

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW



February 8, 2019

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

Re: Multipurpose Senior Services Program (MSSP) Purchased Services Recommendations

Ms. Brooks,

Thank you for the opportunity to comment on the Multipurpose Senior Services Program (MSSP) Model of Care Workgroup Recommendations for Purchased Services. In making these comments, we continue to appreciate the workgroup's commitment and dedication to the stakeholder process and support the comments made by our partners at the MSSP Site Association. We make the following comments to ensure the MSSP benefit is maintained at the equivalent level for older adults and people with disabilities as it transitions to the new Home and Community-Based Services Care Planning and Management (HCBS CPM) benefit under managed care.

Model of Care System

We begin by reiterating Justice in Aging's comments from October 2018 in response to the Model of Care Workgroup Recommendations Memo One. While the Department may release additional recommendations prior to the transition date, we remain significantly concerned that neither Memo One nor the Purchased Services recommendations address the model of care that health plans will have to adopt to continue the MSSP benefit at the same level. In our experience working on healthcare transitions, this level of guidance is important because without a very clear model of care and readiness criteria, plans will not be adequately prepared to serve the members who would benefit most from MSSP-like services. Such guidance would only be enhanced through the stakeholder process and the opportunity for review and comment.

We encourage the workgroup to release for public comment recommendations and proposals related to the model of care and how health plans should continue MSSP model of care under the HCBS CPM benefit.

Purchased Services Recommendations

The purchased services recommendations can be significantly strengthened by: (1) integrating the purchased services process into the overall model of care; (2) allowing greater flexibility for the need of purchased services due to a significant change in condition; (3) providing plans clearer guidance on natural supports; and (4) detailing how the Department will carry out oversight on purchased services.

Integrating Purchased Services into the Overall Model of Care

We are concerned that the workgroup's recommendations do not integrate the purchased services processes into the HCBS CPM model of care. Specifically, it is unclear how plans will identify beneficiaries who will benefit from purchased services. The recommendations do not indicate when or how an assessment for purchased services is triggered. It merely indicates that the provider should conduct an assessment in the development of a care plan. Leaving the identification of need for purchased services solely with the care plan process may not be comprehensive enough to meet the complex needs of older adults and people with disabilities.

In the Cal MediConnect context, assessments and care plans are required for enrollees. However, despite those mechanisms, the inclusion of standardized questions in the Health Risk Assessment to probe for long-term services and supports (LTSS) needs and the ability of health plans to offer MSSP-like services through Care Plan Options, DHCS data indicate very few MSSP referrals and only a handful of plans who have used CPO to provide MSSP-like services over a two-year period. In light of these experiences, the Department has a significant responsibility to release clear guidance that ensures plan policies and procedures identify all beneficiaries who would benefit from purchased services and ensure access to them.

Allowing Greater Flexibility for the Need of Purchased Services Due to a Significant Change

We appreciate that the recommendations allow for new needs to be identified in emergency situations. We believe that guidance should be more flexible and also initiate care planning for purchased services when a significant change in condition occurs that may fall short of an emergency situation.

Providing Plans Clearer Guidance on Natural Supports

In recommending that the plan first exhaust informal resources before referrals and purchases, we encourage the Department to consider the problem that plans can often assume the availability and appropriateness of voluntary assistance and that assumptions of support are

made without adequate justification or detail.¹ If the plan determines the needed service can be provided through a beneficiary’s support network, the plan’s notes must specifically identify who will provide such support and when/where such support is appropriate. Plans should also remind the natural supports that such support is entirely voluntary. Given the potential for abuse, we recommend that DHCS carefully consider including extensive documentary requirements to ensure consumers are not impeded from legitimately accessing purchased services under HCBS CPM.

Detailing How the Department Will Carry out Oversight on Purchased Services

Finally, on the issue of oversight, the recommendations must layout the Department’s own oversight mechanisms with respect to purchased services. As proposed, the recommendations simply indicate that plans should have access to necessary data and information to conduct oversight, but the recommendations are silent about DHCS’s roles and responsibilities in the oversight process. We would encourage the Department to consider identifying and mandating specific metrics as plan reporting requirements, like the numbers of individuals plans assessed, the number of services purchased, etc. This information will enhance the ability of the Department to conduct appropriate oversight, a critical responsibility as the plans are simply Department contractors and ultimate responsibility for the HCBS CPM benefit falls with DHCS as the single state agency. But in light of the Cal MediConnect MSSP referral and CPO data, we know that DHCS oversight does not end with reporting requirements – the Department must have plans and processes to continue closely monitoring purchased services. For example, DHCS could consider using the average number and types of purchased services currently in MSSP as a baseline to compare the same metrics under HCBS CPM.

Again, thank you for the opportunity to comment. Please feel free to contact Denny Chan at dchan@justiceinaging.org to discuss our comments in more detail.

Sincerely,

Justice in Aging
Disability Rights California
Disability Rights Education and Defense Fund
Health Consumer Alliance – CCI/Cal MediConnect Ombudsman
National Health Law Program

¹ For more on natural supports, see Rachel Gerson and Eric Carlson, Justice in Aging, Medicaid Enrollees Put at Risk When State Medicaid Programs Assume Support from Family Caregivers (Oct. 2018), available at: <http://www.justiceinaging.org/wp-content/uploads/2018/10/Medicaid-Enrollees-Put-at-Risk-When-State-Medicaid-Programs-Assume-Support-from-Family-Caregivers.pdf>.