

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK GOVERNOR TIMOTHY P. MURRAY LIEUTENANT GOVERNOR JUDYANN BIGBY, MD SECRETARY

JOHN AUERBACH COMMISSIONER

February 14, 2012

Melanie Bella Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850

Dear Ms. Bella,

On behalf of the Massachusetts Department of Public Health (DPH), I am pleased to express my strong support for the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration effort. The DPH actively participated in the development of this proposal and will be fully engaged its successful implementation.

This demonstration will significantly improve the health outcomes and quality of life of dual eligible residents in Massachusetts by expanding access to services such as enhanced behavioral health services and community supports and by ensuring coordination of medical and non-medical services. DPH will guarantee that to the greatest possible extent our clinical and community-based services are linked to and integrated with those covered by the Dual initiative. For example, we are a major purchaser of substance abuse services, with contracts for tens of millions of dollars in detoxification, outpatient, methadone and residential services. Some of these services – such as residential care - are not reimbursable by Medicare or Medicaid. We will prioritize making such services fully accessible to those enrolled in the "Dual Eligible" effort. Similarly, we are the central state agency for the oversight and distribute of Ryan White HIV funding to provide community support services. Here, too, we will guarantee that linkage and coordination with the "Dual" effort is achieved. A third example involves our pledge to work to link our Mass in Motion Community Transformation Grant activities to this effort, thereby striving to create conditions in patients' lives that reinforce the behaviors recommended by their clinicians.

DPH has also been charged with the development of reportable quality outcome measures for health care facilities and providers as well as specific campaigns for promote high quality care through such efforts as eliminating hospital associated infections and serious reportable events. We are taking steps to link such activities to the objectives of the "Duals" initiative, for example,

by selecting quality outcome measures that might be particularly useful for the assessment of the undertaking.

DPH wholeheartedly believes that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligibles adults by its promotion of timely, efficient and effective care without the added strain of navigating multiple systems and processes.

We look forward to working as a partner with the Commonwealth of Massachusetts to implement this demonstration. We strongly believe that this model of care delivery will improve the health outcomes of dual eligible members and reduce costs associated with serving this population due to a decline in need for acute and facility-based care – and we will do everything within our power to assist in its success.

Sincerely,

John Auerbach Commissioner

John Anesacl



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February 13, 2012

Melanie Bella Medicare-Medicaid Coordination Office Centers for Medicare & Medicaid Services 200 Independence Ave SW Mail Stop: Room 315-H Washington, D.C. 20211

Re: Letter of Support, Commonwealth of Massachusetts, Demonstration Proposal for Integrating Medicare and Medicaid for Dually Eligible Individuals

Dear Ms. Bella,

We write as an organization that has been actively involved with a cross disability advocacy group, Disability Advocates Advancing our Healthcare Rights (DAAHR), in stakeholder discussions with the Commonwealth in the development of its demonstration proposal for Integrating Medicare and Medicaid for Dually Eligible Individuals. DAAHR's purpose has been to help ensure that the demonstration will significantly improve the health and recovery access and outcomes, continuity of care and services, and the quality of life of dual eligible residents in Massachusetts by expanding access to services, such as enhanced behavioral health services and community supports, and by ensuring that individual members have choice as empowered members of their person-centered care teams. We support the goals of this concept.

The Disability Law Center (DLC) is the Protection and Advocacy agency for Massachusetts. DLC is a private nonprofit entity that provides free legal assistance to individuals with disabilities throughout Massachusetts. A key mission of the DLC is to help ensure that people with disabilities are able to fairly access the benefits, items and services they may need to live and work in the community. In our work, we have observed the problems many dually eligible individuals with complex health needs face

The Protection and Advocacy System for Massachusetts



with accessing the services and supports needed to live independently in the community. These problems have included short-sighted limitations on services, delays in obtaining appropriate mobility equipment, repairs and replacement parts, and impenetrable prior approval and appeals processes. In addition, individuals labeled with mental health needs have gaps in their ability to access health screenings and services for other health needs and vice versa.

The stakeholder process with the Commonwealth has been extraordinarily open, inclusive, and thoughtful, and the Commonwealth has committed to continuing to work with stakeholders on the details of implementing the demonstration project. The resulting demonstration proposal provides for a person-centered care team that can include medical providers, providers of community support services, an independent Long Term Services and Supports Coordinator, and other key individuals identified by the member as important contributors to his/her care, such as peers and family caregivers. This concept has the promise of keeping members healthy in the community through greater flexibility in working with the member to identify his/her service needs and preferences and developing a package of acute, behavioral health, long-term services and supports, and community support services to meet those needs in a timely, effective and efficient manner.

