Unlocking the Value of Enabling Technology in Managed LTSS

National MLTSS Health Plan Association

March 12th, 2026

National
MLTSS
Health Plan Association

About the MLTSS Association

The [National MLTSS Health Plan Association](#) is a national trade association of the leading managed care organizations that deliver high-value, quality managed long-term services and supports (MLTSS) for state Medicaid programs and beneficiaries. Our members also provide Integrated Plans for Dually Eligible Individuals.

MLTSS Association Partnership Program

The MLTSS Association Partnership Program is comprised of select companies who serve individuals relying on long-term care services and supports.

Members of the MLTSS Association Partnership Program participate in workgroups alongside our health plan members to develop policy and programmatic recommendations.

Agenda

I. Welcome

II. Overview of our National Workgroup's Findings on Enabling Technology (ET)
- Benefits and Challenges to ET Adoption
- Methodological Approach & Key Domains

III. Showcasing Promising Practices for Advancing Enabling Technology in MLTSS

IV. Q&A/Discussion

Enabling Technology will play an increasingly important role as the demand for LTSS grows.

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JANUARY 2026
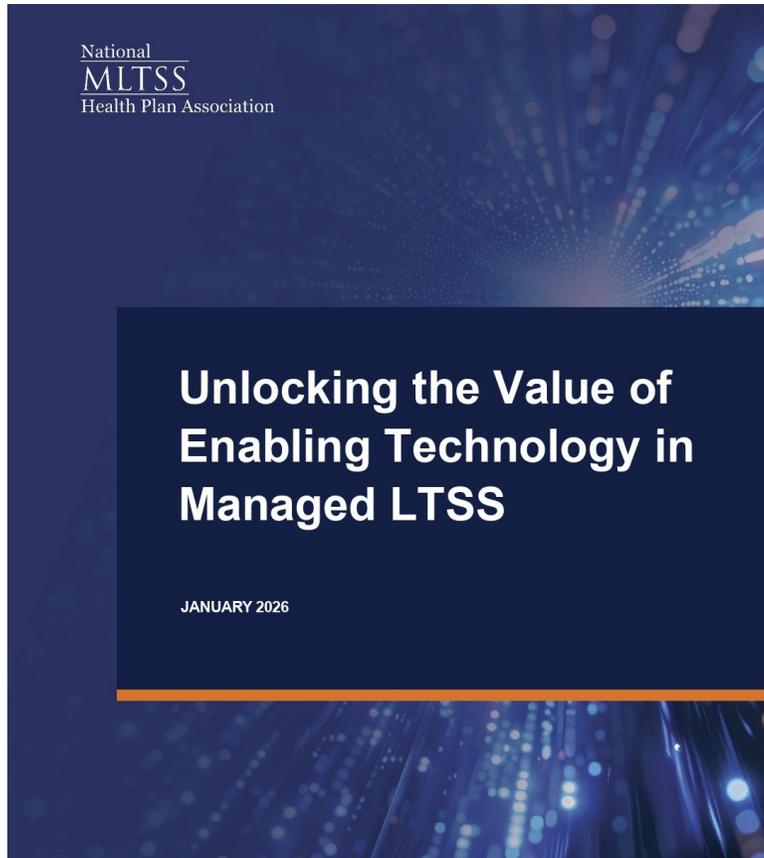
Goal

