Frequently Asked Questions about Disability and Long Term Services and Supports (DLTSS) Health Integration	**May 2014**

1. **What does "DLTSS" mean?**
   Disability and long-term services and supports (DLTSS) are a diverse range of services provided to support the well-being of people with physical, cognitive or mental health conditions. These services help people maximize and maintain their health and their independence in settings and ways they desire. DLTSS include medical, mental health, substance abuse, developmental disability, personal care, and socioeconomic services and supports. An individual's DLTSS needs may be simple or complex, and can vary at any given time. Specific services and supports include:
   - assistance with basic activities of daily living – e.g. bathing, dressing, and eating
   - instrumental activities of daily living – e.g. grocery shopping, money management, housework
   - employment, housing and transportation supports
   - therapy services – e.g. psychiatry, counseling, occupational therapy, substance abuse services
   - crisis services
   - assistive technology
   - 24-hour medical care provided in the community or in nursing homes (in Vermont, the majority of DLTSS are provided in community settings)
   - assistance to make connections in their community
   - care management and coordination

2. **Do people who need DLTSS receive similar services?**
   DLTSS strongly emphasizes choice and independence. People needing DLTSS may have different types of services and supports that fit their individual needs and that enhance their quality of life. Therefore, each person who needs DLTSS has uniquely identified needs and goals captured in individualized service plans. In addition, DLTSS aims to integrate and support people who need DLTSS with full access to the greater community.

3. **Why are DLTSS fundamental to Health Care Reform?**
   - For at least a decade, there has been consensus that older people and those with disabilities or multiple chronic conditions are the most complex and expensive populations that Medicaid supports. *(Sources: Kaiser, Robert Wood Johnson, Center for Health Care Strategies, CMS)*

   - In calendar year 2012, an estimated **$770M per year** was spent on approximately **40,000 Vermont Medicaid enrollees** who receive DLTSS-related Medicaid specialized services and programs; these Vermonters represented 25% of the total 158,459 Medicaid enrollees, yet coverage of services to meet their DLTSS needs represents 55% of the total $1.1 billion in Medicaid expenditures and more than 70% of the Medicaid expenditures when traditional medical services are included. *(Source: State of Vermont DLTSS Medicaid Expenditures CY12, S. Wittman/PHPG presentation to DLTSS Work Group, April 24, 2014)*

   - Evidence suggests that integration of care (primary care, acute care, chronic care, substance abuse services, disability and long-term services and supports) is an effective approach to pursuing the triple aim: improved health quality, better experience of care, and lower costs. (*Sources: Commonwealth Care Alliance, SNPs).* This is especially true for the approximately 40,000 Vermonters who receive DLTSS-related

Medicaid specialized services and programs. In fact, in Calendar Year 2012, these individuals accounted for more than one-third of the total $488 million in Medicaid expenditures for traditional medical services across all Medicaid enrollees. *(Source: State of Vermont DLTSS Medicaid Expenditures CY12, S. Wittman/PHPG presentation to DLTSS Work Group, April 24, 2014)*

- DLTSS helps prevent the need for care in more expensive, acute care settings - thus improving a person's well-being, improving quality of care, and controlling health care costs.
- Assistance provided through DLTSS improves the social and physical environments for life, work, and play of people with disabilities and elders who need these services and supports.

4. What are key areas of focus for DLTSS?

A primary goal of DLTSS programs should be to support integration of care for people with the most significant needs. Centers for Medicare and Medicaid Services (CMS), our federal partner, has developed guiding principles that are critical to the successful implementation and operation of DLTSS programs for people with disabilities and older adults. These include the following 5 principles which will be used by CMS in its review, approval, and oversight of states' DLTSS programs. *[Source: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSS-Summary-Elements.pdf (May 2013)]*

- Person-centered inclusive processes with stakeholder engagement
- Comprehensive and integrated service packages
- Quality measures that include principles of continuous quality improvement
- Adequate planning and transition of care strategies
- Payment structures aligned with DLTSS programmatic goals

