From: jpeck@charter.net [jpeck@charter.net]
Sent: Thursday, December 29, 2011 6:45 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Julie Peck
460 West Street, Apt. 302
Ludlow, MA 01056-1026

December 29, 2011

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

My son is one of the dual eligibles. I certainly understand the need to coordinate the Medicare/Medicaid benefits, and a "medical home" approach makes sense, but there is so much about what has currently been released that raises questions, uncertainties, concerns, even fears. I support the following text drafted by Massachusetts Arc:

I am writing to provide comments about the "eligibles" demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports, a key program for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

*Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
* Consumers and family members' involvement in review and oversight of the plan's service providers * MassHealth monitoring and approval of an ICO's methods for monitoring provider quality in the provision of services & supports *The current rights of recipients, enumerated in the regulations, must be maintained. * The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process. *An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions. *The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services. * Any definition of "intellectual or developmental disabilities" developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Julie Peck
413-583-4254

From: kfalvey@baycove.org [kfalvey@baycove.org]
Sent: Thursday, December 29, 2011 2:20 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Kristin Falvey
467 Liberty St.
Rockland, MA 02370-1217

December 29, 2011

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Kristin Falvey
617-878-2506

From: Janice Ward [mailto:ecinajdraw@yahoo.com]
Sent: Tuesday, January 03, 2012 4:34 PM
To: Karen Schneiderman
Subject: Letter for tomorrow

I am a 52 year old woman who has had multiple sclerosis since 1978.I consider myself and other people living with disabilities and/ or chronic illnesses to be quite knowledgeable about what works best for them in terms of their health care and I'm writing to urge you to consider very carefully what is in the best interest(s) of people with disabilities and chronic illnesses when considering the best way to deliver and /or provide health care . I don't think that insurance providers should be given any more power or have any more say over how this care is provided; I have lived with my disability for some time now and have therefore some perspective . I have seen over the years how health care and its delivery has become less patient oriented and more determined by financial considerations. Basic services such as dental coverage and coverage of eyeglasses and vision checkups have in recent years been eradicated during tough financial times although peoples' need for these services still exist. Personally, I know the importance of maintaining the best oral health I can. I have had difficulty with chewing and swallowing and need to maintain my teeth to the best of my ability. I also need regular eye exams so that my opthamologist can note any changes in my vision, whether due to MS or age and act accordingly.People who need these services should not be at the mercy of a fluctuating economy; their needs don't go away when the economy is not at its strongest. I have seen over the years the increasing amount of power and say insurance companies have had in how health care is delivered and it has not been good for people with disabilities and/or chronic illness.

I am not unrealistic; I realize tough financial times call for some sacrifice but feel health care providers ,doctors and people with disabilities themselves are often the best judges of what services and care they need. I feel more collaboration and strategizing among health care providers and people with disabilities and independent living specialists as well as insurance providers would be very useful in providing solutions that worked .

My life works really well with the right supports in place. These include personal care attendant services .My personal care attendants help me with cooking, housework , cleaning, personal care , shopping and errands. I need these services in order to live independently in the community.I can't help thinking of my aunt who just recently went to live in a nursing home. It is far more costly for her to live there than it is to have me live in the community. Beyond the financial cost, however is the emotional cost; my aunt is severely despondent in this living situation and feels her loss of independence acutely.It's hard to see this once vibrant and active woman so depressed towards the end of her life. I share this personal information with you to show that with the right supports in place a person can live quite well in their communities.Independent living centers provide much needed services as well as peer support services for individuals living with disabilities and chronic health issues.

I believe that I ,along with my health care professionals are the best judge for what is best for me in terms of my health care . Insurance providers do have their place but I don't feel they should have precedence over the consumer and their health care providers . I feel that in when thinking about how best to provide health care the needs of consumers should come first, well ahead of the bottom line.

Thank you,

Janice M. Ward
130 Dartmouth St . Apt. 607
Boston, Ma.02116

From: mcshea@charter.net [mcshea@charter.net]
Sent: Monday, January 02, 2012 12:05 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

MARY SHEA
158 COPPERFIELD RD
WORCESTER, MA 01602-1328

January 2, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program for mly daughter Moira andï¿½ for so many people like her. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people ,such as my daughter with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers

ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

MARY SHEA
508-791-3362

From: Bill Allan [wfallan@dpcma.org]
Sent: Wednesday, January 04, 2012 6:52 PM
To: Duals (EHS)
Subject: Fwd: Re: Healthcare Hearing on January 04, 2012

I am forwarding email from Brian Coppola regarding the duals proposal.

-------- Original Message --------
Subject: Re: Healthcare Hearing on January 04, 2012
Date: Wed, 4 Jan 2012 02:18:12 -0500
From:XXXX <briancoppola@comcast.net>
To:<bhachey@verizon.net>, <dheaphy@dpc-ma.org>, <bhenning@bostoncil.org>

To the Aforementioned,

My name is Brian J. Coppola. I am legally blind and hard of hearing and had been this way since birth for 47 years, as a result of my mother carrying me with the German Measles. I have three college degrees. One in Paralegal studies with honors, another in General studies with honors from Northern Essex Community College and I earned my Bachelor of Art degree in Political Science from Merrimack College.

I am writing out of concern about the future of MassHealth and Medicare being put into the hands of big companies. First of all, I do not think that this is a good Idea as it would privatize it and would result on non-regulations, including the Americans With Disabilities Act of 1990. I think that the two governmental insurances should be kept with the government and also made to comply with the Americans With Disabilities Act.

The two health insurances need to include in their policies durable medical equipment for the visually impaired, as well as other disabilities, such as video magnifiers, and those that both enlarge and read aloud printed information to blind and visually impaired persons. Specialty bioptic eye glasses that are tailor made for visually impaired also need to be deemed once and for all durable medical equipment. And also special reading glasses. The other things that need to be durable medical equipment for the visually impaired are long white canes, and also special reading machines to be able to read printed materials to those who are print challenged and do not have access to the printed world without.

If the plan is to reduce healthcare costs, put in the preventative care benefits, which S01855 filed by Senator Steven A. Baddour filed into both Medicare and MassHealth to prevent unnecessary emergency room visits to emergency rooms and costly hospital stays and nursing care, as the technology is there to help visually impaired people be able to read prescriptions in an independent manner and then that way, PCA's and nurses can be redirected into other areas where needed instead of coming in and setting up a blind person's medication, when with the technology and is taught how to use the technology, is capable of being able to handle their own medication regiment.

If I had the machines that read prescription bottles, I would had very well prevented a visual and accidental mistake with taking a medication. This happened to me two times in the past week. In the morning I was supposed to take Lamactil 150 MG, instead, I ended up taking Sinvalstatin 40 MG, which was supposed to be taken at bedtime and the Lamactil in the morning. I, once again was lucky to catch it and nothing did happen. But, what if it did. So, in the end the technology could benefit me. The noncompliant errors happened on December 24, 2011 and on January 2, 2012. Again, with the

technology and it has been proven to be cost effective by the Joint Committee on Financial Services, around March of 2008, when they reported it out favorably, this would prevent lots of problems and would also be able to focus on other areas in healthcare that cannot be prevented. Attached to this message, I am going to send you a spreadsheet of the devices and their costs and where they can be purchased from. In this sheet you will see the name of the devices and using as an example, the number of medications I take, the total costs of each one to compare to.

The next issue I would like to address is a person being able to stay with their own doctors and healthcare teams that they feel comfortable with. Whomever a person sees as a doctor or healthcare team should not be the sole decisions of the insurance companies. It should be the decision of the patient being treated and their healthcare team, including healthcare proxies. For example, one should see a therapist and a psychiatrist that they are comfortable with no matter whether or not they take MassHealth. This alludes to the issue of Medical transportation for people who are blind or transportation disabled. This means that Medicare and MassHealth need to do something about implementing Medical transportation on a medically necessary basis to a healthcare facility, no matter whether they take MassHealth or not. This needs to be addressed by Medicare, as blindness is and should be deemed categorically a medical necessary as it is never going to go away in reality. So, until a blind person can drive a car themselves safely, Medical transportation benefits need to be added to the governmental insurance policies as it has worked for years.

Lastly, I ask that you restore dental care in MassHealth and also put into Medicare, dental benefits for teeth cleanings, including deep scale cleanings, fillings, oral cancer screening and also false dentures, as teeth, while are cosmetics, they really are a part of the human body that allows one to chew food. They need to be taken care of for that purpose.

Oh, and I forgot. Both MassHealth and Medicare should also have benefits to cover the costs of hearing aids for people who are hard of hearing. As you know, lots of blind and deaf/blind people are currently not employed and need these benefits as they are on a fixed income. Should however, a time does come that they do become employed, I would like to suggest that these disabilities be deemed categorically as medical needy, despite income, due to the fact that they are there. One never knows when they are going to end up out of work due to a disability related hospitalization, such as might be in the case of Muscular Dystrophy or Down's Syndrome. This can even happen with blindness should a glaucoma attack or detached retina occurs.

I thank you in advance for giving me the opportunity to be able to write my written testimony for this hearing and hope that you will take these matters related to healthcare into very serious consideration. I urge your support behind the disability community in improving services and implementing preventative measures. If you have any questions, please do not hesitate to contact me at 508 265-5099. Thanks once again for your careful consideration in these matters. Have a nice day.

Sincerely Yours,
Brian J. Coppola
Brian J. Coppola

****

Testimony for Hearing on changes to Medicaid -- January 4, 2012

Panelists thank you for taking the time today to hear us out.
My name is Elizabeth Casey. I was formerly a teacher in the Boston public schools, and an employee of USPS.
When my multiple sclerosis began to challenge doing significant commitments on those jobs, I was very fortunate to find the mass health PCA program through BCIL.
15 hours a week of personal care help in my home allowed me to continue the joys of being a mother to my daughter and partner to my husband, as well as being able to manage a home and regroup and start a part-time tutoring business.

Through the early years with this disease I had what is considered top of the line medical coverage from BCBS. But despite being able to access excellent doctors, my day-to-day primary care was very disjointed. Labs for urinary tract infections would require myself or my PCAs dropping them off at an office -- often taking up to a week to find the results. When the results showed a urinary tract infection there would be very little discussion with my overworked practitioner. I might have to wait a week to get a call back. And when I did it was often a medical assistant relaying information from the doctor. The end result was that I would sometimes become more ill than necessary, or end up taking inappropriate antibiotics.

For wheelchair care, I might go to a competent physical therapist for an evaluation, but end up trying out wheelchairs with a vendor who knew little about the nuances of my individual needs.
The result would be receiving a wheelchair that needed lots of adaptations. Then the wheelchair parts might arrive at my

home followed by a technician with an Allen wrench and some muscle but no knowledge of how to install-fine tune the part. This would mean driving around tip to one side or with my knees flopping around for weeks on end! And this could be while participating in collective bargaining negotiations for PCAs and consumers, or speaking to fourth graders in the Brookline schools. Completely dysfunctional and unacceptable, inefficient and costly.

I had a feeling of hopelessness and isolation around my medical care. It was a bit like being on a small boat in the huge ocean. Safe Harbor here or there, but nobody talking to anyone else. This is the state of medical care for too many in America.

But lo and behold, I saw a light while on that ocean --
I heard about Boston's Community Medical Group:
a health practice specifically for adults with disabilities. They have a unique collaborative approach to administering care.

These practitioners are not only licensed nurses and therapists, they also have very specialized knowledge in the field of adults with disabilities. The knowledge evolves from combining their smarts with a respect for the experience and know-how of consumers.
It results in very powerful stuff. It builds a base of knowledge and understanding that leads to smarter decisions and more cost effective practices.
We stay out of hospitals. We stay home and away from emergency rooms visits. We do not feel alone. We do not feel misunderstood. We feel like participants in our own destiny.
And this just builds on itself. The more ownership you feel in your care, the more invested you are in staying well.

I recently had a cold that could've turned into a upper respiratory infection. Instead through the combined wisdom and immediacy of care, conversations with my nurse and one visit to my home to listen to my lungs saved a whole lot of hassle and money.

As I mentioned above, I can get chronic urinary tract infections. Now when I think I have one, I call my nurse who knows my own unique history with this problem. She comes out, discusses things with me, and takes a sample, and calls me back within a day. So awesome.

I am profoundly grateful for these sensible approaches to healthcare and independent living. Hiring my own caretakers, and training them to my specific medical needs, having a health practice that is intelligent and responsive to my uniqueness, all these combine to make me more empowered and responsible for myself.

Please do not change this PCA program or health practice. They should be a model for the future of medical care -- one that provides efficient and compassionate care -- the way we all want to see this country run, the way we all want to be treated.

I commend MassHealth for inviting those of us who will be affected by the implementation of the Duals Initiative here today so that we may voice our concerns to you directly.

I am a Dual Eligible and I have been using PCA services for 25 years. I have a college education and been gainfully employed for most of my adult life because I have been able to hire and train the personal care assistants who work with me in a manner that supports my independence fully. I have always received my PCA services through my local Independent Living center, it is my hope that this will not change and that my consumer control will be maintained.

I have always chosen doctors who treat me as an individual who happens to have a disability and not as just a disease that needs to be fixed. This is important to me because in order for me to maintain my independence and health I need a doctor who will listen to what I have to say. Within the past two years I was forced into a manage care program through CommonHealth and had to obtain a new primary care after having been with my former PCP for As a result I spoke with a Masshealth customer service representative who was of little use in answering questions I had about the plans I had to choose from. The Doctor I was assigned to was from another country and treated me in such an appalling manner that I left her office after the first visit and asked to be assigned a doctor who had experience working with people who have disabilities. It was my choice and I was glad I asked to switch because I worked well with my new doctor which made a difference in my healthcare. The ability for me to choose my own doctor must remain intact.