To create and disseminate policy and programmatic recommendations to scale and grow the use of enabling and assistive technology within MLTSS.
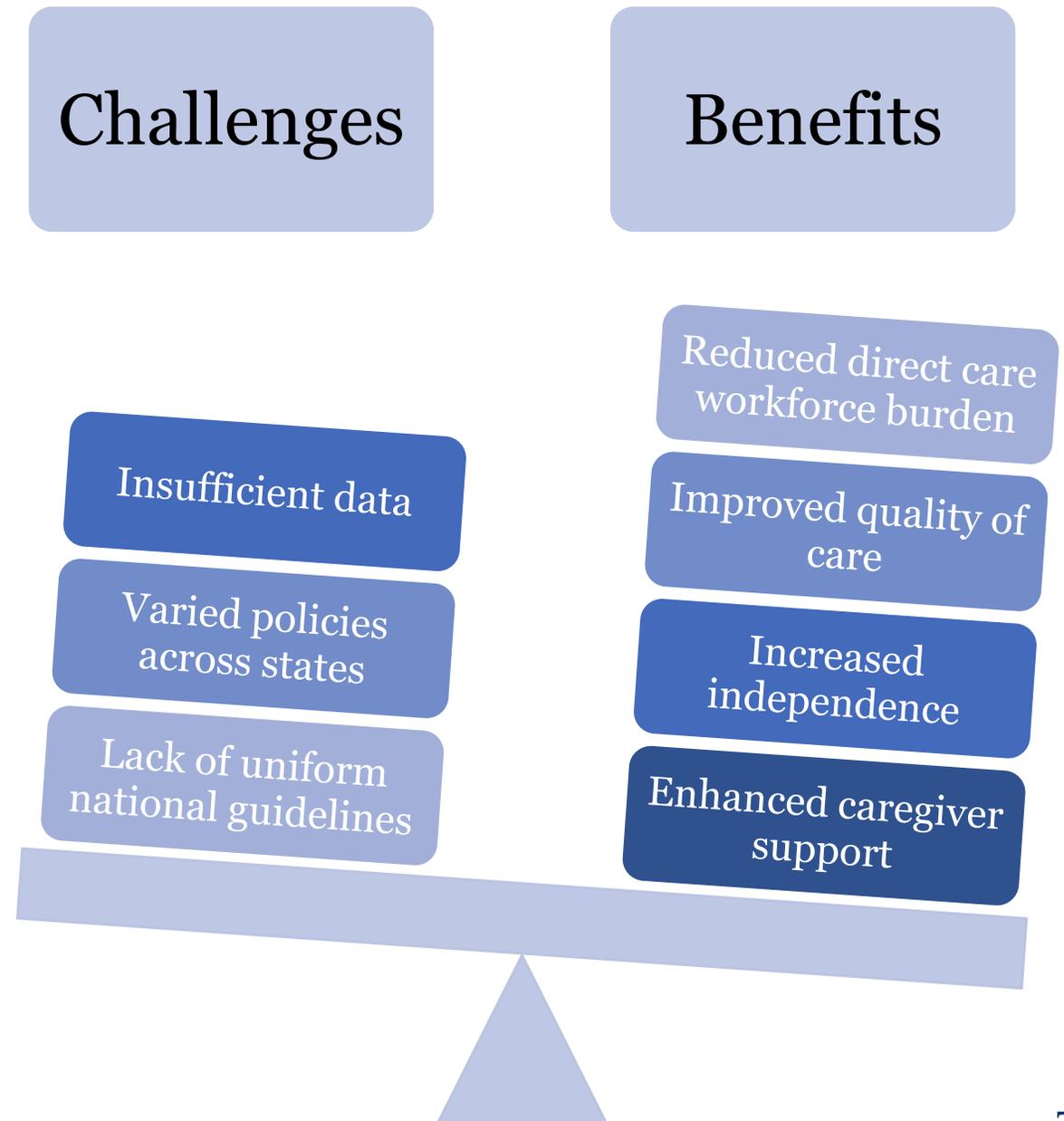
Objective

To improve MLTSS member outcomes by creating person-centered options, supported by technology, that allow members to have a larger voice in what they need, how they want to be supported, and how they want to be interacted with.

What is Enabling Technology?

Enabling Technology is a broad term for devices and technologies that help people with disabilities and older adults regain, maintain, or improve their capabilities in their own homes, in their communities, and at work, to remain optimally independent and included in their communities.

As we move toward broader adoption of Enabling Technology, we must acknowledge the challenges.