Among the key positive provisions of the Commonwealth's demonstration proposal are person-centeredness, care team composition, access to an independent LTSS coordinator, access to expanded community supports, such as PCA cueing and monitoring, certified peer specialists, ADA compliance criteria and monitoring, continuity of care provisions, and no lock in. We believe these provisions will improve the quality of care and health outcomes of dually eligible individuals and promote community living. We have concerns about opt out enrollment processes and potentially limited provider networks. Also among our concerns is maintaining access to consumer controlled PCA services in the ICO context. However, we support the Commonwealth's model concept of person-centered coordinated care and remain committed to continuing to participating in the stakeholder process with the Commonwealth on the implementing details.

Sincerely,

Alan Kerzin
Executive Director



The Commonwealth of Massachusetts Executive Office of Elder Affairs One Ashburton Place, Boston, MA 02108

DEVAL L. PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Governor

ANN L. HARTSTEIN Secretary

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February 14, 2012

Melanie Bella Medicare-Medicaid Coordination Office Centers for Medicare & Medicaid Services 200 Independence Ave SW Mail Stop: Room 315-H Washington, D.C. 20201

Dear Ms. Bella.

The Commonwealth of Massachusetts Executive Office of Elder Affairs enthusiastically supports the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal. We have collaborated with MassHealth and the Executive Office of Health and Human Services on the development of this proposal and will continue to provide input during the implementation of the demonstration.

Massachusetts has a strong commitment to providing high quality care to individuals with disabilities in the least restrictive settings. The Commonwealth also has a strong history of pursuing opportunities to improve health outcomes and quality of life for its residents. Through participation in leadership meetings and continued meetings with our agency stakeholders, we will continue to provide expertise and innovative ideas during the implementation of this demonstration. We look forward to this exciting opportunity to develop a sustainable model of care delivery that will further improve the lives of dual eligible adults.

Sincerely,

Ann L. Hartstein

And Hants



February 13, 2012

Melanie Bella Medicare-Medicaid Coordination Office Centers for Medicare & Medicaid Services 200 Independence Ave SW Mail Stop: Room 315-H Washington, D.C. 20201

Re: Integrating Medicare and Medicaid for Dual Eligible Individuals/Commonwealth of Massachusetts

Dear Ms. Bella:

We are writing this letter on behalf of clients of Greater Boston Legal Services. Greater Boston Legal Services has been actively involved in the stakeholder process for the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal through participation in a cross disability advocacy group, Disability Advocates Advancing our Healthcare Rights (DAAHR). We write to express our support for the goals of the above referenced demonstration project. This project is of great importance to our many dual eligible clients.

Greater Boston Legal Services provides civil legal services to eligible low income families and individuals in 33 towns in greater Boston. Our clients include MassHealth members and Medicare beneficiaries. We represent MassHealth members who either need help navigating a very complex eligibility system or are seeking a health care benefit they have been denied. Through our Medicare Advocacy Project, we provide representation ranging from advice to court actions for Medicare beneficiaries who have been denied a Medicare benefit. Many of our clients are dual eligibles who will be affected by this demonstration project. We have seen on a first hand basis, through representing our individual clients, the difficulties they can have when covered by both Medicare and MassHealth. There are particular difficulties with access to mental health services, durable medical equipment and supplies, with finding providers who accept both sources of payment, and with navigating the often conflicting administrative

Melanie Bella February 13, 2012 Page 2

processes of these two systems. Integration of services is key to improving the quality of health care for this vulnerable population with complex health care needs.

This demonstration has the promise of significantly improving the health outcomes and the quality of life of dual eligible residents in Massachusetts under age 65 by expanding access to services such as enhanced behavioral health care and community supports and by ensuring coordination of medical and non-medical services. The demonstration contains many positive elements. It gives members a central role in their care team and provides for an independent long term services and support coordinator. It makes a broad array of community support services available to duals with psychiatric diagnoses. It allows for the provision of services that are traditionally considered to be non-medical when they best meet the needs of the individual. We also support many aspects of the proposal including no lock-in, the guarantee of continuity of care, and the inclusion of provisions for ADA compliance and monitoring.

