



ACTION GUIDE

How Managed Care Organizations Can Contribute to Multisector Plans for Aging

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By the year 2030,

1 in 5

Americans will be 65 years or older.

Source



In response to this growing demographic, more than half of states have begun devising or considering what are known as Multisector Plans for Aging (MPAs) as blueprints for action and coordination on aging initiatives. Objectives and benchmarks among MPAs differ based on the unique needs facing older populations in each state, yet a number of common goals exist. To date, Managed Care Organizations (MCOs), such as Medicaid managed long-term services and supports (MLTSS) plans, have not been heavily involved in the development or implementation of MPAs. However, MCOs have a unique opportunity to contribute effectively to MPAs by aligning their expertise in care coordination and service delivery with the broader objectives of state MPAs.

The Long-Term Quality Alliance, in partnership with West Health and the National MLTSS Health Plan Association, have developed this action guide to encourage MCOs to get more involved and support MPAs.



Action Steps in a Snapshot

MCOs that want to engage with their state MPA have multiple steps they can take.

1

Contact the state agency that is leading the state's MPA efforts. Often, it is the Department of Aging, but not always.

2

Crosswalk your MCO's goals/priorities with that of the MPA. Highlight where there is overlap and where your MCO can help the state achieve its goals/priorities.

3

If your state has just begun developing its MPA, get involved in Stakeholder Advisory Committees and/or listening sessions. Let your views and contributions be known.

4

If your state has begun implementing its MPA, highlight areas where your MCO is contributing to accomplishing goals and priorities.

5

Examine data dashboards and provide relevant data, where possible.

Multisector Plans for Aging, Explained

An MPA is a cross-sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services to address the needs and challenges of an aging population, as well as people with disabilities. MPAs are designed to create a coordinated system of high-quality care and support services that promote healthy aging, independent

living, and social engagement, while also addressing issues related to health care, housing, transportation, and other social determinants of health. Please note that MPA is a general term, and states may have different names for them.

Once a state has established the [need for an MPA](#), they typically convene a diverse range of private and public stakeholders, including community members, to collaboratively address and improve quality and coordination of aging-related services. Stakeholder engagement ensures that public-private partnerships are successfully fostered, and that local and state priorities and services are aligned. Most MPAs address aging across the entire lifespan, rather than solely populations currently 65+. Funding for state MPAs can come both from government sources as well as private funders. Funders can ensure accountability by supporting efforts to collect and analyze data through public dashboards.

Importantly, MPAs are different from [State Plans on Aging](#). State Plans on Aging are mandated by the Older Americans Act and, in part, serve as a vehicle for reporting how states will allocate funds to administer the Older Americans Act in the future. MPAs are meant to be visionary plans aimed at reaching goals over a longer time period, such as 10 years.

