



Louisiana Developmental Disabilities Council



SELF-DETERMINATION ♦ INDEPENDENCE ♦ PRODUCTIVITY ♦ INTEGRATION ♦ INCLUSION

October 7, 2014

Courtney Phillips
Deputy Secretary
Department of Health and Hospitals
Baton Rouge, LA

Dear Courtney:

The Council appreciates the opportunity to provide ongoing input into the proposed Managed Long Term Supports and Services system and supports many components of the proposal included in the latest OCDD Concept Paper. However, we do have some ongoing concerns.

Listed below are aspects which should lead to improved services for people with developmental disabilities and their families *if* they are implemented as described and the Managed Care Organizations (MCOs) are held accountable for positive outcomes. Many of these components the Council supports were recommended by families, advocates and national experts.

- **All persons, even those waiting for Long Term Supports and Services (LTSS), will receive front end support coordination.** By providing support coordination and information to individuals/families about available resources, many needs of those on the waiver waiting list can be met through regular Medicaid, state-funded services, and other state and community resources. This front end support coordination can also help identify those situations where immediate assistance can alleviate a crisis.
- **The four existing waivers for people with developmental disabilities will be consolidated into one new waiver.** Families have long advocated for the simplicity and comprehensive, flexible supports that should result from this consolidation.
- **The new waiver will include an improved package of services that includes “transformation and innovations in employment, maximum choice and flexibility, and increased emphasis on community integration and enhancing independence.”** The complete service package for both behavioral health and LTSS will be detailed in a series of public information sessions prior to finalization of the waiver submission to the federal Medicaid agency (CMS). The goals for the service package are encouraging, but in addition to providing information to the public, we recommend DHH also solicit input in these meetings to ensure individuals/families agree the improved package of services will in fact achieve these goals.
- **System improvements must include development of a specialized behavioral health package that will identify and meet the needs of persons with developmental disabilities who also have intensive mental health and behavioral support needs.** Families have often reported the lack of behavioral support services for people with developmental disabilities in the existing system and we appreciate your acknowledgement of the vital need in this area.

- **Appropriate “value added” and “in lieu of” service options will be encouraged, including hospital sitter services.** The absence of these services places a financial burden on families, providers and the state-funded Individual and Family Support program so including them in the new system is a plus.
- **The mention of employment several times in the document is encouraging. It is included as one of the two “performance improvement projects” that will be included in the MCO contracts.** Employment for people with developmental disabilities facilitates self-determination and inclusion, financial stability, social and professional relationships, and overall quality of life.
- **A two-phased approach to implementation of MLTSS will be used to best support appropriate planning and technical assistance to the MCOs and to providers.**
- **The MCOs will be required to contract with all LTSS providers in the initial year of implementation** resulting in the least disruption in the lives of recipients. However, **recipients will retain the ability to change providers by request.**
- **Participants will have access to an independent ombudsman program** to receive complaints and provide assistance in the resolution of those complaints. Making this program independent is vitally important.
- The MCO contracts must include an **“aggressive waiting list reduction strategy.”** This is encouraging; however, **more details are needed regarding how this will be achieved.**
- The **proposed system will apply resource allocation principles with an intended outcome that persons will be served in the “most cost effective and appropriate setting.”** A level of need system will determine ability to request long-term institutional stay. Portions of this description are encouraging, as the Council certainly supports all people having access to the most appropriate setting, which is almost always their home with appropriate supports. And the current admission policy for an ICF/DD has resulted in people residing in these facilities when they do not require 24-hour supports. **However, this description is also included in our list of concerns as explained below.**

The Council has the following concerns:

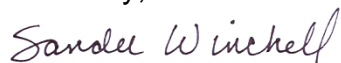
- The system will apply resource allocation principles with an intended outcome that **persons will be served in the most cost effective** and appropriate setting. Using the language “most cost effective” is of grave concern since services for some people do/will cost more in their own homes and communities. **A person’s right to receive supports in their own homes must be guaranteed and explicitly stated in the Request for Proposals (RFP) and the MCO contracts.**
- In order to achieve one of the department’s goals of rebalancing the system **it is vitally important to provide financial incentives to serve people in their own homes and communities with individualized supports and services.** Clear indication of this intent is needed by DHH.

- The concept paper discusses transition planning from the point of admission to acute medical and behavioral health settings. **Transition planning should also begin at point of admission to an ICF/DD.**
- The Council has **a concern regarding support coordination being a function of the MCO.** Even with a “firewall” between administration of support coordination and service provision, it is difficult to understand how there can be true “conflict free” support coordination when the MCO is paying for support coordination. **For truly independent support coordination, it is recommended the state maintain control of the support coordination contracts.**

The Council has not discussed inclusion of EarlySteps in MLTSS so there is no recommendation on this issue. It is easy to see both sides of this issue. By including EarlySteps, children and families will have continuity of services and a smooth transition from EarlySteps to OCDD’s traditional system. However, EarlySteps is not included in other states’ MLTSS system thereby causing some providers and parents to be apprehensive of doing so in Louisiana.

We hope you will seriously consider the Council’s comments and again, we appreciate the opportunity to provide feedback.

Sincerely,



Sandee Winchell
Executive Director

c: Kathy Kliebert
Mark Thomas