



## Michigan League FOR Human Services

CELEBRATING 100 YEARS OF RESEARCH AND ADVOCACY

April 4, 2012

Stephen Fitton, Director  
Medical Services Administration  
Michigan Department of Community Health  
P.O. Box 30479  
Lansing, MI 48909

Dear Mr. Fitton:

On behalf of the Michigan League for Humans Services, a network of more than 1,800 organizations and individuals, I am writing to provide comments on the Department's proposal, *Integrated Care for People who are Medicare and Medicaid Eligible*.

We applaud the goals and intent of the program, as well as the Department's care in seeking, considering, and responding to public comment and input on the proposal. We also applaud the Department's commitment to maintain, not disrupt, current services and relationships for this population.

The devil, however, will be in the details of operationalizing the goals and the integration of programs (Medicaid and Medicare) and the full range of services (physical and behavioral) for these fragile populations. We recognize the complexity of this project and the enormous undertaking of coordinating such a breadth of service needs for such a diverse population, while coordinating and streamlining/aligning Medicaid and Medicare policies.

We strongly encourage continuing public engagement as you develop the program and its operation and implementation plans. We are very pleased that you plan to implement on a phase-in basis to allow modification as issues arise and experience is gained. We are also pleased that you are committed to guarding against windfall profits for managed care entities/providers likely at the expense of the well-being of this very fragile population.

The League supports the detailed comments submitted by Michigan Consumers for Healthcare and would like to stress just a few points.

- The capitated entity must have accountability for positive outcomes across the health spectrum (behavior and physical) and must have authority to secure needed services (to avoid finger pointing between/among providers). It must also have demonstrated expertise with new population(s) it is serving.
- Enrollees must have access to needed care whenever they need it, and must be assured that the right care is provided at the right time in the right place by the right provider. It is critical that hospitalization not be denied, when needed, just to save money, and that hospitalization or ER services not be used when other options or less expensive settings that provide quality care and equally good outcomes are available.

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- The issue of choice (entity, care team, providers, settings, services and supports, etc.) as well as adequacy of provider networks and availability will be key to the success of this initiative.
- Participants should be able to opt out at any time.
- Services must be improved and coordinated for this population without creating a new bureaucracy. It is also critical that electronic health records as well as effective, electronic communications between/among providers be developed to ensure all “team members” involved in a person’s care know what treatments or medications are being prescribed.
- Screenings and assessments must provide value to the beneficiary/their representative and not create one more hassle or barrier to obtaining needed care.
- The suggestion of an enhanced services package, which we would encourage be mandatory, will benefit not only the enrollees, but also the state as it will allow needed care to be provided in the appropriate setting, e.g., oral health issues can be dealt with in a dentist office rather than hospital ER or even intensive care unit when an infection spreads. These services would certainly benefit those who opt-out and likely provide financial benefit to the state as well.
- The importance of education and outreach (culturally competent and comprehensible communications) for this population cannot be overstated. Materials and communications should be developed with input from and tested with representative populations.
- Alternatives to nursing home placements, such as assisted living settings, must be expanded and funded to provide choice to those who would otherwise be forced into a nursing home because they can afford no other option.
- Meaningful public reporting will also be important to build support and confidence in this initiative as well as providing important public information on an \$8 billion public program.

We look forward to working together with you and your staff as you develop the plans, details and strategies to implement this important initiative. Thank you for the opportunity to comment.

Sincerely,



Karen Holcomb-Merrill  
Policy Director

cc: Lynda Zeller, Director  
Behavioral Health and Developmental Disabilities Administration

Richard Miles, Deputy Director  
Medicaid Policy and Health Systems Innovation