

HEALTHCARE

CATHERINE SRECKOVICH

Managing Director
312.583.5747
csreckovich@navigant.com

DAVE MOSLEY

Managing Director
678.845.7644
david.mosley@navigant.com

JAMES BULOT, PhD

Associate Director
678.845.7667
james.bulot@navigant.com

Navigant.com

About Navigant

Navigant Consulting, Inc. (NYSE: NCI) is a specialized, global professional services firm that helps clients take control of their future. Navigant's professionals apply deep industry knowledge, substantive technical expertise, and an enterprising approach to help clients build, manage and/or protect their business interests. With a focus on markets and clients facing transformational change and significant regulatory or legal pressures, the Firm primarily serves clients in the healthcare, energy and financial services industries. Across a range of advisory, consulting, outsourcing, and technology/analytics services, Navigant's practitioners bring sharp insight that pinpoints opportunities and delivers powerful results. More information about Navigant can be found at navigant.com.

LONG-TERM SERVICES AND SUPPORTS (LTSS)

Medicaid is one of the largest items in state budgets. Outside of Medicaid, there is no other source of public funding for long-term care (LTC) and, consequently, Medicaid is often the primary funder for LTSS. Across the country, elderly and disabled individuals make up almost 24 percent of Medicaid enrollees, yet they account for nearly 64 percent of payments. Medicaid pays for 51 percent of LTSS according to the Kaiser Foundation.

With limited coverage under Medicare and few affordable options in the private insurance market, Medicaid will continue to be the payer for individuals who receive a range of institutional and community-based LTSS. Advancements in assistive technology and medical technology that support individuals with disabilities, as well as an influx of aging baby boomers, will result in increased costs as individuals avail themselves of these services. States continue to be concerned about the need for and growth of LTSS and the resultant increases in overall Medicaid spending and are, more than ever, forced to balance Medicaid spending with spending for other state services. As the population continues to age, provision of LTSS will continue to place demands on state funds, forcing states to rationalize Medicaid spending with other competing priorities.

CHALLENGES FOR STATES

While the costs of LTSS continue to increase, state policymakers and stakeholders are concerned that a greater effort should be placed on the development of quality measures to improve LTSS and on monitoring access to care and outcomes. These concerns arise from, for example:

- Fragmented state agency programs and multiple confusing access points
- Lack of care coordination across the LTC continuum for those with physical, behavioral, and cognitive/intellectual disabilities
- Inefficiencies in qualifying appropriate individuals for institutional settings
- Healthcare workforce shortages with dependence on unpaid, often untrained, caregivers
- Waiting lists for services, insufficient access, and quality concerns

Navigant has worked with states, providers, and health plans across the country to **address the challenges associated with LTSS and the transformation of LTSS program** design and payments. We can assist clients in developing coordinated, seamless LTSS programs that are responsive to the needs of stakeholders and allow for budget efficiency and projected statewide cost savings:

- Integrating LTSS and Managed LTSS into health **transformation** plans
- Integrating **physical and behavioral health systems**
- Incenting **new LTC models of care** that enhance care coordination using **technology-driven platforms**
- Using limited dollars to **build capacity to reduce service gaps** and incent **value-based purchasing**
- Building infrastructure that **includes LTC/LTSS in meaningful population health planning** and streamlined delivery
- Building partnerships between state agencies, advocacy groups, and provider stakeholders
- Expanding integration with **acute, post-acute, and non-healthcare providers** including housing and non-profit entities
- Developing **cost-effective changes to achieve better outcomes**
- Evaluating social determinants of health and **innovative approaches** for consideration in program design
- Effective stakeholder **communication and management**

NAVIGANT HEALTHCARE EXPERTISE FOR STATE SOLUTIONS

Our experienced professionals provide solutions that tackle critical issues for state policymakers. Our multidisciplinary expertise enables us to develop innovative and effective solutions across the continuum of care. Our experience includes:

- SIM Grant/1115 Demonstration Waiver application and program development that includes LTSS/LTC integration components
- 1915(c) Waiver administration, amendments, renewals, and Home- and Community-Based Services (HCBS) quality initiatives
- Health home and other program development to integrate physical and behavioral health
- Rebalancing work including Money Follows the Person Grants, the Balancing Incentive Program, No Wrong Door, and Conflict-Free Case Management
- Work with states and stakeholders to address state and federal privacy laws and to promote use of electronic health records
- Medicaid Managed LTSS design implementation and oversight
- Development and implementation of person-centered, participant-directed case management and service models
- Uniform Assessment Tool Design for populations including individuals with behavioral and/or developmental disabilities
- Streamlining of fragmented HCBS, Single Entry Point/No Wrong Door/Aging and Disabilities Resource Center (ADRC) development and integration
- Expertise in managed care products for dually-eligible individuals
- Cost mitigation and improved access through telehealth/mHealth/eHealth
- Renewal and improvement of rate reimbursement strategies