

Governor's Master Plan for Aging Long-Term Services & Supports Subcommittee Meeting #10

Topics in Focus:

Review of SAC Feedback and Report Finalization; LTSS Data

March 10, 2020 | 1 p.m. – 5 p.m.



Welcome & Meeting Overview

Kim McCoy Wade

California Department of Aging



Meeting Logistics

- Meeting materials are posted online.
- Attend the meeting in-person, participate remotely by computer, tablet, or smart phone, or **join by phone: 888-788-0099/ Webinar ID: 126-144-885**
- Submit public comments and meeting feedback
- Submit detailed recommendations for MPA
- Accommodations:
 - Simultaneous captioning is available in the room
 - Live telephone access with two-way communication for public comment

Coronavirus Disease 2019 (COVID-19)

California Department of Public Health is providing guidance to prevent the spread of COVID-19:

- Hand Washing and Personal Hygiene
- Meetings
- Travel
- Higher Risk Individuals

[Please visit the CDPH Website for the latest updates.](#)



Meeting Agenda

1. Welcome and Opening Remarks
2. LTSS Stakeholder Report: Final Review
3. Break (15 minutes)
4. MPA Research Subcommittee: Goal 1: LTSS Data Discussion
5. Break (15 minutes)
6. Public Comment
7. Next Steps
8. Adjourn



LTSS Subcommittee Meetings

- #7 January 14, 2020: LTSS Financing and Integration
- #8 January 27, 2020: IHSS – Part 2, plus LTSS Stakeholder Report Content & Format Discussion
- #9 February 19, 2020: Discuss/Review LTSS Stakeholder Report for March 2 SAC
- February 26, 2020: Webinar: Presentation of LTSS Report to SAC
- March 2, 2020: SAC Meeting to Review and Discuss LTSS Report
- ➔ #10 March 10, 2020: Review SAC Feedback on LTSS Stakeholder Report and Hear Update from Research Subcommittee on LTSS Dashboard/Evaluation
- April to June 2020: Inform and Advise State Plan, Dashboard and LTSS-related Deliverables

AARP CALIFORNIA Meeting Guidelines

1. Start and end on time.
2. One person speaks at a time.
3. Be fully present. Fully disengage from electronic devices.
4. Use respectful language and tone.
5. Assume good intentions.

LTSS Stakeholder Report: Final Review

Susan DeMarois, Alzheimer's Association

Lydia Missaelides, Alliance for Leadership and Education

Claire Ramsey, Justice in Aging

Sarah Steenhausen, The SCAN Foundation



LTSS Subcommittee Review for Fatal Flaws



Outreach to the Stakeholder Advisory Committee and Equity Work Group re: Fatal Flaws



Action-Ready Items and Follow-Up Discussion



Plan for Transmission of Stakeholder Report and Action-Ready Items to the Administration



Break (15 minutes)



MPA Research Subcommittee

Goal 1: LTSS Data Discussion

Carrie Graham, University of California San Francisco/Berkeley



Research Subcommittee Members (Goals 1 and 2)

Goal 1: Long-Term Services and Supports and Caregiving

- Gretchen Alkema, PhD, The SCAN Foundation
- Donna Benton, PhD, USC Leonard School of Gerontology
- Kathleen Kelly, Family Caregiver Alliance
- Kathryn G. Kietzman, PhD, UCLA Center for Health Policy Research

Goal 2: Livable Communities and Purpose

- Laura Carstensen, PhD, Stanford Center on Longevity
- Stacey Moore, AARP California
- Jeannee Parker Martin, LeadingAge California
- David Ragland, PhD, School of Public Health, UC Berkeley



Research Subcommittee Members (Goals 3 and 4)

Goal 3: Health and Well-Being

- Zia Agha, MD, West Health Institute
- Janet C. Frank, DrPH, UCLA Fielding School of Public Health
- Shireen McSpadden, San Francisco County Department of Aging and Adult Services

