

SEIU California



1007 7th Street
4th Floor
Sacramento, CA 95814
916.442.3838
Fax: 916.442.0976

3055 Wilshire Blvd.
Suite 1050
Los Angeles, CA 90010
213.368.7400
Fax: 213.381.7348

7677 Oakport Street
Suite 725
Oakland, CA 94621
510.568.2500
Fax: 510.568.3652

www.seiuca.org

May 31, 2011

Mr. Kevin Morrill
Chief, Office of Medi-Cal Procurement
California Department of Health Care Services
Sacramento, California 95899
VIA ELECTRONIC MAIL: omcprfp9@dhcs.ca.gov

RE: Request for Information on Pilots for Beneficiaries Dually Eligible for Medi-Cal and Medicare

Dear Mr. Morrill:

On behalf of SEIU California and its nearly 300,000 IHSS worker members we to submit the following comments regarding the Department of Health Care Services' (DHCS) Request for Information (RFI), soliciting input concerning the ideal model or models for serving beneficiaries who are eligible for both Medi-Cal and Medicare.

General Comments

Coordinated Care System

We support the establishment of a coordinated system of care for dual eligible beneficiaries through pilot programs in four counties. Dually eligible beneficiaries within both Medicare and Medi-Cal tend to have chronic conditions and have complex and costly healthcare needs. Unfortunately, despite their need, these individuals often receive subpar, fragmented care because of the disconnect between Medi-Cal and Medicare. Not only will a managed care system give these beneficiaries more effective, targeted health care and supportive services in the setting of their choice, it will achieve significant federal and state savings through better coordination of benefits and elimination of duplicate services, care management, and effective financial incentives.

Managed care for our most vulnerable is an important aspect to national healthcare reform and it is the future of healthcare in California. The delivery system reform under the Affordable Care Act moves away from episodic, fragmented care to a patient-centered integrated delivery system that provides care in the right setting, enhances coordination and no longer leaves out necessary services, including long-term services and supports. The pilot programs should reflect this and incorporate a continuum of quality, cost-effective home- and community-based services (HCBS) including medical and social supports for all program beneficiaries. The way these pilots are constructed is critical not only to care for the individuals who will enroll but to the rest of the state's dual eligibles, their families and providers because it will serve as the foundation for statewide expansion.

May 31, 2011

Page 2

Consumer Choice

As directed by Senate Bill 208, the goals for the pilot projects are to coordinate Medi-Cal and Medicare benefits across health care settings and improve the continuity of and access to care across all health care and long-term care settings, but also to preserve consumer choice. Under the legislative mandate, the pilot programs need to maximize the ability of dual eligibles to remain in their homes and communities with appropriate services and supports in lieu of institutional care, as well as increase the availability of and access to home-and community-based alternatives for all beneficiaries.

Consumer-directed care is an important aspect of HCBS, and the four pilot projects must preserve and respect beneficiaries' desire to direct their own care. To that end, SB 208 directs that these services, if provided through a public authority or nonprofit consortium, be in accordance with the requirements of Section 12301.6 of the Welfare and Institutions Code. These in-home supportive services models, as established in current law, give consumers the ability to direct their care by having the right to hire, fire, and supervise the work of any individual providing personal and home care services for them.

Consumer choice and self-determination are the first two principles identified in the Olmstead Plan, established by the State Health and Human Services Agency (CHHS), and should be reflected in the provision of HCBS and long-term care by the pilot programs.

Collective Bargaining

SB 208, by directing in-home supportive services to be provided through the direct hiring of personnel, a contract with a home care agency, or a public authority or nonprofit consortium (in accordance with Section 12301.6 of the Welfare and Institutions Code), preserves the right of the in-home care providers, employed to be caregivers, to collectively bargain over wages, hours, and other terms and conditions of employment. These rights not only protect the health and welfare of the workers, but have enhanced retention and satisfaction in a field known for high turnover; this directly impacts care and assures consumers are getting the best care possible. The department must assure that these basic worker rights are given to all care providers hired to provide in-home supportive services, as part of the continuum of care, as stipulated by law and reinforced by SB 208.

In-Home Supportive Services

The In-Home Supportive Services (IHSS) program is an essential, cost-effective program that allows seniors and people with disabilities to live independently in their own homes. It prevents unnecessary and expensive institutionalization, allows families to stay together, and helps provide dignity for consumers of the program by letting them remain in their own communities. IHSS will be an important component to managed care if properly integrated into the pilot programs. However, it is uncertain how integration into the pilot programs will affect the utilization of these services by Medi-Cal beneficiaries who are **not** dually eligible for Medicare.

To that end, SB 208 directs DHCS, in collaboration with the Department of Social Services and county welfare departments, to monitor how IHSS is used and the caseload of the program both before and during the implementation of the pilot programs. This data and program evaluation will be important to identifying the most cost-efficient and effective way for in-home supportive services to be delivered to

May 31, 2011

Page 3

those who most need it, as part of an integrated system of care, while preserving the mission and goals of the program. It will also benefit understanding about the role IHSS can play in keeping consumers safe, satisfied and healthy in their homes. The cost savings between HCBS and institutional care is already well established.

Finally, we realize developing and implementing the duals pilots is a complicated undertaking; how well the pilots work will have consequences for how the program is expanded across the rest of the state. We have a number of questions that are appropriate to ask the state and the organizations who will apply to participate in the pilots – depending on which requirements the state applies as a condition of participation and where flexibility may be given to the health plan/contracting organization. These include, but are not limited, to:

- What assessment tool will be used to determine need and level of long-term services and supports (LTSS)? Will it be the tool currently used? We believe the current array of IHSS services is essential to the appropriate care and support of dual eligibles and there should be consistency in how standards are applied.
- How will continuity of care for LTSS be handled? We understand protections are in place should you require mandatory enrollment. Continuity is important to both consumers and workers and we know DHCS is sensitive to the issue; however, there are instances now where consumers must terminate current services when they enroll in a managed care model such as Medicare Advantage plans. To this point, it is critical that outreach and enrollment of those who currently receive IHSS services include direct information about the impact of enrollment upon their current services.
- Will there be opportunities for the IHSS worker to become part of the care team? The IHSS provider, in frequent and regular contact with a consumer, is often the first person to recognize when medical attention may be needed for the consumer. The provider can also contribute in areas such as nutrition and dehydration prevention and medication compliance.

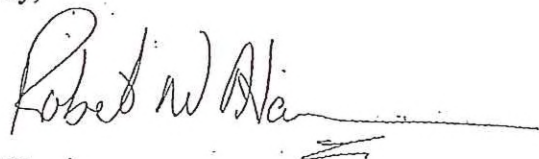
Further, we would like to clarify information offered by the State during the May 17 information session on the duals pilot: in answer to a question, it was suggested that more than one entity may participate in a two county model county. Our understanding is that there will be only one contracting organization per county in the pilot. We would appreciate confirmation of this information.

Overall, we are excited by the opportunity the duals pilot program provides for both consumers and providers, including IHSS workers. Better integration and care coordination and the inclusion of LTSS will result in better quality care, greater consumer satisfaction and be more cost effective. We look forward to working with you and the pilot participants to determine how IHSS workers may best participate in the program now and moving forward as the program expands statewide.

May 31, 2011
Page 4

Should you have any questions regarding our comments and suggestions, please do not hesitate to contact me at 916-832-6931. Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Harris", followed by a horizontal line and a small flourish underneath.

Robert Harris
Legislative Advocate