



Community Support Network, Inc.

Supporting Meaningful Lives

An Overview of What has Happened with Managed Care in New Hampshire

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Here is an overview of what has happened with managed care in New Hampshire along with some of the viewpoints people have had in the Developmental Disabilities community. This background information is for you to use as you see fit for talking to others about managed care.

Medicaid Managed Care View Points

People in the Developmental Disabilities (DD) community in NH view approval of the Medicaid managed care contract and its implications primarily in two ways. Managed care is happening and there is a need to preserve the regional, locally based system. The area agencies keep the fundamental values and perspectives that the community cares about most. The area agencies are promoting and providing guidance in consumer direction, family support and employment for people with developmental disabilities and acquired brain disorders. The belief by the DD community is that the current system is worth keeping. It is cost effective, outcome focused, and quality driven. The DD community agrees that they want to be the designers of anything new and want to preserve the vision and values that they have held dear over the past three decades.

The other way the DD community views managed care is to see it as being about cost savings and budget cuts. During these economic times these are important goals that seem imperative to every part of state and federal government. The DD community, therefore, must fight for their sons and daughters, their sisters and brothers, and their family as a whole as they need to continue to receive the valued supports and services which keeps their family member living and contributing as a valued citizen of his or her community.

The common message is that the DD community values the local services with case management around the corner and not in an office run by for profit organizations that are not even from the state of NH.

Medicaid Managed Care Process to Date

NH's managed care process as it relates to people with developmental disabilities began with SB147 which was passed in June of 2011 with the idea of implementing managed care for people using Medicaid for acute care. This would mean addressing things like excessive usage of emergency rooms, unnecessary tests due to lack of understanding of disabilities on the physicians part, and the high use of specialists.

Originally, managed care was not intended for long term care services, but it became the focus of discussion by the Commission of Health and Human Services, the Legislature, the Executive Council, and even the Governor.

Last year, there were changes in the implementation plan as the Managed Care Organizations (MCOs) we're invited to respond to a Request for Proposals (RFP) that included steps for implementation. Step 1 included acute care and mental health with Step 2 intending to bring the development disabilities system into managed care. There was a great deal of disappointment by the DD community as the MCOs needed to write a proposal for Step 1 and Step 2 without any data regarding developmental services. This meant that the bidders had no financial information to make reasonable bids on long term supports and services to a vulnerable population, people with developmental disabilities and acquired brain disorders.

Another concern that the DD community had was that there was a rapid timetable. The RFP's were due in December 2011 with a one month turnaround by the department to choose successful applicants. The target date for the contracts to be signed by Governor and Council was March 18, 2012. Through activism on the part of many parents and self advocates the vote by the Governor and Councilors was held off another month. Many people in the DD community believed that the contract to be signed should have left out Step 2.

Presently, in the DD Community, there seems to be consensus that Step 1 makes sense as there are many states that have experience in acute care and how it impacts people with developmental disabilities. People are still worried about Step 2 as nowhere in the country are there any successful long term care supports and services for people with developmental disabilities in managed care situations.

Also of deep concern, stakeholders were not brought into the process until after DHHS made recommendations to the Legislature. The stakeholder process has been frustrating and ineffective for the DD community and others. There is still no plan for Step 2 or any agreement between the DD community and DHHS as to what method will be used to develop the Step 2 plan.

Conclusion

For thirty years NH has included citizens with developmental disabilities and acquired brain disorders into their communities as welcome members who may be in need of support. This support comes from a combination of families, neighbors, area agencies, and provider agencies along with state assistance. The system as it functions today is effective, outcome oriented and cost effective. The DD community keeps vision and values which are true to the core of the NH way. In any effort to transform the current system the DD community wants to continue down a path that holds true to these values.