Goal 4: Economic Security and Safety

- Karen D. Lincoln, PhD, University of Southern California,
- Nari Rhee, PhD, UC Berkeley Center for Labor Research and Education
- Ramon Castellblanch, PhD, California Alliance of Retired Americans



Research Subcommittee Members (continued)

- David Lindeman, PhD, Center for Information Technology Research in the Interest of Society
- Sharon Nevins, LCSW, County of San Bernardino Department of Aging and Adult Services – Office of the Public Guardian
- Marty Omoto, CA Disability-Senior Community Action Network (CDSCAN)
- Jennifer Breen, California Association of Health Facilities
- Derek Dolfie, League of California Cities
- Christopher Langston, PhD, Archstone Foundation



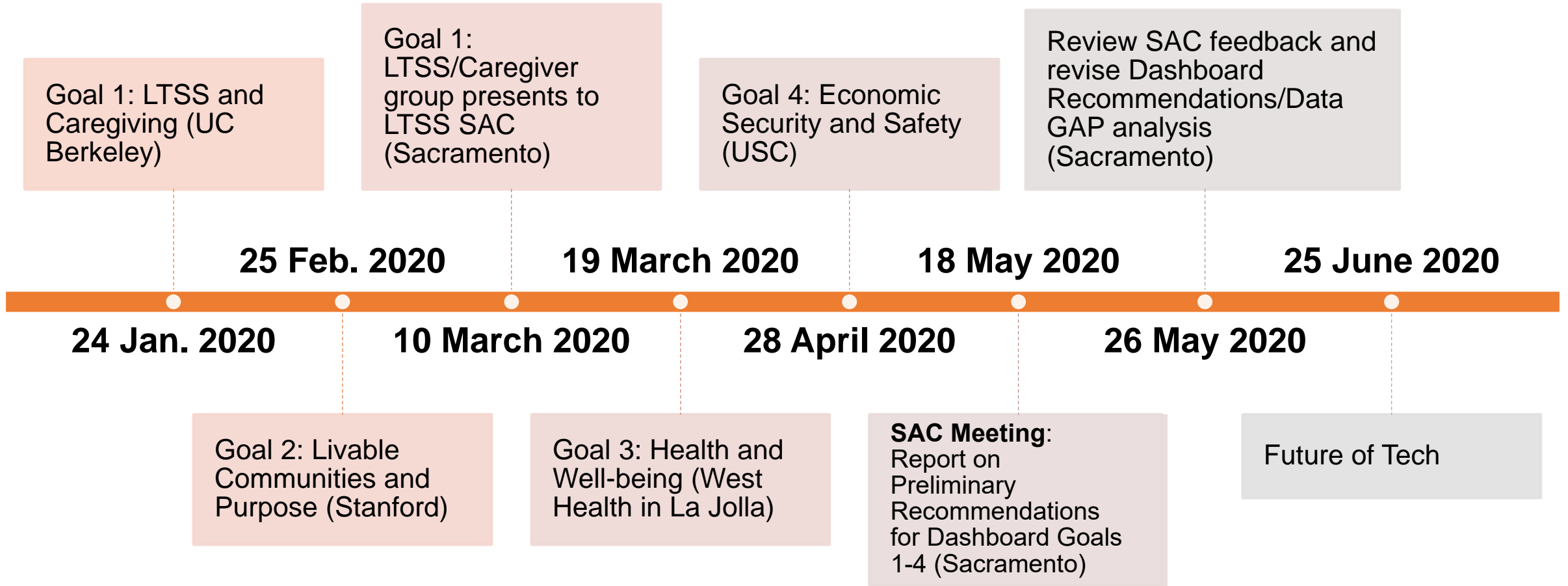
Research Subcommittee Charge

To achieve and maintain an age-friendly state for all Californians

1. What are the recommended **dashboard indicators**?
 - a) Where are we now?
 - b) Where do we want to be in ten years?
 - c) Are we making improvements over time?
 - d) Are we reducing disparities?
2. What **recommendations on research and data topics** should be included in the MPA?



