

In-Home Supportive Services: Duals Demonstration Stakeholder Work Group

Meeting #3: Thursday, June 14, 2012

This meeting focused on health plan and county readiness in preparation of the duals demonstration. In the second half of the meeting, a quality assurance panel shared insights about a potential evaluation strategy for the demonstration.

This is one of seven stakeholder work groups organized by California's Department of Health Care Services (DHCS) to gain input on the dual eligibles demonstration. Background information on the work groups and all materials can be found at www.CalDuals.org.

Key issues raised:

- Final policy decisions are needed before counties can begin preparing and assessing their readiness for integration of IHSS into managed care under the duals demonstration.
- Clear communication between the Centers for Medicare and Medicaid Services (CMS), state entities, county health plans, consumers, and stakeholders will be critical to ensuring integration of services is as seamless as possible.
- Memorandums of Understanding (MOUs) between health plans and IHSS authorities that clearly describe the roles and responsibilities of each entity will be developed.
- Oversight processes and guidelines for monitoring integration efforts will help ensure that goals and intended outcomes are being met.

Workgroup Purpose and Review of Past Meetings

Led by Eileen Carroll, Deputy Director, Adult Program Division, DSS & Margaret Tatar, Chief, Medi-Cal Managed Care Division, DHCS

The goal of the work group is the development of a patient-centered care model that ensures consumer protections. The first IHSS coordination work group meeting focused on health plan and IHSS in-take systems. This second meeting included a deeper analysis of in-take processes used by IHSS and managed care, and how these systems can be integrated.

Health Plan Readiness Panel

Moderator: Margaret Tatar, Chief, Medi-Cal Managed Care Division, DHCS

Panelists:

- Janice Milligan, Director of Strategy and Development, Health Net
- Lisa Kodmur, Program Director, Services for Seniors and Peoples with

Disabilities, L.A. Care Health Plan

- Candice Gomez, Executive Director of Seniors and Persons with Disabilities, CalOptima
- Brenda Premo, Director, Harris Family Center for Disability and Health Policy at Western University of Health Sciences

Panelists share the following comments and concerns about readiness in terms of IHSS integration under the demonstration:

- Although IHSS will be integrated, the majority of the delivered services will remain the same. However, health plans need to be prepared to adapt to better coordinate care.
- Clear communication between the Centers for Medicare and Medicaid Services (CMS), state entities, county health plans, consumers, and stakeholders is critical.
- Develop a MOU between health plans and IHSS authorities so that the roles and responsibilities of each entity are clear.
- DHCS and health plans need to educate providers about the new resources and services that will be available to consumers when IHSS services are integrated.
- A process for early identification of enrollees and their services and providers will help health plans and IHSS authorities identify beneficiaries who will benefit the most from integrated care.

County Readiness Panel

Moderator: Eileen Carroll, DSS

Panelists:

Charlotte Lee, Chief of the IHSS and Medi-Cal Division, Los Angeles County

Coleen Krygier, Director, Department of Aging and Adult Services, San Bernardino County

Ellen Schmeding, County of San Diego, Dept. of Health and Human Services

Panelists described work going on at the local level to prepare for implementation and also listed unresolved questions. Comments included:

- Fundamental policy decisions are needed before counties can act and assess their readiness for the duals demonstration.
- Counties will need adequate time to educate IHSS attendants and social workers on the changes. Consumer education also will be important. Providers and health plans need time to talk with beneficiaries about the benefits of managed care.
- Counties will need financial resources to support the new work of individuals specializing as liaisons between the health plans and IHSS.
- Oversight processes and guidelines to monitor integration efforts are needed to ensure intended goals and outcomes are met.
- Uncertainty around the inclusion of supplemental services beyond those traditionally covered by Medicare/Medicaid/IHSS the capitated rates paid to health plans remains.

The largest challenges facing the counties included:

- Adapting to and working within a new system with new partners and collaborations in the new system. It is this unfamiliar territory that is going to take some getting used to.
- Making sure that all IHSS workers and medical providers receive accurate information about the system changes being made, and what new resources are available. Provider outreach and education efforts also need to focus on building excitement and support for the integration of services.
- Creating an oversight process that ensures appropriate delivery of services and minimizes gaps in care.

Questions

During the question and comment period, the following points were made:

- Health plans are required to meet readiness criteria before they can enter into a contract with the state. If a plan does not meet a readiness assessment, the regulating authority would be responsible for sending a request for corrective action. Readiness criteria will be made available to the public as they are finalized.
- Health plans are working with county authorities and other relevant entities to learn about the resources various organizations offer. Eventually, these resources will be analyzed and integrated into a unified system.

Quality Assurance Panel

Moderator: Lora Connolly, Director, Department of Aging Services

Panelists: Neal Kohatsu, MD, MPH, Medical Director, DHCS

Gary Passmore, Congress of California Seniors

Brenda Premo, Western University

Panelists shared a high-level overview about the quality monitoring and evaluation strategy for the duals demonstration. They noted challenges and made the following comments:

- Creating an evaluation tool to assess and monitor processes as the demonstration is being implemented is critical.
- Rapid-cycle quality improvement will allow problems to be identified, addressed, and adjusted in a timely manner.
- The ability to monitor and evaluate home- and community-based services, including IHSS has been a big challenge and few useful evaluation strategies currently exist.
- Identifying financial support for data collection and reporting will be necessary.
- The abundance of medical data should not overshadow the need to assess home- and community-based services. The duals demonstration presents a unique opportunity to create data collection systems that do not currently exist.

- It is impossible to measure everything and so defining the end goal and the data needed to monitor these goals is critical.

Wrap-up and Next Steps

Led by Eileen Carroll, DSS, and Margaret Tatar, DHCS

These conversations will be continued in the Long Term Services and Supports (LTSS) work group meetings. The next LTSS work group meeting is on Thursday, June 28, 2012 from 1 to 3pm. For more information, visit www.CalDuals.org.

Because the implementation date for the demonstration was pushed back to no sooner than March 2013, it is likely that there will be future work group meetings on this topic. Counties should also take the initiative to continue these conversations at a local level.