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September 2, 2016
Submitted online at Medicaid.gov

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Comments on Massachusetts 1115 Medicaid Demonstration Extension Request

Dear Administrator Slavitt,

These comments on the 1115 Demonstration Extension Request are submitted on behalf of the Boston Center for Independent Living (BCIL), the Metrowest Center for Independent Living (MWCIL), the Stavros Center for Independent Living (Stavros), the Disability Law Center (DLC) and Greater Boston Legal Services (GBLS). For over a decade we have been working to improve physical access to health care for people with disabilities in Massachusetts. We strongly endorse the overall direction the Office of Medicaid is taking with the Extension Request, which will greatly enhance the ability of MassHealth members with disabilities to have equal access to high quality care. Our comments are focused on the aspects of the Demonstration Request that deal directly with improving access to care for people with disabilities, which we think are key components of the broad effort to emphasize "value in care delivery" and "provide integrated and coordinated care, while moderating the cost trend." Also key is MassHealth's commitment to continue to work with disability advocates to improve disability access to quality health care through the implementation of the Demonstration.

We would like to highlight and commend the many specific references to accessibility in the Extension Request.

- Critical to the success of this model, MCOs will be required to demonstrate competencies in the independent living philosophy, Recovery Models, wellness

The Protection and Advocacy System for Massachusetts



principles, cultural competence, accessibility, and a community-first approach, consistent with the One Care model. Pg. 4

- MCOs will also be required to demonstrate compliance with the new Medicaid Managed Care regulations, and to demonstrate meaningful supports and processes for providers to improve accessibility for members with disabilities, including ensuring full compliance with the Americans with Disabilities Act (ADA). An MCO must demonstrate competencies and readiness in these areas before it takes on accountability for LTSS. Pg. 4.
- Through this transition to value-based care delivery and payment, MassHealth remains committed to preserving and improving the member experience. The member experience today... including... accommodations and competency to support individuals with disabilities – varies across the state. MassHealth will set clear care delivery and contractual expectations for ACOs. Pg. 5.
- MassHealth will ensure that members have adequate access and choice in networks and will continue to require that MCOs and ACOs have provider networks that comply with all applicable managed care rules. Pg.5
- Delivery System Reform Incentive Program (DSRIP) Investments:3) To fund a set of investments to more efficiently scale up statewide infrastructure necessary for reform compared to provider-specific investments (e.g., ... access to medical and diagnostic equipment for persons with disabilities... Pg. 7
- Massachusetts providers' experience and capacity to address the unique medical needs and diagnostic challenges presented by individuals with physical, developmental and intellectual disabilities varies widely across the state... Pg. 13
- Goal 2: Establishing explicit expectations for the coordination and delivery of care for... members with disabilities. Pg. 15
- 4.1.8 Member Rights and Protections. First and foremost, MassHealth will ensure that members have timely access to high quality primary care, specialists, long terms services and supports and behavioral health providers regardless of the delivery model they choose, be it an MCO, an ACO or the PCC Plan. MassHealth expects that these networks will consist of providers who are able to deliver care in a culturally competent manner and who will work collaboratively with the member to deliver treatment options that meet their individual needs and preferences. Pg.31
- In addition, MassHealth will work closely with its MCOs, ACOs and PCC Plan providers to ensure providers offer their patients with disabilities the medical and diagnostic equipment and accommodations necessary to receive appropriate medical care. MassHealth will closely monitor MCOs and all ACO models to assure that they respect member dignity and privacy and provide their members with the opportunity to participate in treatment decisions. Pg.31
- ...MassHealth will work with internal and community partners to ensure that members get clear information about enrollment options and the support they need to ake their decisions... MassHealth will require ACOs and MCOs to make information about their plan readily accessible, and MassHealth will enhance its own customer service, website, publications, and community engagements to support members as we transition to new delivery models and options. Pg. 31

In addition to these strong policy statements, the commitment to improving access for members with disabilities is built into the contracts with the Accountable Care Organizations and Managed Care Organization through the explicit references to federal managed care requirements. “Model A ACO/MCOs must be licensed carriers in accordance comply with state law and are subject to federal managed care regulations.” Pg. 25-26. “Each Model A ACO/MCO will have a defined provider network that meets access and adequacy requirements.” Pg. 26 “Members in MCOs (including those in Model C ACOs) will have access to the MCO’s provider network (which must satisfy all applicable MCO rules and network adequacy requirements) subject to their MCO’s network policies.” Pg. 29 “MCO contracts will require MCOs to assure that their network providers are able to make specific accommodations for MassHealth members with disabilities, including the provision of accessible medical and diagnostic equipment. DSRIP funding may be available to support related enhancements.” Pg. 37

The references to federal managed care requirements, access, network adequacy, accommodations and accessible medical and diagnostic are significant because they represent what is likely the first-in-the-nation adoption of the significant improvements for Medicaid recipients in the newly promulgated Medicaid Managed Care Regulation. 81 Fed. Reg. 27498 (May 6, 2016)

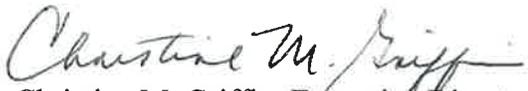
Several of the proposed uses of Delivery System Reform Incentive Program (DSRIP) funds will greatly enhance access for members with disabilities. Under the heading of Support Development of Statewide Infrastructure the Extension Request envisions use of funds to “scale up statewide infrastructure and workforce capacity.” Pg. 42. This includes support for the “use of comprehensive care assessments in care plans for members with disabilities. Pg. 45. DSRIP funds will also be available to support improved accommodations for people with disabilities-

MassHealth has hundreds of thousands of members with disabilities who need reasonable accommodations to receive the medical services they need. Massachusetts providers strive to meet such needs, but some providers lack the resources to further enhance accommodations. Examples include physical site access, medical equipment access, communication access as well as programmatic access to accommodate physical, cognitive, intellectual, mobility, psychiatric, and/or sensory disabilities. As Massachusetts plans to encourage members to work with their ACOs and PCPs, it is looking to ensure that all members have equal access. To promote this goal, MassHealth requests authorization to use DSRIP funding to assist providers in purchasing necessary items or making adjustments to accommodate persons with disabilities. Pg. 54

Full implementation of the plan envisioned by the Extension Request will encourage and require related reforms. Screening procedures for identifying patients with disabilities and assessing their needs for accommodations will be incorporated into routine practice. Electronic Health Records (EHR) will be adapted to incorporate comprehensive health needs assessments, notify providers of the accommodation needs of patients with disabilities, track whether accommodations have been provided and provide a base of information for quality assessment. Requirements specifying the type and quantity of accessible medical needed for proper care in all health care

As has often been noted by advocates, we are in the 26th year of the Americans with Disabilities Act. The time is now for healthcare to be provided in a manner that is fully accessible to people with disabilities, and the steps that are discussed in the waiver application represent major movement this direction. We look forward to continued collaborative effort to achieve this fundamental goal.

Sincerely,



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