



CalAIM Community Supports Spotlight: Personal Care and Homemaker Services and Respite Services

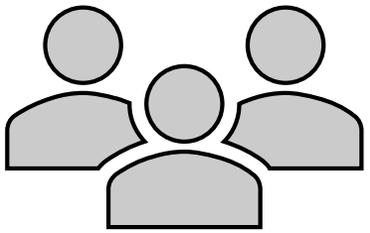
Agenda

- » Welcome and Introductions
- » Review of Personal Care and Homemaker Services
- » Review of Respite Services (Caregiver Respite)
- » Promising Practices
- » Q&A

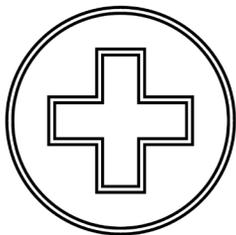
CalAIM and Community Supports



CalAIM Community Supports are **optional services** that health plans can opt to provide in lieu of higher-cost services traditionally covered by Medicaid.



CalAIM includes **14** Community Supports.



MCPs selected Community Supports to offer when CalAIM went-live on January 1, 2022 and have the **option to add new Community Supports every six months.**

In Lieu of Services (ILOS) Authority 101

What Are “In-Lieu-Of” Services”?

ILOS are **medically appropriate** and **cost-effective services or settings** offered by a managed care plan as a **substitute** for a Medicaid state plan-covered service or setting.

States to date have covered various targeted ILOS. California’s recent approval, however, establishes that ILOS authority can be used to offer a **comprehensive menu** of health-related services in Medicaid.

*Example: Offering **home asthma remediation** in lieu of **future emergency department visits**.*

Regulatory requirements: ILOS are authorized through federal regulation¹⁾ which specifies that services must be:

- Medically appropriate and cost-effective substitutes for a covered service or setting under the Medicaid State Plan
- Authorized and identified in the plan contract
- Offered at plan and enrollee option

The regulation also specifies that the cost of ILOS is taken into account in rate setting.

1) 42 CFR §438.3(e)(2)

Community Supports Services Approved in California

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- **Personal Care and Homemaker Services**
- **Respite Services (for Caregivers)**
- Environmental Accessibility Adaptations
- Medically Tailored Meals/Medically-Supportive Food
- Sobering Centers
- Asthma Remediation
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)

MCP Elections

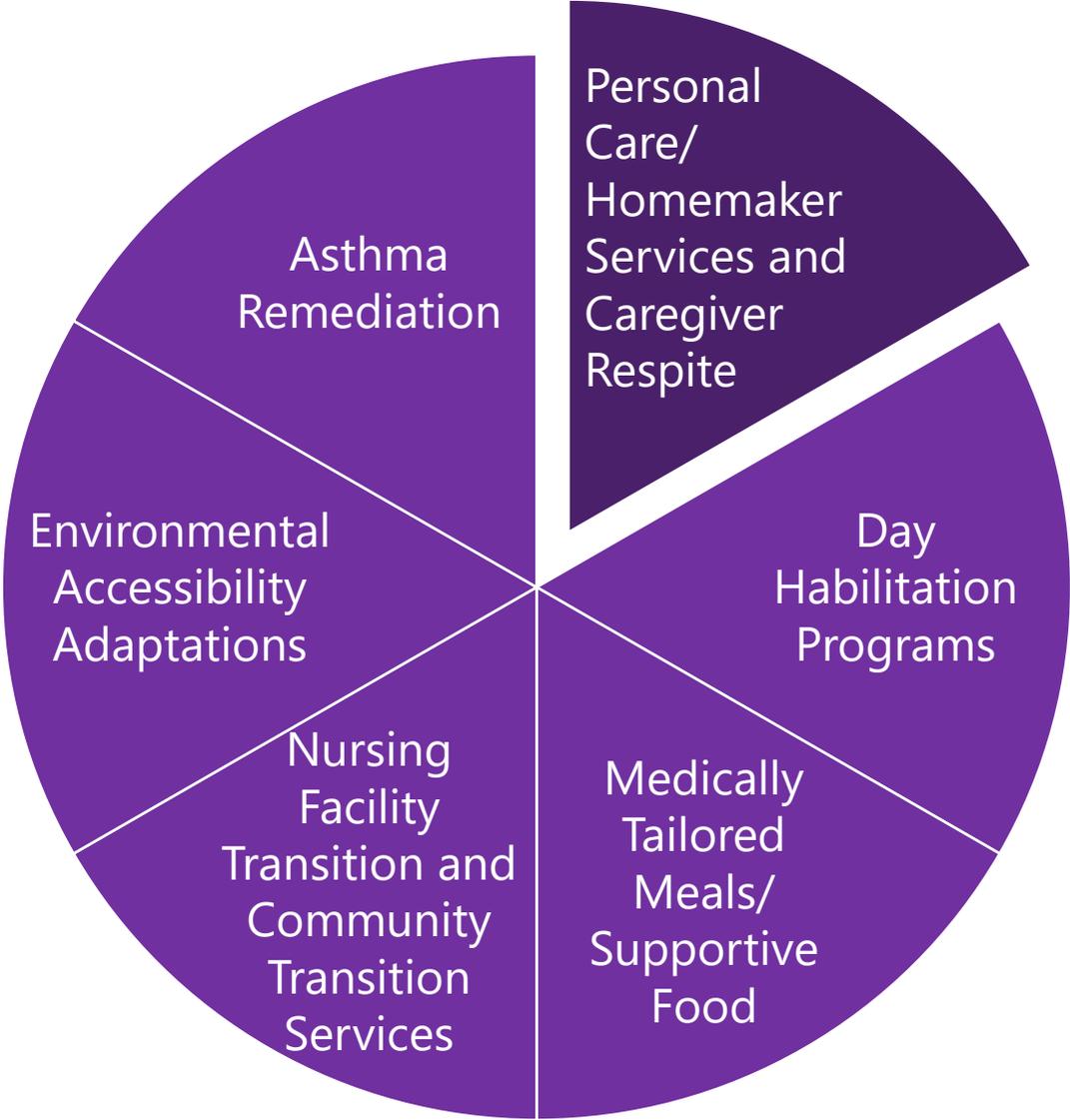
Counties with at least one health plan offering Personal Care and Homemaker Services and Caregiver Respite Services by January 1, 2024

