

Stakeholder Engagement Meeting #2

July 14, 2023
1:00 – 2:30pm



Meeting Summary

Department of Health Care Services (DHCS)

Staff Attended: Joseph Billingsley, Melinda Castro, Elizabeth Pazdral

California Department of Aging (CDA)

Staff Attended: Susan DeMarois, Tanya Bautista

Project Consultants, Mathematica

Staff Attended: Patricia Rowan, Kathleen Shea, Cayla Roby, Rick McManus, Claire Pendergrast, Andrea Wysocki, Cindy Hu, Cassidy Kantoris, Amina Tipu

Project Consultants, Center for Health Care Strategies (CHCS)

Staff Attended: Courtney Roman, Sarah Triano, Amy Hoffmaster, Nida Joseph, Matthew Phan, Nancy Archibald, Carrie Graham

Public Attended: 218

Stakeholder Meeting Materials: Meeting Agenda and Slide Deck

I. Housekeeping, Introductions, and Meeting Overview

Nida Joseph, Center for Health Care Strategies

Welcomed attendees, introduced both the Department of Health Care Services and the California Department of Aging Home and Community-Based Services

(HCBS) Gap Analysis and Multi-Year Roadmap projects, discussed housekeeping items, and shared options for participant feedback for the meeting.

Courtney Roman, Center for Health Care Strategies

Introduced state agency partners: Department of Health Care Services and the California Department of Aging.

Susan DeMarois, California Department of Aging

Introduced the Non-Medi-Cal Gap Analysis and Multi-Year Roadmap project.

Joseph Billingsley, Department of Health Care Services

Introduced the Medi-Cal Gap Analysis and Multi-Year Roadmap project.

Courtney Roman, Center for Health Care Strategies

Introduced project partners including DHCS, CDA, Mathematica and CHCS, the meeting's speakers, purpose of meeting, and meeting agenda.

Summary: There are four key project partners involved in this work: Department of Health Care Services (DHCS), California Department of Aging (CDA), Mathematica, and the Center for Health Care Strategies (CHCS). The purpose of this meeting is to describe the overview of stakeholder engagement and consumer listening sessions, provide updates on the projects, and offer an opportunity for Q&A.

II. Stakeholder/Consumer Engagement Review and Update

Sarah Triano, Center for Health Care Strategies

Reviewed stakeholder engagement opportunities, current activity updates and discussed high-level themes from stakeholders so far.

Summary: There are dedicated email inboxes for ad hoc requests and questions. These emails are:

For DHCS' inquiries, email: HCBSGapAnalysis@dhcs.ca.gov

For CDA's inquiries, email: HCBSGapAnalysis@aging.ca.gov

Consumer listening sessions across the state have been organized and led by Ad Lucem Consulting. Three sessions were completed between June 22 and July 7, 2023 -- two in Spanish, one in Cantonese. An upcoming session in September will

be in Mandarin. Our team has been intentional about including rural areas in these listening sessions.

Consumer listening sessions are hosted by a community-based organization in the area that lead recruitment for the session and conducted the demographic screener questions. Host organizations received \$2,000 for staff time and effort. All listening session participants received \$100 Visa gift cards via mail post-session.

Meetings and discussions with stakeholders yielded the following suggestions:

- Supplement quantitative analysis with qualitative interviews of individuals such as frontline HCBS providers, eligibility workers, and discharge planners.
- Include important populations of consumers and geographic regions.
- Include important services and supports in analysis and HCBS Roadmap.
- Expand focus on equity and assessment of disparities based on more comprehensive demographics.

III. Q & A Session #1

Moderated by: Courtney Roman, Center for Health Care Strategies

Summary of Discussion:

- **Comment:** Are there special outreaches to indigenous communities that tend to be isolated but need support?
 - **Response:** So far we have not spoken with indigenous communities, but plan to do so in future listening sessions.
- **Comment:** A lot of families identify with regional centers and really don't understand how HCBS applies to them. I was curious to hear more about this outreach, and was curious if this stakeholder feedback was going to be statewide for the developmental disability community (DDC)?
 - **Response:** For the DDC, we are engaging family members, service providers like the regional centers, and individuals with developmental disabilities from as many areas across the state as possible. During previous meetings, stakeholders recommended seeking to understand the gaps that exist in HCBS, talking with staff in the regional centers and folks who do discharge planning. Mathematica is doing key informant interviews with some HCBS providers as well.
- **Comment:** How were participants in listening sessions recruited?
 - **Response:** The group demographics align with the data analysis. We recruited Californians aged 18 years and older, reporting some impairment in Activities of Daily Living or Instrumental Activities of

Daily Living, using or needing HCBS, or are caregivers of these individuals. We used a demographic screener to ensure we were reaching as diverse of a population as possible.

