

# Optimizing Care Systems Day 3

## For People with Intellectual and Developmental Disabilities



### TECHNICAL AND POLICY OPPORTUNITIES IN FINANCING AND PAYMENT

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**RISK ADJUSTMENT** **DISABILITIES** **SOCIETAL PERSPECTIVE**

NEED TO UNDERSTAND THE WHOLE POPULATION → UNDERIDENTIFIED

IDD 28.6 MILLION

BETTER PAYMENT WILL HELP TO CLOSE THE GAPS ON THE CARE

HCBS vs. Equity

CAPITATION → BLEND THEM → PAY-FOR-PERFORMANCE → AGE SEX DIAGNOSE

ASSESSMENT OF SUPPORT NEEDED BASED ON AGE+LIVING SETTING



MAKE THE INVISIBLE **VISIBLE**  
CREATE NEW METHODS OF IDENTIFYING IDD

MACHINE LEARNING?

DEFINE METRICS ON CARE QUALITY AND OUTCOMES

**Kids**

MEDICAID DOES NOT REQUIRE THE KID TO BE INSURED



HEALTH COVERAGE

FOR EVERY BABY THAT LEAVES HOSPITAL?

PROMOTE OBJECTIVES OF MEDICAID

SECTION 1115 WAIVERS

APPLIES TO MEDICAID AND CHIP OR TO SPEND/RECEIVE FEDERAL \$ IN DIFFERENT WAYS

TO TEST A NEW PROJECT

5 YEARS + 3YR. RENEWAL

TO WAIVE CERTAIN PARTS OF THE LAW

"BUDGET NEUTRAL" SPENDING LOWER AMOUNTS

NEW WAYS DEMONSTRATIONS

LITIGATIONS DUE TO ABUSIVE USE OF IT



**POPULATION HEALTH**

POPULATION HEALTHIER OVERTIME

FRAMEWORK

ASSESSMENT

DATA FEEDING STRATEGIES and RECOMMENDATIONS

POLICY DEVELOPMENT

ASSURANCE

DATA AS A TOOL FOR MEASUREMENT



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#### DISCUSSION

WAIVERS

↳ the  
REALITY

IS THAT A LOT OF  
KIDS WEREN'T RECEIVING  
THE CARE THEY NEED

A LOT  
MORE SHOULD  
BE DONE

EPSDT

EARLY PERIODIC  
SCREENING, DIAGNOSTIC  
AND TREATMENT FOR  
CHILDREN UNDER 21 YO.

