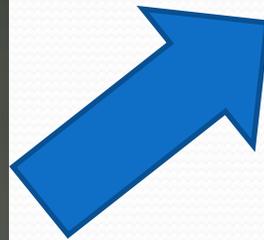


“An Array of Services”

...or real life supports.

Is There a Way Out?



The Medicaid Box

- **Medicaid pays for “Services”**
 - Services are defined. Some activities qualify some do not.
 - Services must be justified by some objective criteria(Medically Necessary).
 - Services come in units (usually specific blocks of time)

The Medicaid Box

- Services have “Rates” and “billing codes”.
- Services are provided by people with specific qualifications employed by certified provider organizations.
- Services are well adapted for accountants and regulators.

The Medicaid Box

- Accountants and Regulators are satisfied when we can prove that an eligible participant received the specified number of units of a service from a qualified provider under the proper billing code.
- Providers are satisfied when they can provide enough units of service at an adequate rate to sustain their business.

Real Life -Outside the Box

- **Life does not take place in discreet 15 minute blocks**
- **Real life has a tendency to happen all of the time everywhere you go and whomever you are with.**
- **Life requires a kind of free flowing, constantly adapting, creative responsiveness.**
- **This is often incompatible with discreet units of precisely defined billing codes which we call “services”.**

Real Life -Outside the Box

- **Participants are satisfied when they get the assistance they want and need to live and enjoy life.**
- **Participants want to choose their supports and the people who provide them.**

Real Life -Outside the Box

- **Participants want supports with activities as the need arises in the course of their life and as often and long as it takes to accomplish the activity or master the skill.**
- **Participants generally want freedom and independence.**
- **Participants generally want to be safe, healthy, and engaged in typical activities in their communities.**

How Medicaid Services Fit into Real Life



People try to make their “services” fit into their lives and the provider’s business model

Fee for Service Box/Managed Care Box

- **The Medicaid Box has historically been a Medical Model Fee for Service Box.**
- **Medicaid is experimenting with Managed Care Models**
- **Managed Care models tend to be less focused on billing codes, service units and discreetly defined services.**

Fee for Service Box/Managed Care Box

- Managed Care models bundle “services” and billing codes into daily or monthly rates.
 - Behavioral Health MCO
 - “Medical Home” model
 - “Duals” MCO plans

Fee for Service Box/Managed Care Box

- Managed Care tries to focus on “outcomes”
- Medical Outcomes are mostly easier to define and measure than “Real Life” outcomes for people with Developmental Disabilities

Pros and Cons

- An “array of services”
 - Can be defined to narrow categories
 - Can be tracked for accounting purposes
 - Can be quantified and limited
 - Can match qualifications to the services
 - Allows regulators to identify billing errors.

Pros and Cons

- An array of “services”
 - Provides services in discreet time units- not adaptable to real life
 - Creates confusion when someone has unexpected needs
 - Encourages providing more units of more expensive services regardless of participant outcomes
 - Places quality control on the conditions of services , not the effectiveness of services
 - Doesn't allow for “outliers” needs
 - Prohibits free flowing creativity to meet life's challenges.

Using Medicaid to Make a Better Box

- We need to start with some mutual agreement on the desired outcomes for people with DD.
- Some idea of how to monitor or measure the outcomes
- These must still be consistent with the needs of providers and Medicaid.

Using Medicaid to Make a Better Box

- **We need some idea of how to monitor or measure the outcomes**
- **These must still be consistent with the needs of providers and of Medicaid.**
- **We must be very careful about what incentives are created**
- **We have to know when it is not working, and know how to change it.**
- **We need to accommodate the “outliers” – Outliers are people too.**

Using Medicaid to Make a Better Box

- My Voice My Choice has revolutionized the “Array of Services” model.
 - There are only 3 “services” and almost everything is bundled into one service – “Community Supports”
 - “Community Supports” does not have
 - a “unit” of service
 - a long list of provider qualifications, or
 - a “rate”.

Using Medicaid to Make a Better Box

- Supported Living / Residential Habilitation is based on a daily rate which does not switch among billing codes but recognizes differences through an acuity based system.
- Certified Family Home models also use a form of “bundling”.
- Some states address the needs of “outliers” with an open ended “tier” that can be individualized.

Using Managed Care to Make a Better box

- Managed Care models include “bundled” models such as “Per Member Per Month” payments without limits on units of service and with greater flexibility to meet participant needs.
- Arizona uses the State DD bureau as the MCO with the power to do whatever it takes to meet individual needs within the aggregate budget.
- These models need robust quality assurance and creative incentives to produce good outcomes.

Needs and Desires

- What do People with Developmental Disabilities Need?
 - Food, Shelter, Clothing (not Medicaid)
 - Medical care
 - Safety (protection and monitoring)
 - Transportation
 - Living Skills/Adaptations/ Personal Care
 - Behavioral Problems / Mental Health
 - Employment
 - Socialization / Recreation / Leisure activities
 - Protection of Rights/Choice/Self Determination

Outcomes?

- Is the person
 - Safe?
 - Healthy (physically and mentally)?
 - Learning skills for greater independence?
 - Receiving accommodations/assistance for living skills they cannot perform?
 - Employed?
 - Involved in typical community activities?
 - Socially connected?
 - In control of their life?

Sustaining a Quality Provider Network?

- Will providers have the ability to:
 - Recruit and retain skilled employees?
 - Provide quality services and supports?
 - Support individuals of all levels of need?
 - Provide services to those in rural areas?
 - Cover all the costs related to providing services?

Sustaining a Quality Provider Network?

- Assure adequate oversight and supervision?
- Meet all applicable state rules and regulations?
- Provide adequate and consistent hours to employees?
- Assure access to behavioral and developmental consultation?
- Stay in business?