Research Subcommittee Meeting Timeline



Research Committee Philosophy, Inputs, & Process

Gretchen Alkema, The SCAN Foundation



Goal 1: Long Term Services and Supports and Caregiving

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

- Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.
- Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

LTSS Stakeholder Report Objectives

OBJECTIVE 1: A system that all Californians can navigate

OBJECTIVE 2: Access to LTSS in every community

OBJECTIVE 3: Affordable LTSS Choices

OBJECTIVE 4: Highly valued, high-quality workforce

OBJECTIVE 5: State and local administrative structure



Research Committee Philosophy

- Focus on measuring at MPA Goals and Objectives level
- Use available/soon-to-be available measures specific to California for Dashboard 1.0
- Focus on two interconnected types of measurement
 1. Person-Level Core Measures
 2. System Driver Measures

Research Subcommittee Inputs

Expert Presentations:

- Steven Wallace, PhD, University of California Los Angeles
- Amanda Brewster, PhD, University of California, Berkeley
- Chris Cassel, MD, University of California, San Francisco, Presidential Scholar
- Laura Carstensen, PhD, Stanford University
- Jason Flatt, PhD, University of California, San Francisco & UNLV
- Kathryn Kietzman, PhD, University of California, Los Angeles
- Lydia Missaelides, Alliance for Leadership and Education
- Ed Mariscal, HealthNet
- Kathy Kelly, Family Caregiver Alliance
- David Lindeman, PhD, University of California, Berkeley, CITRUS



Research Subcommittee Inputs (continued)

- David Ragland, Safe Transportation Research and Education Center
- Stacey Moore, AARP Public Policy Institute
- Antwi Akom, PhD, & Aekta Shah, PhD, Social Innovation Lab (SOUL), University of California, San Francisco/San Francisco State University and Streetwyze
- California Department of Public Health
- California's Office of Statewide Planning and Development (OSHPD)



Research Committee Process

- Propose a small set of existing measures for Dashboard 1.0 that meet Research Committee philosophy statement
- Mapped proposed measures against LTSS Stakeholder Report 5 Objectives

Proposed Dashboard 1.0 Measures

Identification and Selection Process

Considerations:

- A broad range of data sources
- Content that aligns with MPA goals and objectives
- Respective contributions of population-level and program-level data

Potential to:

- Establish baseline and generate statewide and regional estimates
- Assess differences by age, race/ethnicity, gender, socioeconomic status
- Measure changes in the LTSS landscape over time

Proposed Dashboard 1.0 Measures

Donna Benton, USC Leonard School of Gerontology

Kathleen Kelly, Family Caregiver Alliance

Kathryn Kietzman, UCLA Center for Health Policy Research



Proposed Dashboard 1.0 Measures

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Person-Centered Core Measures

Composite “Difficulties” Score

% adults reporting difficulty with routine care needs

% adults reporting difficulty with memory, concentration, decision-making

% adults reporting difficulty with personal care needs

Source and Dates: California Health Interview Survey 2019-2020 (full dataset available October 2021); *Sample Size:* N= individuals from 40,000 California households: can generate estimates by age, race/ethnicity, gender, SES
Aligns with LTSS Stakeholder Objectives #1, #2

Proposed Dashboard 1.0 Measures

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Person-Centered Core Measures

Composite “Unmet Needs” Score

% adults with unmet routine care needs

% adults with unmet personal care needs

Source and Dates: CHIS LTSS Follow-On Survey 2019-2020 (full dataset available October 2021); CHIS LTSS Follow-On Survey to be repeated 2023-2024 (full dataset available October 2025); *2-Year Cycle Sample Size:* N= individuals from 2,000 California households: can generate estimates by age, race/ethnicity, gender, SES
Aligns with LTSS Stakeholder Objectives #1, #2

Proposed Dashboard 1.0 Measures

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Person-Centered Core Measures