- **Question:** How are host organizations identified and recruited?
 - o **Response:** The community-based organizations that have hosted listening sessions so far are Access to Independence in the Imperial Valley, Self Help for the Elderly in San Mateo, and Alliance on Aging and Active Seniors in Salinas County. We identified the organizations in the area that served the populations of interest. We reach out to multiple organizations in prioritized regions and have a conversation with them.
- **Question:** In your outreach efforts or plan have you included individuals experiencing homelessness, specifically individuals using shelters and those who are unsheltered, as well as staff working with these individuals?
 - o **Response:** That's not a group we've reached out to yet, but we do want to explore that in future sessions.

IV. DHCS HCBS Gap Analysis and Multi-Year Roadmap: Progress Update

Joseph Billingsley, Department of Health Care Services

Provided an overview for populations of focus and goals for the Medi-Cal Gap Analysis and Multi-Year Roadmap.

Summary: The Gap Analysis includes Medi-Cal beneficiaries who may be receiving home and community-based services through 1915(c) waivers, In-Home Supportive Services (IHSS) programs, and the 1915(i) HCBS State Option. We are also looking at those in the California Community Transitions (CCT) program, those receiving long-term care or skilled nursing facility care, Program of All-Inclusive Care for the Elderly (PACE) participants, those at risk of requiring long-term services and supports (LTSS), and Medi-Cal managed care members currently receiving LTSS.

- Current goals of the Gap Analysis and Multi-Year Roadmap are to:
 - o Identify and analyze opportunities to close gaps in access to HCBS.
 - o Address and close identified gaps as the state transitions to a fully integrated Managed Long-Term Services and Supports (MLTSS) system by 2027.
 - o Improve health outcomes, consumer satisfaction, and health equity for Medi-Cal members.

Patricia Rowan, Mathematica

Described the five objectives that will guide the DHCS HCBS Gap Analysis and Multi-Year Roadmap.

Summary: The DHCS Gap Analysis has five primary objectives, but the focus since the last meeting in January 2023 has been on three objectives:

- Objective 1: Reduce inequities in access and services
- Objective 2: Meet client needs
- Objective 4: Improve quality

Data sources have been primarily administrative data (e.g., enrollment and claims data), DHCS enrolled providers, California open portal provider lists, and the American Community Survey (ACS). Mathematica is conducting mapping exercises to see if there are mismatches and where they exist between the current location of LTSS users and the location of providers. In a report that Mathematica will develop and submit to DHCS, products of these efforts will include descriptive profiles of LTSS users and providers, a map that reflects these patterns, and a forecast of future growth.

V. CDA Non-Medi-Cal Gap Analysis and Multi-Year Roadmap: Progress Update

Tanya Bautista, California Department of Aging

Reviewed overarching project goals and inventory measures for the non-Medi-Cal gap analysis project.

Summary: There are four main goals for the California Department of Aging (CDA) Non-Medi-Cal Gap Analysis and Multi-Year Roadmap project:

- Build on the DHCS Gap Analysis by developing an analysis for non-Medi-Cal HCBS.
- Develop an inventory of non-Medi-Cal HCBS in California.
- Develop a multi-year roadmap to advance non-Medi-Cal HCBS infrastructure statewide.
- Propose measures to monitor progress in advancing statewide HCBS infrastructure.

The inventory is organized by state department and includes eligibility requirements, geographic reach, service delivery, utilization of data, and funding sources, but additional information about anything else this pilot entails is welcomed.

Rick McManus, Mathematica

Updated attendees on program inventory work, inclusion criteria, and the project timeline.

Summary: CDA and Mathematica have created a table of definitions used to determine what programs and services to include in the project. The stakeholder feedback received thus far has been important in shaping these definitions. The next step is to conduct key informant interviews with departments across the California Health and Human Services agency.

- The purpose of these interviews is to gather input on department-specific inventory and apply these insights to HCBS gaps and community-specific innovations.
- Regarding timing, inventories are in development currently, and interviews will be conducted between the Summer and Fall. The non-Medi-Cal HCBS inventory is estimated to be ready in September and serve as the basis for the forthcoming Gap Analysis.