Under the Duals initiative I fear that vendors who may become responsible for my healthcare needs will impose unnecessary constraints on how and where I seek my medical and long term care supports. It is imperative that consumers who are Dual eligible retain choice in coordination of the supports we receive. Unless you are a Nurse or Doctor who understands consumer control you will not be a member of my care team period! Because of my affiliation and experiences with Independent Living Centers and ASAPS I feel that they would be the most natural providers to coordinate my care. I want and need to be assured that my voice will continue to be heard when it comes to decision making around my healthcare needs.

Automatic enrollment concerns me for several reasons. Within the past two years as a Commonhealth member I was enrolled in a masshealth managed care plan and was told I could change at any time. Well after finding out that my specialists and respiratory care company would not be covered I had to switch my plan. Not a major issue until I was not covered for several days due to a data entry error on their part and had to pay a $200 medical bill because it was forwarded to a collection agency. No one at Masshealth or Neighborhood Health would fix the situation so I had to pay the bill. This and the fact that automatic enrollment could mean that my current doctors may not be accepted is concerning to me. Maintaining consumer control must be thought of at every step along the process of the Dual Initiative implementation. Please continue to ask for our input while you roll out the changes.

Karen Bureau
117 Pembroke Woods Drive
Pembroke, Ma 02359
781-924-5254

Maureen Cancemi
333 Massachusetts Ave 613
Boston, MA
02115
(617) 266-1510

My name is Maureen Cancemi and I recently experienced a hospital stay at Boston Medical Center from Tuesday 11/7/11 to Wednesday 11/8/11. I was admitted in preparation for a colonoscopy. I have Multiple Sclerosis and am a quadriplegic and was advised to prepare for the procedure in the hospital in order to receive proper care in the preparation process. I am unable to ambulate, and normally transfer with a Hoyer lift at home. This would make the constant use of the commode difficult, so I elected to prepare at the hospital.

I ate my last meal before the procedure Monday night, and began my diet of clear liquids that evening. I was admitted to B.M.C. around 2 pm on Tuesday. Lab work was performed and I received an EKG. At approximately 7:30 pm I was given GoLYTELY and advised by my nurse to drink the entire bottle (4 liters) by 1 am. By 1 am I was less than 2/3 done with the bottle, and was about 80% done with the bottle by 4 am. At this time I was unable to drink any more of the solution, notified the nurse of this and stopped. Throughout this time I voided my bowels multiple times and was changed by staff. I was given an air controlled call bell to breathe in to when I needed assistance because I am unable to use my hands. As the morning progressed my calls for help were answered less frequently. Often my calls would go unanswered, and when they were answered the staff member would say that he or she would get another person to help, often to not return. During the change of shift, between 5 am to 8 am I was not cleaned at all, and the skin on my buttocks was becoming irritated from sitting in my own fecal matter. I was concerned about skin breakdown, and infection from my supra-pubic catheter. The fecal matter was rising between my legs and nearing the catheter. When I was cleaned by the staff I was not cleaned thoroughly. My skin reddened and split near my right inguinal area, very near my supra-pubic opening for my catheter. I also was not moved every two hours in accordance with widely accepted recommendations to prevent bedsores. Throughout this time I was not on my regular schedule of medications, including Baclofen for my spasticity. At this point I called my nurse practitioner Mary Glover from CMA to come to the hospital because the preparation was going so badly. I asked for the patient advocate to see me. I was strongly considering leaving the hospital in order to prevent skin breakdown and receive better care in my home. The gastroenterologist came in to speak with me. The nurses spoke to me about the missteps that had happened thus far in my hospital course, and suggested a rectal bag would have been a better approach to take. They also asked if I would consider staying an additional night and have the colonoscopy Thursday instead of Wednesday. I declined this option. The doctors recommended sedation or general anesthesia for my procedure, which I also declined. It was then decided to perform a sigmoidoscopy with a flexiscope, and they were given the option to go further based on the events during the procedure. The partial colonoscopy was performed around 2 pm, with no sedation or anesthesia as per my request. I was returned to my hospital room before 3:30 pm. I left the hospital around 5:30 pm.

My primary concerns are for my safety because I have an underlying medical condition. A pressure sore would result me in being confined to my bed for weeks to months. Also, a urinary tract infection would be devastating to my overall health. This was a planned visit to the hospital, and the hospital was aware of the medical attention I would require. With this knowledge I could have been provided additional help because of my medical needs. I opted to prepare for this procedure in the hospital in order to receive better care, and ended up being neglected and ignored. My skin is still irritated multiple days after the hospital visit. The events that happened during my hospital stay could have been avoided with better planning by the hospital and anticipation of the medical care I would require.

TESTIMONY ON A DRAFT DEMONSTRATION PROPOSAL TO CMS FOR A STATE DEMONSTRATION TO INTEGRATE CARE FOR DUAL ELIGIBILES

BY ISELY LAMOUR

GOOD MORNING. MY NAME IS ISELY LAMOUR. I AM A RESIDENT OF RANDOLPH, MA. I HAVE MULTIPLE SCLEROSIS. I WAS EMPLOYED AS A MEDICAL ASSISTANT BEFORE MY DISABILITY BECAME TOO DIFFICULT TO CONTINUE TO WORK.

I LIVE AT HOME WITH MY SISTER AND HAVE A PCA 8 HOURS A DAY. I AM GRATEFUL TO HER BECAUSE SHE PROVIDES ASSISTANCE FOR MY DAILY NEEDS.

MY INTERNIST IS AT HARVARD VANGUARD IN QUINCY AND MY NEUROLOGIST IS IN FOXBORO. BOTH OF THESE PHYSICIANS HAVE PROVIDED CARE FOR ME FOR MANY YEARS.

MY LIFE IMPROVED SO MUCH FOUR YEARS AGO WHEN I BEGAN TO ATTEND B.FIT!, A DAY WELLNESS AND SOCIALIZATION PROGRAM FOR YOUNGER ADULTS OPERATED BY THE BOSTON HOME. I BENEFIT FROM PROGRAMS OFFERED THROUGH B.FIT!, SUCH AS PARTICIPATING IN AN EXERCISE PROGRAM AT THE DORCHESTER Y. THERE IS OPPORTUNITY

FOR ME TO VENT FEELINGS THAT I WOULD NOT BRING UP TO MY SISTER WITH WHOM I LIVE. IF IT WERE NOT FOR B.FIT! I WOULD STARE AT THE WALLS AT HOME AND BE VERY DEPRESSED. B.FIT! HAS CHANGED MY LIFE.

ANOTHER BENEFIT OF B.FIT! IS THAT MY PCA WHO ATTENDS WITH ME GETS A CHANCE TO INTERACT WITH OTHER CAREGIVERS AND SHARE HELPFUL TIPS BASED ON ADDITIONAL LEARNING OFFERED BY TBH NURSING STAFF.

I AM HERE TO ADVOCATE FOR EOHHS TO PRIORITIZE PROVIDERS WITH EXPERIENCE DEALING WITH PEOPLE WITH COMPLEX MEDICAL AND SOCIAL CONDITIONS. THE BOSTON HOME AND ITS B.FIT! PROGRAM STAFF HAVE THIS SPECIAL EXPERTISE. WELLNESS IS MORE THAN TREATMENT OF DISEASE. B.FIT! IS A LOW COST LIFE LINE FOR THOSE OF US WHO LIVE IN THE COMMUNITY WITH MS AND SIMILAR CONDITIONS.

THANK YOU.

My disability is & M.D.

My name is Sheila Nolan and I would like to share how BCMG has helped me over the years. I have a physician assistant NINA who I can call at anytime. For example when I was very sick with a fever I called my nurse practitioner and she called an ambulance saying she would meet me at the hospital along with my primary care doctor at BCMG. They were at the emergency room when I arrived.(that made me feel safe) When my doctor was examining me my pulmonary doctor called and said do not admit her because her pca's are capable of taking care of her at home. I was diagnosed with pneumonia. My nurse practitioner called every day to see what I was eating or drinking. After I told her she ordered an IV to be inserted because I was getting dehydrated. This year I had many decisions to make about my health because I was diagnosed with uterine cancer. Both my doctor and nurse practitioner came out to me house to discuss my options. I requested a second opinion and my PA came with me along with my pca. My Doctor

was also there by means of a conference call. When I had to go in the hospital for tests they arranged for an ambulance to pick me up with one of my pca's attending to me. One of my main concerns is that our pca's do not get paid while we are in the hospital. This MUST CHANGE. I was fortunate enough to have 2 pca's volunteer which is not at all fair. PCA's should get paid because they know our needs better than any nurse. If I were to be admitted to the hospital without a pca I would like to share what the outcome would be. I am on a respirator 24/7 and I am unable to cough on my own so I use a cough assist machine. Each 1 of my pca's know how to use this machine and know that it is critical if I need it. If my pca's do not go to the hospital with me and they call the pulmonary dept to use the cough assist, by that point in time I would be dead. When phlegm gets wedged in my throat I cannot breathe. My hands are too weak to press the call button so my pca must be there. In view of the fact that my arms can't reach the button to move the

hospital bed up and down my pca must do this all night. As I tell people my arms are only on for good looks, the don't work. Many years ago before I joined ~~BMCG,~~ BCMG I was petrified of doctors because most doctors don't understand people with disabilities. Sometimes they would talk down to me as though ~~we~~ I didn't know what the were saying When I joined BCMG I was truly amazed how ALL the doctors, Nurse practitioner,PA's PTs, Ots respected me as a person and listened to what I had to say. They all have made my life so much better. Thank you

TESTIMONY
FOR BCMG

Hi, my name is Nancy Nolan and I have been a patient of BCMG for approximately 16 years. I would never have learned of this specialized group who treats the severely disabled if one of my disabled friends had not told me about them. Before joining BCMG my medical care was very frightening. I had a difficult time trusting doctors with my care because I wasn't sure they understood my Muscular Dystrophy. I could go to the MDA clinic every year (but that did not give me any time to build a relationship with my MDA doctor). The only relationship I built was with my pulmonary doctor, Dr. Nick Hill who has been my pulmonary doctor for 30 yrs. A few years after meeting Nick Hill, I was put on a non-invasive respirator (for nights only). Unfortunately, after a few incidents of illnesses and hospitalizations, I became totally dependent on the respirator and now need to use it 24/7! I have a ventilator on the back of my wheelchair giving me independence.

The stability of my medical care now makes me feel so much safer. Building my trust in my PA took a little time, but I now trust her with my life. Being able to reach my PA or doctor at any time day or night has increased my trust in this medical group. Most of the time they come out the same day or the next day. (NO MORE FRIGHTENING CARE FOR ME) My Primary Care Physician comes to my house about every other month. He is kind, caring, honest, and goes into detail regarding my medical care. I feel like I'm never "left in the dark".

The DME department takes special interest in my needs. They are always there for me. With a progressive disease like mine, I need a reachable DME department as my needs are continually changing.
Since starting with this group, my needs have changed a lot! I now need to use a neck brace especially when I'm out as my neck is very weak, I use finger braces as my fingers won't bend without them, I also use a chest strap to keep me upright in my van or when I go around my neighborhood. Just going over a bump can knock me off balance. I started with the group with no lateral supports and now I have two lateral supports and a hip guard. I really like the way my PCP & PA work closely with the DME department. The whole group seems to work as a great team.

The one thing I am particularly impressed with is their ability to treat the whole person. A few years ago when my mother was dying and I went into the office for my yearly physical, they could see I was falling apart.

They offered me counseling which I accepted. I was in constant pain, so they asked me if I wanted to try acupuncture which was scary to me at first but after having acupuncture regularly my pain is under control. Thank God!

The only thing now that frightens me is the fear of being hospitalized. The nurses don't know how to help me. My respiratory needs are very important and I need my PCA with me at all times. I use a coughing machine to help me with my secretions which pop up without warning. If I am hospitalized and cannot have a PCA with me, that is a death sentence. When in the hospital, I am too weak to push the call button, I cannot change my position by sitting my bed up, I need someone to do that for me! We definitely need to have a change in this area of our care. Everyone knows that their PCA knows how to care for them better than the nurses and aides on the hospital floor. We need to find a way to pay our PCAs so they will come to the hospital to be with us.

I'd like to finish by saying that BCMG has definitely increased the quality of my life.

From: Joseph Carson [jcwildgarden@gmail.com]
Sent: Wednesday, January 04, 2012 4:46 PM
To: Duals (EHS); hdt@nami.org; willisflorette@yahoo.com
Subject: Fwd: Proposed Cuts in dual eligible services

---------- Forwarded message ----------
From: **Joseph Carson** <jcwildgarden@gmail.com>
Date: Wed, Jan 4, 2012 at 4:43 PM
Subject: Proposed Cuts in dual eligible services
To: duals@state.ma.us

I am Joseph Carson, psychiatric survivor and volunteer and advocate for the rights of people who have been diagnosed with mental illness. Many pelople in this room, especailly those who are talking about the successes of the state funded RLC (Recovery Learning Communities) and those who support cost effective consumer choice such as Community Operated Flexible Support programs, have stolen much of my thunder here today. I wish to testify as to the effectiveness of the Metro Suburban Recovery Learning Community in Quincy as those who have supported continued funding for the MetroBoston and Northeast Independent Living learning communities. I volunteer and take workshops and offer nature walks in Quincy. I have attended their meetings and workshops for the past 4 years. The spontaneous camaderie of those attending this RLC speaks for itself for state funds welll spent.

In the richest nation in the world having economic problems such RLC's stand out as an example of fostering recovering lives. I have seen many individuals in crises come out of there feeling renewed hope and spirit about their personal lives again and again.
Their coping skills were enhanced to deal with a situation where the hippocratic oath is too often in a coma and social services already cut to the bone and bleeding. I was a victim of a broken mental health system. As an advocate I want to help others not have the kind of incompetne treatment I had.