Support	Plans-by-County Offering Community Support by January 2024
Personal Care and Homemaker Services	97
Caregiver Respite	97



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Part of CalAIM's Independent Living- Focused Community Supports



Personal Care and Homemaker Services

Overview & Guidance Summary

What is the Personal Care and Homemaker Services Community Support?

- » Services for individuals who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) who could otherwise not remain at home
- » Includes house cleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision

In Context: Older Americans Act (OAA)

- » Through the OAA, the national aging services network has 50+ year history of delivering home and community-based services, including personal care and homemaker services
 - » 600 Area Agencies on Aging (AAAs) and 20,000 service providers across the country
 - » **33 AAAs in California**
- » Core OAA services include:
 - » **Home care, chore, personal care**
 - » Nutrition (congregate and home-delivered)
 - » Transportation

Who Can Provide These Services?



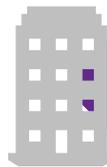
Home health agencies



County agencies



Personal care agencies



AAA (Area Agency on Aging)

**Examples
include:**

Best Practices

- » Community-based organizations (CBOs) are increasingly contracting with health care organizations to address health-related social needs ([Aging and Disability Business Institute 2021 Request for Information](#))
- » Percentage of CBO contracting as part of a network doubled between 2017 and 2021, from 20% to 40%
- » **Medicaid Managed Care plans are the most common health care partners for CBOs (41%)**
- » **Home care services included in nearly one-third (32%) of health care contracts**

Program Benefits

- » 74% (\$51,715) less costly than nursing facilities¹
- » 54% (\$21,372) less costly than assisted living facilities¹
- » Individuals receiving personal care services 20% more likely to continue living at home¹
- » 26% reduction in mortality rates among program participants¹

Appropriate Uses of Personal Care and Homemaker Services

- » Above and beyond any approved county In-Home Supportive Services hours, when additional hours are required and if In-Home Supportive Services benefits are exhausted
- » As authorized during any In-Home Supportive Services waiting period
- » To help Members who are not eligible to receive In-Home Supportive Services avoid a short-term stay in a skilled nursing facility (not to exceed 60 days).



Eligible Populations

Individuals at risk for hospitalization or institutionalization in a nursing facility

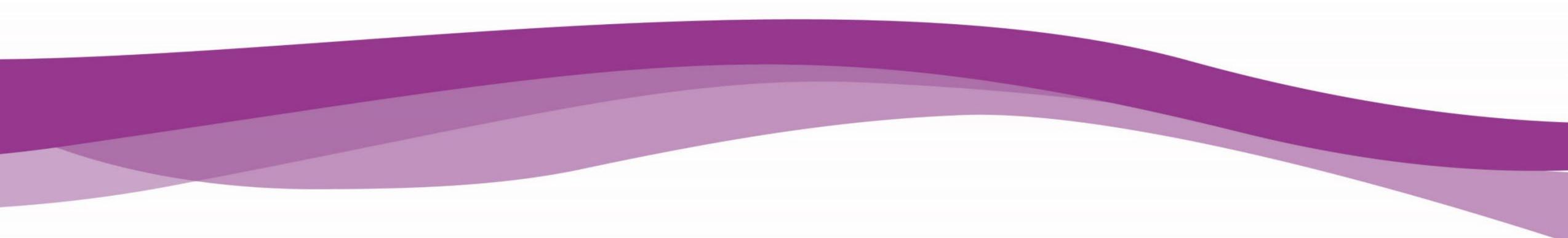
Individuals with functional deficits and no other adequate support system

Individuals approved for In-Home Supportive Services

Service Limitations

- » Cannot be utilized in lieu of referring to the In-Home Supportive Services program
- » Members receiving Personal Care and Homemaker services must be referred to In-Home Supportive Services for reassessment and determination of additional hours if their current condition changes
- » Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs

Caregiver Respite Services

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Guidance Summary

What is Caregiver Respite?

