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My first comment is that consumers are stakeholders and must be included in future public meetings and given time to participate….not just respond to presentations.

The Long-Term Care Coordination and Consumer Protection drafts use the phrase "should consider the need for" consumers to self-direct their care and beneficiaries to self-direct their care. This language allows the need to be considered but those considerations could be rejected. There must be stronger language (and commitment) for consumer choice/consumer control.

The Long-Term Care Coordination DRAFT, 6) they would offer basic training on care management to home workers. The system should include care management by trained care managers….but I don't believe this is a service that the home worker should provide….at least not in the consumers home

6) ends with Consumer privacy should be considered. Not good enough. Consumer privacy must be maintained.

I do like the concept of different levels of care within HCBS, as long as there would be different levels of pay.

Consumer Protections 3) states "Coordinated care models have the potential to provide access to all necessary supports and services beneficiaries need and want."

This would be strengthened by stating "Consumers may choose from an array of necessary supports and services."

Mental Health and Substance Use 1) "The appropriate model depends on patient needs,…… " Will consumers have choice? I know choice is risky here because we know that many, many consumers choose not to have traditional mental health care. I don't have any suggested language, but this needs work….or as Harbage Consulting is fond of saying, they should consider the need for stronger language here.

The Scan Foundation reports on the success in many other states in implementation of the Olmstead Decision. Harbage Consulting should consider the need for including some Olmstead compliance language here…..