Challenges

Benefits

Insufficient data

Varied policies across states

Lack of uniform national guidelines

Reduced direct care workforce burden

Improved quality of care

Increased independence

Enhanced caregiver support

A Landscape Assessment of Enabling Tech Coverage in MLTSS States: *A Review of 1915(c) Waivers*

Initial Findings from 1915(c) Waivers

While there is no standard method for defining, coding, or paying for ET, patterns do exist across states, including:

- General coverage of PERS and assistive technology.

- Similar codes applied -
  - Use of "Other Services" category to expand offerings of new ET.

- More focus on annual caps than lifetime or monthly.

- Projected low utilization over waiver life cycle.

- Insufficient training offerings for consumers or caregivers; mixed training/ certification requirements for providers.

- Little to no requirements or guidance around data collection, outcomes reporting, or quality/value measurement.

Key Domains for Advancing Enabling Technology

Evaluating New and Existing Technologies

Streamlining Funding Pathways

Facilitating Member, Caregiver, and Provider Education

Ensuring Member Safety & Empowerment

Measuring the Impact of Interventions

Domain 1: Evaluating New and Existing Technologies

Challenges

Current assessment processes don't always capture impacts of technological interventions on individuals' quality of life.

Lack of universal guidelines or standards that health plans can use to determine whether a technology should be covered for different LTSS members.

Defining value is difficult.

Domain 1: Evaluating New and Existing Technologies

Recommendations

Federal	State	MLTSS Health Plans	Providers
• CMS should form a Technical Advisory Group to focus on national quality standards and highlighting promising practices via technical assistance to states.	• States should create advisory groups to create guidelines around coverage and monitoring of ET. • States should educate stakeholders about ET, identify available funding, and establish provider requirements.	• Plans should establish ET strategies that consider how to strategically include the full spectrum of ET options available in their MLTSS benefit packages.	• Providers should make sure all staff and program leadership are trained in Technology First Principles. • Providers can serve as an intermediary between HCBS recipients, caregivers, and payers to identify areas where technological solutions are in greatest need.

independent living systems

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Independent Living Systems' introduction of specialized tablets for homebound members has made a meaningful and deeply personal impact on their daily lives.

 Members use these tablets to call family, reconnect with friends, and stay engaged with their social support networks. One member who has limited mobility and used to feel disconnected from other activities, can now join live virtual music and chair movement sessions from her dining room. She often tells staff, **"I may be homebound, but I don't feel forgotten anymore".**

These tablets aren't just devices, they are tools that restore connection, dignity, and emotional well-being. These tablets help homebound members stay socially engaged, informed, and supported, while reducing isolation, strengthening independence, and improving overall quality of life. For many members, these tablets have given them something that cannot be measured easily: a renewed sense of being part of a community that cares.

Speaker:
James
Henderson

ImpruvonHealth

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Impruvon Health is a role-based medication management platform designed specifically for individuals with IDD and the care teams who support them. It leverages modern, proactive technology to **simplify some of the most time-consuming, error-prone, and high-risk processes in long-term services and supports -** medication management, treatment management, vital management and independence.

The platform integrates patented smart software, secure med boxes, and a national network of pharmacy partners to streamline clinical workflows—ensuring compliance, reducing DSP turnover, and improving both health outcomes and individual independence. Impruvon delivers end-to-end support including infrastructure setup, training, ongoing maintenance, and customer success to ensure seamless implementation and sustained impact. Across MLTSS settings for individuals with IDD, implementation of Impruvon Health has resulted in:

- 48% reduction in medication errors
- 39% increase in compliance with medication regimens
- 69% improvement in audit-ready documentation
- Improved member outcomes and independence, reducing reliance on intensive supports

Speaker:
Justin Amoyal

EVOLVE

> **Evolve** offers a turnkey, scalable infrastructure for states and MLTSS plans to administer ET benefits, including member assessments, vendor management, compliance, procurement, training, and post installation follow-up, all under one platform. This solves a key pain point for health plans and state agencies: **the absence of a centralized, outcomes-driven partner that can scale AT implementation without increasing administrative burden**.
>
> Evolve has successfully supported over 15,000 Medicaid and MLTSS members nationwide through home-based interventions that include both home modifications and assistive technologies.
>
> Preliminary results from other initiatives with Medicaid plans suggest:
> - 27% average reduction in personal care hours following installation of ET and environmental supports;
> - 88% member satisfaction rate, with members reporting increased ability to perform daily activities independently;
> - 21% fewer reported in-home falls six months post-intervention; and
> - 4:1 ROI ratio within 12 months, factoring reduced personal care utilization and avoided institutional care costs.

