

July 24, 2014

Department of Health Care Services

Delivered via email to info@calduals.org

Cc: Margaret Tatar, Margaret.Tatar@dhcs.ca.gov; Hilary Haycock, Hilary@harbageconsulting.com; Sarah Brooks, sarah.brooks@dhcs.ca.gov

Re: Comments on the APL Care Coordination Requirements for Managed Long Term Services and Supports

Greetings:

Thank you for the opportunity to comment on the All Plan Letter (APL) addressing Care Coordination Requirements for Managed Long Term Services and Supports. We have provided redlined edits to the APL and general comments below.

- One of the major goals of the Coordinated Care Initiative is to provide care in the least restrictive setting. Yet, the APL does not address how care coordination should focus on rebalancing of services from institutional care to home and community based services, including how care coordination is especially important when beneficiaries transition between settings.
- The risk stratification mechanism assigning dual eligibles who are excluded from Cal MediConnect or who opt-out of Cal MediConnect as high-risk should not be limited only to duals who are already receiving LTSS. Duals not receiving LTSS are arguably at higher risk and need for care coordination because they are not receiving any support services. MLTSS plans will have access to Medi-Cal utilization data, which includes billing information for Medicare wrap services. Many of the MLTSS plans will also have Medicare utilization data on those duals who have opted out of Cal MedConnect. DHCS should adopt a risk stratification process for this population that reflects what data the MLTSS plans will realistically have access to and that does not preclude the majority of the dual eligible population who the MLTSS plans are serving from receiving care coordination.
- The right to care coordination should not be limited to only those who are considered high-risk. Any member of an MLTSS plan should have the right to request care coordination and receive an Interdisciplinary Care Team and Individualized Care Plan

similarly to beneficiaries enrolled in a Cal MediConnect plan. This is particularly important for Medi-Cal only beneficiaries who for the first time will have both their medical and LTSS coordinated by one plan. Care coordination for those at lower risk could prevent future hospitalizations and placements in institutional settings.

Thank you for the opportunity to comment. Please feel free to contact us to discuss our recommendations further.

Sincerely,

Amber Cutler, Staff Attorney
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National Senior Citizens Law Center