

2b. If you answered “Yes” to question 2a, what don’t you like about the current IN Medicaid program? Check all that apply.

- It is hard to use.
- It is complicated or confusing.
- It is not accepted everywhere.
- It is hard to qualify for.
- It doesn’t cover all the services I need.
- I don’t have enough choice of doctors or health care providers.
- I don’t feel like I get the same quality of care as other people who have private insurance.

3. How important do you think taking personal responsibility is for people to improve the quality of their lives and health through the state’s Medicaid program:

- Very important
- Somewhat important
- Not important

Now, let’s get some background information about “What are Managed Long-Term Service and Supports (LTSS)?”

Managed Long-Term Services and Supports refers to a change in how states will pay for and provide the long-term services and supports that people with disabilities use in their daily lives.

Long-term services and supports are the services and supports that people need for daily life. They are sometimes called *waiver services*. This includes personal care attendants, home care assistance, and group homes. Long-term services and supports help people with daily tasks, like getting dressed, bathing, cleaning the house, or taking medications. Long-term services and supports is often shortened to LTSS.

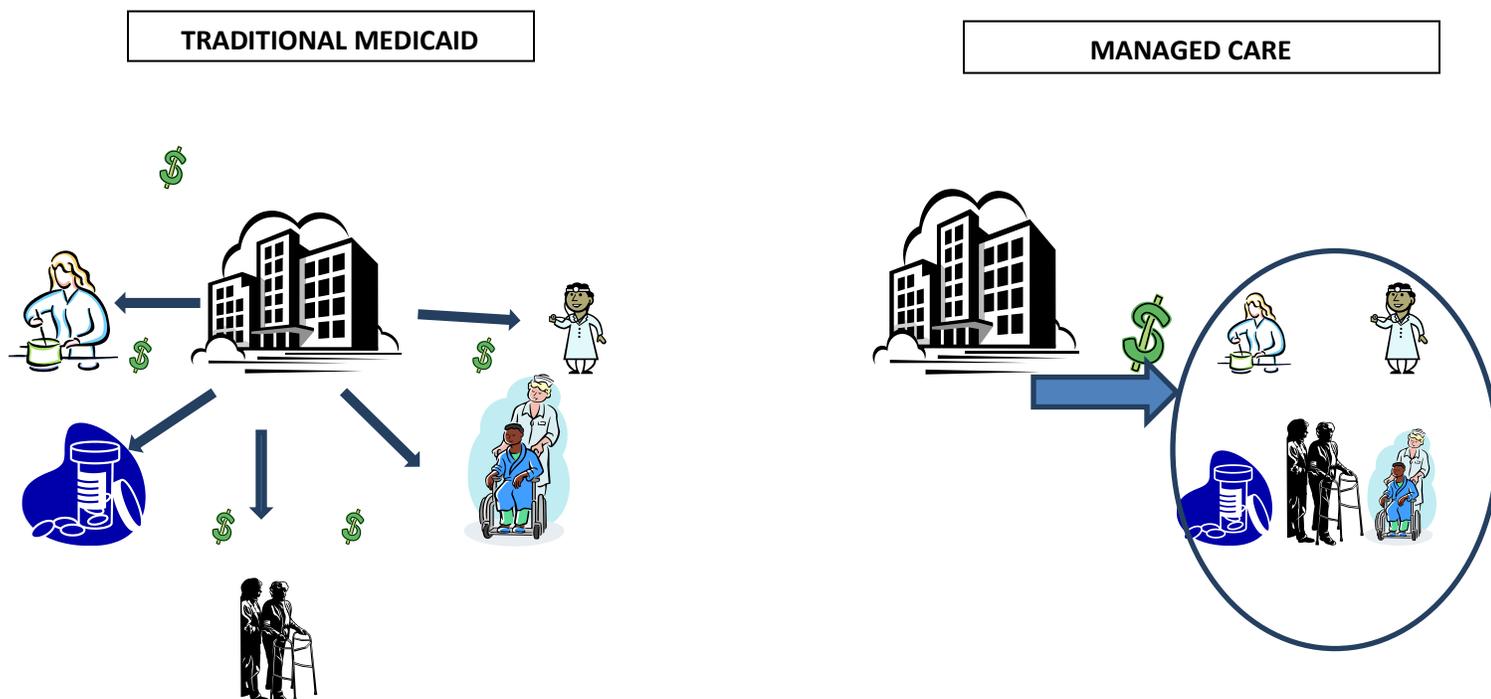
Managed Long-Term Services and Supports means that states are changing how they pay for and provide these services. Instead of the state paying each provider for services, the state will look at new ideas. One idea may be for the state to sign a contract with a **managed care organization (MCO)**. An MCO is a company that helps coordinate the health care and other services that an individual receives. This might be from one provider or several providers, and it might look different for each person who receives LTSS.

