



Governor's Advisory Council for Exceptional Citizens (GACEC) 516 West Loockerman St., Dover, DE 19904
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November 29, 2021

Nicole Cunningham
Planning, Policy and Quality Unit
Division of Medicaid and Medical Assistance
1901 North DuPont Highway/P O Box 906
New Castle, DE 19720-0906

RE: 25 DE Reg. 491 [DHSS/DMMA Assertive Community Integration Support Team (ACIST) Amendment to Title XIX Medicaid State Plan Regulation (November 1, 2021)]

Dear Ms. Cunningham:

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) proposal to amend Title XIX of the Medicaid State Plan. Specifically the proposal is in reference to amending the Home Health Services section of the Medicaid State Plan to sunset the Assertive Community Integration Support Team (ACIST) as an option. Council would like to share the following observations.

The Delaware Medicaid State Plan was first amended in October 2018 to expand the option under Home Health Services to include Assertive Community Integration and Support Teams (ACIST) for individuals with severe and persistent mental illness (SPMI) **and** intellectual and developmental disabilities ((I/DD). The purpose of ACIST was to provide comprehensive, holistic team-based approaches to crisis intervention, intensive case management, behavior analysis, psychiatric supports and monitoring of medical conditions. ACIST used a multi-disciplinary model to provide whole person supports. It was designed to address the unique needs of individuals with chronic SPMI and I/DD, especially those who required additional supports and services to ensure effective interventions.

The ACIST program was discontinued abruptly in 2019 with little or no notice to the individuals receiving those services through the Division of Developmental Disabilities Services (DDDS).

DDDS determined that the ACIST program was no longer needed because the individuals who were receiving ACIST services could get very similar supports through a Managed Care Organization (MCO) carve in. DDDS further asserted that they discontinued the ACIST

program so that the individuals could receive these specialized services in the most integrated manner, which they felt, was through the MCOs and not DDDS.

Council feels that DDDS did not do the following:

1. Evaluate the efficacy of the ACIST program as originally intended; or
2. Adequately manage the ACIST program while it was operational, ensuring it met its stated program goals.

Council also maintains that the ACIST program was abruptly terminated by DDDS in 2019 with inadequate notice to the service recipients and/or transition services for those individuals affected by the closure of the ACIST program.

DHSS needs to ensure that the mental health service and support needs of individuals with SPMI and I/DD receiving services from DDDS are being met. Therefore, Council endorses strengthening the coordination of care efforts for individuals being served by both DDDS and the Division of Substance Abuse and Mental Health (DSAMH) to better meet the unique needs of this population. Also, Council recommends that DDDS complete a comprehensive evaluation of the behavioral health needs of their service recipients as compared to what they are receiving from the MCOs.

Thank you for your time and consideration of our observations. Please feel free to contact Pam Weir or me should you have any questions.

Sincerely,

Ann C Fisher

Ann C. Fisher
Chairperson

ACF: kpc