5. Why are Person-Centered Processes essential for effective DLTSS?

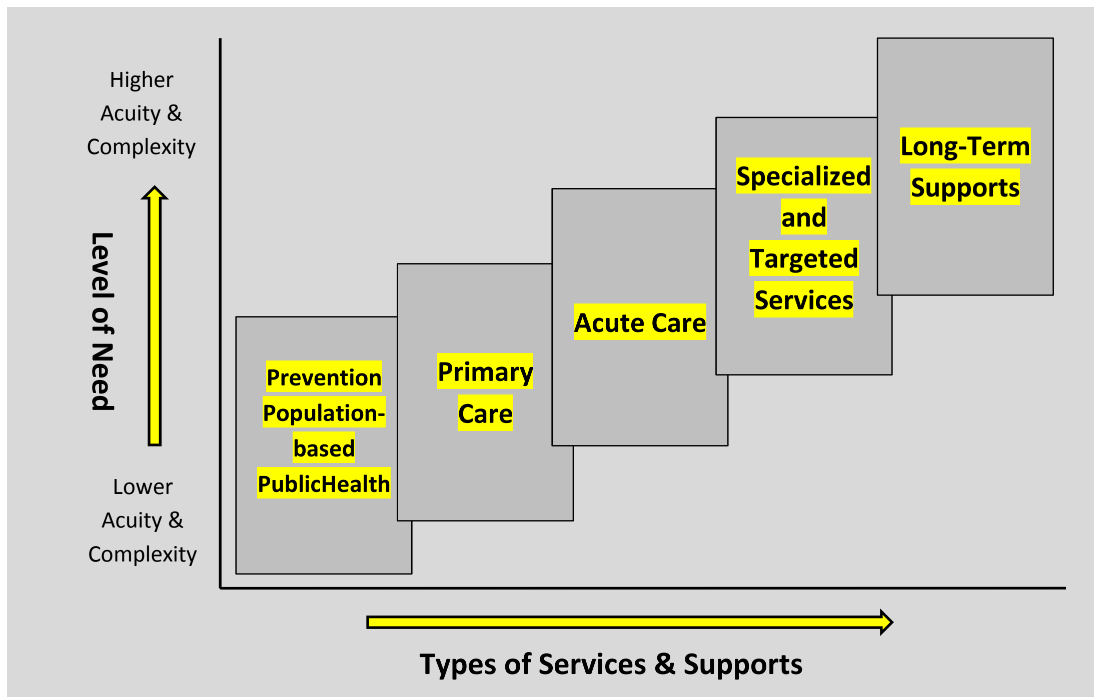
The more responsive we are to a person's actual needs and desires, the more we can improve the quality of care, deliver it more efficiently, and improve outcomes. A person-centered process begins with basic questions:

- WHO needs support?
- HOW do they (the person and/or their families) need and want to be supported?
- WHERE are supports needed and desired?

6. What are Person-Centered Processes?

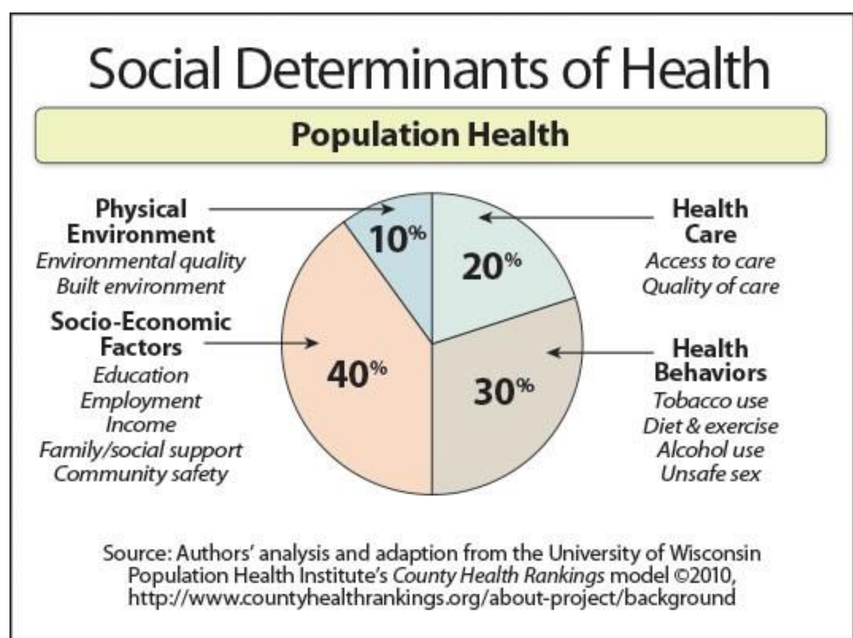
Person-Centered Outcomes	Person-Centered System	Person-Centered Values
Informed decision-making	Strength-based	Choice
Maximizing independence	Satisfying	Dignity
Quality of life	Kind	Respect
Looking at the whole person	Meaningful	Self-determination
Coordinated/integrated care	Life affirming	Purposeful living