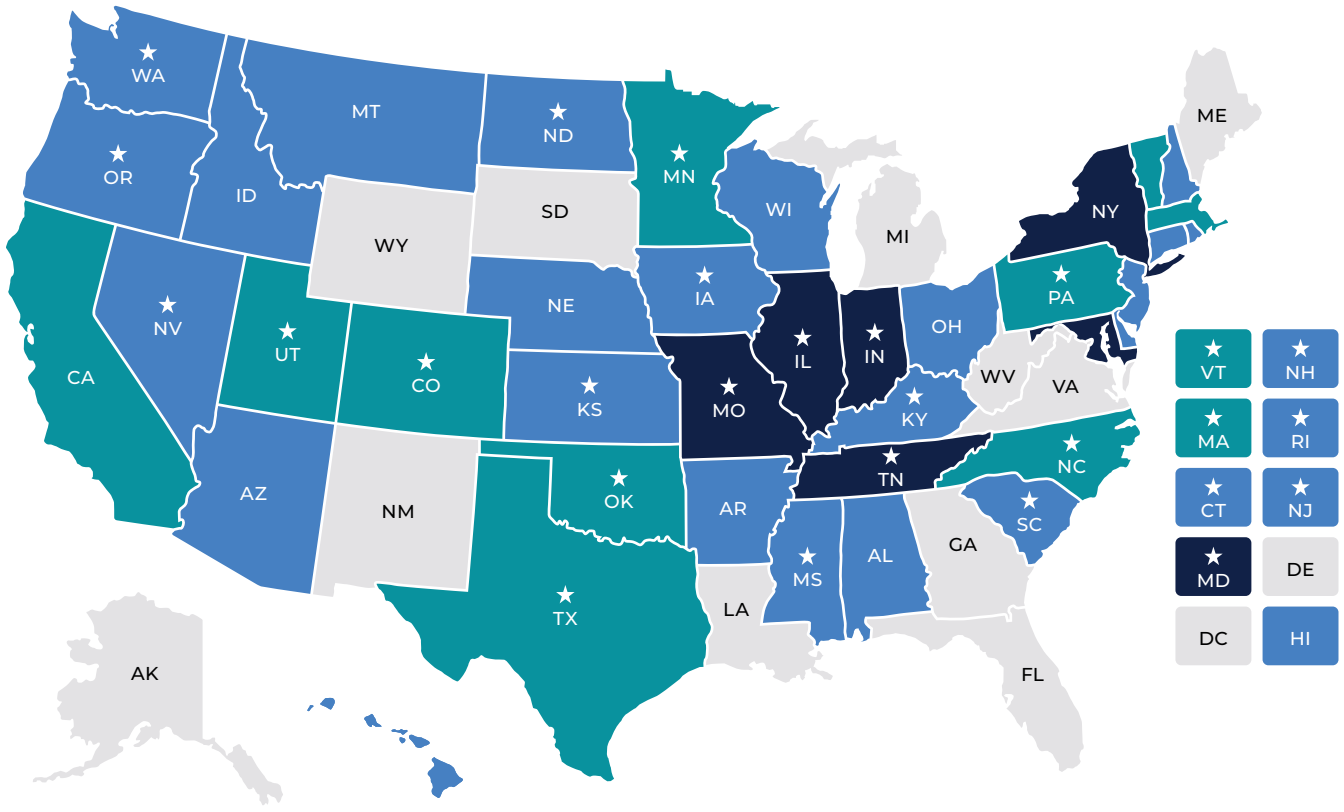
State Progress on MPAs



To date, [16 states](#) in the United States have received authorization from state level leadership (i.e., an executive order or piece of legislation) to create and set forth an MPA. Six of these states are currently developing their plans, while 10 are in the process of implementing or updating them. Those states implementing MPAs include [CA, TX, CO, OK, PA, NC, VT, MA, MN, and UT](#). Additionally, 22 states have [expressed interest or are taking action](#) towards developing an MPA, without official state authorization as of now.

Figure 1 below shows a current picture of state MPA activity across the country. Since 2022, the Center for Health Care Strategies has led two cohorts of a [Multisector Plan for Aging Learning Collaborative](#) to help 20 states advance MPAs. A third cohort was announced on December 18, 2024, and includes seven states — Kansas, Kentucky, Mississippi, New Jersey, Oklahoma, Rhode Island, and Texas.

Figure 1: State Progress on MPA Development, [Center for Health Care Strategies](#)



- Implementing/refreshing
- Interest or planning
- ★ MPA Learning Collaborative participant
- Authorization to develop
- No known activity/declined to respond

Overlapping Goals and Focus Areas of State MPAs

MPAs aim to create coordinated approaches to address the needs of aging populations while promoting equity, innovation, and sustainability. The 10 states implementing or refreshing their MPAs share many common goals. A recent [analysis](#) by West Health found that the most common goals identified by states in their plans include physical health, housing, community/social engagement, caregiving, and transportation.



