The Affordable Care Act, Medicaid Managed Care and the I/DD Community

Major ACA Issues for I/DD Community

• Essential Health Benefits Package
• Interaction between Medicaid and Marketplace Plans
• Medicaid Premium Assistance
• Provider Adequacy
• LTSS State Options
Essential Health Benefits

• Ten categories of Essential Health Benefits;
• State by state determinations of EHB package based on existing benefits in available commercial insurance plans;
• HHS has a “transitional policy” regarding “habilitative services”;
• Benefit substitution must not be used to discriminate – states may prohibit it altogether

Medicaid and Marketplace Plans

• Workers with disabilities will still require Medicaid for LTSS, wrap-around coverage
• How can Marketplace plans interface with Medicaid?
• Medicaid Buy-In, 1619b, Medically Frail Eligibility
• Medicaid Premium Assistance Options
LTSS State Options

• Community First Choice State Option
• State Balancing Incentive Program
• 1915i State Plan Option
• Money Follows the Person Re-Authorization
• Dual Eligibles Demonstrations

Managed Care and I/DD

• Previously utilized primarily for acute care
• I/DD has historically been carved out of most MLTSS arrangements
• Existing models of I/DD managed care have occurred with state-run and non-profit plans (i.e: Arizona, Wisconsin)
Assumptions with Typical Managed Care Structures

• Savings from preventative care & care coordination realized in the life of the managed care contract
• Overseeing primarily medical services
• Fairly straightforward to determine standard capitated payments
• Medically oriented performance measures

Differences with I/DD Managed Care

• Savings from shifting away from legacy infrastructure, may take longer than MCO contract
• System already has significant support coordination – typically superior to that offered by most MCOs
• Includes a broader scope of services (i.e: employment, family support)
• Capitated payment structure relatively complex
**Fears and risks**

- Medicalization of Services
- Loss of Support Coordination
- Backsliding on community integration (i.e: institutional carve-outs)
- Lack of understanding by MCOs of non-traditional services

**Safeguards**

- Non-clinical quality measures
- MEANINGFUL ENGAGEMENT w/Stakeholders
- Avoiding institutional carve-outs
- Capitated payments acknowledging support needs
- Performance goals for transition from legacy infrastructure
- Strong ombudsman and due process protections
- Support Coordination Standards
Questions?

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