

August 29, 2017

Nicole M. Cunningham
Planning, Policy & Quality Unit
Division of Medicaid & Medical Assistance
1901 N. DuPont Hwy.
P.O. Box 906
New Castle, DE 19720-0906

RE: DMMA Notice: Diamond State Health Plan (DSHP) Amendment – DDDS Lifespan Waiver Interaction with DSHP Regulation [21 DE Reg. 156 (August 1, 2017)]

Dear Ms. Cunningham:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Division of Medicaid and Medicare Assistance (DMMA) proposal to amend the Diamond State Health Plan (DSHP) Waiver. The DSHP is the general Medicaid program initiated in 1996 which covers most of Delaware's Medicaid participants. It is implemented through managed care organizations (MCOs). The Division of Medicaid and Medical Assistance is soliciting comments on two proposed amendments to the Diamond State Health Plan (DSHP) Waiver. Council would like to share the following observations on the DDDS Lifespan Waiver Interaction with DSHP.

I. DDDS Lifespan Waiver Interaction with DSHP

The first proposed amendment is to allow non-residential enrollees in the DDDS Lifespan Waiver to obtain State Plan benefits through the DSHP MCO-based system.

First, the proposition that non-residential DDDS Waiver enrollees would prefer to receive State Plan services through the DSHP Managed Care Organization MCO network does not appear to be a trustworthy assessment. Council suggests DDDS consider the following:

1. The divergence invites conflicts between the DDDS Waiver case managers (Community Navigators) and MCO case managers. Having multiple service managers/coordinators will be confusing to participants and is not cost-effective. The DDDS Waiver services and State Plan services are

interrelated, interdependent, and sometimes overlapping. For example, nursing consultation and personal care are seemingly covered services under both the DDDS Waiver and DSHP Waiver. For another example, the effectiveness of home modifications under the DDDS Waiver may be affected by the availability of home health and private duty nursing services subject to DSHP MCO approval/disapproval.

2. The DDDS Waiver envisions a single “service plan” which includes both DDDS Waiver and State Plan services:

Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in Appendix D. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency.

DDDS Waiver Application at 5 [emphasis supplied]

Bifurcating the administration and provision of DDDS Waiver and State Plan services between DDDS-contracted Navigators and MCO case managers will predictably lead to confusing and non-integrated service plans to the detriment of participants.

3. MCOs operate under a capitated model in which profits are enhanced by providing fewer services. Positing that DDDS Waiver enrollees would prefer to have their health care regulated by agencies with an inherent profit motivation may not be reasonable.

4. DMMA may be incorrectly assuming that all affected DDDS Waiver enrollees will be adults:

The purpose of the 1915(c) Lifespan Waiver amendment is to increase the waiver enrollment to include individuals with intellectual and developmental disabilities, autism, and/or Prader-Willi Syndrome who have left school but do not require a residential support as of the time of enrollment.

DMMA Proposed Amendment, Section I.

Delaware has added 1122 unduplicated recipients to the DDDS waiver enrollment cap for WYE 4, the first year of the Lifespan amendment to allow enrollment of all individuals graduating from school that year and those who have already graduated and continue to living (sic “live”) with their family.

DMMA Proposed Amendment, Section II.

The DDDS Waiver has historically included minors and the revised DDDS Waiver effective July 1, 2017 has a minimum age of 14.

Consistent with recent newspaper articles, one of Delaware’s two DSHP MCOs refuses to cover services

at Delaware's only pediatric hospital specializing in minors with disabilities. Therefore, it would facilitate access to Nemours and the duPont Hospital for Children if the non-residential DDDS Waiver enrollees were under a fee-for-service model rather than the DSHP model in which access may be barred.

5. The DDDS Waiver is designed to allow a seamless transition between non-residential and residential services and vice versa. Under the proposed model, DDDS Waiver enrollees transitioning between residential and non-residential services could potentially transfer on multiple occasions between DSHP managed care and a fee-for-service model. This will be confusing and problematic to implement.

Second, DMMA may wish to clarify that individuals with brain injury are included in the proposal. Section I of the Proposed Amendment specifically mentions individuals with brain injury:

The Division of Developmental Disabilities Services (DDDS) Home and Community Based Services Lifespan Waiver provides services and supports as an alternative to institutional placement for individuals with intellectual developmental disabilities (IDD) (including brain injury), autism spectrum disorder or Prader-Willi Syndrome.

In contrast, Section II of the Proposed Amendment omits the reference to brain injury by defining the eligibility group as follows:

Individuals with IDD, autism, and/or Prader-Willi Syndrome enrolled in the 1915 (c) DDDS Lifespan Waiver who are not receiving Residential Habilitation.

Thank you for your consideration of our observations. Please contact me or Wendy Strauss at the GACEC office if you have any questions.

Sincerely,

Dafne A. Carnright
Chairperson

DAC:kpc

CC: Jill Rogers, Division of Developmental Disabilities Services
Teresa Avery, Autism Delaware
Terry Olson, Arc of Delaware
William J. McCool, United Cerebral Palsy of Delaware
Jody Hougentogler, Brain Injury Association of Delaware
Terri Hancharick, Governor's Advisory Council to DDDS