



IHSS Coalition

QUALITY CARE BEGINS AT HOME

January 27, 2014

Vicki Cescato and Desi Gonzales
Adult Programs Division
Department of Social Services
Sacramento, CA

VIA EMAIL to Victoria.Cescato@dss.ca.gov and Desi.Gonzales@dss.ca.gov

RE: Comments on Draft ACL Re: Coordinated Care Initiative Care Coordination Teams

Dear Ms. Cescato and Mr. Gonzales,

The IHSS Coalition is pleased to submit the following comments on the draft All County Letter, "Coordinated Care Initiative (CCI) Care Coordination Teams (CCT)."

In addition to commenting on the draft ACL text, we note that the ACL raises a number of important, unresolved issues about how Cal MediConnect will work for IHSS consumers and others. This is very troubling because some consumers have already started to get notices about Cal MediConnect, and enrollment could begin as soon as April 1 for some people. We urge DHCS and DSS to work together to swiftly address these issues, and to involve stakeholders in the process.

Outstanding Issues and Questions to be Addressed

We see an urgent need for a beneficiary-friendly document that explains consumers' rights and choices with respect to the Cal MediConnect care coordination process. In addition to a general information sheet, there should be a specialized document tailored to existing IHSS consumers.

The information sheet should explain:

- The Cal MediConnect members' right to enroll, switch plans or disenroll from Cal MediConnect.

- Members' rights to request or to decline a care coordination team meeting (and any limitations on those rights).
- An explanation of who must be included in the team, who may be involved if the consumer chooses, and how to exercise that choice.
- How the Cal MediConnect plan's assessment process works, and how it differs from the IHSS assessment process.
- How the Cal MediConnect member's confidentiality is protected, who may share information with whom, and rights the consumer has to control their own personal information.
- How to file complaints, grievances and appeals.
- How to request accessible materials and processes to accommodate a disability, or materials in a different language.

Comments on Draft ACL

In addition to these general issues, we have a number of specific comments on the draft ACL:

- **CCT v. ICT** [throughout]. The draft ACL refers to "Care Coordination Teams (CCT)", while the DHCS Duals Plan Letter (DPL) about the same subject (No. 13-004, July 17, 2013) refers to the same entities as "Interdisciplinary Care Team (ICT)." For consistency's sake, the DSS ACL should use the same terminology as the DHCS DPL, unless there has been a cross-department decision to change terminology.
- **Description of Cal MediConnect** (p. 2, first paragraph). This brief description should include a reminder that enrollment in Cal MediConnect is not mandatory, and dual eligibles may choose to opt out at any time. See p. 1 of the DHCS DPL.
- **Composition of the ICT/CCT** (p. 2-3). The composition of the ICT in the draft ACL does not match the description in DHCS's DPL. Since the DPL is presumably the more authoritative guidance on the subject, the ACL should mirror the DPL. Specifics include:
 - The County is not a mandatory member of the ICT; instead, when appropriate this person should be included, if approved by the consumer.
 - CBAS is not a mandatory member; instead, when appropriate this person should be included and if approved by the consumer.
 - MSSP is not a mandatory member; instead, when appropriate this person should be included and if approved by the consumer.
 - The PCP is a mandatory member, or a specialist in the event that the specialist is acting as the PCP.
 - The care coordinator is a mandatory member.
 - Other non-mandatory members that are listed in the DPL are not listed in this draft ACL, e.g., nurse, hospital discharge planner, behavioral health service provider, etc.

- **ICT/CCT Facilitation Function** (p. 3, last paragraph). As the draft notes, assessment and authorization of IHSS will continue to be performed by the counties. This ACL should come up with clearer directions regarding how the Cal MediConnect care management process will dovetail with the ICT/CCT assessment and care planning process. In particular, DSS should specify that the CCT assessment and care planning process does not need to happen prior to IHSS assessment and hours authorization, and that IHSS must continue to respond to requests for services within the already established time frames (i.e., the CCT process may not be used as an excuse to delay IHSS authorization), but that information that comes from the person-centered plan may be used by the consumer as a basis for a request for a reassessment of IHSS needs.
- **Call Lines** (p. 4). While we agree that IHSS consumers should continue to have access to the call lines provided by their IHSS social worker, this draft ACL should make clear that IHSS consumers are still allowed to call and use the ICT/CCT's general call line or mechanism for consumer inquiries and input.
- **Mechanism for Complaints and Grievances and Accessibility** (p. 4). This section should provide more detailed instructions regarding the ICT/CCT's obligations to provide a complaint and grievance process that is accessible to all people regardless of language ability or disability needs. Limited English Proficient (LEP) consumers should receive notices about the complaint and grievance process in their own language, and should be able to use the process in a language other than English. The ICT/CCT must ensure that communications with people with disabilities are as effective as communications with others, and should inform consumers of their right to ask for auxiliary aids and services. People with disabilities who need modifications to the process to meet their own unique needs should receive these. Once a consumer has requested a particular language, auxiliary aid or service, or disability modification, or their needs have been otherwise identified, that request or need should continue to be honored in all communications with the consumer.
 - In addition, the ACL should separately explain that these obligations regarding accessibility apply to the entire ICT/CCT process, not just complaints and grievances.

Thank you very much for your consideration, and please do not hesitate to contact Coalition members with additional comments.

AARP-California
Access to Independence
ACLU of Southern California
Alzheimer's Association, California Council
California Alliance for Retired Americans (CARA)

California Association of Public Authorities (CAPA)
California Church IMPACT
California Council of Churches
California Council of the Alzheimer's Association
California Council of the Blind
California Disability Community Action network (CDCAN)
California Foundation for Independent Living (CFILC)
California IHSS Consumer Alliance (CICA)
California Senior Legislature
California State Council on Developmental Disabilities
California United Homecare Workers (CUHW)
Californians for Disability Rights, Inc. (CDR)
Communities Actively Living Independent & Free (CALIF)
Congress of California Seniors
Dayle McIntosh Center for the Disabled
Disability Rights California (DRC)
East Bay Community Law Center
FREED Center for Independent Living
Friends Committee on Legislation
Gray Panthers
IN SPIRIT
Independent Living Resource Center Inc.
Independent Living Services of Northern California (ILSNC)
Marin IHSS Public Authority
National Senior Citizen's Law Center
Nevada-Sierra-Plumas Public Authority
Northern California ADAPT
Older Women's League
Personal Assistance Services Council of Los Angeles
Planning For Elders
Resources for Independent Living
San Francisco IHSS Task Force
San Francisco Public Authority
SEIU Local 521
SEIU United Healthcare Workers West
SEIU United Long Term Care Workers
Service Employees International Union – State Council
Silicon Valley Independent Living Center (SVILC)
Southeast Asia Resource Action Center | California Office
The Arc and United Cerebral Palsy in California
The San Diego IHSS Coalition
Tri-County Independent Living Center, Inc.