

There are troubling statements in the Medicaid Modernization Waivers. The purpose of Medicaid Modernization as stated in the waivers is to “integrate care and gain efficiencies across the health care delivery system. In turn, the initiative intends to decrease costs through the reduction of unnecessary and duplicative services”. This could mean loss of valuable unique services, upon which the consumers depend for their livelihood because the services were viewed as too costly, unnecessary or duplicative, which were hard to coordinate with other services.

Also, the statement, “to provide community-based rather than institutional care, when appropriate” is troubling. Who says if a service is appropriate, or if there is enough resource for a service? Reevaluation of the need for community-based services seem to be ongoing, so there is no certainty of the existence of such services. Community-based living should be emphasize in services, including modifying existing regulations to modernize Medicaid. The Home and Community-Based Waivers need to be filled not reduced.

Movement of state Medicaid serving 560,000 Iowans to private Managed Care is much too fast. Evidence of this reckless speed is shown in many incidences. First of all, there was the ill vetting of the MCOs with total disregard of their unlawful background, which includes lawsuits and imprisonments, resulting in uncertainty of these private companies. Where does this stops? The recipients are to choose who will managed their services by December 17, 2015 without information that specifically explain the MCOs' services and who, if known, will provide them. Providers, along with everyone else, are wondering what is going on and which, if any, MCO with which to network. The training for providers is too soon to January 1, 2016 to get adequately familiar with the system and to choose with which MCO(s) to network.

Please take these comments into serious consideration. The health and welfare of the recipients hang in the balance.

Sincerely,
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