



United Domestic Workers of America  
AFSCME Local 3930 /AFL-CIO  
1121 L Street, Suite 508  
Sacramento, CA 95814  
(916) 554-0931 • [www.udwa.org](http://www.udwa.org)

January 9, 2012

Toby Douglas, Director  
California Department of Health Care Services  
1501 Capitol Mall Avenue  
P.O. Box 997413  
Sacramento, CA 95899-7413

**RE: Dual Eligible Demonstration Draft Request for Solutions**

Dear Mr. Douglas:

UDW/AFSCME Local 3930 represents approximately 66,000 individuals who serve as home care providers in the In-Home Supportive Services (IHSS) program. As you know, the majority of current IHSS recipients are eligible for both Medi-Cal and Medicare (or "dual-eligible"). Because the focus of California's Dual Demonstration Project is to coordinate care and integrate financing for the dual eligible population, we are particularly interested in the project's development, design, and implementation.

UDW recognizes the need for coordinated care models that provide a full spectrum of supports and services to California's dual eligibles. While we are supportive of the conceptual goals of the Demonstration and appreciate the opportunity to provide comments on the site selection criteria, we do have some concerns. UDW offers the following comments regarding the Draft Request for Solutions:

Consumer Choice and Protections

- UDW is committed to protecting consumer choice and preserving continuity of care. We believe that IHSS consumers must maintain their right to receive services in their homes and to self-direct these services. This includes the right to choose the individuals that provide their care and to hire, fire, and supervise these individuals. During the Demonstration, IHSS consumers must be able to keep their current provider as well as maintain the right to employ family members.

UDW EXECUTIVE BOARD

Laura M Reyes, President ▪ Rose Nguyen, Secretary/Treasurer ▪ Rosalina Flores, Vice President  
Connie Graham, Butte Agency ▪ Josh Cain, El Dorado ▪ Margarita Jaramillo, Kern ▪ Edward Huddleston, Jr., Merced  
Christine Nguyen, Orange ▪ William Reed, Placer ▪ Rosa Ramirez, Riverside Agency ▪ Blanca Quintero, Riverside  
Martha Martinez, Riverside ▪ Editha Adams, San Diego ▪ Mohammed A. Osman, San Diego ▪ Allene Villa, San Luis Obispo  
Elva Munoz, Santa Barbara ▪ Enedelia Bedolla, Santa Barbara Agency ▪ Roxanne Chakos, Stanislaus  
Douglas Moore, Jr., Executive Director

## Populations and Carve-outs

- In order to achieve cost-effective coordinated care and support services that are truly rebalanced toward home and community based services, Demonstration Sites must assume financial risk for all long term care services and settings. (Full financial risk may be phased-in over several years.) The entity must be responsible for the most expensive care settings, such as hospitals and nursing facilities, as well as the least expensive so that there is an incentive toward supports that allow people to live at home, where they prefer.

Your proposal to “carve out” individuals who have been institutionalized for longer than 90 days would disincentivize any possible transition into a community based setting because there would be a drastic cost difference between institutionalization for 90 days and ongoing support in the community with no end date. In addition, there are many people currently residing in institutions for longer than 90 days who would greatly benefit from transitioning back into their homes. In order to rationalize decision-making and rebalance services toward community and home-based settings for the dual eligible population, every eligible recipient should be included in the Demonstration. The Demonstration is aimed at rebalancing care away from institutional settings and into the home and community; however specific “carve outs” create a severe bias towards institutionalization. *(DRAFT RFS, Page 9)*

## Passive Enrollment and Opt-out Options

- We believe a 6 month enrollment lock-in unnecessarily restricts consumer choice. Passive enrollment and opt-out options can offer a reasonable balance between the needs of the consumer, the benefit of the integrating entity, and the overall success of the Demonstration Project. *(DRAFT RFS, Page 9)*

## PACE

- We believe that PACE should be a benefit under the Demonstration project, not an alternative option. PACE should also be given the ability to contract for IHSS services. *(DRAFT RFS, Page 10)*

## IHSS Integration

- We believe that integrating IHSS into managed care can provide positive outcomes, however the transition needs to be done strategically and with great attention to and enforcement of existing standards and policies. We see the IHSS provider becoming a unique and valuable addition to the patient care team, and we believe that in order to achieve the core goals established by the Demonstration, transitioning IHSS into managed care should be implemented in year one.

- We noticed that the current criteria for IHSS integration is only provided for one year of the Demonstration. Our concern is that after the first year of the project, anything is possible. It is imperative that existing bargaining rights and other union protections will remain intact throughout the Demonstration. *(DRAFT RFS, Page 11)*

#### Notifications and Continuity of Care

- Based on the difficulties surrounding the enrollment of the SPD population, clear notification of transition plans and continuity of care protocols should be a major goal of the Demonstration. With regard to IHSS integration, it is important that provisions are established to allow recipients to maintain their existing care providers, including family members. *(DRAFT RFS, Page 1)*

#### Provider Accountability

- Provider accessibility has been a serious issue throughout the process of transitioning SPD's into managed care. Because plans are limited in their ability to resolve these issues with providers, we believe that Demonstration should provide that DHCS has the authority to directly enforce demonstration standards at the provider level. *(DRAFT RFS, Page 12)*

#### Program Savings: "Vision for training"

- To further expand on the success of the Demonstration, any cost savings achieved by the Demonstration should be reinvested back into those Medi-Cal programs and services that help people stay in their homes. We believe that investment in IHSS provider training and co-training with their clients can achieve additional savings over time. The PACE model is a shining example of how up-front investments, such as meals-on-wheels, can save money for a program in the long run. *(DRAFT RFS, Page 26)*

#### Monitoring and Evaluation

- SB 208 requires the Demonstration to show IHSS usage before and after integration. In order to fully realize the true impact of this integration, Demonstration sites should go beyond this initial data collection and evaluate health outcomes and consumer and provider satisfaction in great detail. *(DRAFT RFS, Page 26)*

Thank you for the opportunity to provide these comments. Given the background of our membership and the clients they serve, we believe that our input is valuable in this development process. We look forward to working with you further on this important project.

Sincerely,

A handwritten signature in black ink that reads "Jovan Agee". The signature is written in a cursive style with a large initial 'J' and a distinct 'A'.

Jovan Agee  
Director of Political & Legislative Affairs