Speaker:
Bilal Yaar

Domain 2: Streamlining Funding Pathways

Challenges

The funding structure in MLTSS is often tied to the volume of services provided, instead of the outcomes achieved.

Existing state contracts often do not contain clear funding mechanisms or processes to offer and pay for ET.

Cost shifting between Medicaid and Medicare for dually eligible members continues to be problematic.

Domain 2: Streamlining Funding Pathways

Recommendations

Federal	States	MLTSS Plans	Providers
• MACPAC should establish a policy/research initiative focused on effective financing models for ET. CMS should promulgate guidance regarding available coverage mechanisms for ET.	• States should issue clear guidance about the coverage and payment of specific ET interventions, as well as to support the design of a value-based reimbursement models for ET.	• Plans should create processes for providers to test value-based reimbursement strategies.	• Providers should participate in person-centered planning processes and provide feedback to case managers and service coordinators about ET that could address members' needs.

UPMC
LIFE CHANGING MEDICINE

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Many LTSS members face significant barriers to digital connectivity, including lack of access to mobile devices, internet service, and digital literacy support. These barriers limit their ability to engage with healthcare providers, access telehealth, manage care independently, and stay socially connected—ultimately impacting health outcomes and quality of life. **UPMC Community HealthChoices** partnered with a provider to implement a Lifeline enrollment initiative targeting Medicaid eligible LTSS members that provided eligible individuals with a free smartphone, unlimited talk/text/data, and an optional low-cost tablet. The partnership leverages federal programs like Lifeline, and previously the ACP, to provide no cost or low-cost technology to eligible members, demonstrating a creative approach to funding digital inclusion.

Results of this initiative included:
- **Over 6,000 application requests** were generated through auto dialer outreach alone;
- **Over 2000 smartphones and hundreds of tablets** were distributed to UPMC CHC participants across Pennsylvania;
- **Increased member engagement** with healthcare services, including telehealth and care coordination; and
- **Enhanced digital equity** through the Tech Guides program, which supported members in using UPMC digital tools

Speaker:
Ashley Cherozzi

MedScope
A Medical Guardian Company

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Personal Emergency Response Systems (PERS) have long served as a foundational HCBS service, helping individuals live independently at home and in the community. While traditionally viewed as emergency tools, PERS are increasingly recognized as scalable enabling technologies that promote independence, improve access, and support person-centered outcomes.

MedScope, a Medical Guardian company, offers a leading example of this evolution. Its PERS devices now include health engagement campaigns and fall risk analytics powered by step tracking and fall detection. Through this approach, MedScope/Medical Guardian has helped MLTSS plans deliver proactive care with historically hard-to-reach Medicaid members.

In one deployment, 21% of previously unresponsive members engaged through their PERS device, and 75% of those took action on care gaps such as getting a flu shot or scheduling a preventive screening. This model highlights how **PERS can shift from reactive tools to proactive platforms that advance health equity, reduce costly hospitalizations, and support more efficient allocation of resources**. Fall risk analytics provide actionable data for MLTSS care managers, enabling them to work upstream to address rising risk levels.
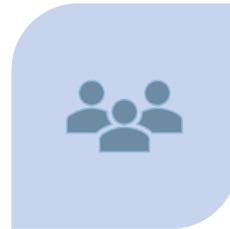
Speaker:
Alex Prough

Domain 3: Facilitating Member, Caregiver, and Provider Education

Challenges

Members and caregivers have differing levels of comfort with, and desire to embrace, technological supports into their daily lives.

