

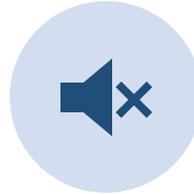
Gap Analyses and Multi-Year Roadmaps for Home and Community-Based Services (HCBS) and Managed Long-Term Services and Supports (MLTSS) Projects

Public Stakeholder Meeting #5

Housekeeping



This meeting is being recorded to accurately capture stakeholder comments



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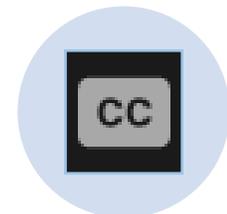
If you have a question for our speakers, please submit them using the “Q&A” function



Use the “raise hand” function if you wish to comment



Please limit comments to 1 minute



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Welcome, Introductions, Review Agenda



Introductions

- » **Joseph Billingsley**, Assistant Deputy Director, Health Care Delivery Systems, Department of Health Care Services (DHCS)
- » **Sarah Steenhausen**, Deputy Director of Policy, Research, and Equity, California Department of Aging (CDA)
- » **Patricia Rowan** (Project Director), Principal Researcher, Mathematica
- » **Haley Gallo Sutherland**, Researcher, Mathematica
- » **Courtney Roman**, Senior Program Officer, Center for Health Care Strategies (CHCS)
- » **Nida Joseph**, Program Officer, CHCS

Purpose of Today's Meeting

- » Review stakeholder and consumer engagement activities and key themes from consumer listening sessions
- » Provide updates on the Medi-Cal and Non-Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap projects
- » Offer an opportunity for stakeholder questions and comments

Agenda

- » Welcome, Introductions, Review Agenda
- » Opening Remarks and Brief Overview of the Medi-Cal and Non-Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap Projects
- » Stakeholder and Consumer Engagement Review and Update
- » Medi-Cal HCBS Gap Analysis: Report Release and Findings; Update on Multi-Year Roadmap for MLTSS Integration
- » Non-Medi-Cal HCBS Gap Analysis: Report Release and Findings; Update on Multi-Year Roadmap
- » Q&A
- » Closing and Next Steps

Project Roles

- » **DHCS:** Leading the Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap project
- » **CDA:** Leading the non-Medi-Cal HCBS Program Inventory, Gap Analysis, and Multi-Year Roadmap project
- » **Mathematica:** Prime contractor leading analytic activities and the writing of both the Gap Analysis and Multi-Year Roadmap documents
- » **CHCS:** Mathematica subcontractor that led Gap Analysis stakeholder and consumer engagement activities

Stakeholder and Consumer Engagement Review and Update



Goals of Gap Analysis Stakeholder and Consumer Engagement

- » Engage stakeholders and consumers with lived experience using and accessing HCBS to solicit their input
- » Ensure input reflects the diversity of California HCBS users
 - Listening sessions with consumers with different HCBS needs, ages, geographies, races, and languages
- » Compile and summarize input and share with state agencies and Mathematica

Year 1 Consumer Listening Sessions

Host Organization/Location	Population	Session Language	Number of Participants
Access to Independence (Inland Empire)	Adults 18+ with disabilities and caregivers/personal attendants, Medi-Cal recipients	Spanish	11
Self-Help for the Elderly (San Francisco Bay Area)	Adults 65+ and caregivers/personal attendants, non-Medi-Cal recipients	Chinese language (Cantonese)	11
Alliance on Aging (Monterey County)	Adults 65+ and caregivers/personal attendants, non-Medi-Cal and Medi-Cal recipients	Spanish	12
Fresno-Madera Area Agency on Aging (Fresno County)	Adults 65+, non-Medi-Cal recipients	English	6
California In-Home Supportive Services Consumer Alliance (CICA) (San Joaquin County)	Adults 18-64, Medi-Cal recipients, In-Home Supportive Services (IHSS) recipients	English	8
Chinese Parents Association for the Disabled (CPAD) (Los Angeles Region)	Caregivers (parents) of adult children 18+ with disabilities	Chinese language (Mandarin)	11

Year 2 Consumer Listening Sessions

Host Organization/Location	Population	Session Language	Number of Participants
California In-Home Supportive Services Consumer Alliance (CICA) (San Joaquin County)	In-Home Supportive Services (IHSS) caregivers	English	11
Area Agency on Aging 4 (Greater Sacramento Region)	Unpaid, informal caregivers of adults with disabilities -age 65 and older who have Medi-Cal but need additional care from unpaid, informal caregivers to meet needs	English	9
Orange County, Los Angeles, and San Diego County Caregiver Resource Centers (CRCs)	Unpaid, informal caregivers (ages 18 and older) of adults with disabilities age 65 and older who need but are not receiving Medi-Cal or formal/paid care	Spanish	11
Valley Caregiver Resource Center (Fresno County)	Unpaid, informal caregivers (ages 18 and older) of adults with disabilities age 65 and older who need but are not receiving Medi-Cal or formal/paid care	English	9
Home and Community-Based Alternatives (HCBA) waiver agencies (Statewide)	Adults with disabilities ages 21 and older receiving Medi-Cal HCBA Waiver services	English	9

Year 2 Consumer Listening Sessions (Con't)

Host Organization/Location	Population	Session Language	Number of Participants
Redwood Senior Living (Bakersfield)	Adults with disabilities ages 21 and older receiving Medi-Cal Assisted Living Waiver (ALW) services	English	7
OpenHouse (San Francisco)	Adults with disabilities ages 55 and older who identify as LGBTQ+ and receive Medi-Cal HCBS services	English	7
Full Circle of Choices (Contra Costa County)	Adults with developmental disabilities ages 21 and older receiving Medi-Cal Developmental Disability Waiver (HCBS-DD) services	English	8
Friends of Children with Special Health Needs (FCSN) (San Francisco Bay Area)	Adults ages 50 and older with developmental disabilities who receive (or need) HCBS	English	8
Redding Rancheria (Shasta County)	Adults with disabilities ages 18 to 64 in indigenous communities who receive (or need) Medi-Cal or non-Medi-Cal HCBS	English	10

