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February 10, 2012

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

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 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.

Of note about this proposal has been the state's willingness to engage stakeholders, including members of Disability Rights Advancing Our Healthcare Rights (DAAHR). We expect this vital working relationship with DAAHR to continue, including the development of procurement standards and the actual RFP for the demonstration.

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.

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.

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 MWCIL 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 in-depth 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,.

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. Their placement within the ICO must be considered—and as we just said, expect it will be—through further discussion with advocates.

I look forward to working with CMS and the Commonwealth Of Massachusetts in the further development of the "Duals" initiative.

Sincerely,

Paul W. Spooner

Paul W. Spooner
Executive Director

February 10, 2012

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

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 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.

Of note about this proposal has been 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

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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 a 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 BCIL 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 in-depth 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. Their

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placement within the ICO must be considered—and as we just said, expect it will be—through further discussion with advocates.

This letter does not reflect, upon review, unqualified support for the state's submission, it would be impossible to provide this for a proposal that, despite being a profound prescription to make tremendous positive change in so many ways, remains a gigantic work in progress. Developing systems of service and care not yet existing on the scale envisioned, along with the extremely serious deadlines hanging over the entire submission, speak to an astounding need for continued advocate scrutiny and input.

Thank you.

Sincerely,

Derrick Dominique
Executive Director

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NAMI MASSACHUSETTS
National Alliance on Mental Illness

February 10, 2012

Melanie Bella
Medicare-Medicaid Coordinator Office
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Mail Stop: Room 315-H
Washington DC 20201

Re: MassHealth Demonstration Proposal for Dual Eligibles

Dear Ms. Bella:

I am writing to offer NAMI Massachusetts' support for the federal/state effort to redesign services for people who are "dually eligible." NAMI Massachusetts's mission is to improve the quality of life for people with mental illness and their families. We have 20 local NAMI affiliate chapters and over 2500 members in the Commonwealth.

There are approximately 110,000 people ages 21 – 64 who are enrolled in both Medicaid and Medicare. This population is referred to as "duals" and two out of three "duals" (or 67% of them) have a behavioral diagnosis. Because "duals" are only eligible for "fee-for-service," there are many services provided by managed care entities that people with mental illness cannot get access to. Therefore, the status quo is unacceptable to NAMI Massachusetts. We support integrating Medicare and MassHealth as a way to improve services offered to people with mental illness.

We support the general premise of the Massachusetts Demonstration proposal because it adheres to two very important principles:

- The plan allows for consumer/peer choice;
- The voice of the consumer/peer must be paramount.

We do have several suggestions, however, about how the proposal could be improved. These suggestions include addressing transportation needs of people with mental illness, expanding the role of Certified Peer Specialists, clarifying and expanding the role of family members, and ensuring that reimbursements are adequate to cover both inpatient psychiatric and community based psychiatric services.

Thank you.

Laurie Martinelli
Executive Director

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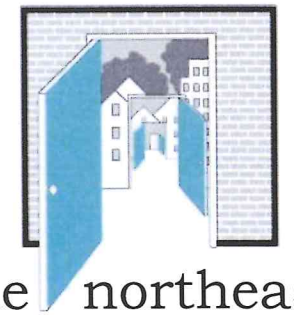

the northeast **independent living** program, inc.

February 10, 2012

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

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 wanted to share our organization's support for the demonstration proposal. Our Independent Living Center has been actively engaged in the public hearings process that the Commonwealth of Massachusetts, EOHHS leadership held. We believe the open dialogue concerning the complex needs of the Dual Eligible individuals in the Commonwealth was exceptional. The issues were well vetted in the stakeholder community and an evolution of respectful shifts of understanding led to positive outcomes in the final draft of the Commonwealth's Demonstration Proposal.

EOHHS heard our concerns about the need for LTSS coordinators, peer roles on the care team and the need for Certified Peer Specialist in the recovery movement to be recognized as part of the continuum of services. We acknowledge that there will still be a need for details to be worked out; yet, we believe the open dialogue has created a solid foundation among stakeholders and the EOHHS leadership to partner for successful outcomes.

The Northeast Independent Living Program is proud of its membership representation in the active coalition of the Disability Advocates Advancing Our Healthcare Rights (DAAHR). DAAHR has provided key leadership and unity among the disability community resulting is educated consumers about the complexities of the Duals Initiative and the responsibility of the disability community to advocate for choice and flexibility. We expect this vital working relationship with DAAHR to continue, including in the development of procurement standards and the actual RFP for the demonstration. This demonstration proposal is innovative and has already created significant communication and understanding among community based organizations and health care organizations serving the highly complex medical needs of people with disabilities.

