

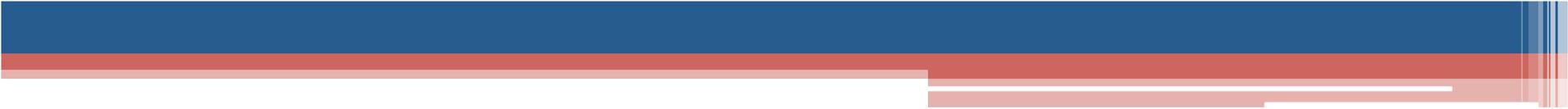
**Duals Demonstration  
Long-Term Services and Supports  
Workgroup  
Thursday, May 3, 1:00 to 3:30pm  
Meeting # 1 Network Readiness**

Leads: Margaret Tatar, Chief, Medi-Cal Managed Care Division, DHCS  
John Shen, Chief, Long-Term Care Division, DHCS  
Lora Connolly, Director, Department of Aging  
Sarah Steenhausen, Senior Policy Advisor, The SCAN Foundation



## Meeting Agenda

- Introduction to Overall Work Group Process
- Work Group Approach for LTSS
- Existing LTSS Services by Demo County and Number Dual Consumers
- Setting a Frame for Thinking about Readiness and Capacity in LTSS
- How do health plans think about LTSS capacity today
- Principles for Plan Network Readiness Standards
- Wrap up and next steps



## **Overall Workgroups**

### **Organization of the Long-Term Services and Support and IHSS Integration Work Group Meetings**

- Separated into two major work groups: one of the broader framework of LTSS integration and one specifically on In-Home Supportive Services integration.
- The work groups are our opportunities to hear from consumers, providers, managed care plans, advocates and other stakeholders how we can develop and improve a new health care delivery system proposed in the Dual Demonstration.

# Overall Work group Schedule: LTSS and IHSS

Schedule of the LTSS and IHSS integration work group meetings:

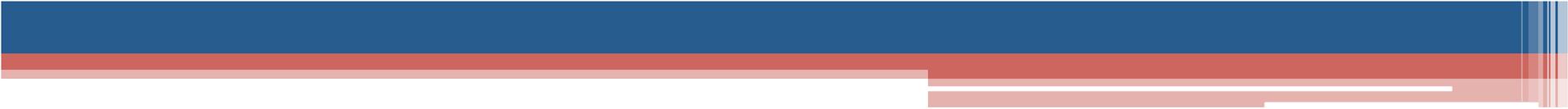
- **May 3: LTSS Integration:** Services, Network Adequacy and Readiness
- **May 11: IHSS Integration**
- **May 17: IHSS Integration**
- **May 29: LTSS Integration:** Waiver Programs: Integration and Transition
- **June 14: IHSS Integration**
- **June 28: LTSS Integration:** Interdisciplinary Teams (Care Coordination and CMS's definition of Model of Care)

# Goals for LTSS Integration

- Long-term services and support (LTSS) will be more accessible and less fragmented.
- Integration of LTSS & medical care will enhance patient experience and improve health outcomes.
- System will focus on increasing access to home and community-based services with less incidence of institutionalization.

# LTSS Work Group Deliverables

- 1 Identify the key components of LTSS to be included as benefits covered by managed care plans in the Demonstration Counties.
- 2 Identify the essential elements of successful integration of LTSS and medical services under managed care, from consumer directed care to involvement of consumers in care planning and coordination.
- 3 Identify the LTSS specific accountability requirements for the plans participating in the Dual Demonstration.



# **Current Utilization of LTSS for Dually Eligible Beneficiaries in the Four Demonstration Counties**

**Lora Connolly**

**Director**

**CA Department of Aging**

# Number of Dual Eligibles By Service

County	# of Duals	IHSS	CBAS	Nursing Facility	MSSP	NF/AH	ALW
Los Angeles	378,129	136,129	4,457	29,763	3,464	257	722
Orange	72,965	14,469	355	5,473	560	35	-
San Diego	76,860	18,076	469	7,032	615	31	-
San Mateo	15,882	2,577	30	1,524	198	-	-

*\*Data collected from December 2010 eligibility. Boxes with (-) represent cell sizes less than ten (10)*



# **Setting a Frame for Thinking about Readiness and Capacity in LTSS**

**John Shen, Chief, Long-Term Care Division, DHCS**

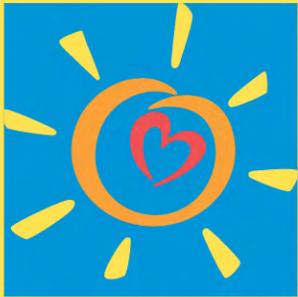


# LTSS Network Readiness Evaluation Process

- Demonstration requirement #1: State develops standard to measure the readiness of the LTSS provider network to serve dual eligible members of the Demonstration Plans.
- Demonstration requirement #2: CMS and State assess Demonstration Plans' readiness to proceed forward.