The quality of life in any civilization is measured by how it treats its disabled citizens. It measures its social services as to what is profit or people. PLEASE DO NOT CUT ANY FUNDS FOR THE RLC'S AND OTHER PROVEN EFFECTIVE FOR THE DISABLED: MONEY FOLLOWS THE PERSON. Thank you.

Dual Eligibility Testimony
By Lee Goldberg
Boston MA on 1-4-12

Hi my name is Lee Goldberg and I work as a peer specialist at the Edinburg Center and I am also a dual eligible. I am concerned that with this new integration of Medicaid/Medicare. I will lose both of my mental health therapists (one is a social worker and the other is a psychiatrist) both who only will take Medicare fee for service but not Medicaid due to the paperwork requirements. They both work in a small private practice and both do not want to become an ICO themselves or part of an ICO. I have been working with this psychiatrist –therapist since 1995 and she now has cancer so she cannot see me every week, but she can see me every other week. She hired a second therapist, the social worker, to see me on the opposite week that she can't see me so I can get therapy once a week and they do communicate with each other about my treatment. Before I had this arrangement with the two therapists I was in danger of losing my job at the Edinburg Center but since I have this arrangement with my two therapists even my employer has noticed that I am doing much better on the job and I have been hospitalized fewer times per yr. I also have a psychopharm at McLean hosp that I see twice a month in addition to these two therapists to help me with my meds. He works with well with the two therapists and my PCP. All together these 3 mental health professionals have been instrumental in keeping me from being hospitalized every 9 months and working for the Edinburg Center for the past 11 years. My Medicare/Medicaid choice of providers and the flexibility of the fee for service of Medicare have worked very well for me on the psychiatric side with my schizophrenia and PTSD diagnosis.

On the physical medicine side of my Medicaid /Medicare, I get all of my medical care from Partners Healthcare in Boston, Newton and Belmont. My PCP is from the Brigham and Women's hospital women's health center practice. She is well aware of my other doctors that I see at Mass general, McLean hosp and Newton Wellesley hosp and my two therapists in private practice out of their houses. They all communicate via electronic medical records and email across the different hospitals. I get really good medical care within the Partners network and want to stay within that network + my two private practice therapists and my psychopharm at McLean hosp.

Any questions just email me at Leegoldberg@rcn.com

Thank You,

Lee Goldberg

TESTIMONY ON A DRAFT DEMONSTRATION PROPOSAL TO CMS FOR A STATE DEMONSTRATION TO INTEGRATE CARE FOR DUAL ELIGIBLES

BY MARGARET MARIE

GOOD MORNING. MY NAME IS MARGARET MARIE. I AM A RESIDENT OF THE BOSTON HOME IN DORCHESTER, MA. WHERE I HAVE LIVED FOR THE PAST 5 YEARS. I HAVE MULTIPLE SCLEROSIS. I WAS EMPLOYED AS A SOCIAL WORKER BEFORE MY DISABILITY BECAME TOO DIFFICULT TO CONTINUE TO WORK. I WAS THE FIRST PARTICIPANT IN THE INNOVATIVE BOSTON HOME OUTPATIENT WELLNESS PROGRAM PRIOR TO MY ADMISSION.

AS YOU CAN SEE, I AM UNABLE TO WALK YET I HAVE INDEPENDENT MOBILITY, A PURPOSEFUL LIFE WITH FRIENDS AND FAMILY, COMPREHENSIVE MEDICAL CARE COORDINATED BY THE BOSTON HOME AND ACCESS TO ASSISTIVE TECHNOLOGY THAT ENABLES ME TO CONNECT WITH THE WORLD. THE BOSTON HOME MEDICAL AND NURSING STAFF, DIRECT CARE STAFF AND REHABILITATION STAFF ARE EXPERTS IN ALL ASPECTS OF CARE FOR INDIVIDUALS WITH MS. THE

BUILDING, DOORS AND ELEVATORS ARE COMPLETELY ACCESSIBLE.

MY LIFE CHANGED WHEN I MOVED TO TBH FROM HOME WHERE MY PARTNER WAS MY PRIMARY CAREGIVER. WE HAVE ONE DAUGHTER. SINCE COMING TO THE BOSTON HOME, MY RELATIONSHIP WITH FAMILY AND FRIENDS HAS CHANGED FROM CAREGIVING TO REESTABLISHING RELATIONSHIPS THAT I ENJOYED PRIOR TO MY DISABILITY. IN ADDITION, I HAVE BEEN ABLE TO EXPLORE AND EXPAND INTERESTS SUCH AS PAINTING AND WRITING. I AM HERE TO ADVOCATE FOR EOHHS TO PRIORITIZE PROVIDERS WITH EXPERIENCE DEALING WITH PEOPLE WITH COMPLEX MEDICAL AND SOCIAL CONDITIONS AND NOT TO PENALIZE ICOs THAT INCLUDE RESIDENTS FROM THE BOSTON HOME. THERE IS LITTLE CONSIDERATION IN THE PROPOSAL FOR SPECIALIZED NURSING HOME CARE. THE BOSTON HOME STAFF HAVE THIS SPECIAL EXPERTISE DEVELOPED THROUGH THE 130 YEAR HISTORY OF THIS EXTRAODINARY ORGANIZATION.

THANK YOU.

Good Morning ….. Members of the panel.

Thank you for allowing me to speak to you today about what Boston Community Medical Group means to me.

My name is Marie Gentile and twenty two years ago I was in a car accident that left me paralyzed from the neck down. Thirty days in a coma, little did I know I would be waking up into a life changed forever.

Following my accident, I was overwhelmed by the enormous amount of care that I needed on a day to day basis. And the cost of my care was insurmountable.

Back in 1990, while still in the hospital from my original injury, I was transferred to a long term nursing facility. There I was visited by an independent living skills specialist from the Boston Center for Independent Living who told me about a wonderful doctor, Marie Feltin, and practice, the Boston Community Medical Group. In 1991, I became a patient of the Boston Community Medical Group and that is how I was able to begin my journey living independently.

As a person with extremely limited movement, I continuously face a greater number of challenges in performing daily living activities. I am constantly faced with barriers and obstacles that persons without disabilities take for granted. An added challenge is being non-vocal. Very few people take the time to listen to what I am trying to say.

BCMG has allowed me to live independently.

Having personal care attendants to administer basic needs as I direct my own care has allowed me to stay out of a hospital. When necessary my personal care attendants have involved my nurse practitioner provided by the Boston Community Medical Group whenever I have a medical problem. My nurse practitioner will make home visits and is available on-call 24 hours a day. BCMG offers doctors, nurse practitioners, physician assistants, physical therapists, occupational therapists, and durable medical equipment staff. Everyone on the BCMG staff is compassionate, caring and has always taken the time to listen to my concerns and my needs. They allow me to make my own decisions. Without the services that BCMG provides I would just be another patient in a hospital or a nursing home with NO voice and NO input into my own care. That is NO WAY TO LIVE! I would have NO LIFE AT ALL! If it was not for BCMG I know I would not be here today.

Back in December 2004 I had an emergency situation where I needed medical attention immediately. My PCA dialed 911 and EMTs arrived and were ready to take me to the nearby local hospital. Had it not been for the intervention of the BCMG team on the telephone providing the EMTs with critical information about my care, I may not have made it to Boston Medical Center's Trauma Unit. I strongly believe if I had been taken to the local hospital I would not have survived due to the complexities of my injury and because my BCMG team of physicians would not be available to me there. I was discharged from Boston Medical Center early January 2005 and am extremely proud to say I have not been hospitalized since.

We can all do the math. That is seven years without having to go to a hospital. Quite remarkable for someone with a C1-C2 SCI, ventilator-dependent at night, and non-vocal.

I credit this to the tireless care I a receive from my PCAs and from the outstanding medical attention I receive from the BCMG doctors, nurse practitioners, physician assistants, physical therapists, and durable medical equipment staff. Early intervention into a medical condition where I am able to stay in my own apartment and have a nurse practitioner make a home visit to assess my medical condition and initiate immediate care has been a credit to my quality of life.

Thank you for your time and for listening to what I have to say.

From: mozart38@earthlink.net [mozart38@earthlink.net]
Sent: Thursday, January 05, 2012 4:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Sarah M. Gates
40 Winchester Street
Brookline, MA 02446-2868

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Sarah M. Gates

From: Lucie [luciec@comcast.net]
Sent: Thursday, January 05, 2012 3:57 PM
To: Duals (EHS)
Subject: I am concerned

I cannot possibly see how paying a private agency ICO to oversee both healthcare and long-term care can be in the best interest of the individuals served. There is not enough money for long term care now, without paying for an ICO. DDS now does a wonderful job of oversight of long-term care a new agency will have to develop new duplicative monitoring procedures. Why have two agencies doing the same thing?

Please remove long term care from the plan. You will create turmoil and great difficulty for those individuals who are currently being served. They need more money to provide quality care not less. You will be destroying a system that works so well now-why would you want to do that?

Lucie Chansky
Luciec@comcast.net

From: cphelpscape@comcast.net [cphelpscape@comcast.net]
Sent: Thursday, January 05, 2012 9:10 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Carole Phelps
301 West Yarmouth Road
West Yarmouth, MA 02673-2653

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Carole Phelps

From: jmb_01550@yahoo.com [jmb_01550@yahoo.com]
Sent: Thursday, January 05, 2012 9:00 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Justin Bernard
51 Main Street
Southbridge, MA 01550-2520

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Justin Bernard
5087651577

From: Nassira Nicola [nnicola@bostoncil.org]
Sent: Thursday, January 05, 2012 3:22 PM
To: Duals (EHS)
Subject: Written testimony regarding dual-eligibles proposal

To whom it may concern:

My name is Nassira Nicola, and I'm the Director of Services at the Boston Center for Independent Living, and a member of the DAAHR coalition. I was scheduled to speak at the listening session yesterday, but with so many people to hear from, time ran out; so here, in writing, is what I was going to say.

I want to tell you the story of my morning. I woke up, felt horrible, took some medications, felt a little better, and came to work. That's it – and when health care systems work the way they should, my mornings can be that simple. But getting to that point was actually a long and complicated process.

I have had both chronic migraine since the age of about 7 and major depression since about 14. The two actually co-occur quite frequently, and both my parents have had both migraines and mood disorders for most of their lives. The result of this is that I know a good deal about both conditions, and about how they interact, especially in me.

Both conditions got much worse in college, so when I applied to graduate schools, I chose to attend the one where the affiliated teaching hospital had a migraine clinic with a world-famous neurologist at its helm. This neurologist was amazing: he'd published everything there was to read about migraines, and had been treating migraines for forty years. When I finally got an appointment with him – covered by my insurance! – I was ecstatic.

But when I told him that I wanted to be put on a migraine medication that I had previously taken (but hadn't been able to afford recently), he balked. There's a rare but potentially nasty interaction between the anti-depressant I was on and the migraine medication that I was interested in resuming. He told me that I would either have to stop my anti-depressants or live with the multi-day migraines. I said that I knew about the potential interaction, had successfully taken both drugs before, and was willing to assume the risk of doing so again. But his bottom line was firm.

So I stopped my anti-depressants, and in the time it took to get another neurologist appointment (about 3 months), I had become deeply depressed and almost constantly suicidal. But the drug was out of my system, so surely – surely! – I could get the migraine medication now, right?

Not quite. After months of being depressed, I had gained weight, and weight gain was also a potential side effect of the migraine meds. He said that he would get points off his quality assessments if his patients were overweight, and therefore he prescribed an entirely different medication. It didn't stop migraines so much as hopefully prevent them (for some people) - but it did have weight loss as a side effect. And though my migraines continued unabated, I did indeed lose weight. I was also more depressed and in more pain than ever.

Finally, I tapped my best resources: my community. I knew many people who had years of experience successfully managing the same conditions as I had, and a few who had also

managed the health care system I was in at the time. They told me which psychiatrist had a history of working well with which neurologist, and recommended some ways of avoiding the dreaded interaction. Unfortunately, I couldn't switch neurologists by then – I was already receiving care from the best one in the network! – but I remembered their advice.

When I left grad school and came to Boston, I was prepared. I worked together with my PCP, my therapist, and my new neurologist (less famous, but much more receptive) to craft a plan of treatment that would maximize my well-being. With their supervision, I switched to a different anti-depressant that would be more compatible with the migraine medication, and agreed that I should be monitored for interactions more frequently.

I have gained some weight, it's true – but I have also gained back the 20 or so days a month that I had been spending wholly or partially in bed, either from migraine or depression symptoms. I've gained back the ability to work full time, to volunteer in my community, to take dance lessons, to be in a relationship, to have a relatively simple morning – in short, to live life fully and on my own terms –- all because I gained a voice in my own health care.

For a health care system to work, for me or for any person with a disability, our voice must be heard and respected by our entire health care team. We must have the right to choose and keep providers who will listen us, and we must have the right to leave providers who don't. I wasted years of my life on care that was technically correct, but utterly wrong, and it is my fervent hope that the new dual-eligibles initiative will prevent other people from having to do the same.

Thank you for your time.

