**Olmstead Advisory Committee Meeting**

**March 29, 2012 Meeting Summary DRAFT**

##### Department of Rehabilitation, Room 242

721 Capitol Mall, Sacramento, California

**Members Present:**

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| Brenda Premo, ChairTony AndersonPat BlaisdellRichard ChambersHoward ChavezDeborah Doctor Nancy HallRobert HandBarbara HannaMichael Humphrey Mary JannEileen KunzSunny MadenLydia Missaelides | Janet Morris Nina Nolcox (by phone)Marty Omoto Elsa QuezadaTeddie-Joy RemhildTheresa RenkenMichelle RouseyTim Schwab Richard SmithRobert TaylorGreg ThompsonEd WalshKate WilberKathie Zatkin |

**State Staff Present:**

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| Director Tony Sauer - *Department of Rehabilitation*Director Lora Connolly - *Department of Aging*Director Will Lightbourne - *Department of Social Services*Director Terri Delgadillo - *Department of Developmental Services*Jane Ogle - *Department of Health Care Services*Megan Juring - *California Health &Human Services Agency / Department of Rehabilitation*Eileen Carroll - *Department of Social Services*Kathleen Ozeroff - *Department of Developmental Services*Stephanie Watts - *California Department of Transportation*Kiyomi Burchill - *California Health & Human Services Agency* |

**Item 1. Welcome and Introductions**

Brenda Premo, Committee Chair, welcomed members and called for introductions of members and staff.

**Item 2. Secretary’s Comments**

Secretary Dooley welcomed all and remarked on the new composition of the committee, which currently reflects a stronger representation of consumer experience; transportation; housing; cultural and geographic diversity. She expressed her appreciation of all who applied to serve.

The Secretary proceeded to report on the Governor’s commitment to put the state’s fiscal house in order; to address a greater than $9 billion shortfall. The Governor's approach intends to solve part of the problem with additional revenues, for which the people will have an opportunity to vote in November. She stated that of the General Fund expenditures in the budget, the Health and Human Services area, is the 2nd largest and the shortfall cannot be solved without reductions to health and human service programs.

Describing the State's approach to Health Care Reform, Secretary Dooley portrayed a three-legged stool, including the core components of: coverage, prevention and wellness, and delivery system reform. The California Health Benefits Exchange is the vehicle for coverage as related to: (1) eligibility and enrollment; (2) essential health benefits; and (3) quality of benefits. Efforts relating to prevention and wellness empower individuals to be stewards of their own health. And delivery system reform would be hard in even the best of times, therefore it is important to move forward boldly, but to act responsibly to implement changes that ensure that people receive the care they need and to create efficiencies within the system.

To accomplish that mission, the Secretary said the State will enact reforms that rebalance and realign payment incentives, changing the delivery system from a *volume-based* payment system to a *value-based* payment system that incentivizes the delivery of care in the right place at the right time. She indicated that a value-based delivery system that includes care coordination allows for shared responsibility among payers, providers, and beneficiaries.

The Secretary also addressed goals of the Coordinated Care Initiative, which seeks to integrate long term services and supports with the delivery of health care services. The proposal would enhance care coordination and reduce fragmentation of long term services and supports, primary and acute care delivery for California’s most vulnerable beneficiaries, serving consumers more comprehensively. She indicated the administration's proposal incorporates long-term services and supports into an overall managed care environment and will expand access to necessary services statewide, even while the population needing these services grows. The administration's goal is to create an environment where the managed care plans have the fiscal incentive to provide appropriate levels of services and supports in the community, promoting independence and reducing unnecessary use of hospital and emergency department services.

The Secretary reviewed the day’s agenda and opened the discussion to members. Member discussion included a desire to see expansion of long-term services and supports occur more quickly. It was noted that the number of people on the waiting list for the Nursing Facility Waiver services has increased as has the length of the average wait time. In addition to Medi-Cal home and community based waiver services, people need housing options beyond assisted living and residential care facilities for the elderly (RCFEs). Other housing-related barriers were mentioned including the share of cost in nursing facilities and the Home Upkeep Allowance of just $208 per month which can result in people losing the housing they had. The question was raised about data that is collected on all nursing facility residents through interview and is part of the Minimum Data Set, Section Q which would document the number of residents who indicate they want to return to the community, and how many are subsequently referred to a community-based organization for follow-up.

