



Comments to the Health Care Cabinet

Regarding the Recommendations of the Bailit Consulting Group as Preliminarily Approved by the Cabinet on November 1, 2016

Submitted by LeadingAge Connecticut on November 15, 2016

LeadingAge Connecticut is a membership organization of not-for-profit provider organizations representing the entire field of aging services, supports and senior housing. We are pleased to submit comments on the recommendations before the Cabinet as they relate to post-acute and long term care, services and supports.

Delivery System and Payment System Transformation Strategies

The recommendation regarding the development of a Consumer Care Organization (CCO) model appears to pursue similar goals of other alternative models of care that provide comprehensive and coordinated care management and which place the consumer at the center of the health care delivery system. Not-for-profit providers of aging services have always embraced these goals and have long believed in providing a full continuum of housing, care and services. As not-for-profits, they are driven by a higher moral purpose to help positively transform the field from the ground up so older adults can age in a place called home safely with the most innovative care and services and, of course, with dignity. We are well suited to lead as well as participate in such models.

We urge the Cabinet to include post-acute, long term, and aging care, services and supports providers as critical participants in alternative models of care. The contributions of a strong system of long term services and supports and high quality post-acute care services can dramatically improve the quality of outcomes while reducing the overall cost of care. They are a key component to improving population health and achieving the triple aim of health care delivery.

We do, however, support the position of the Medical Assistance Program Oversight Council (MAPOC) with regard to the state Medicaid program. The Medicaid program's Administrative Service Organization (ASO) model is to date working extremely well and is built upon an approach of using data analytics, an approach that was not possible with the former managed care model. The current ASO model maintains a strong focus on person centered care, care management and consumer access. We urge the Cabinet to consider preserving the current Medicaid ASO model that is working so well and not imposing the CCO model into the Medicaid program at this time.

Statewide Health Care Cost Growth Target

We would hesitate to support a health care cost growth target for the Medicaid program that did not first recognize the woefully inadequate level of reimbursement rates that are currently paid to the long term services and supports providers who are serving the Medicaid population. Quality aging services and supports cannot be sustained without rates of reimbursement that cover the cost of providing those services and supports. To ignore the fact that providers of elder care, services and supports are currently paid at levels significantly below cost when establishing an overall cap or target for expenditures will lead to repressed rates that will not be able to sustain a quality provider network. The external economic indicators that would influence allowed growth in the target rate would need to be enhanced to define a realistic level of reimbursement as well as a need to index for inflation.

We agree that we must address the need to control the overall cost and future financing of long term services and supports, but we must do so with a realistic understanding of what it actually will cost a quality provider network to deliver those services. Current Medicaid rates of reimbursement for long term services, supports and care are well below the cost of providing them and should not be used to set the basis of savings targets.

The demand for aging services will only continue to grow as our state population ages. In the face of this reality we must continue to work together to ensure that our state is equipped to meet the demands of an aging population and the financial needs of a quality provider network.

Office of Health Strategy

It would be advantageous to have a collaborative and efficient regulatory and reimbursement environment within the state that is adaptive and receptive to forward thinking ideas and planning. From that perspective, the designation of an oversight entity that would coordinate the implementation of the state's health care strategy could be helpful. Whether it is a new office or the continuation of this Cabinet, we would encourage the inclusion of a wide range of provider representation from health care and long term service and supports.

Health Information Technology

We applaud the Cabinet for looking into strategies that will support providers' transformation. However, in the area of health information technology (HIT), we would encourage a strategy that recognizes and takes into consideration the current landscape of HIT and does not impose unnecessary duplication or inefficiencies onto providers who are currently utilizing HIT systems.

Health care providers have been investing in health information technology and systems for many years now. The post-acute and long term services and supports providers were not provided the federal funding offered to acute care and physician practices, but they have at

their own expense adopted various systems of health information technology. This has been a major investment for these providers and we urge the Cabinet to recognize the progress that has already been made at the provider level so as not to impose inefficiencies or unnecessary added expense within the strategies that are adopted in this area. Strategies that can be adaptive to the various systems in place would be optimal.

Incorporation of Medical Evidence into State Policy Making

We support incorporating the use of comparative effective evidence into policy making decisions, but we fear the method of implementation. The decision making process must be developed and structured in a way that will allow the system to efficiently respond to and recognize rapid advancements that are made in the health care field. And the system must realize that advancements are not only made in acute care and medical procedures, but also in post-acute rehabilitation and long term services and supports programs such as those provided to persons living with dementia.

Thank you for the opportunity to comment. LeadingAge Connecticut is available to assist the Cabinet at any time with regard to post-acute and long term aging services and supports.

Respectfully submitted,

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