

# ***OPPORTUNITY VILLAGE***

## **MEDICAID MANAGED CARE FOR PEOPLE WITH SEVERE INTELLECTUAL DISABILITIES**

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Opportunity Village is very concerned about the implementation of Medicaid Managed care for long-term support services (LTSS) for people with severe intellectual disabilities. People with severe intellectual disabilities depend on services funded by the Medicaid Home and Community-Based support services to be able to live, work and play in their community. People with severe intellectual disabilities often require a broad range of services and supports because of their extensive and complex needs. These services are vital if they are to remain healthy, functional and independent. Opportunity Village has served youth and adults with severe intellectual disabilities for 60+ years. We have developed significant and important expertise in serving people with severe intellectual disabilities.

Opportunity Village understands that exploration of managed care for long-term support services is driven by budgetary pressures and has been successful at reducing budgets but the reductions come because of reduction in services or denial of services to people who were formally eligible for these services. We worry that Nevada's rates are already so low that further reduction in rates will deteriorate the quality of care for seniors and people with disabilities or the number of people receiving those services.

Arizona is an example of one state that has used Medicaid Managed Care for a number of years and their HCBS Waiver mandates that there will be no waiting list for services for people with severe intellectual disabilities. So, Arizona and the managed care organization have changed the eligibility criteria for receiving services. Someone who might have been eligible for services because they needed help in two activities of daily living would no longer be eligible because the new criteria is needing help in three activities of daily living. The waiting list has been reduced because people who would have been eligible for services prior to the introduction of managed care or no longer deemed eligible for services and will therefore either have to pay for services themselves or go unserved.

Wisconsin's managed care program is struggling to meet people's needs in some parts of their State because the capitation rates, although based on claims data and assessments of artificially low rates, do not cover the actual costs of providing necessary services.

Opportunity Village wants to assure that any managed care program for long-term support services for people with intellectual disabilities includes essential consumer protections for these vulnerable individuals who often require a broad range of services and supports because of their extensive and complex needs. These protections must include the involvement of consumers and experienced providers of services to this population in the on-going development, implementation and on-going evaluation of the program. Opportunity Village also believes that

mandatory Medicaid managed care should not be the only option considered for addressing rising health costs and improving service delivery. Other delivery models and changes to the health care system should also be explored.

Here are some of the proposed protections for people with intellectual disabilities that Opportunity Village thinks should be included in any proposal for mandatory managed care for long-term support services for people with severe intellectual disabilities:

## **PROTECTIONS FOR BENEFICIARIES WITH DISABILITIES IN MEDICAID MANAGED CARE**

1. **STRONG STATE OVERSIGHT**: Nevada must provide strong administration and oversight of the managed care system when mandatory managed care is implemented. Prior to approving plans for mandatory Medicaid Managed Care, Nevada should create an oversight body to regularly monitor, assess and recommend changes to Medicaid Managed Plans for people with severe intellectual disabilities. This body should have representatives from the Dept. of Health & Human Services, consumer advocates for people with disabilities as well as providers and specialists familiar with the range of services provided to people with severe intellectual disabilities.
  
2. **ASSESSMENT OF CAPACITY**: Nevada must perform a systems preparedness assessment and/or a “readiness review” before deciding when people with severe intellectual disabilities should be enrolled in mandatory managed care. Nevada should require managed care organizations (MCOs) to work with an accreditation body to assess the plans for their ability to serve this population, such as reviewing the expertise of the MCO staff to ensure understanding of the basis for intellectual and developmental disabilities services. Additionally, each plan should be required to demonstrate that it has under contract a sufficient network of providers, suppliers, and a wide range of community-based nonprofit service organizations with experience serving the relevant consumer population that is capable of providing all Medicaid benefits that the State is considering placing under Medicaid mandatory managed care. For people with severe intellectual disabilities, there should be a special emphasis on demonstrating capacity for those Medicaid waiver services that extend beyond the traditional acute care medical services that health plans have provided in the past, including, where appropriate:
  - a. Home and community based services and supports
  - b. Personal care and attendant services
  - c. Rehabilitation and habilitation services and devices
  - d. Mobility equipment and related services
  - e. Adult day services
  - f. Pre-vocational services
  - g. Transportation related to the provision of covered services

- h. Home modifications for accessible and safe living
- i. Respite care services

3. **PERFORMANCE MEASUREMENT**: The Nevada Department of Health & Human Services initial and ongoing assessment of whether managed care plans are adequately meeting the needs of people with severe intellectual disabilities requires the development of systems measures to assess the readiness and performance of MCOs and provide for the public reporting of this data on an ongoing basis. Nevada should use appropriate assessment tools for determining resource allocation and planning for people with severe intellectual disabilities. The assessment tool selected by Nevada should be a valid measure of the supports needed for successful community living, instead of placing the focus on deficits in functioning or on problem identification. The assessment tool should empower the individual to become more engaged and identify areas in which natural or generic supports may be provided.

