

Developmental Disabilities Provider Association's Feedback on TSG Report and the Governor's Letter

Summary	Explanation
1 MANAGED CARE	<ul style="list-style-type: none">▪ If the General Assembly and Governor proceed with managed care, we strongly recommend several key elements be implemented, as reflected below.
2 Managed Care: RFP and MCO Contract	<ul style="list-style-type: none">▪ It is essential that there be a process for provider involvement in the development of the RFP and the terms of the managed care contracts.
3 Managed Care: Phase In	<ul style="list-style-type: none">▪ Phase in adults with DD before children with DD due to complexity of children's services and greater vulnerability of population. Also, the MCOs have shown substantial experience with behavioral health and LTSS, but not with DD population -- indicating DD should not be the first population placed in managed care.
4 Managed Care: Care Coordination	<ul style="list-style-type: none">▪ The state should place care coordination responsibility with community-based providers who know the clients best and are in their communities, not with MCOs.
5 Managed Care: Rate Setting	<ul style="list-style-type: none">▪ We agree with TSG recommendation that the state set provider rates, not the MCOs.

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6 Managed Care: Transition Services	<ul style="list-style-type: none">DDPA agrees with TSG that MCOs should be required to offer services to transition individuals from institutions, but this will require greater investment in home and community-based infrastructure.
7 Managed Care: Any Willing Provider	<ul style="list-style-type: none">We agree with TSG recommendation that any willing and qualified provider be permitted to participate in MCO networks, subject to state laws on certification/licensure and expansion.
8 EXPAND APII	<ul style="list-style-type: none">DDPA believes significant savings could be achieved through TSG Option 1 (expansion of Payment Improvement Initiative), including health homes and shared risk with sufficient control to effect outcomes. DDPA negotiated with DHS on this concept for four years. Ultimately efforts stalled when DHS did not feel it had political support to make certain difficult policy decisions and instead preferred that individual providers do so. This impasse would have to be resolved. See DDPA Presentation to Task Force.
9 Managed Care or APII: Adequate Rates	<ul style="list-style-type: none">Under any scenario, rates for home and community-based providers are inadequate and must be increased in order for rebalancing to occur. (TSG 32.4). Unlike institutions, HCBS provider reimbursement is not cost-based -- no adjustments have been made for minimum wage, DoL regulations, or the Affordable Care Act.
10 Managed Care or APII: Annual Rate Rebasing	<ul style="list-style-type: none">HCBS providers go for years without rate increases. Rates should be reviewed and adjusted annually in accordance with increases in costs, as is done with HDCs and nursing homes or true rebalancing will not be sustained.

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11 MCO or APII: Supports Waiver	▪ DDPA supports the TSG recommendation to establish a limited “supports” waiver at less cost per person than the comprehensive DD waiver.
12 MCO or APII: Shared Living	▪ We agree with TSG recommendation to incentivize greater shared living, which is more affordable than 1:1 staffing.
13 MCO or APII: Employment	▪ DDPA believes savings could be achieved through TSG recommendation to incentivize meaningful employment of individuals with DD, which will require realistic provider rates and/or flexible staffing ratios.
14 Managed Care or APII: Community First Choice	▪ DDPA supports TSG recommendation to make Community First Choice Option part of the Section 1115 negotiations with CMS.
15 MCO or APII: Technology	▪ DDPA believes the state should provide a single electronic system for reporting and care coordination. HCBS providers were left out of the federal “meaningful use” incentives. Consideration should be given to the state or MCOs paying for the necessary software and hardware directly or through increased provider rates.

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11 ADDITIONAL CONSIDERATIONS	▪ DDPA strongly supports consideration of TSG “additional considerations,” including reinvesting a portion of savings to address the DD Wait List of 2,900 persons; 10% across the board increase for HCBS services; and use of telemedicine for certain DD services.
12	▪ ...
13	▪ ...
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15	▪ ...