 2022, over 7% of MassHealth members used FFS LTSS, and nearly 5% were enrolled in PACE, One Care, or SCO, MassHealth's integrated care programs for dual eligible members.

PERCENT OF MASSHEALTH MEMBERS USING FFS LTSS OR ENROLLED IN PACE/ONE CARE/SCO, SFY2022



► **Note:** This page captures both FFS LTSS users and members in integrated care programs. Members receiving HCBS waiver services are also included among FFS LTSS users and members in integrated care programs.

*Notably, some MassHealth members used FFS LTSS and were also enrolled in integrated care programs in SFY2022.

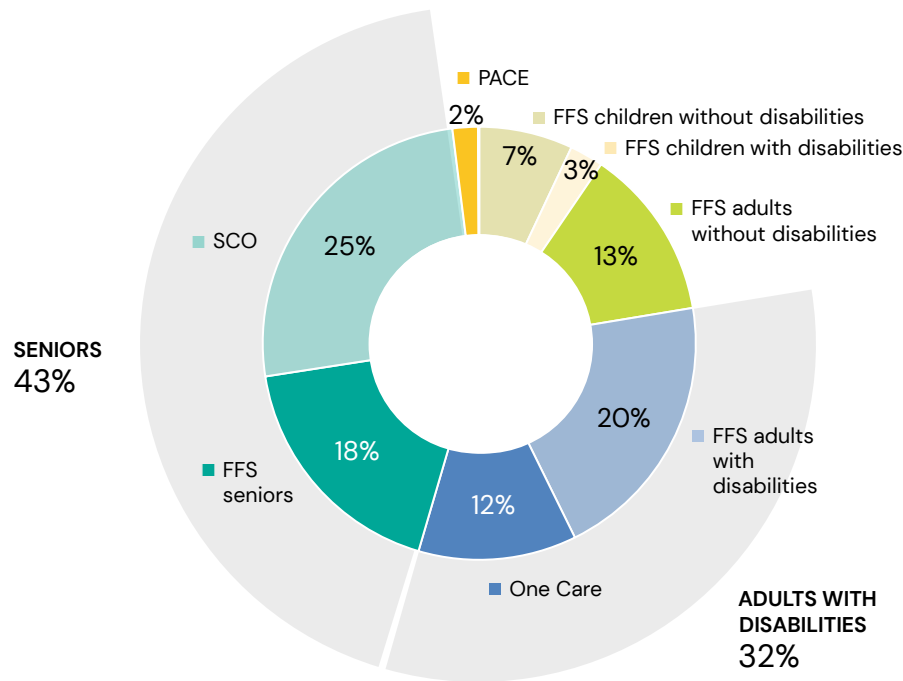
SOURCE: MassHealth LTSS Data Request, August 2023.

- Most MassHealth members receive LTSS through the state’s FFS delivery system. This means that for most MassHealth members, LTSS are not provided through managed care arrangements, and MassHealth pays LTSS providers directly for each service received by the member. For example, for members enrolled in one of MassHealth’s Accountable Care Organizations, their LTSS is paid for and delivered outside of that arrangement.
- The only exception is dual eligible members enrolled in the integrated care programs PACE, One Care, or SCO; these members receive their LTSS from their integrated care program. Data on the proportion of integrated care program enrollees who use LTSS is unavailable, but members of these programs often have high LTSS needs, making it likely that most of these individuals use LTSS in addition to other MassHealth and Medicare benefits covered by these programs. For simplicity, both members who use FFS LTSS and members enrolled in integrated care programs will be referred to as “members who used LTSS” throughout this report.
- In SFY2022, 182,493 MassHealth members used FFS LTSS and 120,123 members were enrolled in integrated care programs. In total, 290,869 distinct MassHealth members, or about 12% of the MassHealth population, used FFS LTSS or were enrolled in integrated care programs in SFY2022.* Among these members, 28,239 members also received LTSS services through an HCBS waiver program.

LTSS UTILIZATION BY POPULATION TYPE

Most MassHealth members who used FFS LTSS in SFY2022 were older adults (seniors) or non-elderly adults with disabilities, and most members who were enrolled in integrated care programs were enrolled in SCO.

MASSHEALTH MEMBERS USING LTSS, SFY2022*
(TOTAL = 290,869)



► **Note:** This page captures both FFS LTSS users and members in integrated care programs. Members receiving HCBS waiver services are also included among FFS LTSS users and members in integrated care programs.

*NOTE: Subtotals do not equal to final total as members can change eligibility groups throughout the year. Also, individuals enrolled in MassHealth Limited and Temporary Coverage programs accounted for <1% (292) of all MassHealth members who used LTSS and are not included in the graph.

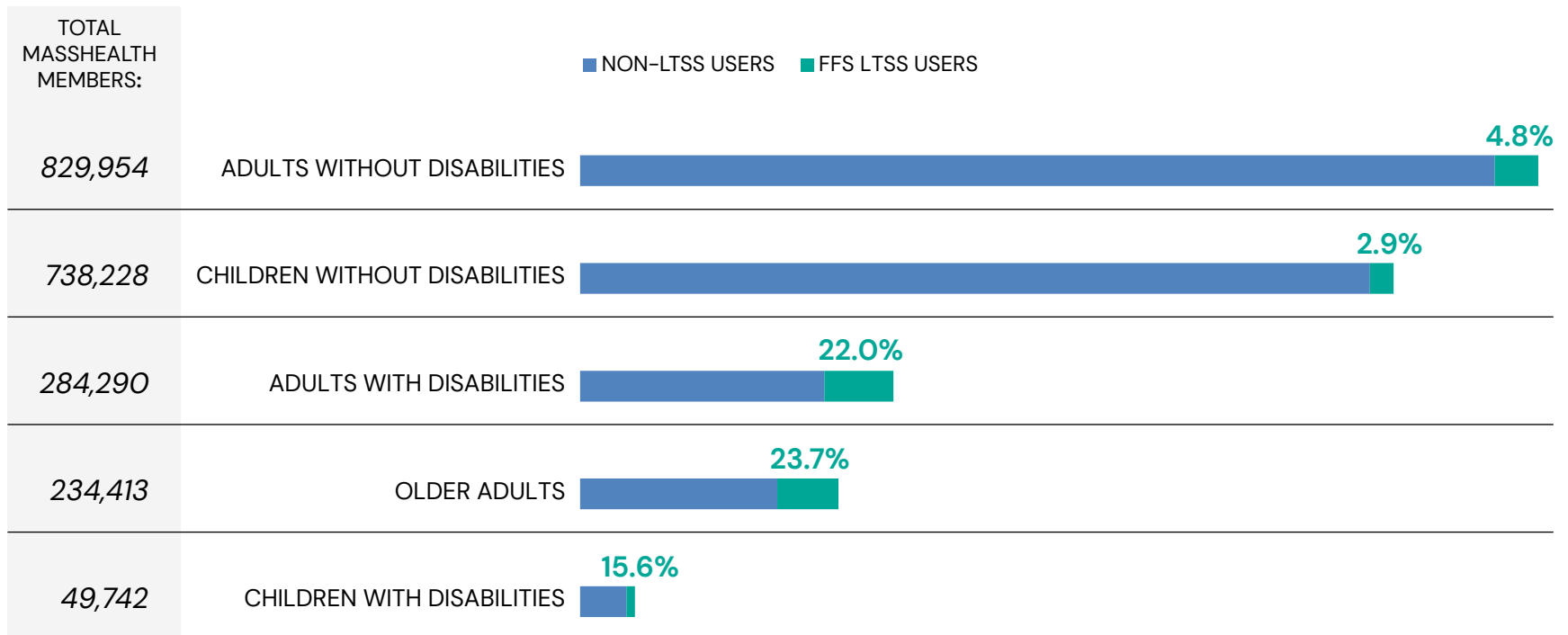
SOURCE: MassHealth LTSS Data Request, August 2023.

