National Senior Citizens Law Center

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medi-Cal Delivery Models

Stakeholder Meeting August 30, 2011

Organization Background

- The National Senior Citizens Law Center is a non-profit organization whose mission is to protect the rights of low income older adults. Through advocacy, litigation and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources and access to the courts for all.
- Founded in Los Angeles in 1972. NSCLC has from its inception combined California and national advocacy.

Existing Problems that Should be Addressed by Demonstrations

Provider access:

- Difficulties that dual eligibles face in finding providers who have appropriate skills and specialties and are willing to serve them.
- Needs of beneficiaries to maintain continuity of providers and care.
- Needs of limited English proficient beneficiaries

Long-term care:

- Gaps in services needed for individuals to remain in the community and avoid premature institutional placement.
- Care coordination, particularly in transitions between settings.

System complexity.

- Difficulties for duals in navigating the system
- Difficulties in understanding rights and filing appeals.

Overview of Demonstrations

- What does the state and the federal government need to know?
 - Many dual eligibles have care coordination within the fee for service system and have effective networks of providers. It is important not to disrupt the care that is working.
 - Long-term care:
 - Personal care services, primarily provided by the IHSS program in the current system, are the lynchpin of home and community based services.

Consumer Protection Considerations

- What would your organization highlight as needing consideration?
 - Flexibility in a demonstration must be accompanied by accountability, including clear information on rights to services, accessible appeals process, ombudsman or other third party protection.
 - Person-centered care is critical. Beneficiary choice is an essential element and must include beneficiary choice in enrollment, choice of providers, decisions about care and care plans, etc.
 - Transparency about program design, rules, evaluations and results are necessary both for beneficiaries and for all stakeholders to identify problems and evaluate program success.

Specific Care Integration Challenges

- How should the pilot project integrate:
 - Mental & Behavioral Health Care
 - Mental health and behavioral health services must be available and providers must be part of the care team.
 - Long Term Care
 - For personal care services, currently provided through the IHSS program, self-direction, payment for family caregivers need to be maintained as part of person-centered care.
 - Provider incentives must be designed to ensure delivery of necessary HCBS. Incentives to withhold care must be avoided.

Measures for Success

- Please list the key metrics that should be used to evaluate the success of any pilots.
 - Avoidance of premature institutional placement and unnecessary emergency room visits.
 - Access to HCBS services as well as ability to participate in the community.
 - Timely access to needed in-network and out of network providers.
 - Access to needed language services.
 - Access to the full range of Medi-Cal and Medicare services.
 - Access to appeals and timely resolution of grievances.

Information Needed from CMS and the State

- Will a uniform appeals procedure be developed to apply to all demonstrations?
- ➤ What enrollment policies and procedures will be used for demonstrations?
- How will CMS and the state allocate and exercise oversight responsibility for the demonstrations?
- What are the details of blended funding that are being considered?
- What elements of the demonstrations will require CMS waivers?