The following areas had 100 percent or nearly 100 percent alignment:

- Social Connection
- Transportation
- Paid and Unpaid Caregivers
- Housing
- Employment
- Alignment of Healthcare and Supportive Services to Optimize Health, Wellbeing, and Functioning

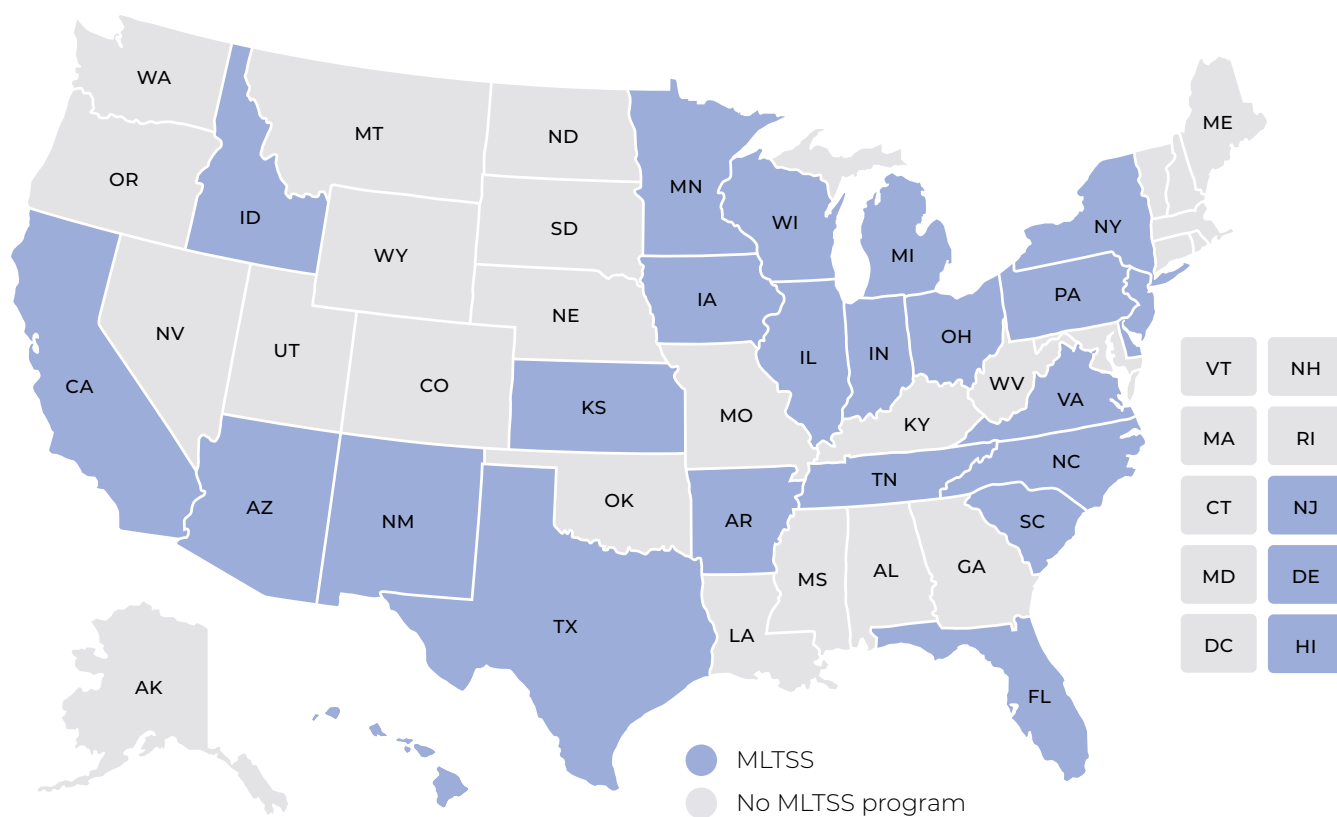
Similarly, in its [Strategic Framework for a National Plan on Aging](#) released in May 2024, the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities identified focus areas where state MPAs aligned with the Strategic Framework on Aging.