- The majority of MassHealth members who used LTSS in SFY2022 were seniors (43%) and adults with disabilities (32%). Among seniors who used LTSS, 59% were enrolled in SCO, an integrated care program for seniors, and 41% were FFS members.
- Among adults with disabilities who used LTSS, 52% were FFS members and 48% were enrolled in One Care, an integrated care program for adults ages 21 to 64 living with disabilities. It is important to note that FFS adults with disabilities only includes individuals who qualify for MassHealth based on their disability status, and it does not include all members who self-identify as living with a disability.
- Adults without disabilities, who may use LTSS like short-term post-acute care and durable medical equipment (DME), comprised 20% of total members who used LTSS, while children (with and without disabilities) comprised 10%. PACE, an integrated care program for adults ages 55 and over who are eligible to enter a nursing facility, comprised the smallest portion of people who use LTSS (2%).

RATE OF LTSS UTILIZATION BY POPULATION TYPE

MassHealth members who are older adults or are adults with disabilities had the highest rates of FFS LTSS utilization, but other groups also use LTSS.

MASHEALTH ENROLLMENT BY POPULATION TYPE, SFY2022
(TOTAL = 2.35 MILLION)



► **Note:** This page is focused on FFS LTSS users and does not include members in integrated care programs. Members receiving HCBS waiver services are included among FFS LTSS users.

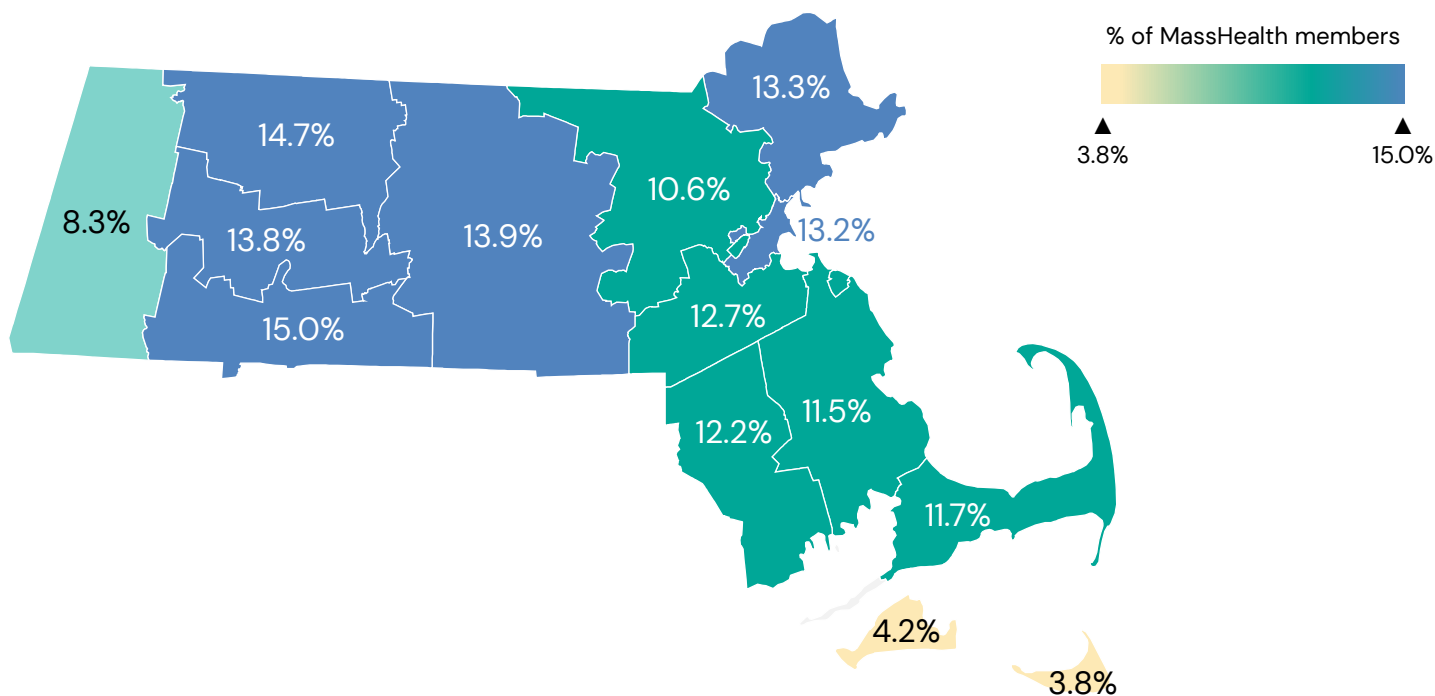
NOTE: The figure above does not include enrollment information for MassHealth Limited (290,044) and Temporary Coverage (6,452). Totals by population type do not sum to total overall enrollment as members may change population types throughout the year.

SOURCE: MassHealth LTSS Data Request, August 2023.

GEOGRAPHIC DISTRIBUTION OF MASSHEALTH MEMBERS WHO USE LTSS

MassHealth member LTSS utilization varies across counties in the Commonwealth. This variation may be attributable to varying levels of LTSS need or access.

PERCENT OF MASSHEALTH MEMBERS WHO USED LTSS, BY COUNTY, SFY2022



► **Note:** This page captures both FFS LTSS users and members in integrated care programs. Members receiving HCBS waiver services are also included among FFS LTSS users and members in integrated care programs..

