

Comments from:
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1. In the charts on pp. 2-3, it appears that IHSS costs are not included. This would be a major oversight considering the huge costs of that program and the significant proportion of IHSS consumers who are duals. Also, given that IHSS is essentially Medicaid funded it should be included in this analysis of costs even if it is administered by the Department of Social Services.
2. Under Key Questions: Goals p. 4, the paper appropriately leaves as an open question whether health plans coordinate or control home and community based care. Given that in a duals pilot many home and community based services may not be directly purchased by health plans but brokered and/or arranged through referrals, that is an appropriate distinction. However, under the model proposed, health plans would be accountable for the delivery, coordination, and management of the full continuum of needed services both medical and social. There needs to be a clear distinction between the level of accountability for services actually purchased and those to which plan members are only referred.
3. There needs to be detailed clarification of the different fiscal risks and benefits of blended Medicaid/Medicare capitation vs. managed fee for service reimbursement.
4. We hope to hear very soon about any November or December stakeholder meetings so that we can schedule appropriate staff members to attend.
5. The proposed timeline of selecting the pilot sites by spring, 2012 and beginning implementation by November/December, 2012 seems extremely ambitious given the complexity of the issues involved.
6. We concur with the recommendation to carve out the developmentally disabled population from the duals pilots given the potential complications of working with the Regional Centers and dealing with the politics of serving that population in managed care.
7. We would prefer mandatory enrollment of all duals into the pilots but would find acceptable the alternative of mandatory enrollment with an opt-out provision.
8. The Request for Solutions application process sounds very intriguing and may be preferable to a formal RFP process especially if it will allow for a greater opportunity to develop each of the Duals Pilot sites somewhat individually, based upon the varying conditions in different counties.
9. Regarding evaluation criteria, it must be noted that health plans would not have access to the utilization data of the duals for the period prior to their enrollment in the plans. CMS and the State would have to provide patient specific data for that time period in order to undertake valid before and after comparisons.
10. It also must be noted that the proposed elimination of adult day health care as a benefit poses a potentially significant problem for the implementation of the Duals Pilots. Adult day health care is a critical home and community based service for reducing the need for more costly utilization of emergency care, outpatient care, acute care, and skilled nursing care. There will need to be some provision for including adult day health care as a funded part of the benefit package for the duals.

Thank you for the opportunity to comment on the working paper. We look forward to participating in the ongoing discussions regarding the Duals Demonstration.