

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

October 20, 2017

California Department of Health Care Services
Submitted via email: info@calduals.com

Re: Multipurpose Senior Services Program, Coordinated Care Initiative: *Transition Plan Framework and Major Milestones Draft*

To Whom It May Concern:

Thank you for the opportunity to comment on the Multipurpose Senior Services Program, Coordinated Care Initiative: *Transition Plan Framework and Major Milestones Draft*. We believe this draft document is an important step in developing a robust transition plan that will ensure the MSSP benefit is maintained at the equivalent level and type for California's frailest older adults. We have the following comments and concerns regarding the current draft and process.

Model of Care & Readiness Criteria

The draft transition plan contains very little detail regarding a model of care and plan readiness criteria to guarantee that the plans are ready to provide a benefit that is the equivalent type, level, and frequency as the current MSSP benefit. This is important because without a very clear model of care and readiness criteria, plans will not be adequately prepared to serve the population in need of these critical benefits.

As a part of this transition, managed health care plans, the Department of Health Care Services, and the Department of Aging in collaboration with MSSP providers and stakeholders must develop "an integrated, person-centered care management and care coordination model that works within the context of managed care and explore which portions of the MSSP program model may be adapted to managed care while maintaining the integrity and efficacy of the MSSP model."¹

The draft transition plan lays out readiness criteria at a very broad level. For example, it requires a review of the plans' care management staffing structure, their ability to accept and transition

¹ WIC § 14186(b)(7)(B)
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current MSSP members and their capacity to accept new members, but provides no specificity as to what plans will have to show to meet that criteria.

The following examples provide clear and enforceable criteria for the MSSP sites as they exist today and should be used as models for the transition plan to ensure real standards exist as the benefit is crosswalked to the managed care plans.

Staffing Example

The transition plan fails to address what staffing model the plans will be required to have in place and the qualifications of staff and their responsibilities. Currently, MSSP sites have clear requirements regarding the staffing model, qualifications of staff, and responsibilities of staff. For example, nurse case managers must hold a license with good standing with the California Department of Consumer Affairs Board of Registered Nursing plus one year of clinical nursing experience. The nurse care manager is responsible for certifying level of care; conducting assessments/reassessments; collaborating and consulting with the social worker case manager to develop the care plan; implementing and monitoring the care plan; developing a support system for the participant; collaborating with physicians and other health professions; and more.² Without these criteria, how will plans demonstrate that they have adequate staffing structures in place to deliver the benefit? We propose the Department adopt minimum staffing standards in order to ensure qualified professionals with clear job duties are providing the benefit to consumers.

Supplemental Services Example

MSSP today provides case management and care coordination services that are far more intensive than that provided in the health plan model, including the provision of supplemental services that are not available through Medicare and Medicaid. While the draft transition plan includes a list of these supplemental benefits and states that plans must have an adequate network of providers to deliver these extra benefits, it does not outline how plans will demonstrate network adequacy or include the licensing requirements for the providers offering supplemental benefits that are currently outlined in MSSP guidance today.³ These supplemental benefits are instrumental in maintaining MSSP recipients in the community. We know that Cal MediConnect plans have provided few care plan option benefits, which would be considered comparable to supplemental benefits under MSSP today. We want to ensure that members retain access to these supplemental benefits when the plan is responsible for their delivery. Accordingly, the transition plan should emphasize that these are required benefits when warranted and DHCS should review the utilization of these benefits pre and post transition.

² MSSP Site Manual, Chapter 2, available at http://www.aging.ca.gov/docs/MSSP/SiteManual/2016/Chapter_2.pdf

³ MSSP Site Manual, Appendix 26, available at <http://www.aging.ca.gov/docs/MSSP/SiteManual/Appendices/Appendices/Appendix%2026%20Licensure%20and%20Certification%20-%20Provider%20Qualifications.pdf>

Grandfather Policy

We continue to have serious concerns regarding Appendix A: Guidance on Grandfathered MSSP Participants. First, the enrollment policy is superfluous with regard to which services must be provided. All individuals who meet the criteria for MSSP today or for the new managed care MSSP benefit (referred to as HCBS-CPM in the draft document) are entitled to the equivalent level of benefits as provided under MSSP currently. The transition to managed care is supposed to maintain the MSSP benefit at the equivalent level, type, and extent; only the delivery system for the benefit is changing. Accordingly, both those receiving MSSP benefits at the time of the transition and those newly assessed for the health plan benefit should have “access to all services previously available under the MSSP waiver.”

Second, the transition plan fails to address managed care plan requirements for individuals who are on the MSSP waitlist at the time of transition. These individuals have been waiting months, if not years, to access this benefit as they waited for a waiver slot to become available. As a health plan benefit, this slot limitation is no longer a barrier to the benefit. Plans, therefore, should be required to immediately assess these individuals on the waitlist for the plan benefit.

Assessment of Health Plan Members for HCBS-CPM

The transition plan should lay out requirements for plans to identify existing plan members for the new benefit. As written, the draft does not indicate how health plans will identify members who might be eligible for the new benefit. Currently, MLTSS plans are not required to conduct a health risk assessment for their dual eligible members who are only enrolled in the MLTSS plan. They also are not required to conduct the LTSS questionnaire for members who are not already receiving MLTSS. This is particularly problematic when combined with the fact that plans also have no requirement to assess waitlist participants for the benefit in the draft plan.

Stakeholder Process

We have serious concerns that the stakeholder process will be difficult if DHCS does not maintain an active role moving forward. The transition plan designates county offices of aging to be the lead entity in the stakeholder process and plan development. The aging offices have not been engaged in the transition to date, and therefore do not have the historical knowledge to inform the development of the plan. This problem is compounded in counties with multiple health plans and a large number of MSSP providers (e.g. Los Angeles County). We strongly urge DHCS to maintain an active role in leading and organizing the stakeholder process and development of the transition plan.

Oversight

We are pleased to see that plans will be required to report on the new benefit on a quarterly basis. This is critical to ensure that the benefit is being delivered at the same level and extent to

members and that access to the benefit is being expanded to include all plan members who qualify. We encourage DHCS to make this data readily available to the public through publishing it on the CCI LTSS dashboard.

Providing intensive care management and support for frail seniors who face challenges in independent activities of daily living is crucial to prevent unnecessary institutionalization. MSSP is an important element of California's plan for implementing the *Olmstead* decision; indeed, it is currently the only diversion-related service to focus specifically on older adults. A robust transition plan will support access to these services in the most integrated setting possible pursuant to the Americans with Disabilities Act.

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

Sincerely,

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Justice in Aging