These goals and focus areas overlap. This action guide explores ways that MCOs can help states develop or implement actions in the areas where MCOs have the most impact. Notably, the six areas identified on the previous page.

About Medicaid Managed Care and MLTSS

The vast majority of Medicaid (80%) and Medicare services (50%) are now delivered via managed care plans. MLTSS programs have expanded significantly in recent years, from only eight states in 2004, to now 25 states offering MLTSS programs to serve older adults and individuals with a variety of disabilities. See Figure 2.

Figure 2: MLTSS and Integrated Health Plans, by State (source: mlts.org)



There is significant overlap between states that have received authorization to develop MPAs and those where MLTSS and Integrated Plans (such as a Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP) or Medicare-Medicaid Plans (MMP)) operate. Of the 10 states that are implementing MPAs, five (CA, TX, NC, PA, MN) offer MLTSS and Integrated Plans. Of the six that have received state authorization to create an MPA, four (IL, IN, TN, NY) offer MLTSS and Integrated Plans, representing an untapped opportunity for states and MCOs to work collaboratively to achieve common goals.

Survey Results

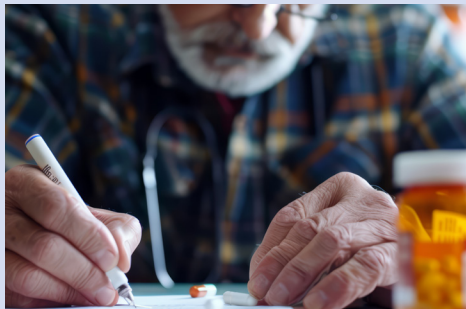


In November 2024, 16 MLTSS plans, all of which are members of the National MLTSS Health Plan Association, were asked to complete a survey determining their current knowledge of MPAs and their interaction as plans, if any, in contributing to the MPA development. Notably, since many of these health plans operate across multiple states, their responses varied significantly between state-based markets, reflecting distinct differences.

Among the 14 responses collected, consisting of a mixture of distinct MLTSS plans or the same health plan operating in different states, seven responded being very familiar with MPAs, six responded that they have heard of MPAs but do not know much about them, and one



replied they are unaware of state MPAs altogether. Among plans who have at least heard of MPAs before, with varying familiarity, six plans reported being somewhat involved in MPA development, while five plans reported not being involved at all. The remaining three plans noted that their states did not have an MPA in development.



For plans familiar with MPAs, yet not involved, the reason for non-involvement was diverse, reflecting a potential missed opportunity for engagement. One plan noted that while there is opportunity to get involved their “efforts as a plan have been focused elsewhere” as well as there was no “direct outreach from the state on this effort.” The

combination of being unsure on how to engage was a clear commonality throughout a number of the plans’ survey responses. Another plan with indication of knowledge of MPAs, noted that they would like to “support development and implementation of the MPA” but have received unclear guidance from the state on how to do so.

For plans that were somewhat involved in the state MPA planning, the involvement was primarily in the state’s process of stakeholder engagement. One plan noted that their CEO was provided the opportunity to formally co-chair one of the subcommittees of the MPA, allowing for more direct engagement.

Action Guide for MCOs

MCOs that want to engage with their state MPA have multiple steps they can take.



1

CONTACT THE STATE AGENCY THAT IS LEADING THE STATE'S MPA EFFORTS.

Often, it is the Department of Aging, but not always. West Health has identified the agencies leading MPAs as of December 2024 (see Appendix A).

- MCOs should leverage their relationships with the state Medicaid office, which are typically involved in MPA development, to inquire about opportunities for engagement.
- Several states share frequent opportunities for stakeholder engagement using a set mailing list. Inquire with the state agency leading the MPA development to determine the best way to stay informed.
- In some states, like North Carolina, Medicaid was a co-lead with the Division of Aging and has continued to play a role throughout the project implementation.
- In California, the Office of Medicare Integration and Innovation has sought ways for Medicare to be more involved in delivering home- and community-based services. They plan to release recommendations, along with MediCal, on providing care to complex needs populations early in 2025.