- » For caregivers of Members who require intermittent temporary supervision
- » Non-medical services provided on a short-term basis for those who normally care for the Member
- » Helps keep Members at home, preempt caregiver burnout, and avoid institutional services
- » Provided at the Member's home or other location being used as the home or at approved out-of-home locations
- » Distinct from Medical Respite/Recuperative Care

Respite Service Offerings

Services provided by the hour on an episodic basis because of the absence of or need for relief for those persons normally providing the care to individuals

Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals

Services that attend to the Member's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines

Eligible Populations

Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) who:

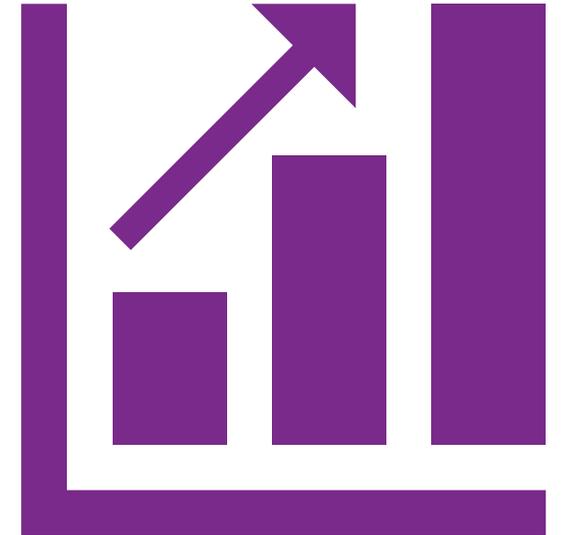
- Are dependent upon a qualified caregiver who provides most of their support
- Require caregiver relief to avoid institutional placement

Other subsets may include:

- Children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver
- Foster care program beneficiaries
- Members enrolled in either California Children's Services or the Genetically Handicapped Persons Program (GHPP)
- Members with Complex Care Needs

Impact of Caregiver Respite Programs

- » 23% improvement in caregiver psychological adjustment scores²
- » 24% reduction in caregiver fatigue scores²
- » 11% improvement in caregiver mental health quality of life scores²



Allowable Providers

Examples include: » **Home health or respite agencies providing services in:**

- » Private residence
- » Residential facility approved by the State
- » Providers contracted by county behavioral health

» **Community settings such as:**

- » Adult Family Home/Family Teaching Home
- » Certified Family Homes for Children
- » County Agencies
- » Residential Care Facility for the Elderly (RCFE)
- » Child Day Care Facility; Child Day Care Center; Family Child Care Home
- » Respite and residential facilities
- » Short-term residential Therapeutic Programs
- » Community-Based Adult Services (CBAS) Providers



Service Limitations and Restrictions (1/2)

- » In the home setting, these services, in combination with any direct care services the Member is receiving, may not exceed 24 hours per day of care.
- » Service limit is up to 336 hours per calendar year.
- » The service is inclusive of all in-home and in-facility services.
- » Exceptions to the 336 hour per calendar year limit can be made when the caregiver experiences an episode that leaves a Medicaid member without their caregiver (with MCP authorization).

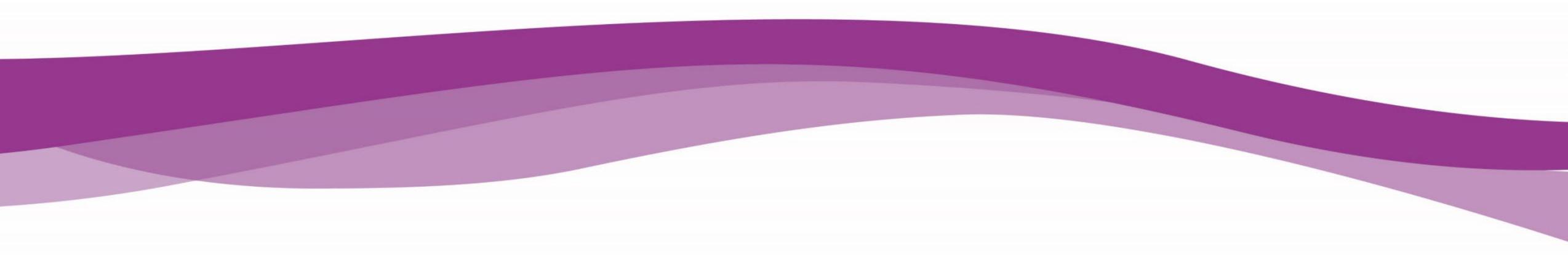
Service Limitations and Restrictions (2/2)

- » This service is only to avoid placements for which the Medi-Cal managed care plan would be responsible.
- » Respite services cannot be provided virtually, or via telehealth.
- » Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs.

Pricing Guidance

- » The [Non-Binding ILOS Pricing Guidance](#) outlines a high-level per-diem pricing approach reflecting typical staffing ratios, caseloads, and service intensity.

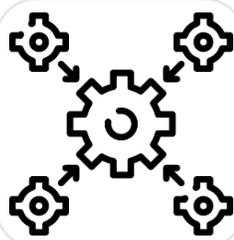
Personal Care and Homemaker Services and Caregiver Respite Plan Promising Practices

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Molina Healthcare: Personal Care/Homemaker and Respite Services

**Natalie Allison, Manager of Healthcare Services - Community
Supports**

Purpose and Administration of Community Supports



Medi-Cal managed care plans will have the option to integrate Community Supports into their Population Health Management plans – often in combination with the new Enhanced Care Management benefit



Community Supports would be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future health care costs



Community Supports must be cost effective. For example, Community Supports might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays and emergency department use

Molina's Community Supports

Community Supports	Imperial	Los Angeles	Riverside	Sacramento	San Bernardino	San Diego
Housing Transition Navigation Services	X	X	X	X	X	X
Housing Deposits	X	X	X	X	X	X
Housing Tenancy and Sustaining Services	X	X	X	X	X	X
Short-Term Post-Hospitalization			X	X	X	
Recuperative Care (Medical Respite)		X	X	X	X	X
Respite Services	X		X	X	X	X
Day Habilitation Programs	X		X	X	X	X
Community Transition Services/Nursing Facility Transition to a Home			X		X	X
Personal Care and Homemaker Services	X		X	X	X	X
Medically Tailored Meals/Medically-Supportive Food	X	X	X	X	X	X
Sobering Centers			X	X		X
Asthma Remediation	X	X	X	X	X	X

Providers

Current Providers

24 Hour Homecare

AccentCare of CA

Cambrian Homecare

Future Providers

Access TLC





What's Working

- Developing a diverse network of providers.
- Building on member's current support system and adding additional support for member to successfully and safely remain in the home. (Layers of support.)
- Open communication and a good working relationship with providers.



Best Practices

- Meet the member where they are at (Member-centric approach).
- Collaboration between referrer, member, and IHSS.
- Look for a permanent solution for the member.



Barriers

- Limited coverage in remote areas.
- Fear of unfamiliar individuals in the home.
- Communication (language & culture).
- Complex health conditions.



Lessons Learned

- More details as to what member's needs are and how we can collaborate with provider to meet those needs.

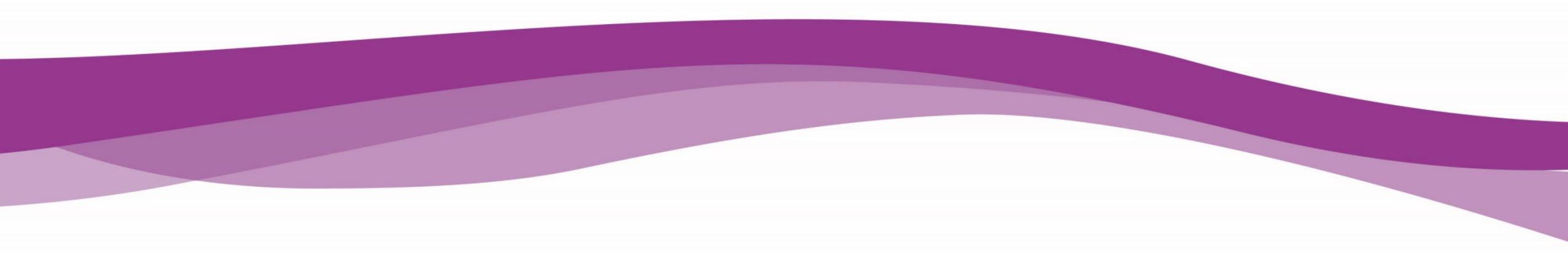
Encourage referrer to work with member to ensure IHSS process has started and timeframes are being met.

Molina's Referral Process

- ❑ Submit referral form to MHC_CS@molinahealthcare.com
- ❑ Community Supports coordinator will review referral and ensure member meets criteria.
- ❑ CS Coordinator will, if needed, reach out to referrer to ensure all necessary details are received including preferred language, member's ADL/IADL needs, preference of days/times, special requests, etc.
- ❑ Upon provider acceptance, authorization will be provided.
- ❑ A new referral form with updated information would need to be provided if requesting additional hours of service.

Thank you!

