

California's protection and advocacy system

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Via email: omcprfp9@dhcs.ca.gov

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Re: Request for Information on Pilots for Beneficiaries Dually Eligible for Medi-Cal and Medicare

Disability Rights California submits these comments in response to Department of Health Care Services "Request for Information on Pilots for Beneficiaries Dually Eligible for Medi-Cal and Medicare." We appreciate the opportunity to respond to this RFI and look forward to making additional contributions as this effort proceeds.

Disability Rights California is a non-profit agency serving approximately 25,000 Californians with disabilities each year through advocacy, legal representation, abuse investigations, and public education initiatives. Disability Rights California is the nation's largest disability rights organization, and is the agency mandated to provide protection and advocacy services for those individuals in California who have developmental, physical, sensory, and/or mental disabilities, pursuant to the federal Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. §§ 15001, 15041, et seq., as amended, 45 C.F.R. § 1386; the Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. § 10801, et seq.; the Protection and Advocacy for Individual Rights Act, 29

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U.S.C. § 794e; the Assistive Technology Act, 29 U.S.C. §§ 3011, 3012; and California Welfare & Institutions Code §§ 4900 et seq. On behalf on these individuals and their families, we offer the following input.

Disability Rights California concurs with the comments submitted by the National Senior Citizens Law Center. We write separately to emphasize certain key points in answer to the questions from DHCS.

Question No. 2: Which long-term supports and services (Medi-Cal and non-Medi-Cal funded) are essential to include in an integrated model?

There is no need to include In-Home Supportive Services (IHSS) in an integrated model. IHSS already has a well-developed administrative structure for determining the need for services and for delivering authorized services. However, if IHSS is integrated, the determination of need for services and the administrative structure for delivery of services should remain with the county welfare departments.

This is necessary to insure that assessment of the need for IHSS services remains uniform and that, to the extent possible, provision of services remains under the control of the IHSS recipients. Moreover, uniform assessment of need is necessary to test the ability of the pilot projects to provide integrated care. Provision of services under the current system is necessary to insure that individuals can recruit, hire, and supervise their own providers. This is enabled by an administrative system in place, including a payrolling system, which took decades to develop and that integrated services providers will not be able to duplicate, at least in the short run.

Question No. 3: How should behavioral health services be included in the integrated model?

Mental health services should be provided through the Medi-Cal mental health plans (MHPs). This will insure that individuals receive the full scope of services that they are entitled to under the Medi-Cal program, and that existing services and provider relationships are not disrupted.

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We note that the CalOPTIMA special needs plan (SNP) elected to provide mental health benefits through a behavioral health entity other than the Medi-Cal MHPs. Because of this, the CalOPTIMA SNP had to disenroll many beneficiaries so that the beneficiaries could continue to receive services through the MHPs. Otherwise, those beneficiaries would not have received the full range of services available under Medi-Cal, including residential treatment services and targeted case management. We do not want to see a repetition of this.

Thank you again for this opportunity to comment.

Sincerely,

Daniel Brzovic Associate Managing Attorney