

September 22, 2025

Kristin Grant

Cc: Chairman Jim Kofalt

Dear Ms. Kristin Grant

The National MLTSS Health Plan Association (MLTSS Association) appreciates the opportunity to provide a written statement to the New Hampshire Long Term Services and Supports (LTSS) Study Committee to inform and support the committee's consideration of incorporating LTSS into the state's managed care program.

The MLTSS Association represents managed care organizations (MCOs) that have Medicaid managed care contracts with one or more states and assume risk for long-term services and supports (LTSS) provided under Medicaid.¹ Our members assist states in delivering high-quality LTSS at the same or lower cost as the fee-for-service system with a particular focus on ensuring beneficiaries' quality of life and ability to live as independently as possible. Our members also offer integrated care options, including Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNPs) and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs). We cover the majority of enrollees in MLTSS plans and integrated plans, including national plans and regional and community-based plans.

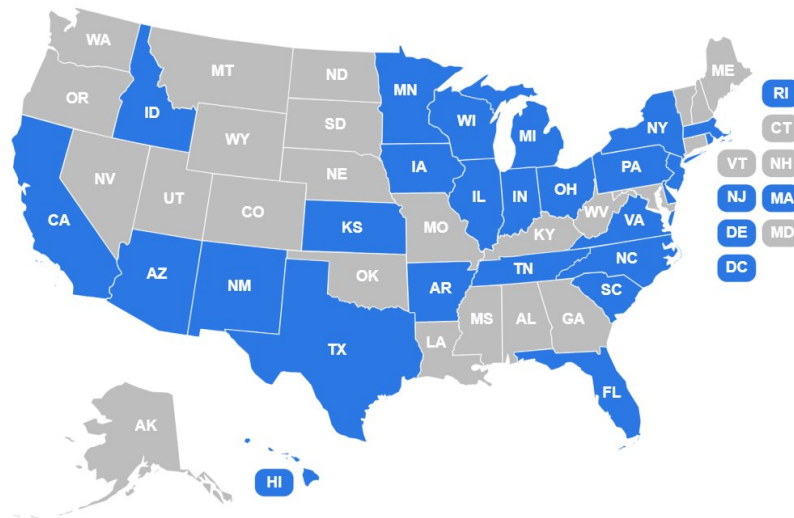
On Friday, June 27, 2025, New Hampshire Governor Kelly Ayotte signed [H.B.2](#) – the state's biennial budget into law. The bill established a study committee to "address the availability of long term supports and services for individuals across the continuum of care." The MLTSS Association expresses support for New Hampshire's consideration of incorporating LTSS into managed care and submits the following written statement for consideration by the committee.

Managed Long Term Services and Supports Landscape and State Successes

States with MLTSS vary widely in their program structure and benefits. About half of states operate some form of MLTSS program in 2025, and more than 1.7 million Americans receive LTSS through a managed care model². The states below enter into risk-based contracts with MCOs to deliver high-quality care at a lower cost than traditional fee-for-service arrangements. This flexibility allows each state to tailor its program design to meet the unique needs of its population.

¹ Members include Aetna, AlohaCare, AmeriHealth Caritas, CareSource, Centene, Commonwealth Care Alliance, Elevance Health, Florida Community Care, Humana, LA Care, Molina Healthcare, Neighborhood Health Plan of Rhode Island, VNS Health, UnitedHealthcare, and UPMC Community Health Choices

² [Enrollment In Medicaid Long-Term Supports & Services Increased 43% In Three Years, OPEN MINDS Releases New Analysis - OPEN MINDS](#)



Map created at www.fla-shop.com

States are intentionally moving towards MLTSS models because they offer more comprehensive care coordination, greater oversight and accountability, higher member satisfaction, and a greater ability to improve outcomes and the quality of life for LTSS beneficiaries. A study conducted in 2021 reported that MLTSS beneficiaries were 28% more likely than FFS beneficiaries to be satisfied with their experience of care and quality of life. In Arizona, approximately 87% of MLTSS beneficiaries received HCBS, rather than in a nursing home³. In Florida, 77% of beneficiaries reported an improved quality of life since joining an MLTSS plan⁴.