Members also raised issues of the need for substance abuse treatment within behavioral health services. Additional discussion relayed the importance of getting appropriate care and transition among levels of care following a catastrophic injury or illness, including the need for rehabilitative services while in acute care. Another member raised the importance of prevention and services that guard against the catastrophic event.

The Secretary then turned to Jane Ogle, DHCS who reported on the Low Income Health Program which would become operational in July in 56 counties. It is expected that 500,000 will subsequently have coverage, up from the existing 300,000. Jane also reported that thirteen managed care plans submitted a total of 22 proposals covering ten counties across the state. The proposals were posted on the website: [www.calduals.org](http://www.calduals.org). Seven stakeholder workgroups will be convened beginning the mid-April, members were asked to register if they could commit to the time needed in April, May and June.

Will Lightbourne, Director of the Department of Social Services (DSS) reported on the status of the Community First Choice Option (CFCO) made available through the Affordable Care Act. The Centers for Medicare & Medicaid Services (CMS) had not yet issued regulations, but accepted California’s application on December 1, 2011. If approved, the CFCO will cover roughly 98 percent of the In Home Supportive Services (IHSS) population with a resulting 6 percent increase in the federal match. Director Lightbourne also reported that a judge had placed an injunction against a 20 percent reduction to IHSS. The department has disseminated notices to all beneficiaries that the reduction was not made.

Lora Connolly, Director, California Department of Aging (CDA) reported that the University of California, Davis had given up their contract as a provider under the Multipurpose Senior Services Program (MSSP). There will be a new contractor taking over in May. She also shared that the transportation grant workgroup was convened, including six Independent Living Center representatives and six Area Agency on Aging representatives.

Terri Delgadillo, Director, Department of Developmental Services, reported that CMS on renewal of their large Medi-Cal waiver for another vie years with n increase to enable services to 5,000 more people each year. She also described the strategies to attain reductions that were included in the Budget Triggers: $100,000 in the current year, and $200,000 in the coming budget year. Director Delgadillo indicated that savings were achieved in the current year by increasing the number of services provided through the Medi-Cal waiver, increasing the amount of federal participation for services provided in the community. The department will continue to work with stakeholders to identify ways to achieve the savings in the next year. The director also reported on the closure plans for the Lanterman Developmental Center. Currently 401 individuals are in residence. 153 people have made visits to community living sites and 122 have transitioned to date.

It was also noted that the trends in spending in the regional centers have changed as a result of a lower rate of growth in the population served, down from an average 5% increase annually to just 2 or 3%. Another member commented on the consumer advocacy position at the Redwood Coast Regional Center, recommending other regional centers follow suit. Director Delgadillo agreed that every regional center should have an advocate.

Member comment included a request to expand the Assisted Living Waiver to all counties and to increase the number of people that can be served in the Nursing Facility/Acute Hospital waiver.

**Item 3. Status of enrollments in Medi-Cal Managed Care**

Jane Ogle, Deputy Director, Health Care Delivery Systems at DHCS reported on the status of enrollment of seniors and people with disabilities into Medi-Cal managed care plans. As of April 1, Medi-Cal will be three-quarters of the way through transitioning beneficiaries into managed care. Since last June, about 20,000 beneficiaries have transitioned each month. The goal of this transfer has been to help this population obtain the benefits of a coordinated care delivery system. Jane reported that many lessons were learned during the process that will make us better as we move forward with transitioning people who are dually eligible for Medicare and Medi-Cal into managed care.

Jane referred to the Beneficiary Satisfaction Outbound Campaign Script in members’ packets. She reported that in February 463 newly transitioned individuals were surveyed:

* 87% said their ability to make appointments was the same or had improved with Plan membership;
* 90% of those who have received services through the Plans were satisfied with the services
* 81% of those who received services say they are more satisfied now than they were with the previous fee for service experience.

