



MEDICAID ADVOCACY

Coalition to Assure Redesign Effectiveness
for Medicaid (CARE-M)

Executive Summary

Gap Analysis: DCH-proposed Medicaid State Plan Amendment
CARE-M Recommendations

Summary. The proposed Medicaid State Plan Amendment (SPA) was analyzed against recommendations made by the Coalition to Assure Redesign Effectiveness for Medicaid (CARE-M). **Analysis found that 15% of CARE-M recommendations were adequately reflected in the proposal;** a large number of recommendations were not reflected because the SPA form does not require specific assurances to be made by the State. Further State and contract accountability for necessary measures should be made clear with ample opportunity for input from stakeholders at all levels and other advisory groups (e.g., CARE-M) before submission of the State Plan Amendment to CMS.

Methods. CARE-M Recommendations were compiled by the Children and Families Task Force, Aged/Blind/Disabled Task Force, Provider Task Force, and Mental Health and Substance Abuse Workgroup convened by the Department of Community Health (DCH) to provide input during the design, procurement, and implementation of Medicaid redesign.

The recommendations were then scored against the SPA proposed by DCH. Recommendations were scored as **Y** if adequately reflected in the proposal, **P** if partially reflected in the proposal, and **N** if not adequately reflected in the proposal.

Reflection in the proposal was determined by direct assurance in the text of the SPA or by indirect assurance that the State will comply with applicable federal regulations cited in the SPA. Excluded from the analysis were federal and state laws and regulations that may apply to the proposed PCCM contract but were not cited in the SPA.

Concerns. Per the proposed SPA, the State will have considerable leeway in designing and implementing the PCCM contract. There is **no explicit assurance in the SPA that the State and its contracted PCCM vendor will lay out procedures for necessary and recommended measures**, including Quality Assessment and Performance Improvement, External Quality Review, and Grievance Systems.

In the SPA, DCH expresses its intent to procure a Primary Care Case Management (PCCM) contract rather than contract with a Managed Care Organization (MCO) as anticipated. PCCM contracts are not subject to the same federal requirements that ensure that MCO contracts comply with standard practices.

Recommendations. **Assurances to comply with standard practices must be clear in the SPA submitted for approval by CMS and in the Request for Proposal released by DCH.** The State's intent to implement necessary measures including Quality Assessment and Performance Improvement, External Quality Review, and Grievance Systems through the new contract should be clarified and opportunity given with adequate notice to obtain input from stakeholders at all levels and advisory groups.

The Gap Analysis was conducted by The Carter Center Mental Health Program. The complete Gap analysis has been provided to Medicaid staff and can be requested by contacting Dr. John Bartlett at John.Bartlett@emory.edu.