Consumer Listening Sessions: Key Themes

Topics	Themes
Benefits of HCBS	<ul style="list-style-type: none">• Improved mobility, independence, and quality of life• Waiver and non-waiver services help HCBS users live safely in their homes and connected to their communities by providing care coordination, transportation, home care, and other services
HCBS Challenges	<ul style="list-style-type: none">• Confusion regarding eligibility for and availability of services• Difficulty finding and retaining home care providers• Long wait times for services to be approved and started• Financial barriers to accessing care/supplies/services that are not provided by programs
Additional Services Needed	<ul style="list-style-type: none">• More robust transportation services• Housekeeping and home maintenance• Mental health supports and services
HCBS Recommendations	<ul style="list-style-type: none">• Improve communication about and promotion of HCBS• Expand access to and improve continuity of HCBS• Strengthen provider training on culturally, linguistically, and disability competent care• Create a more centralized location for information regarding HCBS

Medi-Cal HCBS Gap Analysis: Report Release and Findings; Update on Multi-Year Roadmap



Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap Goals

- » Identify and analyze opportunities to close gaps in access to HCBS
- » Develop strategies to close identified gaps as the state transitions to managed care for select HCBS programs
- » Identify key steps to take for waivers to achieve better integration of HCBS into the managed Medi-Cal delivery system
- » Improve health outcomes, member satisfaction, and health equity for Medi-Cal HCBS users in California

Medi-Cal Gap Analysis and Multi-Year Roadmap Objectives

- » Objective 1: Reduce inequities in access and services
- » Objective 2: Meet client needs
- » Objective 3: Increase program integration and coordination
- » Objective 4: Improve quality
- » Objective 5: Streamline access

Programs included in Medi-Cal HCBS Gap Analysis

» **HCBS programs:**

- Multipurpose Senior Services Program (MSSP)
- Home and Community-Based Alternatives Waiver (HCBA)
- Assisted Living Waiver (ALW)
- In-Home Supportive Services (IHSS)
- California Community Transitions (CCT)

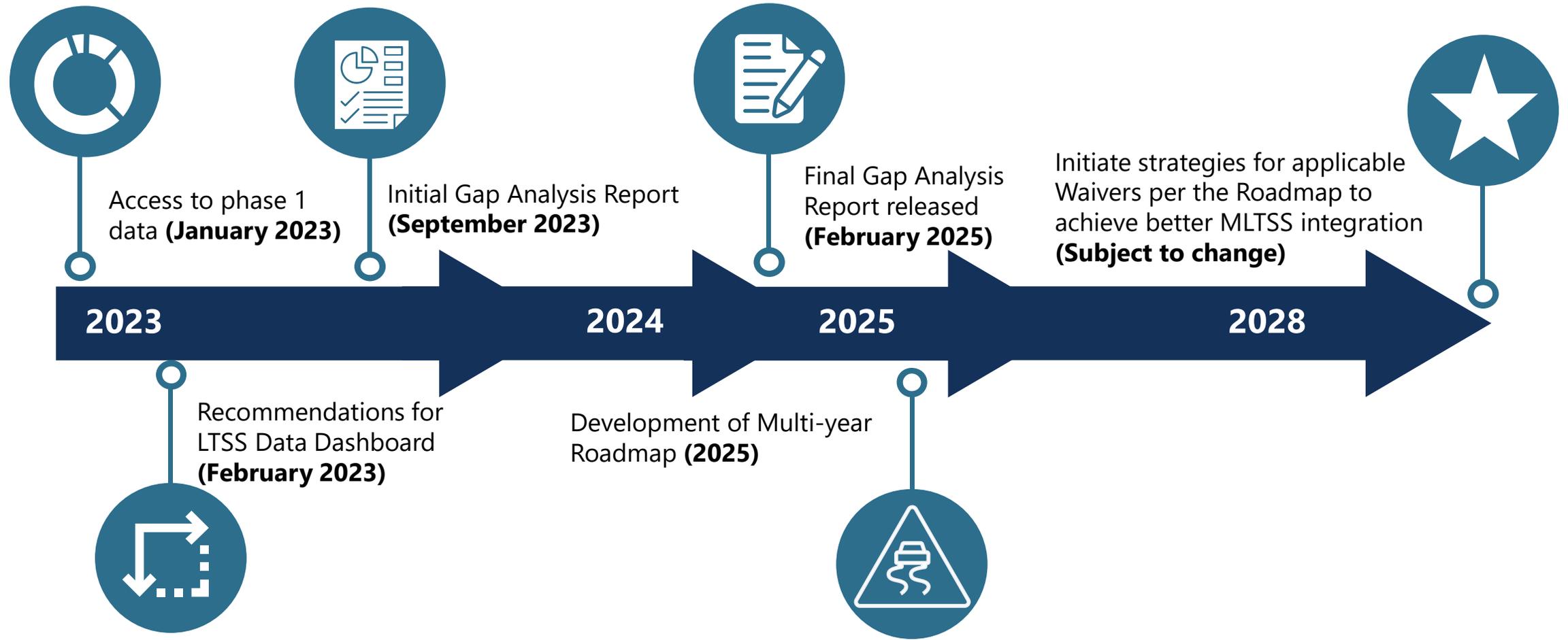
» **Services provided currently under Medi-Cal managed care including:**

- Long-term care provided in nursing homes and other settings
- Program of All-Inclusive Care for the Elderly (PACE)
- Community-Based Adult Services (CBAS)
- Community Supports and Enhanced Care Management for members at risk for institutionalization or in nursing homes and who can transition home/to community
- Complex care management and other transition of care services

