



Current Landscape for Managed Long-Term Services & Supports

Outreach Toolkit for New ANCOR White Paper

August 2018

Thank you for your interest in spreading the word about ANCOR's new managed care white paper!

This toolkit is designed to make it easy for you to reach out to your members, media contacts, affiliate agencies and other partners to spread the word about ANCOR's new white paper on managed care, *Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities*. It includes (1) a short description of the white paper and a link to download the full report, (2) copy-paste social media content that you can use to promote the report among your social media followers, and (3) talking points and tips for writing and placing an op-ed or other opinion piece in your local news outlet.

If you have questions about how to use this toolkit or need support, please email Sean Luechtefeld, ANCOR's Communications Director, at sluechtefeld@ancor.org.

About ANCOR's Managed Care White Paper

Managed Long-Term Services and Supports (MLTSS) has grown exponentially over the past decade—from approximately \$5 billion in expenditures in 2008 to \$39 billion in 2016.

While this growth has been well chronicled as it relates to services and supports for older adults and people with physical disabilities, much less is known about the MLTSS experience for individuals with intellectual and developmental disabilities.

To address this gap, ANCOR recently released new peer-reviewed whitepaper led by renowned experts Health Management Associates (HMA) offering an in-depth examination of those states who have moved, as well as those in transition. The resulting whitepaper—*Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities*—explores the policies and practices more likely to result in positive outcomes for individuals with I/DD supported through MLTSS programs. This insight is critical for states considering introducing or refining an MLTSS program, so that the needs of individuals with I/DD—to live, work and participate as a full member of their community – are adequately addressed.

For questions about ANCOR's managed care white paper or to schedule an interview with an expert who contributed to the report, please email Kim Opsahl, Director of State Partnerships & Special Projects, at kopsahl@ancor.org.

Access to the Report

To access *Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities*, you can [download the white paper from ANCOR's website](#).

Social Media Content

The three posts below can be copied and pasted as-is or customized as you see fit for the purposes of Facebook and Twitter.

Tweets

- What impact do managed care programs have on people w/ #disabilities? According to a new report from @TheRealANCOR, it really depends. Find out how people w/ I/DD in your state are faring and what might be next when it comes to managed care.
http://ancor.org/sites/default/files/ancor_mltss_report_-_final.pdf
- [FOR STATES WITH EXISTING PROGRAMS] We know there's a lot for other states to learn from [insert state name] when it comes to managed care, so we appreciate @TheRealANCOR profiling our state in its latest report, which offers a scan of the #Medicaid managed care landscape. http://ancor.org/sites/default/files/ancor_mltss_report_-_final.pdf

Facebook Post

- States across the country are seeing more and more of their Medicaid services delivered through “managed care” programs. While we know a good bit about the impact of managed care programs on aging populations, we know little about their impact on people with disabilities—and even less on those with intellectual and developmental disabilities. Our friends at @TheRealANCOR are working to change that with their new white paper, which offers a scan of the managed care landscape for people with I/DD.
http://ancor.org/sites/default/files/ancor_mltss_report_-_final.pdf

Talking Points and Tips for Writing and Placing an Op-Ed

Writing and placing an op-ed about managed care in your state is a great way to help people understand a complex issue, and the managed care white paper is a great resource for fueling such an effort. In this section, you'll find top-level talking points that would ideally be worked into an op-ed, along with tips for how you can approach an opinion editor to ask that they publish your op-ed.

Talking Points to Include in Your Op-Ed

- A new white paper, written by Health Management Associates and contracted by ANCOR, offers a peer-reviewed scan of the managed care landscape, specifically to examine the managed care experience for individuals with intellectual and developmental disabilities. It's the first research of its kind to look at managed care from this unique perspective.
- The white paper was crafted based on inquiries into different states' managed care operations, interviews with experts and service providers, and conversations with experts on the intersections of health care administration, Medicaid policy and I/DD supports and services. The states profiled include:
 - States with *existing* programs: These states—Arizona, Michigan, Wisconsin, North Carolina, Kansas, Iowa and Tennessee—have implemented statewide managed long-term services and supports and can offer much to other states considering managed

care programs in terms of what to do (and, in some cases, what not to do) that is more likely to result in positive outcomes for people with I/DD.

- States with *emerging* programs: These states—New York, Arkansas and Texas—are at some stage in the process of implementing managed long-term services and supports and also have much to offer in terms of lessons learned.
- We've also includes a few states to watch which like the states with emerging programs, these states offer a glimpse into what the future may hold for people with I/DD in states without extant managed care programs.
- The experience of our profiled states shows that the decision to employ managed care for people with I/DD should not be made hastily or with the expectation of quick fixes or immediate cost savings—successful programs are most likely to result from careful planning, significant and ongoing engagement with stakeholders, and a clear policy vision intended to advance the goals of integrated, high-quality home- and community-based services.
- The most important determining factor in the impact of managed care implementation comes from the state's rationale for pursuing managed long-term services and supports.
 - States seeking comprehensive systems change consistent with I/DD best practices (e.g., addressing waitlists, rebalancing to community supports, improved employment outcomes, quality of services, community integration practices) are well-served when they work with stakeholders and managed care organizations (MCOs) to design programs with clear policy goals that are evident in the managed care contracts, preferred provider network standards, case management standards, service definitions, quality measures, reimbursement schemes and other programmatic elements.
 - States with an eye only on cost savings are unlikely to be innovative in contract standards, but instead set capitation rates at levels that ensure savings on the part of the state, even if they are not enough to cover needed services.
- States with the longest running MLTSS-I/DD programs have been built from public or quasi-public or nonprofit entities. Only recently have a few states adopted mandatory statewide MLTSS using national commercial health plans, and many challenges have ensued.
- States seeking to use managed care to address long-term policy and program goals may benefit from an incremental approach. While this may have short term drawbacks, it allows state agencies, MCOs and providers the opportunity to solve implementation problems as they arise; states may also “grandfather” current enrollees into fee-for-service programs.

Tips for Writing an Op-Ed

- Start by identifying your target outlet. This may be your local newspaper, or it might also be a publication that covers relevant issues. For example, a statewide business journal or a regional health care magazine might be as viable an option as your local paper.

- Once you've decided the outlet you'll target, search its website for their submission guidelines and read published op-eds to get a feel for the kinds of content they prefer to publish.
- Lead with a hook that's timely and relevant. Where possible, connect your topic to a conversation that's happening among the people likely to read your target outlet.
- Be sure to identify the "so what" early on and don't be afraid to stake a strong claim. Remember: you're not writing your opinion about the managed care white paper, you're writing your opinion about what your state should do as it considers introducing or modifying a managed care program. When it comes to your recommendations, be as specific as possible.

Tips for Placing an Op-Ed

- Identify the name and email address of the opinion editor and email the op-ed directly to that person, along with a short note (1-2 paragraphs) about what you're submitting and why you think the outlet's readers would find it valuable.
- Where possible, include a photo with your submission, along with a once-sentence bio about the person whose name should be included in the "byline" (i.e., the author as published; not necessarily the person who wrote the op-ed). If the opinion editor's name isn't published on the outlet's website, call the outlet to discern the editor's contact information.
- If you don't hear back within 7-10 days, follow back up with the editor. If they still don't respond within 1-2 more days, you are welcome to consider submitting the op-ed to a similar outlet.

If you are interested in writing and placing an op-ed and would like support from ANCOR staff, please contact Sean Luechtefeld at sluechtefeld@ancor.org.