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It was gratifying to see the Commonwealth's proposal include provision for coordinators of LTSS, who will come from community-based organizations such as Independent Living Centers (ILC) and Recovery Learning Communities (RLC) and Aging Service Access Points. The Northeast Independent Living Program has a unique vantage point as an Independent Living Center that also includes a Recovery Learning Community as part of its organization. Both perspectives align around the peer role in appropriate, timely and effective health care service delivery. The integrity of the peer voice in our community is the key to making the leap forward to truly providing quality, integrated care for people with disabilities.

The Commonwealth's efforts to provide a Demonstration Proposal that is ADA inclusive and provides broader definitions of benefits for services such as Personal Care Attendants (PCAs) for people whose primary disability is mental health related is strongly welcomed. The Northeast Independent Living Program has a consumer directed Personal Care Attendant (PCA) program and are actively monitoring and advocating that the implementation of the Demonstration Proposal include the provision of consumer choice of Personal Care Attendant Services operated through their local Independent Living Center (ILC) be a viable option offered by the ICO's.

Further, the Opt–in enrollment provision for Dual Eligibles is another area that garners strong support from our disability community as it embodies the Independent Living philosophy and values of consumer control and consumer choice.

The Northeast Independent Living Program, in particular, had a strong Deaf and hard of hearing representative voice around the need for this Demonstration Proposal to ensure that information be in accessible formats, accommodations in scheduling procedures and appointments, and the need that ASL interpreters be readily available in all levels of health care service delivery. We are pleased to see the responsiveness by the Commonwealth to this critical need in the Demonstration Proposal.

The Northeast Independent Living Program views the Commonwealth's Demonstration Proposal as a vital first step in the evolution of innovative health care that can be a model for inclusiveness and quality outcomes that recognizes the complex health needs of persons with disabilities living in our communities who are the most vulnerable and most deserving.

Thank You.

Sincerely,

June Cowen, Executive Director

PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

February 13, 2012

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

Gary L. Gottlieb, M.D., M.B.A.
President and Chief Executive Officer
Partners HealthCare System, Inc.

Professor of Psychiatry
Harvard Medical School

Dear Ms. Bella:

We are writing this letter in support of the proposal that has been drafted by the Commonwealth of Massachusetts on integrating care for individuals ages 21-64 who are eligible for both Medicare and Medicaid ("dual-eligibles"). This initiative will be an important step in improving care for the most vulnerable people in our communities.

We believe that care coordination strategies that create a compassionate, patient-centered partnership among providers, consumers, and their families can make a significant difference in improving both the quality of care and value in the health care system. This care needs to be integrated and coordinated across the health care system, including not only primary and acute care but also behavioral health and long term care services.

We are pleased that the Commonwealth not only shares this vision but is also actively engaged in developing innovative new programs that will help to make it a reality. The Commonwealth has taken a number of steps over the past few years to identify and implement innovative strategies to improve care and reduce the growth in health care costs, and we believe that this proposal, which was developed through a thorough and collaborative process with a wide variety of stakeholders, represents an important opportunity to make progress on this important issue.

We look forward to collaborating with the Commonwealth to ensure the success of this initiative. Thank you for the federal government's leadership in creating this opportunity to make a significant difference in the lives of thousands of vulnerable people both across Massachusetts and across the nation.

Sincerely,

Gary L. Gottlieb, M.D., M.B.A.

Partners HealthCare System, Inc., Prudential Tower, Suite 1150, 800 Boylston Street, Boston, Massachusetts 02199-8001
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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, DC 20201

Dear Ms. Bella:

I am writing to state the support of the Providers' Council for the Massachusetts Executive Office of Health and Human Services' proposal: *Integrating Medicare and Medicaid for Dual Eligible Individuals.* The Council is the Commonwealth's largest human service membership organization and represents community-based organizations providing human, health, educational and rehabilitative services to one in ten of our most vulnerable residents.

EOHHS has engaged in a rigorous process of reaching out to all potential stakeholders and should be applauded for its sensitivity to the needs of the potentially affected populations. Efforts to provide better and well coordinated services, while seeking significant savings, could strengthen the state's safety net. We understand this demonstration is intended to provide comprehensive services that address the enrollees' full range of needs, beyond currently covered standard Medicare and Medicaid benefits through a system of integrated care management.

Major changes, however, may likely present unintended consequences; accordingly, it is imperative to minimize the disruptions that occur to our state's vulnerable populations and balance reasonable risks with benefits. As providers of services to thousands of people who could be affected, it is our opinion that you should accept the EOHHS plan that will exempt certain discrete service categories of service.