Nassira Nicola

Director of Services

Boston Center for Independent Living
60 Temple Place, 5th Floor
Boston, MA 02111
617-338-6665 (voice)
617-338-6662 (TTY)
617-338-6661 (fax)
nnicola@bostoncil.org
http://www.bostoncil.org

From: sandykinneyfc@aol.com [sandykinneyfc@aol.com]
Sent: Thursday, January 05, 2012 6:36 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Sandra Kinney
5 Quails Crossing
Marion, MA 02738-1416

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Sandra Kinney
508-748-2836

From: davesheri@comcast.net [davesheri@comcast.net]
Sent: Thursday, January 05, 2012 4:00 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Sheri Harris
18 northwest road
westfield, MA 01085-3926

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Sheri Harris
413-568-6784

From: sschuman@baycove.org [sschuman@baycove.org]
Sent: Thursday, January 05, 2012 4:15 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Stephanie Schuman
19 Bradston Street
Boston, MA 02118-2703

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Stephanie Schuman
6176196951

From: stevenjdavies@verizon.net [stevenjdavies@verizon.net]
Sent: Thursday, January 05, 2012 3:26 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Steven Davies
178 Shawmut Avenue
Marlborough, MA 01752-2911

January 5, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Steven Davies

Lisa Wong

Executive Office of Health and Human Services

One Ashburton Place , Room 1109

Boston, Ma 02108

William Briere

198 South Street #101

Lowell, Ma 01852

Re: Dual Eligibility Hearing

January 5, 2012

Dear Ms Wong,

My name is William Briere from the Northeast Independent Living Program, Lawrence Ma. I was present at the January 4, 2012 hearing however, I chose not to speak at that time about the duel eligible demonstration being proposed. When I Listening to so many people speak one thing was made clear, we as people with disabilities share a common goal through our challenges but each one of us differs vastly. No one disability can or should be treated the same. I was born Cerebral Palsy. As a young child I can constantly remember being in the hospital for different types of surgical procedures for my hamstrings and heal chords.

There have also been issues with my posture which I’m sure is related to the CP. While the hamstring and heal chord lengthening have helped. Issues concerning medical specialist and surgeons have made it unappealing and impossible for me to visit them, because doctors and surgeons are trained to make a diagnosis and recommend treatment options. Examples of this include recommending a back brace or some other contraption while neglecting to discuss how such drastic changes may alter a person’s ability to function independently.

It was not until sometime in the mid 90s that I went to Harvard Vanguard in Somerville Ma where I met Jo Costantino a physical therapy specialist that I truly felt comfortable. This is primary due to the fact that she was looking at my condition and offering recommendations, she has also taken into account my thoughts and points of view regarding my care. She is an example of a care provider that makes our healthcare system work. I like several present at the hearing fear that quality care with the person at the center not a condition we will be lost.

As I have grown older I know what the value of peer support means as a person with a disability means and I feel strongly that If this demonstration is to be effective there must be relationship building between ILC's and all medical service providers so that a person with a disability can go to a doctor's office and feel confident that their needs may be met before they go into a providers office. Is there a ramp or accessible curb cut to access the facility? What about treatment is the office suitable for accommodations? Are there going to be mandated sign language interpreters on staff to handle a deaf persons needs? I want and demand the choice in my personal care. I must echo the fact that I **DO NOT** want Masshealth/Medicaid recipient's service to be downgraded to even longer waits on a phone call. This is already a persistent problem across the board in our customer service industries. The last thing we need is a status quo with health care matters.

Being able to live as independent as possible is crucial to a disabled persons ability to maintain a productive social and meaningful work life. Personal Care Attendant services are a door opener to such opportunities. I know just how valuable PCA services can be in enhancing the quality of life and ability to sustain independence. Aforementioned above all needs are vastly different and will change with time. Communication and understanding are key elements to care. Healthcare must focus on the whole person and should not be thrown into a diagnosis category or prescription medication chart. Life is already difficult enough to navigate, compounded with a disability and misdiagnosis it can be a total nightmare! As long as personal choice and good communication are strong elements are parts of this demonstration I am sure that changes to health care will more in a positive direction.

Please feel free to contact me,

William Briere

From: arlene.tannenbaum@gmail.com [arlene.tannenbaum@gmail.com]
Sent: Friday, January 06, 2012 7:56 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Arlene Tannenbaum
59 Concerto Court
North Easton, MA 02356-2761

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the "dual eligibles" demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination. I am concerned about how this change will affect my son Ari, who has recently turned 22.

I am very concerned about changes to long-term supports - a key program - for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

- Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
- Consumers and family members' involvement in review and oversight of

the plan's service providers
• MassHealth monitoring and approval of an ICO's methods for monitoring provider quality in the provision of services & supports
• The current rights of recipients, enumerated in the regulations, must be maintained.
• The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
• An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
• The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
• Any definition of "intellectual or developmental disabilities" developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Arlene Tannenbaum
508-577-4254

From: ashays@sevenhills.org [ashays@sevenhills.org]
Sent: Friday, January 06, 2012 7:10 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Azleen Shays
81 Hope Avenue
Worcester, MA 01603-2212

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Azleen Shays
508-983-6825

From: bcarroll@lifeworksma.org [bcarroll@lifeworksma.org]
Sent: Friday, January 06, 2012 10:01 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

BARBARA CARROLL
174 North St.
Foxboro, MA 02035-1033

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

BARBARA CARROLL
508-543-6743

From: richbon1099@yahoo.com [richbon1099@yahoo.com]
Sent: Friday, January 06, 2012 9:31 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

bonnie budd
321 prospect st
leominster, MA 01453-3412

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Bonnie Budd

From: njune3792@gmail.com [njune3792@gmail.com]
Sent: Friday, January 06, 2012 8:06 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Naomi Santos
8 Rice Spring Lane
Wayland, MA 01778-3510

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Naomi Santos
508-310-5206

From: laurajal@msn.com [laurajal@msn.com]
Sent: Friday, January 06, 2012 2:30 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Edward Jalowiec
54 Alma Road
Falmouth, MA 02540-3604

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Edward Jalowiec

From: william.loomis@bhs.org [william.loomis@bhs.org]
Sent: Friday, January 06, 2012 5:55 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

William Loomis
37 Blacksmith Rd.
Wilbraham, MA 01095-1329

January 6, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

William Loomis

From: jbrown5629@verizon.net [jbrown5629@verizon.net]
Sent: Saturday, January 07, 2012 3:10 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Jen Brown
33 Windbrook Drive
Auburn, MA 01501-3015

January 7, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Jen Brown
508 752 5629

From: Jonathan Delman [jondelman@comcast.net]
Sent: Sunday, January 08, 2012 11:31 PM
To: Duals (EHS)
Subject: Testimony

Please consider the attached report my testimony. It's the report of a Summit about behavioral health integration held last June, with many esteemed participants. The recommendations are towards the end of the report, and I've highlighted key sections.

I want to add that I am strongly in favor of specialty medical homes, particularly for those with serious mental illnesses. Providers will be less likely to develop innovative programs to meet such people's specific needs because there will be great uncertainty of sufficient consumer demand. It's a repeat of the private insurance model, which fails to pay for critical long-term and innovative behavioral health service. Through the carve-out, many innovative behavioral health programs have been developed. General medical homes will likely not have the knowledge or financial interest in connecting consumers to such programs. The MCO's have behaved in that fashion historically (until very recently).

Sincerely,

Jon Delman, 617-877-4148
*Principal, Reservoir Consulting Group
*Associate Director, Transitions Research and Training Center
Follow me on *Twitter* .

HEALTH REFORM AND BEHAVIORAL HEALTH SERVICES IN MASSACHUSETTS:

PROSPECTS FOR ENHANCING INTEGRATION OF CARE

KEY ISSUES FROM JUNE 2011 STAKEHOLDER SUMMIT MEETING

Consumer Quality Initiatives

Heller School for Social Policy and Management, Brandeis University

Reservoir Consulting Group

OCTOBER 2011

FUNDING AND AUTHORS

The summit meeting was co-sponsored by Consumer Quality Initiatives and the Heller School for Social Policy and Management, Brandeis University and held at Brandeis University. Primary support for the meeting was provided by a grant from the Robert Wood Johnson Foundation Community Health Leaders program, with additional support from the Institute for Behavioral Health at Brandeis University's Heller School.

This report was prepared by:

Jonathan Delman
Reservoir Consulting Group, and formerly Consumer Quality Initiatives

Constance M. Horgan
Elizabeth Merrick
Amity Quinn
Bevin Croft
Julie Johnson
Institute for Behavioral Health
Schneider Institutes for Health Policy
The Heller School for Social Policy and Management
Brandeis University

Acknowledgments: We thank Mary Brolin, Michael Doonan, Deborah Garnick, and Dominic Hodgkin for helpful comments on this report, and Michele Hutcheon for assistance with manuscript preparation.

TABLE OF CONTENTS

BACKGROUND ON FEDERAL HEALTH REFORM IN THE COMMONWEALTH OF MASSACHUSETTS: FOCUS ON INTEGRATION

The Patient Protection and Affordable Care Act of 2010 (ACA), the landmark legislation establishing federal health care reform, and the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), have important implications for people with mental health and substance use conditions. These recent reforms have the potential to dramatically enhance access, service delivery and financing of behavioral health care through insurance expansions, regulations, and delivery system changes.

The ACA expands access to public insurance through extension of Medicaid eligibility and to private insurance through health insurance exchanges and an individual mandate.[1] The MHPAEA requires that behavioral health benefits be no more restrictive than those for general medical care if covered in private health plans with more than 50 employees, but does not mandate that plans offer behavioral health benefits. The ACA extends the reach of parity by mandating that health plans include behavioral health benefits equal to the scope of general health benefits in order to qualify for participation in health insurance exchanges. [2] In Massachusetts, these federal reforms took place in the context of major accomplishments in state health reform. The 2006 passage of the Massachusetts Health Care Reform Law aimed at universal health insurance through several mechanisms including an individual mandate. Health reform in Massachusetts has so far resulted in coverage for 98.1% of Massachusetts residents. [3]

Provisions of the ACA also promise to improve integration of medical care by encouraging the development and diffusion of new delivery and payment systems. These include Patient-Centered

Medical Homes (PCMHs) and Accountable Care Organizations (ACOs). [1, 4, 5] PCMHs are designed to provide patient-centered, coordinated, and accessible care addressing the full range of health care needs. ACOs are entities that assume accountability and financial responsibility for a broad continuum of care that includes different levels and types of care, such as primary and specialty care and hospitals.

The effort to increase service integration, including for people with behavioral health conditions, is critical to maximizing the potential gains from health reform. Behavioral health services have historically suffered from lack of coordination, suboptimal delivery of evidence-based treatment, stigma, and other challenges in addition to discriminatory insurance coverage. Access to treatment for behavioral health conditions has increased over the past decade, but there are concerns regarding the reduced intensity of treatment and greater reliance on medication, among other issues. [6] Behavioral health advocates fully recognize that insurance coverage does not necessarily translate into high quality and accessible services. [7] Health insurance, even with parity, typically does not cover the educational, vocational, or housing supports people with behavioral health conditions often need. Peer support also provides an important component of recovery-oriented services and must be included in efforts at improving integration. Thus, despite progress, many challenges in behavioral health services persist and are related to the need for better integration across behavioral health, general medical care, and recovery support services.

Patient-centered, integrated care has been highlighted as necessary for high-quality care by the Institute of Medicine in its report on *Improving the Quality of Health Care for Mental and Substance-Use Conditions.* [8] In order to ensure that integration becomes a reality for people with behavioral health issues, their needs must be fully considered as federal health reform is implemented in the Commonwealth. Bringing together varied perspectives is critical to developing comprehensive solutions. Consumer Quality Initiatives and Brandeis University co-sponsored a stakeholder summit meeting on behavioral health service integration in the context of health reform to help meet those goals.

SUMMIT MEETING ON HEALTH REFORM AND BEHAVIORAL HEALTH INTEGRATION IN MASSACHUSETTS

OVERVIEW

This report is based on a summit meeting of key behavioral health stakeholders in Massachusetts held on June 24, 2011. The purpose of the meeting was to discuss the implications of health reform for integration of behavioral health care, and to identify key issues that must be attended to as implementation of health reform proceeds.

Over 35 individuals attended the meeting. They represented multiple stakeholder groups including consumers, providers, policymakers, government agencies and researchers. The morning included two presentations with panel responses (summarized below) followed by discussions open to all participants. The afternoon consisted of workgroups and concluded with group discussion. Primary support for the meeting was provided by a grant from the Robert Wood Johnson Foundation

Community Health Leaders program, with additional support from the Institute for Behavioral Health at Brandeis University's Heller School.

This report summarizes the presentations and key themes identified by participants. The meeting and this report will help to inform a larger forum on behavioral health care under federal health reform sponsored by the Blue Cross Blue Shield of Massachusetts Foundation, the Massachusetts Department of Mental Health, and the Massachusetts Health Policy Forum to be held in the fall of 2011. It will also inform other policy and implementation efforts that are underway.

KEYNOTE PRESENTATIONS AND RESPONSES

1. HEALTH REFORM AND BEHAVIORAL HEALTH

Presentation by Richard Frank, Ph.D., Department of Health Care Policy, Harvard Medical School

Dr. Frank highlighted provisions of the ACA that are likely to have an impact on behavioral health services, including coverage expansion and delivery system reforms. Coverage expansion is important because individuals with behavioral health conditions are more likely to be uninsured. The majority of expansion will occur through Medicaid and the employer mandate. Expansions occur in the context of parity, but behavioral health services will be covered in an "essential benefits package" yet to be defined. Delivery system reforms impact the organization and financing of care. Models for integrating care will include: (1) providing evidence-based behavioral health practices in primary care settings, (2) developing specialty medical homes for consumers with complex health care needs, and (3) increasing care coordination for individuals with serious mental illnesses dually eligible for Medicare and Medicaid. Financing links between health care and social services, such as through Medicaid's 1915(i) state plan option, is necessary because the role of state behavioral health authorities and federal block grant programs may change significantly.

PANELIST RESPONSES

BARBARA LEADHOLM, MSN, MBA, COMMISSIONER, MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH (DMH)

The goal is to build consensus for a population-based approach that will improve access and define and focus on health outcomes. There are already building blocks of integration in place in Massachusetts, including person-centered and community-based services, such as the CMS demonstration project Money Follows the Person (MFP) and medical homes that include behavioral health. We have workgroups focusing on bringing primary care into specialty treatment settings, and on Medicare/Medicaid dual eligibility. The need for a state behavioral health authority is stronger than ever given the potential changes associated with health reform. In Massachusetts, DMH plays a key role linking and aligning stakeholders to provide community mental health services. Health information technology, including electronic health records and interoperable data systems, is critical to improving coordination.

