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From: Connie Arnold <ihss_advocate@yahoo.com>
Sent: Friday, November 22, 2019 10:47 AM
To: CDR Members Exchange; Evv-ca; Berkeley-Disabled Disabled; ADAPT-CAL; Educate Advocate; EngAGE@CDA; CDSS APD PQAB MPAIHSS
Cc: Nancy Becker Kennedy; Susan Chandler; Lillibeth Navarro; Connie A
Subject: CALL-IN At 2:00 PM TO KEEP FROM BEING FORCED INTO MANDATORY MANAGED CARE HMO's

Here's the call-in information for the CDSS IHSS "Listening Session" today, Nov. 22, 2019:

DATE: Friday, November 22, 2019

TIME: 2:00 p.m. to 4:00 p.m. (Pacific Time)

LOCATION: Ed Roberts Campus - Osher Foundation Room
3075 Adeline, Suite 105
Berkeley, CA 94703

CALL-IN NUMBER: 888-989-9764

CALL-IN PASSCODE: 5376545

We believe the Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) mandatory enrollment into managed care health plan networks for all Medicare and Medi-Cal beneficiaries/recipients (particularly for high risk chronic and complex condition cases) is in no way innovative. It is a revamped version of the failed Cal Medi-Connect pilot project of a few years ago. In the experience of one of our members, Nancy Becker-Kennedy says, I never got any coordinated care. In fact, the special "enhanced IHSS" program that I was told I would receive was never even implemented.

When I came home from the hospital with a collapsed lung recently and had a greatly increased need for care they were not even able to staff one night of help for me. My friends had to raise money so that I would not be dangerously alone. Please be skeptical of these promises of enhanced care for the health plans because it did not

come to fruition. The one time I tested it, not only did it fail me, but there had been no implementation of any enhanced IHSS!

We further believe that Long-term supports and services (LTSS) such as IHSS must not be put into these CalAIM managed care health plans and networks. Last time there was a huge groundswell of objection to IHSS being put into managed care by people who had come to see IHSS as the realization of our disability rights movement "prize" to live outside of institutions and in personal freedom and the community.

We vehemently oppose both being deprived of our straight Medicare which is a highly superior benefit and we don't want our IHSS being put into managed care. This is very important to fight with all we have.

This resistance led to the formation of "The IHSS Consumers Union" because we felt it would "medicalize" our IHSS program that gave us liberty, and instead, turn our homes into "out call nursing homes." We believe that Electronic Visit Verification (EVV) is a huge step into making this happen.

IHSS has always been and must continue to be a social program, unlike nursing homes that are medical programs. Much like the difference between an assisted living and a nursing home, we desperately want to keep IHSS a social program.

For those who cannot manage their care and wish to have additional coordination, we endorse care coordination, but not for those of us, who are self-directing seniors and persons with disabilities. We also felt it would use a one-size-fits-all model which always underserves the frail and extinguishes the liberty of self-directing Seniors And People With Disabilities.

Re: Mandatory Enrollment of Dual Eligible Recipients into Managed Care

For instance, in my own case, this mandatory enrollment into any mandatory managed care system would have been life-threatening in disrupting my medical care under Original Medicare and many believe this to be true for themselves. Previously, I opted out of the prior dual eligible managed care program referred to as Cal Medi-Connect managed care plans which promised coordinated care for persons with disabilities and seniors who were dual eligible for both Medicare and Medi-Cal or who had just Medi-Cal eligibility.

I chose to keep my straight Original Medicare. Being a quadriplegic, I have a propensity to have my lung collapse, a condition referred to as Atelectasis. I have had it twice and at one time it almost proved fatal. The surgeon and my pulmonologist would not have taken me as a patient because they don't accept HMO assignment. Many doctors who take Medicare will not take anyone if you're on an HMO because it's cumbersome in terms of billing and some feel it prevents them from practicing medicine in the way they feel is best.

I don't believe I would've had the surgeon who is the Chief of Thoracic Surgery at USC who saved my life with lung surgery or my pulmonologist. It was only because I had straight Medicare that I was able to have these doctors. My Oncologist is top in his field, and he was one of the lead investigators in Immunotherapy. I don't think I could keep him once forced mandatorily into the managed care health care system and assigned network; he has been treating me since 1996 for two bouts of breast cancer.

