Louisiana Developmental Disabilities Council

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May 23, 2014

Kathy Kliebert
Secretary
Dept. of Health and Hospitals
P. O. Box 3117
Baton Rouge, LA 70821

Dear Secretary Kliebert:

The La. Developmental Disabilities Council appreciates the update provided on MLTSS in April, 2014 and appreciates the opportunity to participate in the Advisory Council and provide ongoing input.

Below is a list of DHH's preliminary decisions included in the update that the Council supports and urges DHH to fully implement:

The State intends to incorporate system improvements, such as additions in services and strategies that integrate more effective lifespan transitions, support rebalancing, support flexibility and self-direction, facility diversion, and transition.

To best address the differences in populations covered by LTSS, the State intends to pursue two procurements, one for the populations covered by OAAS and one for the populations covered by OCDD. It will also allow a careful phase-in of persons with developmental disabilities.

The State supports including all of these populations in the MLTSS system:

- People eligible for both Medicaid and Medicare (dual eligible);
- People with developmental disabilities who are receiving care at an intermediate care facility for people with developmentally disabilities (ICF/DD) or HCBS waiver services;
- People with adult-onset and age-related disabilities who are receiving nursing home or HCBS waiver services; and
- Chisholm class members defined as all current and future recipients of Medicaid in Louisiana under age 21 who are now or will in the future be placed on the OCDDs' Request for Services Registry.

Robust outreach and education to assist individuals and caregivers in choosing plans and providers are essential. The use of a neutral enrollment broker, with a strong emphasis on consumer choice, should be an essential part of this implementation.
Initial enrollment should allow members to retain their current providers whenever

practicable. The MLTSS advisory group recommends a period of transition for consumers and providers with basic assurances in place for addressing continuation of necessary services and related payment as plans of care are updated.

The MLTSS approach proposed by Louisiana will include full integration of LTSS with primary, acute and behavioral health services; care coordination will be a key integrating mechanism at the individual level.

Plans of care will be comprehensive, individualized, person-centered and responsive to changing needs and goals. MLTSS will provide opportunities to manage and coordinate care across settings, and to facilitate both institutional diversion and transition.

DHH intends to develop and include strict accountability standards for our chosen MCO partners, including the need for the ability to both financially sanction and reward plans for their performance.

The Council supports the following provisions in the update but requests that greater focus and/or more specificity be included in the **RFP *and* the MCO contracts** as noted below:

DHH believes that persons with developmental disabilities will benefit greatly from comprehensive coordination of care to decrease fragmented delivery of care across physician, behavioral and waiver services. ***However, assurance is needed that this support coordination will be conflict free.***

DHH believes selection is the right of the individual enrollee and not of the MCOs that will coordinate services. Thus, DHH proposes that participating MCOs will be required to accept any and all enrollees who select them. Prior to rollout, there will be a readiness assessment to guarantee network adequacy; this assessment will be designed based upon best-practice recommendations. ***The Council fully supports these provisions, however, more specificity is needed regarding the requirement for MCOs to have a robust network of providers that includes providers with expertise in successfully serving people with intensive behavioral and medical support needs. The state is currently severely lacking in the availability of these supports. MCOs must be required to develop a provider network which includes this expertise PRIOR to the contract start date.***

MCOs will implement internal policies and procedures compliant with Olmstead, HIPPA, ADA and other applicable laws. In all consumer processes, MCOs must provide assurance of adequate supports for persons with disabilities to understand

their rights, responsibilities and options, and to exercise meaningful choice. ***Stronger and more explicit language is vital in both the RFP and MCO contracts that according to the integration mandate in the ADA, people have a RIGHT to live in the community, regardless of the severity of their needs.***

The State looks forward to continuing working with stakeholders and its federal partners in the ongoing development of a plan for comprehensive transformation of long-term supports and services. ***The Council appreciates the opportunity to participate in the advisory council and DHH's efforts to receive public comments. However, it is important that stakeholder involvement continue beyond development of the RFP, including the implementation and monitoring of outcomes and effectiveness of MLTSS.***

Although the availability of employment supports are mentioned in the update, ***much stronger and explicit language is necessary in the RFP and contracts that reflects the state's Employment First position.***

The update says MLTSS provides opportunities that <u>may</u> support the additional availability of HCBS. ***Stronger language stating that all savings will be used to reduce the waiting list for home and community based services is necessary.***

And finally, we didn't find any reference to the adequacy of rates in the update. ***Without sufficient rates, the lack of qualified providers to serve people with challenging needs and/or in rural areas will continue. Louisiana should adopt a fair, equitable, and transparent methodology for calculating and adjusting the per member, per month (PMPM) 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 medical and/or behavioral ongoing supports and services***.

Thank you again for the opportunity to provide input regarding this system transformation.

Sincerely,

Sandee Winchell

Sandee Winchell
Executive Director

c: Courtney Phillips