MICHAEL BOTTICELLI, M.Ed, DIRECTOR, BUREAU OF SUBSTANCE ABUSE SERVICES, DEPARTMENT OF PUBLIC HEALTH

People with substance abuse disorders appear to be overrepresented among those who remain uninsured. There is still a need for safety net/block grant funding to support this population. Enrollment and eligibility issues need to be reexamined because many individuals with addictions, while eligible, have not enrolled. Additionally, some individuals may not be able to meet certain enrollment requirements, such as a home address or a valid Massachusetts ID, or to afford premiums and deductibles. More information is needed regarding models of care to attract this population, which is primarily young, male, and treatment-resistant. Integration of addiction and general health care requires (1) culture change and technical assistance; (2) establishment of a formal relationship between the Bureau of Substance Abuse Services (BSAS)and Medicaid; and (3) measurement of health outcomes using standardized performance measures. Various options may exist to get and keep this population insured, such as state agency using funds to support enrollment and minimize churn.

2. INTEGRATION OF UNHEALTHY ALCOHOL AND OTHER DRUG USE CARE IN PRIMARY CARE

Presentation by Richard Saitz, MD, MPH, FACP, FASAM, Boston University Schools of Medicine and Public Health, Boston Medical Center

Dr. Saitz described primary care as the foundation of the health care system. Potential benefits of integrating behavioral health care into primary care for patients with alcohol and other drug problems are: (1) better-quality, safer care for medical and behavioral conditions; (2) detection and management of medical and behavioral health issues, including for the spectrum of unhealthy substance use; (3) promotion of healthy behaviors; and (4) more effective use of health services. The Patient-Centered Medical Home is a model for integrating behavioral health and primary care. The PCMH consists of a team of health care providers, including a personal physician who provides first contact and continuous comprehensive care. The comprehensive, coordinated, population-based nature of PCMHs aligns well with core components of primary care. Dr. Saitz presented evidence of the feasibility and efficacy of addressing unhealthy substance use in primary care. Integrating care faces challenges at patient, provider and system levels, but could greatly improve care.

PANELIST RESPONSES:

BRUCE BIRD, PH.D., CEO, VINFEN CORPORATION

Care coordination can be improved through patients learning to coordinate their own care in addition to delivery model reforms like patient-centered medical homes and ACOs. The challenges moving forward are threefold: (1) how to integrate medical and behavioral funding methods while protecting fragile behavioral and community rehabilitation and recovery services, (2) finding evidence-based practices that can be adopted although technologies have yet to be deployed, and (3) securing funding when substance abuse care is merged with mental health care.

CASSIE CRAMER, LICSW, SOMERVILLE CAMBRIDGE ELDER SERVICES, M-POWER

Ms. Cramer discussed the challenges of navigating the health care system by referring to her own experience as a teen with depression, and to her experience working in the field as a social worker. She advocated for increased development and financing of health promotion and wellness initiatives in the community. She pointed out that exercise, and in her case running, plays a significant role in overall wellness, and that availability and affordability of exercise programs is important. She recommended a holistic approach that addresses one's social, environmental, physical, emotional, spiritual, occupational and intellectual domains.

MARYANNE FRANGULES, EXECUTIVE DIRECTOR, MASS ORGANIZATION FOR ADDICTION RECOVERY

Ms. Frangules reflected on her experiences in overcoming eating disorders and battling addiction. She advocated for an empowered patient and the importance of a consistent support system from a team of providers and peer recovery support services. She urged that referral and delivery systems work together to create an integrated recovery plan for people with mental health and addiction service needs.

NANCY PAULL, CEO, STANLEY STREET TREATMENT AND RESOURCES (SSTAR)

To decrease health care costs it is critical to screen for behavioral health conditions, teach patients about self-care, offer needed services, and coordinate patient care more efficiently. Lack of communication among providers and lack of trained staff are barriers. The problems could be addressed through: (1) specialized care managers for specific diseases; (2) consolidation of multiple systems of electronic medical records into one primary system; and (3) universal mental health and substance abuse screening.

MAJOR THEMES IDENTIFIED AT THE SUMMIT MEETING

Throughout the meeting, participants offered commentary on a variety of topics related to health reform and integration of behavioral health services. In addition, there were three afternoon facilitated work groups, all of which reported back to the larger group. The following is a list of major themes drawn from these discussions.

1. COVERAGE EXPANSION DOES NOT AUTOMATICALLY TRANSLATE INTO OPTIMAL ACCESS OR QUALITY OF CARE

There was broad consensus that coverage expansions under health reform are necessary but not sufficient to ensure full access to high-quality care. Participants voiced the concern that financing for evidence-based housing and employment supports, which are not definitively covered by Medicaid, will be cut. Improved care coordination, delivery of evidence-based services, well-trained providers, and a full continuum of services across both medical and social service domains are all additional critical elements of good behavioral health care.

2. INTEGRATING BEHAVIORAL HEALTH AND GENERAL HEALTH CARE AT THE STATE LEVEL IS ESSENTIAL

Many behavioral health supports and services are not reimbursed by health insurance, but rather are funded through mental health and substance abuse block grants to states. The ACA is expected to result in significant changes to block grants as more treatment services shift to being covered under Medicaid or commercial health plans. While behavioral health providers will have the opportunity to take advantage of the expanded funding opportunities offered by the ACA, participants voiced concern about this transition. Concerns included the loss of block grant-funded services, such as housing supports, and the fact that many substance use service providers have never billed for Medicaid and may not meet the requirements to qualify for Medicaid reimbursement. Changing from grants-based financing to financing through third-party billing will be extremely challenging not only for providers but also for DMH and BSAS. Implementation challenges could create a supply problem and an angry constituency. Participants observed that health reform implementation means behavioral health authorities will have new roles to play and that it is advantageous to continue to increase coordination across DMH and BSAS.

3. NEW MODELS FOR INTEGRATING CARE HOLD PROMISE FOR IMPROVING BEHAVIORAL HEALTH CARE

Health reform provisions encourage formation of PCMHs and ACOs, both of which promise to improve care for people with mental health and substance use conditions. This is especially important given the frequent comorbidity of general medical and behavioral health conditions. Participants expressed consensus that primary care practices must have the appropriate training and personnel to fully assist patients with behavioral health conditions. Furthermore, some subpopulations, such as persons with serious mental illness, may be best served by specialty medical homes, such as community mental health centers. This requires improvement in how primary care identifies and addresses mental illness and addiction problems, and requires that specialty behavioral health settings improve the quality of their linkages with primary care. The specialty provider will need to establish working relationships with other providers to form ACOs. How these new models are implemented will determine the extent to which people with behavioral health conditions will benefit.

4. HEALTH REFORM IMPLEMENTATION MUST BE ACCOMPANIED BY INCREASING THE USE OF EVIDENCE-BASED PRACTICES

Participants agreed that there is a major need to increase the provision of evidence-based practices to optimize health. The focus in federal health reform on prevention, care management and integration means that there may be an even greater impetus to ensure that providers delivery effective services. Evidence-based practices include a wide range of services, such as Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings, collaborative care for depression and other approaches related to the Chronic Care Model, [9] motivational interviewing, pharmacotherapy for substance dependence, and mental health consumer-operated programs.

5. HEALTH CARE INTEGRATION BENEFITS GREATLY FROM THE USE OF HEALTH INFORMATION TECHNOLOGY

Health information technology (HIT) offers a promising tool to facilitate the integration of care by improving the frequency and quality of communication between patients, providers, and organizations. One essential component of HIT is electronic health records (EHR). EHR facilitate the collection, management, and exchange of information about patients' health and health care use across providers and organizations in a timely manner and can be used to measure the quality of care for quality monitoring and research. Behavioral health providers need to adopt and implement clinical and administrative data systems that communicate with general health providers' data systems ("interoperability"). However, behavioral health care measures and providers are not currently part of Medicare's incentive payment program to use EHR. Very few specialty behavioral health service providers are equipped with EHR and/or interoperable data systems. Stakeholders cited concerns about upfront costs to adopt and implement EHR. Further, it is crucial to consider patient privacy issues when developing and implementing HIT.

6. INTEGRATED CARE BRINGS CHANGES TO FINANCING AND PAYMENT MECHANISMS

Participants commented on the financing and payment implications of integrated care. With Medicaid expansions, more specialty behavioral health providers will likely want to become eligible to bill Medicaid; this will require some learning and effort. Medicaid policies preventing primary care and behavioral health providers from billing on the same day will need to be changed. Provider payment approaches may also be changing. Massachusetts may be moving away from a health care financing system that retrospectively pays for each service provided towards a payment system that prospectively pays a group of providers or an organization like an ACO a predetermined amount per member per month. These payment changes aim to improve the value of health care by improving coordination, case management, communication, and prevention to improve quality while reducing costs.

7. EFFECTIVE CARE COORDINATION IS A CRITICAL ASPECT OF BEHAVIORAL HEALTH CARE INTEGRATION

People with mental health and substance use conditions often have complex needs, requiring care coordination to achieve the best outcomes. In addition to—or in the context of— the new integrated care models such as PCMHs and ACOs that are encouraged in health reform, there should be increased adoption of specific evidence-based practices that address coordination. These include primary care-based collaborative care for depression and Program for Assertive Community Treatment (PACT). PACT is an intensive multidisciplinary program for people with the most serious mental health needs that integrates psychiatric care, medical care and psychiatric rehabilitative services. An innovative approach to coordination is the Medicaid demonstration program "Money Follows the Person" which permits an individual to receive a budget they use to select services and supports to help them live and thrive in the community.

8. WORKFORCE DEVELOPMENT IS VITAL TO THE DELIVERY OF QUALITY BEHAVIORAL SERVICES IN INTEGRATED, TEAM-BASED MODELS OF CARE

Integrated care delivery models, such as PCMHs, will require workforce development in understanding mental health and addictions, as well as leadership and teamwork. Workforce development encompasses education in medical school and other clinical schools, and training for practicing professionals. Cross-training will also be important, e.g., for addictions treatment or primary care providers to become adept at identifying and appropriately responding to mental illness. More general training is also indicated, such as mentoring to support medical providers to better understand people with behavioral health care needs and training for specialty providers to become ready for third party billing. Training in evidenced-based behavioral health practices must take place at all levels.

9. OUTREACH TO HARD-TO-REACH POPULATIONS IS CRITICAL

People with serious mental illness and addictions often do not utilize health services due to their high rates of poverty, homelessness, imprisonment, immigrant status, and transportation barriers. Individuals in correctional facilities often receive minimal treatment and may have difficulty obtaining care when they re-enter the community. In general, these populations may have difficulty accessing primary care services, have major unmet medical and behavioral health needs, and are often very costly to treat. Veterans are another special population. Although veterans have access to the Veterans Health Administration (already an integrated health care system), many veterans seek care in other settings that do not address their specific issues, such as post-traumatic stress disorder. New health delivery systems will need to take these needs into account.

State funding has been available throughout the years to pay for outreach programs that provide appropriate health care for difficult-to-reach populations. Participants voiced concern that an insurance model may not effectively reach out to these groups, and special initiatives will continue to be needed.

10. PEER SPECIALISTS ARE VITAL CONTRIBUTORS TO INTEGRATED CARE TEAMS

Peer specialists work with consumers to help them understand and support their recovery process. Peer specialists use their lived experience to inspire consumers, many of whom have not been encouraged and lost hope. They are vital members of treatment teams, educating staff on recovery principles. In Massachusetts, they serve as members of various types of mental health treatment teams, including Program for Assertive Community Treatment, day treatment, emergency services, and inpatient care. Emerging evidence supports the cost-effectiveness of peer support services as an adjunct to clinical mental health services and supports.

11. PERSON-CENTERED PLANNING IS ESSENTIAL TO RECOVERY

Person-centered planning allows a client and his/her treatment team to work together to identify the client's desired treatment preferences and long-term hopes and then to develop strategies to achieve those outcomes. The process assumes an active and informed role for the client to choose treatments, services, and supports. Shared decision-making—an interactive process in which providers and patients simultaneously participate in all phases of the decision-making process and negotiate a treatment plan—is one approach to patient-centered planning. Decision support mechanisms to help clients

become more knowledgeable about treatment and clarify their values help them become more active participants.

Key components of person-centered planning emphasized at the summit include the provision of culturally appropriate care, access to behavioral health treatment across a continuum of care, peer services and housing supports. Attendees recommended that there be insurance coverage for a wide range of services, including rehabilitative services (e.g. employment supports). Medicaid's 1915i state plan option allows for services that bring together medical care with other social services, providing a good vehicle to fund a variety of linked services.

12. HEALTH REFORM IMPLEMENTATION MUST TAKE ACCOUNT OF HOUSING NEEDS OF PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS

Massachusetts has a large system of residential treatment centers; many of the clients in these systems have nowhere else to go. Summit participants felt there has been little discussion about how the residential system fits with health care reform. An overarching concern is that if Medicaid starts to focus more narrowly on a medical care and stops funding housing, people who rely on residential programs and other housing supports will face an uncertain future. People with substance use disorders would benefit from a case management system to reach out to support homeless clients. DMH has a system in place to support their clients who become homeless, and that system should not be dismantled. It is important to adequately fund housing supports.

NEXT STEPS

Health reform offers both opportunities and challenges in terms of behavioral health service integration. The summit meeting and this report were designed as part of an ongoing process to help ensure that the needs of people with mental health and substance use conditions are fully considered in the process of health reform implementation in Massachusetts. The broad range of stakeholders at the meeting identified many important themes and issues, which should help to inform ongoing health reform implementation.

