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An Interview with…

Mike R. Smith, a Principal in Mercer's government sector…

Mike, you recently joined Mercer from CMS. What was your role and major focus of your position?

As the former Director of the Division of Community Systems Transformation in the Disabled and Elderly Health Programs Group, a group within the Center for Medicaid and CHIP services, I was responsible for directing the division's grant programs as well as the efforts to diffuse learning from demonstrations into Medicaid long term services and supports (LTSS) programs. Prior to employment with CMS, I served in leadership capacities within county, state, and non-profit organizations as a deputy administrator, chief of staff, and executive director, respectively. Integrating Medicaid-funded home and community-based services (HCBS) into the fabric of everyday life for people with physical, intellectual and age related disabilities has been the hallmark of my career.

In addition to his leadership roles, Mike has four years of management consulting experience with HCBS non-profit organizations and associations and six years of case management experience in the Aging and Children services fields.

How has the ACA Repeal/Replace affected your focus at Mercer? What do you see are the challenges states are facing at this time regarding this topic?

Under the ACA, states have expanded their efforts toward greater utilization of HCBS for individuals needing long term services and supports. As of 2015, expenditures for people being served in HCBS system, versus institutional settings, represent 55% of the Medicaid LTSS expenditures. Under the most recent Senate proposal, the Secretary is required to implement procedures to encourage states to adopt or extend waivers for HCBS to improve patient access, however, it remains to be seen if this language will lead to continued delivery system reform efforts. The ACA supported grant programs like the Money Follows the Person and Balancing Incentive Program as well as opportunities like the Community First Choice state plan option that fuel change and growth of the HCBS programs at the state level are not a part of the proposals. The HCBS programs will continue to be optional, as they are today, but under the most recent proposal and downward pressure on the growth of future Federal Medicaid expenditures could mean that these optional services may be reduced to ensure resource are available to pay for entitlements like nursing facility care. Helping states consider HCBS programs as the priority will be part of my focus at Mercer. Institutional care has a role to play in the LTSS continuum however movement away from the non-institutional options is counterproductive.

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Besides health care reform, what have you observed as additional focuses for our States and Medicaid? How does Mercer work with states in this regard?

In order to manage costs, states are turning more and more to managed long term services and supports (MLTSS). It is critical that these efforts create an opportunity for real person-centered approaches to care and services. Creating a seamless and coordinated MLTSS program requires that states consider the integration of health care and behavioral health care and how the HCBS system can link and engage with these systems of care systems to support positive health outcomes. Mercer has the ability to bridge that divide and understand that there are aspects of each of these services and supports that can complement the ability of each sector to support a person. Starting with the ability to listen to the individual about what they need to live successfully in the community, program designs can have significant and sustainable impacts on people's lives. Mercer understands that state operations, programs and activities have developed over time and do not change overnight. We can help states navigate the process within their state framework and with a fresh set of eyes that can identify gaps and opportunities.