

# **Long-Term Supports and Services in California's Dual Eligibles Demonstration**

Dec. 15, 2011 Meeting Summary  
Prepared by Harbage Consulting

A key goal of California's Dual Eligibles Demonstration is to improve the coordination of long-term supports and services (LTSS) in the setting beneficiaries prefer to receive them. LTSS coordination was the subject of a three-hour public meeting held on Dec. 15, 2011 in Los Angeles. About 80 people attended the meeting in-person and another 130 called in through the operated phone line. The stakeholder input shared at the meeting will inform California's Demonstration design. The meeting focused on the following key issue areas: 1) LTSS coordination between the state, local entities and Demonstration sites; 2) the role of the consumer and in-home supportive services (IHSS) worker; and 3) entry into the care continuum.

## **Opening Remarks**

Jane Ogle, Deputy Director of the Department of Health Care Services (DHCS) said she was eager to hear stakeholders' ideas about how to coordinate medical and LTSS in ways that keep the beneficiary at the center and in control of their care. As part of this Demonstration opportunity, she said, DHCS is exploring ways to coordinate services across the full care continuum – medical care, all long-term supports and services and behavioral health services. Considerable stakeholder input would be sought to inform the next year's work leading up to the scheduled launch of the Demonstration in January 2013.

Pete Cervinka, Program Deputy over Benefits and Services at the Department of Social Services (DSS), provided an overview of the In-Home Supportive Services program, which services 440,000 recipients – 85% of whom are dual eligibles. IHSS aims to delay institutionalization to the extent possible, and strong coordination with IHSS will be an important part of the Demonstration. Blending the social and medical models into a more

holistic approach to the continuum of care can improve quality and health outcomes, he said.

Melanie Bella, Director of the Medicare-Medicaid Coordination office at the Centers for Medicare and Medicaid Services (CMS), commented that the state and federal governments were working together to develop the Demonstration. She stated that evidence of a robust and meaningful stakeholder engagement process and stringent beneficiary protections were necessary components for participation in the Demonstration. She emphasized that there would be additional comment periods at both the state and federal levels on California's Demonstration Proposal.

### Comments/Questions

- A question was asked about whether CMS planned to increase the number of dual eligibles targeted for enrollment in the Demonstration beyond 1 to 2 million. Bella said that number had not changed.
- In response to a question on whether all dual eligibles would move into managed care, Bella said a Medicare fee-for-service option would continue being available.
- Reference was made to Tulare County's 1993 effort to move IHSS into managed care and its negative impact on the local budget and consumers. An analysis of that effort can be found here: <http://www.csus.edu/isr/reports/ihss1995.pdf>
- Concerns were expressed that moving IHSS into managed care would add another layer of bureaucracy between the consumer and his or her needs. Jane Ogle responded that the intent was to decrease the administrative overhead and make things simpler for both providers and beneficiaries.

## **Long-Term Care Delivery Coordination**

### Panelists:

- John Shen, Division Chief of Long-Term Care Services, DHCS
- Eileen Carroll, Deputy Director Adult Programs Division, DSS
- Kelly Brooks, California State Association of Counties
- Maya Altman, Health Plan of San Mateo

### Summary of Comments

- The Demonstration supports the aim of developing a personalized health care system that surrounds the beneficiary and responds to his

or her needs – including LTSS and medical care. This will require increased coordination among the currently fragmented wide range of providers and services.

