# 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 supports (LTSS) will be more accessible and less fragmented.

- Integration of LTSS & medical care will enhance individuals' 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**

# Dual Eligibles Benefits and Long-Term Services and Supports (LTSS) Utilization in the 4 Dual Demonstration Counties

| County | # of Duals | IHSS | CBAS | Nursing Facility | MSSP | NF/AH | ALW |
|---|---|---|---|---|---|---|---|
| Los Angeles | 378,129 | 136,129 | 20,682 | 29,763 | 3,464 | 257 | 722 |
| Orange | 72,965 | 14,469 | 1,692 | 5,473 | 560 | 35 | - |
| San Diego | 76,860 | 18,076 | 2,243 | 7,032 | 615 | 31 | - |
| San Mateo | 15,882 | 2,577 | 132 | 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

- <u>Demonstration requirement #1</u>: State develops standard to measure the readiness of the LTSS provider network to serve dual eligible members of the Demonstration Plans.

- <u>Demonstration requirement #2</u>: CMS and State assess Demonstration Plans' readiness to proceed forward.

# Network Readiness: From a Managed Care Plan Perspective

# 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

# 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.
   - Partners in Care
   - 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) and Area Agencies on Aging (AAAs)

F. Other agencies

**L.A. Care** HEALTH PLAN®

# 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

# 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

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# Standards for Medical Network – cont.

- Standards and examples
  - Networks must include certain <u>types of providers</u>
    Example: cardiologists

  - Networks must include specific <u>number of certain providers</u>
    Example: 1 PCP for every 2,000 members

  - Plan must ensure <u>geographic access </u>to providers
    Example: PCP within 10 miles or 30 minutes of member's home

  - Plan must ensure <u>appointments</u> 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

CalOptima
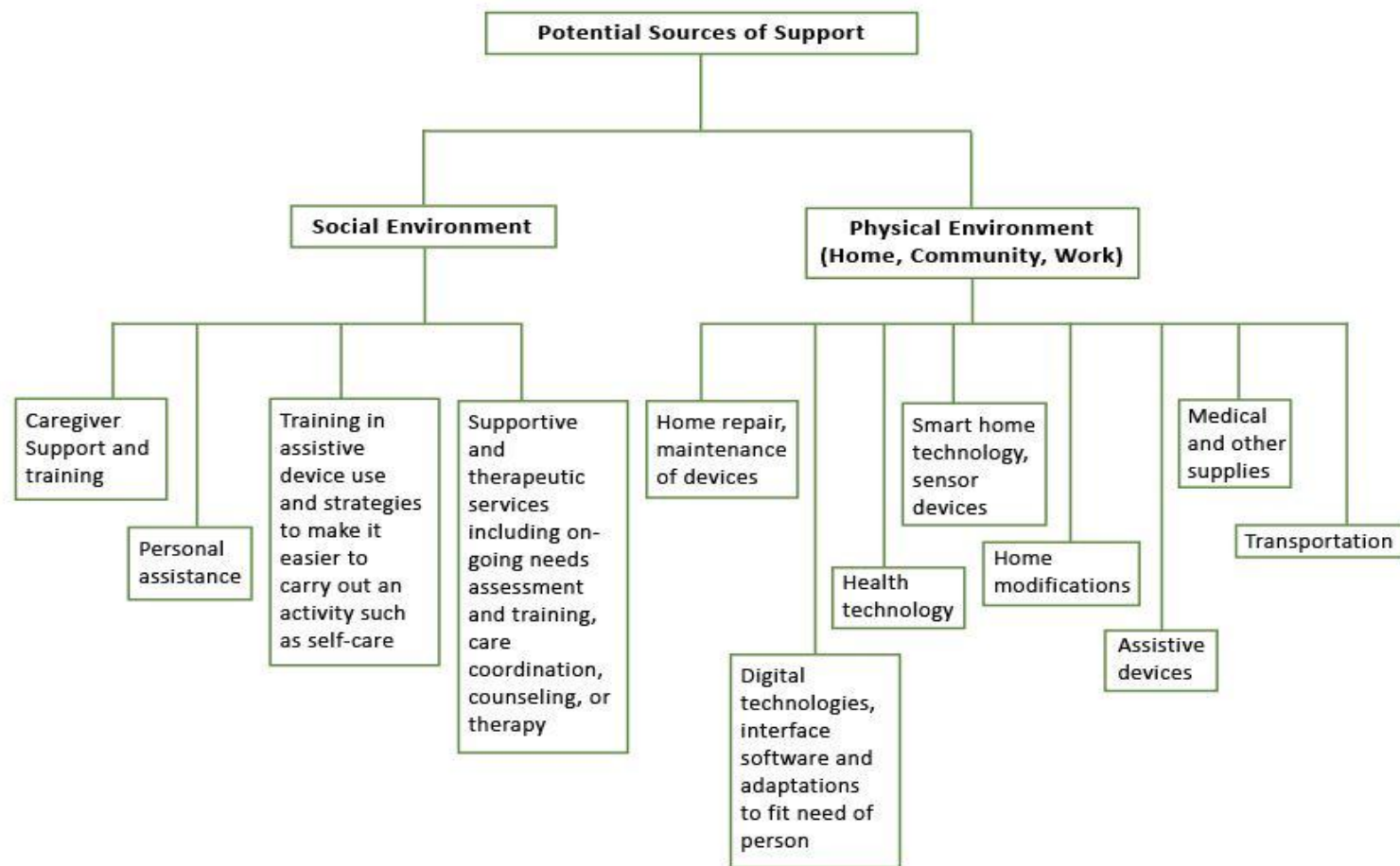A Public Agency
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# Readiness

- Requires both health plan and provider readiness

- Readiness review may include, but is not limited to:

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

# Potential Sources of Support for Individual with Disabilities

**Sarah Steenhausen**

**Senior Policy Advisor**

**The SCAN Foundation**

**Potential Sources of Support**

**Social Environment**
- Caregiver Support and training
- Personal assistance
- Training in assistive device use and strategies to make it easier to carry out an activity such as self-care
- Supportive and therapeutic services including on-going needs assessment and training, care coordination, counseling, or therapy

**Physical Environment (Home, Community, Work)**
- Home repair, maintenance of devices
- Digital technologies, interface software and adaptations to fit need of person
- Health technology
- Smart home technology, sensor devices
- Home modifications
- Assistive devices
- Medical and other supplies
- Transportation

# 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.
- Services offered in various 1915(c) waivers:
  - 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)

- Individuals utilize many other community-based services offered by Area Agencies on Aging, Independent Living Centers, and other community-based organizations
  - Meals (congregate or home-delivered meals)
  - Housing
  - Transportation
  - Counseling, options counseling, peer counseling
  - Information and referral
  - Translation and other social services
  - Family caregiver services
  - Advocacy

# 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 plans 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 adaptations
- 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 pose 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:
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  - Twitter:    @Calduals