2

CROSSWALK YOUR MCO'S GOALS/PRIORITIES WITH THAT OF THE MPA.

Highlight where there is overlap and where your MCO can help the state achieve its goals/priorities.

- Each state's MPA can be found at multisectorplanforaging.org.
- One state representative noted that MCOs can actively contribute to the objectives of their state's MPA by collaborating with state and local agencies, including Area Agencies on Aging, community-based organizations, and other stakeholders, to align health services with the broader needs of the community.
- Furthermore, given that MPAs typically prioritize a "No Wrong Door" system approach, MCOs can collaborate with Medicaid LTSS leadership to develop and sustain a unified "No Wrong Door" referral system, ensuring seamless access to person-centered care and improved health outcomes by simplifying processes and enhancing care coordination across health and social support systems.
- Another state MPA liaison noted MCOs can advance their state MPA's focus on social determinants of health—such as housing supports, employment, and community engagement—by integrating these factors into their managed care model. This approach will promote healthier, more resilient communities while enabling Medicaid to support older adults and individuals with disabilities in living independently, aging in place, and accessing comprehensive services.

3

IF YOUR STATE HAS JUST BEGUN DEVELOPING ITS MPA, GET INVOLVED IN STAKEHOLDER ADVISORY COMMITTEES AND/OR LISTENING SESSIONS.

Even if your state is further along, let your views and contributions be known.

- MCOs should start by monitoring what is happening in their states and figuring out the best way to play a role.
- MCOs should engage in work groups typically offered by the states to obtain stakeholder perspectives.
- MCOs can offer a significant amount of data, experience, and person-centered care expertise to advance shared priorities like Age-Friendly Health Systems, health equity, and social determinants of health.
- MCOs have participated in the stakeholder process in many states (e.g., submitted comments, participated in meetings and special committees).
- A representative familiar with California's MPA process noted that stakeholder advisory meetings are open to the public—offering a strong opportunity for MCOs that seek to be engaged to stay informed. These advisory meetings also generally have a public comment period during which MCOs can offer insight and perspective.

4

IF YOUR STATE HAS BEGUN IMPLEMENTING ITS MPA, HIGHLIGHT AREAS WHERE YOUR MCO IS CONTRIBUTING TO ACCOMPLISHING GOALS AND PRIORITIES.

- For example, of the [10 states](#) implementing MPAs, all are prioritizing physical health, transportation, caregiving, and behavioral health through their MPAs. These elements are areas where MCOs have considerable influence and can contribute to positive outcomes.
- A representative from California Department of Aging noted that, while the MPA is housed primarily under one state agency, numerous state agencies are often involved and contributing to the policies placed in the MPA. Therefore, MCOs should proactively cultivate relationships with a range of state agencies and offer their expertise and support in advancing MPA policies led by these agencies.



5

EXAMINE DATA DASHBOARDS AND PROVIDE DATA WHERE POSSIBLE.

- MCOs can support states by partnering on specific projects, including development of shared data dashboards, alleviation of resource constraints, and the creation of meaningful public-private partnerships to track MPA progress.
- Several states, including California, Tennessee, and North Carolina, have created [data dashboards](#). It is crucial that the MPAs are data-driven. This will allow states to tailor their plans to their state's unique needs, develop benchmarks for comparing progress, and help ensure accountability.
- MCOs can help fill data needs, for example, tracking how institutionalization has been prevented.

MCOs are uniquely positioned to support state MPAs

by aligning their care delivery models with the goals of improved health outcomes and cost efficiency for older adults.

