

## **Master Plan for Aging Recommendation Form**

### **Medi-Cal Managed Long-Term Services and Supports**

**Issue Statement:**

At present, Medi-Cal managed LTSS (MLTSS) comprises the Community-Based Adult Services (CBAS) program and long-term nursing facility (NF) stays. With the state preparing for the rollout of MLTSS on a statewide basis, it is critical to understand how the current MLTSS system has served those through the Coordinated Care Initiative and where there may be opportunities for improvement. Yet, the MLTSS program lacks data on beneficiary access to services, including care coordination and LTSS. Without MLTSS data, the state is unable to identify whether MLTSS beneficiaries' needs are being met in accordance with the statutory requirements.

**MPA Framework Goal:**

- **Goal 1:** Services and Supports: We will be able to live where we choose as we age and have the help we and our families need to do so.
- **Goal 2:** Health and Well-Being: We will maintain our health and well-being as we age.

**Outcome:** Medi-Cal-only older adults/people with disabilities and dual eligible individuals receive necessary long-term services and supports in a coordinated, streamlined fashion through their Medi-Cal managed care plan.

**Recommendation:** Ensure access to MLTSS through system planning and quality standards.

**Target Population and Numbers:** Duals and Medi-Cal only individuals who are enrolled in Managed LTSS

**Detailed Recommendation:**

- Vision for MLTSS: The Department of Health Care Services should outline its long-term vision for MLTSS including care coordination, access to services across the continuum of care, as well as coordination with other critical services and supports, including but not limited to the In- Home Supportive Services program.
- Access Standards: The Department of Health Care Services should establish access standards for MLTSS HCBS benefits, including but not limited to the CBAS and NF services.
- Reporting: The Department of Health Care Services should report on beneficiary access to services in MLTSS, including referrals to CBAS, NF, transitions and care coordination. If this data is not currently available, the state should identify a data point that can be collected to better understand MLTSS delivery and beneficiary experience.

- **Evaluation:** The Department of Health Care Services should contract with a University of California entity to conduct evaluation of existing MLTSS system including timely access to services, care coordination and beneficiary satisfaction. This should be completed prior to MLTSS expansion.
- **Readiness:** The Department of Health Care Services should require Medi-Cal managed care plans to submit a MLTSS plan to ensure system readiness for MLTSS implementation. The transition plan shall be reviewed for network adequacy, care coordination standards, and access to services and supports.
- **Quality:** The Department of Health Care Services should require Medi-Cal managed care plans to report the new LTSS HEDIS measures, and require the NCQA accreditation that includes the LTSS Distinction Survey.

**Evidence that supports the recommendation:** The lack of available MLTSS data is evidence in support of the above recommendations.

**Examples of local, state or national initiatives that can be used as an example of a best practice:**

Report from the Integrated Care Resource Center (ICRC) highlights findings from states with MLTSS: Selected Characteristics of 10 States With the Greatest Change in Long-Term Services and Supports System Balancing, 2012–2016 -

<https://www.medicaid.gov/medicaid/ltss/downloads/reports-and-evaluations/ltss-toptenreport.pdf>

ICRC Webinars:

New MLTSS Assessment and Care Planning Quality Measures: Implementation Issues for States and Integrated Care Plans - <https://www.integratedcareresourcecenter.com/webinar/new-mltss-assessment-and-care-planning-quality-measures-implementation-issues-states-and>

Measuring HCBS Quality in MLTSS Programs -

<https://www.integratedcareresourcecenter.com/content/measuring-hcbs-quality-mltss-programs>

**Implementation:**

- **State Agencies/Departments:** The Department of Health Care would lead efforts to develop, communicate, and implement a vision for MLTSS that includes access standards, readiness reviews, quality standards, and evaluation of MLTSS effectiveness.
- **State Legislature:** The Legislature would provide statutory authority, if necessary, to require evaluation of MLTSS, reporting on quality and MLTSS utilization/access.
- **Local Government:** Local government would provide input in the development of MLTSS standards.
- **Federal Government:** The federal government would work with the state to address complex needs, align incentives, and reduce barriers for dually eligible and Medi-Cal-only individuals and the providers who serve them.
- **Private Sector:** Health plans and other private sector entities would contribute to the planning and implementation of MLTSS while also driving systems change through innovation.
- **Community-Based Organizations:** Community-based organizations would provide input into the vision for and structure of MLTSS service delivery.
- **Philanthropy:** The philanthropic sector could support MLTSS planning, implementation, and evaluation at state and local levels.

**Person-Centered Metrics:** Development of data metrics and reporting on consumer experience in MLTSS; Managed care plans have NCQA accreditation with the LTSS Distinction Survey, and report the LTSS HEDIS measures; Duals and Medi-Cal only individuals with identified needs receive LTSS

**Evaluations:**

- **Short-term (by 2020):** The Department of Health Care Services collects, analyzes and reports MLTSS utilization and access data; develops access standards; and requires and reviews MLTSS transition plans for readiness review.
- **Mid-term (by 2025):** All MLTSS plans report the LTSS HEDIS measures, and are NCQA accredited with the LTSS Distinction Survey.

**Data Sources:** see above.

**Potential Costs/Savings:** Unknown

**Prioritization:** High priority

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