January 25, 2013

Lou Ann Owen, Medicaid Deputy Director  
Louisiana Department of Health and Hospitals  
628 N 4th St, Bienville Bldg 7th Floor  
Baton Rouge, Louisiana 70802

Re: Request for Information  
Long Term Services and Supports for Persons Enrolled in Louisiana Medicaid

Dear Ms. Owen,

Magellan Health Services and ResCare, Inc. have combined our experience and areas of expertise in developing recommendations in response to the Louisiana Department of Health and Hospitals’ Request for Information (“RFI”) released on November 29, 2012 seeking innovative and viable strategies to design a new model of service delivery for people who depend on the Medicaid program for their Long Term Services and Supports (“LTSS”). We propose fundamental structural changes with a set of core values and principles that include Access, Choice, Integration, Outcomes and Value while creating successful strategies to move toward Self-Direction.

We believe the State should adopt a “whole person” integrated approach that embraces the following elements:

- Front-end integration to improve system access and timely services aligned with individual need;
- Comprehensive support plans that are holistic creating an environment of maximum independence as defined by each individual;
- Coordination across an array of services and supports to integrate primary care, acute care, behavioral health and LTSS to improve health status and quality of life;
- Performance metrics and mechanisms that drive positive outcomes, support a results driven system, and enhance accountability; and
- A system for funding services that is person driven with appropriate service utilization, resulting in system-wide efficiency, capacity expansion, and cost avoidance that could be used to expand the number of people served.

We look forward to the State’s efforts to create a new delivery model that is responsive, quality driven, efficient and demonstrates value for the Louisiana’s residents. Please contact Craig Coenson from Magellan Health Services or Steve Zeller from ResCare, Inc. at the contact information below with any questions.

Respectfully,

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I. Executive Summary
Magellan is a leading diversified specialty health care management organization with extensive experience in the Louisiana health care system and experienced in serving persons with intellectual and/or developmental disabilities (IDD) in Arizona, Pennsylvania and New Jersey. ResCare is a national leading provider of residential and support services to people with IDD and is a leading provider of workforce solutions, home care, pharmacy, and youth services. ResCare has more than 35 years of experience in providing IDD services, including more than 25 years serving the IDD population in Louisiana. In response to the Request for Information on Long Term Services and Supports for Persons Enrolled in Louisiana Medicaid issued November 29, 2012 (RFI), Magellan and ResCare have combined their experience and expertise in developing recommendations to facilitate a transformative model that delivers high quality care, administrative efficiencies, capacity expansion and cost effective service delivery.

We propose that the State of Louisiana has an opportunity to build creative solutions to the most pressing concerns for people with IDD. Our environmental scan and experience in servicing the Louisiana IDD population has identified challenges facing the current system:

- System fragmentation
- Long term services and supports (LTSS) not integrated with behavioral and physical health care
- Growing waiting lists
- Limited access to services and care
- Inadequate health promotion, prevention and management of chronic conditions resulting in poor health outcomes
- Misaligned resources and expenditures

To effectively address existing system challenges, we recommend that the State undertake a fundamental redesign of the system for supporting the IDD population. The model for the new system would have as its foundation a set of core values and principles that include Access, Choice, Integration, Outcomes, and Value while creating successful strategies to move toward Self-Direction. We suggest the State adopts as a strategic tenet that they will partner with an entity that effectively transitions individuals into services that are better aligned with their preferences and level of support needs, ensures that their primary medical, behavioral, and support needs are addressed in a proactive, holistic fashion and creates an environment of maximum independence as defined by each individual. Building on this tenet and the core values and principles, we believe the State should adopt a “whole person” integrated approach that embraces these key elements:

- Front-end integration, including system access and needs assessment
- Proactive support plans
- Integrated quality care delivery across a broad continuum of care
- Outcomes, results and accountability
The recommended solution for the State includes voice and participation of individuals with IDD and their families, community stakeholders, and experts in the services and supports required by the population. The model we believe the State should consider in developing a Request for Proposals (RFP) utilizes managed care delivery system knowledge, methods and technology to increase appropriate access and to improve efficiency, quality, system results, and personal outcomes.

