

April 7, 2017

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
California Department of Health Care Services
Sacramento, California 95899

Submitted via email: MCQMD@dhcs.ca.gov; DHCS_PMMB@dhcs.ca.gov

Re: APL 17-00A, APL 17-00B, and APL 17-00C

Greetings,

Thank you for the opportunity to comment on the recently released drafts for Duals Plan Letter and All Plan Letter guidance with attachments on health risk assessments and care coordination requirements for both Cal MediConnect and Managed Long-Term Services and Supports plans. We want to commend the Department for convening a workgroup to develop standardized Health Risk Assessment questions for long-term services and supports. A central aim of the Coordinated Care Initiative is to better coordinate medical and LTSS in order to provide services in the community and at home; standardized LTSS questions will help to further that goal.

We endorse and incorporate herein the comments submitted by Alzheimer's Greater Los Angeles. Separately, we have the following comments and recommendations.

Risk Stratification and HRA requirements

APL 17-00A directs MLTSS plans to establish a risk stratification mechanism for full benefit duals who opt out of Cal MediConnect, full benefit duals who are not eligible for Cal MediConnect, and partial duals. The guidance directs plans to consider individuals who are already receiving LTSS, including IHSS, CBAS, and/or MSSP services, as high risk. It also states that plans are not required to conduct a Health Risk Assessment on dual eligibles who are enrolled in MLTSS plans. Currently, this guidance does nothing to further the provision of LTSS to either duals enrolled in MLTSS plans.

Conditioning the provision of care coordination for duals enrolled in MLTSS plans on the basis of risk stratification is nonsensical. The guidance directs plans to stratify dual eligible members in high and low risk categories based solely on LTSS use. Yet, LTSS use alone is not an accurate measure of risk. Arguably, duals not currently receiving LTSS are at higher risk and in need of care coordination because they are not receiving any support services. Duals without current

LTSS are those individuals who are more likely to have repeated hospital admissions, use the emergency room, and be at risk for institutionalization because they are not receiving needed LTSS and care coordination. The current guidance just ensures that individuals who are currently receiving services continue to receive them and other services. While this is important, it ignores the needs of the bulk of dual eligibles enrolled in MLTSS plans.

Because MLTSS plans do not necessarily have access to Medicare utilization data to create a risk stratification algorithm that accurately reflects a member's risk, plans should be guided instead to conduct a limited HRA that identifies needs that the Medi-Cal plans are responsible for, including most notably long-term services and supports, but also Medi-Cal only benefits like transportation, durable medical equipment, and dental. Plans must be required to administer the LTSS Referral Questions (Attachment) to all members in MLTSS plans regardless of their Medicare status. This policy would ensure that all members are being assessed for LTSS. Otherwise, there is no benefit of a dual being enrolled in an MLTSS plan. Furthermore, and most saliently, federal law requires plans to identify LTSS need pursuant to the newly enacted Medicaid Managed Care Regulations. Specifically, 42 CFR § 438.208 (c) requires plans to conduct a comprehensive assessment to identify members who need LTSS or other special health care needs. Accordingly, to comply with federal law, plans must be directed to conduct a Health Risk Assessment for all members that will identify LTSS need.

Long-Term Services and Supports Referral Questions, Attachment (DPL 17-00C) and (APL 17-00B)

In addition to those comments put forth by Alzheimer's Los Angeles, we recommend that Question 9 under financial insecurity or poverty be expanded. Instead of a single yes/no question, the question should be framed as a more comprehensive list:

- a. Do you have money to pay for food?
- b. Do you have money to pay for rent?
- c. Do you have money to pay for medicine or other medical bills?
- d. Do you have money to pay for other bills like electricity or gas?
- e. Do you have any legal action against you for rent or other bills?
- f. Are you having any issue with your Medi-Cal, Medicare, or Social Security benefits?

Framed as a list, the plan will be able to identify if a member needs access to programs like Meals on Wheels, housing assistance, legal aid assistance, financial planning, and other community supports.

Beneficiary Testing

We recommend that DHCS review the LTSS Referral Questions with beneficiaries to ensure that they are understandable to members. Members of MLTSS and Cal MediConnect plans speak many different languages, come from different cultures, and traditionally have low health

literacy. Testing the questions with a representative sample of plan members will ensure that the questions accurately capture the information sought.

Thank you again for the opportunity to comment. Please feel free to contact us to discuss our recommendations further by contacting Amber Christ with Justice in Aging at achrist@justiceinaging.org.

Sincerely,

Justice in Aging
Health Consumer Alliance
CCI Ombudsman