

# — California NeuroAlliance —

## *Issue Paper*

### ***SHIFT TO MEDI-CAL MANAGED-CARE: WHAT DOES IT MEAN FOR PEOPLE WITH DISABILITIES?***

*The ALS Association*

*American Academy  
of Neurology*

*American Stroke Association  
(a division of American Heart  
Association)*

*Association of  
California Neurologists*

*Brain Injury Association of  
America/CA Representatives*

*Epilepsy Foundation*

*Huntington's Disease  
Society of America*

*Hydrocephalus Association*

*Myasthenia Gravis Foundation  
of California*

*National Multiple  
Sclerosis Society*

*Neuropathy Association*

*Parkinson's Association*

*United Cerebral Palsy  
Association-  
Golden Gate*

*In his FY 2005/06 budget, Governor Schwarzenegger is proposing to restructure the Medi-Cal program with the goal of maintaining health care coverage for eligible Californians while containing program costs. The Governor proposes to accomplish this by requiring many elderly and disabled persons, approximately 554,000, to enroll in a state sponsored Medi-Cal managed health care program.*

#### **Background**

Medi-Cal provides medical services for 6.6 million low-income individuals in California. According to the Department of Health Services, over 81 percent of seniors and persons with disabilities receive their health care through a Medi-Cal “fee-for-service” system. Under this system, individuals can make their own decisions about the type of doctor with whom to consult and doctors are paid for every service they provide. Other elderly and disabled Medi-Cal recipients receive health care through a managed care system. Managed care systems operate on the principle of centrally managed care, with a primary care physician making the decisions about referring an individual to specialty care.

Elderly, blind, and disabled individuals comprise a small share of Medi-Cal enrollees, but represent a disproportionately higher share of Medi-Cal program costs. Governor Schwarzenegger’s budget proposes to lower these costs by expanding the existing Medi-Cal managed care system to cover a greater share of the elderly and disabled population. Under the Governor’s proposal, 554,000 elderly and disabled individuals currently served by a Medi-Cal fee-for-service program would be re-enrolled in a managed care system. Enrollment would be mandatory for these Medi-Cal recipients. For those eligible for both Medicare and Medi-Cal, enrolling in Medi-Cal managed care would be optional.

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## **Concerns About This Proposal for People with Neurological Conditions**

1. ***Access to Knowledgeable Specialists.*** Medi-Cal managed-care will not improve access to specialists, already absent in some communities, who are qualified to diagnose and treat special health care conditions, including disabilities and chronic illnesses. Without a medical provider who is knowledgeable about the patient's special health care needs, there may not be a provider who is able to confirm the medical necessity of the services that patients need, and who is able to advocate for them. Important services may be denied or inappropriate treatment may be ordered.
2. ***Continuity of Care.*** The current physician-patient relationship established in the fee-for-service Medi-Cal system, so critical for people with chronic illnesses and disabilities will be cut-off. Also, physicians moving in and out of the managed-care plans will disrupt continuity and quality of care for patients. Expanding Medi-Cal managed care should consider the needs of people with neurological conditions before implementing any transition away from a fee-for-service system.
3. ***Cost.*** The focus on holding down costs may create a barrier to patient care and put individuals with disabilities at greater risk.

## **California NeuroAlliance Policy Principles**

Successful care for individuals with disabilities in managed-care plans requires understanding their diverse and complex needs. Addressing those concerns means fitting them into the managed-care plans' services so that special health care needs are met. It is imperative that any shift to managed care for people with disabilities be implemented thoughtfully, and within a time frame that assures the least disruption of services.

California NeuroAlliance urges the Legislature to incorporate the following specific quality standards into any expansion of the Medi-Cal managed care system.

1. Ongoing communication networks with the disabled community, including expanded use of outreach and advisory groups.
2. Access to specialized equipment to care for people with disabilities.
3. A comprehensive network of specialty physicians.
4. Timely access to appropriate specialty care.
5. Appropriate rates to assure that specialists remain in the network.
6. Education and training for community health centers on caring for disabled people. If primary care providers are not available in a community, referrals are often made to community health center
7. A separate patient advocate system for the disabled population that responds quickly to patient complaints. Lengthy waits adversely affect the health of people with disabilities and chronic illnesses who need access to appropriate and timely care.
8. Access to necessary and appropriate pharmaceuticals, durable medical equipment and supplies for patients.
9. Access to transportation services, including assuring available paratransit and/or vouchers for taxis, so that health care services can be accessed.