

**Framework for Understanding
Long-Term Care Coordination
in California's Duals Demonstration**

DRAFT

The process of developing California's duals demonstration criteria should be more than a listening process. It must be an open dialogue that fosters an exchange of information between the state and others. This interactive process should inform the ultimate design. These concepts have been drafted to set the stage for a conversation around coordination of long-term care and supportive services.

- 1) Consumer Choice.** Building on the current system, the demonstration should consider the need for consumers to self-direct their care and be able to determine where they receive care. Home- and community-based services (HCBS) provide a health care benefit to the consumer by allowing them to stay in their home.
 - At each step in the care delivery system, there should be clear thought about how that step affects the ability of the consumer to stay in their home and community. By improving preventative care and maintaining HCBS, the consumer is able to stay at home and use less acute care services.
 - All entities in the system should have the incentives and resources needed to promote hospital discharge into their homes and communities, when possible, so beneficiaries can better maintain a high quality of life.
 - Consumers should be allowed to choose their health care provider. Family matters.
- 2) Care Coordination.** Care coordination and consistently implemented policies will reduce administrative costs and increase quality of care.
- 3) Access to services.** For consumers at risk of institutionalization, the demonstration should offer a structure for them to access HCBS meeting their needs and maintaining a high quality of life in the community.
- 4) Consumers as part of their coordinated care team.** The demonstration should consider how the consumer is included in an organized delivery system that meets his or her unique social and medical needs.
 - Improved understanding of the different needs of each population is needed.
 - HCBS reforms should aim to improve care coordination, health care services delivery and access, consumers' quality of life, and rebalancing of institutional care in favor of HCBS.
- 5) Oversight and monitoring.** The demonstration has the potential to realign the current health care system's poorly aligned incentives around beneficiaries' needs.
 - The new system can stop the county-state-federal cost shifting.
 - The state must aggressively monitor the demonstration site for quality and access.
- 6) Workforce training.** This demonstration has the potential to improve care and curb unnecessary costs by offering home workers basic training in areas such as dietary needs, wound care, and care management.
 - The demonstration should consider an investment to have the right workforce at the right place at the right time.
 - There is an opportunity to create different levels of care within HCBS with tiered levels of training and certification designed to ensure beneficiaries receive the appropriate level of care. Program design should consider that some workers will not want any training.
 - Consumer privacy should be considered in developing these different workforce levels, including consumer control on who speaks to medical providers on consumers' behalf (if at all) and consumer control on who provides even the most basic care.