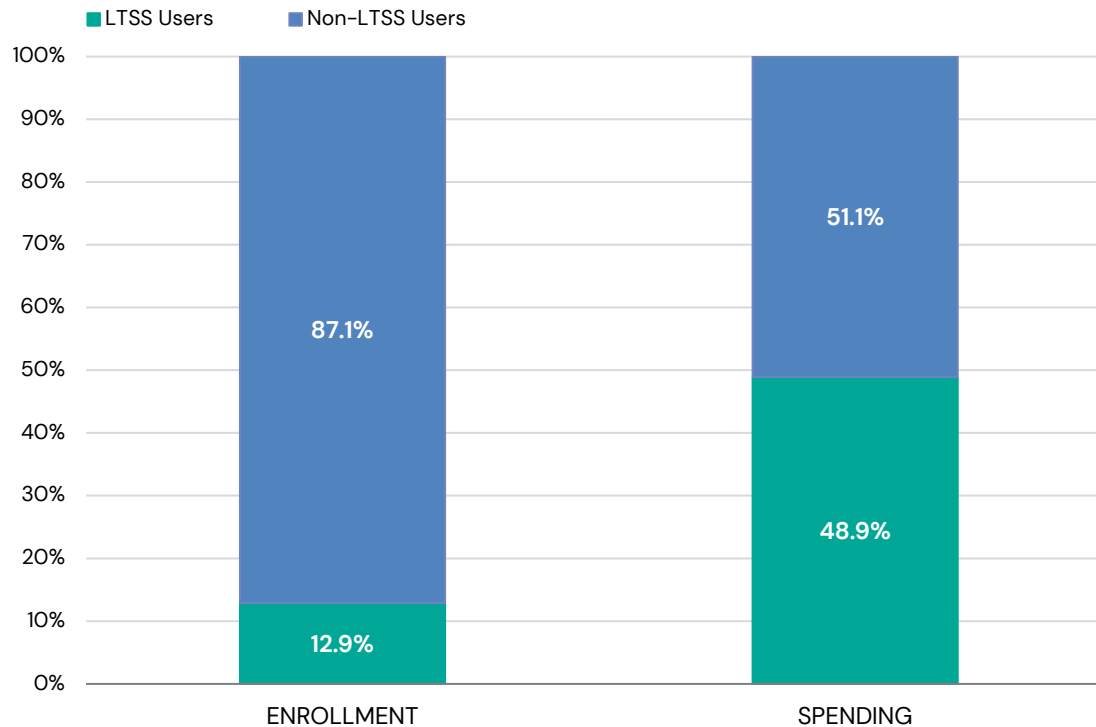
NOTE: LTSS users may contain some duplication in county attribution.

SOURCE: MassHealth LTSS Data Request, August 2023.

LTSS UTILIZATION AND SPENDING

In SFY2022, total spending on all services for MassHealth members who use LTSS accounted for nearly half of all MassHealth spending.

MASSHEALTH ENROLLMENT AND SPENDING FOR LTSS AND NON-LTSS USERS, SFY2022



- While only 12.9% of MassHealth members used LTSS in 2022, total spending on these members, including both LTSS- and non-LTSS-related spending, accounted for nearly 49% of all MassHealth spending in SFY2022.
- Among the 12.9% of MassHealth members who used LTSS in 2022, over 28,000 received LTSS services through one of the state’s 10 HCBS waivers. Total HCBS waiver spending in 2022 was \$2.1B. This spending is not included within the total spending displayed on this page, as HCBS waiver spending is distributed among several state agency budgets and cannot be attributed solely to the MassHealth budget.

► **Note:** This page captures both FFS LTSS users and members in integrated care programs. Members receiving HCBS waiver services are also included among enrollment figures for FFS LTSS users and members in integrated care programs.

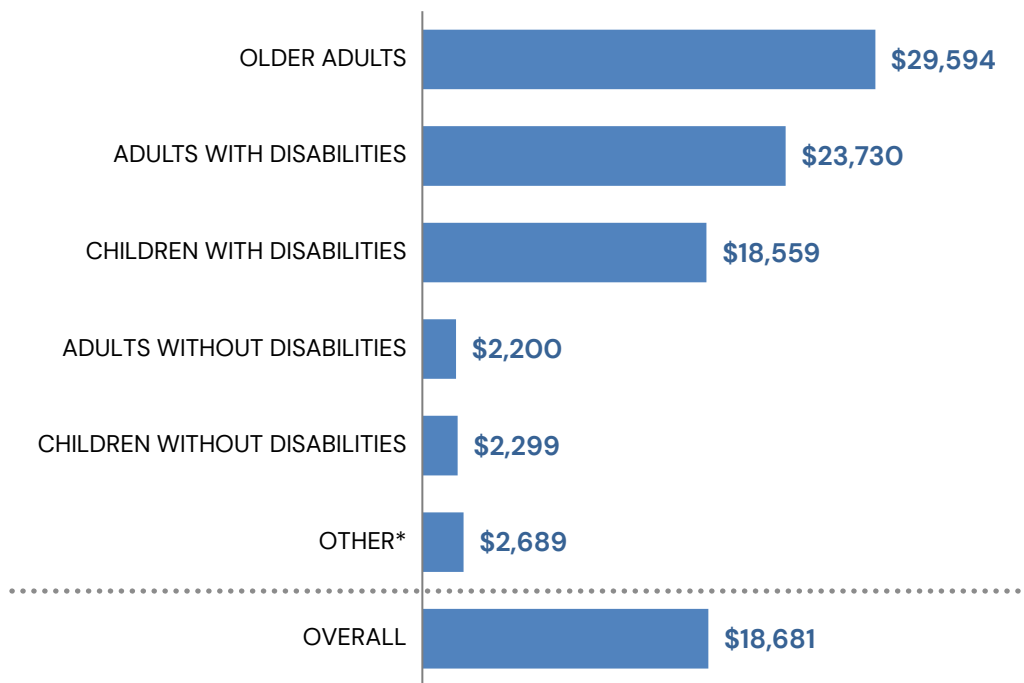
NOTE: LTSS recipients include both FFS LTSS recipients and individuals enrolled in capitated LTSS programs.

SOURCE: MassHealth LTSS Data Request, August 2023.

FFS LTSS SPENDING PER PERSON BY POPULATION TYPE

In SFY2022, MassHealth FFS LTSS spending per FFS LTSS user was highest among older adults and adults with disabilities.

