



Louisiana Developmental Disabilities Council

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April 30, 2013

Kathy H. Kliebert
Interim Secretary
Department of Health and Hospitals
P. O. Box 629
Baton Rouge, LA 70821-0629

Dear Kathy:

As the Department of Health and Hospitals considers moving long term supports and services to managed care, the La. Developmental Disabilities Council requests that stakeholders be involved in the discussion *before* a decision is made, and that those stakeholders include people with disabilities, their family members and advocacy organizations. The Council respectfully requests that we be included in those stakeholder meetings.

The Council reviewed the National Council on Disability's Policy Recommendations for Medicaid Managed Care for People with Disabilities and selected several principles and recommendations from that document as the most important. If DHH moves forward with managed care, the Council recommends that the department include the following points from the NCD document in the managed care RFP, the resulting managed care system and managed care provider contracts:

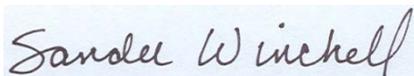
- The managed care system must assist people with disabilities to live full, healthy, participatory lives included in their community.
- The managed care system must be designed to support and implement person-centered practices, consumer choice, and self-direction and families should receive the support they need to support and effectively advocate for their family members.
- For working-age adults with disabilities, employment is a critical pathway toward independence and community integration. Working-age enrollees, consequently, must receive the supports necessary to secure and retain competitive employment.
- Key disability stakeholders—including people with disabilities, family members, support agency representatives, and advocates—must be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness of any managed care services and service delivery system.

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- The provider network of each MCO should be sufficiently robust and diverse to meet the health care, behavioral health, and long-term support needs of all enrollees with disabilities.
- Any managed care contract should include both institutional and home and community based supports and services with explicit strategies to prevent institutionalization and facilitate the transition of people from institutional to HCBS settings. Companies should be expected to meet measurable benchmarks for increasing access to HCBS and decreasing reliance upon institutional settings.
- Louisiana should adopt a fair, equitable, and transparent methodology for calculating and adjusting PMPM payment rates. Capitation rates should be sufficient to allow a managed care contractor to recruit and maintain a robust provider network that (a) affords beneficiaries a choice between two or more qualified providers of any covered service and (b) is capable of addressing the full range of service and support needs among plan enrollees, including people with disabilities who require highly specialized health care and ongoing services and supports.
- Any savings achieved should be used to reduce the waiting list for home and community based services.
- Enrollees in the managed care system should have access to conflict-free support coordination to assist them in navigating the intake, assessment, service planning, provider selection, and service monitoring processes, including access to highly specialized care coordination. The system should also include a component for optional self-directed care coordination by the primary caregiver.

Thank you for your consideration of these recommendations. The Council looks forward to working with you and your staff as you discuss whether to move forward on this initiative which will have a major impact on the lives of people with developmental disabilities and their families in Louisiana.

Sincerely,



Sandee Winchell
Executive Director

/SW

c: Laura Brackin, Ph.D.
Hugh Eley
Ruth Kennedy