



October 18, 2019

Submitted electronically at public.notice.tennCare@tn.gov

Director Gabe Roberts
Division of TennCare
310 Great Circle Road
Nashville, TN 37243

Re: TennCare II Demonstration: Amendment 42 Draft

Dear Director Roberts,

The following comments are submitted on behalf of the National Coalition for Assistive and Rehab Technology (NCART). NCART is a national association of manufacturers and suppliers of Complex Rehab Technology (CRT) products with multiple supplier and manufacturer member locations in Tennessee.

Our members have decades of experience leading the development and provision of CRT products designed to address the medical and functional needs of people with significant disabilities. NCART's mission is to ensure individuals with disabilities such as ALS, cerebral palsy, spinal cord injury, multiple sclerosis, muscular dystrophy, spina bifida, and traumatic brain injury have adequate access to the CRT products and related services they require to address their identified needs.

CRT products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive equipment. The proper provision of this specialized equipment is done through a service-intensive process that requires an evaluation by knowledgeable physical and occupational therapists, a technology assessment, configuration, fitting, adjustment, and programming. Once delivered, these items need to be supported with ongoing adjustments, modifications, and maintenance.

Adequate access to CRT is a critical, but often unrecognized, requirement to successfully meeting the medical and functional goals of people with disabilities. CRT products have the capability to ameliorate or mitigate identified medical and functional needs resulting in improved outcomes and reductions in the overall cost of care. Our strong belief in CRT as a critical component in any plan of care for a person with a disability to ensure the best possible outcomes is the basis for our letter.

NCART appreciates the opportunity to provide the following comments on the Amendment 42 Draft, Tennessee's proposal to convert the federal share of its Medicaid funding relating to providing its core medical services to its core population to a block grant:

- 1.) We are supportive of initiatives within our national healthcare system to improve the efficiency and quality of healthcare while at the same time managing related healthcare costs. As the draft

proposal notes, the important factor in pursuing this goal is to accomplish it “without compromising access to or quality of care”.

- 2.) While we understand this is a draft proposal, there are significant details that will need to be further developed in order to fully evaluate the potential opportunities and risks associated with a block grant program. Our comments identify some of the necessary information that will need to be provided in the future.
- 3.) The children and adults who are served by our CRT suppliers in the State represent a high risk and high need TennCare population that is classified in the draft proposal as the “disabled” member category. Given the high healthcare risks and costs that are associated with these enrollees it is critical for the State to ensure that proper coverage and payment policies are in place to provide adequate access to timely equipment provision and service from qualified CRT suppliers.
- 4.) We have concerns with the references to the significant reductions in CMS oversight being sought in the draft proposal under the request for “flexibility from excessive or unnecessary federal intervention”. While we agree there should not be excessive or unnecessary intervention, there is a need for reasonable CMS oversight to ensure adequate enrollee coverage and access.
- 5.) We have concerns with the request that the state “have the flexibility under this demonstration to make changes to its benefits package, including the addition or elimination of optional benefits and changes in the amount, duration, and scope of covered benefits, without the need for CMS approval” (page 20). In 42 CFR § 440.230 sufficiency of amount, duration, and scope is set as a minimal requirement, not as a limit. We do not agree with the elimination of the current requirement for the submission and CMS approval of State Plan Amendments (SPA) or demonstration amendments. While we understand the State will need certain flexibility in the operation of the block grant, as mentioned above a level of CMS oversight and interaction must be maintained.
- 6.) We have concerns with the request for “exemption from any new federal mandates during the demonstration” (page 11). We suggest that rather than an exemption from new mandates that the block grant should establish a process and formula for the State to seek additional payments resulting from the new mandate.
- 7.) We recommend that language be included to describe how TennCare would measure, monitor, and manage enrollee access under the block grant program. This should include provisions covering: (a) what metrics will be measured, (b) how and when they would be reported, (c) opportunities for public comment on proposed changes, and (d) the system and timelines for evaluating and resolving access issues when they are reported.
- 8.) We have concerns that without proper block grant program safeguards and monitoring the financial incentives for the State (the state retaining 50% of any “savings”) could create unintended negative incentives for program and service reductions that would negatively impact enrollees with significant disabilities. This underscores the need for adequate safeguards and oversight.

- 9.) Our members support the need to ensure that all Tennessee enrollees have access to the healthcare services, programs, and equipment they require. We believe program policies and guidelines under a block grant should ensure adequate and timely access, promote innovation that improves outcomes, and effectively manage overall healthcare costs.

We strongly recommend that in the course of developing the final block grant program provisions the State meet with CRT stakeholders (enrollees, clinicians, suppliers, manufacturers, others) to ensure there are no access barriers or other negative outcomes to this vulnerable population. Preserving proper coverage and payment policies for this specialized equipment and its supporting services is of utmost importance to the community of people with disabilities and to the State's goal of reducing healthcare costs.

NCART members are willing and have the expertise needed to assist in developing appropriate policies that protect both the TennCare program and access to the important CRT products and services for TennCare enrollees with significant disabilities. Thank you for your serious consideration of the above comments and recommendations.

Sincerely,



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Executive Director

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