



Alliance for the **Betterment** of
Citizens with **Disabilities**

Empowering People: Providers Shaping Policies

Ramps, Instead of Stairs

1115 New Jersey Family Care Comprehensive Demonstration Renewal

Public Comment

September 13, 2021

That individuals graduate early from school, may need more time to plan their adult lives, may want to live with friends or siblings who have a different level of need, and recover from hospitalization and inpatient rehabilitation on their own time - These so called "modifications" for individuals with intellectual and developmental disabilities in the draft renewal proposal acknowledge the normal individuality of people, creating more ramps and fewer stairs into and within the community. We are in full support of these simple and profound changes.

Some issues for your consideration to include in the final renewal proposal.

We can't understand why a medical model for billing is being used in a humanistic/holistic model of service. 15-minute claim units, particularly in day habilitation, for the number of hours, days and weeks served, results in staff treating the claim, instead of the individual. This is inefficient, wastes precious resources and, importantly, accumulates into hours of blown opportunities. It's a bad match.

It is estimated that 30-57% of people with intellectual and developmental disabilities also experience mental health challenges.¹ Despite the frequency this concurrence has often been misdiagnosed and undertreated. We are very pleased that outside of this demonstration, the State is committed to providing more mental health crisis services and step-down opportunities in addition to the training of psychiatry residents for our population. However, we wonder what your vision is for the prevention end of the continuum, whether it begins and ends at the steps of the MCOs?

The NJCAT largely disregards behavioral/mental health issues as a driver for additional care needs. That is why people who are otherwise independent but have serious mental health concerns are tiered in A or B with no acuity. In addition, because the Mental Health Pre-Screen Checklist is completed by the support coordinator who are not diagnosticians, some may be uncertain and uncomfortable making referrals that may prove unnecessary in an overtaxed mental health care system

¹ Nicholson, D., Calhoun, A., McLaughlin, A., et al. *Care Experiences of Adults with Dual Diagnosis and the Family Caregivers*. (Global Qualities Nursing Research, 2017) Jan-Dec: 4:2333393617721646, 1-2.

We have on our menu one powerful tool, "behavioral supports." When someone is acting out because they are deeply depressed, hearing voices because of psychosis or having flashbacks due to PTSD, this may not be the most optimum of interventions. The menu also includes PT, OT, and ST in their capacity as habilitative services, in contrast to their function as rehabilitative services in health insurance. Perhaps mental health services could also be included in this habilitative category? As MCOs can help with housing needs, so too can our providers with mental health prevention services, as many currently do. We are asking for another item on your menu, another "ramp" that will enhance people's lives and decrease unnecessary suffering.

Finally, we ask that you consider the proposed counselling hotline for certain behavioral services for informal caregivers of MLTSS services, be expanded to include DD families and informal caregivers.

Thank you.