Adequacy of Assistance/Services Received

% adults who report the extent to which the services or assistance they currently receive helps meet all their needs (completely, mostly, somewhat, not at all)

Source and Dates: CHIS LTSS Follow-On Survey 2019-2020 (full dataset available October 2021); CHIS LTSS Follow-On Survey to be repeated 2023-2024 (full dataset available October 2025); *2-Year Cycle Sample Size:* N= individuals from 2,000 California households: can generate estimates by age, race/ethnicity, gender, SES
Aligns with LTSS Stakeholder Objectives #1, #2

Proposed Dashboard 1.0 Measures

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

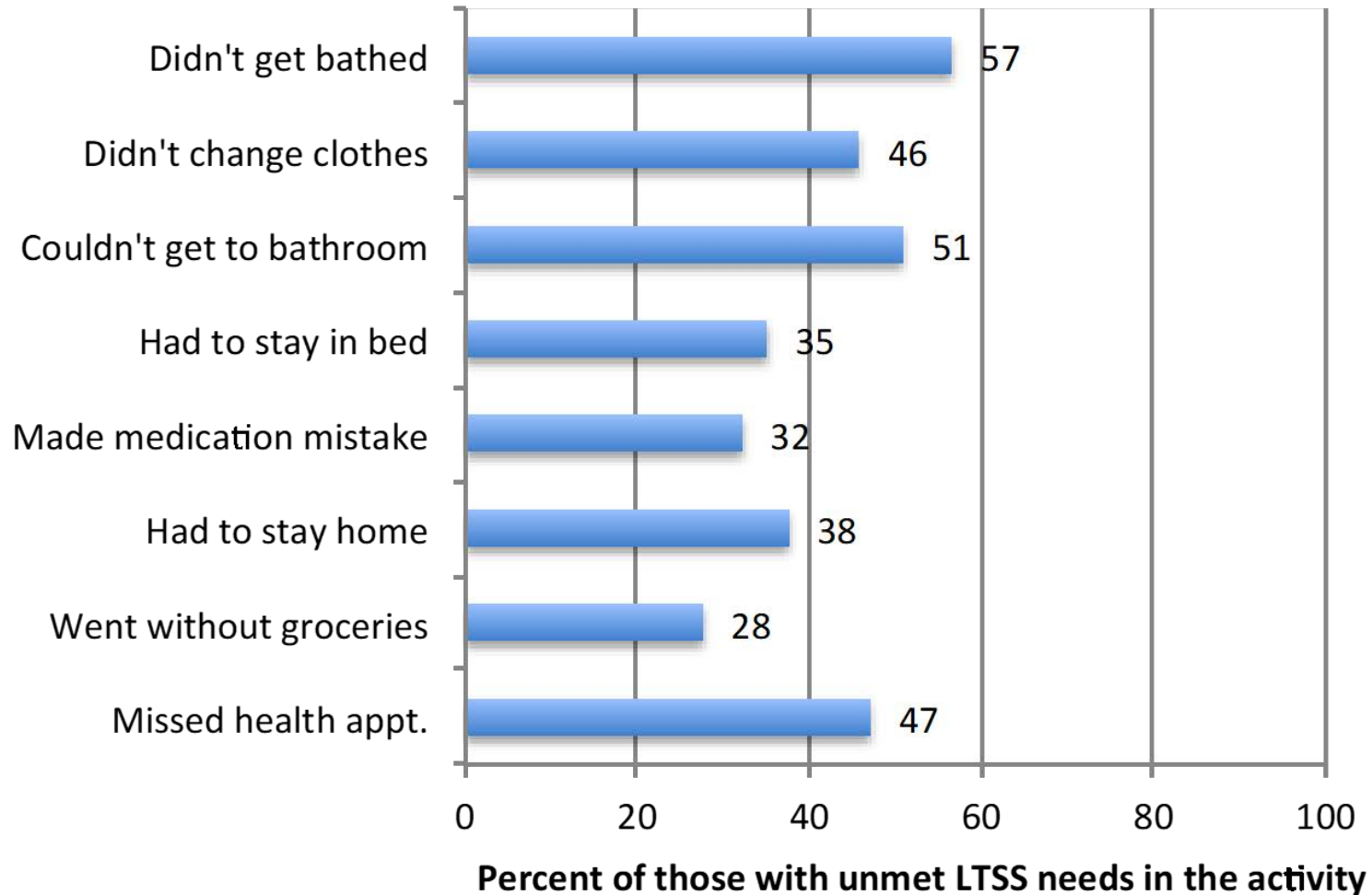
Person-Centered Core Measures

Composite Score of Adverse Consequences

[e.g., going without bathing, eating, changing clothes; unable to get out of house, unable to get out of bed, not getting to toilet as needed]

Source and Dates: CHIS LTSS Follow-On Survey 2019-2020 (full dataset available October 2021); CHIS LTSS Follow-On Survey to be repeated 2023-2024 (full dataset available October 2025); *2-Year Cycle Sample Size:* N= individuals from 2,000 California households: can generate estimates by age, race/ethnicity, gender, SES; Aligns with *LTSS Stakeholder Objectives #1, #2*

Example of Adverse Outcomes of Unmet LTSS Need among Duals in California



Source: Graham et al, Evaluation of Cal MediConnect

Proposed Dashboard 1.0 Measures

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

System Drivers

Composite Measure of Key State Program Availability

(by 1,000 Californians ages 18-59, 60-84, and 85+)

(e.g., In Home Supportive Services, Adult Day Care, Adult Day Health Care, PACE, Other Home and Community-Based Services; Group Living – Skilled Nursing Facilities/Residential Care Facilities/Other Group Living; Caregiver Resource Centers, Respite Care, Title III-E programs)

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Metrics and Sources:

- Use of CHIS: population sample data
- Caregiver Profiles: Statewide Caregiver Resource Center (CRC) data
 - Demographics
 - Characteristics
 - Services
- AARP State LTSS Scorecard: Statewide Composite Policy Scores



Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