The systems measures that are developed should gauge consumer satisfaction and program performance. The systems measures used by the Nevada should include determinations for *at least* the following capabilities of the managed care plans and its provider network:

- a. To provide timely home and community-based waiver services to people with disabilities;
  - b. To provide coordinated quality care to at-risk and vulnerable populations;
  - c. To maximize service provision in the home and community-based setting with an emphasis on independent living;
  - d. To meet the functional needs of people with severe intellectual disabilities, as well as the medical needs if acute services are included in the plan;
  - e. To accommodate the unique needs of people with severe intellectual disabilities on Medicaid;
  - f. To achieve acceptable levels of consumer and family satisfaction with the services, as measured every 6 months with consumer-friendly tools; and
  - g. To examine person-centered plans on a regular basis to determine if the needs, preferences, and choices of people with severe intellectual disabilities are being met.
4. **PERSON-CENTERED PLAN**: An updated written, person-centered plan that includes necessary non-medical services should be required before the individual with severe intellectual disabilities joins or rejoins a Medicaid managed care plan. Each managed

care plan must be able to demonstrate a person-centered planning process in which the support needs of each beneficiary are fully considered. Nevada must evaluate the adequacy of the planning process used by the MCOs to meet these specialized needs and the quality of the person-centered plan to meet needs, preferences, and choices.

5. **STAKEHOLDER ENGAGEMENT**: Nevada must formally engage key stakeholders (beneficiaries, their chosen representatives, families, service providers, advocates and other impacted groups) in the development, design, implementation, monitoring, evaluation and renewal of managed care services, systems and contracts. Nevada must involve stakeholders through regular stakeholder meetings that take place at least twice a year and should use their findings to impact and update the managed care services in order to ensure the program meets the needs of people with severe intellectual disabilities. Nevada should publicly report how we have addressed and responded to stakeholder concerns.
  
6. **MANAGED CARE PLAN COMPLIANCE**: The Nevada Department of Health & Human Services should closely monitor and assess plan compliance. Public reporting of data related to transition and implementation of managed care should be displayed on accessible websites (and available in accessible formats upon request) in order to ensure transparency and accountability. The Nevada Department of Health & Human Services should also be required to provide annual public reporting to the Nevada Legislature, consumer protection and advocacy organizations, and the community at large with respect to its monitoring and enforcement efforts. Finally, the Nevada Department of Health & Human Services should have explicit enforcement authority to:
  - a. suspend enrollment of additional people with severe intellectual disabilities at any time with cause;
  - b. compel managed care plans to take specific steps to meet the needs of people with severe intellectual disabilities;
  - c. suspend state contracts with managed care plans until remedial actions are taken to address deficiencies;
  - d. permanently suspend managed care plans' involvement with mandatory Medicaid managed care of people with severe intellectual disabilities; and,
  - e. create an adequate backup plan for continuity of care in the event an MCO fails or is suspended.
  
7. **REINSURANCE & FISCAL RECOVERY**: Nevada should develop adequate reinsurance policies to support plans and managed care programs that cover people with severe intellectual disabilities. The reinsurance plan will help to maintain financial solvency of the MCOs and ensure people with severe intellectual disabilities are not unjustly cut from these plans or that their services are underfunded by the plans. States should be required to share in the risk and provide contributions to the reinsurance policies.

8. **TRANSPARENT RATE SETTING**: Nevada should provide a mechanism for oversight of changes to the capitation levels and reimbursement rates for services provided to people with severe intellectual disabilities. The process should be transparent, and plans should look to actual providers cost data as the basis for the determination of “actuarial soundness.” Since changes to the capitation levels and reimbursement rates may signal fiscal problems, the Nevada Department of Health & Human Services should evaluate all plans closely with reimbursement changes to the MCOs and/or their provider networks for the determination of actuarial soundness and financial viability.
9. **MANDATING BENEFICIARY-PROVIDER RELATIONSHIPS**: Medicaid managed care plans should strive to adopt into their provider networks all practitioners and suppliers who currently serve the Medicaid disability population, assuming these providers meet the provider competency and quality requirements adopted by the Nevada Department of Health & Human Services. Nevada should require plans to work with community-based nonprofit consumer and provider organizations with expertise and experience in assisting people with severe intellectual disabilities, such as aging and disability resource centers, independent living centers, and community rehabilitation programs.
10. **PUBLIC ACCOUNTABILITY**: Managed care plans that serve people with severe intellectual disabilities should be required to be and remain publicly accountable.
11. **USE OF PROVEN MODELS**: When a managed care entity coordinates care for individuals whose primary needs are met through long term services and supports, the managed care entity should utilize effective and well-accepted models (i.e., a home health model) that reflects appropriate weight on home and community based services and providers.
12. **DEVELOPMENT OF BEST PRACTICES**: In order to learn about how managed care delivery systems affect people with severe intellectual disabilities, the Nevada Department of Health & Human Services should conduct a longitudinal study to determine the best practices for managed care for people with severe intellectual disabilities. Through these studies, , the Nevada Department of Health & Human Services may be able to create a separate best practices model to service this population. Over time, through stakeholder engagement and continual quality measurements, , the Nevada Department of Health & Human Services can develop a managed care model or other service models that can best serve people with severe intellectual disabilities. Other service delivery systems for this population should be compared to managed care, including standard fee reimbursement systems, self-determination, accountable care organizations and others that may arise as alternatives to managed care to see which has the greatest utility in meeting the unique needs of this population.