



January 30, 2020

Bradley P. Gilbert, MD, MPP
Director
California Department of Health Care Services
500 Capitol Avenue
Sacramento, CA 95814

RE: Integration of Emergency Preparedness Provisions

Dear Dr. Gilbert,

The California Collaborative for Long Term Services and Supports (CCLTSS) is comprised of [58 statewide and regional 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. The Collaborative membership has been closely monitoring and engaged in how power shutoffs and disasters impact older adults and people with disabilities.

Older adults and people with disabilities are two to four times more likely to die or experience a serious injury in a disaster.¹ In California, these threats are increasing in frequency, intensity, scale, and duration because of climate-related changes, other large-scale emergencies, and outdated infrastructure. The latest example of these threats being California's reoccurring Public Safety Power

¹ United States Senate Special Committee on Aging Hearing on: "Disaster Preparedness and Response: The Special Needs of Older Americans" Wednesday, September 20, 2017, by Paul Timmons, President, Portlight Inclusive Disaster Strategies, Inc.

Shutoffs (PSPSs) that are placing millions of older adults and people with disabilities' health and safety at risk and most acutely impacting low-income individuals.

Effective emergency planning requires partnerships among all levels of government, businesses, and community-based organizations. Medi-Cal managed care plans, in particular, are in the unique position to serve a proactive role in addressing and protecting the health, safety, and independence of their members before, during, and after an emergency. As the frequency of emergencies has increased, so too has the extent of health plan engagement. Most recently, for example, some plans are investing significant time and resources to address member needs arising out of the planned power shutoffs with a number of good practices emerging that other plans will be able to implement in the future.

With Medi-Cal currently responsible for serving over 13 million members, it is critical to ensure that enrollees receive adequate services before, during, and after emergencies. DHCS and its contracted Medi-Cal Managed Care plans should be included in state and local planning and baseline and uniform emergency protocols and processes should be implemented across the fee for service program and the state's Medi-Cal plans. We outline six member-focused emergency provisions that DHCS should, working with its contracted Medi-Cal plans, providers, and other governmental agencies, ensure are provided to Medi-Cal enrollees.

MEMBER-CENTERED PLANNING & COMMUNICATION

- 1) Call Centers and Member Outreach.** Medi-Cal plans and DHCS should have in place call center emergency and communication protocols to convey health information before, during, and after an emergency. At a minimum, plans should communicate how to reach their health plan or provider, where to go to receive health services, changes in how the health plan approves services such as seeing an out-of-network provider, and how to obtain or quickly replace consumable supplies and durable medical equipment (DME), and medications. Plans should also be able to tell members what community resources to contact for the latest emergency information.

- 2) **Care Planning.** To better serve those members at the highest risk, DHCS should work with plans and providers to develop and maintain an emergency plan that is integrated in the member care plan. The emergency plan should include accessing alternative power sources during power outages, medication access, evacuation, sheltering-in-place, and identification of realistic personal support networks. For example, Florida’s contract with Medicaid health plans requires that a well-documented emergency plan is in place for members.
- 3) **Emergency Preparedness Outreach and Education.** Require plans to post and disseminate emergency preparedness information for members, family members, and caregivers on an ongoing basis.
- 4) **Life-Safety Checks.** DHCS, working with plans, providers, and local agencies should develop an integrated plan to conduct life safety check calls and, when needed, in-person visits for those members at highest risk during an emergency. At a minimum, life safety checks should include a review with members of their evacuation plan, how to fill prescriptions early, how to access critical care services like dialysis and chemotherapy, how to reschedule procedures, and how to access food, water, and transportation.

CONTRACTED PROVIDERS & SUPPLIES/ COMMUNITY PARTNERSHIPS

- 5) **Emergency Performance Clauses.** To ensure that health plans, providers and vendors are meeting member needs, DHCS should review strategies to integrate specific emergency performance clauses into supplier and contract agreements, including contracts with DME providers and long-term care facilities. Contract performance clauses can serve as a reminder that these performance requirements are also part of the vendor/ providers’ compliance requirements with the Centers for Medicare & Medicaid Services’ Rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.²

² Centers for Medicare & Medicaid Services, “Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule,” (Nov. 16, 2016), available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>.

6) Community Partnerships. DHCS and health plans should establish partnerships with local government emergency services and community-based organizations engaged in emergency planning and response, including independent living centers, IHSS Public Authorities, area agencies on aging, and aging disability and resource centers.

The intent of these recommendations is to provide Medi-Cal enrollees with improved health care services during emergencies including creating minimum and uniform services statewide. We also suggest that DHCS strongly encourage health plans to share promising practices among each other and learn from outside experts what is being implemented elsewhere. For example, in response to the hurricane in Houston, Anthem health plan provided members and non-members with a free 24-hour nurse hotline and online access to a doctor for assistance with a specific medical, mental health and behavioral health issues at www.livehealthonline.com. Kiosks located at various locations across the region also offered this service via Telehealth (video connection with doctors) and included blood pressure measurement.³ Learning and sharing such practices will help to better ensure the health and safety of Medi-Cal members during emergencies and planned power shut offs.

The time to act is now. With the increase in disasters and power shutoffs, older adults and people with disabilities are at significant risk. DHCS is in the process of both re-procuring Medi-Cal health plans while also making benefit changes that necessitate contract updates under the CalAIM process. It makes sense to include emergency planning and services as part of these initiatives. Lastly, requiring health plans to play a role in member-focused emergency preparedness helps fulfill the state's mandate to plan for the needs of older adults and people with disabilities through the Master Plan for Aging. We would like to request a meeting with DHCS to discuss this proposal in further detail. Please contact June Kailes, a member of the Collaborative and a Disability Policy Consultant, at jik@pacbell.net to arrange a date and time.

³ Roth, M., Kailes, J. & Marshall, M., "Getting it Wrong: An Inditment with a Blueprint on Getting it Right," (May 2018), available at <http://www.disasterstrategies.org/index.php/news/partnership-releases-2017-2018-after-action-report>.

Sincerely,

A handwritten signature in black ink, appearing to read "Amber C. Christ". The signature is fluid and cursive, with the first name "Amber" being the most prominent.

Amber C. Christ, JD

Vice Chair for Policy

California Collaborative for Long Term Services and Supports

Cc: Secretary Mark Gahly, Health and Human Services Agency