- Ongoing public input is necessary to figure out how best to coordinate service delivery so beneficiaries receive all the services they need.
- The system should build on what currently exists, but creative ideas and solutions for new ways of working with new systems are needed.
- For IHSS integration, one option would be for a managed care organization to contract with the county, and the county staff to continue assessing consumers. The managed care organization could contract with the public authorities that do collective bargaining, referrals, and provider enrollment. Then, the payroll system through CMIPS at the state level would be incorporated, as well.
- Amid all these potential changes, the focus should stay on consumer self-direction. Consumers should be able to choose providers and encounter a “no-wrong-door” approach.
- With more flexible funding, health plans could provide a wider range of services to beneficiaries that help keep them out of institutional settings.
- Aging and Disability Resource Centers should be looked to as a partner resource for the Demonstration.
- Consumer choice should be maintained in the Demonstration. Administration of IHSS should stay local.
- Guaranteeing meaningful consumer protections will be essential to the success of the Demonstration.
- The ability for consumers to self-direct their care should not be changed.
- Sufficient compensation of IHSS providers is important.
- Expanding use of IHSS through more targeted service delivery could prevent institutionalization.
- Family members who “don’t work for profit but work for love” should continue being allowed to be IHSS providers.
- This effort should be about socializing the medical model.
- The system has to be able to identify people with Alzheimer’s disease and dementia and adequately serve them. They are voiceless and too often overlooked.
- Concerns about for-profit health plans taking over the management of LTSS were expressed.
- A one-size-fits-all approach won’t work. The best model would have a cafeteria of services to choose from based on an individual’s needs.

Care management should be focused on the frail and those capable of self-directing their care should be left alone.

## **Role of the Consumer and Worker**

### Panelists:

- Deborah Doctor, Disability Rights California
- Andrea Mourninghan, Service Employees International Union
- Ben Rockwell, Dual Eligible Beneficiary and IHSS Consumer
- Stuart Levine, MD, Health Care Partners

### Summary of Comments

- Consumers' right of self-determine their care plan should be at the forefront of the policies – by letting them choose whether to participate in care coordination, choosing their medical and social services, and choosing and managing their providers.
- The IHSS worker's role should be expanded so workers are paid for a wider range of activities, such as accompaniment to medical appointments.
- This Demonstration represents the socialization of the medical model – bringing the social model to inform the medical model's care teams and doctors.
- Materials need to be readily available in alternate formats for people with hearing and seeing impairments.
- Advanced training for IHSS workers could improve care quality. Increasing IHSS workers involvement in consumers' care management could improve health outcomes and help reduce emergency department visits, hospitalizations and long nursing home stays.
- Consumers should have the choice on whether they want to train their workers on medical issues.
- The system needs to provide for back-up workers, respite time for workers, and compensation for workers while a consumer is temporarily institutionalized.
- Medi-Cal funds should pay an IHSS worker during a consumer's hospitalization, as they are used to hold a nursing home bed.
- The patient should define where their medical home is. It may be at a primary care office or it may be at behavioral health center.
- Team-based care is extremely important.

- Consumers should have input into and/or be involved in any worker training programs.
- Supporting legal advocates who help consumers exercise their rights is important.

## **Entry into the Care Continuum**

### Panelists:

- Karen Keeslar, California Association of Public Authorities
- Lydia Missaelides, California Association for Adult Day Services
- Darryl Nixon, California Association of Health Facilities
- Sarita Mohanty, MD, LA Care Health Plan

### Summary of Comments

- Care assessments are important tools to help identify the most vulnerable individuals and develop individualized care plans with specific goals for their needs.
- The numerous assessments currently in practice require coordination.
- Assessments have to be conducted on an ongoing basis at regular intervals and following major changes in a person's health or functional status.
- Assessments can support coordination with behavioral health services.
- The crux of any successful model is trust and strong relationships between people.
- Telephonic assessments won't work well with this population. They require face-to-face interviews with a skilled person who is sensitive to cultural differences.
- Developing a common assessment tool is extremely challenging – if it was easy it would already have been done by now.
- Providers have to learn to operate more collaboratively.
- IHHS has a common assessment tool that is unique to its program and should be used in the Demonstration.
- Any future programs should continue allowing family members to be IHSS workers.
- A tremendous amount of education at the beneficiary level will be required to assist a smooth transition.
- There should be an accessible, centralized place to collect comments, report problems and complaints.

- The Demonstration should build on the existing infrastructure and not “reinvent the wheel.”
- Health plans need to provide information to people with visual impairments in an accessible format.
- One size does not fit all. There should be county flexibility in designing their systems.
- PACE is a proven model of integrated care delivery for dual eligibles. PACE should be a choice for enrollees in the Demonstration.