



CALIFORNIA COLLABORATIVE FOR LONG-TERM SERVICES & SUPPORTS (CCLTSS)

August 7, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: MEDICAID PROGRAM; Reassignment of Medicaid Provider Claims, File Code # CMS-2413-P - OPPOSE

Dear Administrator Verma,

The California Collaborative for Long Term Services and Supports is comprised of 38 statewide aging and disability organizations that promote dignity and independence in long-term living. Our members include advocates, providers, labor, and health insurers and collectively we represent millions of California seniors and people with disabilities, their caregivers, and those who provide health, human services, and housing.

We are writing in opposition to the proposed rule # CMS-2413-P, which would alter how states make payments for employee benefits such as health insurance and job training.

In California, 400,000 home health care workers in the In-Home Supportive Services program provide care for more than 500,000 adults and children with disabilities. The Rule seeks to undermine the ability of the state to directly deduct payments for collectively bargained-for benefits for these workers, such as health care coverage or authorized union dues.

According to the description in the Rule itself, the U.S. Department of Health and Human Services is “unable to quantify” the direct financial impacts this policy, lacks information about the consequences of its adoption, and has not conducted an economic analysis. There is no projected information or understanding of how the Rule will impact the State, beneficiaries or homecare workers.

By not allowing members to pay dues or for health insurance automatically from their paychecks, this new Rule usurps State authority, oversteps a worker’s right to health insurance and their choice to be a union member, and hinders the unions’ ability to participate in shaping homecare policy.

Home care workers provide essential, cost-effective care to California seniors and people with disabilities. They are key partners in the state’s policymaking endeavors to bend the cost curve and provide the right care, in the right place, and at the right time. **We urge the withdrawal of Rule CMS-2413-P altogether.** If continued, we further urge that CMS should extend the comment period from 30 days to the standard 60 days, to provide the opportunity for public comment on the impact of this policy.

Please feel free to contact us if we can provide further information.

Sincerely,



Laurel Mildred, MSW

For the California Collaborative

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