Providers need to be adequately supported to offer technologies and to help members and caregivers to effectively utilize them.

States have yet to provide clear guidance on how technological support needs should be assessed across waiver programs and populations.

Current case management/care coordination materials lack culturally competent information around technology, provided at a basic level of literacy.

Domain 3: Facilitating Member, Caregiver, and Provider Education

Recommendations

Federal	States	MLTSS Plans	Providers
• CMS should offer technical assistance and guidance to states for education & training about ET.	• States should offer basic uniform Technology First education and training across HCBS programs. • States should also create detailed provider training & certification requirements around ET.	• Plans should support provider competency and capacity building around ET. • Plans should create payment models to compensate for member education & training around ET and partner with providers to survey members and caregivers about their perceptions of ET.	• Providers should host onboarding meetings with members and caregivers exposing them to ET. • Providers should work with case managers/service coordinators identify tech solutions that support their person-centered needs and goals.

Speaker:
Sue Karber

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Elevance Health, along with its 12 LTSS affiliate plans, has embraced an "Independence First" philosophy aimed at transforming the delivery of HCBS. This approach prioritizes supporting individuals in regaining, maintaining, or enhancing their independence before initiating hands-on services. As part of this commitment, Elevance Health has invested in comprehensive training for case managers, providers, and members to promote the integration of ET and other supportive capabilities. Elevance Health encourages case managers and providers to consider these tools as the first option in care planning, empowering individuals to achieve greater independence and improving outcomes across the LTSS continuum.

Across Elevance Health's 12 LTSS affiliate plans, the "Independence First" philosophy is fostering a cultural shift— encouraging case managers, care coordinators and providers to incorporate Assistive/Enabling Technologies as a core component of care planning. **This approach has led to increased member engagement, greater self-sufficiency, and improved satisfaction**, underscoring Elevance Health's commitment to advancing independence through innovative and technology-enabled supports.

> To address stakeholder hesitancy around technology enabled supports, **ShiftAbility** designed a suite of training modules and town hall templates that agencies and MCOs could use to introduce, explain, and normalize technology-enabled supports. These resources were focused on shifting the narrative - **framing technology as an enhancement to care, not a reduction of it**. Crucially, ShiftAbility collaborated directly with MCOs to deliver targeted training sessions to case managers. These sessions helped demystify the service authorization process, illustrated how to identify appropriate candidates for remote supports, and built confidence among frontline case managers to recommend and support these options.
>
> MCO case managers who participated in ShiftAbility-led trainings reported feeling more confident in authorizing remote services and identifying appropriate candidates. Follow-up data also showed an increase in families opting to explore technology-enabled supports for their loved ones. Case managers began proactively identifying individuals who could benefit from technology, and families who once expressed fear began advocating for additional technology to support independence and safety.

Speaker:
Brian Hart

MapHabit

> **MapHabit** is a neuroscience-based technology platform that uses step-by-step visual guides to help neurodivergent individuals strengthen independent living skills. The platform supports the use of ET to help members transition to less restrictive environments.
>
> At the heart of MapHabit's model is personalized education. Members access a library of 1,000+ curated "maps" that assist with ADLs and IADLs. These visual routines are customized to support medication adherence, supported employment, and social story development to manage behavior in unfamiliar situations. Caregivers receive training in self-care, critical thinking, and mood regulation strategies, enabling them to be stronger and more resilient support partners. Providers can standardize care delivery by using MH to share clinical protocols with DCWs, such as wound care procedures or durable medical equipment usage, ensuring quality and consistency at the point of care.
>
> Collaborations with MLTSS organizations have delivered strong clinical outcomes including:
> - **100% improvement in dental visit compliance** among special needs populations;
> - In foster care settings: **improved placement stability** and **significant reductions** in behavioral health costs, inpatient admissions, and emergency utilization; and
> - **Reduced need for behavioral health professionals and DCW hours** as members and caregivers build proficiency in independent routines.