MORE  
OPPORTUNITIES  
HERE

NON TRADITIONAL  
HEALTH INTERVENTION



KIDS GOING TO  
PRIVATE  
INSURANCERS AND  
LOSING MEDICAID  
BENEFITS



POLICY  
CONVERSATIONS

PRIVATE  
INSURANCE

A LOT OF  
SELF-INSURED  
EMPLOYERS ARE  
INCLUDING  
AUTISM

BUDGET  
NEUTRALITY

THINK  
HOLISTICALLY

HCBS

LOOK ACROSS  
WORK IN 2 LEVELS



STATES  
ARE  
PASSING  
SEVERAL  
LEGISLATIONS

STATES  
ARE THE WAY  
TO BRING DOWN  
BARRIERS



COLLECT  
EQUITY  
DATA

STRUCTURE THE  
DISAGGREGATION OF  
DATA AT THE END  
OF THE WAIVER

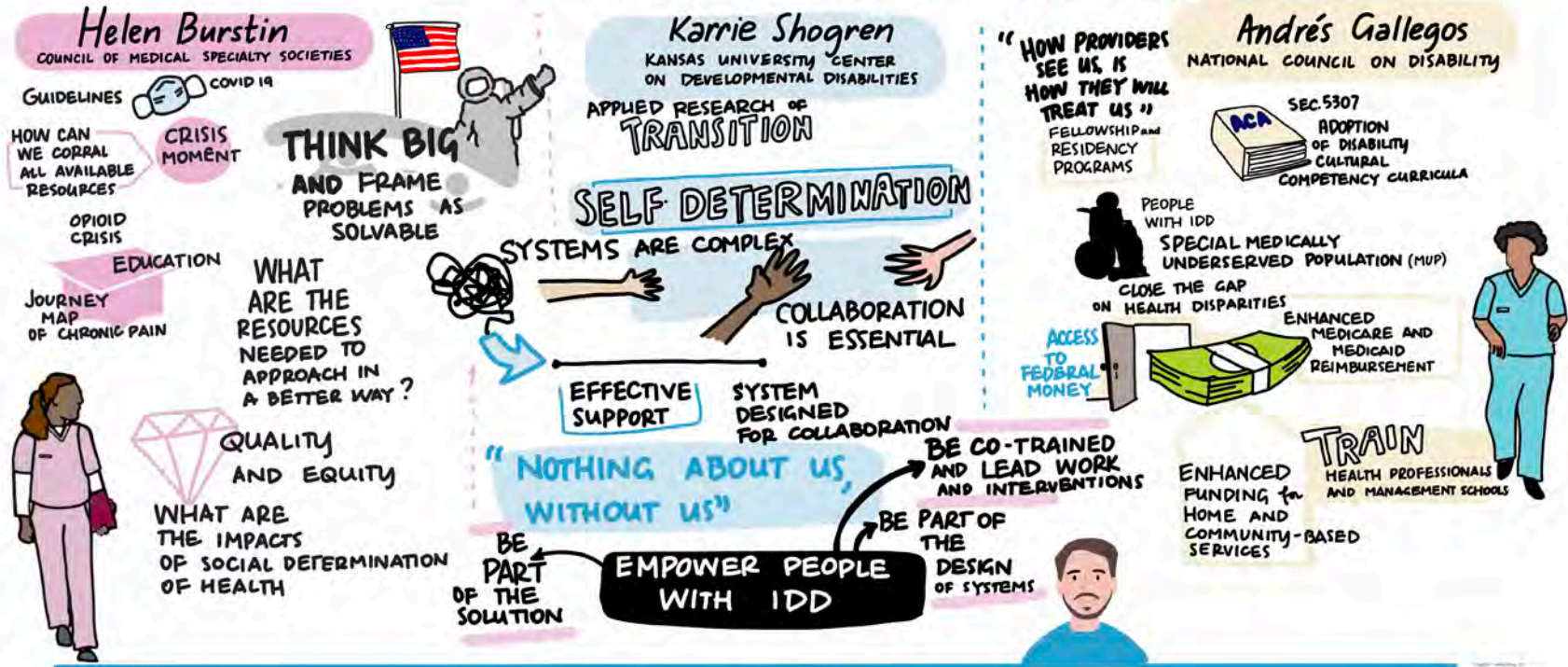


EQUITY  
WIDE RANGE  
OF SERVICES  
WHO MAKE THOSE  
DECISIONS?

