COMMUNITY CATALYST
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February 28, 2016

Ms. Vikki Wachino
Director, Center for Medicaid and CHIP Services
7500 Security Boulevard
Baltimore, Maryland 21244

Submitted electronically via www.Medicaid.gov

Re: Virginia Department of Medical Assistance Services Proposed §1115 Unified Waiver (MLTSS, DSRIP, §1915(c) waiver authority) Application

Dear Ms. Wachino:

Community Catalyst respectfully submits the following comments regarding the Commonwealth of Virginia's application for a §1115 Demonstration Waiver.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers.

We understand that the proposed changes are sweeping and will have dramatic impact across the Commonwealth. In this letter, we are focusing our comments on the consumer engagement aspects of the managed long term services and supports (MLTSS) provisions. Our comments on this topic are informed by our work advocating for quality, comprehensive integrated care for low-income consumers. We have long advocated ensuring that the transition to managed LTSS includes policies and practices that are consumer-centered.[1] Recently, we have been deeply engaged in advancing consumer voices in the financial alignment demonstrations. We hope that by sharing what we have learned from these experiences, we can help improve the experience of consumers who will be deeply affected by these proposed changes.

[1] http://www.communitycatalyst.org/resources/tools/mmltss

We offer the following feedback on the consumer engagement aspects of the Commonwealth's application. We believe these issues must be addressed as the Commonwealth moves towards another major health system redesign affecting tens of thousands of consumers.

Consumer engagement and beneficiary support: We strongly believe that meaningful consumer engagement must be explicitly included from the beginning of the process – from design to implementation and ongoing oversight. We appreciate CMS' commitment to this engagement in the financial alignment demonstrations and urge CMS to require the Commonwealth to build engagement into the demonstration on three levels:

1. In the clinical setting: This includes person-centered care planning with the consumer and the team and family/caregiver members the consumer wishes to include.
2. In governance of health care organizations: We urge CMS to require that health plans have Consumer Advisory Councils as a mechanism for input, feedback and quality improvement. We emphasize the need to support the work of community organizations that organize, recruit, and train beneficiaries, to provide continuous feedback to the health plans.
3. In policymaking: We acknowledge the Commonwealth's proposal to form an advisory coalition of stakeholders; however, the proposal lacks detail. CMS should require the creation of a statewide Implementation Council[2] that includes at least 51% consumers and their representatives. This will ensure a table for ongoing sharing of information, offer an early warning system to identify issues before they become problems, and help the Commonwealth to ensure a successful transition.

In addition, we strongly recommend that CMS require the Commonwealth to include two independent entities that can offer support to consumers and build in accountability. First is a state-funded, independent ombudsman to assist consumers with grievances and related information about LTSS services. Under the financial alignment demonstrations, some states have contracted with community based organizations to provide these services, a model we strongly recommend. Second is the inclusion of an Independent Living LTSS Coordinator, a role that can greatly enhance the ability of consumers to develop their own care plan and support consumers if they choose self-direction for their personal care services. We believe that the IL-LTSS Coordinator model in Massachusetts' OneCare financial alignment demonstration is a good model to replicate.

Enrollment and beneficiary protections: We are concerned that the Commonwealth proposes to phase in nearly half of the projected 130,000 consumers needing LTSS into its MLTSS program in 2017. The scale and speed of this transition raises concerns about the ability of plans to enroll such a large number of consumers in a short period of time, especially as they must develop the infrastructure to meet the needs of consumers. CMS should ensure that there is adequate time for consumers to understand the changes and their coverage options. CMS should also ensure that plans demonstrate the capacity to enroll and provide care to thousands of new enrollees.

[2] The Massachusetts Implementation Council for it OneCare program is one such model.