I believe many seniors and disabled people will have their healthcare greatly degraded if they have to go into an HMO system; they will lose their long-term treating specialists and physicians. My friend who had polio and who goes to Kaiser never gets the specialty treatment she needs at Rancho Los Amigos for her polio because she is in the Kaiser managed care HMO system. Additionally, cancer patients, who were passively enrolled into managed care had their cancer treatment delayed as they were switched from their treating oncologists and were moved into a managed care that did not have

network adequacy, had very grave results and time crucial treatments interrupted. When one lady was finally returned to her treating oncologist, her cancer had metastasized.

I was in touch with the attorney who got people a Medical Exemption Request because they were disabled and had to have their specialist(s). I remember many suffered great consequences after being forced into the managed care HMO system with network inadequacy and without doctors specializing in their disabilities after decades spent with doctors who did.

When working with the late great Peter Harbage on Cal Medi-Connect. He asked me what title I thought it should have. And I said: "putting medically fragile seniors and people with disabled into bargain-basement health plans is a modified form of euthanasia." The truth is we are medically fragile individuals who should not be separated from the specialists we have established connections with for decades. I know the state of California finds "a problem of high end users" because we heard it on a 'hot Mic.' Some of us do require enhanced medical care because we have disabilities, but does that give the state the right to cut our lives short to save money. Is that morally correct? We think not.

We need to fight this California Health Care Services (DHCS) CalAIM mandatory enrollments into this managed care system with all the energy we've got. There must be a choice to keep our straight Original Medicare with an easy opt-opt system!!

Please help us fight this!! If you want to keep our straight Original Medicare (which is a superior benefit) DHCS and CalAIM should not be allowed to take it away from you!

As with Cal Medi-Connect which was touted to give more coordinated care, perhaps there are some who benefited from that, but the extra hours of care we were promised to stay out of nursing homes never

did materialize at all. We were promised that when we were sick, health plans would have a system set up to get you that extra staffing at home through home health care to stay out of a nursing home. I had an IHO Waiver that my health plan could not staff and had no mechanism for staffing even though we were promised that the health plans would pay more to keep us out of nursing homes, but they failed to do so.

This is clearly a way to save money. So beware of promises of Home enhanced care to keep you out of institutions and IHSS being put into this CalAIM system because when it was promised last time, it certainly did not materialize. In fact, it was detrimental to the overall health of persons with disabilities, seniors, and those with chronic conditions and complex disabilities.

IHSS should be carved out of the proposed CalAIM managed care health care networks and systems. Furthermore, CalAIM should have an easy opt-out and disenrollment for any Medicare and Medi-Cal beneficiaries/recipients who do not want to be a part of this mandatory managed care CalAIM system because they are capable of managing their own health care, medical needs, and want to keep their long-term specialists and existing treating physicians.

Medicare is a RIGHT which should not be taken away from us just because we are low-income and have Medi-Cal as well!

If you want to sign-on to this statement, reply to this email or send an email to nancybk@aol.com and put "sign me on" in the subject header. Otherwise, you can send your own letters to engAGE@aging.ca.gov and MPAIHSS@dss.ca.gov .

Sincerely,

Nancy Becker-Kennedy, Board Member for 20 Years, Personal Assistance Services Council (PASC), Olmstead Consultant for Communities Actively Living Independent & Free (CALIF)

Independent Living Center, Co-Founder of the IHSS Consumers Union 2 Facebook Page

Lillibeth Navarro, Executive Director, Communities Actively Living Independent & Free (CALIF) Independent Living Center, Past Chair of the Personal Assistance Services Council (PASC), Co-Founder of the IHSS Consumers Union 2 Facebook Page

Susan K. Chandler, Past President & Current Treasurer, Californians for Disability Rights (CDR), Co-Founder of the IHSS Consumers Union 2 Facebook Page

Connie Arnold, M.S. Health Services & Public Administration Policy, Disability Rights Advocate 30+ Years

Join the IHSS Consumers Union 2 on Facebook at

<https://www.facebook.com/groups/IHSSConsumersUnion2/>

"You know, my friends, there comes a time when people get tired of being trampled over by the iron feet of oppression. There comes a time when people get tired of being pushed out of the glittering sunlight of life's July and left standing amid the piercing chill of an alpine November." -- Martin Luther King, Jr.