Personal Care and Homemaker Services and Caregiver Respite Provider Promising Practices

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Partners at Home Community Care Hub: Private Duty Services



Ester M. Sefilyan, Vice President of Network Services

Partners in Care Foundation

The Social Determinants Innovators

- » Our work serves as a bridge between medical care and what a person accomplishes in their own home.
- » We manage the gaps in non-medical care that affect a person's recovery and overall health.
- » We represent a California network of community-based organizations (CBOs)—Partners at Home Community Care Hub.

The result is happier, healthier people cared for at lower expense in their own homes

Addressing Social Determinants Across Settings and Populations



Partner
*with
hospitals,
physicians,
health plans,
and large
public systems*

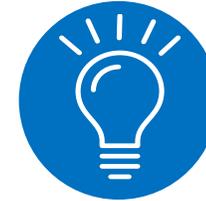


Focus
*Access to
care and
SDOH
solutions*



Payers

- *Medicaid*
- *Medicare*
- *Health systems*
- *Health plans*



New
Directions
*Patient
engagement and
telehealth*

Our services are delivered through Partners At Home, our statewide Community Care Hub



A Community Network of Partners in Care

One call does it all!

Patient Engagement and Education

Service Coordination

HomeMeds/Med Reconciliation

Evidence-Based Self-Management Workshops

Meals, Private Duty

Care Transitions

Eligibility Screening



What does Partners At Home CCH mean?

- » *Partners* utilizes and manages a statewide network of service providers
- » We provide all of the administrative services so that our providers focus on the member care
 - » Coordination and management of network of Home Care Organizations (HCO)
 - » Large geographic coverage
 - » Oversight and review of licensing and certification
 - » Quality Assurance (*Partners* is NCQA-accredited) and oversight of providers
 - » Single point of entry for all referrals
 - » Streamlined reporting and billing
- » Our network providers are experienced with many years of service in the community
- » With over hundreds of culturally and linguistically appropriate Home Care Aids
- » As needed by our payors, we have the experience, relationships, and ability to create “scalable” specialty networks

Who We Are

- » **“Home Care Organization”** or **“HCO”** means agencies that are licensed businesses that employ HCAs and send them to the home of Member to provide in-home non-medical care.
- » **“Home Care Aide”** or **“HCA”** means Provider staff who are registered as a HCA with the State of California Home Care Services Bureau and may provide non-medical home care services and assist Members with Activities of Daily Living.
- » All Network Providers are licensed Home Care Organizations (HCO) through the Home Care Services Bureau (HCSB), under the California Department of Social Services
- » All caregivers are registered Home Care Aides (HCA) with HCSB
- » As of January 2016, California law established the Home Care Services Consumer Protection Act which requires HCOs to be licensed and creates a public online registry for HCAs who have been background checked and have gone through mandatory training.

What We Do

- » Provide a Network of Home Care Organizations who provide professional **Non-Medical** Homecare Service Assistance for all Activities of Daily Living
- » Provide respite care for family caregivers
- » Provide Individualized Summary Form upon conclusion of services
- » Provide a Home Care Aide which matches patient and family needs
- » Have the ability to modify care schedules as needs change
- » Each Patient has ongoing supervision and support

ADLs

- Bathing
- Dressing
- Toileting
- Transferring (in and out of bed, couch to chair, etc.)
- Incontinence
- Fall prevention
- Feeding

IADLs

- Cooking/meal preparation
- Limited light cleaning (no more than 20% of total scheduled time is to be spent on light cleaning)
- Laundry
- Shopping (HCA will accompany Member; Member is to provide transportation)
- Medication reminders
- Medical appointment reminders

Respite Services: Providing a break for family caregivers

What:

- » Short-term/temporary relief for family caregivers
- » Allows family caregivers to take time away from caring for loved ones (which already tends to be unpaid) without compromising the quality of care

Why:

- » Provides support system for family caregivers
- » Helps with caregiver burnout and allows for caregiver to recoup and take a break or tend to matters outside of caregiving

Respite Services: Providing a break for family caregivers

Who:

- » Wide range of caregiving services, provided by professional caregivers.
- » May include specialized services such as dementia care

How:

- » Temporarily substituting professional caregiver for family caregiving duties.
- » Common tasks include:
 - » Laundry, light housekeeping, medication reminders, meal preparation, assistance with activities of daily living

Personal Care Services: Helping people age in place

What:

- » Most common type of care for individuals with chronic conditions, physical disabilities

Why:

- » To ensure individual's safety, comfort and well-being.

Who:

- » Experts with skills in providing assistance with tasks, including physical assistance

How:

- » Primarily assist with Activities of Daily Living (ADL)

Homemaker Services: Helping people live safely at home

What:

- » Type of care that helps cover basic tasks and activities that individuals find difficult to perform on their own.

Why:

- » To ensure individual's are not put at risk for losing their independence at home.

