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Cal MediConnect Care Plan Option Services A Summary for Advocates

On June 3, 2013, California's Department of Health Care Services (DHCS) released its final policy describing the additional support services that Cal MediConnect plans have the discretion to offer to plan members, now known as Care Plan Option (CPO) services. DHCS also provided a white paper describing the interaction of CPO services with existing waiver programs and a question and answer document.¹ This paper provides a summary of the final CPO services policy and discusses potential issues advocates should anticipate under the policy.²

What are CPO services?

CPO services are those long term services and supports or home and community-based services (HCBS) that might be delivered under a waiver, including, for example, respite care (both in home and out of the home), additional personal care and chore type services, habilitation, nutrition, home maintenance and minor home or environment adaptation, and other services, which could include Personal Emergency Response Systems (PERS), assistive technology, and in-home skilled nursing care.³

CPO services are supposed to be provided in addition to, and not in lieu of, required benefits. Required benefits include, for example, In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP) benefits, Community Based Adult Services (CBAS), and home health.

¹ See "Policy for Cal MediConnect: Care Plan Option Services" (June 3, 2013), available at www.calduals.org/wp-content/uploads/2013/06/Demo-CPO-services-Paper-6.3.13.pdf, "Home and Community Based Services under Cal MediConnect Questions and Answers," available at www.calduals.org/wp-content/uploads/2013/06/Question_Answer-from-HBCS-comments-6.3.13.pdf, and "Interaction of Waiver Programs with Coordinated Care Initiative" (June 3, 2013), available at www.calduals.org/wp-content/uploads/2013/06/DRAFT-HCBS-Flow-charts-6.3.13.pdf.

² For more information regarding Cal MediConnect, visit <http://dualsdemoadvocacy.org/california> or www.calduals.org/.

³ Policy for Cal MediConnect: Care Plan Option Services, p. 2.

Potential Issues:

- There is a risk that plans could offer less robust and less costly CPO services instead of, rather than a supplement to, required and well-established benefits like IHSS and CBAS.
- CPO service providers may be less qualified than traditional Medi-Cal providers that offer these types of services.
- A beneficiary may have less opportunity to self-direct his or her care with CPO services than with the traditional IHSS program in which self-direction rights are more clearly spelled out.

CPO services are not required under Cal MediConnect

Despite stakeholders' efforts to convince DHCS to require plans to provide CPO services in the Cal MediConnect benefit package, the final policy allows plans to provide CPO services at their discretion.⁴ However, DHCS expects that plans will be incentivized to provide CPO services in order to reduce costly hospitalizations and prolonged care in institutional settings. DHCS also asserts that the new CPO services policy will permit plans to provide these services liberally without the waiver caps currently in place. Waivers will remain open to enrollment. Individuals who enroll in Cal MediConnect may stay on (or join) the waiting list for a waiver, but will be required to disenroll from Cal MediConnect if they decide to join the waiver.

Potential Issues:

- It is not clear whether the financial incentive to provide CPO services will work as predicted by DHCS. Even in situations in which their provision could result in savings from decreased hospitalizations and institutional stays, plans may be reluctant to provide additional services, especially if the rates plans receive are low.
- Because CPO services are not required benefits, beneficiaries may not know they are available, creating "hidden" benefits.

Assessment for CPO services

Beneficiaries will be assessed for CPO services during their health risk assessment and any subsequent care plan assessment. DHCS envisions that CPO services will be most valuable when a beneficiary experiences a change in her health status that would require institutionalization or hospitalization. In these cases, the plan's interdisciplinary care team

⁴ *Id.* at 2.

would authorize services, including CPO services, to keep the beneficiary at home or decrease the length of hospital or nursing facility stays.⁵

Potential Issues:

- Plans may authorize only temporary CPO services while failing to assess need and eligibility for longer term supportive services.

Appeals

DHCS takes the position that because CPO services are not covered Medi-Cal benefits today, CPO services will not be subject to the Medi-Cal grievance and appeals processes. This means that a beneficiary who is denied CPO services or whose CPO services are reduced will not have the right to state fair hearing. Instead, Cal MediConnect plans are required to develop internal procedures to record and address complaints regarding CPO services. Plans are required to provide DHCS with a report summarizing these complaints.⁶

Potential Issues:

- Without a formal appeals process, it will be hard to determine if plans are providing CPO services uniformly and fairly.
- Beneficiaries will not have access to a decision-maker independent of the plan. In addition, the plans' internal processes may not guarantee the same due process protections as a formal appeals process. For example, it is unclear what plans will be required to include in notices to explain the basis for a denial of CPO services.

DHCS's role in CPO services

Under the policy, DHCS is responsible for connecting Cal MediConnect plans to providers and potential partners that can provide CPO services including, but not limited to, Agencies on Aging, Independent Living Centers, Aging and Disability Resource Connects, and California Community Transition Lead Organizations. DHCS will also offer education and technical assistance to community providers with the goal of assisting community providers to survive the transition from fee-for-service to managed care.⁷

⁵ *Id.* at 2-3.

⁶ *Id.* at 4.

⁷ *Id.* at 3-4.

Potential Issues:

- Although DHCS has committed to supporting community organizations by helping them build relationships with plans, the plans are not required to contract with these community organizations. In the future, plans may opt to contract with national vendors who are disconnected from the beneficiaries they serve and lack the trust community organizations have established over time with beneficiaries. Community organizations and providers not included in plan networks may lose funding and long-term stability.

Plan readiness and compliance

Plans that offer CPO services will be responsible for assessing a beneficiary's need for CPO services, creating a care plan incorporating CPO services, and coordinating CPO services for beneficiaries. Plans are encouraged to provide beneficiaries with these services through community organizations that provide such services, but are not required to do so.

In order to provide CPO services, plans must have in place policies and procedures that address how to assess a beneficiary for CPO services; policies and procedures to refer beneficiaries to community providers that provide CPO services; training curriculum and programs targeted at plan staff on the ADA, *Olmstead*, CPO service issues, and the types of home and community-based services that may be available; and policies and procedures to address grievances.⁸

Potential Issues:

- Historically, plans have not offered CPO services. Any provision of these services will be a new and untested undertaking by the plans so the policies and procedures the plans put in place may prove ineffective in practice.

Conclusion

If Cal MediConnect plans offer CPO services, the result could be a less-costly means of helping a beneficiary stay in the home rather than being institutionalized or hospitalized. However, the fact that plans can provide these benefits at their discretion combined with the fact that there is no formal means for a beneficiary to appeal a plan's decision could lead to the unfair and arbitrary provision of these benefits. Advocates should be aware of the potential issues beneficiaries may encounter when trying to access CPO services and be prepared to advocate for these services before the plans and DHCS.

⁸ *Id.* at 5.