She also reported that DHCS staff and the managed care plans have been working hard to learn from mistakes and develop better processes throughout the remainder of this transition and to prepare for the transitions to managed care under the Duals Demonstration. She described 4 key areas to focus efforts: beneficiary education, provider education, data sharing and health assessments. Plans had challenges obtaining timely patient data to complete assessments and transmit them to providers. Increase outreach and education would also improve beneficiary and provider understanding of enrollment rights and the medical exemption review process.

Jane concluded by describing the work planned ahead, including working closely with CMS, health plans, providers, advocacy groups and beneficiaries to ensure all recommendations from the Duals stakeholder workgroups and lessons learned from the SPD transition are taken into consideration in the development of the transition plans.

**Item 4. Evaluation on the overall effectiveness of transition of seniors and people with disabilities into Medi-Cal Managed Care**

Carrie Graham, PhD, UC Berkeley and Jamie Brooks, JD of the California Health Care Foundation discussed the evaluation design for the mandatory transition of seniors and people with disabilities into Medi-Cal managed care. Jamie opened the discussion by describing the efforts that the California Health Care Foundation has been supporting relating to managed care enrollment of seniors and people with disabilities. To help the state prepare for implementation, the foundation sponsored an on-line survey of stakeholders and also in-person interviews in six counties.

The panelists reviewed the presentation that was provided in members’ packets and available on-line at [Olmstead Meeting Agenda Item 4](http://www.chhs.ca.gov/Documents/Item%204%20Medi-Cal%20Managed%20Care%20Transition%20Experiences%20-%20CHCF%20%283%2023%2012%29.pdf) . In particular they sought input on the methods for conducting telephone survey and focus groups with beneficiaries who are seniors and people with disabilities.

Deborah Doctor indicated she was pleased to see the Department's serious participation in this activity, but stated concern about the timing of the data collection in summer 2012 if the Dual Eligible demonstration is to be implemented in the Fall. Lydia Missaelides indicated that the transition of beneficiaries from ADHC to CBAS eligibility and services can also help inform the Duals Demonstration. Pat Blaisdell urged that individuals with complex social needs be included in the survey, especially those not easily reached including beneficiaries who are homeless, in long term care facilities as these individuals are at high risk for health concerns. Pat suggested working with institutional providers and looking at claims and encounter data, but cautioned that gaps exist in encounter data. Nina Nolcox indicated that claims data focuses on primary care provider data which may not tell the story about the specialist providers that aren't in the Plan's provider networks. Howard Chavez encouraged the researchers to review experiences of cancer patients.

Additional member suggestions included discussion of planning focus groups in accessible locations and offering stipends to assist beneficiaries to participate. Teddie-Joy also requested that he survey include questions about the availability, knowledge and provision of accommodations for people with sensory disabilities. Kathie Zatkin offered alternate language to "screening for cognitive disabilities" to "ability to make health care decisions."

Secretary Dooley acknowledged the input received as very useful.

**Item 5. HOME Study results: how are seniors faring?**

Kathryn Keitzman from the Center for Health Policy Research at UCLA and Gretchen Alkema, Vice President of The SCAN Foundation discussed the survey research done with seniors who depend on In Home Supportive Services (IHSS) and other services, over an 18-month period. The presentation was made available to all on-line at [Olmstead Meeting Agenda Item 5](http://www.chhs.ca.gov/initiatives/Olmstead/Pages/default.aspx) .

Member discussion included whether the researchers have access to primary care utilization, specialists and other medical services. Dr. Kathryn indicated the team had some ability to look at changes in utilization since they have the baseline data. The study would need to be extended however. Other factors of change were noted, including expanded Medicaid coverage under health care reform which should help beneficiaries with the gaps. On the flip side, a change with Medi-Cal coverage such as IHSS for beneficiaries and providers who share a residence was noted as a negative impact. Members asked about the study's ability to describe individuals' diversion from Medicare costs. Dr. Keitzman responded to a question of the changes in SSI/SSP payment reductions, indicating that reductions of $27 or $33 made big differences in individuals' expendable incomes. She commented similarly on the elimination of adult dental benefits.

