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April 4, 2012

Olga Dazzo, Director
Department of Community Health
Capitol View Building
201 Townsend Street
Lansing, Michigan 48913

Dear Director Dazzo:

The Michigan Developmental Disabilities Council is pleased to offer the following comments regarding the Department of Community Health's proposal to integrate care for people who are Medicaid and Medicare enrollees.

At this stage of the plan development, there are many unresolved issues and unanswered questions. While this is to be anticipated when such a major policy shift is underway, there are a few concerns that we believe the department should be mindful of.

- First, we applaud the department's acknowledgement of the person-centered aspects of delivery of services for these individuals and stress the importance of person-centered planning and self-determination. However, prior to implementation of the integrated care plan, the department must be clear that any team assembled must be the choice of the consumer and that the professional's role is to support the person's dreams and priorities. This is clearly where independent facilitation is of value and should be supported.
- At the public forums, department staff has said people can keep their doctor/providers. We are unclear how this can be guaranteed when a managed care plan almost certainly will not be able to have all providers participate. **Is this a promise the department can keep?**
- We are disappointed that the department is choosing to further disenfranchise Michigan citizens who participate in both Medicaid and Medicare programs and who have a deductible (spend down) to remain eligible by not allowing them access to this plan because they are "too complicated" and "require too much work". The deductible (spend down) issue must be addressed because it presents a serious barrier to access to care.

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- The phased implementation of various populations is outlined in the proposal but is not clear. According to the plan, phases will include:
 - in the first quarter persons with physical disabilities, among other conditions,
 - in the third quarter, persons with intellectual/developmental disabilities (I/DD)**Many people with I/DD may have a physical disability, how will the needs of those with multiple conditions be addressed/phased?**
- The plan states individuals will be passively enrolled into the integrated care system unless they explicitly indicate a choice not to participate. The choice to opt out must be simple, clear, and fully defined. Individuals must be provided with information that will outline all options and consequences for choices. **If a person opts out, does that mean the decision is final for the duration of the plan? How often can a person have this decision revisited?** This is critical, especially in light of the fact that the configuration of the current set of waivers will change once integrated care is implemented.
- We like the care bridge concept and want the department to assure that Peer Mentors and Peer Support Specialists are trained and available to assist people with disabilities to review integrated care options.
- The proposal does not address disparate care from county to county as is the current practice in our mental health system. There must be a more uniform mental health system so a basic level of service is assured across the state.
- The rights protection system should be strengthened and placed in a position to respond vigorously to any violations.
- Like other portions of the proposal, the plan evaluation leaves many unanswered questions. **Will there be continuing opportunities for people who use the system to provide feedback? Will the plan be evaluated at each phase so lessons learned can be applied to subsequent phases? How extensive will the consumer satisfaction survey be?**
- Additionally, while we applaud the fact that the proposal assures access to existing array of services with an expansion of service package, enhanced services (specifically dental) **must** be available to all Medicaid beneficiaries, not just those participating in the integrated care project. Michigan's Medicaid program must offer a comprehensive array of health services, including dental, so Medicaid recipients can avoid/reduce the potential for developing unnecessary/preventable conditions. This may be accomplished by putting all savings from this proposal back into the Medicaid system.

We thank you for the opportunity to provide the council's perspective on the department's proposal to integrate care for people who are Medicaid and Medicare enrollees.

Respectfully,

Andre K. Robinson, Chairperson
Michigan Developmental Disabilities Council