

Medicaid Legislative Oversight Committee, Presentation Notes
December 7, 2015

I am Catherine Hahn from Muscatine, Iowa. First and Foremost, I'm the parent/guardian of a 28 year old severely disabled, medically complex son who has been served by the HCBS waiver program since 1995 living successfully in his home community. Secondly, I am a health professional who has worked with families of children with disabilities for the last 20 years in Early Access and school based therapy, Additionally, I serve as the parent representative on The Eastern Iowa Regional Mental Health Governing Board.

1. This transition is not typical of the Iowa I have lived in all of my adult life where profit is put ahead of the needs of our most vulnerable citizens. The process has not been democratic but arose out of an autocratic decision by Governor Branstad without knowledge/ approval of legislators, consumers, providers, counties etc. Iowa is more than Des Moines, yet the planning of change and the implementation remains centered from Des Moines without input from those of us residing in other parts of the state.

2. DHS has not met timelines for implementation, yet consumers are required to make decisions (with little to no information) that will impact the health and living situations of our loved ones. I too have been attempting to get information to make an educated choice and run into obstacles at each turn. What I know as of today, my son Jeffrey can get case management through 1 company and his medication through another. None of his current doctors or HCBS waiver providers are listed in any of the 4.

3. We keep getting told “**No Worries** “, you have 6 month medical coverage and 2 year LTSS coverage with current providers (as long as your provider is signed up with your MCO or willing to take 10% fee reduction as out-of network provider.) The public message does not reflect the current facts as written in the RFP proposals accepted by the state. Of great concern to me, are the following:

- a. Companies only need to honor “Exception to Policy” rates in existence for the scope duration of the designated. For Jeffrey, that is January 31, 2016. That is 23 months short of 2 years.
- b. LTSS services will be authorized for up to 1 year or new assessment takes place. This leaves the door open that all people on the HCBS will have a year or less to be guaranteed their current funding level or current providers. Then MCO free to modify or terminate services/ funding Again what happen to December 2017?

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4. Case Management / Care coordination- What became clear is that the MCO don't understand the role of case Management on the HCBS waiver. Case management will no longer be an independent service who is free to advocate for the needs of the person but now will be a gate keeper administrative function of the MCO which is kind of like putting the fox in the hen house. There is huge potential for care rationing. Who comes first the client or the MCO profit? Additionally, Case management numbers under the MCO proposal range from 57 -75 for HCBS which is significantly higher than current state standards of 1:45.

5 Capitation rates versus Needs/ Cost Base to determine funding. It has been confusing to review the capitation data online and make any correlation to our son's current daily rates to support his needs . Does this rate include all his HCBS waiver services, for living, and community plus his medical care? Are we throwing out the window the actual cost based approach to determine funding based on needs of the individual?

In the grand scheme of things, Iowa is not ready to hand over the current system to the MCOs Timelines have not been met, DHS has not played by their own rules they set or website information updated Stakeholders whose lives will be most affected only brought into the process in late October. Questions can't be answered. Most commonly heard statement at the many meetings I attended is "The State has not yet approved authorization for release of that information".

Maybe it is time to look at more solution focused approach to the problem instead of destroying what currently exists. MCOs clearly don't understand or have direct experience with LTSS has specified by the HCBS waivers. Perhaps a 2 phase process with medical first, followed by evaluation to determine success and in future add the LTSS services if model is viable.

Consumers, providers, legislators, county governments and interested citizens of Iowa can't all be wrong when asking or delay and additional planning to put the managed care system together.

Sincerely,

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