

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL

No. 492

Introduced by Senator Liu
(Principal coauthor: Assembly Member Brown)

February 26, 2015

An act to add Section 14132.279 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 492, as amended, Liu. Coordinated Care Initiative: Consumer Bill of Rights.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. One of the methods by which these services are provided is pursuant to contracts with various types of managed care health plans. Existing federal law provides for the federal Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age.

Existing law, the Coordinated Care Initiative (CCI), requires the department to seek federal approval pursuant to a Medicare or a Medicaid demonstration project or waiver, or a combination thereof, to establish a demonstration project that enables beneficiaries dually eligible for the Medi-Cal program and the Medicare Program to receive a continuum of services that maximizes access to, and coordination of, benefits between the programs.

This bill would *make legislative findings and declarations relating to the CCI and the availability of consumer protections for beneficiaries. The bill would establish the Coordinated Care Initiative Consumer Bill of Rights, which would set forth rights to which an individual receiving care under the CCI would be entitled, including, but not limited to, rights to self-direction and choice, quality, flexibility, and accessibility of service, cultural competence, and an appropriate grievance and appeal appeals process, as specified. The bill would require the department to make the information available to providers and the public, as specified.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. The Legislature finds and declares all of the*
 2 *following:*
 3 *(a) The Coordinated Care Initiative is an innovative health care*
 4 *service delivery model for Californians who are eligible for*
 5 *services under both the Medi-Cal and Medicare programs.*
 6 *(b) Individuals eligible for services under the Coordinated Care*
 7 *Initiative represent a diverse group of older adults and persons*
 8 *with disabilities, and include some of the most vulnerable members*
 9 *of our population.*
 10 *(c) Incorporation of services from two programs required a*
 11 *variety of changes in federal and state law, and complex*
 12 *contractual agreements between the state and the federal Centers*
 13 *for Medicare and Medicaid Services, and between health plans*
 14 *and the various administering state agencies.*
 15 *(d) A key component of the Coordinated Care Initiative is the*
 16 *inclusion of comprehensive beneficiary protections, to ensure that*
 17 *eligible individuals receive appropriate, safe, and high-quality*
 18 *care. However, these protections are provided for throughout the*
 19 *various statutes and contractual documents that govern the*
 20 *establishment and operation of the Coordinated Care Initiative.*
 21 *(e) It is the intent of the Legislature in enacting this act to*
 22 *recognize the diversity of individuals receiving services under the*
 23 *Coordinated Care Initiative, and encourage implementation of an*
 24 *individualized, person-centered service delivery model. The*
 25 *Coordinated Care Initiative Consumer Bill of Rights is intended*
 26 *to empower beneficiaries to effectively participate in decisions*

1 *affecting their health care, by consolidating and clarifying the*
2 *protections afforded to them under the initiative.*

3 **SECTION 1.**

4 *SEC. 2.* Section 14132.279 is added to the Welfare and
5 Institutions Code, to read:

6 14132.279. (a) This section shall be known, and may be cited,
7 as the Coordinated Care Initiative Consumer Bill of Rights.

8 (b) A consumer under the Coordinated Care Initiative shall have
9 all of the following rights:

10 (1) The right to self-direction. The individual shall have the
11 option to coordinate his or her care and services. If due to cognitive
12 impairment the individual is unable to do so, a statutory option
13 should be made available to allow for a surrogate or informal
14 caregiver chosen by the individual to coordinate care.

15 (2) The right to choice. Plan networks should ensure that
16 individuals have access to, and choice of, a range of providers and
17 settings across the continuum of care, including health care
18 services, behavioral health services, and long-term services and
19 supports.

20 (3) The right to coordination. An individual shall have access
21 to care coordination, in accordance with his or her needs and
22 preferences.

23 (4) The right to integration of services. Services shall be
24 delivered to the individual in an integrated manner, regardless of
25 the source of payment.

26 (5) The right to flexibility. Services within a plan's contracted
27 services shall meet the individual's changing needs and incorporate
28 new modes of service and supports.

29 (6) The right to quality. All services and supports shall be of
30 high quality and shall be ~~person-centered.~~ *person-centered.*
31 Statutory standards *should* be established ~~should~~ to provide a
32 mechanism for enforcement.

33 (7) The right to cultural competence. Individuals shall have
34 access to threshold language services. Services should be
35 appropriate and responsive to the needs of all populations.

36 (8) The right to accessibility. Services and information shall be
37 easy to access. In accordance with the federal Americans with
38 Disabilities Act, services shall be delivered in a manner that is
39 physically, cognitively, and programmatically accessible.

1 (9) The right to personal assistants and caregivers. The system
2 of care shall support the role of quality paid and unpaid caregivers,
3 including family caregivers, and shall recognize the importance
4 of workforce development, caregiver needs assessment, and the
5 availability of training.

6 (10) The right to independence. Services across the continuum
7 shall support maximum independence, full social integration, and
8 quality of life.

9 (11) The right to grievances and appeals. Participants shall have
10 access to an independent grievance and appeals process. Access
11 and resolution shall be prompt, without disruption in service
12 delivery.

13 (12) The right to timeliness. All services and supports shall be
14 delivered in a timely manner, in order to ensure the individual's
15 optimal health and functioning.

16 (c) The department shall post the Coordinated Care Initiative
17 Consumer Bill of Rights on its Internet Web site, and shall also
18 provide copies to ~~members or providers~~ and the public upon
19 request. The department shall make the bill of rights available to
20 the public in prevalent languages.

21 (d) *This section shall be implemented only to the extent permitted*
22 *by all of the following:*

23 (1) *Applicable federal Medicare law.*

24 (2) *Applicable Medi-Cal law.*

25 (3) *The "Memorandum of Understanding (MOU) between the*
26 *Centers for Medicare and Medicaid Services (CMS) and the State*
27 *of California Regarding A Federal-State Partnership to Test a*
28 *Capitated Financial Alignment Model for Medicare-Medicaid*
29 *Enrollees - California Demonstration to Integrate Care for Dual*
30 *Eligible Beneficiaries."*