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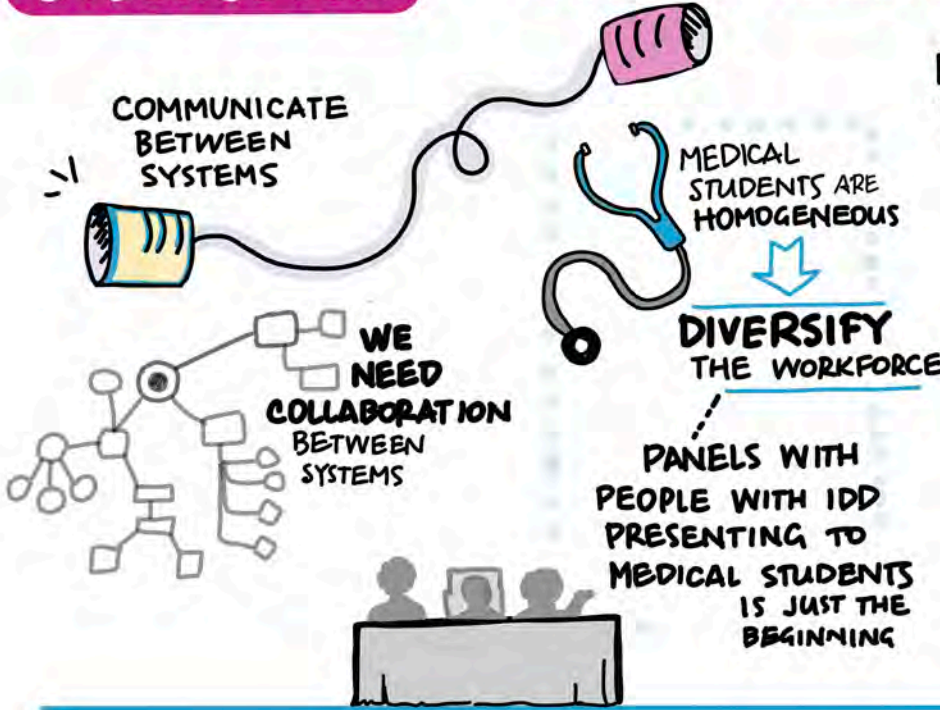
### SCALLING WORKFORCE SOLUTIONS



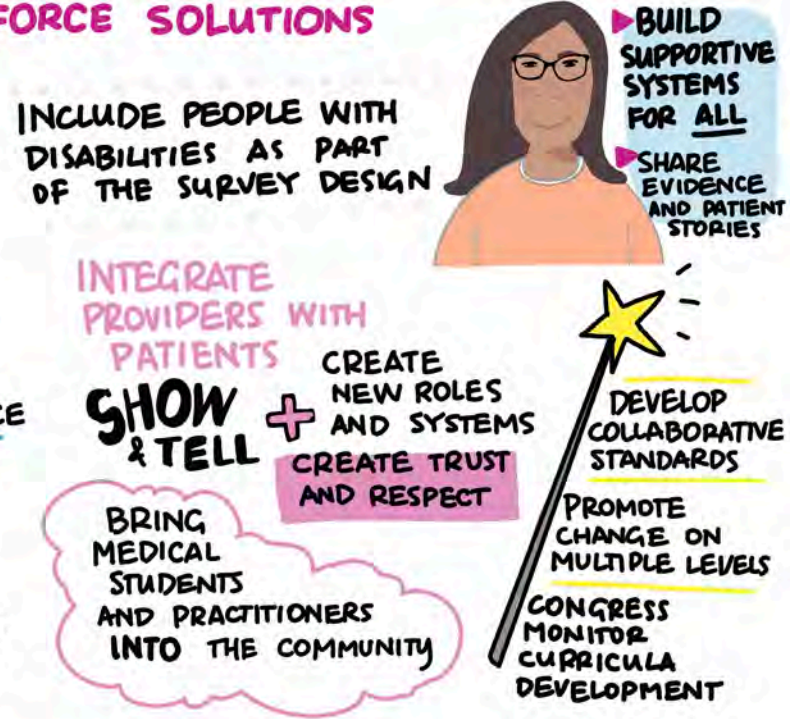
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### DISCUSSION