Importantly, the results of this summit meeting will contribute to shaping the agenda for the upcoming forum on behavioral health care under federal health reform sponsored by the Blue Cross Blue Shield of Massachusetts Foundation, the Massachusetts Department of Mental Health, and the Massachusetts Health Policy Forum at Brandeis University. The themes identified at the summit meeting should also be of interest to other groups or initiatives underway in the Commonwealth related to health reform and behavioral health. Ultimately, health reform implementation efforts must recognize that behavioral health is central to the overall goal of maximizing health and containing costs, and that behavioral health stakeholders have much to contribute to the restructuring of our health care system.

REFERENCES AND RESOURCES

REFERENCES

1. Alakeson V, Frank RG. Health care reform and mental health care delivery. *Psychiatric Services* 2010;61(11):1063.
2. McGuire TG, Sinaiko AD. Regulating a health insurance exchange: implications for individuals with mental illness. *Psychiatric Services* 2010;61(11):1074-80.
3. Massachusetts Division of Health Care Finance and Policy. *Health Care in Massachusetts: Key Indicators.* February 2011 Edition.
4. Druss BG, Mauer BJ. Health care reform and care at the behavioral health-primary care interface. *Psychiatric Services* 2010;61(11):1087-92.
5. Barry CL, Huskamp HA. Moving beyond parity : mental health and addiction care under the ACA. *New England Journal of Medicine* 2011 Aug 17 E-pub ahead of print.
6. Mechanic D. Behavioral health and health care reform. *Journal of Health Politics, Policy and Law* 2011;36(3):527-31.
7. Delman J. Impact of Health Care Reform Law. *Voices for Change*. 2011.
8. Institute of Medicine [IOM]. *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Washington, DC: National Academies Press; 2006.
9. Wagner EH. Chronic disease management: what will it take to improve care for chronic illness? *Effective Clinical Practices* 1998;1(1):2-4.

RESOURCES

STATE RESOURCES

Bureau of Substance Abuse Services, Department of Public Health
http://www.mass.gov/dph/bsas

Department of Mental Health
http://www.mass.gov/dmh

Department of Public Health
Htpp://www.mass.gov/dph

Division of Insurance
http://www.mass.gov/doi
Health Care Reform
http://www.mass.gov/?pageID=mg2subtopic&L=4&L0=Home&L1=Resident&L2=Health&L3=Health+Care+Reform&sid=massgov2

Massachusetts Health Policy Forum
http://masshealthpolicyforum.brandeis.edu/

Massachusetts Health and Human Services: For Consumers
http://www.mass.gov/?pageID=eohhs2constituent&L=2&L0=Home&L1=Consumer&sid=Eeohhs2

MassHealth
http://www.mass.gov/MassHealth

FEDERAL RESOURCES

Centers for Medicare and Medicaid Services: Money Follows the Person
https://www.cms.gov/CommunityServices/20_MFP.asp

Centers for Medicare and Medicaid Services: Health Insurance Reform for Consumers
Overview
https://www.cms.gov/HealthInsReformforConsume/

The Mental Health Parity and Addiction Equity Act
https://www.cms.gov/HealthInsReformforConsume/04_TheMentalHealthParityAct.asp#TopOfPage

HealthCare.gov
http://www.healthcare.gov/

Substance Abuse and Mental Health Services Administration: Health Reform
http://www.samhsa.gov/healthreform/

PARTICIPANT LIST

Stuart Altman
Brandeis University

Louise Aulier
Boston Emergency Services Team

Colleen Barry
John Hopkins University

Rick Beinecke
Suffolk University

Bruce Bird
Vinfen Corporation

Michael Botticelli
Massachusetts Bureau of Substance Abuse Services
Department of Public Health

Mary Brolin
Brandeis University

Tristan Brown
Center Club

Valerie Chambers
Black Voices in Recovery and The Transformation Center

Cassie Cramer
Somerville Cambridge Elder Services and M-POWER

Bevin Croft
Brandeis University

Margaret Guyer Deason
Massachusetts Mental Health Center

Deborah Delman
The Transformation Center and Community Voice Task Force

Jonathan Delman
Reservoir Consulting Group

Vic DiGravio
Association for Behavioral Health

Michael Doonan
Brandeis University

Maryanne Frangules
Massachusetts Organization for Addiction Recovery

Richard Frank
Harvard Medical School

Michelle Friedman-Yakoobian
Commonwealth Research Center and
Massachusetts Mental Health Center

Deborah Garnick
Brandeis University

Melissa Goodman
Consumer Quality Initiatives

Shelly Greenfield
McLean Hospital and Harvard Medical School

Marie Hobart
Community Health Link

Dominic Hodgkin
Brandeis University

Constance Horgan
Brandeis University

Nicole Hudson
Blue Cross Blue Shield Foundation of Massachusetts

Laurie Hutcheson
Massachusetts Department of Mental Health

Julie Johnson
Brandeis University

Edwin Jutiewicz
Center Club

Barbara Leadholm
Massachusetts Department of Mental Health

Laurie Martinelli
National Alliance on Mental Illness (NAMI)

Dennis McCrory
The Friends: Voices of Rehabilitation and Recovery

Elizabeth Merrick
Brandeis University

Pat Nemec
Nemec Consulting

Nancy Paull
Stanley Street Treatment and Resources (SSTAR**)**

Lisa Perry-Wood
Consumer Quality Initiatives

Connie Peters
Association for Behavioral Health

Catherine Quinerly
Latinos en Accion and Transformation Center

Amity Quinn
Brandeis University

Jaclyn Rappaport
Massachusetts Health Policy Forum

Richard Saitz
Boston University Schools of Public Health and Medicine
Boston Medical Center

Amy Whitcomb Slemmer
Health Care for All

Paul Williams
Health Care for All

Input on Dual Eligibles Hearing

January 8, 2012

from Nicole Glasser
71B Grew Ave.
Roslindale, MA 02131
nickigl6@yahoo.com

I am writing to submit feedback and input regarding potential changes to dual eligible's. I am dual eligible and have both MassHealth and Medicare. I have been dually covered ever since I got on disability benefits in 1988. I have much to say about why I am still on disability (I strongly believe I could have become fully self supporting years ago with different types of coverage, rules around benefits including SSDI, and more choices) but will focus my comments on the dual eligible issue here.

My top concern and why I am writing is my fear of losing Medicare. My second biggest fear and related to loss of Medicare is losing choice around health care providers. All my health care providers (doctors, psychologists, nurses, etc) take Medicare (with the exception of dental and eye) and NONE take MassHealth. (None take MassHealth, not for trying, let me add, my main provider who I see 1-2 times/week has tried to get on MassHealth but never heard back after he applied; I understand that this is common and is exceedingly difficult to become a MassHealth Provider, hence the severe shortage of mental health professionals who take it). I need to see the particular folks I am seeing who help me with my disability issues (which is mental health related but also now auto immune related thanks to years of stress, poverty, isolation) and there are no substitutes I am afraid. *It would be devastating to me to not be able to shop for providers; as it would be devastating to lose my current providers.* I won't bore you with the whole story of why they help me so much and why other providers didn't and I suffered and became sicker, suffice to say these particular people are crucial to maintain my wellbeing and to be able to continue to work. I hope to someday to get off of benefits – no small feat for people without resources or family plus struggling with a disability – and a testament to how much my current providers are helping me. I cannot see myself ever getting off benefits (a hopeless thought indeed) with the loss of my current health care providers and loosing access (aka choice) to new or different ones as becomes necessary.

Here are my answers to your questions:

1. How important are long-term services and supports for you such as PCAs, peer support, and durable medical equipment? What would happen to you if they were reduced?

I have never had access to PCAs or regular peer support, this type of help would be a HUGE help to me in surviving with less stress, more health and possibility of recovering fully and getting off Social Security (but then would the help stop?).

2. How important is the right to choose services and doctors? How close are your relationships with your current providers? How would you feel about being forced to change doctors and services now?

My relationships with my doctors and other health care providers are CRUCIAL to my wellbeing. I cannot make connections and receive help from anyone, it is a very personal decision and especially with my mental health helpers.

3. Do you think it is okay if health insurers or hospitals or physician groups run community services?

I have experienced discrimination based on my disability by doctors and hospitals. I don't know what doctors running community services would mean. If I have a choice I would request that people in mental health recovery make the decisions as to what is needed for community services for people with mental health challenges and be playing lead roles (i.e. Director) in carrying them out. Let me add folks need to be paid for this work at a living wage, please don't ask for volunteers, sometimes you get what you pay for.

4. Would you want someone from an independent living center or a recovery learning center or an ASAP to help coordinate your community services? Who should plan your care?

I would like to decide myself who helps me. Ideally I would like to be able to hire someone independently and never be just assigned without any choice to a helper or helpers. I would like Recovery Learning Centers to help only if they are better funded and receive the technical assistance as recommended by the UMASS study and never delivered by DMH. I am not at all comfortable with a group of providers or doctors controlling who I can see or what services I get - that seems like the worst possible option - unless the group of providers are people in mental health recovery. My experience is that *I* have found what works best for me and providers or doctors mainly give up and lack imagination for constructive, creative, out of the box, long term solutions and the potential for healing. I definitely would not want anyone in an ASAP to have control over my health.

5. For this new plan, would you be concerned about being involuntarily enrolled and having to go through a process to opt out of the new plan? How would you feel if you were forced into this new plan?

The only kind of enrollment I vote for is to stay on Medicare and/or being able to continue with my current health care helpers and have real choice for new clinicians (not like MassHealth where no one even takes it and the reimbursement rate is so low most don't even want to take it) in who I choose to provide health care services to me. If there are choices and they are complicated relating to new plans, I hope that you have people that can assist me because I find making those kinds of decisions to be stressful and I am not good at them.

Thank you for your consideration to this important matters,

Nicole Glasser

From: Howard D Trachtman [hdt@mit.edu]
Sent: Monday, January 09, 2012 8:38 PM
To: Duals (EHS)
Subject: please confirm receipt: Testimony of Howard D. Trachtman, BS, CPS for EOHHS listening session on dual eligibles 1/4/12

Testimony of Howard D. Trachtman, BS, CPS for EOHHS listening session on dual eligibles 1/4/12

Thanks for listening to my testimony. Welcome back Chris Griffin to Massachusetts, we need you!

First a little about myself. I am a dual eligible, a former state hospital ward and a survivor of double digit hospitalizations in licensed facilities. Today I am a Certified Peer Specialist and the co-executive director of the DMH funded Metro Boston Recovery Learning Community and the director
of the NAMI [National Alliance on Mental Illness] Greater Boston Consumer Advocacy Network.

I applaud EOHHS for allowing people to opt out of the demonstration. I am a big believer in choice. When the Boston Resource Center first opened in 2005 we helped many people with Medicare Part D. People were being randomized to prescription drug providers without consideration of the actual medications they were taking. We helped people choose the right prescription drug provider but many other people with mental illness didn't understand the process, were given a prescription drug provider that didn't cover all of their medications and had difficulty getting their medications and finding a new provider.

For the purpose of the demonstration I strongly believe that if people are currently seeing providers they are happy with that those people be allowed to keep seeing their existing providers.

Personally, also don't like the word consumer as applied to people labeled with mental illness. I prefer the word "peer" to describe people with lived experience with mental health treatment.

The Department of Mental Health funds six recovery learning communities. They have all been around for over three years and have created substantial infrastructure and ability to ramp up to serve more people with additional funding. The Metro Boston Recovery Learning Community operates four peer-run recovery centers
plus a warmline where people can get support and information and referral over the phone. We also help with a transitional employment program and have gotten over 150 people back to work, with most of the jobs in human services. The Metro Boston Recovery Learning Community provides peer support and strives to improve the quality of life of people living with mental illness.

I would want to see capacity-building money for Recovery Learning Communities and other peer-led organizations.
This will help ensure significant services for those dual eligibles (approximately 2/3rds of which

have mental illness). This money should be significant.

NAMI Greater Boston Consumer Advocacy Network is very strong in running support groups, educational
programs including In Our Own Voice and doing individual and systemic advocacy. We also help staff the Hope Recovery Learning Center (one of the four recovery centers operated by the Metro Boston Recovery Learning Community) at the Erich Lindemann Mental Health Center.

I am huge advocate for the power of peer-run programs. I look forward to the day that Certified Peer Specialists in Massachusetts become Medicaid bill-able like they are in 22 other states. Peers need to be integrated onto all care teams. Furthermore, the person being served should be the head of the entire treatment team. In addition, I would like to see an independent (ie. not a member of the ICO) Long Term Service and Support (LTSS) care coordinator to be offered to every person enrolled.

I am especially interested in the expansion of warmlines and the creation of peer-run respites, places peers can go in crisis instead of the hospital. I personally maintain a directory of warmlines at www.warmline.org Warmlines are extremely cost effective as they can provide support well before a crisis can emerge and can also handle many crises at minimal cost. Peer-run respites in other states cost about one quarter the cost of an in-patient stay.

We had a demonstration at Boston Medical Center where we used mental health peers as peer navigators
to help other peers access medical and psychiatric care. These peer navigators were very successful in helping people find providers, going with people on appointments, helping people obtain gym access, Overeaters Anonymous groups, smoking cessation and more.

However, while I am a Certified Peer Specialist, Massachusetts has a
relatively small pool of people who are Certified Peer Specialists. We at the Metro Boston Recovery Learning
Community employ and have on staff many people who are peers but not Certified Peer Specialists. I believe limiting hires to only Certified Peer Specialists will result in blocking many qualified peers from obtaining employment.

I also believe there need to be quality measures to evaluate how recovery-oriented each provider truly is. I also wanted to say that oral health is essential to overall health and that in the long run I believe expanded dental services will save money by pro-actively catching matters before they get worse. Additionally, transportation is a significant barrier for people to access health care.

I am also concerned about the annual re-eligibility process. For most people nothing has changed, but if people don't get the form or understand it or not send it in they can be dropped from the rolls

and have a hard time getting services and getting back on MassHealth.