» **Currently excludes:**

- Programs for individuals with developmental disabilities
- Medi-Cal Waiver Program

Performance Timeline for Medi-Cal HCBS Gap Analysis



Stakeholders updated throughout project

Key Findings of the Medi-Cal Gap Analysis Report

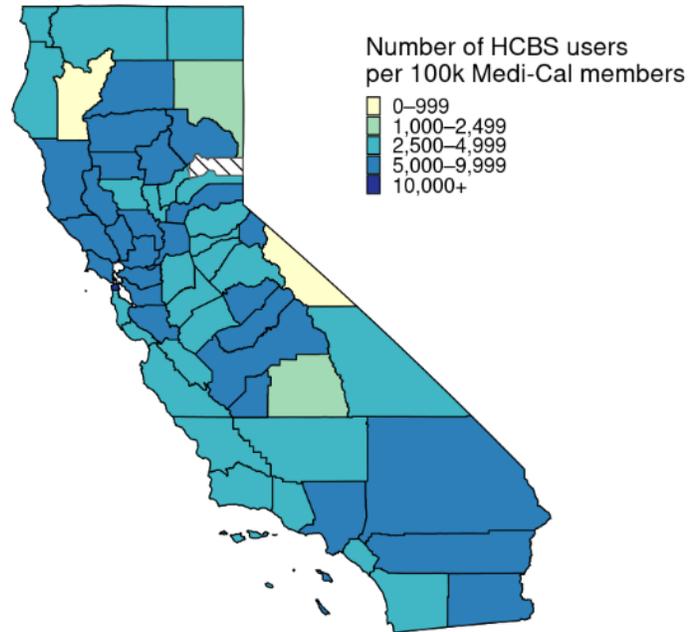


California's population is aging rapidly, particularly in rural areas

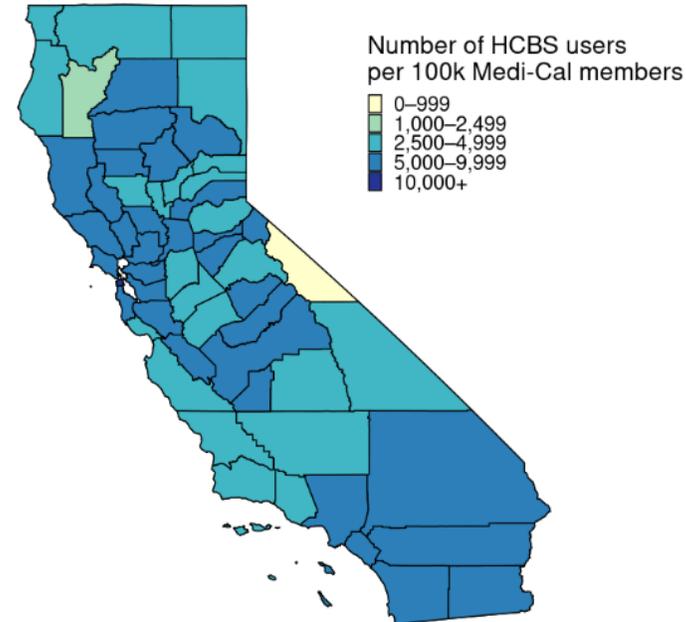
- » The shares of all LTSS users who are Hispanic, age 75 and older, and female are expected to grow over the next 15 years
- » Current access to HCBS programs is already limited in rural areas
 - In rural counties, Medi-Cal members use LTSS at rates that are on average half the rates of urban counties
 - Counties in the central Sierra region – consisting of several rural counties – are projected to have the highest rates of growth in people who will need LTSS over the next 15 years

Number of HCBS enrollees per 100,000 Medi-Cal members (age 19 and older) by county, 2017 and 2021

Year: 2017



Year: 2021



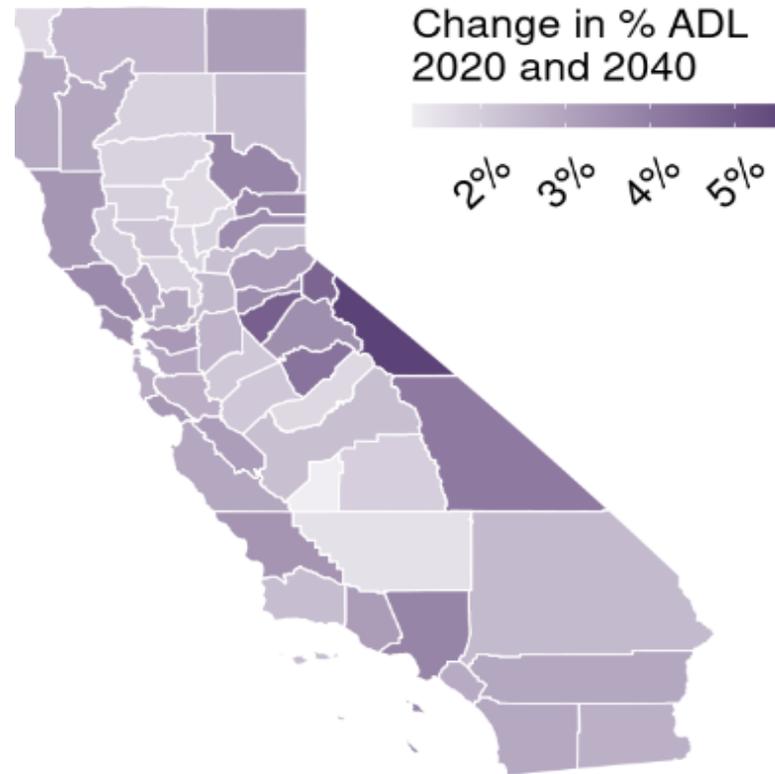
Source: Medi-Cal claims data and data on LTSS flags from calendar years 2017 and 2021. Medi-Cal certified eligible totals by county and demographic characteristics from the CalHHS website.