The Value of Managed Long-Term Services and Supports

Across the country, older adults and individuals with disabilities consistently express a strong preference to receive care in their homes and communities. Data shows that 75% of Americans aged 50 and older wish to age in place⁵. LTSS makes this possible by providing the supports individuals need to live independently, remain connected to their communities and social support systems, and avoid costly institutionalization. A study found that the number of nursing home residents per capita decreased at a faster rate in Managed LTSS (MLTSS) states than in FFS LTSS states for all 65 and over age groups⁶. Nursing home care costs about 1.7 times more than receiving care at home, and by 2029 more than half of the aging population is projected to be unable to afford it.⁷ However, the median cost for in-home care is \$90,245 less than nursing home facility care⁸. Moreover, MLTSS serves over 60 percent of LTSS users but accounts for only 37 percent of LTSS expenditures, demonstrating its ability to deliver care more efficiently and cost-effectively compared to fee-for-service models⁹. LTSS is also a major economic and workforce

³ <https://www.azahcccs.gov/Resources/Reports/state.html>

⁴ <https://nationalmltss.org/why-mltss/>

⁵ [2024 Home and Community Preferences and Future Possibilities](#)

⁶ [A comparison of nursing home usage in states with and without Medicaid Managed LTSS](#)

⁷ [Long Term Care 2025 Trends and Outlook](#)

⁸ [282102.pdf](#)

⁹ <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-users-expenditures-category-brief-2022.pdf>

driver. Demand for home-based LTSS will continue to grow as the population ages, and by 2032, the direct care workforce is projected to add over 860,000 new jobs, making it the largest-growing job sector in the United States¹⁰.

Given this growing need, MLTSS offers a proven model for states to deliver these critical services in a way that ensures high-quality care, improves coordination, and uses resources more effectively to help individuals remain in their homes and communities.

MLTSS Supports Expanded Home and Community-based Services (HCBS)

With the right supports in place, individuals with long-term services and supports (LTSS) needs can live fuller, more independent lives in their homes and communities. Recognizing this, many states are prioritizing home and community-based services (HCBS) over institutional care within their LTSS programs. This approach—commonly referred to as *rebalancing*—has proven to improve health outcomes, enhance quality of life, and increase member satisfaction. Progress has been made nationally: in 2021, 63.2% of LTSS expenditures were directed to HCBS, and 86.2% of LTSS users received HCBS.¹¹ However, significant opportunities remain to further delay or avoid institutional placement and to leverage the broader HCBS benefit package to build capacity and serve more individuals.

MLTSS is uniquely positioned to help states achieve rebalancing goals. By design, MLTSS expands access to HCBS, promotes efficiency, and ensures that members receive the right care in the right setting. Because HCBS is often less costly than institutional care, such as nursing facilities, states can serve a greater number of individuals while also honoring member preferences.

Key ways in which MLTSS supports at-home services are as follows.

1. *MLTSS facilitates successful transitions from institutions to home and community settings.* MLTSS programs provide extensive care coordination to ensure members maintain the right level of care from institutions to home.
2. *MLTSS establishes accountability for shifting members to HCBS.* MLTSS plans can partner with states to provide unique insights through data and progress tracking to help measure and achieve rebalancing goals.
3. *MLTSS supports holistic and coordinated person-centered care.* Having a comprehensive view of a beneficiary's needs and care ensures that each beneficiary receives the right level of care in the setting of their choice, with the right supports in place.¹²

High Quality Care Delivery & Member Satisfaction

MLTSS programs represent a public-private partnership model that advances high-quality care delivery while ensuring fiscal responsibility. These programs combine private-sector innovation with state-led oversight and accountability. Through contractual requirements, performance monitoring, and quality