MASSHEALTH FFS LTSS SPENDING PER FFS LTSS USER BY POPULATION TYPE, SFY2022



- MassHealth per person LTSS spending on members who use FFS LTSS varies significantly across population types. For example, per person FFS LTSS spending on adults with disabilities is over nine times greater than per person FFS LTSS spending on adults without disabilities.
- These results likely reflect variation in how frequently individuals utilize LTSS and the types of LTSS benefits used. Many individuals without disabilities may have limited LTSS utilization, but for seniors and individuals with disabilities, LTSS may be a daily need leading to higher per person costs.

► **Note:** This page is focused on FFS LTSS users and does not include members in integrated care programs. Members receiving HCBS waiver services are included among FFS LTSS users, but the spending on these waiver services is not included in the FFS LTSS spending captured here.

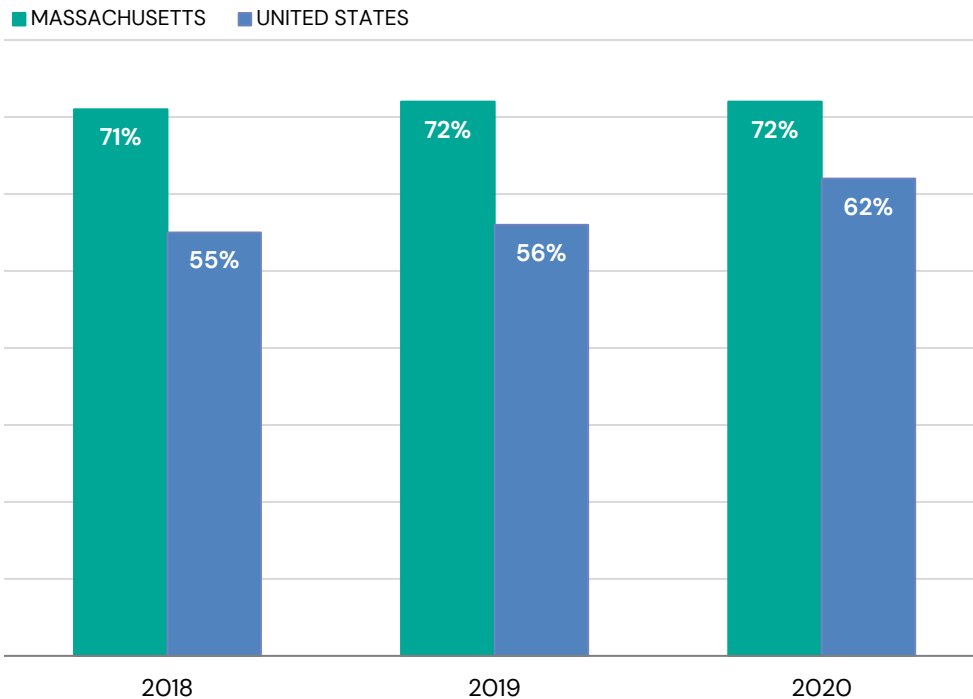
*Includes emergency care for undocumented individuals, and temporary coverage for applicants for subsidized health care.

SOURCE: MassHealth LTSS Data Request, August 2023.

LTSS SPENDING BY SETTING

In federal fiscal year (FFY) 2020, community-based LTSS spending comprised 72% of all LTSS Medicaid spending in Massachusetts, relative to 62% of all LTSS Medicaid spending nationwide.

HCBS SPENDING AS A PERCENT OF TOTAL MEDICAID LTSS SPENDING, FFY2020



► **Note:** Total Medicaid LTSS and HCBS spending was calculated using information from FMR Net Services and waiver report data from the CMS-64, MFP Budget Worksheets, and state-reported MLTSS data.

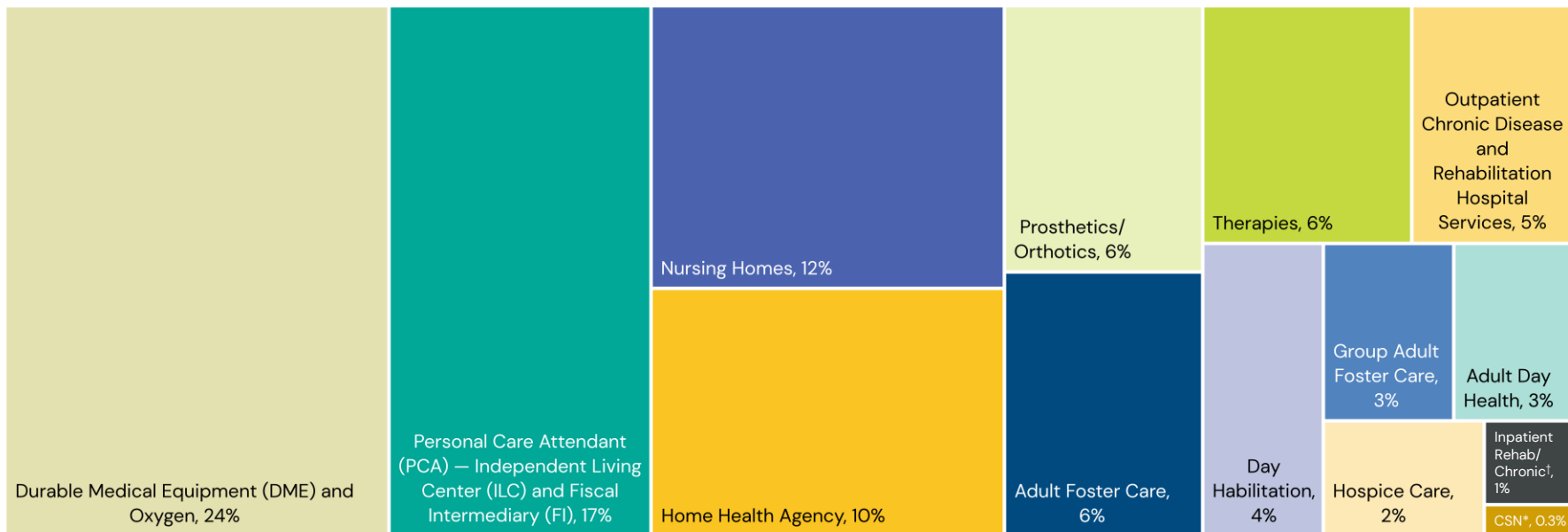
SOURCE: Murray, Ekstein, Lipson, & Wysocki. "Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Year 2020." 2023. <https://www.mathematica.org/publications/medicaid-long-term-services-and-supports-annual-expenditures-report-federal-fiscal-year-2020>.

