

Consumer Protections in California's Dual Eligibles Demonstration

December 12, 2011 Meeting Summary
Prepared by Harbage Consulting

The development of meaningful consumer protections are at the heart of California's Dual Eligibles Demonstration and the subject of a three-hour public meeting held on Dec. 12, 2011 in San Francisco. About 80 people attended the meeting in-person and another 122 called in through the operated phone line. The meeting goal was to foster discussion about appropriate consumer protections in the Demonstration. Stakeholder input from this meeting will inform the Demonstration design.

The meeting format was two roundtables of about 15 people (see the list of roundtable participants at the end) who led a discussion on the following key issue areas: 1) achieving proper care; 2) creating effective beneficiary communication; 3) achieving proper access and delivery; and 4) launching the system.

Opening remarks

Jane Ogle, Deputy Director of the Department of Health Care Services, said The Duals Demonstration is about rebalancing care delivery to help people stay in their homes and communities for as long as possible. The goal is to ensure beneficiaries receive all the medical and social services where they live so they won't have to move to more restrictive care settings. This meeting is one of several attempts by the Department of Health Care Services (DHCS) to receive input on the Demonstration design. "This week we hope you see an inclusive and thoughtful planning process so we'll have a set of benefits and beneficiary protections that will work for our members," Ogle said.

Kevin Prindiville, of the National Senior Citizens Law Center, said the Duals Demonstration is an ambitious project that proposes to bring new levels of integration never been tried before in California, Prindiville said. Decisions should be guided at every step by what is best for consumers. The root challenge, he said, will be melding medical and social services and defining models that balance them well. Advocates are deeply concerned that the social side will be degraded in the Demonstration. Home- and community-based services are critical to allowing people to live independently in the

setting of their choice for as long as possible. Prindiville referenced essential consumer protections described in a NSCLC issue brief (available here <http://www.nsclc.org/wp-content/uploads/2011/07/Final-Issue-Brief-2.pdf>). He concluded by saying, “The greatest consumer protection might be to take this project slowly.” The Demonstration, he said, should integrate slowly, adding risk, authority and enrollees over time as the models prove themselves capable of improving beneficiary health and quality of life.

Issue 1: Achieving Proper Care

The following points were made during a discussion about ensuring dual eligibles receive proper care under the Demonstration:

- Care management requirements of the Medicare Advantage Special Needs Programs for Dual Eligibles provide a good starting point for the Duals Demonstration requirements.
- Incorporating long-term care and behavioral health services means additional complexity and thus require extensive care coordination and planning.
- Plans will have to work hard to build sufficient specialist networks to meet the vast needs of this population.
- People should be able to continue seeing the providers with whom they have long-standing relationships. “Both the plans and the department have the responsibility to reach out to the HIV community to ensure they are incorporated into the systems so people can continue seeing their current provider.”
- Clear enforcement procedures against plans that fail to comply with contract requirements are necessary. Suggested modeling process for monitoring care quality in nursing homes.
- Effective two-way communication between the plans and the primary care providers will be essential.
- The provider networks have to “buy into” the care management system in order for it to be effective.
- Integrating the IHSS program seems huge and worrisome. Consumers should remain in a position where they can direct their own care and live independently.

Issue 2: Creating effective beneficiary communication

“Despite numerous conversations over a decade regarding the need for accessible information in alternate formats, institutionalizing the urgency for that need on a wide scale basis has been challenging. ... A solution is to have a person with a disability, who is familiar with accessibility issues and has a background in Medi-Cal care delivery systems serve as a disability coordinator ... The enrollment broker and Department needs to have an individual like that,” Anne Cohen, Disability and Health Policy Consultant.

The following points were made during a discussion about communicating with beneficiaries:

- Clear communication in alternate formats is necessary for people to make an informed choice.
- The Demonstration should learn from the mistakes made from the mandatory enrollment of seniors and people with disabilities into Medi-Cal. “A lot of the non-choice had to do with non-availability of information. We do not want that to happen with this program. We want to be prepared.”
- Proving the ability to release accessible information should be a precondition of contracting.
- People are frightened about moving their long-term care services into a medical model. “Part of accessibility has to be an education component.”
- The baseline beneficiary information the state provides health plans has to improve for contact numbers, first language, disabilities, etc.
- Health plans should proactively ask beneficiaries how they prefer to receive information.
- Reaching beneficiaries is challenging. The plans are learning that telephonic contact isn’t the best way to reach these people and that they have to do something different.
- Providers need to be educated on the program and on the populations’ needs.

Issue 3: Achieving proper access and delivery

Access

“We have to define accessibility not just as programmatic access. We have to make people feel like they’re part of the process. That’s what access is,” said Regina Birkner, Dual eligible beneficiary and IHSS consumer.