CHIS: Composite Measure of Family Caregiving

% adults who provided help during the past 12 months to a family member or friend with a serious or chronic illness or disability

% adults currently providing care

Source and Dates: California Health Interview Survey 2019-2020 (full dataset available October 2021); *Sample Size:* N= individuals from 40,000 California households: can generate estimates by age, race/ethnicity, gender, SES; Aligns with *LTSS Stakeholder Objectives #1, #2, #4*

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

CHIS: Composite Measure of Caregiving Consequences

% of caregivers who report physical or mental health problems, financial stress, a change in their work situation

% caregivers who report having all of the supports/services they needed to provide care

Source and Dates: California Health Interview Survey 2019-2020 (full dataset available October 2021); *Sample Size:* N= individuals from 40,000 California households who identify as caregivers: can generate estimates by age, race/ethnicity, gender, SES; Aligns with *LTSS Stakeholder Objectives #1, #2, #4*

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

Caregiver Resource Center (CRC) Family Caregiver Profiles: Demographics

Age, relationship/kinship to care recipient, residence (CRC: address/zip code), gender, educational level, language, racial identity, sexual orientation and gender identity, employment (current and change in status)

Source and Dates: Caregiver Resource Center Database: Client Record System (7/1/20 – 12/31/20 Baseline; Annual data calendar or fiscal year available); Aligns with *LTSS Stakeholder Objective #4*

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

CRC Family Caregiver Profiles: Characteristics

- ADL's and IADL's performed by caregiver
- Medical tasks performed by caregiver (#, difficulty, preparedness)
- Number of hours spent caregiving (per week)
- Length of caregiving experience (in years)
- Lives with care recipient
- Health/Emotional Health impact: stress (Zarit), depression (PHQ9), loneliness (UCLA), troublesome behaviors (cognitive impairment only) (Teri), self-reported health & health conditions
- Legal & health documents completed (DPA, POLST, DNR, Advance Health Directives, Wills, Trusts)