Note: The numerator of this metric is the number of HCBS enrollees with any LTSS flags by county from calendar years 2017 and 2021. The denominator is the total number of Medi-Cal eligible population age 19 and older by county from calendar years 2017 and 2021.

Note: Counties with a white background and dashes indicate that the data are not shown for counts less than 11 (1-10) to protect confidentiality in accordance with the DHCS DDG v2.2.

HCBS = Home and Community-Based Supports; LTSS = Long-Term Services and Supports

Percentage change of county population with any ADL limitation, 2020 to 2040

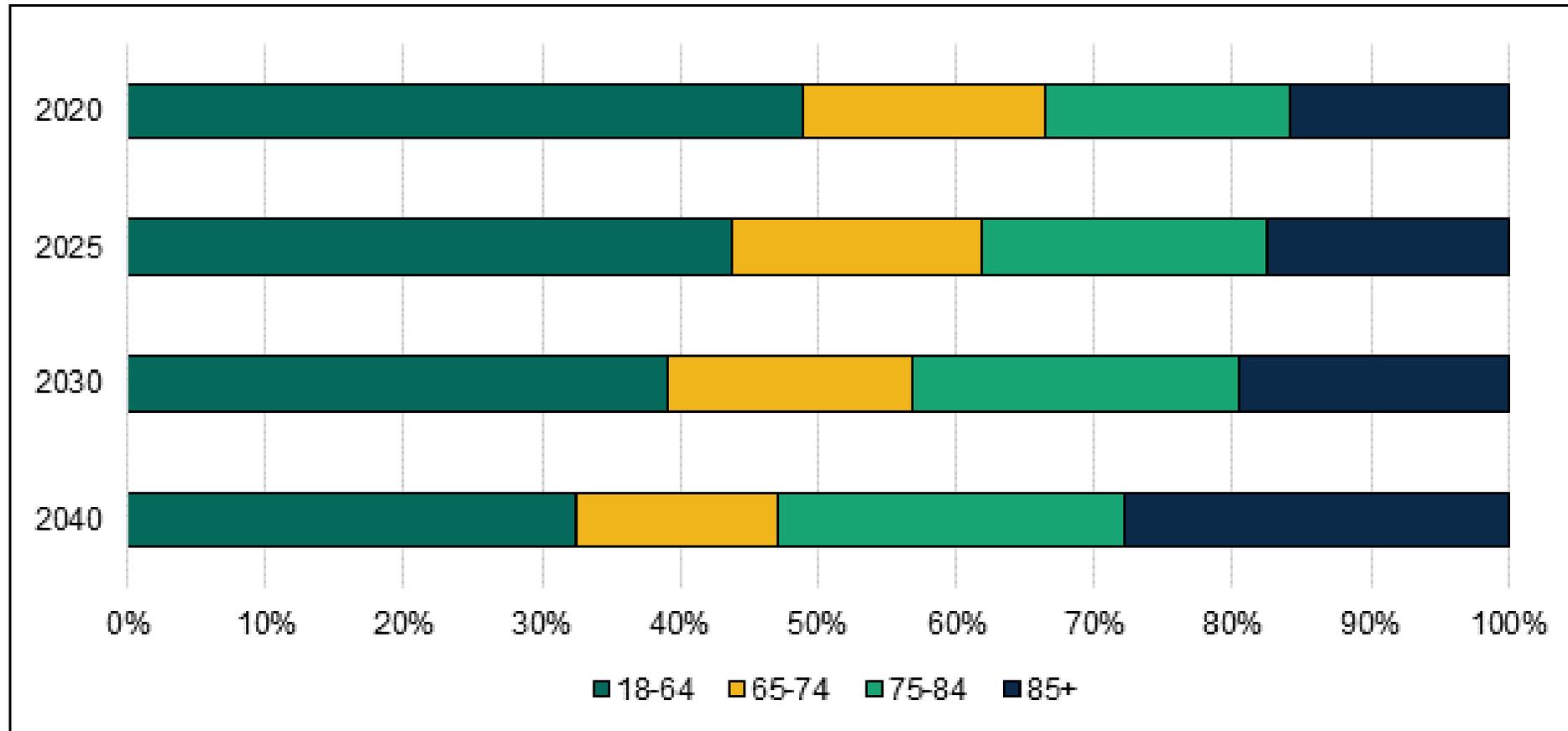


Source: Mathematica used ACS data from calendar years 2008–2019 to create analytic models. The project team used California Department of Finance projections from 2020 and 2040 as inputs into models to project populations.

Note: The numbers from 2020 are based on projections from the model, not actual counts. The sample is restricted to people aged 18 and older.

ACS = American Community Survey; ADL = Activity of Daily Living

Distribution of age of projected population with any ADL limitation, 2020 to 2040



Source: Mathematica used ACS data from calendar years 2008–2019 to create analytic models. The project team used California Department of Finance projections from 2020–2040 as inputs into models to project populations.

Note: The numbers from 2020 are based on projections from the model, not actual counts. The sample is restricted to people aged 18 and older.

