Public-Private Partnership: Models of Innovation for Managing IDD Services

Wednesday, August 29
8:30 am – 9:45 am
Meet the Panel

- Brian Wheelan: Market President, Beacon Health Options

- Judy Fitzgerald: Commissioner, Georgia Department of Behavioral Health and Developmental Disabilities

- Trey Sutton: CEO, Cardinal Innovations Healthcare
1. Facts and Trends: The Case for Change

2. Understanding Policy Objectives and Considerations

3. Perspectives from the Field: Public and Private Leaders

4. Discussion and Q&A
Trends toward more focus on BH, integration and specialization have accelerated further over past 6 months

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<th>States buy BH separately from Medical, SMI specialization</th>
<th>States buy BH with Medical, SMI specialization</th>
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<tr>
<td>MI, NC, CA</td>
<td>NY, NH, AZ, FL</td>
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<td>HI</td>
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<td>AR, WA</td>
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<td>MO, GA, PA, UT, OR, ID, CT, MD</td>
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<tr>
<td>WA</td>
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<tr>
<td>States buy BH separately from Medical; no SMI specialization</td>
<td>States buy BH with Medical, no SMI specialization</td>
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Notes: not all states shown
Source: Internal interviews, secondary research
The $60B IDD market is also reorganizing quickly, and is largely an open field

**STATE MODELS FOR I/DD LTSS**

**LTSS Managed**

- Managed TPA for MA LTSS
- Non-traditional supports like employment are covered through TennCare MCOs, other I/DD LTSS remains unmanaged

**LTSS Unmanaged**

- I/DD included in state model with other LTSS populations (elderly/duals)
- I/DD treated individually (separate from state model for other LTSS populations)
- I/DD included in state model with SMI

**Beacon contracts**

**Sources:** Medicaid Financing & Service Delivery Systems for I/DD Population Receiving LTSS, Open Minds 2016. State Medicaid Programs with MLTSS: the 2017 Open Minds Update.
Takeaways Based on State Trend Analysis

1. **Integration is hard**
   a) More than just financial consolidation into singular premium
   b) New capabilities, new provision, new community behaviors

2. **Evolution in the role of safety net providers**
   a) Not just a “designated status” based on receipt of indigent and general appropriation agency monies
   b) Imperative for safety net providers to evolve, or risk being integrated out of existence
Trend Also Poses Some Programmatic Challenges for State Agency and State Policy Leaders

1. **Consistent, statewide infrastructure development does not lend itself to a fragmented, multi-player approach**
   - i. Crisis systems for BH and DD (backlash against UM, but front door management matters)
   - ii. Specialty provider capacity building: SUD, Autism, Peers, PBMs
   - iii. Technology infrastructure: Electronic Visit Verification, Digital Monitoring

2. **Role of the Public system**
   - i. Not enough to just think of “Public” as taxpayer funded. Governance and responsiveness to local county and municipal officials must be real
   - ii. Coordination point for many of the non-Medicaid services that address social determinants

3. **Implementation of modern long-term care compliance**
   - i. Conflict free case management and independent assessment
   - ii. Background checks, site visits, audits and other program integrity functions

4. **Agency bandwidth and capability**
Models can leverage private sector innovation while preserving community engagement and stewardship

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<th>Function</th>
<th>Public</th>
<th>Private</th>
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| Administrative | • Setting expectations  
               • Establishing SLAs | • Best in class systems  
               • Scaled, efficient operations |
| Clinical | • Build a local system of care  
               • Identify community needs  
               • Guide service development | • Apply accepted standards  
               • Analytics and profiling  
               • Training and TA |
| Financial | • Develop investment strategy | • Manage financial operations |
| Community | • Manage external processes  
               • Convene stakeholder input | • Optimal customer service  
               • Create transparency |
How states are transforming their systems to improve services for persons with BH or I/DD needs

- Integrated Behavioral Health and Intellectual and Developmental Disability Services System
- NC Innovations Waiver
- Provider-led Arkansas Shared Savings Entity (PASSE)
Discussion

- Identifying the right partners
- Creating a culture of accountability
- Using data to inform decision making