Speaker:
Matt Golden

Domain 4: Ensuring Member Safety & Empowerment

Challenges

While CMS has provided some initial guidance to improve the protection of member data and privacy, more specific requirements around protections are warranted.

Guardrails around the use of ET to ensure members' safety and adherence to their person-centered care plans are critical.

Technologies must be flexible enough to align with informed consent, member rights, individual privacy, as well as each person's evolving needs and preferences.

Domain 4: Ensuring Member Safety & Empowerment

Recommendations

Federal	States	MLTSS Plans	Providers
• CMS should collaborate with LTSS stakeholders to issue stronger guidance and provide technical assistance regarding the management of members' personal data. • CMS should provide TA to states on promising practices for streamlining and leveraging existing data sources to improve to participant safety and wellbeing.	• States should establish criteria around the use and monitoring of ET. • States should work with LTSS stakeholders to establish a statewide streamlined process for ensuring member safety in remote monitoring environments	• Plans should engage with state regulatory authorities to solicit feedback on additional processes and practices important to ensuring member safety and empowerment.	• Providers and vendors should proactively collect data to assess the impact of ET exploration and utilization on member safety and empowerment. • Providers should engage with plan market representatives to provide feedback regarding current ET authorization and coverage processes and potential enhancements.

United Healthcare

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UnitedHealthcare Community & State implemented a pilot program to explore the use of technology alongside neighborhood logistics & deployment strategies to reimagine traditional care-delivery models and produce alternative models that are affordable, practical, and value-based. In this pilot, UnitedHealthcare, with their provider partner, identified communities that had concentrated needs across multiple waiver programs and conducted in-depth analyses to identify care gaps.

UnitedHealthcare and their provider partner then used data analysis to develop alternative care models that include the use of smart home technologies combined with intelligent software that **enable individuals to live independently with fewer intrusions**. These smart home technologies can include optic, contact, and motion sensors, 2-way intercoms, and stove support. This model enables community providers to remotely monitor safety and health needs, provide real-time coaching, supervise & support caregivers, control home automations, and remotely deliver professional services.

UnitedHealthcare also leveraged a neighborhood network model to combine professional, next-door neighbors with remote support infrastructure to provide an alternative home care ecosystem for semi-independent adults that functions as a virtual assisted living community. This virtual assisted living community fosters real inclusion, access, and the tools to self-direct.

Speaker:
Abby Gadbois

Speaker:
Todd Levin

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Traditional PERS devices only trigger an EMS response, and existing ED-avoidance programs often rely on outbound calls or retrospective data—intervening too late to change the care path.

ConnectAmerica's CareCompass platform uses a connected smart wearable device to link members directly to a registered nurse in real time during a moment-of-need event, at the press of a button. The nurse conducts clinical triage, determines the appropriate level of care, and resolves many events without dispatch.

Based on prior data from similar implementations and the design of the connected smart wearable nurse triage model, expected outcomes include:
- Improve member experience and safety: Rapid access to a nurse in moments of need should reduce anxiety, avoid unnecessary hospitalizations, and enhance trust in care management;
- Reduce avoidable ED visits by 30–40%: Immediate nurse triage at the moment of need has consistently demonstrated high rates of on-site resolution in comparable populations.
- Resolve a significant percent of events on-site (~40%)
- Deliver measurable ROI (estimated 3:1)
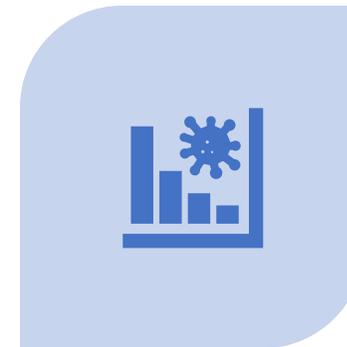- Provide actionable insights for scaling

Domain 5: Measuring the Impact of Interventions

Challenges

There is lack of clear federal guidance and examples for effectively evaluating the impact of technological solutions on LTSS populations.

States do not have consistent criteria to support plans and providers in measuring the impact and outcomes of ET within HCBS programs.