# **Network Readiness: From a Managed Care Plan Perspective**



**L.A. Care**  
HEALTH PLAN®

For a Healthy Life



## How do health plans think about LTSS capacity today?

- Long Term Services and Supports (LTSS) Work Group
    - Sarita Mohanty, Medical Director
    - L.A. Care Health Plan
- Thursday, May 3, 2012, 1:00 pm – 3:30 pm  
Sacramento, CA

Celebrating  
**15 Years**  
of Providing Health Care in Los Angeles County  
1997-2012

# Background Information

## L.A. Care Health Plan

- Public agency serving L.A. County for 15 years
- Programs: Medi-Cal (including 145,000 seniors and people with disabilities), Medicare for Duals, IHSS workers, and two other programs for low income children.
- Mission: *To serve the community and support the safety net which includes the County health system and community clinics that take care of low income and uninsured people in our community.*

# What agencies provide LTSS in L.A. County?

- A. MSSP (Multi-purpose Senior Services Program)
  - AltaMed
  - Huntington Hospital
  - Human Services Association
  - Jewish Family Service of L.A.
  - SCAN
- B. CBAS (Community Based Adult Services): 150 providers
- C. IHSS (In Home Supportive Services): 180,000 recipients
  - L.A. Care covers 40K IHSS workers
- D. SNF (Skilled Nursing Facility)
- E. Independent Living Centers (ILCs)
- F. Other agencies

# How will L.A. Care and Health Net approach LTSS?

## A. Goals:

- Make consumers' lives easier by reducing the number of assessments and care plans
- One phone number to call for help getting everything you need
- Support people living healthy lives in their own communities

## B. Communication

## C. Involve health plan members and their families in their own health care team



A Public Agency

**CalOptima**  
Better. Together.

# Health Plan Network Adequacy

**Long Term Services and Supports Workgroup**

**May 3, 2012**

**Dr. Peter Scheid, Medical Director**

**Candice Gomez, Director of LTC Integration**



# Overview

---

- Current health plan standards for medical network
- Health plan experience with LTSS network
- Considerations for LTSS network adequacy in the duals demonstration
- Readiness of plan and provider network

# Standards for Medical Network

---

- Plan must meet standards for medical provider network
- Standards are established by CMS, DHCS and DMHC
- Plan must monitor and report compliance with standards
- Plan must have process to ensure access to all covered services

# Standards for Medical Network – cont.

---

- Standards and examples

- Networks must include certain types of providers

- Example: cardiologists

- Networks must include specific number of certain providers

- Example: 1 PCP for every 2,000 members

- Plan must ensure geographic access to providers

- Example: PCP within 10 miles or 30 minutes of member's home

- Plan must ensure appointments within a specific time

- Example: Specialist appointment within 15 days after request

# CalOptima's LTSS Network

---

- As a County Organized Health System and Multipurpose Senior Services Program (MSSP) provider, CalOptima has some experience with an LTSS provider network

LTSS Provider Type	# in network	Criteria for participation
Long term care facilities (SNF and ICF)	80+	Any willing and qualified
MSSP	12	Per CDA standards
CBAS*	18+	Any willing and qualified

# Considerations for an LTSS Network in the Duals Demonstration

---

- Current capacity of the LTSS network
- Applicability of medical provider standards
  - Types of providers
  - Geographic access
  - Appointments
- Ability to provide services outside the contracted network