Finally I wanted to address the significant waiting lists for psychiatric hospital beds.
Hospitals have been closing beds due to low reimbursements rates. I would support raising reimbursements rates to protect the safety net. Also, I have had really good experiences at some hospitals and horrific experiences in others. I also have been restrained and secluded in many hospitals. Even the National Association of State Mental Health Program Directors says that restraint and seclusion is not treatment but a treatment failure. My best friend died in restraints at a licensed facility and now I am also the NAMI Consumer Council Restraint & Seclusion
Committee Chair.

I personally would like a choice in where I go and would be wiling to wait longer for the hospitals of my.choice.
If everyone had choice it could lead to better quality of care as hospitals that provide exemplary care could add units and hospitals that have abuses and overuse of restraint and seclusion would need to improve their operations or close down.

Sincerely,

Howard D. Trachtman, BS, CPS

Co-Executive Director Metro Boston Recovery Learning Community and
Executive Director Boston Resource Center & Hope Recovery Learning Center
c/o Solomon Carter Fuller DMH
GROUND FLOOR
85 East Newton Street
Boston, MA 02118-2340

howard@BostonResourceCenter.org
www.MetroBostonRLC.org
www.BostonResourceCenter.org

Home/office (781) 642-0368
Resource Center Direct (617) 626-8694
CELL 617 312 6165

From: Joanna Mann [mannjoanna@gmail.com]
Sent: Monday, January 09, 2012 9:22 PM
To: Duals (EHS)
Subject: testimony regarding access to services

Hi,

My name is Joanna Mann. I'm insured by Masshealth and Medicare. Services which I would like to access but can't include evening treatment programs, and good therapists. It is relatively easy to access medications, but **very hard** to access **good** therapy. I have been seen by therapists in clinics. In these clinics I was not treated with the respect that every patient deserves. I was unable to contact my psychiatrist between sessions, being told that the receptionists were tasked with "protecting the doctors'" time. I was asked to share personal information with these receptionists. I had one therapist at a clinic cry and look to me for support in my session. I had another therapist refuse to terminate with me when I told her it wasn't a good fit. At a different clinic I had a therapist who was late for every session and when I brought it up, she told me that I shouldn't complain because I had been late once.

Without access to your own doctor in times of need you are either left to make decisions about what meds to take by yourself. If you don't have enough meds, you have to go to a hospital or a partial program. This is a **huge unnecessary expense** and will likely cause the patient to lose ground because she is unable to go to work and take care of regular responsibilities.

Clinics have gotten used to being the only game in town for individuals with Masshealth and Medicare. Private therapists are under the impression that becoming a Masshealth provider is more trouble than it is worth. They won't be compensated adequately, and the Masshealth rules are difficult to comply with. I was told by one highly trained therapist that she couldn't take my Masshealth because Masshealth told her that if she became a provider, she would be obligated to see individuals within 48 hours of being discharged from the hospital or she would not be following Masshealth rules. So she doesn't take it.

As a result, clinics get lots of clients who have nowhere else to go and they deny patients choice of therapists, they are coercive regarding meds., again they treat patients as though it is not their choice to take or to not take meds, they cut back the therapy hour and have therapists with their backs to their clients during the reduced 45 minute session so that they can type their notes on desktop computers.

I finally found a private therapist who does take Masshealth. She thinks Masshealth is pretty good. She does get paid, and she told me Masshealth will even pay for phone consultation. This is extremely helpful. Why doesn't anyone else know about this? Why don't most therapists want to take Masshealth? Can Masshealth increase its reimbursement rate?

The best therapy experiences I have had were with people who were highly trained and did not work as part of a clinic. The best therapeutic relationship is one where your therapist cares about you, is invested in you and is accessible to you when you need her/him. When therapists can only see you at your appointed time and cannot speak with you when you really need them, they are providing a service with minimal value. Life happens when it happens and psychological crises happen when they happen. I think clnics are making an awful lot of money providing **really low quality care**. There needs to be a way that the **best** therapists can see clients with the **most need** (who are likely poor and on Masshealth and Medicare!!!) I know there are really good therapists out there, and there are probably some therapists at the clinics that would like to provide good care but can't because they aren't being paid to return phone calls to patients in crisis and they are not given any time to write their notes between sessions.

Right now, by and large, if you have Masshealth and Medicare you are getting really crappy outpatient therapy. Some individuals are lucky enough to find experienced, qualified individuals who care so much that they will see them without getting paid by Masshealth at all or rarely, will see them for free. We shouldn't have to count on luck to find a someone who's actually good at what they do and is willing to give us a break because they know how sucky the clinics are. How many therapists can see us for free to make up for the messed up system?

I would like to see my old therapist who I invested a lot of time and work with when I was able to afford the copay. Now I can't afford it, and so I can't see him. When you start with someone new a lot of work can get lost and it can be like starting over. It's a waste, and a shame.

Sincerely,

Joanna Mann

From: ahs613@gmail.com [ahs613@gmail.com]
Sent: Tuesday, January 10, 2012 2:56 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Alan Shuchat
34 Nobscot Rd
Newton, MA 02459-1323

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

My daughter is 22 and has been disabled since birth. While she has made great progress, she will never be able to have a job. I am 69 and plan to retire soon. I am very worried about the proposed changes in health care services and whether she will be adversely affected by them. A solution must be found that will control costs without putting people who are unable to provide for themselves in an untenable position.

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Alan Shuchat

From: Albert A. Araujo [alaraujo1@yahoo.com]
Sent: Tuesday, January 10, 2012 3:21 PM
To: Duals (EHS)
Cc: Fountas, Linda; Rachel Klein; Ruthie Poole; Helen Cheltenham; Cassie.Cramer@gmail.com; Steve Wilson; florette willis; 'daniel fisher'; Tina Digesse; 'Dennis Heaphy'; 'Jon Delman'; Deborah Delman; David Costa; Brenda LePage; Tom Bevilacqua; Theresa Frees; Kate Marin; Kathy Smith; Brenda Venice
Subject: Dual-Eligibles Testimony

Dear Legislators,

I would like to state emphatically my absolute support for the mutual goals of both lowering the growth of healthcare cost while maintaining and/or increasing quality of care to the consumer. Given our competitive, capitalistic system of distributing goods and services in our society; it should come as no surprise that my initial inclination is to assume that care will be rationed, postponed, withheld, and/or be of poor quality. These are very real possibilities; but they are not necessary results. I do believe that these seemingly mutually exclusive goals may be achieved.

Some suggestions I have to mitigate the negatives and enhance the positives involve using market forces themselves. I would suggest that peers be involved from the front lines to the Board Room of the provider organizations. That these peers be paid from a separate fund from the providers. That quality measures and satisfaction measures be used to rate the providers and that these results be published and transparent. That rewards or bonuses be given as a result of the measures and that severe punitive actions be taken against those providers cutting all the corners at the expense of their patients.

I believe that this would help our population get the care they deserve.

Sincerely,

Albert A. Araujo, 359 Main St, Apt 2, Somerset, MA 02726

From: stapes003@comcast.net [stapes003@comcast.net]
Sent: Tuesday, January 10, 2012 8:51 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

alice stapleton
28 Oak Street
Bridgewater, MA 02324-1523

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if federal money is going to a private organization what will the quality of direct care be? Profit will be their number one motive and not individual needs.

Also, I am concerned that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay

in services.

Who will monitor and watch over their moves?

ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

alice stapleton
508-697-0839

From: aginsburg@newtonstrategic.com [aginsburg@newtonstrategic.com]
Sent: Tuesday, January 10, 2012 2:51 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Alix Ginsburg
34 Nobscot Road
Newton, MA 02459-1323

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

We are deeply concerned about this new proposal for dual eligible adults. We have a 22 year old multi-handicapped daughter who has a whole battery of health issues. She is in need of 24-hour wake care and a day hab program. An ICO will not be able to meet her needs.

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure

client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Alix Ginsburg
617.332.5355

From: thenasjletis@comcast.net [thenasjletis@comcast.net]
Sent: Tuesday, January 10, 2012 4:51 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Anne Nasjleti
12 Alvord Place
South Hadley, MA 01075-1368

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for my 42-year old son, Mark Nasjleti, who has Down syndrome. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs - as my son ages - or delay in services.
ï¿½ The involvement of myself, my husband and Mark's siblings in review and oversight of the planï¿½s service providers

ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process - which has always been available for Mark.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services - like dental care, evaluations and behavioral counseling .
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Anne Nasjleti
413-532-4169

From: brian.latina@agfa.com [brian.latina@agfa.com]
Sent: Tuesday, January 10, 2012 2:46 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Brian Latina
15 Jessie Road
Chelmsford, MA 01824-4005

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government today.

And frankly, I'm surprised no one called me to ask me for my opinion BEFORE MASSHEALTH submitted it's proposal to the Federal government.

You see, I'm the father of a founding member of MASSHEALTH. My son Matthew, now 27 years old was one of the first of 3500 members in the program. He's been in it continuously since then. I've been on the Board of Directors at the Professional Center for Handicapped Children (PCCD) for nearly 20 years. Congressman Niki Tsongas, on my invitation visited our Center along with State Reps including Senator Finegold, Representatives Adams, Devers, Lyons, and Torrisi. They did so to hear from the people who use the program. And yet no call, no visit, and no survey to a family like ours while you're creating a proposal for such a big change in services? I think there is something wrong with your process to develop your demonstration proposal. My cell phone number is 978-987-6427.

I believe health care coordination is certainly needed, especially for people with disabilities, but including long-term services in this not so

well thought out demonstration is a bad idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO will cut vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Brian Latina
15 Jessie Road

Chelmsford MA 01887-4005

Thank you,

Brian Latina
978-987-6427

From: my1996angel@verizon.net [my1996angel@verizon.net]
Sent: Tuesday, January 10, 2012 5:06 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

carolyn camara
12 Dolan circle
East Taunton, MA 02718-1218

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

carolyn camara

From: dwaters@partners.org [dwaters@partners.org]
Sent: Tuesday, January 10, 2012 1:41 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Darlene Waters-D'India
8 Judge Rd
Lynn, MA 01904-1215

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Darlene Waters-D'India
781-485-6017

From: csgarber@comcast.net [csgarber@comcast.net]
Sent: Tuesday, January 10, 2012 5:26 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Cynthia Garber
55 Downing Road
Peabody, MA 01960-2701

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Cynthia Garber
978-531-5863

From: dhamilton@nupathinc.org [dhamilton@nupathinc.org]
Sent: Tuesday, January 10, 2012 2:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Dianne Hamlton
35 Raymond Circle
Peabody, MA 01960-4124

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Dianne Hamlton

From: phdpsychnrs@gmail.com [phdpsychnrs@gmail.com]
Sent: Tuesday, January 10, 2012 3:06 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Francine J Smith
36 Elm Place
Whitinsville, MA 01588-2016

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Francine J Smith
5082342073

From: jazzweb10@hotmail.com [jazzweb10@hotmail.com]
Sent: Tuesday, January 10, 2012 2:46 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

James Zweber
50 A Whitehead Ave
Hull, MA 02045-2768

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

James Zweber
781-698-8007

From: hmargolin02135@comcast.net [hmargolin02135@comcast.net]
Sent: Tuesday, January 10, 2012 1:56 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Helen Margolin
1933 Commonwealth Ave.
Brighton, MA 02135-5962

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Helen Margolin

From: joann_rienzie@ccab.org [joann_rienzie@ccab.org]
Sent: Tuesday, January 10, 2012 3:31 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

JoAnn Rienzie
3 Frost Street
Brockton, MA 02302-3441

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

JoAnn Rienzie
508-587-0297

From: John R. Roberts [jrr02@robertsrealtygroup.com]
Sent: Tuesday, January 10, 2012 3:44 PM
To: Duals (EHS)
Subject: Medicare and Medicaid Dual Eligibles

Lisa Wong
Executive Office of Health and Human Services

I am writing to provide comments about the "dual eligible" demonstration proposal that will be submitted to the federal government today.

And frankly, I'm surprised no one contacted me to ask me for my opinion BEFORE MASSHEALTH submitted its proposal to the Federal government.

You see, I'm the father of a 26 year old young man who depends on MassHealth for his programs and insurance. I've been on the Board of Directors at the Professional Center for Handicapped Children (PCCD) for 8 years, (2 as Chairman). My son is involved with M.A.S.S. as a self advocate and was regional chairperson of the Northeast Region. He started a local group in Andover which hosts monthly meetings and has a regular participation of 16-18 members. These groups should have been involved in outreach to get their feedback to changes in the core programs that provide their daily support. There is a legislative day tomorrow sponsored by M.A.S.S. to discuss this with our legislators, but his staff person is not available to take him.

I believe health care coordination is certainly needed, especially for people with disabilities, but including long-term services in this not so well thought out demonstration is a bad idea. The sole focus should be on health care coordination.

I believe more input is needed by the recipients and their advocates; when I reviewed the attendee list for the only public hearing that published a list, I was amazed that attendance was by apparent companies that would be servicing the recipients and no advocacy groups for the recipients. I didn't see any ARC members there or any of the other advocacy groups that regularly support the rights of individuals with disabilities

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO will cut vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

- Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
- Consumers and family members' involvement in review and oversight of the plan's service providers
- MassHealth monitoring and approval of an ICO's methods for monitoring provider quality in the provision of services & supports
- The current rights of recipients, enumerated in the regulations, must be maintained.
- The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligible model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
- An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
- The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.

- Any definition of intellectual or developmental disabilities developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

John R. Roberts
978-623-0921 tel
978-623-0991 fax
781-248-1917 cell
jrr02@robertsrealtygroup.com

From: jgdoherty01915@yahoo.com [jgdoherty01915@yahoo.com]
Sent: Tuesday, January 10, 2012 4:41 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Judith Doherty
8 Pearl ST
Beverly, MA 01915-3622

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

I have two young adult children with autism and they will be profoundly impacted by this kind of change, I fear for their loing-term well-being.

