

### Legislature to Consider DHHS Proposal

We all learn over time to be careful about people, especially politicians, who offer general, “trust us” proposals that will be worked out “down the road.” This is the promise of people who either don’t have actual plans, or are waiting until the money and politics align. It’s how I feel about the 75 page Medicaid Reform proposal recently submitted by DHHS (Department of Health and Human Services) to the legislature. It’s a thoughtful, sweeping change for North Carolina. However, it’s general, needing much more time in the oven.

The nine month opportunity to observe and participate in the deliberative process was laudable. Parents and stakeholders like me take this very personally and when leaders listen and compromise, it’s very encouraging.

The proposal from DHHS consolidates the most effective MCO’s (Managed Care Organizations), formerly known as Local Management Entities (LME) into four regions, as opposed to the Governor’s plan to outsource privately. CenterPoint Human Services is one of those expected to merge with MCO’s from the western region of the state. But like all mergers and realignments of this scope, even the technologies need time to align with the human factors of personnel and consumer delivery. We are a big, rural state with limited resources and diverse needs. The public – consumers, providers, taxpayers - are numbed with all forms of health care change. If we’ve learned anything, it’s to move cautiously when sweeping broadly with human services. Everyone needs to take a breath – a study break – to let this simmer in the implementation stage.

Here is the kitchen table conversation I feel DHHS should enjoy with the legislature before the long legislative session in 2015:

Yes! Establish benchmarks for integrated health care. Let the physician-driven Accountable Care Organization (ACO) concept enjoy some conversation and develop with accountability and transparency. Bridging mental and developmental disability diagnosis with the every-day physical concerns will challenge most hospitals and practitioners.

While this model is overdue, it must first break down the silos of Medicaid diagnosis-driven treatments. Hammer out the details of human needs versus fee-coded increments before, not after, the program is launched.

Yes, reduce the waiting time for services! This is vital across all three disability groups. Fellow parents are thrilled with the proposal to reduce the I/DD Registry (waiting list) for the Innovations Wavier. And Mental Health consumers have long fought for more efficient access to care. But, the proposal before the legislature must be considered fairly and include the real

numbers about actual costs and the true scope of consumers waiting for service. A conservative factoring of birth rates for those with developmental disabilities would place nearly 200,000 citizens in line for services, yet only a fraction are included on the present registry and in the DHHS proposal.

By all means, support the proposal for greater partnerships with the Crisis Solutions Coalition. But don't waste another year just talking about entry portals, early interventions like jail diversion, and preventative care. Get specific plans in front of the 2015 legislature that will reach into the rural communities.

Enrollee-centered, predictable, and sustainable ideas that reduce costs, integrate services and increase human effectiveness are available. Some of them include peer activity for children and adults versus expensive, non-inclusive, one-on-one services. Some include daily rates versus 15 minute coded interventions. Some include innovative housing and transportation options.

Today's technologies are active in many states, providing evidence-based, online support - between medical visits - to assist consumers (and reduce costs) in all disability groupings. These are known, being discussed state-wide, and in planning stages at the MCO level, but only by approving the four new regions and charging them to collaborate with integrated platforms, these can be safely launched.

DHHS and Secretary Wos - and all North Carolina's citizens - will benefit in the long run from an extra year in direct conversations with the legislature. The legislature needs more time and should take it. Accepting half-baked ideas is a dangerous proposition.

Why is this important? Two words - my son - who has Muscular Dystrophy and Down syndrome, classified "trainable" by the public schools. At age eighteen, he finally came off the wait list. With the support of the Innovations Wavier he attended UNCG and was among the first Beyond Academic graduates. He is living the mostly independent life he dreamed of - active in the community as an employee, taxpayer, thespian and volunteer - saving the state money in the process.

Advocating for him, however, is not enough. As parents and stakeholders we take seriously all people with disabilities. So should the legislature, by endorsing an MCO consolidation and taking time for the details. The main course will be much better for all of North Carolina.

Dr. Bill Donohue, parent - advocate.