



# Disability Rights California

## Dual RFI Response Summary

### *Improving Care through Integrated Medicare and Medi-Cal Delivery Models*

Stakeholder Meeting  
August 30, 2011



# Organization Background

- ! Disability Rights California is California's Protection and Advocacy System and represents persons with disabilities in a wide range of legal matters
  - ! Training and direct representation in civil rights, public benefits and health care cases
  - ! Public policy work in the area of civil rights, public benefits and health care
  - ! Abuse and neglect investigations



## Existing Problems that Should be Addressed by Demonstrations

- ! Specialty mental health services:
  - ! Ensure sufficient numbers of Medicare providers of outpatient services
  - ! Ensure adequate coordination of Medicare and Medicaid specialty mental health services
- ! Long-term care:
  - ! Eliminate institutional placement incentives
  - ! Enable flexibility to provide such services as home modification, money for moving into the community, and adult day health care



# Overview of Demonstrations

- ! What does the state and the federal government need to know?

- ! Specialty mental health services:

- " There are not enough outpatient specialty mental health providers
- " Not all county mental health departments are Medicare providers

- ! Long-term care:

- " Long-term care is currently carved out of managed care in most instances (NF, IHSS, ADHC, HCBS waivers)
- " IHSS is a highly desired and successful care model which should be maintained



# Consumer Protection Considerations

- ! What would your organization highlight as needing consideration?
  - ! Need for robust provider network, including outpatient mental health providers giving consumers adequate choice and access to medical expertise
  - ! Need for community-based long-term care options and supports, in lieu of institutional care



# Specific Care Integration Challenges

! How should the pilot project integrate:

! Mental & Behavioral Health Care

" All Medi-Cal mental health plans should become Medicare providers or insure adequate access to Medicare providers

! Long Term Care

" There are already systems in place for determining hours of need for In-Home Supportive Services – These should continue to be used in pilot projects

" There should be strong incentives for keeping consumers at home or in community alternatives

" A full range of supports/services should be available



# Measures for Success

- ! Please list the key metrics that should be used to evaluate the success of any pilots.
- ! There should be open networks of providers
- ! The full range of Medi-Cal and Medicare services should be actually available
- ! There should be clear statements of consumer rights and timely resolution of grievances



## Information Needed from CMS and the State

- ! How will plans ensure sufficient availability of providers, especially specialty mental health outpatient providers?
- ! What are the incentives for keeping people in the community in lieu of institutionalization?
- ! How will plans ensure continuity of care and access to the current network of Medicare providers?