- Massachusetts is a leader in terms of the proportion of Medicaid LTSS spending on community-based LTSS, compared to institutional care, ranking eighth nationwide in FFY2020.
- The spending figures in this chart include Medicaid spending in Massachusetts that cannot be solely attributed to the MassHealth budget. For example, spending on HCBS waiver programs that are managed by several other state agencies (such as, for example, the Executive Office of Elder Affairs).
- MassHealth has continued to make significant investments in expanding access to HCBS and transitioning individuals from institutional to community-based living settings. The American Rescue Plan Act (ARPA) of 2021, a COVID-relief plan, included enhanced funding for states — including \$650 million for Massachusetts — to further expand and promote access to HCBS. MassHealth is making one-time investments totaling \$1.1 billion (ARPA dollars plus traditional Medicaid dollars) to strengthen the HCBS workforce, improve HCBS system technology and infrastructure, and promote access to navigation services, care transition supports, family caregiver supports, and enhanced care coordination models.

FFS LTSS UTILIZATION BY SERVICE TYPE

The most commonly used LTSS among MassHealth members who used FFS state plan LTSS in SFY2022 were durable medical equipment (DME) and oxygen, and personal care attendant (PCA) services.

MASSHEALTH MEMBERS WHO USED FFS LTSS, SFY2022
(TOTAL = 182,493)



► **Note:** This page is focused on FFS LTSS users and does not include members in integrated care programs. Members receiving HCBS waiver services are included among FFS LTSS users.

* CSN = continuous skilled nursing.

† Inpatient Rehab/Chronic = inpatient chronic disease and rehabilitation hospital service.

SOURCE: MassHealth LTSS Data Request, August 2023.

FFS LTSS SPENDING BY SERVICE TYPE

Of the roughly \$3.4 billion in spending on FFS LTSS claims in SFY2022, nearly 60% was attributable to nursing home and personal care attendant (PCA) services.

MASSHEALTH FFS SPENDING ON LTSS, SFY2022
(TOTAL = \$3.41 MILLION)



► **Note:** This page is focused on FFS LTSS users and does not include members in integrated care programs. Members receiving HCBS waiver services are included among FFS LTSS users but the spending on these waiver services is not included in the FFS LTSS spending captured here.

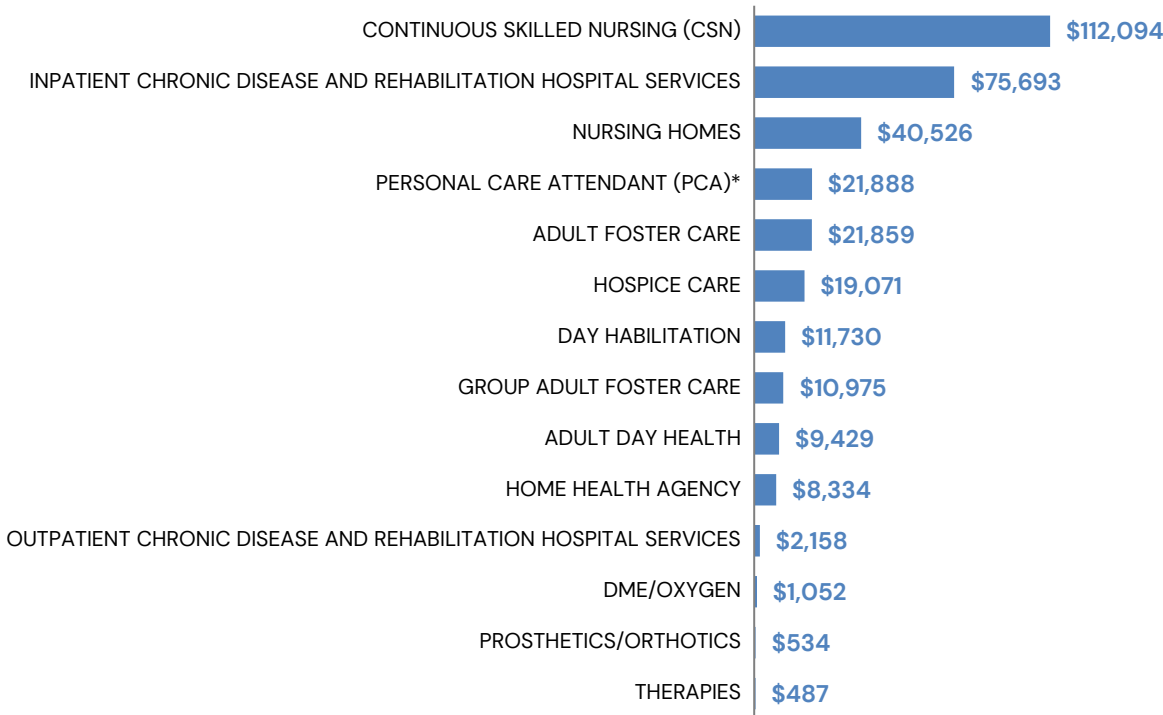
*"Other" spending includes outpatient chronic disease and rehabilitation hospital services, prosthetics/orthotics, and therapies.

SOURCE: MassHealth LTSS Data Request, August 2023.

FFS LTSS PER CAPITA SPENDING BY SERVICE TYPE

At the individual member level, continuous skilled nursing (CSN) was the most costly FFS LTSS, with an average cost of \$112,094 per member in SFY2022.

MASSHEALTH FFS LTSS SPENDING PER FFS LTSS RECIPIENT BY SERVICE TYPE, SFY2022



- CSN care involves two or more continuous hours of nursing services provided in an individual’s home. Registered nurses (RNs) and licensed practical nurses (LPNs) provide CSN care for adults and children with complex medical needs, such as cerebral palsy or genetic disorders. These diagnoses often require medical equipment and treatments that require advanced training. Providing services in-home can help many recipients avoid extended periods of institutional care.

► **Note:** This page is focused on FFS LTSS users and does not include members in integrated care programs. Members receiving HCBS waiver services are included among FFS LTSS users but the spending on these waiver services is not included in the FFS LTSS spending captured here.

*Includes independent living center (ILC) and fiscal intermediary (FI).
SOURCE: MassHealth LTSS Data Request, August 2023.

MEASURING LTSS QUALITY IN MASSACHUSETTS

LTSS SCORECARD REPORT: OVERVIEW

Massachusetts is a national leader in LTSS performance, ranking fourth overall on AARP's LTSS 2023 State Scorecard Report.

MASSACHUSETTS AARP LTSS SCORECARD REPORT, 2023

Dimension	Massachusetts rank
OVERALL	4
Choice of Setting & Provider: Person- and family-centered care approach that allows for consumer choice for services. Highly trained/compensated LTSS workforce. Robust HCBS and culturally competent service offerings.	2
Affordability & Access: Consumers can readily access and afford services, ensuring a robust safety net for those unable to cover the costs.	4
Community Integration: Range of services and supports that facilitate LTSS are available, such as affordable housing.	9
Support for Family Caregivers: Family caregivers receive recognition, and their needs are thoroughly assessed and met to ensure they can fulfill their roles.	13
Safety and Quality: Consumers are afforded respect and services are designed to optimize positive outcomes, both during and after care transitions. Care settings are appropriately staffed and well-prepared for emergencies.	14

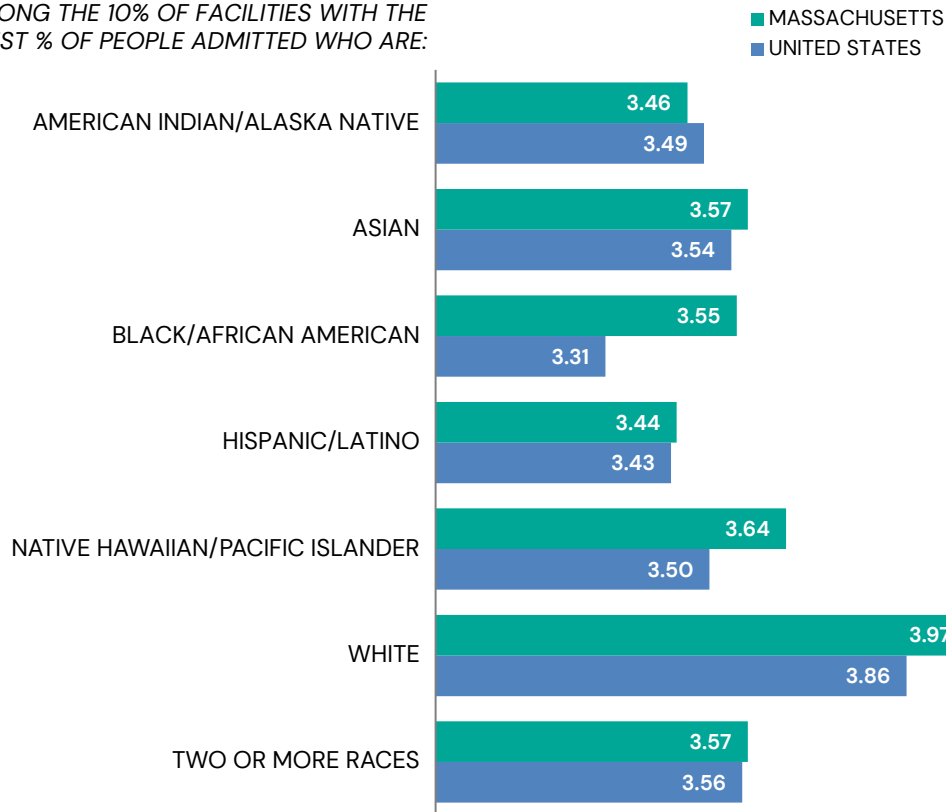
- AARP LTSS Scorecard scores states across five LTSS dimensions, using 50 indicators. States are then ranked relative to each other and grouped into tiers based on overall performance. Massachusetts was one of five states to reach top tier performance in 2023. Other top tier states in 2023 included Minnesota (#1), Washington (#2), District of Columbia (#3), and Colorado (#5).
- Massachusetts performed the strongest in dimensions related to choice of setting & provider and affordability & access, ranking second and fourth in the country, respectively. While Massachusetts has higher costs for home and nursing care, it outperformed other states on the access & affordability dimension overall because of its stronger performance in access to Medicaid for low- and moderate-income people with disabilities. In the choice of setting & provider dimension, Massachusetts outperformed other states in LTSS worker wage competitiveness compared to other entry level jobs, and enrollment in integrated care and self-directed community-based care programs.
- The Scorecard identified several areas for improvement in the Massachusetts LTSS system, including safety and quality, particularly in nursing facilities.

LTSS SCORECARD REPORT: EQUITY PERFORMANCE

In 2023, residents of nursing homes with disproportionately high numbers of Black and/or Hispanic residents received fewer hours of care per day relative to residents in other nursing homes.

NURSING HOME DIRECT CARE STAFF HOURS PER RESIDENT PER DAY

AMONG THE 10% OF FACILITIES WITH THE HIGHEST % OF PEOPLE ADMITTED WHO ARE:



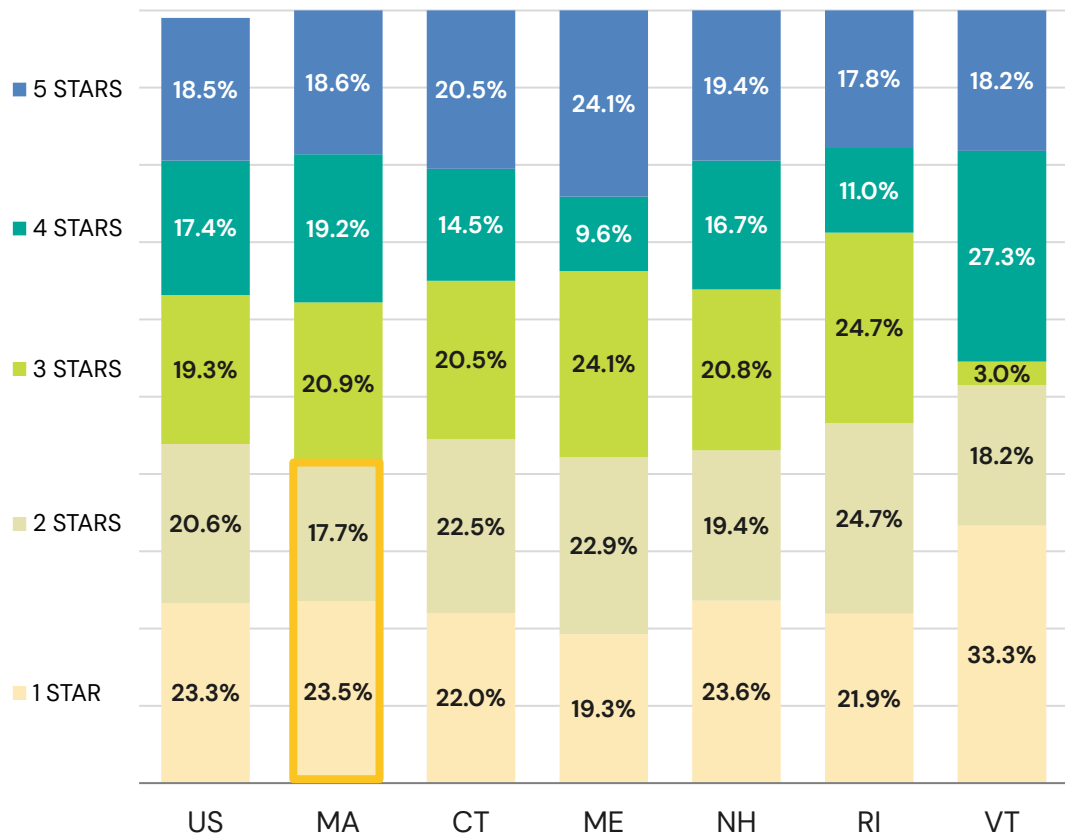
- The 2023 AARP Scorecard included new metrics to measure equity across the LTSS system. AARP defines a high performing LTSS system as one that is “shared across all groups, defined by race/ethnicity, gender identity, sexual orientation, age, disability status, and income, among others.”
- Disparities in nursing facility care are prominent both within Massachusetts and at the national level, creating additional barriers for populations of color to access quality LTSS care. The 2023 AARP Scorecard identified multiple disparities among facilities nationally and in Massachusetts that had disproportionately high numbers of Black and/or Hispanic residents. For example, Massachusetts nursing homes that were in the top 10% in terms of the number of Black and/or Hispanic residents had fewer direct care staff hours per resident per day, and also had lower percentages of residents who were successfully discharged to the community within 100 days relative to other facilities. This data suggests that facilities serving more Black and/or Hispanic residents may be understaffed and underperforming relative to other facilities.