We note additional concerns with the proposed enrollment process. Enrollment will be mandatory, and current waiver enrollees will only be given 30 days' notice. There is no option for affirmative enrollment, only auto assignment with a 90 day option to switch. There must be more time allotted for enrollment, a more extensive commitment to consumer outreach and the engagement and involvement of community-based organizations to assist in this transition. The state proposes utilizing an enrollment broker but we see no mention of contracting with community based organizations to assist in this process. Our extensive experience with enrollment in health coverage generally as well as in the financial alignment demonstrations specifically underscore the important role of trusted community based organizations.

The Commonwealth proposes using "intelligent assignment" to assign a beneficiary to a Medicaid Managed Care Organization (MCO) and will seek to preserve the consumers' existing provider and MCO relationship. Given the short timeline being proposed to operationalize this, we urge CMS to get more detail from the Commonwealth about how exactly this will work and how the Commonwealth and plans will address potential disruptions in care. And finally, there must be assurances to consumers/enrollees that MCOs have a readily accessible grievance and appeals process and ideally a hotline in place to address potential concerns. The proposal makes no mention of these protections.

Care Coordination and Self-Direction: We are pleased that the Commonwealth views care coordination as the cornerstone of the program.[3] To achieve the goals of service integration and support the needs of many enrollees using LTSS services, the care coordination infrastructure requires careful attention and investment of resources. Care coordinators must be adequately trained; there must be a reasonable caseload; and there must be communication with and knowledge of community resources. Care coordination has been a critical but challenging piece in the implementation of the financial alignment demonstrations, and we emphasize the need for the Commonwealth's proposal to ensure that the plans are able to deliver high quality care coordination services that address the needs of their enrollees.

The Commonwealth currently utilizes a Fiscal/Employer Agent and supports 16,000 individuals who self-direct and 22,000 attendants who are employed by those individuals. The proposal asserts that the Commonwealth will continue this model of self-direction but offers little explanation of how it will expand this option for the thousands of additional consumers that will be enrolled in a MCO. First there needs to be a proactive effort by the Commonwealth, the MCOs and community partners to inform consumers of this option. A recent survey by Community Catalyst and the Association of Community Affiliated Plans regarding plans' experience with self-direction found that only a few respondents had any information on the number or percentage of members needing LTSS that chose self-direction. [4]

We therefore recommend a more proactive effort to inform plans of this option and to train their care coordinators on how to incorporate it into the consumers' care planning

[3] See application page 11

[4] Key Consumer Provisions in the Dual Demonstrations: Findings from a Survey of ACAP Plans, December 2015. Available at: http://www.communitycatalyst.org/resources/publications/document/Key-Findings-from-Survey-of-ACAP-Plans-on-Duals-Demonstrations.pdf

process. Plans should be required to train interested consumers in how to direct their own personal care workers, and if the consumer requests, family members should be trained and paid to be personal care workers, as is the case in Arizona, Hawaii and Tennessee, among others.[5]

Finally, while we have focused our comments on issues of consumer engagement, we note that there are many other aspects of the proposed application that will have a profound effect on consumers. We would be remiss if we did not note the need for a robust benefit package. Despite the overall emphasis of this waiver demonstration on integration of behavioral health, the reliance on the traditional Medicaid benefit package excludes many important benefits that consumers need and that reflect true value-based care. These include recovery services, peer services (noted in the DSRIP section), and residential or inpatient substance use services (except for pregnant women and children).

The proposal addresses the need to invest in supports and service that are not historically paid for by the Medicaid program, but these services are not defined. Since many LTSS beneficiaries have multiple chronic health conditions, we urge CMS to seek clarity on the definition of which services will be offered and how these will be integrated across the clinical and LTSS needs of the enrollees.

We appreciate the opportunity to comment and we welcome the opportunity to provide additional input on these issues. Please do not hesitate to contact me at ahwang@communitycatalyst.org should you have any questions. As always, thank you for your time and attention to these issues.

Respectfully submitted,

Ann Hwang, MD
Director
Center for Consumer Engagement in Health Innovation
Community Catalyst

[5] http://www.communitycatalyst.org/resources/tools/mmltss/person-centered-processes