The state has engaged in a stakeholder process that has fully involved consumers and consumer advocacy organizations. The state has listened to the concerns of dual eligible members, and has addressed some, but not all, of those concerns in this proposal. The process for stakeholder involvement has been meaningful and we are committed to continuing to work with the state as the details of the proposal evolve. We are still working with the state to protect the interests of our clients in the areas of the use of a passive enrollment process, the role of self-directed PCA services, the ability to maintain existing treatment relationships and access to providers of one's choice, and the design of a timely appeals process with full due process protections. This proposal has the potential for developing a model of health care delivery that will improve the quality of care and health outcomes of dual eligible members while promoting community living. We look forward to continuing to work with the Commonwealth of Massachusetts on the development and implementation of this demonstration.

Sincerely,

/s/

Nancy Lorenz Senior Attorney



February 10, 2012

Melanie Bella Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850 Melanie Bella

Dear Ms. Bella:

I am writing as an engaged stakeholder involved in the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal, and wish to convey Independence Associates, Inc's, support for the goals of the initiative. There is much promise in the future integration of services for duals, who endure documented barriers to care and services that both hurt them and significantly increase costs.

We are especially excited by the state's willingness, perhaps unprecedented, to engage stakeholders, including members of Disability Rights Advancing Our Healthcare Rights (DAAHR). We expect this vital working relationship with DAAHR to continue, including in the development of procurement standards and the actual RFP for the demonstration. The creation of an innovative program involving highly medically-involved people with disabilities—people often with significant medical needs, high use of long-term services and supports (LTSS), and multiple disabilities—requires, without exception, the serious input of advocates and consumers.

We are pleased that the submission will include provision for coordinators of LTSS, who will come from community-based organizations such as independent living centers, recovery learning centers, and Aging Service Access Points. EOHHS heard our concerns, though we expect more precise details will need to be worked out. We likewise applaud the role that should exist for certified peer specialists who will serve consumers with behavioral health needs. This can be a huge step forward serving those with mental illness. The acknowledgement that homeless populations will need devoted attention also is important.

We also are pleased with the expansion of benefits proposed by EOHHS. The expanded package, including use of Personal Care Attendants (PCAs) for people whose primary disability is mental illness, is a huge and long overdue step. The idea that Integrated Care Organizations (ICOs) can move outside of the limitations of standard medical benefits to offer non-traditional services, giving greater emphasis to

independence and wellness, is a positive step forward. Other program components deserving favorable mention include the no-lock-in provision for enrollees, the guarantee of continuity of care, and the mandate for comprehensive consumer assessments prior to services being provided. The state's intention to require compliance by ICOs with the Americans with Disabilities Act also is a most necessary requirement. Nationwide, health facilities are some of the worst offenders when it comes to providing equal access to services and care. Specific areas to be addressed—and this will need to be stated clearly in the procurement effort—include, though not exclusively, access to exam tables, scales, rest rooms, the provision of information in accessible formats, accommodations in scheduling procedures and appointments, general understanding of disability, and the provision of interpreters and equal communication access for disability populations.

Among areas of concern that we will be watching and providing further comment on in the near future include the state's plans for enrollment. We remain firmly committed to an opt-in mechanism, as opposed to an opt-out. The state is working to mitigate some of the concerns we've raised about their proposed opt-out arrangement, but Independence Associates, Inc. remains concerned that people may end up in a program without full understanding of what it entails and a risk of losing fragile networks of care and service that they have carefully created over many years. We also will need to see more indepth information on these program elements: consumer choice and provider networks; quality measures; the forms of risk adjustment that are developed for providers; and the geographic mandates providers must abide by and the restrictions on programs that serve so-called special populations, something that can stifle innovation in serving those who are, in practice, the biggest drivers of costs, most who are unlikely to be adequately served in what some people would call a "plain vanilla" program. These are not areas typically addressed by independent living centers in our healthcare advocacy, but we have come to deeply comprehend that questions that still remain in these areas can make or break the successful delivery of quality healthcare to our consumers. And this speaks loudly to another need, that being the creation of a strong, oversight entity with deep ties to disability organizations to monitor implementation and then ongoing operation of the demonstration.

The placement of the PCA program within the ICOs remains a question of highest concern. We are fully expecting to have discussions on this topic. A detailed suggestion on how the PCA program would operate was submitted to EOHHS but is not represented in their proposal. We would emphasize that for people with physical disabilities, consumer-controlled personal assistance services are arguably the most important independent living service. Here at Independence Associates, Inc., we serve over 350 consumers in our PCA program many of whom could be affected by proposed changes. Their placement within the ICO must be considered—and as we just said, expect it will be—through further discussion with advocates.