VI. Public Comment and Q&A Session #2

Moderated by: Courtney Roman, CHCS

Summary of Discussion:

- **Question:** How will the projects account for consumers who can't fully utilize services due to lack of providers, caregivers, etc.?
 - o **Response:** It's hard to look within administrative data at things that don't happen, for example, if someone can't access or receive services. The qualitative components of this project will assess this information through listening sessions, key groups, etc.
- **Question:** For the CDA program inventory, can it also capture the general cost range for the consumer?
 - o **Response:** For our inventory, when we have the full list of all the programs and services included, one of the things we're looking at are aggregated data points, such as number of services provided. Whether we'd be able to provide information on the range of costs for services depends on the data that's available for the different programs and services, which is inherently the nature of non-Medi-Cal services because they are administered by different agencies.
- **Comment:** During the AIDS crisis, the city of San Francisco and City College developed a free 6-month program to train home health workers to better work with clients who were living with AIDS. The program attracted people who genuinely wanted to help people. It brought in migrants with major medical backgrounds who wanted to help and wanted to open that up to home health workers as part of the career ladder. I encourage us to make program changes free and open, as there are so many immigrant communities that need that help in their native language.
- **Question:** What is the deadline for people to submit their thoughts or comments via email?

- **Response:** The project-specific mailboxes will be monitored throughout the course of the project, so feel free to send questions or suggestions anytime. As a reminder, the email addresses are: HCBSGapAnalysis@dhcs.ca.gov and HCBSGapAnalysis@aging.ca.gov.
- **Question:** Is there an algorithm that is being developed to determine the demand in services for the near and further future? How might growing tele-services figure into the calculation of resource assets?
 - **Response:** As telehealth services become more widely used, there's a need to evaluate their appropriateness for HCBS. It's a great point for understanding how that impacts people's access to services, particularly in rural areas.
- **Question:** 1) Does this help us have a predictive approach of developing some way to figure out what services are being delivered, where are they needed, and how they will be delivered? 2) Given the diversity of all of us on this webinar, we represent different audiences. Is there a way where all this data will be presented in a way that speaks to the usability of different groups, whether we're a family member or provider?
 - **Response:** On the first topic about having a more sophisticated way of forecasting demand, we are right at the beginning stages of developing that model, and looking at the patterns of LTSS over the past few years, looking at Department of Finance models of what the population will look like, and we're creating a model that can help us learn from past patterns and look toward future growth for the forecast model. The team is still developing a dissemination strategy and we appreciate stakeholder input on how to share the information in a way that is meaningful to people.
- **Question:** When will the gap analysis reports be available to the public?
 - **Response:** An initial report will be submitted to the Department of Health Care Services in September 2023. The California Department of Aging report will be delivered in June 2024. There are internal review processes for both DHCS and CDA before it can be released to the public.
 - **Response:** In addition to collecting the data, I want to re-emphasize that the Roadmap will be a major component to the work that we're doing. All the great ideas you presented are exactly what we want to be able to create this Roadmap around, so we look forward to using the data to understand the gaps, but also use this Roadmap to determine how best to use the data.
- **Question:** Are you looking at the gaps created by capping participation in the Home and Community Based Alternatives (HCBA) waiver program?
 - **Response:** We are looking at the availability of services across the state and different modes through which services are made available,

anytime there is a cap or limitation on services. When we're looking at the Home and Community Based Alternatives (HCBA) waiver, and -- from a gap analysis standpoint -- we're looking at how can access be impacted by inefficiencies in the operations of programs.

- **Question:** Programs such as Community-Based Adult Services (CBAS) cross over into private pay and then there are also programs paid for by Veteran's Affairs and other payers—where do they fit in the analysis?

Response: For a provider like an adult day center that provides services under Medi-Cal, private pay, and Veteran's Affairs, they would be included in the DHCS project of services that are paid for by Medi-Cal. We will not have comprehensive data on services that are paid for privately. We are looking at some federally funded programs that meet the definitions provided earlier through the CDA project, which is inclusive of all California Health and Human Services departments.

VII. Closing and Next Steps

Courtney Roman, CHCS

Thanked all attendees and closed the meeting.

Meeting adjourned at 2:31 p.m. PT.