Although the primary focus in this response is individuals with IDD, many components of the model are applicable for aging adults and individuals with adult onset disabilities. These mechanisms could be tailored for these populations. We suggest the State develop specific systems nuanced for each population.

We recommend a model that will redesign key structural components to achieve the objectives outlined in the RFI to restructure the organization and delivery of services for individuals that depend on Medicaid-funded Long Term Services and Supports (LTSS). These key structural components are as follows:

1. **Front-End Integration – System Access and Needs Assessment**
   Assessing the support needs and required resources for an individual with IDD through the use of person-centered planning tools to identify strengths, preferences, disability-related complexities, family and community support, and other circumstances unique to the individual is a resource intensive process. Without standardized processes and procedures, there is inevitable variability in needs assessments and insufficient connection between individual needs assessments and resources identified in individual support plans. In turn, this disconnect can contribute to poor outcomes as well as rising support service and health care costs.

Currently, Louisiana has ten regional single points of entry for eligibility determination and eight contracts with support coordination agencies serving geographic regions. We propose that the State consider the following changes to increase access, streamline administrative functions, advance system efficiencies, and improve the experience of individuals and their families as they navigate through these processes and the system.

- **Statewide web-based eligibility and enrollment system** that includes:
  - A toll free number to ensure statewide access, regardless of geography, available for those whose preference it is to talk to an advocate.
  - An interactive, easy to use, culturally appropriate community website on LTSS that is accessible for individuals with disabilities and their providers and guardians.
  - The ability to engage in-person support when circumstances warrant.

- **Single state-wide support coordination entity** that would:
  - Serve as the single point of system entry with 24/7/365 availability for after hours urgent needs.
  - Provide individuals with a system “navigator” that serves as a single point of contact for coordination and guidance through the entire assessment and eligibility process.
  - Complete web-based eligibility determinations and functional assessments. This function would be separated administratively from support planning as this could create an unintended conflict according to CMS guidance.
  - Develop support plans with individuals and their families and designated team members using person-centered principles and practices.
• Establish and implement clear and accessible means for individuals to make complaints and/or appeals regarding concerns about choice, quality, and outcomes.
• Provide QIO – like functions to offer the state an enhanced match rate for quality and utilization management functions allowable by CMS.

• **Standardized assessments and data-driven decision making for current and future service recipients, including:**
  - Continued use of the SIS standardized needs assessment and the algorithm that guides resource allocation with ongoing evaluation of the validity and reliability of the tools and results.
  - A standard needs assessment coupled with person centered planning (PCP) to fully inform individualized resource allocation for services through the identification of strengths, preferences, disability-related complexities, family and community supports, shared supports, housing options, and opportunities for employment/independence.
  - An individual health risk assessment to promote physical, social and behavioral health and disease prevention.

2. **Comprehensive Support Plans**
   Based on a well-designed needs assessment complemented by person-centered planning, a comprehensive plan will match individual needs with support services to promote a seamless continuum of appropriate services and supports. The goal of the system should be to develop comprehensive plans that build on each individual’s strengths and tailor family and community support services responsive to his or her needs. The approach would reduce unnecessary reliance on paid supports and achieve better outcomes.

   Some of the core principles that should be incorporated into this model include:

   • **Person-Centered Planning** through enhanced tools and technology, bring to scale individualized plans that are developed in partnership with the individuals and those closest to them to assist in the achievement of personal goals.

   • **Comprehensive support plans** that take a “whole person” integrated approach to include goal-setting; individual assessment; appropriate supports; optimized living arrangements; employment opportunities; health risk assessments; health and wellness; peer support; self-advocacy support; caregiver support; transportation; and other items appropriate to each individual.