Source and Dates: Caregiver Resource Center data (7/1/20 forward for statewide data; FY 2019-20 partial; statewide data available); Aligns with *LTSS Stakeholder Objectives #1, #2, #4*

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

CRC Family Caregiver Profiles: Client Service Usage

- Intake: information, referral to community resources, training, support groups based, tailored to question response
- Caregiver Assessment: uniform assessment and care/action plan development
- Consultation: client encounters on follow-up to assessment, action plan or change in information and guidance needs
- Counseling: short-term (6 sessions) counseling by qualified therapist on issues related to caregiving

Source and Dates: Caregiver Resource Center Database: Client Record System (7/1/20 – 12/31/20 Baseline; Annual data calendar or fiscal year available); Aligns with *LTSS Stakeholder Objective #4*

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Person-Centered Core Measures

CRC Family Caregiver Profiles: Client Service Usage (continued)

- Psychoeducational programs: short term, evidence-based, skill-building and problem-solving sessions (i.e. Powerful Tools, Savvy Caregiver, etc.)
- Legal and financial consultation: consultation with an attorney on basic planning issues, health care decision making, and financial planning options
- Education: caregiver education in broad spectrum on caregiving direct care, planning and self-care issues
- Respite: consumer-directed respite vouchers to purchase in-home care, day care and short-term stays outside the home

Source and Dates: Caregiver Resource Center Database: Client Record System (7/1/20 – 12/31/20 Baseline; Annual data calendar or fiscal year available); Aligns with LTSS

Stakeholder Objective #4

Crosswalk between CHIS & CRC Caregiver Data

| DATA INDICATOR | CHIS | CRC |
|--|------|-----|
| Demographics | √ | √ |
| Relationship to care recipient | √ | √ |
| Number of hours spent caregiving (per week) | √ | √ |
| ADLs IADLs (needed by CR or performed by CG) | √ | √ |
| Length of caregiving experience (in years) | √ | √ |
| Living arrangement | √ | √ |
| Health/emotional/mental health impact: | √ | √ |
| Legal & health documents completed | | √ |
| Health Insurance | √ | √ |
| Public program participation | √ | |

Proposed Dashboard 1.0 Measures

Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

System Drivers

2020 AARP State LTSS Scorecard: Statewide Composite Policy Scores

(available 6/2020)

Supporting Working Family Caregivers

Person- and Family-Centered Care

Nurse Delegation and Scope of Practice

Transportation Policies

Source and Dates: Caregiving Composites from: Picking Up the Pace of Change, 2017: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers, AARP Public Policy Institute, 2017.

Supporting Working Family Caregivers

(Current Year 2014-16; Baseline Year 2012-13): Supporting working family caregivers (composite indicator, total scale 0 - 9.0) is constructed along four components :

(1) Family Medical Leave (scale 0 - 4.0). Evaluates the extent to which states exceed the federal FMLA requirements for covered employers, covered employee eligibility, length of leave, and type of leave allowed.

(2) Mandatory Paid Family Leave and Sick Days (scale 0 - 3.0). Evaluates the extent to which states offer additional benefits beyond FMLA to family caregivers, including requirements that employers provide paid family leave and mandate the provision of paid sick days.

Supporting Working Family Caregivers (cont.)

(3) Unemployment Insurance (scale 0 - 1.0). The extent to which state unemployment insurance laws or regulations address “good cause” for job loss due to an illness or disability of a member of the individual’s immediate family.

(4) State Policies that Protect Family Caregivers from Employment Discrimination (scale 0 - 1.0). The extent to which a state (or locality) law expressly includes family responsibilities, including care provided to aging parents or ill or disabled spouses of family members, as a protected classification in the context that prohibits discrimination against employees who have family responsibilities.

