On May 4, 2012, the Senior Services Coalition of Alameda County submitted comments on California's Dual Demonstration Plan Draft to the California Department of Health Care Services. The following are excerpts from the comment form that was submitted.

1. DHCS's Draft Duals Plan indicates that Demonstration Health Plans will be responsible for IHSS, MSSP, CBAS and other Section 1115c home and community-based services… It is necessary to emphasize that the plans do not have the authority to reduce, eliminate or otherwise marginalize these powerful long term services and supports, whether in pursuit of short term profitability or otherwise… It is essential, for instance, to protect the range of purchased services that MSSP is able to tap in order to solve a patient crisis, and to maintain the MSSP team model that partners a Nurse with a Social Worker, as these two perspectives result in a high level of effectiveness in assessments, care plans and interventions.

2. We strongly recommend that the managed care plans be required to maintain at least the current level of services/number of "slots" and fee structures so that the use of powerful models such as MSSP and CBAS is not marginalized or subject to the whim of the Plans' bottom lines, and so that the providers of these services are adequately compensated.

3. We strongly urge the State to allow beneficiaries who apply for and win exceptions to mandatory enrollment in the Demonstration to nevertheless be allowed to continue receiving waivered services, at least during the first two years of the Demonstration. This patient protection will ensure continuity of care is not at risk for a very vulnerable subset of beneficiaries.

4. We strongly urge the state to continue the MSSP waiver and require managed care plans to maintain MSSP as a distinct, independent program unless and until each managed care plan demonstrates it's aptitude in providing plan members with personalized medical and social case management, demonstrates a high level of success with provision of long term services and supports that lead to good patient outcomes, and that the demonstration of these achievements is reviewed and confirmed by a diverse stakeholder advisory group.

5. We strongly oppose this "lock-in" provision. Considering that the State plans for passive enrollment to take place in a remarkably short time frame, and that, as witnessed in the mandatory enrollment of Medi-Cal Only SPDs, the majority of beneficiaries will not have enough time to act in their own best interest and pick the plan that best suits their needs, it is irresponsible to lock beneficiaries in to one demonstration plan if there are other demonstration plan options in the county. We understand the importance of continuity for the Plans to be able to evaluate incoming enrollees, as well as the state's arguement for passive enrollment, but do not agree that this should be allowed to compromise participants' meaningful participation in choosing their plan. A compromise is suggested, in which incoming enrollees are are contacted and evaluated by the plan during a 30-day "cooling off" period, during which any enrollee would have the option of switching to another plan.

6. We are glad to see that PACE will be a clear option for enrollment, and that managed care plans will be encouraged to contract with PACE providers to serve plan members who could benefit from PACE services, but we strongly recommend that beneficiaries be able to switch to a PACE plan if they are eligible and desire to do so. This ability to choose to enroll in a PACE plan should be in effect even during the 6-month "lock in" period. In addition, in counties with PACE providers, managed care plans should actively offer PACE as an alternative to nursing home admission for any plan member for whom nursing home admission is imminent.

7. We strongly recommend that the state require managed care plans to evaluate members for and offer Adult Day Health Care or ADHC-like options to patients who, while not meeting the criteria for CBAS, could nevertheless benefit from the multi-disciplinary care offered at an ADHC/CBAS center or the protective supervision and monitoring offered at an Adult Day Care center, either short term or longer term. For instance, a patient being discharged from hospital to nursing home, or from hospital to home or from nursing home to home who needs significant support or therapy services to either maintain or gain the ability to function independently, could greatly benefit and should be offered ADHC or other daytime care as an option.

8. We are concerned that the principles fundamental to IHSS will be compromised without the continuation of local public authorities for IHSS and local consumer advisory bodies. Legislation has recently been proposed in California's Senate that could ultimately shift current responsibilities of public authorities to the State and consolidate public authorities into a single, state-wide agency. Moving public authority services to Sacramento would be a tragic disservice to consumers and would undermine the collaborative ability of local stakeholders. We recommend that strong language be added to this Demonstration Plan that maintains the role of public authorities in each county in local planning; consumer advocacy; worker screening, training and health coverage; bargaining; and emergency worker replacement services.

9. We disagree with the statement on page 19 of the Duals Plan that "Medi-Cal managed care health plans will have had many months to adapt to the unique needs of the SPD population and to adjust their networks accordingly. " Medi-Cal Managed Care Plans have not had to adjust their networks to include Medicare or LTSS providers since they are not responsible for providing those services to the SPD population. To the extent plans have made adjustments as indicated, these should become requirements, not optional adjustments.