3. **Quality Care Delivery**
   Given the varying complexities associated with supporting individuals with IDD in their desire to gain independence and live full productive lives, it is imperative that systems of care are quality focused, responsive, and cost effective. The State should consider a model of care that will integrate and coordinate LTSS with physical and behavioral health care. This model of care would be managed by a cadre of experts using a system-driven set of advanced analytics and a technology platform that reflects state-of-the-art evidence-based whole person protocols to identify, stratify and enable outcomes based activity.
This model would include:

- A network of qualified LTSS providers and health care professionals.
- Specialty case management/support coordination services integrated with care management typical in physical and behavioral health to mitigate health risks and associated functional support needs.
- A broad network of ancillary health professionals who are not only qualified to deliver PT, OT, Speech Therapy, Dental, Vision and DME services, but are also experienced and comfortable serving a population requiring LTSS.
- Full-service pharmacy management services integrated into the core clinical management programs. These services should include specialty pharmacy management, home infusion and mail-order. The program’s approach should be consistent with a full service Pharmacy Benefits Management Solution.

Such a system emphasizes relationship building, collaboration, and communication at all levels (i.e., person receiving services, family member and/or guardian, health care providers; state, county and local agencies and policy makers) with the goal of assisting people to participate fully in communities of their choice in self-determined roles.

4. Outcomes, Results and Accountability

Efforts to ensure transparency and accountability, such as the implementation of measuring and monitoring systems with metrics for health outcomes and quality of life, can make a meaningful difference in the support of individuals with IDD.

We recommend that the State consider specific efforts to ensure transparency and accountability, and could include:

- Mechanisms to ensure members, families, and community stakeholders have opportunities to provide input on systems change. Programmatic audits at regular intervals.
- Critical incident reporting to facilitate prompt follow up, program enhancements, and education.
- Individual scorecards to regularly track an individual’s progress and achievement of his or her goals, satisfaction, and quality of life.
- Program Integrity including fraud and abuse detection with mitigation programs.

5. Data and Dashboards

An absolute requirement should be to collect and analyze data on key performance indicators (network adequacy, access to care, quality of life, and costs) and quality of service; incorporate into system dashboard and ensure availability on-line for review by the State and community stakeholders.

6. System for Funding Services

We recommend that the system for funding these services be designed in such a way as to provide:

- More member driven and appropriate service utilization, resulting in system-wide efficiency and cost avoidance that could be used to expand the number of consumers served.
- Incentives for providers who achieve performance targets established by the program including improved outcomes, improved consumer satisfaction, cost avoidance and other metrics.
- Focus on family and community supports to reduce over reliance on paid supports and achieve better outcomes.
We suggest a reimbursement structure of a per consumer fee with a possible gain share model that migrates over time to a fully-capitated structure.

In conclusion, the State should ensure that any program implemented or expanded to address the needs of individuals with IDD focus on helping individuals and families achieve their goals and maximize the health and potential of every individual to live as independently and self-sufficiently in the community as possible.

We now turn to expanding on some of the key elements of the redesigned system and specific issues identified in the RFI.

II. Target Population
The RFI addresses the issues faced by the IDD population as well as the aged population. It identified needs for Medicaid recipients as well as dual-eligible Medicaid and Medicare recipients. We believe the State should adopt a specific service model for the unique needs of the IDD population to creatively address the challenges they face each and every day.

The target population for this model would be Louisiana individuals with IDD participating in the Medicaid program as well as those who are classified as dually eligible (Medicaid and Medicare) currently receiving home and community based waiver services or intermediate care facility services (ICF/DD). We suggest the State adopts as a strategic tenet that they would partner with an entity that effectively moves individuals into services that are better aligned with their preferences and level of support needs, ensures that their primary medical, behavioral and support needs are addressed in a proactive, holistic fashion and creates an environment of maximum independence as defined by each individual.