Person- and Family-Centered Care

(Current Year 2016; Baseline Year 2012-13): Person and family- centered care (composite indicator, total scale 0 - 5.5) is constructed along three components:

- (1) State Policies on Financial Protection for Spouses of Medicaid Beneficiaries who Receive LTSS** (scale 0 - 2.0). The extent to which the state uses the federal minimum or maximum income and asset protection limits for spouses.
- (2) State Assessment of Family Caregiver Needs** (scale 0 - 2.5). The extent to which a state conducts a mandatory or optional assessment of family caregivers for their own needs when an older adult or adult with physical disabilities for whom they are caring is being assessed for one or more LTSS programs.
- (3) CARE Act** (scale 0 - 1.0). Evaluates the extent to which a state passed Caregiver Advise, Record, Enable (CARE) Act legislation and the Bill is signed into law.

Nurse Delegation and Scope of Practice

(Current Year 2016; Baseline Year 2013): Nurse delegation and nurse practitioner scope of practice (composite indicator, total scale 0 - 5.0) is constructed along two components:

- 1. Number of Health Maintenance Tasks Able to be Delegated to LTSS Workers** (scale 0 - 4.0)
Number of 16 health maintenance tasks that can be delegated by a registered nurse to an LTSS direct care worker assisting in home setting.
- 2. Nurse Practitioner Scope of Practice** (scale 0 - 1.0). The extent to which state practice and licensure laws permit a nurse practitioner to be able to practice to the fullest extent of their education and training. Scope of practice includes three levels of authority: (1) full practice authority; (2) reduced practice; and (3) restricted practice.

Transportation Policies

(Current Year 2012-16; Baseline Year 2010-12): Transportation policies (composite indicator, total scale 0 - 5.0) is constructed along three components:

- 1. Volunteer Driver Policies** (scale 0 - 3.0). The extent to which state volunteer driver polices: (1) Provide protection from unreasonable or unfair increases in liability or insurance rates; (2) Include nonprofit volunteer driver programs that are exempted from livery laws; and (3) State laws facilitate private investment in volunteer driver programs.
- 2. Statewide Human Services Transportation Coordinating Councils** (scale 0 - 1.0). Whether the state has an active council to enhance services and improve efficiency.
- 3. Medicaid Non-medical Transportation** (scale 0 - 1.0). Whether the state offers non medical transportation as an HCBS waiver benefit, and the total amount of the benefit.

Research Recommendations

- Dedicated funding for LTSS data collection, integration, and dissemination
- Development of a minimum data set (MDS) for home and community-based LTSS
- Standardization and harmonization of LTSS program data across service delivery sectors
- Standardized assessment of consumer needs and consumer experience, including outcome metrics that assess quality of care and embody the principles of person- and family-centered care

MPA Recommendations for Data, Research, Evaluation

Carrie Graham, University of California, San Francisco & Berkeley



LTSS Referred Recommendations to Research Subcommittee

1. How many older adults and people with disabilities are on Medi-Cal, are duals, and are just above full Medi-Cal eligibility, including Share of Cost individuals?
2. Develop a common baseline of data elements across LTSS programs that can be shared securely and quickly among LTSS partners. The Whole Person Care Project and Health Homes under DHCS managed care includes development of a Community Health Record. Could we build something like this for LTSS that eventually can interface with MCO databases?

LTSS Referred Recommendations to Research Subcommittee (continued)

3. Mapping of demographics and services as they exist today using the latest technology (can an interactive, geomapped version of the County Data Book be created? Scraping technology? State and local databases? Zip code level of data?) Census offers an opportunity to see where needs are, and this can be used to monitor infrastructure development and also success of access standards as they are designed.
4. What research exists to support recommendations saving taxpayer dollars?
5. What is the projected need for direct care workforce workers by 2030?
6. What research exists about the impact of restricted immigration on the workforce?

Break (15 minutes)



Public Comment

- *Submit additional public comment and meeting feedback*
- *Submit detailed recommendations for MPA*

Next Steps

Kim McCoy Wade

California Department of Aging



THANK YOU!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging here*:

