



Disability Rights California

Coordinated Care Initiative

Issues

Advocacy

Opportunities

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CWDA Conference

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www.disabilityrightsca.org

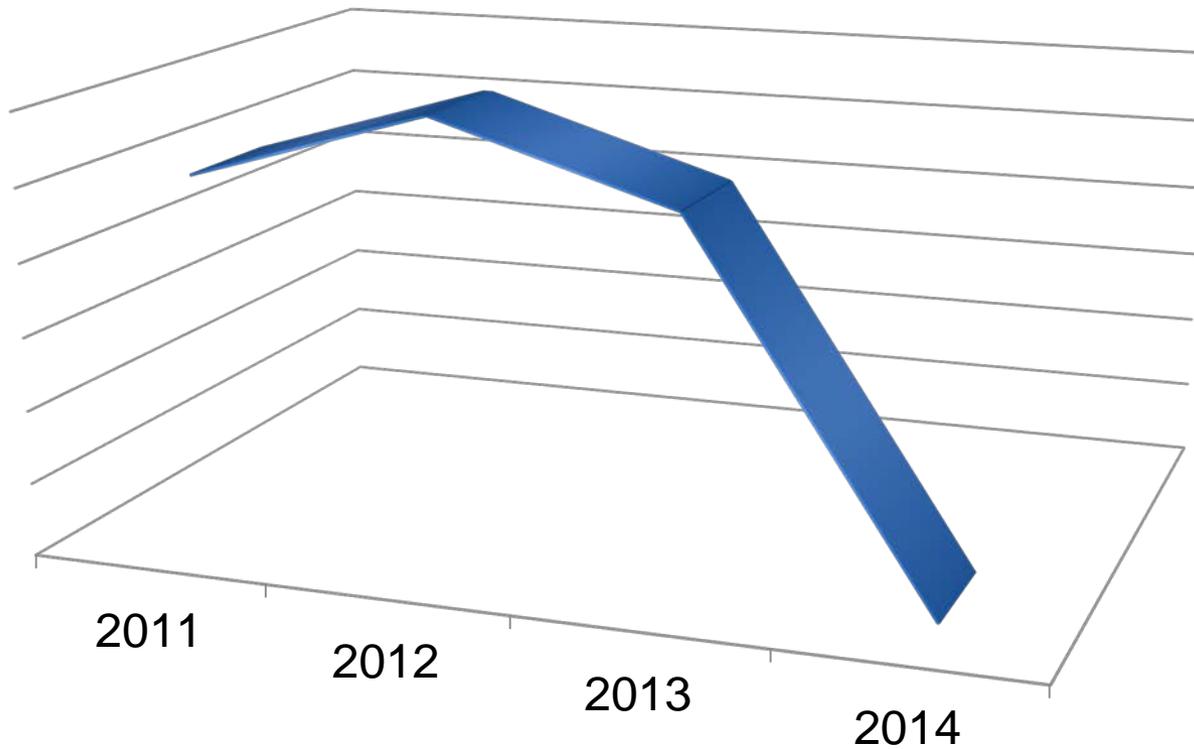
Organization Background

- Disability Rights California is California's Protection and Advocacy System. We represents persons with disabilities in a wide range of legal matters:
 - Training and direct representation in civil rights, public benefits and health care cases
 - Public policy work in civil rights, public benefits and health care
 - Abuse and neglect investigations

CCI: Best and Worst Outcomes

- If it works:
 - Institutional placement fiscal incentives eliminated
 - Flexibility to provide such services as home modification, diversion and transition from institutions, coordinated care for those who want it.
 - Easily available, adequate, appropriate and accessible medical, mental health and social services
- If it doesn't:
 - Same problems as SPD enrollment and worse
 - “Duals” bear true risk to health and life

My Learning Curve about the CCI



Our “Old” Top Ten Issues

- Consumers have central substantive role in system design, in their own care, oversight and evaluation
- Consumer preferences drive services
- No passive enrollment; no lock-in
- Fiscal incentives favor community-based services and supports
- One due process system
- Comprehensive Benefits Package – available, accessible, appropriate services & supports

Our Top Ten Issues, continued

- Conflict-of-interest-free assessments, care planning and services: what you need is what you get.
- Easy timely access to services and supports
- Core standardized assessment including functional social model philosophy/elements
- Targeted Care Management for those who want it
- Preserving what works: e.g. IHSS.
- Reasonable pace meaningful evaluation

Current Concerns

- Adequacy of consumer information
- Accessibility of providers
 - Generic meaning of access: enough of the right kinds of providers who will take new patients
 - Will people be able to keep their providers?
 - Disability Access: Will people be able to get in the door, get weighed, communicate effectively, get exams and treatment

And on...

- Assessments – non-medical
 - Who is doing what assessment, and how?
 - 15 minutes over the phone or a 3 hour home visit?
 - No uniform skill set of assessors
 - No experience with Long Term Services and Supports (LTSS)
- Care management – person-centered or otherwise
 - What does mean in the real world?

And on...

- What has the state learned from the SPD experience – where the great majority of people said their care had not improved?
- What will be different?
- How will people know they are entitled to IHSS or waivers?
- Is this the best way to run a demonstration – experimenting with one model – with a million people?

Rates and Incentives: Magical Thinking or not?

- “Magical thinking” is the belief that an object, action or circumstance *not logically related* to a course of events can influence its outcome.



What will happen?

- A. More people will get home and community based services because it will make sense to the plans

OR

- B. Most people won't get anything that the plans aren't required to provide because either the rates are too low, profits are too important or both.

What will happen?:

- A. Managed care plans will keep people out of nursing homes

OR

- B. Nothing will change because the more people in nursing homes, the higher the rate to the plans PLUS
- It's easier to do what you know how to do PLUS
- There are no real Olmstead incentives.

Will IHSS celebrate its 45th Birthday?

- How long will managed care plans accept financial risk for a service over which they have no control?
- Will managed care plans seek to use home care agencies – the model which almost all counties have dropped?
- What can and should we be doing to save the best part of the IHSS program and
- Fix that which should be improved?

PLEASE:

- REMEMBER THE MILLION LIVES AT STAKE
- DO NO HARM

THANK YOU FOR ALL YOUR GOOD
WORK