¹⁰ [Growing Demand for Direct Care Workers Underscores Pressing Need to Address Job Quality Challenges - PHI](#)

¹¹ [Trends in the Use of and Spending for Home and Community-Based Services as a Share of Total LTSS Use and Spending in Medicaid, 2019–2021](#)

¹² [mltssfactsheethcb.pdf](#)

reporting, states are able to hold managed care organizations accountable for delivering person-centered services, improving outcomes, and supporting individuals' ability to remain in their homes and communities.

Individuals who choose MLTSS plans report higher levels of satisfaction with their care than those who use FFS. This is largely due to MLTSS's person-centered approach that considers a beneficiary's entire health picture, including their quality of life and personal goals. MLTSS HCBS can also reduce the burden on family/unpaid caregivers by providing reliable, structured care for those who need it. In addition to benefits that come with a dedicated care manager, all MLTSS plans include services that help beneficiaries with their daily lives. These include personal care, social engagement, work supports, adult day care, home-delivered meals, transportation services and home modifications. Managed care is also linked to improved health outcomes of Medicaid recipients. Since 2018, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey has reported that enrollees in Pennsylvania have rated their overall health plan experience at 82% or above. Additionally, a 2015 survey of beneficiaries in New York State MLTSS plans found 87% rated their plans as good or excellent and a similar percentage rated the quality of their providers as good or excellent.¹³

Providing Budget Predictability & Cost Savings

In addition to advancing care quality, MLTSS also provides states with a more sustainable financial model. Through capitated payment arrangements, states can manage expenditures more effectively while ensuring compliance with federal requirements. The U.S. Department of Health and Human Services (HHS) found that state Medicaid agencies spent 23% less per beneficiary per month for the same level of service among older adults who transitioned out of nursing homes. In addition to cost savings, HHS also reported that the majority of beneficiaries who had transitioned out of nursing facilities reported that their care needs were met at similar or higher levels compared with nursing facility care¹⁴. In Kansas, through the KanCare program, primary care physician visits increased by 80 percent, costly hospital stays decreased by 29 percent, and emergency department use decreased by seven percent¹⁵.

MLTSS also improves care delivery for dually eligible individuals, a population with complex care needs and who account for a disproportionate share of Medicaid costs. More than 25% of dually eligible individuals have five or more chronic conditions, over 40% are in fair or poor health, and nearly half have a mental health condition, which is double the prevalence among Medicare-only beneficiaries¹⁶. In New Hampshire alone, there are over 31,000 dually eligible individuals in the state, with 40% already enrolled in a Medicare Advantage plan – making the state well positioned to benefit from stronger integration under MLTSS¹⁷.

¹³ [Managed Long-Term Care 2015 Member Satisfaction Survey Summary Report](#)

¹⁴ [Report to the President and Congress: The Money Follows the Person \(MFP\) Rebalancing Demonstration](#)

¹⁵ [FINAL-Demonstrating-the-Value-of-MLTSS-5-12-17.pdf](#)

¹⁶ [A Profile of Medicare-Medicaid Enrollees \(Dual Eligibles\) | KFF](#)

¹⁷ [State Resource Center | ATI Advisory](#)

Improved Care Coordination

Because dually eligible individuals often experience fragmented care, integrating LTSS with medical and behavioral health services is essential. MLTSS plans use dedicated care managers to coordinate care across a wide range of providers and services, ensuring that individuals receive comprehensive, person-centered care coordination. This approach helps reduce care fragmentation, improve health outcomes, and enhance overall quality of life. This includes improving care coordination between Medicare and Medicaid services for the dually eligible population. In fact, most states report that their decision to implement MLTSS is motivated by a desire to improve care coordination.¹⁸ When asked to comment on the role of their care manager, Virginia MLTSS beneficiaries “overwhelmingly...indicated that respondents were particularly pleased with care coordinators’ helpfulness, compassion, friendliness, ability to listen, efficiency, responsiveness, politeness, information, and communication style.”¹⁹