Domain 5: Measuring the Impact of Interventions

Recommendations

Federal	States	MLTSS Plans	Providers
• CMS should issue policy guidance that offers general guidelines and suggested evaluative criteria for states to use in measuring the impact of ET aligned with CMS's Recommended HCBS Outcome Measure Set.	• States should establish evaluative reporting requirements within their waiver applications and amendments and revisit regularly. • States should establish policies and procedures to ensure consistent collection and integration of baseline data across plans and their provider networks on the utilization and effectiveness of various categories of ET.	• Plans should collect data regularly to measure the ROI for ET.	• Providers should work with plans and state regulators to inform a streamlined process for collecting data and measuring the impact of various ET.

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Centene believes that empowering individual autonomy and minimizing restrictive interventions is a fundamental right – one they pursue through innovation and collaboration. Together with members, caregivers, and partners, Centene strives to create solutions that honor dignity, foster independence, and transform lives.

But innovation isn't just about devices—it's about outcomes.

James, a Centene member, transitioned from a group living setting to his very own apartment with the support of a care manager and service provider. Simply having staff present meant that, often unconsciously, tasks were done for him. Today, in his own home, James performs those same tasks independently, demonstrating capabilities that were previously overlooked.

Equally important is the transformation in his family relationships. In the group home, his family never felt like it was truly "his" space. Since moving into his own apartment, they feel welcome to drop in, share meals, and spend quality time together. This shift has strengthened bonds and created cherished moments that were not possible before. With access to smart tools and adaptive supports, James now cooks independently—preparing meals for his family in a home that is truly his own. His story is a powerful testament to what happens when technology and compassion come together: independence, dignity, and deeper connections.

Speaker:
Anna Keith

TRUALTA

Speaker:
Jonathan Davis

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Caregivers and direct care workers experience high levels of isolation, burnout, and stress, with limited access to education to provide care outside of compliance, and limited social support. **Trualta** partnered with PA Health & Wellness (a Centene health plan) to develop a caregiver support portal for caregivers supporting the LTSS population. The intervention includes three complementary components – Education, Peer Support, and 1:1 Coaching. Outcomes from this program include:

Engagement:
- 43% of registered caregivers have demonstrated high engagement with the platform;
- Engaged caregivers complete an average of 16 activities, over 20% higher than benchmark;
- 84% of engaged caregivers participate in educational content; 16% participate in social or peer activities.

Trualta's evidence connects engagement to outcomes:
- 91% of caregivers learn new skills;
- 93% feel less lonely;
- 86% report improved stress management;
- 20% reduction in emergency department utilization among "power users"; and
- 15-month delay in long-term care placement compared to baseline.

Jukebox Health

> **Jukebox Empower** proactively identifies members at rising risk of functional decline, enabling targeted interventions before costly care dependencies develop. They directly integrate with care management teams, facilitating actionable insights that support better-informed interventions. By leveraging clinical and technical networks to deliver proven interventions during critical care planning windows, they help teams optimize HCBS allocation and amplify member-centered outcomes. Jukebox aligns incentives and assumes risk to ensure our success is directly tied to delivering measurable results for partners.
>
> **Results:**
> - 4.5x overall program return on investment (ROI).
> - $3,424 peak personal care assistance (PCA) savings per engaged member.
> - Individual cohorts achieved ROI as high as 7.0x.
>   - All savings validated through iCircle's rigorous time-tasking methodology and service planning process.
> - Additional outcomes driven:
>   - Preserved member independence and dignity
>   - Maintained family stability
>   - Avoided cascade of secondary costs related to functional decline
> - Outcomes driven without any increase in complaints or grievances.

Speaker:
Richard Feifer

Q&A

Thank you!

Key Links

[Full Report on Enabling Technology](#)

[Domain-Specific Issue Briefs](#)

[Recommendations for MLTSS Plans & Providers](#)

[Recommendations for States and the Federal government](#)

Stay in touch with us on this and other topics at: info@mltss.org