By leveraging data analytics, care coordination expertise, and financial resources, MCOs can drive innovation and collaboration across sectors to meet the needs of aging populations. States can support MCO involvement in MPAs by leveraging existing forums rather than creating new ones, ensuring Medicaid, Departments on Aging, and MCOs collaborate on a regular basis. MCOs interact directly with older adults and are well-positioned to identify obstacles, share data on unmet needs, and offer helpful insights that align with state aging goals. State Medicaid agencies may also consider proactively integrating MPA goals into MCO contracts in ways that do not create an added burden but embed clear expectations and benchmarks. By fostering stronger relationships between plans and state agencies, MCOs can play a unique role in advancing MPA implementation and improving outcomes for older adults. This collaboration should not be overlooked.

The following pages provide examples of how MCOs can more actively engage with the development and implementation of MPAs. Six common focus areas of MPAs are presented with examples of the types of activities that MCOs could collaborate with states in implementing.



MPA FOCUS AREAS

EXAMPLES

SOCIAL CONNECTION

Social connection is essential for overall well-being, yet loneliness remains a growing public health challenge among aging populations. MCOs can play a pivotal role in advancing state MPA goals of fostering social engagement and implementing strategies to combat social isolation, improving overall quality of life for older adults and people with disabilities.

- In Massachusetts, [Elevance Health](#) launched “Member Connect” to combat social isolation for beneficiaries enrolled in its Medicare Advantage plans. The program entails an Elevance Health employee volunteer, in combination with a community health worker, who serves as a phone pal and social isolation coach for beneficiaries enrolled in the program. Since the program’s launch in 2017, over 5,500 Elevance members in Massachusetts alone have participated in the program and over 200,000 phone calls have been made to participants.
- In Colorado, [UnitedHealthcare Rocky Mountain Health Plan](#) rolled out a social needs screening tool, which to date has screened over 50,000 dual-eligible beneficiaries. Screening entailed identifying needs within five domains of the social determinants of health framework, prioritizing questioning related to social isolation and loneliness.

PAID AND UNPAID CAREGIVERS

Despite increased demand for long-term services and supports (LTSS), a shortage of direct care workers (DCWs) remains a significant challenge for states, MCOs, and individuals with LTSS needs. Working together, states and MCOs can be effective partners in [designing and implementing solutions](#).

Unpaid caregivers provide essential support for older adults and individuals with disabilities, yet often face significant emotional, financial, and physical challenges. MCOs can contribute to MPAs’ caregiver goals by offering resources, respite, and guidance to better support caregivers and integrate their needs into the broader aging care framework. MLTSS plans have played an active role of increasing awareness of and outreach to family caregivers as outlined in a report published earlier this year by [LTOA](#).

- **Aetna’s Arizona MCO** is working with the state’s Medicaid agency to support collaboration with community colleges across the state to increase the recruitment, skills development, retention, and career advancement of students and current DCWs.
- Upon initial member enrollment and at least annually thereafter, **Medicaid MCOs in Tennessee** conduct a face-to-face assessment with caregivers. During the assessment, plans determine the caregiver’s role, assess the caregiver’s health and well-being, identify training and other needs, and ensure the caregiver has the patient’s care coordinator’s updated contact information.
- In Indiana, with the member’s consent, the **Elevance** care coordinator will invite the unpaid caregiver to participate in the member’s interdisciplinary care team. In doing so, the care coordinator emphasizes the member’s goals and values.
- **Commonwealth Care Alliance** in Massachusetts has published blog posts and online resources – including a caregiver guide, care tips for caregivers, and a caregiver tool kit – to increase awareness of the role of caregivers and of caregiver supports and services.

MPA FOCUS AREAS

EXAMPLES

ALIGNMENT OF HEALTH AND SUPPORTIVE SERVICES TO OPTIMIZE HEALTH, WELLBEING, AND FUNCTIONING

MCOs are vital to aligning health and supportive services, as they bridge clinical care with social services to optimize health, wellbeing, and functioning for vulnerable beneficiary populations. By addressing social determinants of health through care coordination and community partnerships, MCOs enhance the quality-of-life of patient populations.