Sincerely,

Steven S. Higgins

Steven S. Higgins Executive Director



Mass Home Care

Mass Association of Home Care Programs/Area Agencies on Aging
24 Third Avenue, Burlington, MA 01803. Ph: 781-221-7077/ Fax: 781-229-6190
www.masshomecare.org/ info@masshomecare.org

Linda George
President
Al Norman
Executive Director

February 15, 2012

Julian Harris, MD Medicaid Director Executive Office of Health And Human Services, 11th Floor 1 Ashburton Place Boston, MA 02108

Dear Dr. Harris,

Mass Home Care, which represents all 30 non-profit Aging Services Access Points and Area Agencies on Aging, is pleased to support recent changes made to the "Proposal to the Center for Medicare and Medicaid Innovation, State Demonstration To Integrate Care For Dually Eligible Individuals."

Our network of agencies has been working over the past decade with similar managed care Senior Care Organizations since the inception of that duals project, providing Geriatric Support Services Coordinators for elderly enrollees. We understand the importance of integrating long term support services (LTSS) into medical care plans, to ensure that the medical and functional needs of the patient are coordinated as one comprehensive service.

Towards that end, we were pleased when EOHHS announced that ICO entities would be required to contract with independent, conflict-free care managers for their long term services and supports. This has been a statutory feature of the SCO plan that has allowed ASAPs to work alongside of health care staff to coordinate the ADL/IADL needs of the patient with their medical plans.

At this stage, there are many operational issues that we know present a challenge to EOHHS:

- the need to create measurable performance outcomes and indicators for LTSS
- procedures for coordinating the ICO plan with the SCO plan for people over the age of 60
- ensuring that members have the opportunity to enroll in Original Medicare if they so choose
- providing members with 24/7 supports that will serve as an alternative to institutional care
- phasing in enrollment to avoid overwhelming new ICO providers
- providing a community-based behavioral health response to needs of this population
- coordinating ICO benefits with members enrolled in waiver services
- securing sufficient Medicare data to develop sustainable risk-adjusted payment rates

Despite these challenges, Mass Home Care believes that integrating care for the dually eligible makes more sense than the current fragmented system of care, which has failed to bring the medical and the functional into a coordinated service package.

Our network historically has strongly advocated a voluntary enrollment option, and we still believe a good service plan is sufficient to attract members looking for value. But as long as enrollees can opt out without administrative barriers, we believe that those members who are dissatisfied with their ICO will have a way to disenroll that is not overly burdensome. It is therefore important to assure the public that a fee for service plan will remain available for those members who do not want ICO coverage.

We thank EOHHS for being willing to adjust its plan based on field hearings and testimony submitted by groups now serving the duals population. We trust that this openness will continue as we move on to some of the operational details that need to be resolved.

Mass Home Care will continue to share its perspectives on the ICO plan, and will work with EOHHS to make this a plan that will create significant added value to the health and long term services needs of its enrollees.

Sincerely yours,

Linda George, President

Linda Sigerigo

Mass Home Care



DEVAL L. PATRICK GOVERNOR TIMOTHY P. MURRAY

LT. GOVERNOR

The Commonwealth of Massachusetts

Executive Office of Health and Human Services Commission for the Blind 48 Boylston Street, Boston, MA 02116-4718

> JUDYANN BIGBY, M.D. SECRETARY JANET L. LABRECK COMMISSIONER

February 10, 2012

Melanie Bella Centers for Medicare & Medicaid Services Baltimore, Maryland 21244-1850

Dear Ms. Bella,

We are writing as a state agency that has been involved in the development of the Commonwealth's Integrating Medicare and Medicaid for Dual Eligible Individuals demonstration proposal and would like to express our support of the grant proposal. The Massachusetts Commission for the Blind provides comprehensive, individualized rehabilitation services which promote independence and self-sufficiency to approximately 30,000 individuals who are legally blind. This demonstration will significantly improve the health outcomes and quality of life of dual eligible residents in Massachusetts by expanding access to services such as enhanced behavioral health services and community supports and by ensuring coordination of medical and non-medical services. Members will be empowered to participate in decision making through their central role within a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors to his or her care, such as peers and family caregivers. This initiative will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals.

