Comments from:
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1. I believe there needs to be more acknowledgement that Special Needs Plans have already put in place many of the things outlined in the paper – they just haven't been able to go far enough with fully integrated care.
    a. Risk adjustment already exists under Medicare Advantage / SNPs. Granted, it needs to be improved but it is an excellent basis to build on.
    b. Any proposed population carve out could threaten the tremendous progress already made with SNPs. For example, carving out the DD population would be a big step backwards for those SNPs that already have them enrolled. Alameda Alliance, Santa Clara FHP, and HPSM could not have had such a successful Agnews transition if these plans had not been able to enroll the large number of dually eligible Agnews residents in their SNPs. Granted, I don't think it makes sense at this point to integrate the regional center system, but at least allow DD consumers to stay in the plans for their medical care, and allow us to continue coordinating with the regional centers for their other services.
    c. Many of the care coordination topics mentioned in the evaluation are already being done by SNPs, e.g., medical home, off hours care, coordination of Medicare and Medi-Cal covered services, prescription drug coordination and adherence, care transitions. The problem is we're not reaching enough people and important parts of the continuum (namely LTSS, BH, and SU providers) are not well enough integrated into these services.
    d. Needs to be recognition that targeting and risk stratification are extremely important, not everyone can receive or should receive care coordination.
    e. The big challenges are high users (especially those with mental health and substance use issues) that cut across these different systems of care.
    f. Recommend that much of the material developed by the SNP program, such as model of care guidelines and consumer protections, as well as lessons learned, be incorporated into the design of these demos.
2. In general would recommend as few carve outs as possible. Transitions between different systems of care create the biggest problems.

3. Substance use services need to be expressly delineated throughout the paper, especially in the evaluation piece.

4. I support the proposed process over a formal RFP process. We found that the CCS RFP process too rigid and not that helpful for the state or us. Only now can we finally have meaningful discussions with State personnel about what the project should include, after a months long RFP process.

Thank you,
Maya Altman