

Medicaid for Members Who Are Aged or Disabled: Why Consistent Quality Measurement Matters

Quality health care is about delivering exceptional services and support every time. Not only must the care be appropriate, it also must be timely, safe and effective – and tailored to an individual’s unique needs.

For the millions of Medicaid beneficiaries who have intellectual and/or developmental disabilities (ID/DD) or who are in need of long-term services and supports (LTSS), quality care also is about “quality of life” – for they typically require support for daily living and social activities, employment and transportation.

Evaluating the quality of Medicaid services being delivered to people with ID/DD and accessing long-term supports has been difficult due to the highly specialized and unique care they require. The lack of consensus among the federal government and state Medicaid agencies around which quality measures are most appropriate makes it challenging to identify opportunities to improve care and service.

Scope of the Issue

| Individuals with ID/DD | LTSS Recipients |
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| <ul style="list-style-type: none"> • About 60 percent of the nearly 5 million Americans with disabilities¹ are Medicaid beneficiaries.² • Nearly 6 in 10 (57 percent) have three or more chronic conditions.³ • About one-third of these individuals have a mental health diagnosis, which is 10 to 15 percent higher than the Medicaid enrollee population nationwide.⁴ • Children with intellectual disabilities may be three to six times more likely to suffer abuse than non-disabled children and one out of three will be sexually abused before the age of 18.⁵ | <ul style="list-style-type: none"> • The number of elderly Americans is projected to double in the next 40 years.⁶ • Unpaid caregivers provided approximately \$470 billion of support in 2013. By 2030, the ratio of unpaid family caregivers will drop from nearly 7:1 in 2015 to 4:1 as they age,⁷ increasing the importance of paid LTSS services delivered by medical professionals and managed by Medicaid health plans.⁸ |

Paving the Way for Improvement

Measuring progress on outcomes that matter most to people with ID/DD and needing LTSS will pave the way for improved self-care and independence, improved access to key supports including transportation and employment services, and enhanced well-being and quality of life.

Meaningful measurements must examine things like:

- If an adequate plan of care is in place to address both clinical – medical, dental and mental health – and non-clinical needs.
- If care and services delivered are appropriate and timely, are provided in the right setting, and are supported by effective case management and service coordination.
- If recipients can live independently, are involved in decision-making, can achieve personal goals, maintain employment or volunteer roles, and feel secure and respected.
- If caregivers provide effective care coordination and follow-up to ensure recipients' needs are being met and to reduce readmissions and hospitalizations.
- How well individuals are integrated with the community, and how often they see or talk with family and other support providers.

Widespread adoption of a common set of ID/DD and LTSS quality indicators will give state Medicaid agencies much-needed information to improve program design and structure, and to benchmark performance of their Medicaid programs over time and against other states.

Partnering to Create Solutions

With decades of experience serving the economically disadvantaged, UnitedHealthcare sees an opportunity to improve how quality is measured for Medicaid members with disabilities or who are aging. It convened an independent National Advisory Board of leading aging and disability experts, advocates and consumer representatives who are providing guidance in serving members with complex needs. Panel members collaborated for more than a year to develop the first comprehensive quality measurement frameworks uniquely suited to ID/DD and LTSS Medicaid members. UnitedHealthcare is moving forward to implement these frameworks in its managed Medicaid programs across the nation.

- 1 University of Minnesota Families Information Systems Project, [Supporting Individuals with Intellectual or Developmental Disabilities and Their Families: Status and Trends Through 2013](#).
- 2 The Arc, [Still in the Shadows with Their Future Uncertain: A Report on Family and Individual Needs for Disability Supports](#). 2011.
- 3 Ervin, Hennen, Merrick and Morad, [Healthcare for Persons with Intellectual and Developmental Disability in the Community](#).
- 4 Medicaid and CHIP Payment Access Commission, [Behavioral Health in the Medicaid Program—People, Use, and Expenditures](#). June 2015.
- 5 Tricia Burke, [Dual Diagnosis: Overview of Therapeutic Approaches for Individuals with Co-Occurring Intellectual/Developmental Disabilities and Mental Illness for Direct Support Staff & Professionals Working in the Developmental Disability System](#). 2013.
- 6 Kaiser Family Foundation, [Medicaid and Long-Term Services and Supports: A Primer](#).
- 7 Reinhard, Feinberg, Choula and Houser, [Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain](#).
- 8 Kaiser Family Foundation, [Medicaid and Long-Term Services and Supports: A Primer](#).



To learn more, visit [UnitedHealthcare's Medicaid Quality Measurement web page](#) or email MedicaidQuality@uhc.com