

July 17, 2020 Statement of the Master Plan for Aging's Long-Term Services and Supports Subcommittee on the Proposed Long-Term Care at Home Benefit

As noted in its final [Report](#), the Long-Term Services and Supports Subcommittee (LTSS Subcommittee) believes system change is rooted in equalizing access to home and community-based services (HCBS) and assuring that these HCBS are accessible across the state and fully integrated with necessary medical care services. A core principle of the LTSS Subcommittee is improving access to LTSS structures and models that have a successful track record of person-centered, community based care. Today, many Californians are unable to access the services and supports they want and need within their home and community, whether due to long waiting lists or a lack of available options. This lack of access to quality, coordinated health and HCBS causes severe health problems, exacerbates health inequity, and impedes an individual's ability to remain in the community and avoid institutionalization, while resulting in higher costs to the state and federal government.

The proposed LTC at Home benefit has the potential to provide meaningful choice in and access to services in the home and community settings. However, as proposed, the benefit's target population and model of care remain unclear. Meanwhile, COVID-19 continues to wreak havoc on California's older adults, individuals with chronic conditions and their family caregivers, with disproportionate impact on Black, Latinx, and Asian/Pacific Islander populations -- particularly among individuals residing in skilled nursing facilities and congregate settings. The COVID-19 crisis demands immediate action: California cannot afford to wait until 2021 for the eventual and uncertain rollout of a state plan benefit to decompress nursing homes.

Recommendation: Embark on a phased approach: 1) Focus Immediately on Identifying those Most at Risk for Nursing Home Admission while 2) Planning for a Meaningful State Plan Benefit

Much work remains to develop the program components of a meaningful state plan benefit. Recognizing the urgency of the COVID-19 crisis and the need to transition individuals safely from institutions to the community, we propose the following parallel process that focuses immediately on identifying those most at risk for a short or long term nursing home placement, and those who are currently in a facility who could return home with supports while simultaneously planning for a meaningful state plan benefit.

- Immediate Crisis Response: Utilize existing programs and federal flexibilities to achieve this goal now. We believe the state can act now to work with existing HCBS programs to facilitate timely transitions, [using federal flexibilities afforded through COVID-19](#) as [the state has done](#) with other program elements. For example, the California Community Transitions Program, the Assisted Living Waiver, Community Based Adult Services, the Home and Community-Based Alternatives Waiver, PACE, Whole Person Care, the Multipurpose Senior Services Program, Regional Center services, Medi-Cal managed care plans and others could be innovated and expanded to address the need for skilled nursing decompression with immediate access to alternative community settings while also providing support for family caregivers. The LTSS Subcommittee will present detailed recommendations on this component by the end of July 2020.
- Short-term Planning for a Meaningful Long-Term Care at Home Benefit. We recommend that DHCS work with federal and state partners to develop a thoughtful approach to state plan and infrastructure development, with implementation based on local capacity to meet network adequacy and readiness standards. In particular, the LTC at Home Benefit should integrate health and LTSS services, with increased access to quality HCBS on a statewide basis and full supports for family caregivers. The LTSS Subcommittee will release a concept paper outlining the core components of a meaningful Long-Term Care at Home benefit, to be released by the end of July 2020.