Although the primary focus in this response is individuals with IDD, many of the principles and solutions are applicable for aging adults and individuals with adult onset disabilities.

III. Eligibility and Enrollment Model
As indicated in the Executive Summary, we believe that the system redesign must address the fragmentation of the current eligibility and enrollment system and the challenges the IDD population confronts in dealing with that system.

For example, Louisiana currently operates ten regional single points of entry for eligibility determination through five regional offices operated by the Office for Citizens with Developmental Disabilities (OCDD) or through the five Human Services Districts. This approach provides geographically aligned locations that are dispersed relative to where people are likely to receive services and has been good practice to promote access. Even doing this, transportation challenges still exist in three main areas: 1) inadequate public transit in urban areas; 2) almost non-existent public transit for 25 percent of the residents residing in rural areas; and 3) 21 percent of Louisianans are living in poverty often sharing cars with multiple family members or depending on someone else for transportation.

Another system challenge is the fact that Louisiana’s literacy ranking is 49th with 28 percent of adults at the lowest level according to the National Adults Literacy Survey (NALS). Today, the state operates a bifurcated system. After obtaining functional eligibility through the regional single point of entry for IDD services, individuals and their families must complete the process for financial eligibility through the Medicaid program.
We propose that the State of Louisiana consider a model that increases accessibility to LTSS through a single entity to make it easier for individuals to learn about and be linked to services including Medicaid and non-Medicaid services. We recommend a model that includes the following components:

1. **Statewide web-based eligibility and enrollment system** that includes:
   - A toll free number to ensure statewide access, regardless of geography and available for those whose preference it is to talk to an advocate.
   - An interactive, easy to use, culturally appropriate community website on LTSS that is accessible for individuals with disabilities.
   - The ability to engage in-person support when circumstances warrant.

2. **Single statewide conflict-free support coordination entity** that would:
   - Serve as the single point of system entry with 24/7/365 availability for after hours urgent needs.
   - Provide individuals with a system “navigator” that serves as a single point of contact to coordinate and guiding the individual through the entire assessment and eligibility process.
   - Complete web-based eligibility determinations and functional assessments. This function would be separated administratively from support planning as this could create an unintended conflict according to CMS guidance.
   - Develop support plans with individuals and their families and designated team members using person-centered principles and practices.
   - Establish and implement clear and accessible means for individuals to make complaints and/or appeals regarding concerns about choice, quality and outcomes.
   - Provide QIO – like functions to offer the state an enhanced match rate for quality and utilization management functions allowable by CMS.

3. **Standardized assessments and data-driven decision making**, including:
   - Continued use of the SIS standardized needs assessment and the algorithm that guides resource allocation with ongoing evaluation of the validity and reliability of the tools and results.
   - All individuals receiving or entering the services and supports delivery system would undergo a standard needs assessment coupled with person centered planning to fully inform individualized resource allocation for services through identification of strengths, preferences, disability related complexities, family and community supports, shared supports, housing options and opportunities for employment/independence.
   - Current and new individuals participating in home and community based waiver programs or those residing in ICF/DDs will receive an individual health risk assessment to promote physical, social and behavioral health and disease prevention.

A streamlined, consistent process led by a single point of contact (navigator), would enhance the consumer experience from the starting point of learning about services to the end point of enrollment in appropriate services and supports. We believe this would achieve the State’s goals for consistency, choice and enhanced technology capabilities to support the unique needs of this population and a timely outcome.

In this design, the Louisiana Medicaid Program would delegate an entity as the operating agency that would oversee that activities of the statewide system, but as federally mandated, the Bureau of Health Financing would maintain the ultimate authority as the oversight agency. Privatizing this function would reduce administrative and technology burdens on the state while improving the consumer experience.
IV. Supports and Services Model

Louisiana should consider a coordinated approach to the delivery of support services and health care as essential to meeting the varying and complex needs of individuals with IDD. This approach would augment the strides Louisiana has made to align resources based on individual needs in HCBS, expanding access to community based behavioral health services and transforming the Medicaid program so that recipients have access to the right care, at the right time, in the right setting with the confidence that the services are provided with consistent high quality leading to optimal outcomes.