We believe that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligible adults by: 1) establishing coordinated, person-centered care; 2) increasing access to comprehensive, appropriate, and cost-effective services; and 3) integrating various administrative processes for beneficiaries and providers. These efforts will promote timely, efficient and effective care without the added strain of navigating multiple systems and processes.

We look forward to continuing our work with the Office of Medicaid to implement this demonstration. We strongly believe that this model of care delivery will improve the health outcomes of dual eligible members who are blind and reduce costs associated with serving this population due to a decline in need for acute and facility-based care.

Sincerely,

Kent L Esock

Janet L. LaBreck, Commissioner



Governor

Timothy P. Murray **Lieutenant Governor** JudyAnn Bigby, M.D.

> Secretary Heidi L. Reed Commissioner

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Massachusetts Commission for the Deaf and Hard of Hearing

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February 10, 2012

Melanie Bella Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850

Dear Ms. Bella,

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is among the stakeholder agencies involved in the development of the Commonwealth's Integrating Medicare and Medicaid for Dual Eligible Individuals demonstration proposal. I am writing in full support of this initiative.

Dual eligible residents in Massachusetts stand to significantly benefit from this demonstration which will expand access to services such as enhanced behavioral health services and community supports and ensure coordination of medical and non-medical services. As with other members, individuals who are Deaf and hard of hearing will be empowered to participate in decision making through their central role within a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors to his or her care, such as peers and family caregivers. Our service model will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals.

Communication access in healthcare settings is vital for Deaf and Hard of Hearing people, and we are the Commonwealth's source for qualified American Sign Language interpreters, Communication Access Realtime Translation (CART), and technical assistance/training to ensure that healthcare services are fully accessible. We are prepared to partner in procedures which exemplify timely, efficient, high quality care, and effective service by 1) establishing coordinated, person-centered care; 2) increasing access to comprehensive, appropriate, and

cost-effective services; and 3) integrating various administrative processes for beneficiaries and providers.

MCDHH is prepared to collaborate with the Commonwealth of Massachusetts in implementing this model of quality care. We bring full commitment to ensuring that Deaf and Hard of Hearing people are among the dual eligible members who will have the benefit of improved health outcomes within a more cost effective service delivery system.

Sincerely,

Heidi L. Reed Commissioner



Commonwealth of Massachusetts Massachusetts Developmental Disabilities Council

1150 Hancock Street, Third Floor Suite 300 Quincy, MA 02169-4340

DEVAL L. PATRICK GOVERNOR TIMOTHY P. MURRAY LIEUTENANT GOVERNOR JULIE M. FITZPATRICK CHAIRPERSON DANIEL M. SHANNON EXECUTIVE DIRECTOR

February 10, 2012

Melanie Bella Centers for Medicare & Medicaid Services Baltimore, Maryland 21244-1850

Dear Ms. Bella,

I am writing on behalf of the Massachusetts Developmental Disabilities Council in support of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal. Upon review of the Commonwealth's application, it is the Council's assessment that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligible adults. Establishing coordinated, personcentered care, increasing access to appropriate, comprehensive and cost-effective services, and integrating administrative processes for beneficiaries and providers will promote more timely, efficient and effective care, and reduce the strain of navigating multiple systems and processes.

This demonstration will significantly improve the health outcomes and quality of life for dual eligible residents in Massachusetts by expanding access to critical services and ensuring coordination of medical and non-medical services. The demonstration targets critical areas of need for people with disabilities, including enhanced behavioral health and community supports. Most important, individuals will have a central decision making role, working with a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors, including peers and family caregivers. With a declining need for acute and facility-based care, this initiative will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals.

We look forward to working with the Commonwealth to successfully implement this demonstration. We have no doubt that this model of care delivery will improve the health outcomes of dual eligible members while reducing the costs to serve this population.

Sincerely,

Daniel M. Shannon Executive Director

DEVELOPMENTAL DISABILITIES Council

2011 8 Lun-

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MASSACHUSETTS HOUSING AND SHELTER ALLIANCE

INITIATING SOLUTIONS TO END HOMELESSNESS

February 10, 2012

Melanie Bella Medicare-Medicaid Coordination Office Centers for Medicare & Medicaid Services 200 Independence Ave SW Mail Stop: Room 315-H Washington, D.C. 20201

Dear Ms. Bella,

We are writing as an engaged stakeholder organization that was involved in the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal to express our support of the grant proposal. We commend the Commonwealth for their efforts to address the unique needs of disabled homeless persons and the importance of community supports for successful housing.

