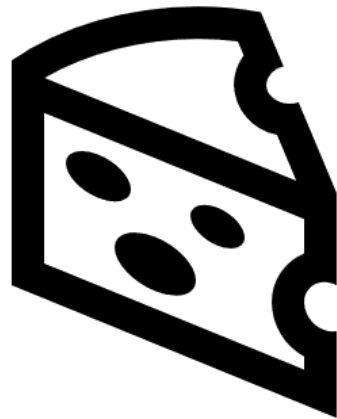


The Swiss Cheese of Financing Services and Supports for People with Intellectual and/or Developmental Disabilities (IDD)



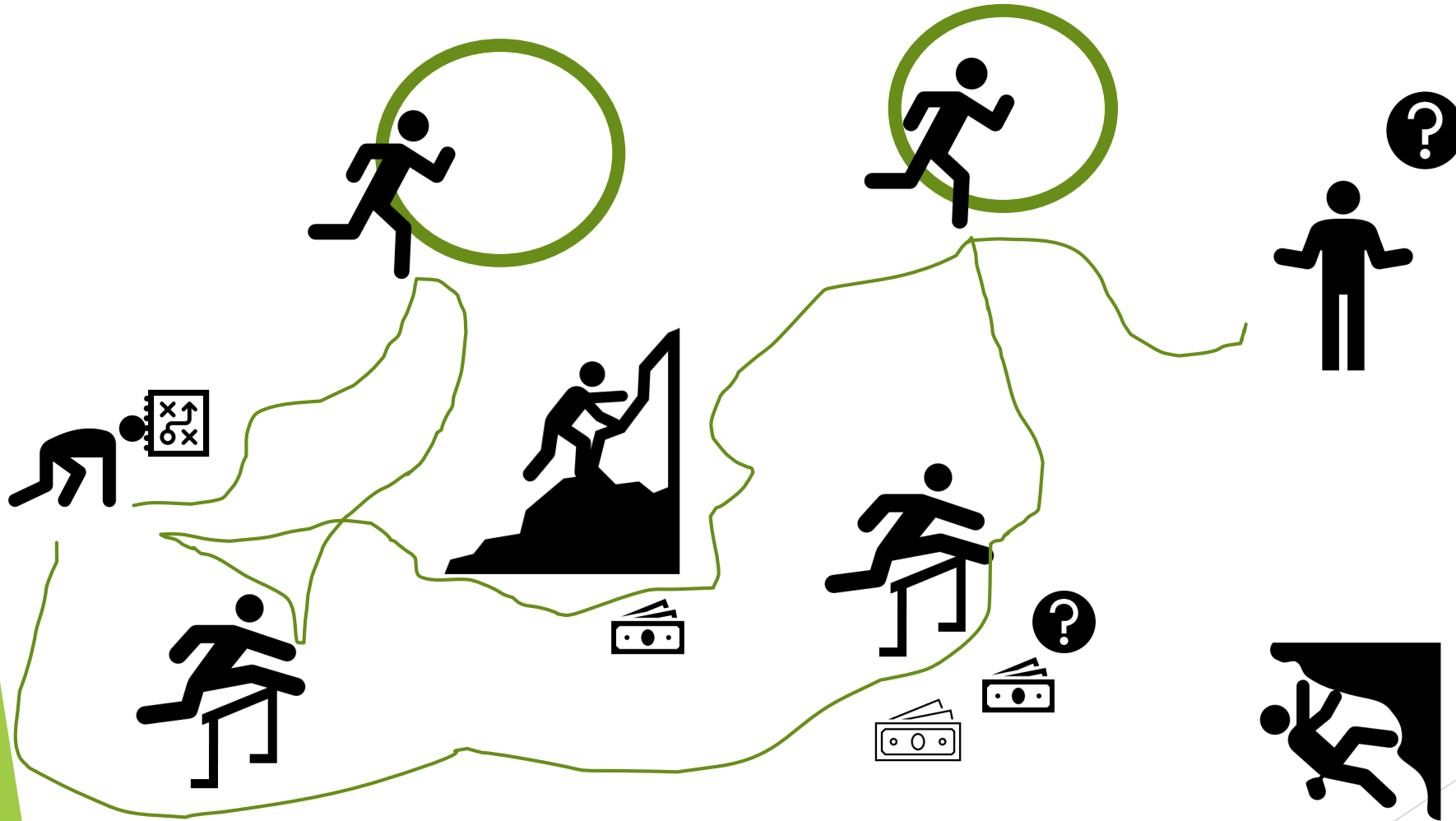
December 8, 2021

Cheryl A. Powell

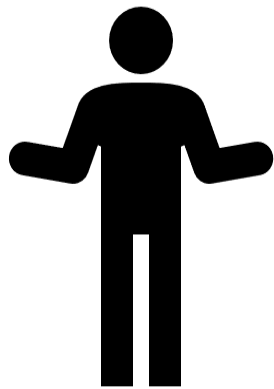
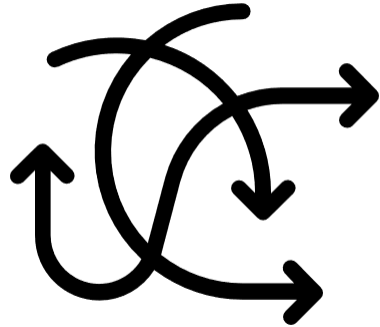
Ideal - Individual supported in attaining his/her goals through a care and financing system that wraps around his/her needs and preferences



Reality - No clear path, lots of challenges, and limited financing/payment, not optimal outcomes

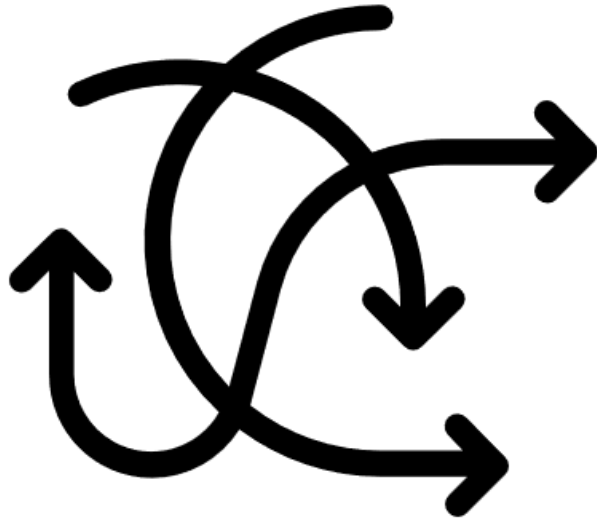


The holes of the financing system



- ▶ Care, services, financing and payment are fragmented across multiple systems
 - ▶ Lacks cohesion
 - ▶ Lacks shared vision
 - ▶ Lacks agreement as to who should pay
- ▶ There is a lot we don't know how to do well
 - ▶ We aren't sure for whom we should pay for services
 - ▶ We aren't sure what works best or how to pay for it
 - ▶ We aren't sure how much to pay and aren't paying the right amount
 - ▶ We aren't sure how to measure success

Fragmentation



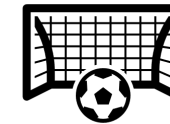
- ▶ The IDD population's needs are served by multiple disparate systems including housing supports, workforce development, education/schools, public health, healthcare, family/caregivers, transportation providers, home and community-based services, etc.
- ▶ These systems are financed by different organizations and funding streams that often do not talk to each other or have obstacles that prevent alignment
- ▶ This leads to:
 - ▶ Duplication of services
 - ▶ Cracks/gaps in service delivery
 - ▶ Lack of a shared understanding and vision
 - ▶ Burden - for everyone
