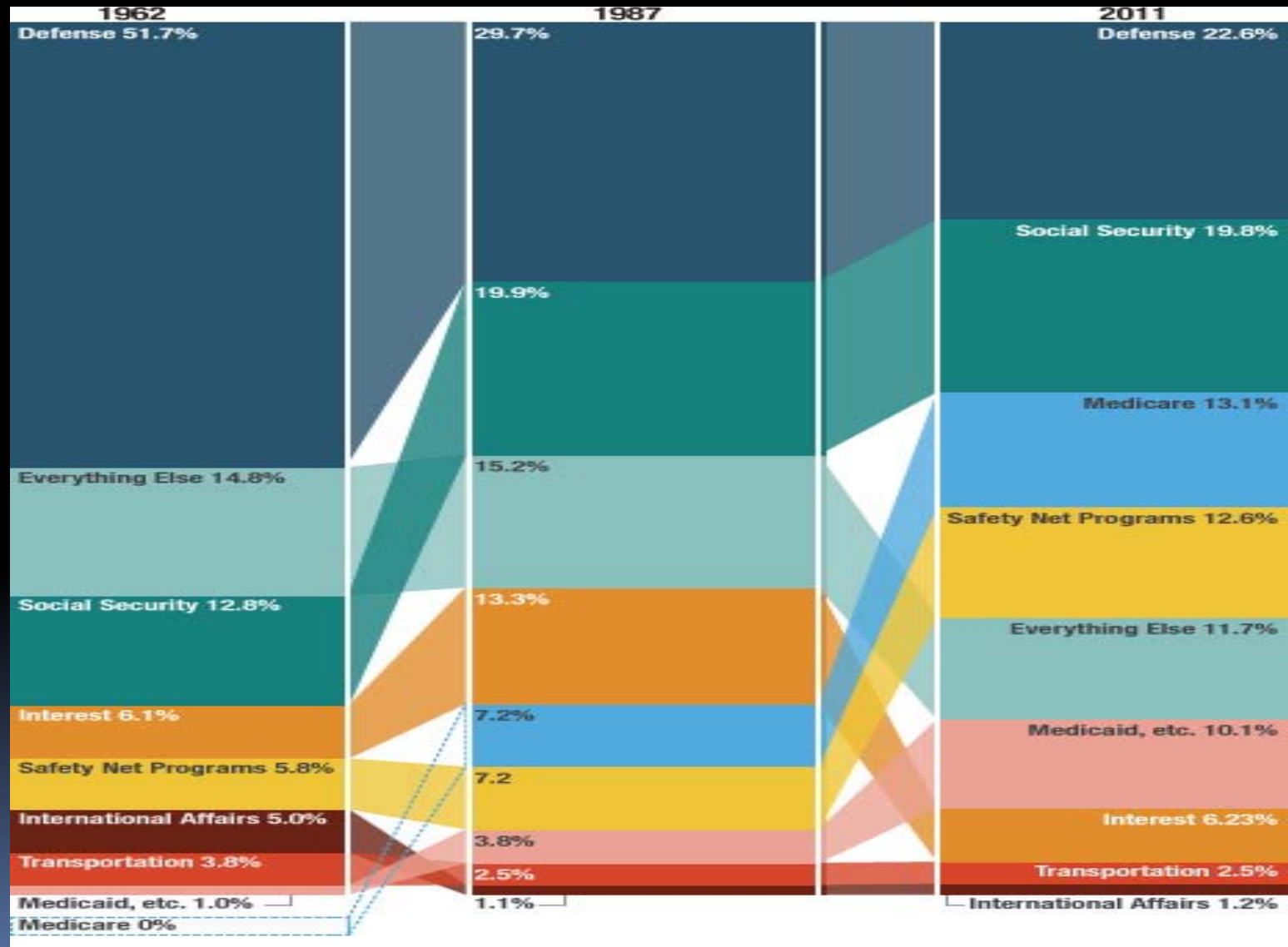


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KEY TRENDS AND DEVELOPMENTS IN MEDICAID

50 Years of Federal Spending



Now . . .

- **SOME GIVENs ABOUT
OUR MEDICAID
FUTURE**

Changing Context/Future Givens

- Likely Future: Managed care will become ubiquitous through case and capitation rates.
- Actions:
 - Begin developing/update a managed care solution that you can manage yourself (Self-Management).
 - Find out how others are doing this (Shop the Competition).

Changing Context/Future Givens

- Likely Future: Integrated care will become ubiquitous, and will extend to social services.
- Actions:
 - Become very deliberate about how you will become part of an integrated care system.
 - Assume that you will be part of an ACO/CCO.
 - Assume that you will not control the ACO/CCO.
 - Pay attention to any quality measures.
 - Do focus groups with stakeholders.

Changing Context/Future Givens

- Likely Future: Underlying model will change from “care delivery” to “prevention and promotion delivery + care delivery”.
- Actions:
 - Develop new products that offer “prevention and promotion delivery”.
 - Start thinking in population and community terms, rather than just in clinical terms with a single client.
 - Move from the office to the community.

Now...

- **A FEW COMMENTS ABOUT
CURRENT MEDICAID
DEVELOPMENTS**

Evolving Medicaid Practice

- IMPORTANT: Do not jump to an “Omnibus Waiver”; it will not benefit behavioral healthcare (PA proposal).
- IMPORTANT: Do integrate MH, SU, and P Care, but leave funds carved out (New VA 1115 Waiver).
- IMPORTANT: Do not attempt to do care integration in a very short time period, especially for I/DD services (New KS 1115 Waiver).

Evolving Medicaid Practice

- IMPORTANT: Do manage behavioral health benefits using a strategy that does not rely exclusively on managed behavioral healthcare firms (VA, IL, NY)
- IMPORTANT: Do early adoption of the 2014 Medicaid Expansion if possible (CA 1115 Waiver; County Funding)
- IMPORTANT: Do recognize that those who qualify currently under the GA Medicaid Program cannot be included in the 2014 Medicaid Expansion.

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