**Item 6. CBAS and Managed Care**

DHCS Deputy Director Jane Ogle led a discussion on the transition of the Adult Day Health Care (ADHC) program into a Medi-Cal managed care benefit under the criteria for Community Based Adult Services (CBAS). Discussion included results of the assessments of the level-of-care needs of all current ADHC participants; and review of provider applications to be eligible as CBAS providers. She reported that as of March 29, 2012, 259 of Adult Day Health Centers have been certified as Community Based Adult Services centers, continuing to service roughly 80 percent of the previous beneficiaries. Roughly 8000 beneficiaries are being transitioned enhanced case management in lieu of managed care services. In the 30 counties that have managed care plans, Jane reported that individuals will only be able to access CBAS under Medi-Cal payment via a Medi-Cal Managed Care Plan.

Jane also indicated that State will not begin mandatory enrollments any sooner than July 1, 2012, though some have already enrolled in managed care.

Member discussion addressed a need to collaborate with other services, especially with mental health services. Jane and Eileen Carroll, CDSS also responded to questions about the In Home Supportive Services (IHSS) program being incorporated into managed care. The state received 22 proposals from 13 plans in ten counties to implement the Dual Eligible Demonstration, which seeks to integrate acute and long term services and supports, including IHSS. Eileen reported that roles of the county social workers would be maintained as well as the rules for reassessments and consumer direction. The Community First Choice Option for which the State applied to CMS also requires development of a new uniform assessment tool by the year 2015. Members asked about the role of the Public Authority, which include provider training, registry maintenance, and contract negotiations. Secretary Dooley indicated that proposals have been submitted to regionalize union negotiations, but no agreements have been made. Concerns were also raised about the proposal to expand the demonstration to ten counties, and the suggestion made to get results from the currently authorized four pilot sites before broadening the impact. Members expressed support for the concept of integration, and had additional questions about how plans have achieved the decrease in emergency department visits and hospital admissions. Brenda advised on a slower approach to ensure the State and the plans have time to fix issues that arise, including challenges with accessibility and communications. The timing of implementing the Demonstration also seemed challenging considering the CBAS transition is scheduled for July 1.

**Item 7. Workgroup Planning**

Brenda opened the floor for members to discuss topics that newly established housing and transportation workgroups would prioritize, in addition to hot topics for the data workgroup. For housing, members noted that there are no vouchers available to expand affordable housing options in many northern California counties, especially in remote rural parts of the state; the need for housing program managers to be trained on property maintenance; eligibility requirements that exclude people with convictions, even in programs specifically developed to serve a homeless mentally ill population; a need for creative alternative approaches; and the need to prevent loss of individuals’ housing through earlier interventions and when doing discharge planning.

Public comments included challenges with specific requirements of the Alameda County Housing Authority; and a need for additional funding for start-up of new programs specifically to expand affordable and accessible housing.

For transportation, Richard Smith highlighted the Beverly Foundation’s framework of:

* Availability (effectiveness of the transportation system as measured by the percent of people who can’t use it);
* Affordability;
* Accessibility, including the challenges required for people to wait on the curb in inclement weather; and
* Adaptability of the system to individuals’ needs, not the reverse.

Additional discussion resulted in additional people suggested for the workgroup, including Carmen ­­­­Rivera-Hendrickson, who is the vice-chair of the access committee for the Bay Area Rapid Transit (BART) district, and representatives from Lake and LA counties and FEMA.

**Item 8. Legislative review and watch list discussion**

Megan encouraged members to use the legislative information template to provide information on legislation relating to Olmstead principles.

**Item 9. Next Steps and closing comments**

Secretary Dooley introduced Kiyomi Burchill as the new Assistant Secretary managing aging and behavioral health assignments. The Secretary thanked members for their input and their interest in participating on workgroups between meetings. The next meeting will be August 30.

The meeting adjourned at approximately 3:45 p.m.