Accordingly, we support the EOHHS carve out of "waiver services" (services not in the State Plan) included in the final proposal to the Center for Medicare and Medicaid Intervention. These service categories include: Home and Community Based Waiver (HCBS); ICF-MR Services; Targeted Case Management; Adult Day Health: Adult Foster Care; Group Adult

Foster Care; Personal Care; and Day Habilitation Services. EOHHS recognizes that people who receive these serves have very high-end, long-term support service needs and require ongoing attention for the provision of the (intense) daily needs that they frequently require. A very strong case management system exists to monitor and oversee these services. The resources for these services have been scarce, and there is virtually no discretionary spending involved in their provision. These are substantially different than the more medically involved services you are seeking to integrate.

In recognizing that waiver services are very specific to the people who qualify, this will greatly minimize potential disruption to essential care. We understand that this group may still participate in the overall integration effort as appropriate, and the ICOs may remain fully responsible for all other aspects of the enrollee's care.

We appreciate your attention to this matter and willingness to consider our concerns and the EOHHS plan. We believe the agency has taken reasonable steps to include the thoughts of their providers seeking to protect our most vulnerable. Those steps leading to the recommendation for a carve out of the previously stated services should receive your full support.

Should you have questions regarding this matter, please contact me at either mweekes@providers.org or 617.428.3637 to discuss further. Thank you for your attention to this letter.

Sincerely,

Michael Weekes
President/CEO

cc: JudyAnn Bigby, EOHHS Secretary
Robin Callahan, Deputy Medicaid Director

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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 SEIU Local 509, the Human Service Workers Union, would like to thank Mass Health and the Patrick Administration. In January, Stu Dickson, the DDS Chapter President of SEIU Local 509; Cliff Cohn, Executive Director SEIU Local 509; and Toby Fisher, Policy Specialist SEIU, formally asked Mass Health to exempt a variety of services for people with disabilities in its Proposal for Integrating Medicaid and Medicare for Dual Eligible Individuals. We are happy to say that the Patrick Administration has heard our concerns and will carve out a variety of services impacting people with disabilities in the development of the Commonwealth's Integrating Medicare and Medicaid for Dual Eligible Individuals demonstration proposal. We want to express our full support of the grant proposal.

We want to insure that services reimbursed by Medicaid for the mentally ill, served by the Department of Mental Health (DMH), and the developmental disabled, served by the Department of Developmental Disabilities (DDS), are not interrupted. These are very complex populations to serve and, over many years, Massachusetts has created a full array of highly integrated and cost-effective services. For example, in 2009, with the implementation of Community Based Flexible Supports (CBFS) at the DMH, the state merged most mental health community based services and intertwined those services with the Medicaid Rehab Option to provide more clinically appropriate and cost effective services. Another example that includes highly cost-effective care is the Targeted Case Management provided by DMH Case Managers and DDS Service Coordinators. These public workers have extensive expertise and are instrumental in moving clients out of high-cost medical or institutional settings towards independence. These services are highly integrated in the current community based systems and should continue to be fully utilized to insure the maximum value of Medicaid dollars. Local 509 agrees with the need to address needless costs of medical procedures, tests abuse, billing and administrative redundancies, etc., but this is a profoundly unique area of care. Massachusetts has done an exceptional job of moving people with severe disabilities out of high-cost medical settings into more independent and less costly settings. To unravel this current service structure is far too complex and would not be clinically nor cost-effective, so we fully support the following carved out services:

- Home and Community Based Waiver (HCBS)
- ICF-MR services
- DMH and DDS Targeted Case Management
- Adult Day Health

- Adult Foster Care
- Group Adult Foster Care
- Personal Care
- Day Habilitation Services
- DMH Rehab Option

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. Individuals will be empowered to participate in decision making through their central role within a care team, which can include medical providers, providers of community support services, and other key individuals identified by the individual 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 to 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 also want to ensure that valuable Medicaid/Medicare money be used for client services. ICOs should establish contracts with human service providers consistent with 808 CMR 1.05 (1-28), stipulating that funds are to be spent solely on improving the lives of persons with disabilities and not on "non reimbursable" expenses.

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 the costs associated with serving this population due to a decline in need for acute and facility-based care.

Sincerely,

Susan Tousignant

Susan Tousignant,
President of SEIU Local 509

1199SEIU
United Healthcare Workers East
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February 15, 2012

Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Ave SW
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Washington, D.C. 20201

Deputy Ms. Bella:

1199SEIU represents 45,000 members who work in hospitals, nursing homes and as Personal Care Attendants (PCAs) across the Commonwealth. As a stakeholder organization actively engaged in the public process around this demonstration, we respectfully offer this letter of support for the Commonwealth's *Demonstration Proposal on Integrating Medicare and Medicaid for Dual Eligible Individuals*.

