**a shattered system: reforming long-term care in California. envisioning and implementing an ideal long-term care system in California**

**Summary of Recommendations**

Numerous reports, hearings, and legislative proposals have sought to transform California’s patchwork of long term care (LTC) programs, services, and policies into a functioning, efficient, and sustainable system. However, these efforts have not produced a cohesive program due to fragmented jurisdictions, resource constraints, bureaucratic overlap, and diffused accountability. Absent substantial reform of the state’s aging and long-term care system, the costs of over-institutionalization, lost productivity, and degraded quality of life will far exceed the cost to implement integrated, evidence-based solutions.

The state’s economic recovery offers an opportunity to address an unanswered call to action to build an LTC infrastructure that meets the needs of aging and disabled adults. The data are clear that a crisis is potentially eminent: adults age 65 and older currently comprise 12.5% of California’s population, with projections showing that almost 20% of the population will be over age 65 in 2030. Current demand for home and community-based LTC services and supports is outpacing capacity, causing consumers to depend upon inefficient and poorly coordinated services that only partially meet their needs.

People prefer to remain at home and avoid institutionalization to every extent possible. This desire is reinforced by the U.S. Supreme Court’s 1999 ruling in *Olmstead vs. L.C.,* which established the right of individuals with disabilities -- of any age -- to receive services in the most integrated and least restrictive setting possible.

Ultimately, California needs to value and protect all populations with the wise use of our resources, which in the case of aging and disabled adults and people means accessing wellness, preventative, medical and long-term care (LTC) services in their own community. We need to ensure that the financing and delivery of services meets the needs of individuals who want to live to their fullest capacity without being treated like patients or as burdens to society.

State Senator Carol Liu, Chair of the Senate Select Committee on Aging and Long-Term Care, led a comprehensive effort in 2014 to identify the structural, policy, and administrative changes necessary to realize an "ideal" long-term care delivery system and develop recommendations and a strategy to achieve that vision. The 30 recommendations presented in this report address challenges in the current system identified by the Select Committee and comprise a strategy for creating a sustainable, efficient, consumer-centered continuum of care for this and future generations of aging and disabled adults.

Recommendations fall into eight issue areas as summarized below.

**State Leadership** **Recommendation:** Reform the state-level administrative structure by naming an LTC leader (a “Czar”) to organize system-wide planning activities and establishing a Department of Community Living within the Health and Human Services Agency. The Department, in collaboration with other agencies and departments with relevant responsibilities, should develop a state Long-Term Care Plan (LTC Plan) to guide the priorities and implementation of aging and long-term care investments, policies, and programs statewide.

**Legislative Leadership** **Recommendation:** The Senate should establish a standing Committee on Long-Term Care, and the Assembly should expand the jurisdiction of its existing Committee on Aging and Long-Term Care. Each Committee should exercise jurisdiction over the range of LTC programs serving older adults and people with disabilities, including oversight of the Department of Community Living (upon its establishment) and the Coordinated Care Initiative.

**System Integration Recommendation:** The Legislature should enhance its oversight of the CCI in order to identify and address issues on a real-time basis. The state should establish a more formalized arrangement for stakeholder oversight and feedback through a CCI Implementation Council. The Council would be responsible for reviewing issues and examining access to services. Finally, the state should establish care coordination guidelines and strong accountability standards in statute.

**Fragmentation/Lack of Integrated Data Recommendation:** The state should commit to universal assessment as a statewide initiative that can be utilized not only for service delivery purposes, but also to support quality measurements by gathering information that can be used to construct quality measures for LTC. At the state level, universal assessment data can help program planners understand the needs of the population; support allocation of resources at the person, program, and state levels in a standardized way; and evaluate quality. Further, the state needs to develop a data infrastructure with the capacity to collect and integrate data from across programs so that the same information can be used to drive program and policy decisions.

**Infrastructure Recommendation:** The California Health and Human Services Agency should establish safety net and access standards for home and community-based services to determine the basic statewide service mix, particularly for each of the 44 rural counties. This will establish a baseline for identifying gaps and investing resources appropriately. Additionally, the state should invest in an LTC information portal by re-establishing the Cal Care Net website as a valuable tool for individuals and families to access information and understand their LTC options.

**Workforce** **Recommendation:** As part of its LTC Plan, the state should outline a strategy that analyzes workforce needs for the LTC population, outlines training and education requirements for the LTC workforce, and aligns resources accordingly. Additionally, the state should consider the needs of family caregivers, the backbone of the LTC workforce. To these ends, the state should expand nurse delegation of health maintenance tasks and implement legislation to help identify the caregiving needs for individuals discharged from hospitals to home settings. Finally, the state should institute full practice authority for nurse practitioners in order to expand access to primary care services across the state.

**Funding Recommendation:** The Legislature and Administration need to prioritize investment to build a sustainable infrastructure that will meet the needs of California’s growing aging and disabled population. Without this support the consumers, families, and, ultimately, society as a whole will bear the brunt of a dysfunctional system.

**Federal Issues Recommendation:** The Legislature and Administration need to engage with recommended policies on a number of federal issues, including finding a solution to the nation’s LTC financing crisis, reauthorizing the Older Americans Act, and raising the eligibility threshold for Medi-Cal LTC.