# Readiness

---

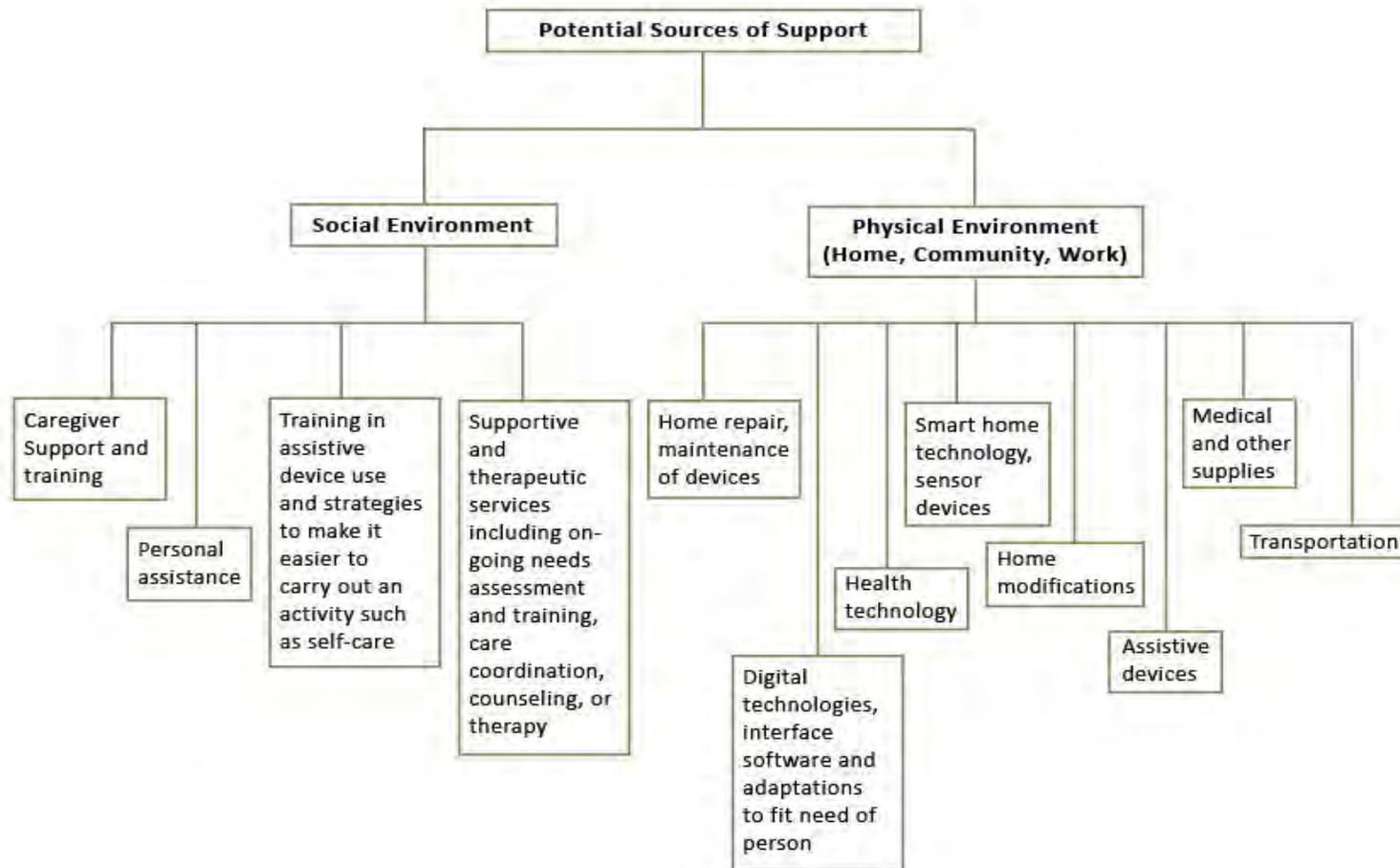
- Requires both health plan and provider readiness
- Readiness review may include, but is not limited to:

Criteria	Plan	LTSS Providers
Operational	Financial stability Contracts with providers Ability to pay claims Customer service Systems / data	Submit claims Verify eligibility Submit authorization request Report data
Clinical	Ensure quality Provide care coordination	Certification / credentialing Participation on clinical team



# **Potential Sources of Support for Individual with Disabilities**

**Sarah Steenhausen  
Senior Policy Advisor  
The SCAN Foundation**



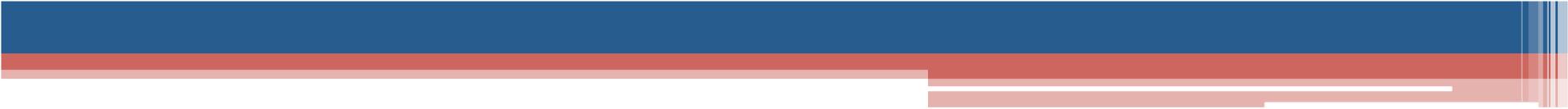


# **Medi-Cal Long-Term Services and Supports**

**John Shen**

**Long-Term Care Division**

**Department of Health Care Services**



# Current Medi-Cal LTSS Services

- Medi-Cal covered services are delivered through four broad areas
  - In-Home Supportive Services (IHSS)
  - Community-Based Adult Services Center (CBAS)
  - Long-Term Nursing Facility
  - 1915(c) waiver services, to qualify the consumer must meet the requirements to receive Nursing Facility Level of Care.