Protecting Beneficiary Choice

MLTSS programs are designed to protect beneficiaries through choice and education. For LTSS beneficiaries, maintaining providers is critical, and MLTSS programs are structured to enable beneficiaries to keep their provider. The Centers for Medicare and Medicaid Services (CMS) requires all states to offer plan choice counseling to Medicaid-eligible individuals through an independent beneficiary support system with specific minimum supports requirements for MLTSS enrollees.²⁰ As a result, most states that have MLTSS plans and mandatory health plan enrollment allow beneficiaries to switch health plans outside of the annual enrollment period if their provider leaves the plan’s network.²¹

Competitive Bidding Process

MLTSS programs also bring structure and accountability through competitive procurement. Unlike fee-for-service models, MLTSS plans typically are subject to a competitive bidding process through which the state sets clear priorities for which bidders must demonstrate proficiency. The state then evaluates and selects the plans that demonstrate the strongest ability to meet program goals. Health plans are also incentivized to promote home and community-based services (HCBS) over more costly institutional care where appropriate and are key to supporting state rebalancing efforts. Furthermore, health plans are often well positioned to provide additional services beyond those required by the state, many of which address social risk factors that impact the effectiveness of care delivery and overall quality of life. Through these additional services, health plans are able to improve health outcomes while assisting states in achieving broader population health goals.

Improved Data and Oversight

Unlike FFS, MLTSS plans are held to higher standards at both the federal and state level and work closely with their Medicaid partners to achieve quality health outcomes for those they serve. Many MLTSS plans

¹⁸ [Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies | KFF](#)

¹⁹ [FINAL-Demonstrating-the-Value-of-MLTSS-5-12-17.pdf](#)

²⁰ [42 CFR 438.71](#)

²¹ [Kaiser Family Foundation](#)

also have integrated disability advisory councils and require engagement with local patient advocacy and stakeholder groups. MLTSS plans are required to report data to CMS and to their respective states related to beneficiary satisfaction and plan performance. While each state designs their own MLTSS program, as of 2016, all states that contract with managed care plans to provide LTSS must measure plan performance in three areas: quality of life, community integration, and rebalancing toward HCBS. This is to ensure that resources are being used effectively and providing maximum benefit to enrollees.²² Bringing together private sector tools and expertise, MLTSS health plans can build performance dashboards that aggregate data from care management, financial, and other records across the country to provide comparative measurement of plan performance.

Healthcare Innovation and Supports

Managed care organizations bring private sector innovation, expertise, and agility to help states in the delivery of LTSS. Through the MLTSS model, health plans can introduce new services, adapt care plans more rapidly than fee-for-service systems, and engage in advocacy to advance the needs of the LTSS community. In 2023, the MLTSS Association published a [report](#) highlighting promising practices MLTSS MCOs and providers are leveraging to strengthen the direct care workforce amid persistent shortages. Examples include collaborations with community colleges to improve recruitment, skills development, retention, and career advancement for students and existing direct care workers; career and technical education programs to expand the pipeline of trained professionals; and multi-plan collaboration to streamline recruitment efforts, such as hiring a single worker who can serve across multiple MCOs. These initiatives help strengthen provider infrastructure, improve retention, and build resilience across the LTSS workforce by focusing on retraining, redeployment, and skills enhancement. By anticipating workforce needs and lowering provider-to-patient ratios, MLTSS programs contribute directly to improved care outcomes.²³

States are also increasingly leveraging MLTSS to support family caregivers, who play a critical role in keeping beneficiaries at home and in the community.²⁴ For example, MLTSS programs provide caregiver training to equip family members with the skills and confidence to safely deliver care. The MLTSS Association in partnership with the Long-Term Quality Alliance (LTQA) published a [report](#) highlighting innovative strategies health plans use to support family caregivers, including (but not limited to) hosting recurring learning events for care teams, developing caregiver tools and resources to raise awareness of supports and services, ensuring caregiver participation on member and informal caregiver advisory committees, as well partnering with Aging and Disability Resource Centers (ADRCs) to better connect caregivers to needed resources.

