

The Arc of Indiana
Managed Care Talking Points
July, 2013

Current health/long-term care system outcomes are not getting the results people want or need.

The current system is expensive and lacks the flexibility to direct funding to address the right needs at the right time.

New systems must be person-centered, coordinated locally by those who know individuals the best, and offer quality, affordable, cost-effective care.

Outcomes must be tailored to the individual. The needs of an 80 year old man with Alzheimer's and an 18 year old man with autism are very distinct needs.

Consideration should be given to developing Coordinated Care Organizations, CCOs - locally governed partnerships of health care providers, community providers, and community members that can offer a quality-based, creative and cost effective way to address community needs. CCOs can include hospitals, physician groups, pharmacies, community-based providers, behavioral health, etc., who share financial responsibility and risk with the state Medicaid agency.

Long-term care has to begin with a focus on family, community and inclusion.

Workforce development, including training, wages and incentives for quality outcomes in new and creative ways, must be part of any system reform.

Employment, in a variety of forms, must be at the heart of long-term supports for those under age 65 and for those over 65 who choose to work.

Data clearly shows that better care leads to lower costs. Data also shows that it takes time to address the acute care needs of people with disabilities and people who are elderly, whose needs have often neglected or underserved. Increasing access to preventative care will lead to less acute care. Better coordination of care at the local level means better outcomes. Integrating mental and behavioral health is critical in this process.

Person centered care, combined with true coordination of care providers, must be part of a new approach.