

Cardinal Innovations HEALTHCARE



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



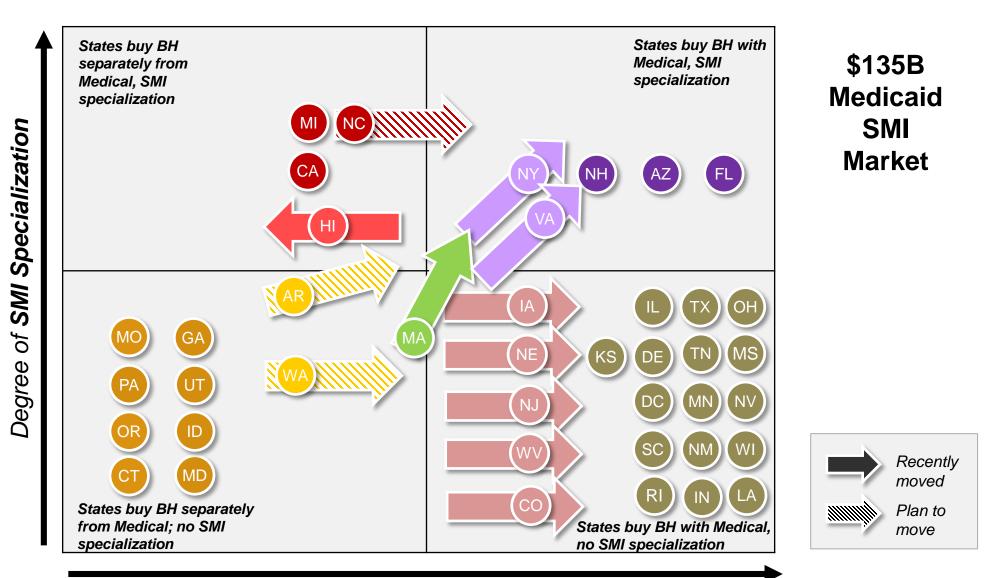
Judy Fitzgerald: Commissioner, Georgia
 Department of Behavioral Health and
 Developmental Disabilities



 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

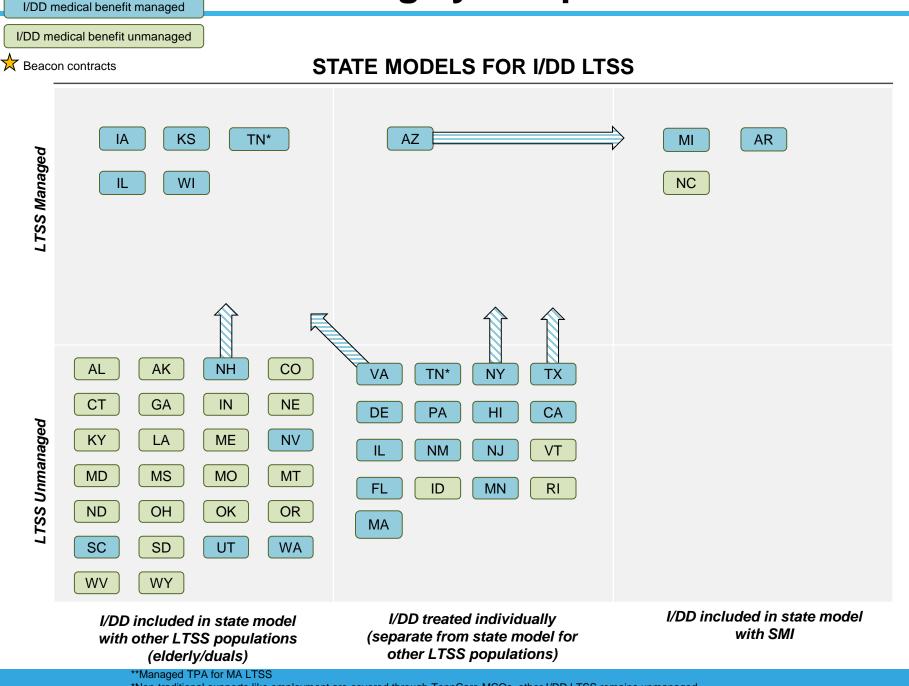
Trends toward more focus on BH, integration and specialization have accelerated further over past 6 months



Degree of "Integrated" benefits

Notes: not all states shown Source: Internal interviews, secondary research

The \$60B IDD market is also reorganizing quickly, and is largely an open field



*Non-traditional supports like employment are covered through TennCare MCOs, other I/DD LTSS remains unmanaged 5 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.

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

Function	Public	Private
Administrative	Setting expectationsEstablishing SLAs	Best in class systemsScaled, 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