Who:

- » Experts with skills in providing essential assistance with non-physical tasks

How:

- » Primarily assist with Instrumental Activities of Daily Living (IADL)

Metrics

Service Standards	Measure	Standard	Apr 2022	May 2022	Jun 2022	Q2 Average
Timely acknowledgement of Referrals	Days from receipt of referral	98% of all Respite Care referrals shall meet the following turn-around times when acknowledging a referral to the health plan: Urgent <= 24hours; Non-urgent <= 2 business days.	100%	100%	100%	100%
Timely outreach to Member	Days after receipt of necessary information	98% of all Respite Care referrals shall meet the following turn-around times when outreaching to a member: Urgent <= 24hours; Non-urgent <= 2 business days.	100%	100%	n/a	100%
Health Care Aide (HCA) assigned, and first visit scheduled	Days after completion of initial assessment	98% of all Respite Care referrals shall have a HCA assigned within five (5) business days of the completion of the initial assessment.	100%	100%	n/a	100%
Fulfillment of Referrals	Sum of referrals received vs. sum of members served	95% of referrals received have a HCA assigned.	100%	100%	100%	100%
Overall satisfaction with services	Based on a 10-point rating with 10 measuring extremely likely	Monthly average of <= 8 satisfaction rating from member surveys.	n/a	8.5	8.22	8.4

Benefits and Opportunities

» *Benefits:*

- » Allows the experts to focus on delivering care/services
- » Streamlines contracting, reporting and billing
- » Provides inclusion of smaller community-organizations to be involved
- » Standardizes workflows
- » Large coverage area

» *Opportunities for Improvement:*

- » Increase referrals from payors
- » Referral criteria and authorization process

Thank You!

For more information, please contact:

Ester Sefilyan

VP Network Services

esefilyan@picf.org

The Social Determinants Innovators.



24 Hour Home Care

Personal Care, Homemaker, & Respite Services

Presenters:

April Stewart, Director of Government Relations

Gavin Ward, Director of Strategic Partnerships

WHY

Impacting
people's lives by
making a
difference every
day



Objectives

- » Why Offer Personal Care, Homemaker, & Respite
- » Scope of Services
- » Service Impact to Medi-Cal System & Members
- » Our Team & Contacts

A Few of Our Partners

By focusing on delivering high-quality care and putting our people first, we make a difference in the lives of our clients, caregivers, and communities every day.

- » 11 Awarded Community Supports MCP Contracts
- » All 21 California Regional Centers
- » Department of Veterans Affairs
- » Many California Hospitals/Health Systems

