

**ATI Advisory  
State Resource  
Center**

# Actions States Can Take to Better Understand and Serve Dual Eligible Individuals with Intellectual/Developmental Disabilities (I/DD)



## SUPPORTING STATES IN CARING FOR DUAL ELIGIBLE INDIVIDUALS WITH I/DD

- **ATI supports state Medicaid, Aging, and Disability agencies to improve care delivery for individuals with complex needs.**
- This resource provides insights for what states should know to better serve their dual eligible population with intellectual and/or developmental disabilities (I/DD). This includes how to leverage data sharing opportunities, support their informal caregivers, and influence Medicaid procurements.

Visit our [State Resource Center](#) and reach out to ATI to learn more via [info@atiadvisory.com](mailto:info@atiadvisory.com).







### Navigate this Resource:

- Overview
- Data sharing
- Informal caregivers
- Medicaid procurements



**Individuals with I/DD often experience complex needs and barriers to whole-person care due to the fragmented systems they must navigate to receive comprehensive health care.**

→ Compared to non-dual eligible individuals with I/DD, dual eligible individuals with I/DD...

-  Are more likely to live alone
-  Often require lifelong care
-  Experience higher rates of comorbid medical conditions
-  Experience higher rates of behavioral health challenges
-  Are more likely to experience emergency department visits
-  Are less likely to receive preventive services

# STATE MEDICAID AGENCIES CAN PURSUE THE FOLLOWING APPROACHES TO BETTER SERVE THEIR DUAL ELIGIBLE POPULATION WITH I/DD

1

Leverage  
data sharing  
opportunities

2

Support  
informal  
caregivers

3

Influence  
Medicaid  
procurements

# 1. STATE MEDICAID AGENCIES CAN LEVERAGE DATA SHARING STRATEGIES

Regardless of whether dual eligible individuals receive their Medicare through Traditional Medicare or Medicare Advantage, state Medicaid agencies can support health plans with identifying their dual eligible members with I/DD to help support care coordination for the population. State Medicaid agencies can help with this identification by sharing data through the following file formats:

→ **270/271 Transaction Set:**

- A file format that can be used by plans to inquire about an individual's Medicare eligibility. Data fields can be inserted into the file to help identify individuals with I/DD, and the file can be exchanged with entities, such as Dual Eligible Special Needs Plans (D-SNPs), at a regular cadence to help plans identify members with I/DD.

→ **Medicare Modernization Act (MMA) File:**

- A file exchanged with the Centers for Medicare & Medicaid Services (CMS) to identify and track Medicare enrollment of dual eligible individuals. States can filter information from the MMA file to determine Medicare enrollment for their Medicaid population with I/DD and assess opportunities for and potential impact of targeting care delivery improvements, for example through D-SNPs, for their dual eligible population with I/DD.

→ **834 Transaction Set:**

- A file that can be exchanged between states and health plans to share enrollment information about plan members. Plans can use the 834 file to collect information about its dual eligible members with I/DD.

## 2. STATE MEDICAID AGENCIES CAN ENHANCE CAREGIVER SUPPORTS

- More than one-third of individuals with I/DD have helpers, including informal (unpaid) caregivers, compared to 13% of individuals without I/DD.\*
- These helpers often support their loved one with I/DD throughout the lifespan, including helping with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
- Better serving dual eligible individuals with I/DD means better serving their informal caregivers, and states have the influence to do so.

### States should:

1

- **Promote** use of caregiver needs assessments in long-term services and supports (LTSS) and other home- and community-based services (HCBS) programs.

2

- **Encourage** managed care plans to offer caregiver supports and services through their benefit packages.

3

- **Require** D-SNPs to use their Model of Care to reinforce HCBS, including focusing on the role and needs of caregivers in care planning and delivery.

### 3. STATE MEDICAID AGENCIES CAN INFLUENCE MANAGED CARE PROCUREMENTS

- States can use their Medicaid managed care request for proposals (RFPs) as a lever to encourage bidding plans to focus on benefits and service delivery improvements for dual eligible individuals with I/DD.
- For example, states can prioritize their dual eligible population with I/DD for innovative or enhanced whole-person care delivery, which could push plans to invest in meaningful care delivery solutions.

#### Example approaches include:

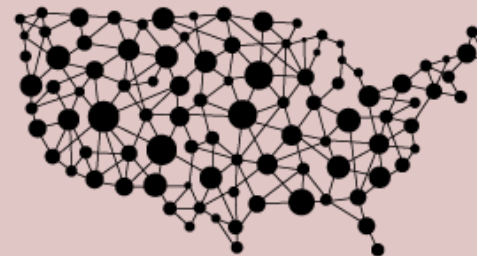
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|--|--|
| <p><b>1</b> Contracting with providers that are knowledgeable about and/or provide tailored services to the I/DD population.</p>           | <p><b>3</b> Identifying data and quality metrics to evaluate the health experiences and outcomes of the I/DD population.</p>         |
| <p><b>2</b> Requiring that provider networks are trained in serving individuals with I/DD and comprehensively coordinating their care.</p> | <p><b>4</b> Tailoring care management and coordination strategies to promote person-centered, individualized, whole-person care.</p> |

**States have various approaches they can take to support individuals with I/DD, ranging from leveraging data sharing strategies, enhancing informal caregiver supports, and influencing Medicaid procurements.**

ATI has experience working directly with state Medicaid agencies to strategize and implement approaches for maximizing these opportunities.

Reach out to ATI to learn more.

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