

Formal Comment at Medicaid Listening Session, Flamingo Library, January 2016

My name is Barbara Paulsen and I am speaking today on behalf of Nevadans for the Common Good, a community-based organization whose membership is institutional; 40 faith-based institutions and non-profit organizations throughout the Las Vegas Valley. During the recent legislative session we worked on a number of issues related to the elderly such as the CARE Act and supported increased funding for home and community-based waivers for the frail elderly in the governor's budget. Because of these issues we became involved in the broader issue of Medicaid, in particular, the legislation related to Medicaid services to the elderly, blind, and disabled through a managed care model.

Nevadans for the Common Good's primary concern for all Medicaid clients is that they receive quality care in a timely manner and that eligibility for services is designed to provide early intervention when health issues are most treatable. For the vulnerable elderly and disabled populations home and community-based services are also critical so these individuals can continue to live at home rather than being placed in an institution. Continuing to live at home is preferred by most people and is the most cost effective way to provide services to these populations.

Eligibility criteria, assessment by qualified evaluators, individualized care coordination, access to general and specialized care, and an adequate pool of providers to provide both medical and non-medical services are essential components of a system providing high quality care to its clients.

Nevadans for the Common Good has concerns about these services being provided through for-profit companies whose incentive is profit based. Services to vulnerable citizens should not be controlled by for-profit incentives. If the incentive is to make a profit, efforts will be made to save on costs. These savings are most likely to come from:

- Changing eligibility criteria so individuals need to be at a higher level of risk to qualify and/or excluding individuals with high and multiple needs; or
- A reduction in the already low provider reimbursement rate leading to a reduced and insufficient supply of service providers to meet the needs

NCG believes that better care and early intervention rather than cheaper care will result in cost savings.

We strongly encourage the Department of Health and Human Services to gather data and evaluate a wide variety of care delivery models that are non-profit or other public options as they work through this process.

We also applaud HHS for holding these listening sessions open to all stakeholders and for taking the time to study options before reaching a decision on this issue which will impact thousands of Nevadans.