### SCALING WORKFORCE SOLUTIONS

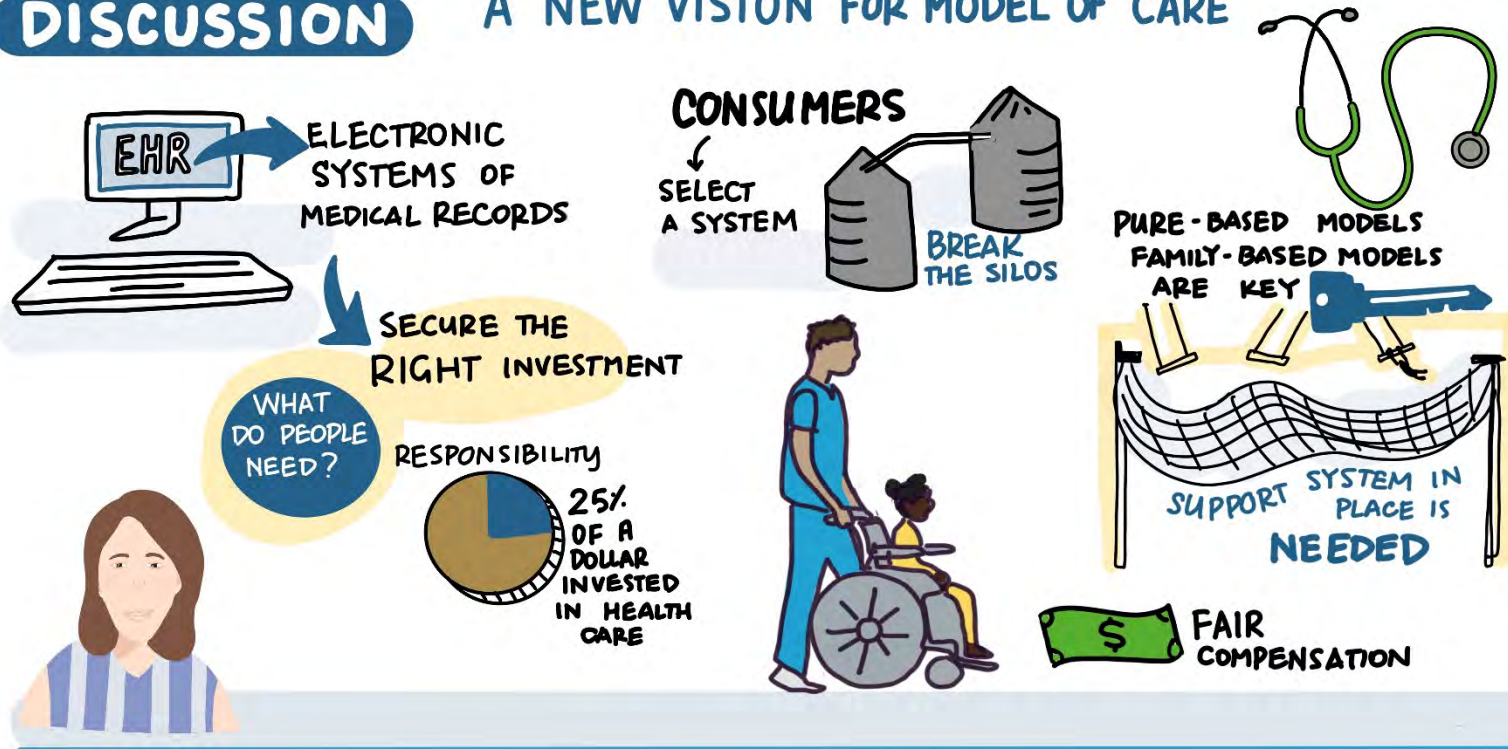


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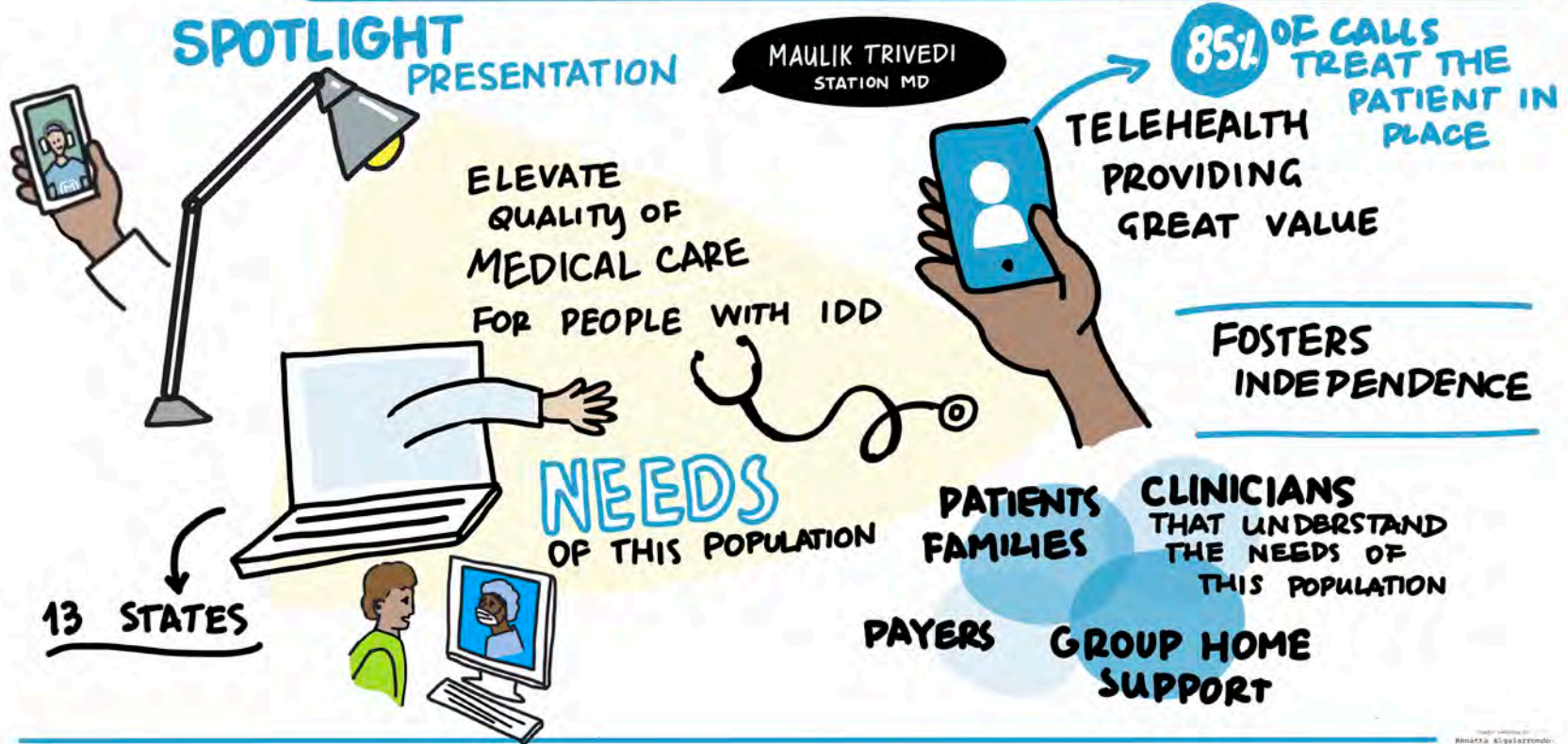
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### DISCUSSION

### A NEW VISION FOR MODEL OF CARE



# Optimizing Care Systems For People with Intellectual and Developmental Disabilities



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**DR. RICK GILFILLAN**

FORMER DIRECTOR OF THE  
CMS INNOVATION CENTER

INCREDIBLE  
**PROGRESS**  
IN THE LAST  
30 YEARS

**CARE  
MODELS**  
ARE NOT SCALABLE



**FINANCING**  
FRAGMENTED  
NOT IN OPTIMAL  
POSITION



800,000+  
PEOPLE  
THE ONLY WAITING  
LIST ON  
HEALTHCARE  
IS PEOPLE WITH  
IDD



**WHO?**  
SHOULD BE  
FIND A  
WAY TO  
ADDRESS  
THIS



WE NEED  
TO MAKE  
THIS POPULATION  
VISIBLE



WE ARE  
HIRING

ADDRESS THE  
WORKFORCE  
ISSUE

COMMUNITY-  
BASED  
SYSTEMS

INSURERS

PROVIDERS



PEOPLE WITH  
IDD AND  
FAMILIES

IS IT AN  
UNIFIER?

STRONG  
COALITION  
TO PUT THOSE  
VOICES TOGETHER



RETHINKING  
OUR SAFETY  
NET SYSTEM

