#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Monday, December 09, 2019 7:34:37 AM
Last Modified:	Monday, December 09, 2019 8:04:18 AM
Time Spent:	00:29:41
IP Address:	71.135.175.113

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Q1 Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

Infrastructure: Establish HCBS Access Standards:

California's HCBS infrastructure has struggled to keep up with demand for services - due in part to years of failure to invest in services and budget cuts over the years. The transition to managed care offers an opportunity to define a baseline for access to HCBS across the state. However, aside from Partnership for MediCal recipients serving rural areas, no other Managed Care Plan currently exists to serve rural areas. While access standards exist for health care providers, no such standards exist for HCBS, making it difficult to ensure consumer access to these services on a statewide basis and eliminate geographic inequities, especially in rural counties.

Q2 MPA Framework Goal #: [Check which goal/s this recommendation addresses. View MPA Framework document]

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.

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Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

Q3 MPA Framework Objective #: [Check which objective/s this recommendation addresses. View MPA Framework document]

Respondent skipped this question

Q4 Recommendation: [Explain your recommendation in one to two sentences.]

The California Health and Human Services Agency should establish a safety net and access standards for home and community-based LTC services that identifies the basic service mix for each county. The state should then contract with an entity to perform a statewide inventory to assess available basic core services. Particular attention should be paid to the 37 rural counties to identify gaps and where investment is needed to ensure that the basic service mix is in place.

Q5 Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

All

Q6 Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

The 12 basic core services that should be available and accessible in all 58 counties include:

1. Adequate primary care access

2. Adequate access to specialists (could be through telemedicine)

3) Case/care management for all incomes (this might take the form of expanded MSSP models; PACE Program; Information & Assistance; bringing back a similar program like Linkages)

4. In-Home Caregiving access for all incomes. It is not enough to just address IHSS and the MediCal population

5. Residential housing options

6. Transportation - both for medical appointments and other needed services

7. Home Health

8. Rehabilitation Services

9) Nutrition Services - home delivered meals is a critical need, but dining centers address social isolation, I&A to other services, mental health

10. Adult Day Health Care - addresses family respite, isolation, central service for care management (nursing, therapies, nutrition, socialization, personal care)

11. Mental Health Services

12. The Villages Program - allows elders to remain in their own homes, with assistance provided by neighbors/volunteers.

The 37 rural counties to survey are:

Humboldt, Del Norte; Lassen; Modoc; Shasta; Siskiyou; Trinity; Butte; Colusa; Glenn; Plumas; Tahema; Nevada; Placer; Sierra; Sutter; Yolo; Yuba; Alpine; Amador; Caleveras; Mariposa; Tuolumne; San Benito; San Luis Obispo; Madera; Tulare; Inyo; Mono; Imperial; Lake; Mendocino; Sonoma; Napa; El Dorado; Merced and Monterey

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Q7 Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation. Provide links or summaries of research evidence that support your recommendation]

Respondent skipped this question

Q8 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: State: National: Other:

Respondent skipped this question

Q9 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] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

CA Health and Human Services Agency

Q10 Person-Centered Metrics: [Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.]

Respondent skipped this question

Q11 Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

Respondent skipped this question

Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Respondent skipped this question

Q13 Data Sources: [What existing data can be used to measure success or progress?]: 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:

Respondent skipped this question

Q14 Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Respondent skipped this question

Q15 Prioritization: [How would you prioritize your recommendation relative to other needs/priorities?]

High

Q16 Contact information:

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