

Submitter : Shannon Baoy
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-502-Attach-1.DOC

than half a dozen controlled clinical trials demonstrating improved outcomes (see the Report on Mental Health from the U.S. Surgeon General). The alternative for these children is immediate placement in a congregate care setting or an institutional setting, such as a residential treatment center or psychiatric hospital, at significantly higher expense.

The fact that the name of this service includes the phrase “foster care,” which is sometimes a covered child welfare service, should not lead to the assumption that this service is a child welfare service. This service combines a board and care component, sometimes paid by child welfare funds if the child is a federally eligible adjudicated foster child, and a mental health rehabilitation component. The regulation makes no acknowledgment that therapeutic foster care is, in part, a mental health service that is provided through mental health systems to children with serious emotional disturbances who need to be removed from their home environment for a temporary period and who need intensive mental health services. This mental health intervention is designed for children both in and outside of the foster care system. It is not a service exclusively for children in the foster care system.

If states are not able to create a package of covered medically necessary rehabilitation services as a component of therapeutic foster care and pay on that basis, the result will be inefficiencies and substantial administrative costs.

Recommendation:

1. List therapeutic foster care as a covered rehabilitation service for children at risk of placement in a residential treatment facility. Covered services should not, however, include room and board costs.
2. In discussing therapeutic foster care, the preamble provides that states must define all of the services to be provided and the payment methodology for a covered service. Accordingly, give states the discretion to identify the rehabilitation components that constitute therapeutic foster care, define therapeutic foster care as a single service, and pay through a case rate, daily rate or other appropriate mechanism.
3. Include language in 441.45(b)(1)(i) to clarify that any covered rehabilitation service may always be furnished by mental health rehabilitation providers to children in therapeutic foster care and other child welfare services.

441.45(b)(2) Habilitation services

It should be noted that the exclusion of habilitation services does not and should not equal exclusion from FFP for any rehabilitative services for mental health conditions provided to persons with mental retardation or related conditions.

Recommendation:

1. Clarify the difference between FFP exclusion for habilitation services and allowable FFP for rehabilitative services provided to persons with mental retardation and related conditions.

OTHER COMMENTS

Payment and Accounting for Services

Although not specifically described in this regulation, recent CMS insistence on accounting and billing for services in 15-minute increments and the denial of payment for daily rates, case rates and similar arrangements are supported by language in the rule, at least by inference.

These changes in rate setting methodology are administratively and clinically inefficient. They are also detrimental to the provision of evidence-based mental health services that are more and more frequently designed as a package of intertwined interventions delivered in a flexible manner. These

Submitter : Theresa Nishimura

Date: 10/08/2007

Organization : Hale o Lanakila

Category : Consumer Group

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2261-P-504-Attach-1.DOC



October 12, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

To Whom It May Concern:

In response to the recent request for comments on the Proposed New CMS Rules on Medicaid Rehabilitation Services I am submitting the following opinion.

The recent changes in practice by CMS and the associated proposed rule changes published on August 13, 2007 are having a dramatically negative effect at the local level in many states and threaten to do the same throughout the country. The effect of the rule changes may be well intentioned but in practice they will create a situation where medically necessary services and supports will be eliminated for some of this country's most vulnerable citizens – those with severe and persistent mental illness.

Although these rule changes may be appropriate for people with physical rehabilitative needs, according to a recent NAMI publication, 73% of people receiving Medicaid rehabilitative services have mental health needs. People with long term mental illness have a very distinct set of long term needs, for a wide array of supports; these are quite different from the needs of others requiring rehabilitative services, and must be funded differently. The dramatic shift of mental health funding to Medicaid has diminished the flexibility for states to provide the needed community services to people with mental illness.

Some of the proposed rule changes simply reduce this population's access to needed services - without any back up plan to fund services or programs. Many of these services have been working effectively with CMS approved Medicaid funding for more than ten years, However, with the recent changes in CMS practice, they now find that they are no longer able to provide the crucial support network that people with serious mental illness so desperately need. The net result is that vast numbers of people with persistent mental illness are being deprived of a chance to build a meaningful future for them.

To create, or suddenly start enforcing, bureaucratic clinical and administrative processes without additional or alternative funding from states is the equivalent of a substantial cut in services for people who already have more than their fair share of burdens. A reduction or elimination of services puts individuals with severe and persistent mental illness at risk of unnecessary institutionalization in our hospitals or even worse in our prison system.

One example of the inappropriateness of these changes in funding programs for people with mental illness is the emphasis on returning a person to 'previous levels of functioning.' Because recovery from mental illness is often a long term process, this definition will likely reduce or eliminate many necessary psychosocial rehabilitation type services and supports.



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

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Therefore it is my opinion that none of the proposed rule changes should be implemented until each state (or the federal government) has a plan actively in place to provide the necessary recovery focused services that would no longer be “covered” by Medicaid. The plan must not exclude people with mental illness from psychosocial services needed to maintain their recovery progress, such as ICCD Certified Clubhouses.

