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Mr. Peter Harbage  
Harbage Consulting LLC  
VIA ELECTRONIC MAIL: [info@calduals.org](mailto:info@calduals.org)

**Re: California's Duals Demonstration Frameworks for Understanding Long-Term Care Coordination, Consumer Protections and Mental Health and Substance Abuse**

On behalf of SEIU California and its nearly 300,000 IHSS member providers we would like to submit the following comments regarding the dual eligible demonstration draft framework developed by Harbage Consulting for the Department of Health Care Services (DHCS).

**General Comments**

As directed by Senate Bill 208, and indicated throughout the draft Framework for Understanding, the goals for the duals demonstration 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. The demonstrations must 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. It is critical to controlling healthcare costs and improving quality of life to focus on overall health by managing chronic illness and providing prevention and wellness services; this will enable people to remain in their home and prevent unnecessary hospitalizations, nursing home stays and readmissions. Integrating benefits, funding streams and creating balanced incentives in a managed care framework should help achieve this goal.

**Long-Term Care Coordination Framework**

Consumer Choice: All entities in the system should have the incentives and resources to support hospital and nursing home discharge back into the consumers' homes and communities. Plans need to do everything in their power to ensure they honor the consumer's choice to live and receive care in his or her home. Additionally, under the demonstrations, consumers must be allowed to choose their home care provider.

Consumers as part of their coordinated care team: While maintaining consumer-directed care, we strongly believe that the homecare worker should be included as a member of the care team with an appropriate role in coordinating care and providing the necessary services to keep the consumer safe and healthy in the home.

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Oversight and monitoring: State monitoring of demonstration sites for quality and access must include performance measurement and data collection on issues including outcomes, consumer satisfaction and provider satisfaction. Results should be publicly reported for purposes of transparency, consumer education and improvement. We are also interested in working on developing measures that help evaluate the home care worker role in improving outcomes, satisfaction, efficiency and cost effectiveness. There is currently no such system and should be given the projected need to serve a growing aged and disabled population in an effective and accountable manner.

Workforce Training: The demonstrations should require participating plans to offer at least a minimum standard of training to homecare workers to integrate them into the care teams, thus investing in having the “right workforce at the right place at the right time”.

### **Consumer Protections Framework**

A key aspect to consumer choice is a well-informed consumer. The state and plans must ensure that beneficiaries know and understand all of their options for plan and provider selection, care settings and care options.

Comprehensive benefit design: In addition to having the potential to increase the availability of and access to valued home and community based services, coordinated care models can also reduce nursing home and hospital stays, readmissions and emergency room visits, creating significant savings.

Meaningful notice: Consumer advocates and beneficiaries should play a meaningful role in a stakeholder process to develop the informational materials and the time frames people will be given to make informed choices about their care under the demonstrations.

Phased approach: How does the state plan to phase-in the program? Does this apply only to the pilots or to plans for statewide expansion, too? What issues is a phase in designed to address – the projected number of enrollees? Readiness of plans and providers? Advanced notice requirement for an opt-out approach? What are the planned timelines for each phase including statewide expansion?

### **Mental Health and Substance Abuse Framework**

Patient-centered, coordinated care models must address the full continuum of services consumers need, including behavioral health and medical care, in a seamlessly coordinated manner. The demonstration should provide the support necessary – financial or otherwise – to have mental health and substance abuse professionals participate on care teams and provide caregiver training on behavioral health issues. The greatest integration of care, across the entire health care system, is the only way to ensure all plan beneficiaries’ needs are met, especially those with the most complicated health issues. Furthermore, training beneficiaries’ homecare workers on recognizing behavioral health

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issues as part of the care team will be essential to ensuring patient safety, better compliance and well-being.

Thank you for the opportunity to comment on the draft Framework for Understanding for the duals demonstration. We believe our comments will help improve the program in ways important to the consumer. We look forward to continuing to work with you and the demonstration participants to determine how IHSS workers may best participate in the program now and moving forward as the program expands statewide.

Should you have any questions regarding our comments and suggestions, please do not hesitate to contact me at 916-832-6931.

Sincerely,

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

Robert Harris  
Legislative Advocate