Our model has five core elements to transform the IDD delivery model into a responsive, quality driven and cost effective system.

1. **Person Centered Planning**

   Given the varying complexities associated with supporting individuals with IDD, in order to gain independence and live full productive lives, it is imperative that systems are designed to be responsive, quality driven and cost effective. Competency based training to support person centered approaches to service delivery would be a best practice. Through a series of educational courses delivered in multiple ways (e-learning, face to face, telephonic), providers would build core skill sets to improve the quality of individualized services and supports leading to a higher quality of life and positive health outcome.

   Additionally, opportunities for individuals and their families to take advantage of on-line learning through a community website should be contemplated.

2. **Supported Employment**

   We believe integrated individual employment promotes personal satisfaction, self-worth, builds social networks, and supports greater independence. Therefore, a single vendor should coordinate across public sector departments and the private sector to maximize resources and funding opportunities to facilitate job creation across the state for people with and without disabilities to work alongside one another. With a single vendor as the lead in coordinating Louisiana’s efforts, the public sector will have assistance implementing new policies and practices while maintaining programmatic fiscal oversight.

   The vendor could also work with providers of employment services by providing best practice technical assistance and competency based training to diversify business models. Technical assistance and/or training could be provided online and/or on-site. It could be state funded or paid for by providers with benchmark incentives for successful employment of individuals with IDD. Performance metrics would include, but not be limited to: job placement, job seeker satisfaction, integrated individual employment, competitive wages, and job retention.

3. **Consumer Directed Services**

   We believe individuals and their families should be supported to understand self-direction and their personal responsibility to system accountability. To mitigate unintended consequences, optimal supports must be in place to ensure those selecting this option, and those that support them, are trained and understand how best to determine what services and supports and who is best prepared to provide those services to improve outcomes for the individual with IDD. We recommend that the State evaluate the current self-direction waiver option policies and procedures to assure optimal processes and safeguards are in place to protect individual choice and self-determination while mitigating opportunities for unintentional misuse, fraud, and abuse.
4. **Expanded Home and Community-Based Service Options**

A primary goal of the proposed service delivery model should be to expand the utilization of home and community-based service (HCBS) options. Building on each individual’s needs assessment coupled with person centered practices; comprehensive support plans would promote responsive LTSS services and health care to promote the attainment of life goals as defined by the person. It would support the movement of people from more restrictive congregate living settings (ICF/DD) into HCBS options through strategies and program changes that support institutional diversion, conversion of current ICF/DWs and the development of therapeutic respite centers to prevent costly hospitalizations and out-of-home placements for people who experience challenging behaviors. These programmatic changes along with other cost avoidance strategies outlined in our response would facilitate people moving off the waiting list into HCBS quality services aligned with their needs and preferences.

5. **Technology**

In addition to eligibility maintenance, a care management platform, and claims processing, there should be technologies to allow recipients and providers maximum access to information and management services. These would include, access to a CCD (continuity of care document), on-line learning, mobile response, home monitoring, pharmacy and claim information, telehealth, electronic individual support plans, e-prescribing, and comprehensive on-line access to support services.

**V. Physical Health**

The redesigned system should utilize a model of care that will integrate and coordinate LTSS with physical and behavioral health care including a network of qualified LTSS providers and health care professionals.

