

# MERCER GOVERNMENT HUMAN SERVICES CONSULTING

## LONG-TERM SERVICES AND SUPPORTS PROGRAM STRATEGY AND DESIGN OPTIONS

Since 1985, Mercer has consulted to more than 30 states and the federal government on a wide variety of health care and human service issues, including actuarial, data/systems analysis, clinical, policy, operations, and procurement.

Many states are seeking new and innovative ways to deliver, pay for, and manage their long-term service and support (LTSS) programs. But there is no “one size fits all” solution: Each state has a different LTSS infrastructure, legacy programs, populations/health risk factors, and an appetite for change. Instead, states have to critically assess the current status of their LTSS delivery system as well as its advantages and challenges, and develop a strategy for implementing change either incrementally or through comprehensive reforms. Finding the most beneficial design based on state goals and objectives is where Mercer can help.

With an interdisciplinary team of policy consultants, strategists, actuaries, accountants, clinicians, behavioral health specialists, and information technology experts, Mercer can bring an entirely new LTSS program to fruition or assist states in expanding or improving existing programs.

### PROGRAM MODEL STRATEGY

Changes to delivery models can impact consumers, providers, state operations, reporting processes, data collection, policies and procedures, organizational/staffing structures, and interaction with the Centers for Medicare & Medicaid Services (CMS) and other stakeholders. Notably, changes often have a financial impact on states, providers, and even consumers. Depending on the level of change and complexity of the new delivery model, the intersection and integration of these financial, actuarial, clinical, policy, and operations issues are where Mercer helps solve the challenges that arise in these and other LTSS models:

- Fee-for-service.
- Fee-for-value.
- Risk-based managed care.
- Dual demonstrations.
- Health homes for individuals with chronic conditions.
- Accountable care organizations.



## PROGRAM DESIGN STRATEGY

Mercer's real-world, hands-on experience in designing and implementing programs in a successful and systematic manner is our strength. Simply put, we know how to get it done. We know the questions to ask and options to consider for various decision points, and we have the demonstrated ability to help guide our clients through the process from start to finish. Samplings of the program design issues that will arise include:

- Population and subpopulation eligibility and how to accurately identify individuals for continuity of coverage, systems, payment, and reporting purposes.
- Geographic service areas, which include provider market and practice pattern influences or potential regional rollout impacts.
- Services included/excluded and finding complementary services to help reduce uncoordinated care.
- Program enrollment, assignment, or attribution.
- Maintaining (or expanding) self-direction.
- Clinical and care management model options to address quality of care and outcomes.
- Rate/payment structure to support program goals and incentivize improved outcomes.
- Considerations for federal authorities.
- Performance measurement and monitoring.

## PROGRAM IMPLEMENTATION AND OPERATIONS SUPPORT

Mercer helps states bring a well-designed delivery model planned out with thoughtful program design to reality. In addition to our subject-matter specialists, Mercer also employs former CMS, state, provider, and plan staff who can provide our clients insights into how to navigate through the implementation into successful, ongoing operations. This forethought and planning enables us to partner with our clients through the entire process, including the following operations touchpoints:

- Stakeholder engagement and issue resolution.
- Navigation through federal authorities and negotiations with CMS (state plan and waiver strategy and development, including financial tests).
- Revisions to state rules and policies.
- Contractor and provider readiness reviews, procurement, and contract writing.
- State readiness review planning.
- Federal claiming (including enhanced match for initiatives such as Money Follows the Person).
- Financial consulting to design cost-collection tools and analyze resulting cost data for reporting and monitoring.
- Review and assistance in the modification of assessment instruments.
- External quality review.

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