

June 2, 2015

Brian Hansen
Department of Health Care Services
1501 Capitol Avenue
Sacramento, California 95899

RE: Comments on HHPCN Concept Paper V 2.0 (dated 4/10/2015)

Dear Mr. Hansen:

The Senior Services Coalition of Alameda County (SSC) represents over 41 organizations that provide health and supportive services to over 50,000 seniors in Alameda County, and partners with organizations that serve people with disabilities. On May 29, 2015, SSC convened the county's CCI Stakeholder Workgroup to review and discuss California's HHPCN Concept Paper. The Workgroup has been meeting for almost three years around coverage and care delivery issues affecting Duals and SPDs. The group on May 29 consisted of 27 stakeholders, and included consumers, as well as representatives from community-based supportive services and LTSS providers, independent living centers, skilled nursing facilities, Alameda County Behavioral Health Care, Health Care Services and Adult & Aging Services, CBAS centers and MSSP providers.

I am writing to convey to you the comments, concerns and recommendations that came out of that meeting.

- 1) Regarding Dedicated Care Manager who is assigned to a HH patient and participates on the Multi-Disciplinary Health Home Team: It is essential that the accreditation requirements for this role be flexible so that paraprofessionals with appropriate training are able to provide care management services and the CB-CME is able to bill for these services. This flexibility is necessary to avoid unnecessary cost pressures that could result in depriving patients of quality time.
- 2) Regarding provider referral of potentially eligible individuals to the MCP to confirm eligibility. The managed care plans do not have access to records and utilization data outside their own silo – for instance, the plans can't access utilization and other information for an individual in the Behavioral Health Care system, or who is receiving LTSS. This means that the plans lack much of the information that would allow them to confirm that an individual is eligible for HHPCN.

- 3) Regarding payment and rates for the core home health services. Stakeholders recognize that working successfully with persons facing mental health and homelessness challenges requires enhanced outreach. The MHSA is unique in addressing this reality and providing funding for outreach. If HHPCN is to be successful it needs to build similar costs for outreach into its rates.
- 4) Regarding payment methodology and rates. A vital ingredient to the success of a program that works with individuals with complex needs is a structure of rates and reimbursement that include purchase of services. It is unrealistic to assume that Community and Social Support Services will be available when needed. These services are underfunded and lack capacity to address the real need in their respective communities. If an HH Care Manager refers a patient to a program, only to have that patient wait listed or turned away, the opportunity for effective intervention is lost. Adequate funding must be provided to purchase community-based services if needed. We suggest looking to MSSP, the Multi-Purpose Senior Support Program which has proven success in stabilizing Duals and SPDs who have complex needs and are eligible for skilled nursing facility care. MSSP's Medi-Cal rate includes funds for purchase of services that can be used for a long list of often urgently needed interventions, from ramps to temporary Adult Day Care to relocation to safe housing.
- 5) In addition, our stakeholders had numerous questions about how HHPCN would interact with Targeted Case Management and with Full Service Partnerships. For effective implementation, that interaction needs to be spelled out in clear operational terms for MCPs, CB-CMEs and their contractors.

Thank you for providing the information and materials for our May 29 convening. Please feel free to contact me if you have questions or need further details about these comments. I would also be happy to convene Alameda County stakeholders or subgroups of stakeholders, if that would be helpful as you work to shape the health homes model so that it truly facilitates successful outcomes for patients with complex needs.

Sincerely,



Wendy Peterson
Director, Senior Services Coalition of Alameda County