Principles: Health Care and Long-Term Services and Supports

Publication #1045.01 – Adopted 6/13/2015; Amended 1/26/2018

BACKGROUND

Disability Rights California adopted these principles to guide our policy work on issues of health care and long-term services and supports. These programs must provide people with disabilities the medical care, medical services, long-term services and supports (LTSS) they need.

1. Health care and LTSS must be preserved and expanded:
   a. Everyone should receive high-quality health care, guaranteed throughout one’s life.
   b. Benefits must be comprehensive and ensure that people receive access to the health care they need when they need it, not restricted by income, race, ethnicity, language, immigration status, health status, gender or gender identity, sexual orientation, age, disability or geography. People with similar needs should be offered similar services and supports.
   c. Public and private medical care programs must provide coverage parity for cognitive, mental and physical impairments.
   d. Health care and health coverage must be affordable. Individual contributions must be based solely on ability to pay, not on care use or need.
   e. Public agencies and private companies must make health care decisions, including assessments for long-term services and
supports, based on health needs alone, rather than on profit or other factors.
f. There must be no reductions in Medi-Cal eligibility or services. The program should expand and improve services.

2. Health care and LTSS programs must support people with disabilities to live in the most integrated setting appropriate and lead productive and fulfilling lives.

3. Health care and LTSS must provide physical and programmatic access to people with disabilities.

4. Health care and LTSS must be client-centered, voluntary, and designed to provide the services that clients want.

5. Health care and LTSS should be accessible and affordable, should not discriminate based on disability or pre-existing conditions, and should not have lifetime limits.

6. People must be able to choose among managed care plans and providers within the plan. Continuity of all health care services must be ensured.

7. Medical necessity standards relating to what services are authorized or covered should include not only services necessary to protect life or health or improve function, but also preventative and screening services and services necessary to: slow loss of function or to maintain function; maintain health including mental health and health stability; ameliorate pain; and address physical anomalies or disabilities, support full participation in family and community life including work.

8. People with disabilities and their representatives must have substantive, decision-making roles in the design, implementation and oversight of health programs which serve them.

9. Reimbursement rates must cover the real costs of providing medical care to people with disabilities and chronic health conditions.

10. People are entitled to due process and must receive information about their due process rights in any medical or LTSS setting.