



STATE OF WASHINGTON
Developmental Disabilities Council

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TO: Via Electronic Mail - WA-MedicareMedicaidCoordination@cms.hhs.gov
Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare and Medicaid Services
200 Independence Avenue SW
Mail Stop Room 315-H
Washington, DC 20201

FROM: Ed Holen, Executive Director
Developmental Disabilities Council

SUBJECT: Comment on Washington's Final Design Plan

The Washington State Developmental Disabilities Council (DDC) appreciates the opportunity to comment on the proposal submitted by Washington State for its demonstration to integrate care for dual eligible individuals. The DDC is a 33 member Governor appointed Council that works to plan and promote services for people with developmental disabilities and their families. We involve ourselves in public policy in the areas of civil rights, human services, health care, transportation, housing, employment, community living, and guardianship.

We commend the Washington State Aging and Disabilities Administration for addressing many of the concerns of beneficiaries and their advocates into their final plan. These improvements include enhanced consumer protections, establishing the Health Path Advisory Team of which we are a member, and delaying implementation until 2014. In general, we are supportive of the plan that has been submitted. However, we ask CMS to improve the plan's implementation by adopting the following recommendations:

Ombudsman: CMS should require Washington State to include provision for an independent ombudsman or an ombudsman-like service for the project. CMS should require such a position for all demonstrations. We support an ombudsman role both as a protection for individuals and also as a mechanism for identifying systemic problems and solutions.

Enrollment: We do not support the proposal's opt-out enrollment model (pp. 14). A completely voluntary system in which dual eligibles must "opt in" to the integration model provides the preferred, higher level of consumer protection. An "opt-in" enrollment system honors the autonomy and independence of the individual by preserving for low-income dual eligibles the same right to provider and delivery system choice that exists for middle and higher income Medicare beneficiaries. Preserving that choice is key to accessing specialists and other providers that may not participate in the integrated model, particularly for those recipients with complex medical conditions.

Counseling: In order for recipients with intellectual and other developmental disabilities to make informed decisions about the plan that best meets their needs, independent enrollment counseling should be available. Individuals and their families may need additional outreach and education to choose a plan that is right for them. We recommend that CMS fund counselors who are knowledgeable about Medicare and Medicaid and who have a proven relationship with the disability and senior communities.

Recommendation: We support the State's decision to exclude intellectual and other developmental disabilities Home and Community Based Services such as supported living and employment in Strategy 2. If CMS requires Washington State to include HCBS in the strategy, we want recipients having developmental disabilities to be carved out of this strategy.

Thank you for the opportunity to submit these comments. If you have any questions or would like to discuss our comments further, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ed Holen', written in a cursive style.

Ed Holen
Executive Director