ACS = American Community Survey; ADL = Activity of Daily Living

Number of Medi-Cal HCBS providers needs to increase to meet growing need

- » Providers statewide and across programs reported limited capacity to serve all individuals in need of HCBS
 - Provider capacity is most constrained in rural areas, particularly in Northern California where some areas have a shortage, or complete lack of, certain HCBS provider types
 - Staffing vacancies and shortages also contribute to limited provider availability
- » Some programs have low rates of provider participation in Medi-Cal, which contributes to barriers accessing HCBS
 - Access could be improved if more existing providers participated in the Medi-Cal program

A fragmented system of HCBS programs makes it difficult to navigate the system

- » Medi-Cal members in need of HCBS find the system complex and confusing to navigate
 - Different processes and platforms for enrollment can lead to differences in how long it takes to begin receiving services
 - These challenges were most acute for people with cognitive impairment, behavioral health challenges, and high care needs
- » California's decentralized HCBS program administration also makes it difficult to monitor access and unmet need
 - Medi-Cal HCBS programs are administered by several CalHHS departments which ensures dedicated expertise and allows for coordination among state and local agencies, but can also make coordination challenging

Related initiatives and future directions

- » There are several initiatives already underway designed to increase access to HCBS
 - Coverage of Enhanced Care Management (ECM) and Community Supports
 - Managed care LTC carve in
 - Integration and coordination of Medicare and Medi-Cal services for dually eligible individuals
 - Integration of select HCBS programs into Medi-Cal managed care delivery system
 - DHCS is fielding the NCI-AD survey to sampled Medi-Cal HCBS members through June 2025

Goals for integrating select HCBS programs into Medi-Cal Managed Care Plans (MCPs)

- » Strengthen California's success in rebalancing its long-term services and supports (LTSS) system toward HCBS by giving MCPs the ability and incentive to offer members home and community-based alternatives to institutional long-term care
- » Integrate and coordinate members' LTSS with health care services covered by MCPs
- » Vest accountability in one entity (the MCP) for LTSS member outcomes (access, quality, costs)
- » Create greater financial predictability of Medi-Cal HCBS costs by including them in managed care capitation rates

Managed care integration of select HCBS

- » **DHCS has not established a timeline or transition date for managed care integration**
- » Currently holding cross-department internal discussions and exploration
- » Programs being considered for managed care integration include:
 - Home and Community-Based Alternatives (HCBA)
 - Assisted Living Waiver (ALW)
 - Multipurpose Senior Services Program (MSSP)
 - Medi-Cal Waiver Program (MCWP)
- » Neither the In-Home Supportive Services (IHSS) program nor the Waivers administered by the CA Department of Developmental Services are currently being considered to integrate to managed care
- » Key MLTSS program design options will be shared with stakeholders for input and feedback beginning in early 2025

Stakeholder engagement for managed care integration

- » DHCS will use a two-pronged approach to engaging stakeholders on managed care integration
 - First, DHCS will provide regular updates in existing public forums
 - Second, DHCS will establish a new dedicated Workgroup to provide feedback on recommendations

Regular updates at existing forums

» DHCS will provide regular updates on managed care integration during established meetings

Forum	Meeting Frequency
Managed Care and Provider Facing	
HCBA Waiver Agency Meetings	Monthly
ALW Care Coordination Agency Roundtable	Bi-monthly
California Community Transitions (CCT) Roundtable	Bi-monthly
MSSP Site Association meetings	Approximately quarterly
DHCS Managed Care All-Plan meetings	Weekly
DHCS and Managed Care Plan Associations meetings	Weekly
Member and Advocacy Facing	
DACLAC & appropriate DACLAC subcommittees	Three (3) per year
DHCS Managed Care Advisory Group	Quarterly
DHCS Medi-Cal Member Advisory Committee	Quarterly
HCBS Stakeholders Quarterly Meeting	Quarterly
California Collaborative for Long-Term Services and Supports Policy Committee	Monthly

New managed care integration stakeholder workgroup

- » Size and composition of stakeholder workgroup
 - ~20 – 25 members
 - Workgroup meetings would be closed to the public; DHCS will provide updates in existing public forums
 - Closed meetings allow for more candid discussion and continuity in the attendees to make progress between meetings
 - Include representation from the following groups:
 - Managed care plans or their association
 - HCBS case management entities
 - HCBS providers or their associations
 - Medi-Cal members receiving HCBS and their caregivers
 - Policy experts and consumer advocacy organizations

Next steps

- » Final Gap Analysis report now available on DHCS [website](#)
- » Continued planning for transition of select HCBS programs to managed care
 - HCBS Integration Planning Workgroup Kick Off meeting in April 2025
 - DHCS will provide regular updates in existing forums on progress
 - Roadmap will be available for public comment in Fall 2025



Non-Medi-Cal HCBS Gap Analysis: Report Release and Findings; Update on Multi-Year Roadmap

Non-Medi-Cal HCBS Gap Analysis project goals



- Develop an inventory of non-Medi-Cal HCBS in California
- Build on DHCS Gap Analysis by developing a similar Gap Analysis for non-Medi-Cal HCBS in California
- Develop proposed strategies to advance non-Medi-Cal HCBS infrastructure statewide

Non-Medi-Cal HCBS Gap Analysis updates

- Created an inventory of non-Medi-Cal HCBS programs and services in California that includes information about eligibility, geographic reach, and funding
- Analyzed program-level utilization data
- Conducted key informant interviews

Non-Medi-Cal HCBS Gap Analysis data sources

- Publicly available data including:
 - American Community Survey data
 - California Department of Finance Projections
 - Public reports on services delivered by Caregiver Resource Centers (CRCs), Independent Living Centers (ILCs), and other providers
- Program utilization data provided by California state departments for programs including but not limited to:
 - Aging and Disability Resource Connections
 - Older Americans' Act programs
 - Non-Medi-Cal Regional Center services
 - Transportation and mobility services
 - Affordable and accessible housing
 - Other

Data limitations

- AAA utilization data are from the height of the COVID-19 pandemic
- No centralized data for some key services
- Inconsistencies in data reporting across providers

Chapters in the Non-Medi-Cal Gap Analysis report



Caregiver supports



**Communication,
information, and
referral services**



**Health services and
community supports**



Housing



Safety



**Social inclusion,
economic security,
and employment**



Transportation

Factors driving gaps in access to HCBS

- Social need
- Navigation challenges
- Payment rates and funding levels
- Affordability
- Data gaps

