



November 13, 2015

The Honorable Ed Hernandez
Chair, Senate Health Committee
State Capitol, Room 2080
Sacramento, Ca. 95814

Re: Comments on Oversight Hearing on CCS Program- Nov. 18th

Dear Senator Hernandez;

We wanted to submit some brief comments regarding the upcoming oversight hearing on the CCS program and its future.

Our members are providers of disposable medical supplies, such as tracheostomy, urological and incontinence supplies, durable medical equipment, which includes mobility equipment, hospital beds, and ventilators, and enteral nutrition formula for individuals who are unable to digest food or are tube fed.

Many of our members provide specialized equipment to CCS beneficiaries to manage and treat chronic and complex medical conditions. That includes custom rehabilitation equipment such as wheelchairs and other mobility devices as well as ventilators and respiratory equipment. We have joined with other caregiver and provider groups to urge that the CCS carve-out from Medi-Cal Managed Care be continued while the CCS re-design analysis and evaluation continues to evaluate options.

We would like to offer a couple of brief comments regarding our provider type and their role in the CCS program and care services;

- Many CCS patients and their families have long term relationships with providers of custom rehab equipment. Frequently these types of wheelchairs offer complex electronics, custom seating and complexity that focuses on equipment that can be altered as the child grows. That fitting, repair and maintenance process creates a long term relationship and dependence for quality and timeliness of service. Similarly for those CCS beneficiaries that are ventilator dependent a small number of providers provide 24/7 coverage and care. We highlight this issue since often in DHCS continuity of care policies they restrict the policy to physician specialty services. Many CCS patients and their families would support the ability to continue their relationship with a specific DME provider.
- CCS patients and their providers do offer highly specialized services that needs to be recognized and continued. We are concerned that with a potential shift to managed care plans that the

authorization and approval process to unduly restrict the availability of these specialized and perhaps unique benefits that are essential to the quality of care for CCS beneficiaries. We would urge that any reforms to the CCS program continue to utilize the current county staff that reviews and determines SAR approval to maintain consistent and appropriate care for these beneficiaries.

We appreciate the opportunity to submit comments and look forward to the continued dialogue on the future of the CCS program. Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bob Achermann', written in a cursive style.

Bob Achermann
Legislative Advocate

Cc: Scott Bain, Consultant Senate Health Committee