Master Plan for Aging
Recommendation Form

To submit your recommendation, fill out as many of the fields below as possible. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.

Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

- Health and LTSS programs funded by Medi-Cal mostly operate independently of each other in silos, leading to fragmentation, more difficult access for beneficiaries and their families, sometimes inappropriate care, and less than optimal health and quality of life.
- As stated in the MOU between the State of California and CMS that established CMC, key objectives of the initiative were "to improve the beneficiary experience in accessing care, promote person-centered planning, promote independence in the community, assist beneficiaries in getting the right care at the right time and place, and achieve cost savings for California and the Federal government through improvements in care and coordination." This model of integrated care and financing was also expected to "improve quality of care and reduce health disparities, meet both health and functional needs, and improve transitions among care settings." [see MOU, p. 2]. While there has been some progress made in some of the CMC/CCI counties relative to some of these objectives, much remains to be done.
- CA falls behind other states in "rebalancing," i.e, the reduction in use of institutional long-term care through use of other LTSS. Programs such as Money Follows the Person have not lived up to their promise in CA, with CA lagging behind other states in transitioning people from nursing facilities [see recent Brian Saucier and Stephen Kaye reports]
- The CMC/CCI UC evaluations found that beneficiaries both in and outside of CCI counties reported high levels of unmet LTSS needs (~40% said they had unmet needs – is that right, Carrie?)
- The CalAim proposal does not address these issues in a comprehensive way.

MPA Framework Goal: [Insert which goal/s from the framework this recommendation addresses. View MPA Framework here.

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

MPA Framework Objective: [Insert which objective/s from the framework this recommendation addresses.]

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

Recommendation: [Explain your recommendation in one to two sentences.]

1) Meet unmet LTSS need in every area of the state through state, plan, county, and local stakeholder collaboration.
2) "Rebalance," i.e., increase the use of LTSS to reduce use of institutional long term in every area of the state; and
3) Promote LTSS and health integration through modifications to the CalAIM proposal

Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

There are 2.1 million Duals and Seniors with Disabilities in CA's Medi-Cal program (see presentation by Mari Cantwell at LTSS Subcommittee meeting on 12/5/19). The 685,000 SPDs are already enrolled in Medi-Cal managed care. Many of the 1.4 million dual eligibles are also enrolled in Medi-Cal managed care plans, by mandate in the seven counties that participate in the Coordinated Care Initiative and in all the counties where County Organized Health Systems (COHS) operate, and voluntarily in other counties. The remaining dual eligibles are required to enroll in Medi-Cal managed care by 2023, according to the CalAIM proposal. [Note: It is important to note that dually eligible enrollees are free to choose to receive their Medicare funded services (physician, hospital, and most medical services) through Medicare fee for service. Medi-Cal pays for most custodial long-term care services, other wrap-around services (e.g., transportation), and for Medicare service co-pays and deductibles.]

In summary, then, this proposal potentially affects 2.1 million elders and persons with disabilities.

Detailed Recommendations: [Insert detailed bullet points describing your recommendation.]

- Add LTSS to the categories of service under consideration for the "Full Integration Pilots" in CalAIM (categories already listed in the CalAIM proposal: physical health; seriously mentally ill behavioral health; and oral health).
- Include the MSSP list of purchased services in the "In Lieu of Services" (ILOS) packages for individuals assessed at a nursing facility level care (for those services not already included in the CalAIM proposal, e.g., adult day care services and assistive technology – and other MSSP services to be evaluated more fully)
- Clarify that the currently proposed ILOS packages apply to the LTSS population at risk of nursing facility placement (e.g, housing services – current ILOS language says recipients

must meet homeless definitions, which would exclude Medi-Cal enrollees who are residing or at risk of residing in nursing facilities).

