

CHCS

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Overview of State Responses

Examples of strategies used by participating states

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Medicaid as a Solution: Chaos or Opportunity?



Big Numbers

- 52 million people (and rising)
- \$320 billion in spending (and rising)

Key Challenges

- Disproportionate racial and ethnic participation
- 80/20

Increasingly Sophisticated Players

- State Purchasers
- Managed Care Entities (MCOs, EPCCM)
- Safety Net Providers

Implications of the Deficit Reduction Act (DRA)



- Benefit floor/benchmark plans/supplemental plans
- Co-pays
- Consumer directed care
- Targeted case management

32 Participating States



- Alabama
- Arizona
- Arkansas
- California
- Connecticut
- Delaware
- Florida
- Georgia
- Guam
- Iowa
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota

Participating States (cont'd)



- Montana
- North Carolina
- Nebraska
- New Hampshire
- New Mexico
- New York
- Ohio
- Oklahoma
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington DC
- Washington
- Wisconsin

States are currently implementing or planning to...



- Promote the use of evidence-based practices & emerging practices (29)
- Use technologies in new ways to improve organizational performance (25)
- Redesign services & processes to engage participants & their families (22)
- Use incentives at the state & provider level (18)
- Braid funding to ensure most efficient use of funding (14)

State Examples



- Promoting use of evidence-based practices & emerging practices
 - As part of its RFP process, DE required applicants to identify the types of evidence-based practices they plan to implement.
- Using technologies in new ways to improve organizational performance
 - TN implemented web-based data reporting to support its Access to Recovery initiative.
 - Plans to expand the use of web-based data reporting statewide.

State Examples



- Redesigning services & processes to engage participants & their families
 - Guam provides daycare services through a voucher system that allows women with children to receive treatment.
- Using incentives at the state & provider level
 - Oklahoma's pilot project: incentives for providers to become "co-occurring capable" (COSIG grant).
- Braiding funding to ensure most efficient use of funding
 - Through braided funding, MA & the MA Parole Board placed SA treatment staff at 8 Regional Reintegration Centers.

Other Strategies Used by States



- Collaborative contracting
 - CT implemented a collaborative contracting process with 5 government agencies.
- Non-traditional peer support services
 - AZ's Peer Support Initiative (funded through Medicaid) trains consumers to serve as peer counselors in various treatment settings (e.g. residential, outpatient, methadone, etc).
- Statewide integrated treatment projects
 - MI developed a project to integrate treatment capacity within MH & SA service systems.

Barriers to Successful Implementation



- Competing priorities
- Limited resources (e.g., financial, staff time, staff competency)
- Weak data systems
- Resistance to change
- Difficult to attain consensus (many stakeholders)
- Maintaining existing services during funding cuts

Keys to Successful Implementation



- Leadership and internal support
- Clear vision and commitment
- Collaboration & open lines of communication (state, providers, consumers, provider associations, etc)
- Early multi-stakeholder buy-in
- Funding/resource alignment
- Technical assistance/training resources