

Medicaid Managed Care Waiver Advantages for People with Intellectual and Developmental Disabilities

Medicaid Managed Care Requirements		PBH Outcomes	Non-Waiver LMEs
<p>Access to Care: Waiver Managing Entities are <u>required to ensure that consumers have both access to services and choice of providers.</u></p> <p>Geographic equity, equal availability <u>across a geographic area,</u> is an important mandate for a Managed Care waiver system.</p>	<p>Medicaid regulations require studies of:</p> <ul style="list-style-type: none"> • provider capacity • consumer demand and unmet needs • geographic locations of provider sites within a geographic area. <p>The Waiver Managing Entity MUST assure that there are enough providers to meet demand for services,</p>	<p>CONSUMER CHOICE of Providers:</p> <p>PBH has more than 100 providers offering services to individuals with intellectual and developmental disabilities.</p> <p>PBH uses comprehensive studies of need, use of services and geographic location of providers to ensure provider availability and choice for consumers.</p>	<p>Non-waiver LMEs have informal responsibility for ensuring provider availability and consumer choice but having <i>no formal tools or authority</i> to ensure this happens.</p>
<p>Managed Care Systems create predictable business environments for providers.</p>	<p>Results in provider confidence and investment in infrastructure and quality systems.</p>	<p>PBH has providers that consistently offer high quality services:</p> <p>People with intellectual and developmental disabilities receive very good services.</p> <p>On average, PBH pays providers within 10 days of receiving a valid Medicaid claim. Prompt payment supports healthy providers.</p>	<p>The NC business environment has been very unpredictable with intense competition, often driven by poor quality providers and strident and reactionary reactions of the state to address cost overruns and quality issues.</p>
<p>A Waiver Managing Entity has full authority for quality services.</p> <p>PBH has very</p>	<p>Managed Care Regulations give the LME authority to:</p> <ul style="list-style-type: none"> • Set and enforce quality and performance standards • Enroll and de-enroll providers 	<p>PBH has full authority to enforce quality standards and to remove providers from the network if they do not provide good services.</p>	<p>Local Control of the Provider Network by the LME:</p> <p>LMEs have limited input into whether a provider can offer services in their catchment area.</p> <p>The process to terminate a provider from Medicaid services is not a local</p>

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<p>Positive Consumer Outcomes that have been confirmed by National Quality Indicators for people with I/DD.</p>	<p>from the network</p> <ul style="list-style-type: none"> Apply sanctions for poor quality care 		<p>decision of the LME.</p> <p>Too many providers have resulted in too much competition and poor quality services.</p>
<p>I/DD continuum of care. Funding remains in the system when people move to community settings of their choice.</p>	<p>Ability to move people and their funding from ICFs/MR (Medicaid funded group homes and institutions) to community settings that are within available resources.</p> <p>I/DD funding stays in the I/DD system.</p>	<p>Consumers may choose to leave ICF-MR programs to live in less restrictive residential programs.</p> <p>The money follows the person from the ICF-MR to a community residential program.</p> <p>This allows PBH to use limited ICF-MR beds for consumers with the highest level of need.</p>	<p>Non-Waiver LMEs do not have the ability to move people and transfer funds from ICFs/MR to other settings.</p>
<p>Single point of accountability: for oversight for the entire continuum of supports for people with I/DD.</p>	<p>The Waiver LME is fully accountable for the availability of services and supports to <u>all eligible people</u> <i>when and where the services are needed!</i></p>	<p>PBH is fully accountable to the state for access to Medicaid funded services for all eligible consumers. PBH consistently meets timely access to care standards.</p>	<p>There is no single point of accountability. Point of accountability is diffused over various providers, the case management agency, the LME, ValueOptions, and state agencies (DMA, DMH/DD/SA).</p>
<p>One Manager of Public Funds: <u>one</u> manager of all public resources.</p>	<p>Ensures optimal use of funds (state, federal block grants, Medicaid, county); no overlap and efficient management.</p>	<p>Local management of public resources ensures use of funding that is customized for the needs of local communities.</p> <p>State funding and Medicaid funding are managed by a Local Management Entity.</p>	<p>State funding and Medicaid funding are managed by different entities. (Medicaid by Value-Options, and state funding by LMEs)</p>
<p>Community Reinvestment: use of savings to develop</p>	<p>Additional (B-3 Services) for non-1915 (c) waiver Medicaid recipients</p>	<p>PBH designed B-3 services based on the expressed priorities of LOCAL consumers.</p>	<p>No provision to reinvest Medicaid savings or to develop additional Medicaid services.</p>

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additional services (B-3 services).	with I/DD: <ul style="list-style-type: none"> • Medicaid funded Respite Care • Medicaid funded Supported Employment Services • Medicaid funded Community Transition • Reduced I/DD Waiting List 	B-3 services have allowed PBH to reduce the waiting list of people with intellectual and developmental disabilities.	Supported Employment and Respite care are not available in the rest of the state except for people enrolled in the CAP-MR/DD waiver. Community Transition is only currently available through the Money Follows the Person federal grant program. No defined strategy to address lengthy waiting list.
Medicaid waiver Overhead (management) funds support infrastructure needed by the Waiver Managing Entity for success. I/DD infrastructure required and supported by overhead.	Overhead (management) funds support: <ul style="list-style-type: none"> • Sophisticated management infrastructure Supports a focused I/DD infrastructure at multiple levels of the organization 	PBH has strong professional leadership with training and experience in Developmental Disabilities.	Medicaid management funds are dispersed across Value Options, EDS-state vendor for claims processing and payment and LMEs. Limited use of Medicaid management funding to support LME management. No financial support for I/DD infrastructure. Most other LMEs have few DD professionals in their management infrastructure.