The following recommendations were suggested regarding access:

- Detailed planning needs to be done in advance. Access begins with the option to choose. That means people receive *accessible* information in whichever format and language most useful to them.
- Access starts with the doctor-patient relationship. All providers in a system have to be ready and willing to care for the consumers' diverse needs, where and when they need and want them. In an integrated system, the money saved by avoiding institutionalization can be reinvested in home- and community-based services.
- Physical accessibility of providers' offices and equipment will be an ongoing challenge and need to be addressed proactively.
- The State is responsible for helping plans become fully accessible. Hiring people with disabilities to conduct site reviews and offer recommendations could be a helpful first step.
- Recommend a model for health plan accessibility accreditation similar to that used by the Joint Commission; after the problems are identified, plans should be required to fix them before a contract is signed.
- Concerns about access to providers in rural areas were raised.
- Concerns were raised about adding another layer of bureaucracy, creating more hoops for consumers to jump through to get the services they need

Assessments

"This is a diverse group. We need to sort through them and figure out what to do for whom. ... We can't assume that the same people who do this for the medical side should be doing this for LTSS. There are different needs," said Casey Young, AARP.

The following recommendations were suggested regarding the assessment process:

- Assessment needs to look at the person as a whole and take into account all their needs.
- Assessments should be a "method for determining the individual's goals in life and linking that back to their health care."
- Assessments need to be updated on a regular basis; especially anytime a life situation changes.
- Plans need beneficiary information earlier so they can conduct the assessments faster.
- Possibly use SSI database to find people's more recent contact information.
- Assessments need to be given to providers in a timely manner.

- Assessments should include caregivers and community resources.
- The qualifications of the person doing the assessment will be important because of the wide breadth of issues that need to be covered.
- Assessments need to ask about dementia and Alzheimer's disease.
- Telephonic assessments likely won't work well with this population. Plans may want to consider working with trusted community partners to conduct assessments, such Independent Living Centers.
- Innovative technologies should be looked into and adopted.

Issue 4: Launching the system

“The first step in rights is the right to informed choice,” said Brenda Premo, Western University's Center for Disability Issues and the Health Professions.

The following points were made during a discussion about opt-in versus opt-out enrollment.

- “We feel that the strongest protection at this time is an opt-in model until we know more about these models.”
- Passive enrollment could be a disaster if plans don't understand and listen to the community.
- A robust provider network will be the key to keeping people enrolled.
- For the Demonstration to be successful, sufficient beneficiaries have to be enrolled. Passive enrollment with an opt-out is the best way to ensure sufficient enrollment numbers.
- If these truly are better programs people will want to sign up for them. Enrollment into a new program should be a choice.
- The enrollment experience from the 1115 waiver sets a higher bar for the duals Demonstration.
- A robust benefit package will be key to getting enough people to choose the Demonstration. “We've lost dental, vision, hearing and podiatry services. The state should strongly consider making those services available through the managed care plans.

Roundtable Participants

Roundtable 1

Moderator: Peter Harbage, Harbage Consulting
Jane Ogle, Department of Health Care Services
John Shen, Department of Health Care Services
Maya Altman, Health Plan of San Mateo
Regina Birkner, Medicare/Medi-Cal beneficiary and IHSS consumer
Deborah Doctor, Disability Rights California
Anne Donnelly, Project Inform
Steve Fort, Medicare/Medi-Cal beneficiary and IHSS consumer
Peter Hansel, CalPACE
Marilyn K. Harz, RN, Heritage Provider Network
Denise Likar, SCAN Health Plan
Stuart Levine, MD, HealthCare Partners
Brenda Premo, Western University's Center for Disability Issues and the Health Professions.
Kevin Prindiville, National Senior Citizens Law Center
Janie Whiteford, California IHSS Consumer Alliance
Silvia Yee, Disability Rights Education and Defense Fund
Casey Young, AARP

Roundtable 2

Moderator: Peter Harbage, Harbage Consulting
Jane Ogle, Department of Health Care Services
John Shen, Department of Health Care Services
Regina Birkner, Medicare/Medi-Cal beneficiary and IHSS consumer
Deborah Doctor, Disability Rights California
Maribel Ferrer, LA Care Health Plan
Steve Fort, Medicare/Medi-Cal beneficiary and IHSS consumer
Ruth Gay, Alzheimer's Association
Deborah Miller, CalOptima Health Plan
Lisa Hayes, Molina Healthcare
Karen Keeslar, California Association of Public Authorities
Ellen Rollins, IHSS Caregiver, Local SEIU 521
Kevin Prindiville, National Senior Citizens Law Center
Donna Stidham, RN, AIDS Healthcare Foundation
Abbie Totten, California Association of Health Plans
Janie Whiteford, California IHSS Consumer Alliance
Elaine Wong Eakin, California Health Advocates
Casey Young, AARP