

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



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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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