Key findings related to gaps in caregiver support services

- Caregiver support services reach a small percentage of California's caregivers
- Special considerations for under-served communities
- Caregiver training and support services are often insufficient for care recipients with more specialized or complex care needs
- Rural considerations – limited provider capacity and access to telehealth

Key findings related to gaps in communication, information, and referral services

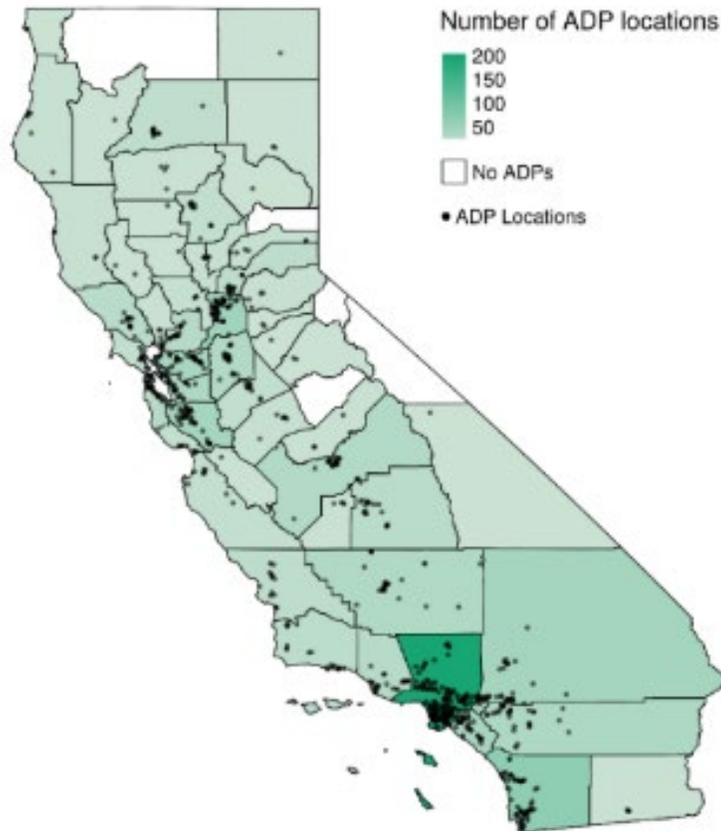
- Access to and availability of case management services are limited due to high caseloads and few providers
- Low utilization of communication and interpretation
- Workforce challenges create gaps in access

Key findings related to gaps in health-related services and community supports

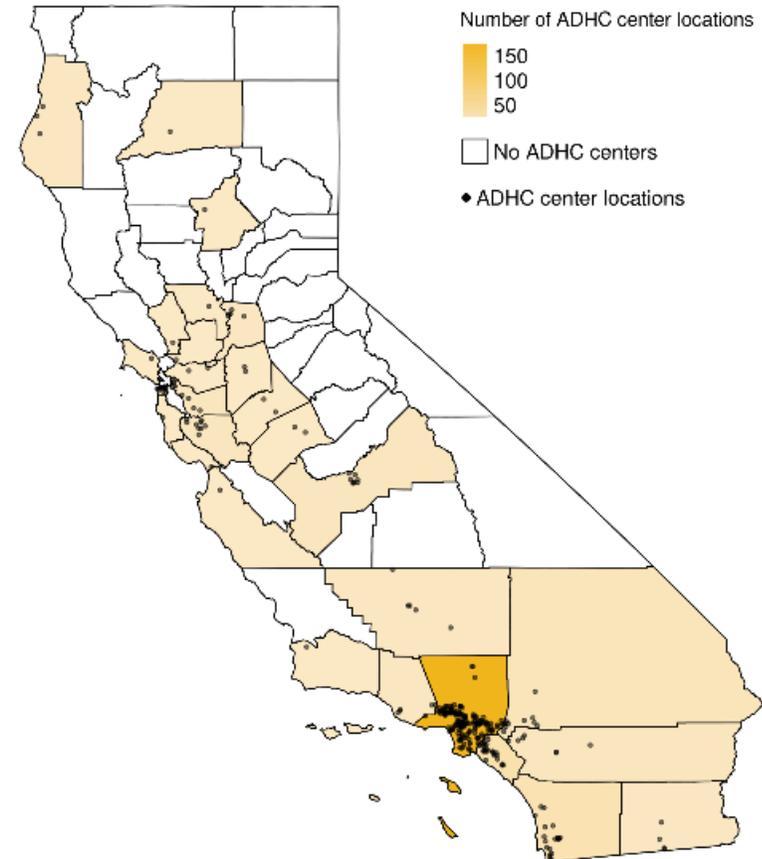
- High cost of in-home personal care assistance and adult day services in creates a gap in affordability
- Staffing shortages create gaps in access to in-home direct care workers
- Adult day services are not available in all counties
- Service utilization changed during the COVID-19 pandemic

Five counties lacking Adult Day Programs or Adult Day Health Care Center locations (as of October 2023)