Thank you for the opportunity to provide feedback on the plan.

Sincerely

Judith G. Doherty, M.Ed.
978-927-5112

From: jpeck [jpeck@charter.net]
Sent: Tuesday, January 10, 2012 4:10 PM
To: Duals (EHS)
Subject: Comments on the MassHealth/Medicare project

I'm a 73-year-old grandmother, adoptive mother, and guardian of a very medically complex young man, now 25 years old who, for the past three years, has been living in a ServiceNet community residential home in Belchertown, MA. I've been an active volunteer/advocate since Matthew was an infant.

I'm well aware of the overlapping areas of financial responsibility between Medicare and Medicaid (MassHealth), and the incredible expense in time and money trying to resolve billing conflicts. It is time to bring the dual eligibles under one roof for their medical expenses, and I have commend you for taking on that challenge!
Some of my concerns have to do with just not having enough information yet. Speaking just philosophically:

- **If the ICO is given a block of money to purchase care for dual eligibles, and the money runs out, what then?**
- **If LTCC is included in with Medicare/MassHealth, it would seem medical costs would be the priority. What happens if there is not enough money left to provide for the range of supports provided under LTCC? Presently these supports can be budgeted for the year with no concern about medical cost. It sounds to me that the LTCC support can be curtailed at any point in the year if medical costs exceed expectations. This can be a critical issue to families and providers of these services.**
- **If an individual or guardian opts out of this project, what then? How will that individual be supported? Will this "opt out" be part of the eventual "approved" delivery of service once the demonstration project has been approved for full implementation?**

And finally, an issue that is extremely important to me has to do with the fact a medically complex individual with nursing support through MassHealth cannot have the support of his/her own knowledgeable nurses while in the hospital because the agency providing that nurse cannot bill MassHealth as this is seen as "double dipping" since the medical care while IN the hospital is also billed to MassHealth. Matthew cannot be left alone. He is non-cognitive (having no living cortical tissues), cannot self-report, and obviously cannot take care of himself. Among other issues, he has a trache and needs to be suctioned quickly or he can aspirate. He is more likely to need suctioning when he is sick enough to be IN the hospital. He also has a multitude of other issues and a need for essential treatments.

Our great good fortune in this regard has to do with the way Matthew's nursing support is provided and paid for now that he is in residential care. MassHealth pays for 94 hours of one-on-one nursing support running from roughly 7:00 a.m. to 8:00 or 8:30 p.m. The night hours are paid for by DDS and THAT nurse is responsible for providing nursing support to all three gentlemen in that home as they are all medically challenging individuals. This works for Matthew as he does not normally require as many medical interventions or treatments during the night. For the first time in a long while, Matthew was admitted to Baystate in critical condition with sepsis and resulting dehydration following an episode of C-diff, all related to a 2 cm kidney stone. Between the DDS-funded nurses and myself, we were able to provide him with the bedside nursing support he needed. BUT: what if he were still living at home? I am no longer able to provide that level of care, let alone around the clock. What if he were still at home with 94 hours of MassHealth nursing. No individual nursing support in the hospital could be billed to MassHealth. How will this be handled in the future with everything under the ICO? I would opt out just to preserve those DDS-funded nursing hours.

And so, while I wish you well in this endeavor, and certainly support the need to resolve the Medicare/Medicaid issues, I am very concerned about wrapping LTCC into this for ALL individuals, in addition to my specific concerns for my child, and how do I go about protecting him.

Julie Peck
460 West Street, Apt. 302, Ludlow MA 01056
413-583-4254
jpeck@charter.net

From: jmb_01550@yahoo.com [jmb_01550@yahoo.com]
Sent: Tuesday, January 10, 2012 3:36 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Justin Bernard
51 Main Street
Southbridge, MA 01550-2520

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Justin Bernard
5087651577

Mailing Info:
Gordon and Kathy Dunn
gordod1@comcast.net
508-747-0039

Subject: Dual eligible proposal

We have a 31 child with a disability who works but, is receiving the benefit of MA Health. We agree with the position of the ARC that we are concerned that this new "Dual" program doesn't FURTHER limit the rights and needs of people with diabilities. As you know much has been cut out of the budget recently especially in the area of flexible support services. Families depend on that and DDS understands how beneficial this money is. I don't like the idea of an independent agency overseeing the dispensing of moneies. Thank you for your careful attention to these people, most vulnerable because often they lack a voice.
Kathy Dunn

From: ritaccol@ummhc.org [ritaccol@ummhc.org]
Sent: Tuesday, January 10, 2012 3:11 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Lynda Ritacco
32 Carver St
Worcester, MA 01604-6000

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Lynda Ritacco

From: mmarrese@bamsi.org [mmarrese@bamsi.org]
Sent: Tuesday, January 10, 2012 2:01 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Marilyn Marrese
134 College Drive
Brockton, MA 02301-4646

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Marilyn Marrese

From: klrienzie@msn.com [klrienzie@msn.com]
Sent: Tuesday, January 10, 2012 3:31 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Kenneth Rienzie
3 Frost Street
Brockton, MA 02302-3441

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Kenneth Rienzie
508-587-0297

From: Mary Donovan [mdonovan9@verizon.net]
Sent: Tuesday, January 10, 2012 2:33 PM
To: Duals (EHS)
Cc: Rep. Geraldine Creedon; Sen. Brian Joyce
Subject: Concerns About New "Dual Eligibles" Proposed Program

Thank you for the opportunity to respond to the proposed "Dual Eligibles" program. I have a few comments.

All the descriptions I have read appear to presume a working knowledge of the current system's operation. I say this because the description of the changes is so vague that I'm thinking surely this must make sense to those who know the system well because it is very unclear to me. A change this broad should be thoroughly explained in plain language for consumption by the general public. Examples are always good if there is a sincere desire to make information available.

When undertaking a project with such broad sweeping changes which affect a vital need for people who depend on others for their care, I would think you would first implement a pilot program - one involving a small, representative group of those intended to be helped by those changes. That would permit close monitoring of the program where necessary adjustments could be more easily made, minimizing adverse effects on program recipients and producing a thoroughly tested program when released for statewide implementation.

History in Massachusetts makes me wary of private agencies working for the government, like the integrated care organization in the proposed "dual eligibles" program. There have been so many examples of companies profiting from government money while doing less than minimal jobs - one was involved with children's services several years ago. How would these ICO's be monitored and evaluated? What recourse do recipients have? There appears to be considerable power planned to be in their hands.

Thank you again for this opportunity.

Mary E. Donovan
16 Daniel Drive
North Easton Ma 02356

I support the opinions expressed by the Arc of Massachusetts on the pilot project to integrate Medicare and Medicaid for people with disabilities. My own adult daughter receives residential and vocational services partially paid by Medicaid and health services paid by Medicare. She receives Social Security survivors benefits since the death of her father. And, by the way, since she pays 75% of her income for her residential services she already is participating in an integrated program.

While I see no benefit for my daughter in the proposed integration, at the same time I do support an effort to save money, provided that SERVICES ARE NOT CUT.

Martha Ziegler
2 Lord Terrace
Woburn, MA 01801
617-996-9275

From: jmmkd@charter.net [jmmkd@charter.net]
Sent: Tuesday, January 10, 2012 10:56 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Mary Bierfeldt
9 Brighton Road
Worcester, MA 01606-2128

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Mary Bierfeldt

From: mph1954@aol.com [mph1954@aol.com]
Sent: Tuesday, January 10, 2012 7:46 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Michael Houston
8 Cardinal Drive
Franklin, MA 02038-5203

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Michael Houston
617-304-2786

From: nshargreaves@wearewci.org [nshargreaves@wearewci.org]
Sent: Tuesday, January 10, 2012 2:36 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Nancy S Hargreaves
6 Forest Circle
Waltham, MA 02452-4719

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Please do not negatively affect the LT supports and services of people with intellectual and developmental disabilities.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Nancy Silver Hargreaves
7813895992

From: nmeyer7@verizon.net [nmeyer7@verizon.net]
Sent: Tuesday, January 10, 2012 4:26 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Nancy Meyer
8 Byard lane
Westboro, MA 01581-2637

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the "dual eligibles" demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports - a key program - for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

- Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
- Consumers and family members' involvement in review and oversight of the plan's service providers
- MassHealth monitoring and approval of an ICO's methods for monitoring

provider quality in the provision of services & supports

- The current rights of recipients, enumerated in the regulations, must be maintained.
- The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
- An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
- The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
- Any definition of "intellectual or developmental disabilities" developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD. Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Nancy Meyer

From: kudos4me@msn.com [kudos4me@msn.com]
Sent: Tuesday, January 10, 2012 7:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Paul Hathaway
40 Dr. Braley Rd.
Rochester, MA 02770-1900

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Paul & Joan Hathaway

From: plebrun@royalhealthgroup.com [plebrun@royalhealthgroup.com]
Sent: Tuesday, January 10, 2012 1:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

peter lebrun
8 maplewood street
mattapoisett, MA 02739-1106

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

peter lebrun

From: rayd549@comcast.net [rayd549@comcast.net]
Sent: Tuesday, January 10, 2012 4:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Ray Decker
100 Frederick St. Unit 73
Dracut, MA 01826-3440

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Ray Decker
978-957-1729

From: renaldraphael@yahoo.com [renaldraphael@yahoo.com]
Sent: Tuesday, January 10, 2012 4:16 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Renald Raphael
1464 Blue Hill Ave
Mattapan, MA 02126-2256

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Renald Raphael
617-298-8076

From: richbon1099@yahoo.com [richbon1099@yahoo.com]
Sent: Tuesday, January 10, 2012 1:56 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

richard budd
321 prospect st
leominster, MA 01453-3412

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

richard budd

From: rob.spongberg@gmail.com [rob.spongberg@gmail.com]
Sent: Tuesday, January 10, 2012 2:06 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Rob Spongberg
P.O. Box 377
East Dennis, MA 02641-0377

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Rob Spongberg
5087378091

From: sandykinneyfc@aol.com [sandykinneyfc@aol.com]
Sent: Tuesday, January 10, 2012 4:16 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Sandra Kinney
5 Quails Crossing
Marion, MA 02738-1416

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Sandra Kinney
508-748-2836

From: sarah.gagnon@gmail.com [sarah.gagnon@gmail.com]
Sent: Tuesday, January 10, 2012 1:36 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Sarah Gagnon
50 Lincoln St
Franklin, MA 02038-1524

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Sarah Gagnon

From: tdevlin@lifeworksma.org [tdevlin@lifeworksma.org]
Sent: Tuesday, January 10, 2012 10:41 AM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Teresa Devlin
100 Belgrade Ave.
Roslindale, MA 02131-2419

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Teresa Devlin
7817693298

_____
From: slentine2010@gmail.com [slentine2010@gmail.com]
Sent: Tuesday, January 10, 2012 5:31 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Scott Lentine
6 West Meadow Lane
Billerica, MA 01862-2019

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers

ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Scott Lentine
9786637141

From: tferhard@comcast.net [tferhard@comcast.net]
Sent: Tuesday, January 10, 2012 2:41 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Thomas Erhard
12 Borrows Road
Foxboro, MA 02035-2814

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Thomas Erhard
508-543-7057

From: timothy.j.allen@comcast.net [timothy.j.allen@comcast.net]
Sent: Tuesday, January 10, 2012 5:46 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Timothy Allen
6 Tarbox Lane
North Reading, MA 01864-2987

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Timothy Allen
9787648012

From: tingersoll@wearewci.org [tingersoll@wearewci.org]
Sent: Tuesday, January 10, 2012 3:21 PM
To: Duals (EHS)
Subject: MassHealth Duals Proposal- Public Feedback

Tracy Reilly-Ingersoll
350 Rogers Street
Tewksbury, MA 01876-2644

January 10, 2012

Public Feedback Duals
MA

Dear Public Feedback Duals :

Dear Ms. Wong:

I am writing to provide comments about the ï¿½dual eligiblesï¿½ demonstration proposal that will be submitted to the federal government. I believe health care coordination is needed, especially for people with disabilities, but including long-term services in this demonstration is not a good idea. The sole focus should be on health care coordination.

I am very concerned about changes to long-term supports ï¿½ a key program ï¿½ for so many people. Medicaid or MassHealth is the ONLY payer for long-term supports and services (LTSS), such as employment, residential, day habilitation, and personal care attendant services.

I fear that if rates provided to new, private integrated care organizations (ICOs) are not adequate, then an ICO may cut back on vital long-term supports provided to people with disabilities. Please include the following in the proposal as well:

ï¿½ Independent care management so that assessment and plans ensure client needs. The system should include tracking of unmet needs or delay in services.
ï¿½ Consumers and family members' involvement in review and oversight of the planï¿½s service providers
ï¿½ MassHealth monitoring and approval of an ICOï¿½s methods for

monitoring provider quality in the provision of services & supports
ï¿½ The current rights of recipients, enumerated in the regulations, must be maintained.
ï¿½ The array of services approved by CMS under the current specialty services and long-term supports/services plan is fully maintained in the dual eligibles model such that services are specified and available as a matter of entitlement based on need, as determined using a person-centered planning process.
ï¿½ An opportunity to be able to appeal a denial of access to or restriction from use of specialty services under the Fair Hearings provisions.
ï¿½ The definition of medical necessity that is contained in the current specialty and long-term support services is maintained as the basis for authorizing services.
ï¿½ Any definition of ï¿½intellectual or developmental disabilitiesï¿½ developed or maintained as the basis for determining initial eligibility for services will be consistent with national definitions such as AAIDD.
Ensure that utilization of services is tracked.

Thank you for the opportunity to provide feedback on the plan.

Thank you,

Tracy Reilly-Ingersoll
781-640-2525