

**Framework for Understanding
Consumer Protections
in California's Duals Demonstration**

DRAFT

The process to develop California's duals demonstration criteria should be more than a listening process. It must be an open dialogue that fosters an exchange of information between the state and others. This interactive process should inform the ultimate design. These concepts have been drafted to set the stage for a conversation around consumer protections.

- 1) Beneficiary control and choice.** The demonstration should consider the need for beneficiaries to self-direct their care and be able to hire, fire and manage their personal care worker. Choice begins with the decision to opt out of the demonstration.
- 2) Beneficiary-centered models.** The coordinated care delivery demonstration at every level should focus on the beneficiary. Provider networks, care coordination and assessment tools should be built around the beneficiary. The beneficiary experience should be at the heart of the metrics for monitoring and evaluation.
- 3) Comprehensive benefit design.** Coordinated care models have the potential to provide access to all necessary supports and services beneficiaries need and want. Financial incentives can then be aligned around keeping people in their homes and communities. Coordinated care models have the potential to increase the availability of and access to valued home and community based services.
- 4) Responsive appeals process.** The demonstration should include an appeals process that is comprehensive of both Medicare and Medi-Cal benefits.
- 5) Transition rights to avoid care disruptions.** Care continuity is a critical issue when proposing new delivery models. The demonstration should develop policies and procedures to ensure smooth care transitions.
- 6) Meaningful notice.** Patients should be informed about enrollment rights and options, plan benefits and rules, and care plan elements with sufficient time to make informed choices. This information should be delivered in a format and language accessible to enrollees. Lessons from the SPD process under the 1115 waiver must be learned and addressed here.
- 7) Oversight and monitoring.** These critical elements should be coordinated and complementary between DHCS and CMS. Agency authority should be clear and systems should be developed to respond quickly to problems. Clear authority and operational capacity should exist to address problems identified through oversight.
- 8) Appropriate and accessible.** Coordinated care delivery models in the duals demonstration should be culturally and linguistically appropriate, as well as physically accessible to all enrollees.
- 9) Phased approach.** The demonstration should be phased in before expanding to all dual eligibles.