Combining both Medicaid and Medicare funding/services, the proposed Demonstration offers a creative new integrated model of care delivery for dual-eligible adults aged 21-64. Our ongoing work with this population and particularly with the PCA consumers enrolled in the similar Senior Care Options program has been overwhelmingly positive. We are therefore very optimistic about the proposed demonstration. The Commonwealth's demonstration will improve the health outcomes and quality of life for the target population by expanding access to services and by ensuring that members will be empowered through their central role within a care team. We are particularly pleased with the creation of a new Independent Long-term Supports & Services Coordinator role which should ensure conflict-free case management of long term care, community-based services, equipment and other home and community needs.

1199SEIU also strongly supports the demonstration's proposal to allow ICOs to incorporate PCAs creatively as part of the multi-disciplinary team-based approach to care. While fully respecting consumer-direction, PCAs are well-positioned to serve as an early-warning system for the ICO's care team. Under this demonstration, it is wisely proposed that ICOs may expand PCA eligibility to cover additional tasks and populations. If utilized well in an expanded role under this demonstration, we believe that PCAs could be enormously helpful in reducing costs, facilitating care delivery and improving health outcomes. 1199SEIU is also working together with the Administration to ensure that every PCA, including those serving demonstration enrollees, enjoys the rights and benefits of the existing collective bargaining agreement between 1199SEIU and the PCA Workforce Council. We are confident that we will resolve this issue as the demonstration is further developed.

Thank you for your time and consideration of the issues detailed in this letter. We look forward to working with the Commonwealth to implement this new demonstration.

Submitted by,

Rebecca Gutman
Vice President of Home Care

Tim Foley
Vice President & Political Director

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STAVROS

CENTER FOR INDEPENDENT LIVING, INC.

February 13, 2012

Melanie Bella
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Bella:

I am writing as executive director of Stavros Center for Independent Living. We serve some 6,000 persons with disabilities annually, and have been engaged as a stakeholder in the development of the Commonwealth's *Integrating Medicare and Medicaid for Dual Eligible Individuals* demonstration proposal.

From our daily work, there is no doubt in our minds that many of the individuals covered in this proposal currently receive care that is woefully inadequate, and there is a critical need for an ntegrated approach that is centered on consumer control and the availability of long-term services and supports that are tailored to the specific needs of individuals. While the timelines mandated by CMS strike us as unrealistic, likely leading to problems of design and implementation that could have been avoided with a more pragmatic approach to the problems faced both by individuals with disabilities and by community health systems, the Commonwealth's Executive Office of Health and Human Services deserves considerable credit for building a process that included significant opportunities for input from the disability community. The office deserves credit too for addressing many of our concerns and developing a proposal that has the potential to significantly improve opportunities for health and meaningful independence in the dual eligibles population.

There is still much to do, and there are still parts of the proposed service model that require more development before we can be certain that consumer control and flexibility in service delivery are the primary components of this initiative. We look forward to working together with the Commonwealth to address the challenges ahead.

Sincerely,

James Kruidenier,
Executive Director

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The Arc
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For people with intellectual and developmental disabilities

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Achieve with us.

Christopher Andry, Ph.D.
President

Leo V. Sarkissian
Executive Director

February 10, 2012

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

Dear Ms. Bella,

Our organization supports much of the Commonwealth's demonstration proposal: "*Integrating Medicare and Medicaid for Dual Eligible Individuals."* We have been an engaged stakeholder during its process of development.

We believe strongly that integrating health care, behavioral health and other related services with an effective care coordination/manager model will resolve barriers in achieving quality health care for persons with intellectual and developmental disabilities.

The Commonwealth's proposal suggests some strong procedural safeguards including insuring an independent care manager. These are areas we look forward to continuing to work upon with the Commonwealth during the development process.

We believe that the exclusion of waiver services and related state plan services for that population from the prospective capitation also enhances the proposal. Given the present economic issues in the health care system, we are concerned that including such services would result in a layer of complexity that could negatively impact the integration initiative. By including most state plan services in the demonstration, the Commonwealth can fully test the assumptions that federal and state officials presently have regarding integration objectives.

We look forward to working with the Commonwealth of Massachusetts to further define and implement this demonstration.

Sincerely,

Leo V. Sarkissian

Leo V. Sarkissian
Executive Director

the TRANSFORMATION center

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

February 10, 2012

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.

My organization, The Transformation Center is the peer-operated organization that trains, tests and certifies mental health Peer Specialists who work, as people who themselves have mental health conditions, to improve the wellness skills, hope and self-efficacy of people using services.

Our constituency prioritizes services that support people to live in the community with least restrictive, but most effective, healthcare. We are working with the state to ensure that 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.

We are collaborating with the implementation to ensure that 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 working with the Commonwealth of Massachusetts to implement this demonstration. We strongly believe that over time, 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,

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