SOURCE: AARP. “Massachusetts LTSS Scorecard.” <https://ltschoices.aarp.org/scorecard-report/2023/states/massachusetts>.

FEDERAL NURSING HOME QUALITY RATINGS

Of the 344 nursing facilities in Massachusetts in 2024, 142 facilities (41%) received a “poor” overall quality rating.

DISTRIBUTION OF NURSING FACILITIES BY STAR RATING, FEBRUARY 2024



- The federal Five-Star Quality Rating System, which helps individuals and their families compare nursing homes, uses a complex methodology involving three main domains: state inspections, staffing ratios, and 11 quality measures (e.g., percent of residents reporting severe pain or experiencing falls).
- Though Massachusetts’ nursing homes performed slightly better than the national average and surrounding states, 41% were rated 1 or 2 stars, indicating poor quality.
- Creating consensus around meaningful, quality metrics across LTSS care settings remains challenging given the variation in the types of information captured by various providers using different payment structures and different assessment tools.

NOTE: Facilities with a blank rating were not included in this analysis. In Massachusetts, three facilities did not receive a rating in February 2024. SOURCE: CMS. “Nursing Home Provider Data.” <https://data.cms.gov/provider-data/dataset/4pq5-n9py>.

CHALLENGES IN ASSESSING HCBS QUALITY

Quality measurement for HCBS has lagged measurement for LTSS provided in institutional settings. However, the recent release of a standardized Centers for Medicare & Medicaid Services (CMS) HCBS Quality Measure Set intends to offer greater insight into these services.

CMS HCBS QUALITY MEASURE SET PRIORITY AREAS

PRIORITY AREA	DEFINITION
Access	The level to which the beneficiary/family caregiver/natural support is aware of and able to access resources that support overall well-being (e.g., peer support).
Rebalancing	Achieving a more equitable balance between the share of spending and use of services and supports delivered in home- and community-based settings relative to institutional care.
Community Integration	Ensuring the self-determination, independence, empowerment, and full inclusion of children and adults with disabilities in all parts of society, and compliance with HCBS settings requirements (e.g., supporting full access to the greater community and ensuring an individual's rights of privacy).

- The proportion of national Medicaid LTSS expenditures attributable to HCBS has steadily increased over the past 30 years, reaching an all-time high in FY2020, comprising 62% of total Medicaid LTSS spending. Despite this steady increase in HCBS spending, there is a lack of standardized data on the quality of HCBS across programs and states. Standardized federal quality measures exist for other LTSS including nursing homes, home health agencies, and hospice, but not for HCBS. The lack of standardization in HCBS quality measurement has made national studies and peer state comparisons challenging.
- In July 2022, CMS released the first measure set to assess quality and outcomes for Medicaid HCBS. The measure set is organized into three key priority areas – access, rebalancing, and community integration. The measure set is currently voluntary, but CMS has strongly encouraged states to utilize the measure set for certain federal reporting requirements. In April 2024, CMS issued a final rule that would require states to report on select measures in the measure set starting in 2028.

ADVANCING LTSS IN MASSACHUSETTS

LOOKING AHEAD: OPPORTUNITIES AND CONSIDERATIONS

PEOPLE 	CARE DELIVERY 	COST 	QUALITY 
<p>To meet the growing demand for LTSS, the Commonwealth should continue to explore strategies to increase LTSS workforce capacity.</p> <ul style="list-style-type: none"> ▪ Dedicate focused attention and resources to providing supports to Massachusetts’ nearly one million informal caregivers. Massachusetts has prioritized several family caregiver policies in recent years but there are areas for improvement. To further support family caregivers, Massachusetts should consider providing a tax credit for family caregivers’ out-of-pocket expenses. ▪ Enhance efforts to ensure sufficient wages, benefits, and training for direct care workers in both community and institutional settings. 	<p>Massachusetts has significantly expanded access to community-based LTSS through MassHealth, but there is more to do to improve access to services.</p> <ul style="list-style-type: none"> ▪ Continue to expand equitable access to HCBS and to advance “care at home” models that enable people who need LTSS to receive these and other services in their homes and communities, which is vastly preferred by individuals and their families. ▪ Further expand access to care management and care coordination for people who use LTSS, particularly MassHealth members in the FFS delivery system who have limited access to care management services. 	<p>Recognizing that LTSS costs in Massachusetts are higher, on average, than national and peer state levels, the Commonwealth should prioritize increasing payment options for moderate-income residents.</p> <ul style="list-style-type: none"> ▪ Promote access to private long-term care insurance, for example by implementing a comprehensive, multiphase, statewide LTSS financing awareness and education campaign to educate the public and employers about private LTSS financing options. ▪ Continue to explore ways to promote financing options for residents who do not qualify for MassHealth, building on a 2023 legislatively mandated study to model various LTSS financing approaches. 	<p>Massachusetts is a national leader in LTSS, but there is still room for strengthening the system, including prioritizing enhancements to data quality and transparency.</p> <ul style="list-style-type: none"> ▪ Identify opportunities to improve the collection of data about: <ul style="list-style-type: none"> – The race, ethnicity, and primary language spoken among people using LTSS. – LTSS needs among the MassHealth population. ▪ Aim to produce and publish regular reports regarding trends in LTSS needs, service utilization, workforce, and costs across community and institutional settings

APPENDIX

KEY MASSHEALTH-FUNDED LTSS PROGRAMS

MassHealth provides LTSS through several different programs.