- **Amerigroup**, a subsidiary of Elevance Health, partners with the Tennessee Commission on Aging and Disability, Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) in the state. Together, they coordinate care for members, helping them access HCBS to avoid institutional care, with the AAAs and ADRCs assisting by conducting eligibility assessments, service planning, and care coordination.
- In New Jersey, **Aetna** collaborates with the local AAAs and ADRCs to deliver long-term care services. Their partnership ensures that older adults and individuals with disabilities receive eligibility assessments, care planning, and support services to help them live independently in their communities by connecting residents with Medicaid services, home modifications, and respite care.
- In Hawaii, **AlohaCare** implemented the Geriatric Resources for Assessment and Care of Elders (GRACE) program. GRACE utilizes interdisciplinary teams comprised of a registered nurse, geriatrician, social worker, mental health liaison, pharmacist, primary care provider, and program coordinator to enable home-bound, low-income seniors with multiple chronic conditions and complex health needs to receive evidence-based health care and social services.

HOUSING

MCOs play a pivotal part in providing housing supports for beneficiaries by addressing housing instability as a key social determinant of health. Through partnerships with community organizations and innovative programs, MCOs help connect members to safe, affordable housing and related services.

- The **Massachusetts Behavioral Health Partnership (MBHP)**, which is a behavioral health MCO working with the Massachusetts Medicaid program, MassHealth, created the [“Community Support for Persons Experiencing Chronic Homelessness”](#) (CSPECH) program. This program provides services to homeless or home insecure populations. Other MA MCOs have followed suit in supporting this program.
- California MCOs, under the CalAIM Initiative, can cover a range of community support services, on a voluntary basis. These [services](#) are inclusive of a number of housing support options, including housing depots and housing transition navigation services.
- Interestingly, many states also mandate that their MCOs engage in community reinvestment, specifically with a focus on housing. For example, in Ohio, MCOs are required to invest a certain percentage of annual post-tax profits to the community, which is in part aimed to address housing instability. [MCOs operating in Arizona](#) under Medicaid are required to employ a housing specialist to deliver unique coordination for a beneficiary’s unmet housing needs.

MPA FOCUS AREAS

EXAMPLES

EMPLOYMENT

Employment opportunities play a critical role in promoting autonomy, economic stability, social connectedness, and well-being for older adults and people with disabilities. MCOs are increasingly taking on the role of connecting their members with meaningful job opportunities.

- For example, [Inclusa](#), which was acquired by Humana in 2023, offers a Competitive Integrative Employment Program. This program incentivizes residential providers to assist members in securing a new job in the community or sustaining their current job. The rationale underpinning the program is that employment opportunities allow members the opportunity to build meaningful relationships and contribute positively to their community, which in effect can positively bolster their health.
- [CareSource](#) offers a program termed “JobConnect.” Recognizing the importance of employment for their beneficiaries, JobConnect connects members with life coaches who assist them with issues related to barriers to employment and educational opportunities. Aligned with whole person-centered care, this program also connects to other community-wide resources, including housing and transportation resources.
- [AmeriHealth Caritas](#), promotes a Pathways to Work program, which delivers the opportunity for a 12-week internship, along with mentorship and job training resources, to its members.

TRANSPORTATION

Access to transportation is critical in addressing the needs of older adults and individuals with disabilities, as it directly affects their ability to access health care, social engagement opportunities, and community activities. Access to reliable transportation enables an independent lifestyle, as well as supporting a more active aging process. MCOs can play a pivotal role in ensuring that their members have access to timely and convenient transportation options to meet their overall wellbeing needs.

It is important to note that [non-emergency medical transportation \(NEMT\)](#) is a requirement for the Medicaid program. Each MCO that operates under state Medicaid plans provides this service differently.

