

# JUSTICE IN AGING

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FIGHTING SENIOR POVERTY THROUGH LAW

October 1, 2018

California Department of Health Care Services  
Submitted via email: [info@calduals.org](mailto:info@calduals.org)

Re: Multipurpose Senior Services Program (MSSP), Model of Care Workgroup Recommendation Memo One

Ms. Brooks,

Thank you for the opportunity to comment on the Multipurpose Senior Services Program (MSSP), Model of Care Workgroup Recommendation Memo One. We appreciate the time the workgroup has dedicated to this process, and have the following comments to ensure the MSSP benefit is maintained when transitioned to managed care at the equivalent level and type for older adults and people with disabilities most at risk for institutionalization.

## **Two-Tier System**

Our biggest concern with the recommendations outlined in the memo regard the joint care planning and data sharing responsibilities of plans, which differ based on whether a dual eligible recipient is enrolled in a Medicare-Medicaid plan compared to enrollment in a Medi-Cal plan only. The robustness of the MSSP benefit cannot be contingent on a dual eligible's enrollment choice. Duals enrolled in the MSSP program today receive the same level of benefit regardless of payer, and the transition of the MSSP benefit to managed care is required to maintain the integrity and efficacy of the MSSP model and provide equivalent services.<sup>1</sup> Accordingly, the memo needs to be amended to require the same standards be applied to all duals regardless of plan enrollment type. Furthermore, the memo must provide guidance to plans on how they will deliver the same benefit to both populations. MSSP providers have been successfully providing the same level of services regardless of payer, and therefore, should be consulted in developing the standards for health plans to fulfill this requirement.

Ninety percent of dual eligibles receiving MSSP today in the CCI counties are enrolled in a Medi-Cal plan only. The transition of their benefit to managed care cannot result in a less robust benefit than they are currently receiving today. Federal Medicaid law requires that a Medicaid benefit

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<sup>1</sup> See WIC §14186

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must be provided in the same amount, duration, and scope to all enrollees.<sup>2</sup> If managed care plans contend that they are not able to provide the benefit at the same level for all enrolled members, the State's decision to transition the benefit into managed care must be reversed.

### **Eligible Members**

The biggest advantage the transition of the MSSP benefit from a waiver benefit to a managed care benefit presents is the ability to provide the benefit to more individuals. We, therefore, appreciate that the memo considers expanding the benefit to younger individuals. Yet, the goal of the MSSP benefit is to prevent institutionalization, which is not contingent on age. Accordingly, we recommend that eligibility for the MSSP benefit be evaluated based on functional need rather than age. We recognize that this is a significant change in eligibility and recommend that the Department study the impact of this proposal or any expansion of the eligibility criteria for the benefit.

### **Data Sharing**

Data sharing between the plan and providers is fundamental in maintaining the same level of benefit currently provided today to all enrolled members. The Cal MediConnect program has demonstrated the barriers that arise in providing the MSSP benefit when data sharing protocols are not in place. Yet, instead of providing clear data sharing protocols, the memo includes several proposals for data sharing from which providers and plans can choose in the contracting process. Instead, as the MSSP Site Association has put forward in their comments, the Department should "provide dedicated leadership, planning time, and financial resources during the demonstration period to establish protocols that address multiple data platforms, infrastructure, and data integration practices."

### **Additional Guidance**

While we know that the Department plans to release additional recommendations on the transition, we are concerned that they do not address the model of care health plans will have to adopt to continue the benefit at the same level. 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.

There are a number of areas of the model of care that health plans should be required to demonstrate that they are ready to implement prior to the transition. For 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 states that plans must have an adequate network of providers to deliver supplemental benefits, neither the transition plan nor any proposed memo includes how plans will demonstrate network adequacy or include

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<sup>2</sup> Social Security Act § 1902(a)(10)(B); 42 CFR § 440.240

the licensing requirements for the providers offering supplemental benefits that are currently outlined in MSSP guidance today.<sup>3</sup> These supplemental benefits are instrumental in maintaining MSSP recipients in the community. We know that Cal MediConnect plans have provided few if any care plan option benefits, which would be considered comparable to supplemental benefits under MSSP today. We want to ensure that all members retain access to these supplemental benefits when the plan, whether a Medi-Cal plan only or a Cal MediConnect plan, is responsible for their delivery.

Again, thank you for the opportunity to comment. Please feel free to contact me to discuss our comments in more detail.

Sincerely,

Amber Christ, Senior Staff Attorney  
Justice in Aging

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