

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

February 8, 2018

Department of Social Services

Policy and Quality Assurance Branch of the Adult Programs Division

Submitted via email: Aron Smith, aron.smith@dss.ca.gov

Lisa Bandacarri, Lisa.Bandaccari@dss.ca.gov.

Re: All County Information Notice, COORDINATED CARE INITIATIVE (CCI) MONTHLY STATISTICS FOR IN-HOME SUPPORTIVE SERVICES (IHSS)

Greetings:

Thank you for the opportunity to comment on the All County Information Notice (ACIN) outlining revised county responsibilities with regard to In-Home Supportive Services (IHSS) in Coordinated Care Initiative (CCI) counties.

As a preliminary matter and to avoid confusion, we ask that the ACIN be edited to reflect that the CCI was not terminated. Rather, IHSS was removed as a managed care benefit under the program. We have attached red line edits to that effect.

We also ask DSS to amend the notice to include language strongly encouraging counties to enter into revised MOUs with managed care plans. While the IHSS benefit may no longer be a managed care benefit, there are compelling grounds for counties to continue strong cooperation with the health plans in the provision of the benefit. Most notably, the sharing of data between the county and health plans acts to both improve the county's effectiveness in providing the benefit and ensure that IHSS consumers receive the appropriate level of services.¹

Prior MOUs allowed the county and health plans to share confidential information to promote shared understanding of the consumer's needs and appropriate access to IHSS. Since health plans hold the beneficiary's health care data, the benefit of a sharing arrangement cannot be overstated. Under the MOUs, the health plans were required to share data on hospitalizations

¹ Continuing MOUs also complies with the requirements in the Cal MediConnect Three-Way Contract, which states that the Department of Health Care Services (DHCS) and DSS will continue to provide health plans with IHSS assessment data. Three-Way Contract, 2.6.2.1.3, available at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CAContract01012018.pdf

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and skilled nursing facility admissions to prevent IHSS overpayments; plans also shared health data to ensure the county social worker could appropriately assess need; because medical providers are contracted with the health plan, the plans assisted in obtaining the proper medical certification for IHSS services. The above-listed responsibilities did not require a funding component or budget. Furthermore, the IHSS program was required to designate a county social worker or representative to participate on the health plan's Interdisciplinary Care Team to better coordinate the beneficiary's care.² While some counties may not find it fiscally viable to provide extensive coordination, at minimum, the continued designation of county and health plan liaisons would maintain essential coordination.

More importantly, the ongoing coordination between counties and managed care plans would assist counties in complying with their responsibilities laid out in the DSS Manual of Policies and Procedures. Specifically, health plans can confirm when an individual is being discharged from a facility, which would expedite the county's ability to authorize services without a health care certification.³ Similarly, health plans can facilitate pre-assessments at the time of application for individuals in an institution prior to discharge who could safely transition back home with IHSS.⁴

The IHSS program is one of the few programs in California that ensures that individuals can remain living in the community rather than having to be institutionalized. Continuing to enter into MOUs with the health plans assists counties in realizing that mandate. Therefore, the ACIN should both outline the benefits of continued coordination with health plans and strongly encourage counties to enter into MOUs accordingly.

Please feel free to contact me to discuss our recommendations in more detail.

Sincerely,

Amber Christ, Senior Staff Attorney
Justice in Aging

² Cal MediConnect evaluation data confirms the benefit of social worker participation in helping identify the needs of the beneficiary and directing them to resources, filling gaps in a more-person centered way. "Provision of Home- and Community-Based Services through Cal MediConnect Health Plans," (November 2017), available at www.thescanfoundation.org/sites/default/files/ucb_researchbrief_hcbs_final.pdf.

³ MPP 30-754.61, available at www.cdss.ca.gov/ord/entres/getinfo/pdf/ssman2.pdf

⁴ MPP 30-755.12; ACIN I-43-06 available at www.cdss.ca.gov/lettersnotices/entres/getinfo/acin06/pdf/I-43_06.pdf