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April 2, 2013

Kathy Kliebert, Acting Secretary
Louisiana Department of Health and Hospitals
628 N. 4th Street, P.O. Box 629
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Via Mail and Email
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Ruth Kennedy
Director, Bureau of Health Services Financing
Louisiana Department of Health and Hospitals
628 N. 4th Street, P.O. Box 629
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Via Mail and Email
Ruth.Kennedy@LA.GOV

Re: RFI - Long Term Services and Supports for Persons Enrolled in Louisiana Medicaid

Dear Acting Secretary Kliebert and Director Kennedy,

The Advocacy Center has reviewed the RFI for Long Term Services and Supports for Persons Enrolled in Louisiana Medicaid, issued on November 29, 2012, and recent responses. As the Department decides whether to move forward with managed care for long-term supports and services, we ask that you consider a number of best practices as described below.

First, if the Department moves forward with managed care for long-term services and supports, it is important that both institutional and home and community based services be brought under a managed care system simultaneously. It is only in this way that the balance between institutional and community care that the Department strives to achieve can become a reality.

Any managed care contracts should require companies to offer care to individuals with disabilities in the most integrated setting appropriate to their needs—which, in most cases, is in their homes and communities. Contracts should explicitly require companies to ensure that individuals remain in, be diverted to, or be returned to the community if that is their choice. Companies should be expected to meet measurable benchmarks for increasing access to home and community-based services, and

decreasing reliance upon institutional care in terms of expenditures and persons served. These expectations should be explicitly outlined in any RFP and included in any contract.

Second, too many important department initiatives have involved stakeholders only when the planning process is all but completed. Stakeholder involvement in the decision-making and program design process is essential as you move forward. The Advocacy Center offers to participate in these meetings. We also ask that you include people with disabilities who are recipients of these services, family members of service recipients and advocacy organizations in the decision making process and that you value their perspective. Stakeholder involvement is supported by the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), which recommends a two-year planning and implementation process at a minimum. (<http://www.medicaid.gov/mltss/basics/basics5.html>)

Third, if the Department moves forward with managed care, we encourage you to allow sufficient time in the transition process to educate people with disabilities receiving these services, family members of service recipients, providers and case managers/support coordinators about the changes. This education process is often complex and it is vital that people receiving long-term services and supports and all those involved with their care are well prepared for the transition and receive ongoing support and information throughout the transition process. Since these recipients receive services much more regularly than Bayou Health recipients, the educational undertaking needs to be more intensive than the educational process that preceded the implementation of general health managed care.

Fourth, we believe that it is important that any managed care program for long-term services and supports be integrated with both acute and behavioral healthcare. All three are vital to the long-term health of individuals with disabilities and coordination is essential. According to the Kaiser Commission on Medicaid and the Uninsured, "As over half of Medicaid beneficiaries with disabilities have a diagnosed mental illness, team-based care and other models that facilitate integration of behavioral and physical health care are needed...Mental health, pharmacy, and other "carve-outs" and subcontracts raise concerns about patient navigation and fragmentation of care." (*People with Disabilities and Medicaid Managed Care: Key Issues to Consider*, Kaiser Commission on Medicaid and the Uninsured, February 2012, <http://www.kff.org/medicaid/upload/8243.pdf>) We believe that better coordinated services lead to increased use of preventative services, helps to avoid adverse cost-shifting, and promotes better long-term health.

Fifth, we request that the Department include strong oversight in the managed care contracts and program design to insure individuals are receiving the services they need. We encourage the creation of an independent ombudsman service to monitor service delivery where one does not currently exist, primarily for recipients of home and community based programs. These ombudsmen would serve as independent advocates for the individuals receiving home and community based services, similar to

the role of long-term care ombudsmen for nursing homes. Wisconsin, Hawaii and New York currently have or are considering the inclusion of an ombudsman program in their managed care programs. We believe that the system for resolving disputes must be simple and easily accessible. (*Putting Consumers First Promising Practices for Medicaid Managed Long-Term Services and Supports, Community Catalyst, Inc.* http://www.communitycatalyst.org/doc_store/publications/putting_consumers_first_LTS_Smanagedcare.pdf)

Thank you for your consideration of these matters. As I noted earlier, the Advocacy Center would be happy to work with you and your staff if you move forward on this initiative.

Sincerely,



Lois Simpson
Executive Director

Cc: Hugh Eley, Assistant Secretary, Office of Aging and Adult Services, Louisiana Department of Health and Hospitals, 628 N. 4th Street, P.O. Box 629, Baton Rouge, Louisiana 70821-0629, Hugh.Eley@la.gov

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