



Sent To: patrickdemico@prolificdynamics.com

[Update Account](#) | [Sign-Up Free](#)

[Forward This Article](#)

For IDD, The Question Isn't Managed Care Or Not—It's Residential Care Or Not

October 13, 2017 | Monica E. Oss



I walked away from the keynote by Nancy Thaler, Deputy Secretary for the Office of Developmental Programs at the Pennsylvania Department of Human Services—The Future Of Long-Term Services & Supports: A New

Business Model For A Medicaid Managed Care Market—at the 2017 OPEN MINDS Executive Leadership Retreat with a different perspective than I had anticipated. Ms. Thaler's presentation did focus on the move of Medicaid long-term services and supports to managed care (MLTSS), and she provided some great background on that transition. But my big takeaway wasn't that managed care was a cost and quality issue facing the I/DD field—the question is how to develop systems that offer appropriate alternatives to residential care.

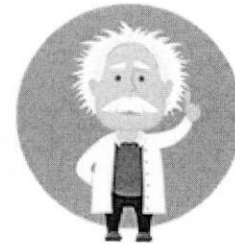
The managed care trajectory in the I/DD system is an interesting one. Long-term services and supports, including I/DD, have been incorporated in Medicaid managed care since the advent of Medicaid in Arizona. And that program gets relatively high marks from consumers and their advocates. The number of states that have included I/DD support



10

TENELEVEN

The 4 Do's and Don'ts of Central Intake



How does your agency do intake?

Free
White Paper

Most Popular Resources In The OPEN MINDS Industry Library In September

[North Carolina Proposes New Integrated Medicaid](#)

services in MLTSS is smaller than the number of states with MLTSS for other consumer groups—at current count only 10 (see [Strategy In The I/DD Market](#)). Some experiences have been good and some not. Just as each state's Medicaid program is varied, so is the method in which they deliver MLTSS to the broader population—and the I/DD population specifically. Each state uses different types of MCOs—private, public, the state Medicaid agency—and different waiver authorities that effect how many individuals they serve and how. These models each have their advantages and disadvantages and have resulted in both positive and negative experiences for stakeholders.

But my big “aha” moment in Ms. Thaler's presentation was her comment that for the I/DD population, managed care models don't necessarily offer cost savings from reduced use of institutions because there is relatively low utilization of facility-based interventions and there is a (legal) waiting list of consumers looking for service. Her point was that the budget management issue, whether in managed care or not, is really about providing a system that allows consumers with I/DD to live with families and friends rather than 24-hour staffed group homes. She used statistics from Pennsylvania as an example—there are 2,885 consumers requesting care in a residential treatment setting. And, for the highest-need consumers, that 24-hour staffed residential facility would cost \$233,000 a year versus \$90,000 per year for an alternate living arrangement and community support services.

[Managed Care Model News Report](#)

[Reimbursement Changes In Store For Behavioral Health At CMS](#)
News Report

[MassHealth Selects Community Partner Organizations For ACOs - 8 For LTSS & 18 For Behavioral Health](#)
News Report

[Nebraska Medicaid LTSS Redesign Calls For Phased Carve-In Starting January 2020](#)
News Report

[Services For Justice-Involved Consumers - Jumping The Chasm Between The Health Care & Corrections Systems](#)
Feature Article

Request for Residential Services

Request for Residential Services	Total Residential Request -
Individual Home owned/Leased by the person with 24 hour staff	389
Agency Group Home or Apartment 24 hour staff	2,496
Requesting 24 hour residential	2,885

Residential Service Options

Need Level	Life Sharing*	Supported Living	24 hr. Residential
Need Group 1	\$37,394	\$34,007	\$143,233 (= 3 in Life Sharing)
Need Group 4	\$80,508	\$156,431 (= 2 in Life Sharing)	\$233,048 (= 3 in Life Sharing)

* Best Outcomes in IM4Q surveys every year

Her advice to advocates? Whether your state is looking at managed care or not, the more important issues are the same. Ensure that the system is focused on self-determination, community participation, development of life sharing and supported living options, and adequate access to behavioral health services. With the rising incidence of autism and intellectual disabilities (see [Finding The Opportunities In Serving The 1 In 68](#) and [Prevalence Of Autism Among U.S. Children Now 1 In 68](#)), a focus on these system design issues is going to be more important than ever.

For more on managing your population of consumers, join *OPEN MINDS* Senior Associate Ken Carr, on November 7 for his session, "Technology & Reporting Requirements For Population Health Management: Preparing For Value-Based Reimbursement", at [The 2017 OPEN MINDS Technology & Informatics Institute](#).

The *OPEN MINDS* Circle is sponsored by *Relias Learning* Company for the month of October

Healthcare providers are striving to improve the care they provide,



New Resource

This report provides a comprehensive analysis of the financing and delivery systems of all states that have adopted or are considering adopting an 1115 SUD demonstration waiver.

An Update On States With Medicaid 1115 Waivers For Addiction Treatment



Market Intelligence Report

Download Now

RELIAS | LEARNING

especially given the transition to pay-for-performance models. Relias measurably improves care performance through ongoing analysis, learning tools, and assessments. Through this total solution, organizations can proactively identify variation in practice, improve knowledge and employee retention through targeted learning solutions, and motivate change and improvement in behavior and process.

Relias' approach to understanding each organization's unique data allows us to deliver personalized development paths that lead to better performance and improved outcomes for populations across the entire continuum of care.



Copyright © 2017 OPEN MINDS, All rights reserved.

[Unsubscribe](#) | [Update E-Mail Preferences](#)

This reprint appears with the permission of *OPEN MINDS*. For more information, visit their website at www.openminds.com. To contact the author, email openminds@openminds.com.