

Comment Template

Organization: Senior Services Coalition of Alameda County

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Page	Section Title	Existing Text	Comment or Suggested Edit
1	Preamble		The preamble notes that ‘fragmentation’ is the biggest problem; this ignores problems of lack of capacity and unmet need. The caps on all of the HCBS waiver programs have resulted in large numbers of people on waiting lists. A recognition of the lack of capacity and the unmet needs/waiting lists needs to be added to the preamble and must be addressed in the document.
4	Plan Approach to Certain Home- and Community-Based Efforts		We object to the Department’s decision not to include the additional HCBS benefits currently available through waivers as required elements of the covered benefit package, which form the basis for capitated rates paid to plans. Benefits including respite, nutritional assessment, counseling, supplements, home or environmental adaptations, habilitation, transition assistance, supplemental home health and personal care, and other services MUST be required elements of the covered benefit package. Similarly, Community Care Transitions (CCT) services must be included in the covered benefit package. Failure to include these types of additional HCBS services as part of the covered benefit package sends a signal to plans that additional or supplemental HCBS are optional rather than mandatory, even for those who need them to avoid nursing home or other less-inclusive living arrangements.

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1, 3,	Preamble and throughout	References to plans' "incentives"	This Draft assumes that because managed care plans will have the financial incentive to avoid more costly institutional care, they will provide all waiver-level care to those who need it. If this financial incentive is truly sufficient, however, there is no reason <i>not</i> to formally include these services in the agreed-upon benefits package. Inclusion in the benefit package will ensure that plan rates are sufficient to provide the services; that plans establish a network of providers to deliver the services; and that plans actually offer these services to beneficiaries that need them to live in the community.
4	Readiness and Compliance	...and procedures to identify members that may need HCBS, and to refer members to community-based organizations and other entities that provide these services, such as California Community Transitions organizations, Area Agencies on Aging, Independent Living Centers, or ADRCs where available	It is not enough that managed care plans refer their members to entities that provide services. As noted above, there is a significant lack of capacity in the system not to respond to those referrals in a meaningful way (that is, in a way that provides the right services at the right time to avoid institutionalization). Referral activities are in no way an adequate replacement for the HCBS waiver options that would no longer be available to people in the CCI county.
4	Readiness and Compliance		We strongly urge the state to adopt policies similar to those described in Ohio's readiness document, requiring the plans to document disparity between need and services provided in order to build a profile that can be used to guide improvement and capacity building.

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	Document as a whole		California’s Olmstead plan describes the purpose of the waivers as not merely avoidance of institutionalization, but “to ensure the provision of all services that are necessary to ensure successful community living.” Yet nothing in the current draft document explains how managed care plans will be incentivized to meet this objective, or how their success at this objective will be measured.
	Flow Charts- Attachment E		People in a CCI county who are currently in a waiver program and who opt to stay in the waiver program might, subsequently go off their waiver due to a nursing home stay or other temporary circumstance. These individuals should 1) be able to suspend their waiver and return to it, or 2) be able to reenroll in the waiver; both options allowing them to continue their care plans, rather than suffering the extreme disruption of not only losing their waiver but also being passively enrolled into a Duals Demonstration plan. This must be treated in the document as a necessary consumer protection.

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