947 ADPs are located across 53 counties



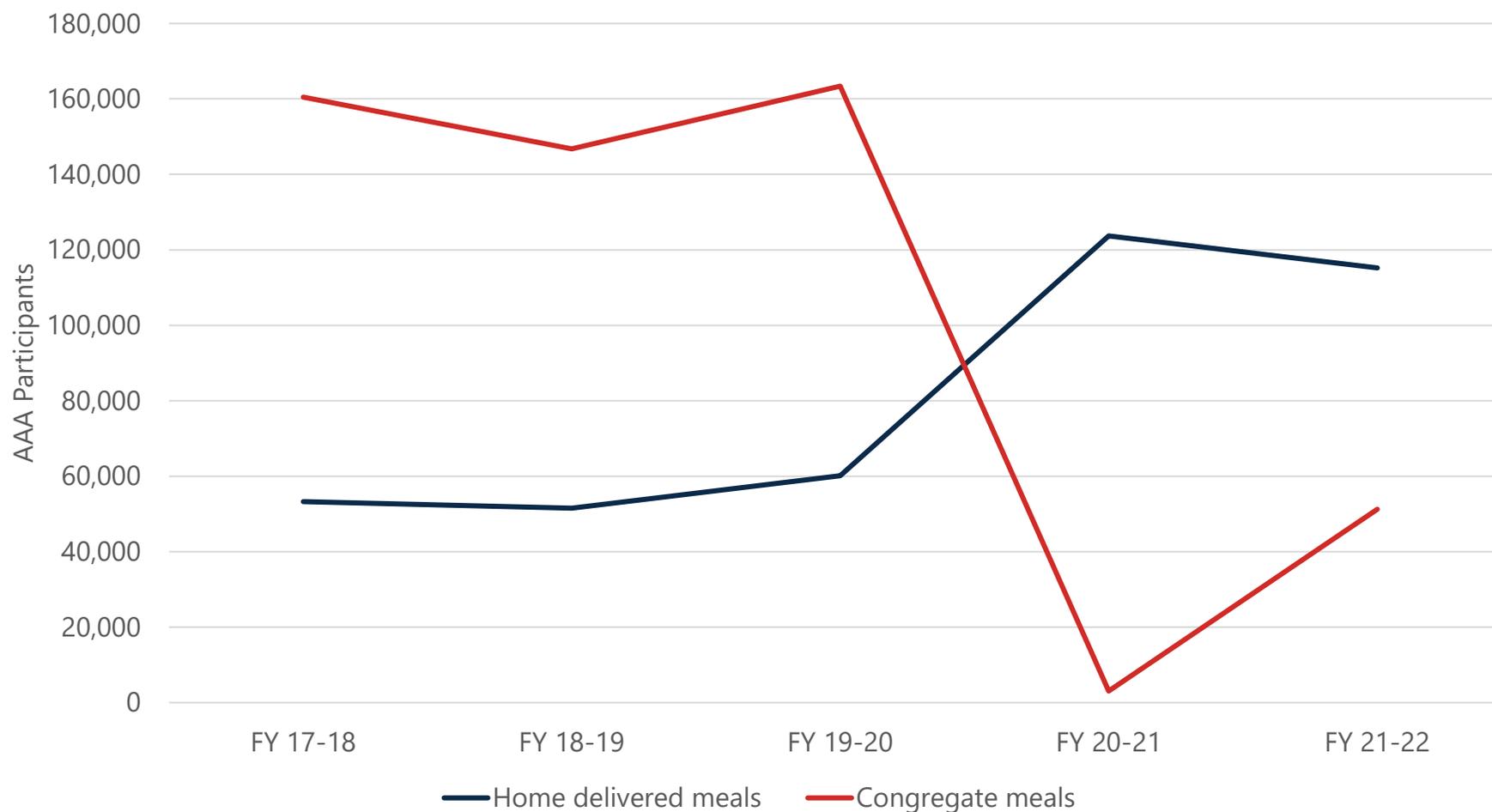
323 ADHC centers located across 28 counties



Source: Mathematica analysis of Adult Day Program data provided by California Department of Social Services (October 2023), downloaded from the California Health and Human Services Agency Open Data Portal: <https://data.chhs.ca.gov/dataset/healthcare-facility-locations>.
Note: Color gradient represents the number of ADPs located in the county. Some ADPs serve both older adults and younger adults with intellectual and developmental disabilities, while others only serve one of these groups. The data do not accurately reflect which groups are served by each ADP.
ADP = Adult Day Program

Source: Mathematica analysis of Adult Day Health Care Center Location data (October 2023), downloaded from the California Health and Human Services Agency Open Data Portal: <https://data.chhs.ca.gov/dataset/healthcare-facility-locations>.
Note: Color gradient represents the number of ADHC centers located in the county.
ADHC = Adult Day Health Care

Use of congregate meals drastically declined during the COVID-19 pandemic, while use of home-delivered meals increased