4. The State of Indiana is exploring a new Medicaid program featuring a managed care model. This means there might be some changes in how the program operates. If you were in charge of designing the new Medicaid program, what three (3) features would be most important to you?

- Making it easy to use.
- Making the rules understandable.
- Having a choice of doctors and providers.
- Seeing the same doctor or health care professional every time.
- Easy access to someone who can answer my questions about what is covered and what is not.
- Opportunity to remain in and be part of the community using natural supports.
- Making sure it pays for the services I need.

States may also look at other options. States could look to manage these services through existing LTSS providers, Medicaid providers or networks. This would mean the state or providers would work to improve outcomes and reduce/maintain cost.

These pictures show the difference between Traditional Medicaid, as you know it now, and Managed Care.



There are two important ideas needed to understand managed care. The first is *incentives*.

Important Terms

Incentives

When a person or company might benefit from doing something, we say that the person or company has an ***incentive*** to do it. For example, if I want to hire you, I'll need to give you good reasons why you should work for my company, like higher pay. I need to give you an ***incentive*** to change jobs and come work for me.

There are ***incentives*** in health care and LTSS as well. When doctors or providers are paid for each service they provide, they have incentives to provide more service – even if they aren't the services a person needs most. The goal of managed care is to change these incentives. Managed care organizations try to use money to focus on keeping people healthy, instead of only paying for more services.

5. I know how much my health care and long-term services and supports cost.

- Yes
- No

6. I have seen a dentist...

- In the last 6 months
- In the last 12 months
- More than 1 year ago
- I don't remember when
- I have never seen a dentist

Next, let's talk about ***fragmentation versus coordination***.

Fragmentation and Coordination

Fragmented means broken-up. Today, a lot of our health care services, including LTSS are ***fragmented***. It's rare for doctors or providers to talk to each other or to help make a plan for the health of their patients. It's even rarer for doctors to talk to providers of LTSS. ***Fragmented*** medical services cause people to be confused about their medical care, prescriptions, and what they are supposed to do to stay healthy.

Coordinated means working-together. Under managed care, the goal is that services will be coordinated. Doctors, nurses, providers, and others will all talk to each other about the services they will provide. People called "***care coordinators***" will make sure that those receiving services understand the care they are getting and what they need to do to stay healthy.

7. I would want a care coordinator who works for me.

- Yes
- No

8. I would want to make sure my care coordinator has experience working with people with intellectual disabilities and developmental disabilities.

- Very important
- Somewhat important
- Not important

9. I would like my residential support team, employment team and health care team better coordinated with better communication to help me reach my goals.

- Very important
- Somewhat important
- Not important

If Indiana switches to Managed LTSS, what are the Potential Benefits and Concerns for People with Intellectual and Developmental Disabilities?

Benefits: Managed LTSS has the potential to improve services and keep people healthier and more independent. By working with care coordinators, people with disabilities can gain more access to the kind of medical care that helps keep people healthy. The managed model also might save money, which could be used to offer more kinds of services or reduce the number of people waiting for services.

Concerns: The “managed” part of managed LTSS means that one company will provide most services. Some advocates are concerned that this could limit the options for people on Medicaid, or force some people to change doctors or service providers. Others are concerned that managed care organizations have limited experience serving people with intellectual and/or developmental disabilities. Managed care organizations are usually health care providers who might not have experience supporting people for self-determination and independence.

The figure below outlines the potential benefits and concerns:

<u>Benefits</u>	<u>Concerns</u>
Service Coordination	Limited choice of providers
Save money	Need for state oversight
Reduce waiting lists	Lack of experience serving people with ID/DD
Care focused on staying healthy	

10. What services do you wish Indiana provided under Medicaid that are not currently available?

- _____
- _____
- _____

11. How optimistic are you that a managed care company could improve your care, treat you fairly, make your experience easier?

- Very optimistic
- Somewhat optimistic
- Not optimistic

12. How optimistic are you that a community-based ID/DD organization could improve your care, treat you fairly, make your experience easier?

- Very optimistic
- Somewhat optimistic

Managed Care – What do YOU Think?

A survey for consumers about Indiana, health care, and the future.

- Not optimistic

13. How concerned are you about the State’s ability to fund the Medicaid program?

- Not concerned
- Somewhat concerned
- Very concerned

14. Is there anything else you wish we had asked or that you would like to tell us?

Some excerpts from the Managed Long –Term Services and Supports, President’s Committee for People with Intellectual Disabilities 2012 Report to the President Accessible Summary were used in this document.