

Supporting People,
Health and
Quality of Life

February 28, 2017

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Department of Health Care Services
Submitted via email: dhcsmcgmndnau@dhcs.ca.gov
Re: Medicaid Managed Care Final Rule – Network Adequacy Policy Proposal

The California Association of Health Facilities (CAHF) would like to provide comment on the proposed Medicaid Managed Care Network Adequacy Standards for Medi-Cal managed care. Within the framework of the proposed standards, specifically beginning on page 20 of the report, the Department states:

***“The Final Rule distinguishes requirements pertaining to network adequacy time and distance for LTSS providers into two categories – if the beneficiary is traveling to the provider, or the provider is traveling to the beneficiary. This includes if a beneficiary is residing at the place of the provider. Standards must only be required if the beneficiary is traveling to the provider to receive services.*”**

In California, time and distance standards would not need to be established for Multipurpose Senior Services Program (MSSP), SNF, or ICF providers as these providers either travel to the beneficiary to provide services or the beneficiary resides at the facility for care. However, timely access requirements would apply.”

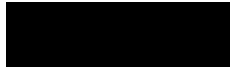
DHCS is of the opinion that since the beneficiary resides in the skilled facility as their home, then time and distance standards are of no concern when determining network adequacy. CAHF is of the opinion that failure to provide time and distance standards in some context for skilled nursing facilities is not in conformance with the triple aim of managed healthcare. The triple aim for managed healthcare is designed around **improving the individual experience of care, improving the health of populations**, and reducing the per capita costs of care for the various populations”. By way of example, when a beneficiary enters a skilled nursing facility, they are usually admitted from either a hospital as a Medicare Part A stay, through referral by a family member or loved one based on perceived need, or through some other facility/provider on the long term care continuum (assisted living, IHSS providers, in home care providers etc.). Within this continuum, the expectation is that proximity to loved ones and community supports is essential to the beneficiary obtaining the highest practical level of health as is germane to their individual circumstances.

The opinion that time and distance standards in any context do not apply to inpatient long term care facilities means that beneficiaries could be removed from their familial and other support groups that are **absolutely necessary** to their long term health and moved anywhere in the state without any thought of the repercussions to the beneficiaries long term health. Further, as utilization of long-term care (LTC) services increases as the aging population

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Increases development of time and distance standards is essential to the continued provision of quality health care within the long-term care continuum. Therefore, CAHF believes that some sort of time and distance standards are absolutely necessary and we define those time and distance standards as 30 miles or 45 minutes from the beneficiaries place of residence prior to their placement in a skilled nursing facility.

Sincerely,

A solid black rectangular box used to redact the signature of Jeff Sandman.

Jeff Sandman
Director of Reimbursement