PROGRAM	BRIEF DESCRIPTION	PROGRAM ELIGIBILITY
MassHealth State Plan LTSS	Numerous community-based and institutional LTSS services are covered by the MassHealth state plan. Examples include adult day health, home health, personal care, and skilled nursing.	MassHealth members; however, LTSS-covered services vary by coverage type (e.g., MassHealth Standard, MassHealth CommonHealth, MassHealth Family Assistance, MassHealth Care Plus).
Home & Community-Based Services (HCBS) Waivers	MassHealth covers a variety of additional community-based LTSS, such as home modifications, in-home supports, and transportation, for some populations through its administration of 10 different HCBS waiver programs, operated by three other state human service agencies.	MassHealth members who meet the clinical eligibility criteria for one of the HCBS waiver programs.
Community Partners (CP) Program	Provides community-based care coordination for high-risk managed care enrollees with LTSS and behavioral health needs.	MassHealth managed care members with significant behavioral health needs or complex LTSS needs.
Program of All-Inclusive Care for the Elderly (PACE)	A national model of care that provides comprehensive medical and support services.	Individuals ages 55+ with a nursing facility level of care. PACE participants receive care through a PACE organization.
Senior Care Options (SCO)	Provide comprehensive Medicare and MassHealth services, and behavioral health diversionary, dental, vision, and community-based supports.	MassHealth members aged 65+
One Care		MassHealth members ages 21 to 64 receiving benefits from both Medicare and MassHealth (“dual eligible members”).
Targeted Case Management (TCM)	TCM is a MassHealth-covered service, provided by other state agencies, that facilitates planning and coordination of services, including LTSS.	MassHealth members.
Specialized Rehabilitation Services (“Rehab Option”)	The Department of Mental Health provides these specialized clinical, rehabilitative, and supportive services for MassHealth enrollees with mental health conditions.	MassHealth members with mental health conditions.
Flexible Services Program (FSP)	Program that assists MassHealth ACOs in providing services that address members’ health-related social needs, such as nutrition and housing supports, with the goal of improving health outcomes and reducing the total cost of care.	MassHealth Accountable Care Organization (ACO) members who meet one of the health-needs-based criteria and risk factors outlined in the Flexible Services Protocol.

LTSS PAYERS, PROGRAMS, AND SERVICES IN MASSACHUSETTS:

STATE PLAN LTSS SERVICES

Massachusetts covers a broad range of community-based, day/residential, and institutional LTSS through its Medicaid State Plan.

SERVICES	SERVICE DESCRIPTION
COMMUNITY-BASED SERVICES	
Continuous Skilled Nursing/Independent Nurse Services	Continuous skilled nursing services (more than two hours of continuous nursing) may be provided by an independent provider, such as a registered nurse or licensed practical nurse, to members with complex care needs in the member's home or community.
Durable Medical Equipment (DME)	DME is equipment made for medical purposes and designed for use over an extended period of time. DME may include, for example, crutches, canes, home infusion equipment, and ostomy supplies. DME providers must have a service facility available for members and are responsible for educating members and/or caregivers on proper use.
Home Health	Set of services that includes intermittent skilled nursing, home health aide services, and physical/occupational/speech-language therapy provided by a home health agency in a member's home or community.
Personal Care Attendant (PCA)	PCA services involve physical assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) to assist members in achieving independent living. This program includes personal care management, a fiscal intermediary, and PCA services. Most PCA services are provided in the member's home, but some may receive services in a Transitional Living Program.
Orthotics and Prosthetics	The orthotic and prosthetic program includes medically necessary orthotics devices, such as shoes, braces, and splints, and external appliances to support paralyzed muscles. Orthotics and prosthetic services also include customization, fitting, repair, replacement, and adjustment of the device.
Oxygen/Respiratory Therapy Equipment	Services include purchase, rental, and repair of oxygen and respiratory therapy equipment and supplies, which may include comprehensive oxygen delivery systems, oxygen generating equipment, and additional supplies.
Therapies	Includes physical therapy, occupational therapy, and speech/language therapy provided by a range of providers in an outpatient setting.
Hospice Services	Services to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill member or family members.

LTSS PAYERS, PROGRAMS, AND SERVICES IN MASSACHUSETTS: STATE PLAN LTSS SERVICES (CONTINUED)

Massachusetts covers a broad range of community-based, day/residential, and institutional LTSS through its Medicaid State Plan.

SERVICES	SERVICE DESCRIPTION
DAY AND RESIDENTIAL SERVICES	
Adult Day Health	Community-based program, open for at least six hours a day from Monday through Friday, some programs provide weekend services. Services include transportation to and from service site, and program services include nursing services (e.g., medication administration), therapy services, nutrition and dietary services, and case management, among others.
Adult Foster Care	Services include assistance with ADL and IADL. Services are provided by a lay caregiver, with nursing oversight and care management provided by an agency provider. The caregiver and member live together to ensure 24/7 care. The caregiver may be a family member other than a legally responsible relative.
Day Habilitation	Structured program including medical, therapeutic, and habilitation services for members with developmental disabilities. Day habilitation services serve to maintain or increase members' level of function and may include nursing services, developmental skills training (e.g., communication, independent living), and therapy services. Day habilitation providers must operate at least five days per week for six hours per day. The team must provide a nurse and may include additional provider types (e.g., speech therapist, occupational therapist).
Group Adult Foster Care	Program of services, including assistance with ADLs and IADLS, and care management that are either in the member's residence or an assisted living residence.
INSTITUTIONAL SERVICES	
Chronic Disease and Rehabilitation (CDR) Hospital Services	CDR hospitals provide both inpatient and outpatient services for conditions such as stroke, head injury, and spinal cord injury. These services may include oncology, complex care medical management, and HIV and AIDS care, among others.
Nursing Facilities	Short-term and long-term skilled nursing services for members with diagnoses that require 24/7 nursing care. Services provided in a nursing facility may include assistance with ADLs, nursing services, skilled services for more complex needs (e.g., intravenous feeding), and hospice care.

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