It is a mistake to re-organize funding for long approved services in an effort to reduce short term spending. A poorly developed strategy will result in unnecessary - and more costly emergency spending and over-reliance on emergency services.

Most importantly, these changes will have a tragic impact on the lives and futures of millions of people struggling to recover from the long term effects of serious mental illness. In the interest of short term spending cuts, these changes will quickly erode the essential support networks that have allowed Americans with serious mental illness to begin the long and difficult process of rebuilding their lives. In my opinion, that would be an unconscionable mistake.

Sincerely,

Theresa Y. Nishimura
480 Pio Drive Apt. 109
Wailuku, Hawaii 96793

Submitter : Tante Bautista
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

#205

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

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Please direct your questions or comments to 1 800 743-3951..

Submitter : Darlene Boteilho
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2261-P-506-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

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Sincerely,
Darlene Boteilho
35 Nani Luna Street
Apt G
Wailuku, Hawaii 96793

Submitter : Mrs. Karol Timmons

Date: 10/08/2007

Organization : Children's Hospital

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I am writing to comment on the notice of proposed rulemaking (NPRM) with respect to Medicaid coverage of rehabilitative services that was published in the Federal Register on August 13, 2007. These comments are being submitted on behalf of my daughter and my patients.

I am a Pediatric Nurse Practitioner who cares for young adults with developmental disabilities and also a parent of a young adult who has developmental disabilities.

My daughter has benefitted from receiving services from a day hab program. She has made new friends and done things like volunteer for meals on wheels and walked on a treadmill for the first time! She has learned to put on her own shoes and socks through the help of her occupational and physical therapists. My daughter's and my clients lives have been changed for the better. The Day hab programs maximize independence and provide a purpose for these severely disabled adults.

The impact of the proposed rule on people with intellectual and other developmental disabilities would be devastating for my daughter and my clients. It would severely limit their access to habilitation services.

I strongly oppose the provisions related to excluded federal financial participation (FFP) for habilitation services. I urge you to withdraw this proposed rule.

The proposed rule would severely harm people with intellectual and other developmental disabilities in two major ways: it eliminates longstanding programs for providing day habilitation services to people with developmental disabilities, and it imposes a discriminatory and arbitrary exclusion from receiving many rehabilitation services for people with mental retardation and related conditions.

Elimination of FFP for habilitation services provided under the rehab and clinic options: I believe that this proposed restriction contradicts the intent of the Congress to protect access to day habilitation services for people with developmental disabilities when it enacted the Section 6411(g) of the Omnibus Budget Reconciliation Act of 1989, P.L. 101-239.

I strongly recommend that the proposed exclusion of FFP for habilitative services under the clinic and rehab options not be implemented.

Sincerely,

Karol G Timmons RN, MS, CPNP

Submitter : Ventura Osorno
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

508

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

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Please direct your questions or comments to 1 800 743-3951..

Submitter : Mr. Thomas Timmons
Organization : Mr. Thomas Timmons
Category : Individual

Date: 10/08/2007

Issue Areas/Comments

GENERAL

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I am a parent of a young adult who has developmental disabilities.

My daughter has benefited from receiving services from a day hab program. She has made new friends and done things like volunteer for meals on wheels and walked on a treadmill for the first time! She has learned to put on her own shoes and socks through the help of her occupational and physical therapists. My daughter's life has been changed for the better. The Day hab programs maximize independence and provide a purpose for these severely disabled adults.

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Sincerely,

Thomas M. Timmons

Parent of Lauren M Timmons

Submitter : Diane Hanada
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-510-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

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Sincerely,

Diane S. Hanada
719 Kei Pl. Kahului
Kahului, Hawaii. 96732

Submitter : Priscilla Cepeda
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

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see attachment

CMS-2261-P-511-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

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Department of Health and Human Services
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P.O. Box 8018
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Sincerely,

Priscilla G. Cepeda
934 Anohea Way
Wailuku, Hawaii 96793

Submitter : Robert Holden
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-512-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

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Sincerely,

Robert W. Holden
733 Iluna Place
Kahului, Hawaii 96732

Submitter : Stanley Kanuha
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

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see attachment

CMS-2261-P-513-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
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Most importantly, these changes will have a tragic impact on the lives and futures of millions of people struggling to recover from the long term effects of serious mental illness. In the interest of short term spending cuts, these changes will quickly erode the essential support networks that have allowed Americans with serious mental illness to begin the long and difficult process of rebuilding their lives. In my opinion, that would be an unconscionable mistake.

Sincerely,

Stanley Kanuha
327 North Market St.
10
Wailuku, HI 96793

Submitter : Mr. Lynn Miller

Date: 10/08/2007

Organization : Mr. Lynn Miller

Category : Other Health Care Professional

Issue Areas/Comments

Background

Background

-- elimination of Provision 441.45(b) which disallows billing MRO for kids who are in TFCs, child welfare, education, child care, vocational, probation, juvenile justice or public guardianship.