- As an illustration, [Humana](#), offers non-emergency medical transportation (NEMT) for all of its Medicaid plans as well as for a number of their Medicare Advantage plan offerings. Humana primarily relies on an external broker, LogistiCare, to provide rides to beneficiaries. In recent years, Humana has sought to expand NEMT to allow beneficiaries not only to get to medical appointments, but also to access healthy food at local grocery stores.
- For members of [UnitedHealthcare’s Community Plan](#), the plan includes rides for beneficiaries not only for medical appointments, but also for trips to the pharmacy, grocery stores, and job training services. This holistic approach ensures beneficiaries have access to the full range of services for their well-being. UnitedHealthcare also utilizes an external vendor, MTM, to supply this benefit.

Conclusion

Some MCOs have played active roles in the development of their states' MPAs, while others have been largely absent. Many of the goals of MPAs, however, align with efforts taken on by the MCOs and it would benefit both parties to work more closely together.

As more states begin developing and implementing MPAs, it is crucial that MCOs become more actively involved. The action steps outlined in this report can create a pathway for greater collaboration.

Appendix A: State Agency Leading MPA Development/Implementation

STATE	LEAD AGENCY
California	Health and Human Services; Department of Aging
Colorado	Department of Human Services, Office on Aging and Disability
Connecticut	Unit on Aging (State Department of Aging and Disability Services)
Illinois	Illinois Department of Aging
Indiana	Unit on Aging (Indiana Family Social Services Administration: Division of Aging)
Iowa	Unit on Aging (Department on Aging)
Kansas	Unit on Aging (Department for Aging and Disability Services)
Kentucky	Unit on Aging (Department for Aging and Independent Living)
Maryland	Department of Aging
Massachusetts	Executive Office of Aging and Independence
Minnesota	Age-Friendly Minnesota Council
Mississippi	Unit on Aging (Department of Human Services - Division of Aging Services)
Missouri	Department of Health & Senior Services
Nevada	Unit on Aging (Aging and Disability Services Division)
New Hampshire	State Commission on Aging
New Jersey	Unit on Aging (Department of Human Services - Division of Aging Services)
New York	Department of Health
North Carolina	Department of Health and Human Services, Division of Aging; NC Medicaid Division of Health Benefits
North Dakota	Unit on Aging (DHS Aging Services Division)
Oklahoma	Unit on Aging (Department of Human Services – Community Living, Aging and Protective Services Division)
Oregon	AGE+
Pennsylvania	Department of Aging
Rhode Island	House of Representatives Study Commission on Aging Policy
South Carolina	Unit on Aging (Department on Aging)
Tennessee	Department of Disability and Aging
Texas	Unit on Aging (Health and Human Services Commission, Office of Aging Services Coordination)
Utah	Commission on Aging
Vermont	Department of Disabilities, Aging and Independent Living, Department of Health
Washington	Unit on Aging (Department of Social and Health Services – Aging and Long-Term Support Administration)



About LTQA

Long-Term Quality Alliance (LTQA) is a 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need long-term services and supports (LTSS), and their families. LTQA advances person- and family-centered, integrated LTSS through research, education, and advocacy.

Organizations come together in the Alliance to share knowledge and experience needed to advance development and continuous improvement of high-quality systems of integrated, person- and family-centered LTSS. The Alliance serves as a convener of disparate private-sector and governmental organizations, with an eye to identifying and resolving the most significant challenges and advancing the replication of successful models that demonstrate the potential for more widespread adoption of person-centered LTSS integration.


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About West Health

Solely funded by philanthropists Gary and Mary West, West Health is a family of nonprofit and nonpartisan organizations, including both the Gary and Mary West Foundation and Gary and Mary West Health Institute in San Diego and the Gary and Mary West Health Policy Center in Washington, D.C. West Health is dedicated to lowering healthcare costs to enable seniors to successfully age in places with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

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