Some of the core features of the model:

- Model of care that integrates and coordinates LTSS with physical and behavioral health care. This model of care should be managed by a cadre of experts using a system-driven set of advanced analytics and care management platform that reflects state-of-the-art evidence-based whole person protocols to identify, stratify, and enable outcomes based activity.
- Case management/support coordination services should be integrated with care management typical in physical and behavioral health to mitigate health risks and associated functional support needs.
- Complete network of ancillary health professionals who are not only qualified to deliver PT, OT, Speech Therapy, Dental, Vision and DME services, but also experienced and comfortable serving a population requiring LTSS.
- Full-service pharmacy management services integrated into the core clinical management programs. These services should include specialty pharmacy management, home infusion, and mail-order. The program’s approach will be consistent with a full service Pharmacy Benefits Management Solution.

To determine the optimal model for Louisiana more strategic discussions are required, however, we highly recommend that the State apply for a Dual Demonstration Grant in order to provide the greatest flexibility to implement the model and enable passive enrollment which will accelerate transition into the new model.

Individuals with IDD experience a number of barriers to access the appropriate health care, such as health care professionals who lack cultural competency to provide quality health care or simply do not want to serve this population. According to the World Health Organization people with IDD are seldom a target population for health promotion and disease prevention. Numerous studies indicate that individuals with IDD are much
more likely to experience significant disparities in health and medical care. The State should implement a unique model of care that will integrate and coordinate LTSS with physical and behavioral health care to address health disparities associated with this population.

All recipients should be assessed and stratified to allocate appropriate management resources for individuals determined to be most in need and at the highest risk for future health care issues. All recipients should have at least an annual health assessment included in their ISP with on-going monitoring to drive services and care that are quality focused, responsive and cost effective.

VI. Behavioral Health
The State should embrace, as a cornerstone of the whole person approach, the inclusion of behavioral benefits as a fundamental component of the care advocacy team. A full range of management services for inpatient behavioral health would be essential including uniquely trained and qualified providers with strong proficiency in supporting individuals with IDD across the entire continuum.

The model should fully integrate with the State’s current full range of behavioral health specialty management services including: 24-hour crisis counseling and referral; management information system; provider network; provision of Electronic Behavioral Health Record; claims payment; utilization management; quality improvement; system transformation; member, provider and stakeholder engagement and reporting.

VII. Education and Outreach
The engagement of diverse stakeholders is critical to achieving buy-in for any systems transformation. There needs to be a focus on continuous improvement of the system of care and mechanisms to keep stakeholders informed about available services, supports, planning, and industry updates. Providing education to diverse communities has proven to be an effective tool to not only educate but to actively engage eligible members, stakeholders, and communities. This outreach and education should occur very early in the planning stage to prepare the community for change, during implementation, and on-going to promote a learning culture to support responsive and quality driven LTSS and health care. Effective education resources include culturally assimilated written materials and learning courses complemented by an interactive community website to gain critical insight into the nuanced needs of the population. All of these activities should be managed effectively by partnering with advocates, providers, state employees and agencies, along with the managed care partner.

VIII. Cultural Competencies
Another core principle in the redesigned service delivery model is to ensure that all elements of the system embrace the cultural diversity of Louisiana.

All individuals supporting those with IDD would need to be enabled to deliver culturally competent LTSS and health care in an effective, understandable, and respectful manner compatible with members’ preferred language and cultural beliefs and practices regarding their health.

Cultural Competency could be elevated by:

- Ensuring successful outcomes by providing industry-leading online resources and toolkits for managed care staff, providers, and communities.
- Building a network of providers that reflect the diversity of local cultures and languages spoken.
• Ongoing staff and provider training to continue to build on cultural awareness, skills, and practices in developing and delivering culturally proficient services.
• Outlining clear goals, policies, operational plans, management accountability, and oversight mechanisms to provide culturally and linguistically appropriate services.
• Incorporating supports such as family involvement and traditional healing practices, when appropriate.
• Incorporating high-quality, culturally competent service for all consumers into daily operations.

Being culturally proficient in today’s rich fabric of diversity is more than a goal; it should be integral to the foundation of the State’s mission. By continually increasing service capabilities and building stronger alliances, the State of Louisiana will ultimately provide the optimal cultural competency within the system of care.

