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October 28, 2011

Peter Harbage  
Harbage Consulting  
Via email: [info@calduals.org](mailto:info@calduals.org)

**RE: Duals Integration Demonstrations – Comments on Draft Framework Documents**

Dear Peter;

Thank you for the opportunity to provide comments on dual integration draft framework documents. As you know, approximately 70-85% of the statewide IHSS caseload are dual beneficiaries and, could therefore, be shifted away from the traditional IHSS program and into the dual integration projects. CAPA appreciates all opportunities to provide input and engage in discussions with the administration to address the IHSS challenges associated with integration of services for dual eligibles.

The following are CAPA's recommended changes to the Long-Term Care Coordination and Consumer Protection draft framework (using strike-outs to delete portions and underlines to propose new language):

**Framework for Understanding  
Long-Term Care Coordination  
in California's Duals Demonstration**

**\*\*DRAFT\*\***

The process of developing 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 coordination of long-term care and supportive services centered on the 1999 U.S. Supreme Court decision that found unnecessary segregation and institutionalization is a type of discrimination and that integration.

**1) Consumer Choice.** Building on the current system, the demonstration ~~should consider the need~~ preserve and enhance the ability for consumers to self-direct their care and ~~be able to~~ determine where they receive care. Home- and community-based services (HCBS) provide a health care benefit to the consumer by allowing them to stay in their home.

- At each step in the care delivery system, there should be clear thought about how that step affects the ability of the consumer to stay in their home and community. By improving preventative care and maintaining HCBS, the consumer is able to stay at home and use less acute care services.

- All entities in the system should have the incentives and resources needed to promote discharge from hospital, nursing facility, and other institutional settings into their homes and communities, ~~when possible~~, so beneficiaries can better maintain a high quality of life.
- Consumers should be allowed to choose their health care provider. ~~Family matters.~~
- Consumers must: (a) be authorized to self-direct care/services, (b) have the option of employing family members as personal care providers, (c) retain the right to hire, fire, and supervise personal care workers, (d) participate in the process of determining eligibility and need for services, and (e) receive the highest quality care from providers, including the personal care provider

**2) Care Coordination.** Care coordination and consistently implemented policies will reduce administrative costs and increase quality of care. Consumers should have the right to determine if the personal care provider should be part of the care team.

**3) Access to services.** For consumers at risk of institutionalization, the demonstration should offer a structure for them to access HCBS meeting their needs and maintaining a high quality of life in the community. The program design must support the integration of persons with disabilities into all aspects of community life and support the goal of consumers living in the least restrictive environment.

**4) Consumers must be authorized to participate fully as part of their coordinated care team.** The demonstration should consider how the consumer is included in an organized delivery system that meets his or her unique social and medical needs.

- Improved understanding of the different needs of each population is needed.
- HCBS reforms should aim to improve care coordination, health care services delivery and access, consumers' quality of life, and rebalancing of institutional care in favor of HCBS.

**5) Oversight and monitoring.** The demonstration has the potential to realign the current health care system's poorly aligned incentives around beneficiaries' needs.

- The new system can stop the county-state-federal cost shifting.
- The state must aggressively monitor the demonstration site for quality and access.
- Consumers must have a voice in policy and program governance through participation in a formal and structured local advisory committee.

**6) Workforce rights and training.** This demonstration has the potential to improve care and curb unnecessary costs by offering ~~home~~ personal care workers basic training in areas such as dietary needs, wound care, and care management. Demonstration projects must maintain the collective bargaining rights of IHSS workers, as well as preserve and enhance their wages and benefits.

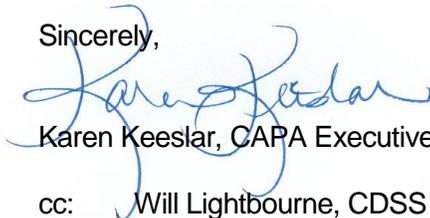
- The demonstration should consider an investment to have the right workforce at the right place at the right time.
- There is an opportunity to create different levels of care within HCBS with tiered levels of training and certification designed to ensure beneficiaries receive the appropriate level of care. Program design should consider that some workers will not want any training.

- Consumer privacy should be considered in developing these different workforce levels, including consumer control on who speaks to medical providers on consumers’ behalf (if at all) and consumer control on who provides even the most basic care.

We think it may be helpful to restructure the draft framework on consumer protections to distinguish acute care from home & community-based services. The terms in the current draft all appear to fit medical and acute care services – but take on completely different meaning in the IHSS arena. For example, under “Beneficiary control and choice,” it makes sense that consumers might be selecting primary or specialty care providers from a managed care plan. The integration and/or coordination with IHSS require different terminology than what is used in the managed care arena. CAPA simply wants to reiterate our strong commitment to preserving and enhancing the rights of dual eligibles to hire, fire and supervise their personal care worker. Likewise, these consumers should be effectively informed about avenues for appeals and be provided with information on how to access legal representation during any grievance process.

Thank you again for this opportunity to provide input on the dual integration demonstration project framework documents.

Sincerely,



Karen Keeslar, CAPA Executive Director

cc: Will Lightbourne, CDSS Director