7. **What are DLTSS goals for Health Reform?**
   To provide responsive, community-based, integrated, recovery-oriented, person-centered services **across the full continuum of care – from prevention through life-long supports**:



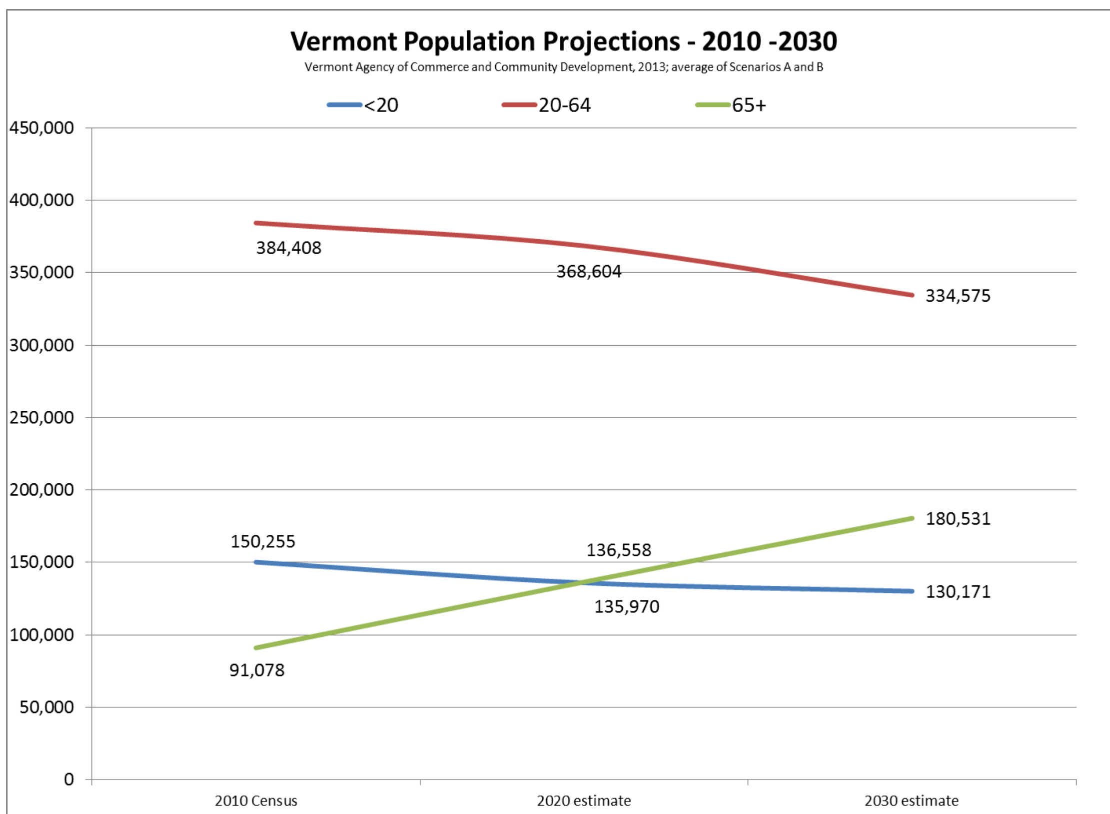
8. **Why do the "social determinants of health" have a direct effect on a person's health?**

The continuum of care is not just medical. Research has shown that environmental and socioeconomic factors are crucial to people's overall health. For example, people that are employed tend to be healthier and therefore have lower utilization of health care services. As such, addressing these social determinants of health must be factored into an individual's care plan not only as they presently exist for the person, but also in terms of how they impact the person throughout their life. These include needs such as financial resources, housing, education, safety, employment and nutrition. [*Source: IBM Cúram Research Institute, (2013)*]



9. What are some of the DLTSS demographic pressures in Vermont?

A growing percentage of Vermonters are aging and many will need supports in the future. The proportion of Vermont's population that is 65 and older is growing more rapidly than other components of the population. The Vermont Agency of Commerce and Community Development population projections show that 28 percent of Vermont's population will be 65 and older by the year 2030, an increase of 98 percent from 2010.



http://accd.vermont.gov/sites/accd/files/Documents/business/CEDS/VermontPopulationProjections2010_2030.pdf

Future updates to these FAQs will add detail on major populations within DLTSS (e.g. people with physical disabilities, developmental disabilities, traumatic brain injuries, severe and persistent mental illnesses, and older Vermonters).

For more information or questions to be incorporated into future DLTSS FAQs, please contact:
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