MLTSS plans are also advancing the shift toward value-based care (VBC). In 2025, the MLTSS Association published [recommendations](#) to accelerate strategic partnerships and adoption of VBC in MLTSS, drawing

²² [Mathematica](#)

²³ [Kaiser Family Foundation](#)

²⁴ [AARP LTSS Scorecard](#)

on lessons from health plans leading in this space. The report outlined how health plans are leveraging value-based contracts to compensate providers based on performance, incorporating tailored quality metrics that reflect the unique needs of the MLTSS population, and developing creative solutions to engage providers and track progress over time.

Taken together, these innovations demonstrate how MLTSS plans go beyond traditional care delivery—building a stronger workforce, empowering family caregivers, advancing value-based care, and ultimately improving outcomes and quality of life for individuals who rely on LTSS.

Operationalizing Managed Long-Term Services and Supports Programs

As New Hampshire considers the merits of MLTSS for the state population, we recognize that questions about resources, feasibility, and implementation will be central to the committee’s deliberations. States have successfully designed and implemented MLTSS programs by tailoring approaches to their populations, infrastructure, and priorities, and New Hampshire can build on these lessons. Currently, California is preparing to transition certain HCBS benefits into their Medicaid managed care program in 2028. To support this effort, the Center for Health Care Strategies has developed a [toolkit](#) of resources specifically designed to aid states as they contemplate or are in the process of transitioning LTSS into managed care. This toolkit explicitly references best practices from states that have previously transitioned to MLTSS and includes an “[explainer](#)” with strategies emphasizing the importance of robust care protections, strong provider networks, and proactive oversight. For example, to address concerns from HCBS users who risk losing their current providers if they are not in the managed care plan’s network, the following state approaches could be taken:

- Continuity of care requirements – requires MLTSS plans to honor existing care plans and reimburse HCBS providers during the transition period (e.g., 90 days).
- “Any willing provider” contract requirements – MLTSS plans must contract with any existing FFS HCBS providers and include them in their provider network as long as they are approved by the state to provide Medicaid services and are willing to contract with the health plan.
- Allowing HCBS users to switch plans to maintain providers
- Establishing a network adequacy standard or quality bonus for MLTSS plans based on retention of members’ HCBS provider
- Offering incentives to HCBS providers to contract with MLTSS plans.

In addition to best practices, the resource also provides limitations that transitioning states may consider when tailoring solutions to their respective population. There are also two fact sheets addressing common concerns from [HCBS users](#) and [providers](#) —resources that can directly inform New Hampshire’s planning process.

The MLTSS Association has also partnered with the Medicaid Health Plans Association (MHPA) to publish several resources explaining the benefits of MLTSS for states as well as opportunities to improve care delivery through managed care. These resources can be found at www.nationalmltss.org. In addition to

these resources, the MLTSS Association continues to educate and advocate for the benefits of managed care for LTSS populations, including letters to Congress and the Administration and various educational resources which can also accessed here: <https://www.mltss.org/improving-expanding-mltss>. Taken together, we believe these resources provide a roadmap for overcoming operational challenges and facilitating a smooth and effective transition to MLTSS.

The National MLTSS Health Plan Association is pleased to provide input to you and the committee during its deliberations and report drafting. We would love to serve as a partner to the state throughout this process and any subsequent endeavors. If you have any questions or would like to follow-up on this statement, please contact me at mkaschak@mltss.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Kaschak", with a stylized, cursive script.

Mary Kaschak
Chief Executive Officer