# Current 1915 C Waiver Services

- Requires consumers to meet eligibility requirements, including meeting Nursing Facility Level of Care.
- Current Services offered through existing Medi-Cal covered 1915(c) waiver services
  - Care management
  - Skilled nursing
  - Personal/attendant care
  - Homemaker/chore
  - Minor environmental accessibility adaptation,
  - Personal Emergency Response Systems
  - Respite care
  - Habilitation
  - Assisted living (care portion, not room & board)
  - Home delivered meals
  - Transportation



## Community Based Services Funded by other sources ( Non-Medi-Cal)

- Seniors and Persons with Disabilities utilize many other community-based services
  - Meals (congregate or home-delivered meals)
  - Housing
  - Transportation
  - Counseling, Option Counseling, Peer Counseling
  - Information and referral
  - Translation and other social services
  - Family Caregiver Services
  - Advocacy
  - Services offered by Area Agencies on Aging, Independent Living Centers, and other community-based organizations



## Dual Demonstration: LTSS Transition to Medi-Cal Managed Care

- Covered Benefits
  - In-Home Supportive Services
  - Community-Based Adult Services
  - Nursing Facilities
  - Care Management

# LTSS Transition to Medi-Cal Managed Care

- Services that Managed Care Plan may provide to support eligible Plan members to remain in their own home and community setting.
  - Skilled nursing (nursing care in the home)
  - Personal/attendant care in the home
  - Homemaker/chore services (light cleaning, laundry, meal preparation)
  - Minor environmental accessibility adaptation,
  - Personal Emergency Response Systems & specialized medical equipment
  - Respite care
  - Habilitation
  - Assisted living (care portion, not room & board),
  - Home delivered meals
  - Transportation



## Evidence of Coverage and Network Readiness

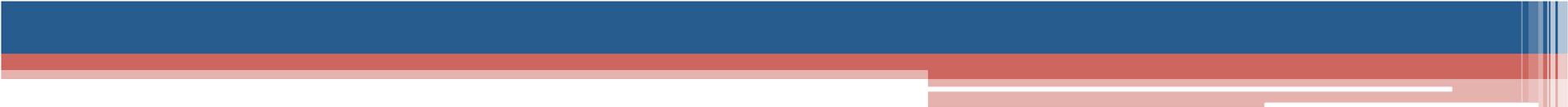
- Contractual arrangements between Managed Care Plans and providers of Covered Benefits (IHSS, CBAS Center, Nursing Facilities, and MSSP)
- Purchase of services from providers who offer services, beyond the covered benefits, per personalized care plans that enable Plan members to remain in their own home
- Dimensions to assess readiness for covered benefits
  - LTSS provider capacity
  - anticipated utilization among enrolled population
  - accessibility (geography, wait time, language, culture competency)



## Evidence of Coverage and Network Readiness

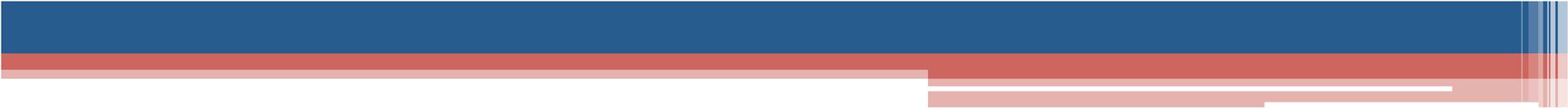
### Challenges facing the CA Dual Demonstration in defining LTSS network readiness

- 1 There is no clear national standard for LTSS network adequacy.
- 2 Current utilization is more reflective of the unique history, work force, moratorium, payment level, slot limitation of each LTSS benefits.
- 3 Facility based services posts geographical accessibility challenge.



## Potential Measures for LTSS Provider and Managed Care Readiness

- Contracts established and executed with LTSS providers
- Health Risk Assessment or other screening mechanisms adapted to identify Plan members with LTSS needs
- Care management system (assessment, care planning, care coordination) adapted to include the use of LTSS
- Plans' RNs or other care management personnel recruited and trained on Coordinating Care
- Payment systems established to pay LTSS providers
- Oversight mechanisms established to monitor member outcomes and LTSS provider performance
- Quality Assurance and Improvement programs or initiatives to include LTSS components
- Communication mechanisms established among LTSS providers, primary care physicians, and Plans' RNs or care managers



## Key Questions

- What criteria or standards can we use to determine a Managed Care Plans' LTSS readiness?
- Can we develop LTSS adequacy standards similar to those established for medical providers?
- Are there particular access issues that need to be considered in developing a LTSS network?
- What specific criteria or measures could be used to assess LTSS providers and Managed Care Plans' readiness for the Demonstration?
- As the Demonstration proceeds forward, how do we measure whether Plan members have adequate access to LTSS?

## Wrap-Up and Next Steps

- We will distribute meeting minutes from today's work group meeting.
- For more information:
  - Website: [www.CalDuals.org](http://www.CalDuals.org)
  - E-Mail: [info@calduals.org](mailto:info@calduals.org)
  - Twitter: [@CalDuals](https://twitter.com/CalDuals)