 - ▶ Unclear and less than optimal outcomes

Considerations

- ▶ Some payers, like Medicaid, are out ahead in financing and paying for integrated IDD healthcare and supports and services with partner organizations, but many are trailing behind or just diving in



- ▶ Financing and paying for holistic care for IDD is a team sport - some of the rules need to be re-thought or re-written



- ▶ Medicaid/Medicare Integration
 - ▶ Combination/integration of funding streams across social services and healthcare
 - ▶ Other payers' interested in financing IDD supports and services and/or creating payment methodologies to incentivize partnership and service integration
- ▶ There are some strategies and best practices that are working

Future Strategies

Current	Future
Few designated, public payers	Many payers across public and private sectors
Separate, disconnected funding streams	Thoughtfully integrated funding streams
Financing/payment and care management for social services and healthcare are often bifurcated	Financing/payment and care management for social services and healthcare are streamlined
Unable to identify people with IDD and finance/pay for services	Data accurately identifies people with IDD and is linked to financing and payment
Financing/payment support short term, program-specific goals	Financing/payment support vision of individuals with IDD living best lives
Payment methodologies and incentives are often disconnected from needs and goals	Payment methodologies and incentives drive toward care/service alignment with needs/goals
Payment disconnected from outcomes	Outcomes-based payment
Payment/services determined by providers/system	Payment/services determined by individual and caregivers