Benefits: Medi-Cal Members

Living Assistance Preferences



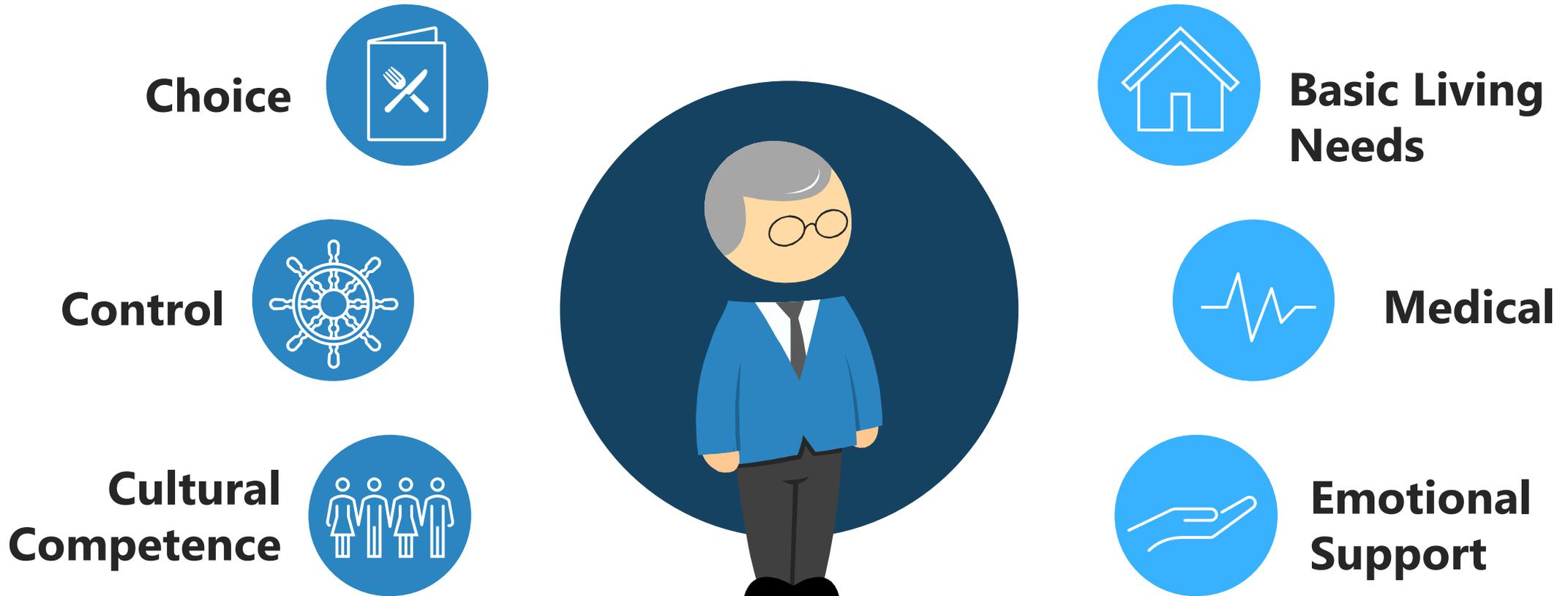
88% of adults prefer to age at home*

16% feel confident in ability to pay for long-term care*

11% discussed ongoing living assistance preference with doctors*

Benefits: Medi-Cal Members

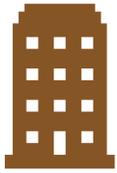
Person-Centered Approach to Healthcare



Wants & Needs

Benefits: Medi-Cal Members

Choice, Control, & Cultural Competence



Facility-Based Care

Assisted living, nursing home, memory care



Senior Communities

55+ communities with or without supports/activities



Aging in Place

May include natural & paid supports

Our Service Lines

Personal Care & Homemaker

Goal

To provide supports to manage healthy conditions at home instead of a higher-cost facility-based setting.

Services & Supports

- Personal Care
- Meal Preparation
- Medication Reminders
- Transportation
- Supervision/Socialization
- Light Housekeeping

Services Limitations

- Must use generic resources first including IHSS
- Cannot exceed 24/7 including IHSS hours
- Must be cost effective

Caregiver Services

Goal

To provide supports to manage healthy conditions at home instead of a higher-cost facility-based setting.

Services & Supports

Three Levels

- Non-Medical (In-Home)
- Medical (In-Home)
- Facility-Based (Out-of-Home Respite)
- Maintain Typical Routine
- Non-Medical Tasks: ADLs/IADLs

Services Limitations

Up to 336 hours annually

- Exceptions to annual cap as approved by MCO
- May not exceed 24/7 combined with other services

Home Care Organization Scope

HOME CARE SCOPE



- ✓ Personal Care & ADLs
- ✓ Healthy Meal Preparation
- ✓ Medication Reminders
- ✓ Transportation
- ✓ Supervision & Socialization
- ✓ Light Housekeeping

OUT OF SCOPE (REQUIRES NURSE)



- ✗ Wound Care
- ✗ Medication Administration
Medical Equipment/Devices
(G-tube, colostomy, IV, ventilator, catheter, etc.)
- ✗ Vitals Monitoring
- ✗ Therapies

Collaboration & Progress Updates

SUCCESSFUL COLLABORATION

- ✓ Actively Serving Members!
- ✓ Strong Communication Channels
- ✓ Trust & Collaborative Partners
- ✓ Co-Learning Opportunities
- ✓ IPP & Grant Funding



ONGOING COLLABORATION

- ✓ Member Eligibility
- ✓ Varying Referral Processes
- ✓ Systems Integration
- ✓ Data & Outcome Metrics
- ✓ Full Systemic Service Familiarity

Medi-Cal Challenges Impacted



Multiple Systems

Enrollees with complex needs must often engage with **several delivery systems to access care**, including primary and specialty care, dental, mental health, substance abuse disorder, and long-term services and supports.

01



Health Equity

More than 65% of Medi-Cal enrollees are from communities of color. Addressing social drivers of health is key to advancing health equity and helping people with high health care and social needs.

02



Complex Needs

Medi-Cal enrollees typically have **several complex health conditions** involving physical, behavioral, and social needs.

03

Medi-Cal Challenges Impacted



High Utilizers

Over half of Medi-Cal spending is attributable to the **5 percent of enrollees with the highest-cost needs.**

04



Hospital Readmissions

High unplanned hospital readmissions: In 2019, the statewide hospital readmissions rate within 30 days of discharge was 14.9%, approximately 25% higher than the Let's Get Healthy California goal of 11.9%.

