

*For people with intellectual
and developmental disabilities*

To: Bea Rector and Barbara Lantz
From: Sue Elliott
Date: April, 12, 2012
Subject: **Medicare and Medicaid Integration Project in Washington State**

On behalf of The Arc of Washington State, I want to thank you for providing us the opportunity to comment on the draft Medicare and Medicaid Integration Project for Washington State.

We appreciate the state's efforts to solicit stakeholder input and to understand the concerns for the various groups of people impacted by this proposal.

We believe CMS's is offering states an unprecedented opportunity to provide individuals with complex needs a better-coordinated, less costly delivery system.

Unfortunately, and out of your control, it seems the various programs at CMS are not coordinating amongst themselves and are proposing a plethora of state initiatives that do not support a common direction. This opportunity is one such example. The populations of individuals who are considered "dual eligible" are a small group of individuals as compared to the entire Medicaid eligible population. This project opportunity is proposing to make a massive state service delivery change for only one group of individuals, leaving states to run parallel systems for the rest of the Medicaid population. So our first recommendation is that CMS be more clear as to what they want the entire service delivery system for individuals receiving Medicaid and individuals who are considered dually eligible, to move toward.

In regard to this state's proposal, we find the time line to implement the various strategies by January, 2013, unrealistic. Our state will be implementing managed health care for Medicaid recipients this July. This in and of itself is a significant change. We want these health plans to be successful so they can meet people's health needs. We do not believe they will be ready in just 6 months to expand into managing the long-term services and supports people will need. In addition, if we do move to a totally integrated managed care system, several state laws will have to be amended and current service delivery systems potentially dismantled. We recommend the time line move to January, 2014.

We do appreciate that the Home and Community Based Waiver services for individuals with developmental disabilities are carved out of this proposal. It is hard to imagine that a managed health care entity would be ready in 6 months to manage the habilitative services, such as employment, for individuals on the DD waivers. There needs to more time to discuss what, if any waiver services should be in the managed care plan.

We are concerned that our state is allowing counties to determine if an integrated managed care program will be implemented in each county. We agree that counties should be an integral part of the discussion, but not the final decision maker. Again, by extending the time line to January, 2014, all interested parties could engage to discuss what our state wants as a system and then who would provide the necessary services.

It is also troublesome that there is not yet a "capitated" rate established for the managed care entities. And once the rate is established, will it be sufficient to meet the individual's health and long-term service and support needs?

We support the concept of a health home coordinator for individuals with the most complex needs. However, we are concerned that a ratio of 1 coordinator for fifty people may be too high. In order to provide the kind of intense high touch coordination, a smaller per person ratio would be better to ensure the person's needs would be met.

In addition, we prefer the state be more prescriptive in identifying who will provide the home health coordination. The proposal suggests having a number of local networks decide amongst themselves. We think it will be challenging to ensure quality and manage too many different home health entities in any one, given area. It also seems duplicative and does not make sense to have the home health coordination be outside the managed care entity. If the managed care entity has to stay within a "capitated" rate, then it would seem they would want to ensure the person's service coordination is done in an effective manner.

For individuals with developmental disabilities who would not be in a managed care arrangement, it seems that the state dd case manger would be the likely home health coordinator. We realize this might pose its own unique challenges; however, they have the expertise of knowing the community resources for individuals with developmental disabilities and their family's needs.

And lastly, we would like to see more community protections stated in the proposal and the inclusion of an outside "ombuds" function so individuals with significant cognitive challenges have someone outside the system to turn to.

Again, thank you for the opportunity to comment.