- Clarify that dual eligibles are included in the eligible populations for the proposed ILOS packages and the Enhanced Care Management benefit, especially since many of these services are critical for nursing facility avoidance and transitions (67% of elderly and SPD Medi-Cal beneficiaries are dually eligible).
- Require appropriate health plan and IHSS data sharing and coordination in every county.
- Consider a limited carve-in of IHSS to Medi-Cal health plans, e.g., a carve-in of IHSS beneficiaries who cannot direct their own care due to cognitive, behavioral health, or other issues (i.e., those beneficiaries who would be served through the contract mode if that existed more widely – currently only operational in San Francisco).
- Require plans in conjunction with counties (and including local LTSS stakeholders and beneficiaries) to develop local assessments of gaps in LTSS service infrastructure and action plans to address these gaps.
- Create an LTSS/Duals "planning council," like the council that oversees implementation of the Dual Demonstration in the state of Massachusetts. The council, comprised of health plans, consumers, advocates, and providers, could be charged with overseeing local actional plan development and implement (see above); and exploring and analyzing emerging issues and challenges, with recommendations for system-wide improvements.

Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation.]

- **RTI evaluation of Ohio Duals Demonstration**
- **Evaluation of MN MLTSS programs**
- **RTI evaluation of MA Duals Demonstration**

Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.]

- **Local: Nursing facility transition / housing programs at HPSM, IEHP, and Promise Blue Shield**
- **State: Ohio and MA Dual Demo programs; TN MLTSS program**
- **National:**
- **Other:**

Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** [action to be taken by Governor or specific state agencies]

    - **Oversight and drive process**
- **State Legislature:** [legislation needed to implement recommendation]
    - **Probably**
- **Local Government: Collaboration and local oversight**
- **Federal Government:**
- **Private Sector**:
- **Community-Based Organizations: Collaboration**
- **Philanthropy: Technical Assistance and Support**
- **Other:**

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

- Reduced hospital admits
    - Reduced ER visits
    - Average length of stay in hospitals
- Nursing facility admission and discharge data
    - Average length of stay in nursing facilities
- Success in keeping beneficiaries with higher needs in the community
    - Rates of nursing home days over time to identify increases/decreases
    - Percentage of population in nursing facilities by county and plan
    - Percentage of beneficiaries receiving MLTSS that are admitted into a nursing facility over 90 days
    - [Note: these measures will be challenging because there are factors beyond anyone's control that could lead to an increase in NF utilization, e.g., people who spend down to Medi-Cal or growing elderly population – it would be better to use encounter data to follow what happens to individuals rather than utilization rates (rates/thousands).]
- Evaluation of the member experience
    - Beneficiary self-reporting on % of unmet LTSS needs
        - Follow up phone surveys (like what was done for CMC/CCI evaluation)
        - Focus groups
    - Level of beneficiary satisfaction with integrated care

Evaluations: [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term (by 2020):**
    - **LTSS considered for "Full Integration Pilots" in CalAIM**
    - **MSSP list of purchased services included in ILOS packages for CalAIM**
    - **Appropriate health plan and IHSS data sharing and coordination requirements in place.**

    - **Decision made about a limited carve-in of IHSS to Medi-Cal heath plans**
    - **Requirements for local planning processes in place**
    - **Statewide LTSS/Duals planning council created**
    - **Baseline for member experience/satisfaction established**
    - **Baseline for beneficiaries reporting % of unmet LTSS needs confirmed**
- **Mid-term (by 2025):**
    - **At least one full integration pilot (including LTSS) operational**
    - **Each county/area of the state has completed and is implementing an action plan to build or enhance LTSS infrastructure, in collaboration with health plans.**
    - **Limited carve-in of IHSS (for those members who cannot direct their care) into Medi-Cal managed care plans.**
- **Long-term (by 2030):**
    - **Rebalancing (or reduction in use of institutional LTC after accounting for growing elderly population) at X%.**
    - **Beneficiary self-reporting of unmet LTSS needs reduced by X%**
    - **Beneficiary self-reporting of satisfaction with integrated services increase by x%**
    - **Reduction in hospital and ER use at X% (accounting for growing elderly population).**

Data Sources: [What existing data can be used to measure success or progress?]: [to be completed]

- Existing data sources: [specify datasets, variables, and data owner/location]
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings] [to be completed]

Prioritization: [How would you prioritize this issue in importance relative to other needs/priorities – e.g., low, medium, high)**: High**

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