COMMONWEALTH of VIRGINIA

Virginia Board for People with Disabilities

Washington Building, Capitol Square
1100 Bank Street, 7th Floor
Richmond, Virginia 23219

(804) 786-0016
1-800-846-4464
TTY or VOICE
FAX (804) 786-1118
Info@vbpd.virginia.gov
www.vaboard.org

May 11, 2012

Cindi B. Jones, Director
Department of Medical Assistance Services (DMAS)
600 East Broad Street
Richmond, Virginia 23219

RE: Draft Proposal to Integrate Care for Dual Eligibles

Dear Ms. Jones: Cindi

The Virginia Board for People with Disabilities (VBPD or the Board) is writing to provide public comment regarding the draft Proposal to the Center for Medicare and Medicaid Innovation entitled, *State Demonstration to Integrate Care for Dual Eligible Individuals*. We appreciate the stakeholder meetings that were held; the staff presentations provided necessary context and information, and the questions asked of stakeholders were thoughtful and meaningful.

In making our comments, I will reference the sections and page numbers of the proposal. The DMAS vision for the project (Section B, #4, pages 9-10) is in alignment with many of the Board's values and its recommendations from the *2011 Assessment of the Disability Services System in Virginia*–improved outcomes, a "seamless, one-stop system of care," and meeting the needs of those with "cognitive impairments, behavioral health needs, and other special medical needs," among others. However, VBPD recommends that the project expand its goal for "seamless transitions" (third bullet, page 10) to include transition from hospitals to prevent placement in a nursing facility. A related expansion is then needed in Section C (page 20), entitled *Hospital and Nursing Facility care Transition Programs.*

What constitutes a "necessary" nursing home placement may be due to factors other than the individual's functional abilities. Based on experience with Money Follows the Person (MFP) and our own outreach to nursing home grant projects, critical factors in discharge planning appear to be the hospital staff's knowledge of community resources, including Home- and Community-based Medicaid Waivers, as well as time constraints. We recommend inclusion of a Managed Care Organization (MCO) requirement to work in a timely fashion with hospital discharge planners as

well as the individuals and their families to help the person maintain their home and natural supports.

As noted in the Proposal (Section C-1, pages 11-12), it is essential for the MCO to have both a depth and broad range of credentialed providers to meet the unique long-term needs for services and supports for the target populations. The Board further hopes that applicants include supplemental services such as dental and vision services. To assist applicant planning, VBPD recommends that more detail be provided about the target population groups, specifically, information on the type of disability or chronic impairment which individuals may have (e.g., number using wheelchairs, number with intellectual disability, number with multiple disabilities, etc.). Another important descriptor to consider is age groups: identify age sub-groupings for both adults (ages 21-64) and the elderly (65+). This information could be provided as part of Section B-5, *Description of the Population* (pages 10-11) or as appendices.

Related to disabilities, VBPD recommends adding language to the second full paragraph on page 14 which discusses access. We appreciate inclusion of the web link to the ADA guidance document but recommend clarification in the paragraph itself with this wording (see italics):

> "... and physical accessibility–*building, offices and equipment*–for members with visual or mobility *impairments or* disabilities."

The Board has concerns that the Key Metrics (Section F, *Expected Outcomes*, pp. 28 -30) does not mention any quality of life measures, including maintenance or improvement of functional abilities (e.g. ADLs, etc.). As listed, the metrics reflect a "medical model" to the exclusion of psycho-social or functional models of care.

The Board also recommends that DMAS include information on how this proposed project will interact with the Commonwealth's MFP initiative (Section J, *Interaction with Other HHS/CMS Initiatives*, pp. 39-40.

In finalizing this proposal, we encourage DMAS to explore the experiences of Oklahoma and Connecticut, both of whom decided to discontinue use of a MCO. These two states are likely to be able to provide valuable "lessons learned" from their projects.

We appreciate this opportunity to provide public comment. Please feel free to contact me if you have any questions about our comments. I am available by phone at (804) 786-9369 or by email at Heidi.lawyer@vbpd.virginia.gov.

Sincerely,

Heidi L. Lawyer

Cc: Christy Crowther, Chair, VBPD