IX. Quality Management

The purpose of a Continuous Quality Improvement Program is to promote and enhance performance, identify best practices, and improve the effectiveness and quality of the services we provide.

Incidents are reported in the Louisiana Online Incident Tracking System (OTIS). It provides state agencies, health care providers, and Home and Community Based Services (HCBS) support coordinators an online method for submitting state and federally required reports of alleged neglect, abuse, injuries of unknown origin, misappropriation of client property and critical incidents. With the economic down turn and the volume of HCBS providers the State is unable to data mine effectively to address systemic issues while investigating and resolving cases of abuse and neglect.

Louisiana participated in the National Core Indicators Project (NCI). It was awarded a 5 year contract in 2011 by the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Administration on Developmental Disabilities (ADD). The project is a collaboration between the National Association of State Directors of Developmental Disability Services (NASDDDS), the Human Services Research Institute (HSRI) and state developmental disability agencies, with the goal of implementing a systematic approach to performance and outcome measurement. CMS has recently recognized the tool as an opportunity to establish performance metrics that are quantifiable and can be used to measure provider performance in HCBS. The State should consider adoption of this tool as a means to meaningfully track quality outcomes.

X. Financial Model

We recommend that the system for funding these services be designed in such a way as to provide the following:

• More member driven and appropriate service utilization, resulting in system-wide efficiency and cost avoidance that could be used to expand the number of consumers served.
• Incentives for providers who achieve performance targets established by the program, including improved outcomes, improved consumer satisfaction, cost savings and other metrics.
• Focus on family and community supports to reduce over reliance on paid supports and achieve better outcomes.

We suggest a reimbursement structure of a per consumer fee with a possible gain share model that migrates over time to a fully-capitated structure.
XI. Implementation Timeline
The State should consider as aggressive a timeline as possible to ensure its ability to effectively execute a system transformation model in a phased approach taking advantage of current waivers while considering longer term waiver options. A “go live” implementation date will be dependent on a collaborative effort with the State to identify strategic direction and resolution of potential barriers particularly with certain specific elements of the new system and waiver updates.

Milestone highlights:

- RFP released and partnerships determined – no later than 7/31/13.
- State aggressively pursues Dual Demonstration approval and adjusts current waivers while applying for a general 1115 – immediately while in RFP process (length of times vary on these approvals).
- Pre-planning phase – February through July, 2013 to include work with providers, constituents and key partners to lay the groundwork for the changes and determine the phases of implementation.
- Planning phase – immediately upon vendor selection.
- Go live – dependent upon path and approvals needed, vendor readiness and state readiness.

XII. Potential Risks and Benefits
There are six key potential risks and benefits and dependent on path forward decisions. Consideration should be given to both risks and benefits in these areas in critical to pre-planning and the development of mitigation strategies. The State should partner with a vendor that can adequately plan for and execute strong plans to capitalize on benefits and mitigate risks to ensure a successful implementation.

Access:
Potential Benefit: A sustainable system with the ability to move toward significant decrease of the waiting list.
Potential Risk: Diverse IDD stakeholders comprised of individuals, families and advocates and providers come with differing vantage points and may not understand or believe in the value of a new model of care which could delay expedient system redesign.

Choice:
Potential Benefit: The new system will support choice with tools and resources to increase the ability of individuals and their families to understand options and community resources to make proactive decisions.
Potential Risk: The ability to bring to scale policies and practices in service delivery that truly support choice and self determination.

Self-Direction:
Potential Benefit: In a well designed system, individuals and their families will be supported to understand systems and make informed decisions that facilitate control over how, when, where and who provides services and supports.
Potential Risk: Individuals and their families will not be adequately equipped to make informed and educated choices or may desire services and supports that the system cannot provide or desire to work with providers not willing to invest in changes needed to participate in the new system.
**Integration:**

**Potential Benefit:** Integration of LTSS with behavioral and physical health should result in better overall health and enhanced quality of life with improved system effectiveness.