This demonstration will significantly improve the health outcomes and quality of life of dual eligible residents in Massachusetts by expanding access to services such as enhanced behavioral health services and community supports and by ensuring coordination of medical and non-medical services. Members will be empowered to participate in decision making through their central role within a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors to his or her care, such as peers and family caregivers. This initiative will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals. These services, for a subset of dual eligible homeless, are critical to successful housing within the community.

We believe that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligible adults by: 1) establishing coordinated, person-centered care; 2) increasing access to comprehensive, appropriate, and cost-effective services; and 3) integrating various administrative processes for beneficiaries and providers. These efforts will promote timely, efficient and effective care without the added strain of navigating multiple systems and processes.

We look forward to working with the Commonwealth of Massachusetts to implement this demonstration. We strongly believe that this model of care delivery will improve the health outcomes of dual eligible members and reduce costs associated with serving this population due to a decline in need for acute and facility-based care.

Sincerely,

Joe Finn

Executive Director



40 Court Street, 10th Floor Boston, MA 02108 phone: 617-426-2225 fax: 617-426-0097 www.massleague.org

February 13, 2012

Melanie Bella Medicare-Medicaid Coordination Office Centers for Medicare & Medicaid Services 200 Independence Ave SW Mail Stop: Room 315-H Washington, D.C. 20201

Dear Ms. Bella,

The Massachusetts League of Community Health Centers, an engaged stakeholder organization that was involved in the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal, hereby expresses our support of the grant proposal.

This demonstration will significantly improve the health outcomes and quality of life of dual eligible residents in Massachusetts by expanding access to services such as enhanced behavioral health services and community supports and by ensuring coordination of medical and non-medical services. Members will be empowered to participate in decision making through their central role within a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors to his or her care, such as peers and family caregivers. This initiative will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals.

We believe that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligibles adults by: 1) establishing coordinated, person-centered care; 2) increasing access to comprehensive, appropriate, and cost-effective services; and 3) integrating various administrative processes for beneficiaries and providers. These efforts will promote timely, efficient and effective care without the added strain of navigating multiple systems and processes.

We look forward to working with the Commonwealth of Massachusetts to implement this demonstration. We strongly believe that this model of care delivery will improve the health outcomes of dual eligible members and reduce costs associated with serving this population due to a decline in need for acute and facility-based care.

Sincerely,

Patricia Edraos

Health Resources/Policy Director

Patricia Edran



DEVAL L. PATRICK GOVERNOR

TIMOTHY P. MURRAY LIEUTENANT GOVERNOR

Dr. JUDYANN BIGBY SECRETARY

CHARLES CARR COMMISSIONER

The Commonwealth of Massachusetts Executive Office of Health and Human Services Massachusetts Rehabilitation Commission 27 Wormwood Street Boston, MA 02210 - 1616

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February 10, 2012

Melanie Bella Centers for Medicare & Medicaid Services Address Baltimore, Maryland 21244-1850

Dear Ms. Bella,

We are writing as an engaged stakeholder agency that was involved in the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal to express our support of the grant proposal.

This demonstration will significantly improve the health outcomes and quality of life of dual eligible residents in Massachusetts by expanding access to services such as enhanced behavioral health services and community supports and by ensuring coordination of medical and non-medical services. Members will be empowered to participate in decision making through their central role within a care team that can include medical providers, providers of community support services, and other key individuals identified by the member as important contributors to his or her care, such as peers and family caregivers. This initiative will give the care team greater flexibility in developing a package of acute, behavioral health, long-term services and supports, and community support services to meet the needs of dual eligible individuals while preserving the consumer's choice and control.

We believe that this demonstration will eliminate barriers to efficient, high quality care and positive health outcomes for dual eligibles adults by: 1) establishing coordinated, person-centered care; 2) increasing access to comprehensive, appropriate, and cost-effective services; and 3) integrating various administrative processes for beneficiaries and providers. These efforts will promote timely, efficient and effective care without the added strain of navigating multiple systems and processes.

We look forward to working with other state agencies, providers and stakeholders to implement this demonstration. We strongly believe that this model of care delivery will improve the health outcomes of dual eligible members and reduce costs associated with serving this population due to a decline in need for acute and facility-based care.

Sincerely,

Charles Carr, Commissioner