



HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

MARCIA L. FUDGE
11TH DISTRICT OF OHIO

May 2, 2012

Melanie Bella, Director
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop Room 315-H
Washington, DC 20201

Re: *Ohio's Capitated Financial Alignment Demonstration Proposal for Medicare-Medicaid Enrollees*

Dear Ms. Bella:

I am pleased to offer comments on the proposal submitted by Ohio for its State demonstration to integrate care for Medicare-Medicaid (dual eligible) individuals. I trust that my comments will help inform the Centers for Medicare and Medicaid Services during their review of Ohio's proposal and that they will be given serious consideration.

On December 16, 2011, Ohio's Congressional Democrats wrote to Governor John Kasich expressing concern that Area Agencies on Aging (AAAs) in Ohio would lose their role as local administrative agencies for the State's Medicaid HCBS Waiver Programs, PASSPORT, Assisted Living, and Choices, under State plans to (1) consolidate five current Medicaid waivers and (2) to implement a Medicare-Medicaid Integrated Care Delivery System (ICDS) for dual eligibles. We cited a twenty-year history of successful administration of Ohio's PASSPORT Medicaid Waiver Program by Area Agencies on Aging and the importance of maintaining the high level of competence and expertise in community-based long term services and supports (LTSS) that they have developed. We encouraged the Governor to maintain the important role that Area Agencies on Aging play in Medicaid and not to disconnect them from the assessment and care management functions that they have performed so well under Medicaid for consumers of long-term services and supports.

Our concerns related to the role of AAAs in Medicaid have also been echoed by many other stakeholders in public testimony provided during the comment period for the initial ICDS concept paper. I am pleased that the State considered those concerns and decided to include a role for Area Agencies on Aging in the proposed ICDS. I understand that the ICDS managed care plans will be required to subcontract with the PASSPORT Administrative Agencies (PAAs or AAAs) in the region that is being served for coordination/care management of home and community-based waiver services. It is also my understanding that the ICDS will also rely on Area Agencies on Aging and their Aging and Disability Resource Networks (ADRN) for front door services to the ICDS that include screening, assessment, care plan development and pre-admission review

and screening for nursing homes. In addition, I understand that Area Agencies will have the opportunity to negotiate with ICDS managed care plans for additional services, such as caregiver support, chronic disease self-management, and provider development and coordination, which will add to Ohioans' comfort in moving to a managed care approach to the provision of long-term services and supports.

I am very pleased with the State's decision to build upon the longstanding success of Ohio's Area Agencies on Aging as the regional administrators and care managers of the PASSPORT, Assisted Living, and Choices Medicaid waivers. I am confident that they will add value to the ICDS and help ensure its success. I am also pleased to see that the State has given attention in the ICDS proposal to consumer protections, choice, access and quality care for this highly vulnerable population. It will be incumbent upon the State to effectively monitor and provide strong oversight to the ICDS to ensure that it fulfills the promise to provide better care and support to dually eligible Medicare-Medicaid beneficiaries.

I do realize that there are many details still to be worked out and that public comments must be considered before CMS makes any decisions. I am also aware that some managed care organizations may object to being required to contract with AAAs for service coordination and other services. Although some have expressed a strong desire to enter into strategic partnerships with AAAs on the ICDS initiative, I trust that the State will be steadfast in its commitments to the Area Agencies on Aging regarding their role in the ICDS.

One final concern with Ohio's proposal is the quick start-up of the ICDS and short transition period for consumers, providers and AAAs. In consideration of the large number of dually eligible individuals affected, the likely confusion that the transition will cause for consumers and providers, and the time needed for managed care companies to contract with AAAs and providers, CMS and the State should consider slowing down the implementation through a less aggressive schedule.

I do applaud the vision and efforts of the State to modernize Medicaid and to integrate Medicare and Medicaid benefits for this vulnerable high need population. I also commend the Kasich Administration for trying to take advantage of the incentives and tools available in the Affordable Care Act (ACA) to help states accomplish these aims. Nevertheless, I still have some reservations and concerns about the reliance on risk-based managed care organizations to effectively meet the LTSS needs of Medicare-Medicaid Enrollees. The State's proposal to tap into the experience and expertise of Area Agencies on Aging to better coordinate the provision of LTSS to dual eligibles, however, helps to mitigate my concerns.

I appreciate the opportunity to provide my views on these important issues and look forward to your evaluation of the State's proposal.

Sincerely,


Marcia L. Fudge
Member of Congress