**Potential Risk:** Community resources may not be adequate or knowledgeable leading to the re-medicalization of disability; important features of HCBS may be lost in the integration of acute care resulting in a medical model approach which could negatively impact HCBS outcomes.

**Outcomes:**

**Potential Benefit:** System redesign innovations support individuals and families in achieving independence, fulfilling relationships, meaningful and healthy lives with system strategies that promote high quality and create efficiencies that enable waiting list reduction so that those efficiencies are reinvested to serve more people with IDD.

**Potential Risk:** Market readiness to implement systems change that is consistent, scalable and reliable across the system.

**Value:**

**Potential Benefit:** Comprehensive data collection and performance metrics demonstrate measurable value and drive continuous quality system-wide improvements in service delivery and cost effectiveness.

**Potential Risk:** Investments to drive system redesign are insufficient to make key structural changes at a pace that meets the State’s goals to improve outcomes.

**XIV. Request for Proposals**

As the State looks to complete its Request for Proposal, it should consider the recommendations throughout this document and the program should be ideally structured with a set of guiding principles consistent with national efforts and promote high quality and person-centered care, systems of service delivery.

To summarize, the four key elements of the system should be:

- Explicit focus on a whole person integrated approach.
- Solutions and components that include an in-depth understanding of the unique strengths and needs of both the current Louisiana service delivery system and its citizens with IDD.
- A process to include the voice and participation of the individuals, their families, community stakeholders, and experts in the services and supports required by the population.
- Specialty managed care delivery system knowledge, methods, and technology to increase appropriate access while improving efficiency, quality, system, and personal outcomes.

The State should only consider a model that adheres to the strategic tenet of partnering with an entity that effectively moves individuals into services that are better aligned with their preferences and level of support needs, ensures that their primary medical, behavioral and support needs are addressed in a proactive, holistic fashion and creates an environment of maximum independence as defined by each individual. This model should include the following components:

- Statewide web-based eligibility and enrollment system coordinated by navigators.
- A single state-wide support coordination entity available 24/7/365.
- A single supported employment solution that coordinates across public sector departments and the private sector.
• An integrated model of care that will integrate and coordinate LTSS with physical and behavioral health care.
• A complete network of ancillary health professionals who are not only qualified to deliver PT, OT, Speech Therapy, Dental, Vision and DME services, but are also experienced and comfortable serving a population requiring LTSS.
• Full-service pharmacy management services integrated into the core clinical management programs.
• A quality management system where data informatics will focus on use of existing and new performance measures and benchmarks.
• Enhanced, proactive and scalable Person Centered Planning tools and technology.
• Enhanced and Advanced Technology that improves administrative efficiency, delivers transparency and tracks and measures outcomes.

It is recommended that the State apply for a Dual Demonstration Project Grant and an 1115 waiver to enable:

• Maximum flexibility to manage both state and federal funds.
• The attainment of best in class results through the holistic management of the IDD population that can not be achieved through other means.
• The federal match to maximize services without increasing costs for the State.
• The ability to transition the population efficiently and expeditiously to the new model of care allowing the system to achieve accelerated success and outcomes.

We recommend that the system for funding these services be designed in such a way as to provide the following:

• More member driven and appropriate service utilization, resulting in system-wide efficiency and cost avoidance that could be used to expand the number of consumers served.
• Incentives for providers who achieve performance targets established by the program, including improved outcomes, improved consumer satisfaction, cost savings and other metrics.
• Focus on family and community supports to reduce over reliance on paid supports and achieve better outcomes.

We suggest a reimbursement structure of a per consumer fee with a potential cost-savings/gain share model that migrates over time to a fully-capitated structure.

Magellan and ResCare were pleased to provide this insight for the State to support the development of a comprehensive strategy that would successfully transform the system to accomplish the State’s goals as articulated in the Request for Information.