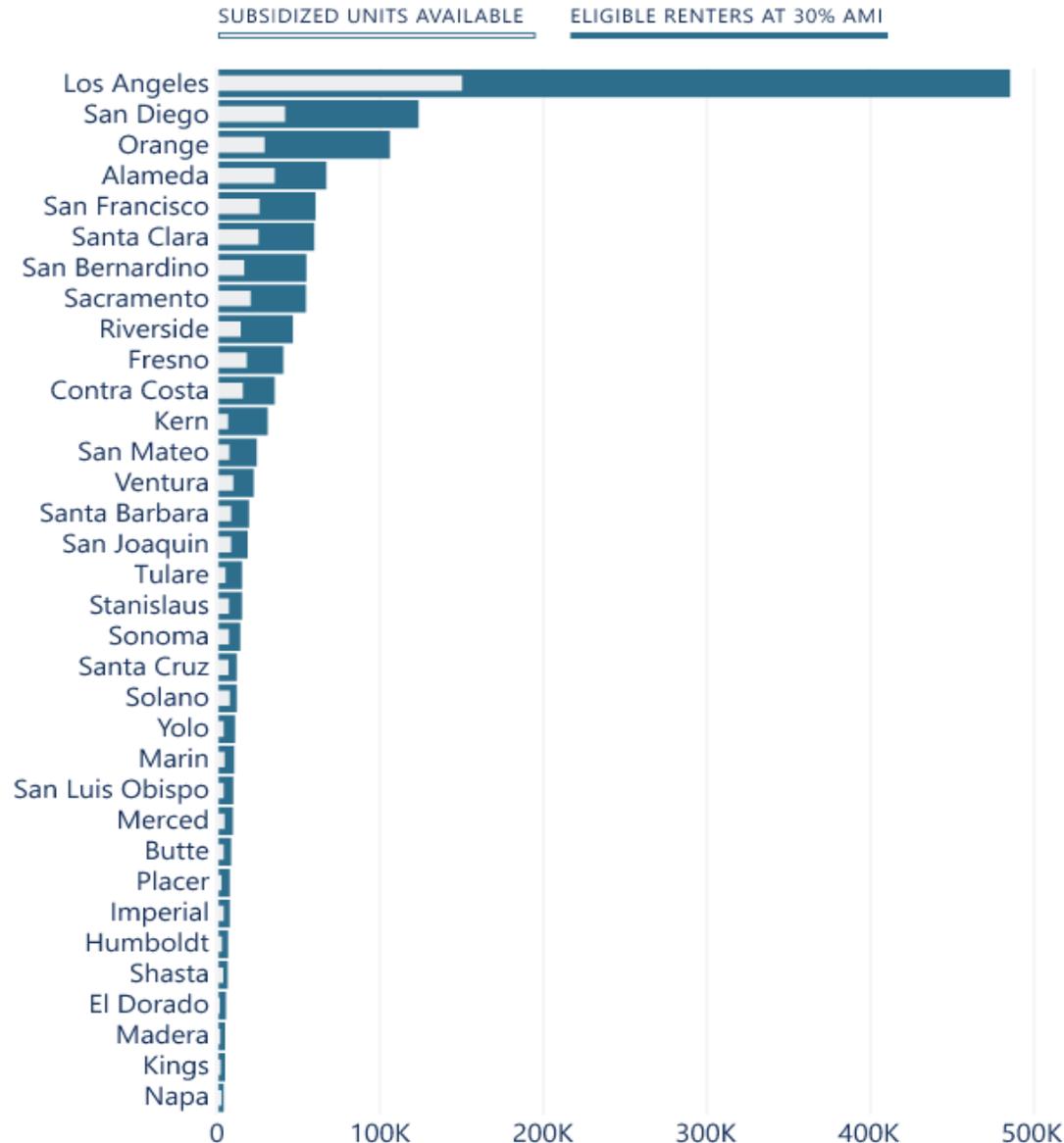


Source: Mathematica analysis of SFYs 2017–2022 California Aging Reporting System data from the Older Americans Act Performance System; data provided by California Department of Aging in August 2023
Note: States are required to report unduplicated client counts for home delivered and congregate meals. SFY data are from July 1 to June 30 of the respective years. A decline in participants using congregate meal services corresponds to congregate meal sites closing during the COVID-19 pandemic
AAA = Area Agency on Aging; SFY = State Fiscal Year

Key findings related to gaps in housing for older adults and people with disabilities

- There is not enough affordable housing for older adults and people with disabilities
- Housing is not designed for the needs of older adults and people with disabilities
- Affordable housing providers struggle to link older adults and people with disabilities to supportive services

There are not enough affordable housing units for everyone who is eligible



Source: Data on the number of available housing units are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households data from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. Data on eligible renter households are calculated using 5-year American Community Survey microdata between 2018 and 2022: <https://usa.ipums.org/usa/>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Figure represents the total number of HUD subsidized units available by county through the tenant-based voucher, project-based voucher, Section 202, Section 811 PRAC, and public housing programs relative to the number of income-eligible renter households earning 30 percent of Area Median Income (AMI) in those counties. Eligible renter households at 30 percent of AMI are calculated using 5-year American Community Survey microdata following the methods outlined in (Reid, 2021). Because of confidentiality restrictions, county-level microdata are not available in a subset of counties. For more detail on methods see the Methods section under Appendix I: System capacity, utilization, and gaps.

Key findings related to gaps in safety services

- Lack of public awareness and limited funding create gaps in access to abuse protection and prevention services
- Distrust of Adult Protective Services (APS) leads to underutilization and worse outcomes for certain communities
- Financial abuse is a growing problem that is not adequately addressed
- Several communities face barriers to emergency preparedness and response

Key findings related to gaps in social inclusion, economic security, and employment services

- Most social inclusion, economic security, and employment services are offered for people with disabilities, but few services are offered exclusively for older adults
- Not all AAAs, ILCs, and Regional Centers offer social inclusion, economic security, and employment services across all service areas
- Social participation services do not often cater to the needs of participants with certain disabilities, medical needs, or other identities



“There’s not a great array of recreational programs out there for individuals with disabilities in general. Depending on what someone’s disability is, a recreational experience can mean something very different to different people. And so that’s really the challenge, making sure you can create integrated recreational opportunities, and they’re very hard to come by.”

~Subject matter expert on ILCs

Key findings related to gaps in transportation services for older adults and people with disabilities

- Lack of coordination within and across counties leads to a fragmented and confusing system
- It is difficult to access paratransit services
- Drivers are not trained on how to support riders
- There are not enough accessible and coordinated transportation service providers



“There’s a quote I heard recently that perfectly describes that state of accessible transportation: *‘You do not rise to the level of your goals. You fall to the level of your systems.’* In theory, everyone has a goal of supporting [older adults and people with disabilities] but there are no systems in place to provide that support, so it doesn’t happen. The state needs to provide that system.”

~Regional transportation planner and advocate

Next steps

- Gap Analysis Report public release: June 2025
- Gap Analysis Roadmap release: Fall 2026

Question & Answer



Please place your questions in the Q&A Box or use the Raise Hand function

Closing and Next Steps



Next Steps

- » This will be the last Gap Analysis stakeholder meeting
- » For commonly asked questions, check out the FAQ containing information related to both projects:
 - [FAQ](#)
- » To share any additional comments/information and/or feedback about today's meeting or to request to be added to email list, please contact:
 - DHCS HCBS Gap Analysis Inbox: HCBSGapAnalysis@dhcs.ca.gov
 - CDA HCBS Gap Analysis Inbox: HCBSGapAnalysis@aging.ca.gov

Disability access is a priority: Please let us know if you encountered or noticed any accessibility barriers during this presentation