The above provision makes the assumption that these clinical services are "intrinsic elements" of these programs. This is very problematic: the rules are silent on how it was determined that these clinical and case management services are or should be provided; it seems to discriminate against kids who happen to be placed in these alternative settings; it assumes there is duplication of service provision or duplicate billing which is not true (we carefully adhere to bundled and un-bundled billing practices); and it assumes that the clinical and case management services we provide are being provided by Department of Child Services caseworkers, probation officers, school teachers, etc.

-- as a provider, at a minimum I ask for more time to figure this out and/or secure alternate sources of funding.

-- as a provider, I ask that there be reconsideration of the 17-point rehabilitation plan which is onerous, duplicative and bureaucratic.

-- as a provider, I ask that there be further clarification and thought given to what constitutes "restorative services" when working with kids (who are still developing) and chronically mentally ill adults where the continuation of services is at times essential for ongoing functioning.

GENERAL

GENERAL

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Submitter : Perrisa Kilmer
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-515-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

To Whom It May Concern:

In response to the recent request for comments on the Proposed New CMS Rules on Medicaid Rehabilitation Services I am submitting the following opinion.

The recent changes in practice by CMS and the associated proposed rule changes published on August 13, 2007 are having a dramatically negative effect at the local level in many states and threaten to do the same throughout the country. The effect of the rule changes may be well intentioned but in practice they will create a situation where medically necessary services and supports will be eliminated for some of this country's most vulnerable citizens – those with severe and persistent mental illness.

Although these rule changes may be appropriate for people with physical rehabilitative needs, according to a recent NAMI publication, 73% of people receiving Medicaid rehabilitative services have mental health needs. People with long term mental illness have a very distinct set of long term needs, for a wide array of supports; these are quite different from the needs of others requiring rehabilitative services, and must be funded differently. The dramatic shift of mental health funding to Medicaid has diminished the flexibility for states to provide the needed community services to people with mental illness.

Some of the proposed rule changes simply reduce this population's access to needed services - without any back up plan to fund services or programs. Many of these services have been working effectively with CMS approved Medicaid funding for more than ten years, However, with the recent changes in CMS practice, they now find that they are no longer able to provide the crucial support network that people with serious mental illness so desperately need. The net result is that vast numbers of people with persistent mental illness are being deprived of a chance to build a meaningful future for them.

To create, or suddenly start enforcing, bureaucratic clinical and administrative processes without additional or alternative funding from states is the equivalent of a substantial cut in services for people who already have more than their fair share of burdens. A reduction or elimination of services puts individuals with severe and persistent mental illness at risk of unnecessary institutionalization in our hospitals or even worse in our prison system.

One example of the inappropriateness of these changes in funding programs for people with mental illness is the emphasis on returning a person to 'previous levels of functioning.' Because recovery from mental illness is often a long term process, this definition will likely reduce or eliminate many necessary psychosocial rehabilitation type services and supports.



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

Although I wholeheartedly support the idea of “person centered” services and rehabilitation plans, it would be ineffective and eventually very expensive to have this kind of plan without a consistent funding stream for the other necessary recovery focused services such as education, employment, housing and pre-vocational services. Clubhouses affiliated with the International Center for Clubhouse Development (ICCD) have a long and rich history of providing a cost effective array of services such as these in a community based environment. ICCD Clubhouses more than any other program have strong partnerships with the local business, educational institutions and other social service providers.

Therefore it is my opinion that none of the proposed rule changes should be implemented until each state (or the federal government) has a plan actively in place to provide the necessary recovery focused services that would no longer be “covered” by Medicaid. The plan must not exclude people with mental illness from psychosocial services needed to maintain their recovery progress, such as ICCD Certified Clubhouses.

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Sincerely,

Perrisa Kilmer
325 Mahalani St. #4B
Wailuku, Hawaii 96793

Submitter : Floyd Nahinu
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-516-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
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Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

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Sincerely,

Floyd Nahinu
455B Waiale Drive
Wailuku, HI 96793

Submitter : Nina Nino
Organization : Hale o Lanakila
Category : Consumer Group

Date: 10/08/2007

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2261-P-517-Attach-1.DOC



Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

October 11, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD. 21244-8018

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Hale o Lanakila Clubhouse

A Program of the Maui Community Mental Health Center

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Sincerely,

Nina T. Nino
111 Kahului Beach Rd A-214
Kahului, Hawaii. 96732

Submitter : Mr. George Burazer

Date: 10/09/2007

Organization : Outreach Commission of Queen of the Apostles Catho

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

Background

Background

I am a resident and registered voter in Gaston County, NC. The Piedmont Pioneer House in my county serves adults with severe mental illness. The facility depends on Medicaid for 80% of its operating budget. Recently, a local newspaper described the many success stories affecting the lives of individuals that are our society's

"least among us". The people of this country are generous and compassionate; however we cannot foot the entire bill. The nation must take a share and continue to support the Piedmont Pioneer House and other similar institutions. The money is well spent because these clients have become model citizens, instead of becoming a drain on the county by staying out of jail or the emergency room or off the street. So that the good work can continue, the proposed policy change in the federal rules that would tighten Medicaid money must be voted down.