

National Medicaid Commission

Testimony

March 14, 2006

I want to express my appreciation to the Medicaid Commission members for giving me the opportunity to present this testimony before you.

My name is Than Johnson, and I serve as CEO of Champaign Residential Services, Inc. (CRSI) located in Urbana, Ohio. CRSI is a not-for-profit agency established in 1976 that provides services and supports funded by Medicaid to over 1000 consumers with MR/DD.

The services include a small percentage of consumers that reside in immediate care facilities for MR/DD (ICF/MR). The vast majority of consumers receive services under various home and community based (HCB) waiver programs.

My testimony will center on remarks concerning benefit design, delivery, choice, sustainability, beneficiary satisfaction and program administration.

I agree with the intent of President Bush's New Freedom Initiatives. I am concerned that total flexibility will create disparity within states at the consumer level without continued federal guidance and evaluation.

One of the most important concepts of current waiver regulations is statewideness. I would hope that careful examination occurs before CMS waives statewideness. We are seeing a trend in Ohio of where the concept of a new Independence Plus Waiver request will ask for a waiver of statewideness along county boundaries.

This will create undue hardship for those consumers who do not live in specific counties. In essence, many consumers will have to move to receive services under the Ind. Plus Waiver.

The request also is to waive the choice of fiscal intermediaries. This negates the control of personal budgets by beneficiaries or families.

Consumers and families are also restricted in choice of service coordination services.

I am also concerned under sustainability, the use of layered administration for Medicaid Administrative Claiming (MAC). In Ohio, by Memorandum of Agreements, the HCB Waiver is administered first by our state Medicaid Authority with agreements with another state agency for additional administrative functions and then by agreement for MAC at 88 local county agencies. The administrative cost to beneficiaries is very high because of duplication and redundancy.

My above comments are guided by a perception that the HCB Waiver program is at a crossroads and that careful examination of the intent and impact of major changes be seriously

considered. That CMS continue to provide guidance and oversight. I would also recommend the “Pay for Performance” model of Medicare be considered for Medicaid.

That waiver of statewideness or request of targeted services such as service coordination, be thoroughly scrutinized and that an efficient model of state administration be required.

Thank you for your time.

Respectfully submitted,

Than Johnson, CEO
Champaign Residential Services, Inc.