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LCAO Dual Eligible Principles

The Leadership Council of Aging Organizations (LCAO) is a coalition of 66 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. Advocacy on behalf of vulnerable older adults is central to LCAO's mission. It is imperative that dually eligible beneficiaries—the nearly nine million individuals eligible for both Medicare and Medicaid, many of whom live with more complex health conditions and lower incomes than other beneficiaries in these programs—receive the health benefits and services that best meet their needs. We recognize the diversity of the dually eligible population, and that no one size fits all. We urge policymakers and others to consider the following consensus principles when proposing, changing, or analyzing the full range of benefits, models, and plans designed for dually eligible beneficiaries.

1. CHOICE - Dually eligible beneficiaries should be able to choose how, where, and from whom they receive care.

- **Information about options.** Dually eligible beneficiaries, their family caregivers and representatives, as appropriate, should be informed of all health care and long-term services and supports (LTSS) options, independent of plans or models, from which they can choose. This information must be easy to understand and culturally and linguistically appropriate.
- **Voluntary enrollment.** Choice of care must be voluntary, “opt in” enrollment vs. mandatory enrollment or assignment. Dually eligible beneficiaries must not be forced or locked into any plans or delivery models or be deprived the right to choose afforded to other Medicare beneficiaries.
- **Choice of providers.** Dually eligible beneficiaries should have choice of health providers from whom they will receive care, especially if they wish to continue an established provider relationship.
- **Differing coverage standards.** Where Medicare and Medicaid provide two different coverage standards for the same benefit, beneficiaries should be assured access to the benefit that most closely meets their individual needs.

2. ACCESS – Dually eligible beneficiaries should have access to a full range of benefits and providers.

- **Comprehensive benefits.** Dually eligible beneficiaries should have access to all services covered by Medicaid and Medicare, as well as additional benefits designed to help individuals continue living at home and in the community. Benefits and services should address medical, LTSS, social, and psychosocial needs, should be culturally and linguistically appropriate, and be physically accessible. For example, enhanced benefits should meet the needs of individuals with multiple chronic conditions.
- **Adequate providers and networks.** Coverage should offer a sufficient number of health and behavioral health care providers who can serve dually eligible beneficiaries' unique needs, including doctors, dental providers, and specialists who accept Medicare and Medicaid. In addition, plans and providers should offer competent and comprehensive language services to people with Limited English Proficiency.

- **Workforce sustainability.** Workforce policies and plans should expand and sustain the state's health and social services professional and direct-care workforce by ensuring adequacy of reimbursement rates and caregiver compensation; establishing a plan for training that emphasizes an interdisciplinary team approach to care coordination; making available a central mechanism to help consumers find providers; and collecting essential workforce data elements.

3. **COORDINATED CARE THAT IS PERSON CENTERED AND CONTINUOUS - Dually eligible beneficiaries should receive person centered care that is coordinated and continuous.**

- **Person-centeredness.** All care and services provided to dually eligible beneficiaries should be individualized to each beneficiary's health care needs and preferences. Each individual should receive a personalized health care assessment and care plan, and have the option to self-direct their care. Models developed should incorporate a person- and family-centered approach to care.
- **Care coordination.** Care coordination for dually eligible beneficiaries should include face-to-face, comprehensive care coordination. Participants in the care team should be appropriate to the dually eligible beneficiary's needs and consistent with the individual's choice. Members could include, for example, the individual receiving care, family caregivers, medical, social service, and other providers, the home or personal care aide, and a professionally trained care coordinator.
- **Continuity of care.** Dually eligible beneficiaries should receive continuous care with access to current providers, services, treatments, and prescription formularies during care transitions.
- **Early intervention.** Dually eligible beneficiaries should be provided with early interventions to prevent outcomes with undesirable medical, psychosocial, and financial consequences. Such interventions include enhanced discharge planning and transitional care coordination to prevent rehospitalizations, medication management to prevent prescription drug interactions, and increased home and community-based supports to prevent unnecessary institutionalization.
- **Coverage coordination.** Dually eligible beneficiaries should receive assistance in navigating between Medicaid with Medicare so they receive maximum benefits from both programs, while making the programs easier to access and navigate for beneficiaries and their family caregivers.
- **Consumer direction.** A consumer option to self-direct personal care services should be available.

4. **QUALITY – Dually eligible beneficiaries should receive high-quality care from experienced providers.**

- **Meaningful and uniform quality measures.** Meaningful quality measurement and some uniformity across models and states should be established to enable successful definition and evaluation of success.
- **Commitment to improving care.** Adequate time for development and implementation of models of care is necessary to help ensure effective and positive outcomes for dually eligible beneficiaries. This includes a long-term commitment from providers and payers, involvement of beneficiaries in the process, and phasing-in of changes.
- **Proven experience.** Dually eligible beneficiaries should have access to care from providers, programs, and plans that have a history of success in serving this population, especially individuals who require long-term services and supports. Where experienced plans and providers are not available, states and the federal government must be willing to commit the extra resources, time, and training needed to bring plans and providers up to operational capacity.
- **Quality of life.** Integration of Medicare and Medicaid benefits for dually eligible beneficiaries should ensure that the programs are aligned to meet the needs of this population with the goal of improving both quality of care and quality of life for these individuals.

5. **CONSUMER PROTECTIONS – Dually eligible beneficiaries should be able to change plans, appeal plan decisions, and participate in the development and implementation of service delivery systems and policy.**
 - **Real alternatives.** Programs/plans should offer comprehensive, meaningful alternatives for dually eligible beneficiaries who choose not to opt in or decide to leave a plan. This transition should be quick, seamless, and not overly burdensome for beneficiaries.
 - **Appeals.** Dually eligible beneficiaries should be able to appeal decisions and file complaints about problems with a health plan. Appeals processes should be accessible and efficient; current due process rights must be maintained. Individuals should be protected from interruptions in care during the outcome of appeals. The grievance and appeal rights of beneficiaries should be clearly explained. Beneficiaries should have access to easy-to-understand, culturally and linguistically appropriate explanatory materials on the process.
 - **Consumer participation.** Service delivery, policy development, and implementation should include meaningful mechanisms for participation by dually eligible beneficiaries, their family caregivers or representatives, consumers, and consumer advocates.

6. **COST – Dually eligible beneficiaries deserve high-quality care that is cost efficient.**
 - **High-quality care.** Improving care for dually eligible beneficiaries should be the primary policy goal of integrating services. Payment structures should promote delivery of high-quality care and avoid incentives for the denial of needed services.
 - **Reinvestment in care.** Savings from the integration of Medicare and Medicaid programs should be reinvested in the care provided to dually eligible beneficiaries.

7. **OVERSIGHT AND EVALUATION – Dually eligible beneficiaries should receive care from plans that are accountable, transparent, and evaluated.**
 - **Evaluation.** Demonstrations and control groups testing Medicare-Medicaid integration should be rigorously evaluated for meaningful comparison. Sufficient data should be collected to conduct useful evaluation. Oversight should be comprehensive and coordinated between federal and state governments and other independent quality assurance entities to ensure that integrated models are performing contracted duties and delivering high-quality services.
 - **Transparency.** Plan or model design (for example, plans of care), payment, operations, and coverage should be fully transparent to enrollees and the broader public. All plan/model information should be subject to Freedom of Information Act (FOIA) requests. Evaluation results should be publicly available.
 - **Consumer and family caregiver involvement.** Effective mechanisms for consumer, family caregiver and advocate involvement in the oversight and evaluation of plans and models, including the establishment of specialized, independent ombudsmen to assist consumers, identifying systemic problems and provide recommended fixes.