05

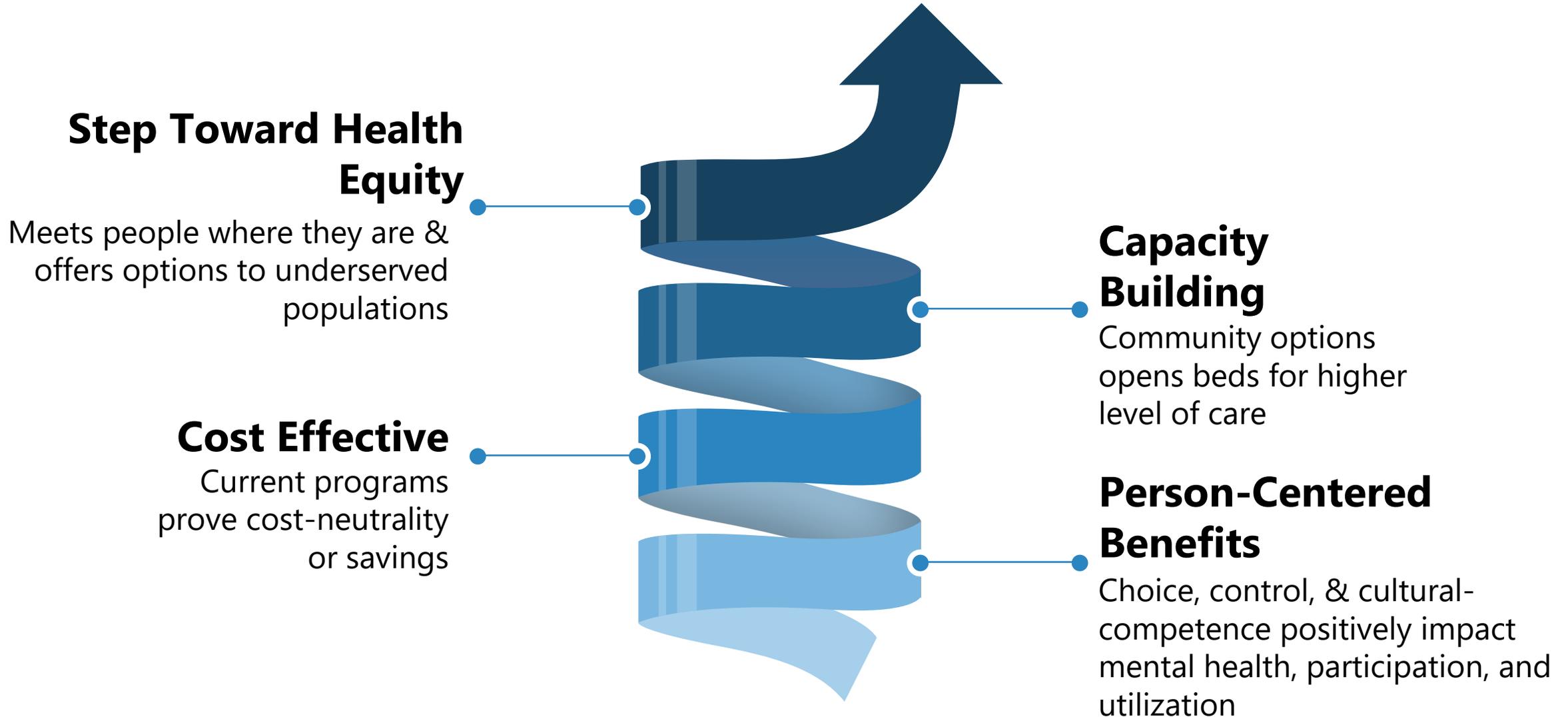


High-Cost Settings

Medi-Cal enrollees with **complex health needs and unmet social needs** are at high risk of hospitalization, institutionalization, and other high-cost services. Over 2/3 of patient days in CA long-term care facilities are Medi-Cal members.

06

Impact: Medi-Cal System



Our Community Supports Leadership Team



Lizette Ceja

Associate Director

- Develops and leads the service coordination
- Brings over 8 years of experience in operations and program management



Peter Olson

Assistant Manager

- Upholds health plan & Medicaid funded service lines through supporting closed loop referral & care
- Brings over 8 years of experience working with the Intellectual & Developmental Disabilities (IDD) population



Gavin Ward

Director, Strategic Partnerships

- Creates, develops, and nurtures partnerships with health plans and other organizations serving at-risk populations
- Brings nearly 20 years of experience in creating caregiver workforce solutions for government, not-for-profit, and other orgs



April Stewart

Director, Gov't Relations

- Oversees healthcare program development, program expansion, and healthcare industry advocacy for Medicaid waiver services.
- Brings over 10 years of experience in HCBS programs & advocacy

Let's Connect!

Direct: April@24hrcares.com
Gavin@24hrcares.com

Email: CalAIM@24hrcares.com

Phone: (888) 324-6225
(888) 3AIM-CAL



FAQs

- » Billing and rates
- » How to become a provider
- » Who can refer patients and how to make a referral
- » How eligibility is determined

Questions?

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Closing

- » Next Community Supports Webinar:
 - » Community Supports and Pediatric Populations
 - » December 8th, 2022, 1:30 PM
 - » Register [here](#)

- » Please send questions to: CaAIMECMILOS@dhcs.ca.gov.

Citations

- 1) [In Lieu of Services in CalAIM: A Summary of the Evidence-Base on Cost-Effectiveness and Medical Appropriateness of ILOS](#)
- 2) [A pre- and post-test study physical and psychological effects of out-of-home respite care on caregivers of children with life-threatening conditions](#)

Resources

- » [DHCS Community Supports Policy Guidance](#)
- » [Non-Binding ILOS Pricing Guidance](#)