

Public Stakeholder Engagement Meeting #4
July 31, 2024
1:00 – 2:30pm PT

Meeting Summary

Department of Health Care Services (DHCS)

Staff Attended: Joseph Billingsley, Cortney Maslyn, Delandran Pillay

California Department of Aging (CDA)

Staff Attended: Tanya Bautista, Ross Lallian, Sarah Steenhausen

Project Consultants, Mathematica

Staff Attended: Gabrielle Katz, Erin Lawrence, Meg Maxwell, Kathleen Shea, Haley Gallo Sutherland, Cayla Roby, Patricia Rowan

Project Consultants, Center for Health Care Strategies (CHCS)

Staff Attended: Nancy Archibald, Valerie Flores, Carrie Graham, Dilrupa Haque, Nida Joseph, Courtney Roman, Sarah Triano

Public Attended: 200

Stakeholder Meeting Materials: Meeting Agenda and Slide Deck

I. Welcome, Introductions, and Review Agenda

Nida Joseph, Center for Health Care Strategies (CHCS)

Welcomed attendees, introduced the Department of Health Care Services (DHCS) and the California Department of Aging (CDA) 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. Nida reviewed meeting logistics and provided instructions for asking questions. Nida noted that there would be two opportunities for Q&A, attendees had a 2-minute time limit when asking questions, and that attendees could request extra time up to 1 minute if needed for disability access.

Nida introduced all project partners for the HCBS Gap Analysis and Multi-Year Roadmap projects and reviewed the purpose of the meeting and meeting agenda.

- » **Summary:** There are four key project partners involved in the HCBS Gap Analysis and Multi-Year Roadmap projects: DHCS, CDA, Mathematica, and the Center for Health Care Strategies (CHCS). The purpose of the meeting was to bring stakeholders and the public together for an update on the HCBS Gap Analysis and Multi-Year Roadmap projects and offer an opportunity for stakeholder comment and questions. Participants heard updates from Mathematica, DHCS, and CDA on the analytic activities for the Gap Analysis and Multi-Year Roadmap project work. Additionally, CHCS provided updates on stakeholder and consumer engagement, including details on consumer listening sessions that have taken place over the last few months.
- » **Speakers included:**
 - **Joseph Billingsley**, Assistant Deputy Director, Health Care Delivery Systems, DHCS
 - **Sarah Steenhausen**, Deputy Director of Policy, Research, and Equity, CDA
 - **Patricia Rowan** (Project Director), Principal Researcher, Mathematica
 - **Haley Gallo Sutherland**, Researcher, Mathematica
 - **Carrie Graham**, Director, Aging and Disability Policy, CHCS
 - **Nida Joseph**, Program Officer, CHCS

II. Stakeholder and Consumer Engagement Review and Update

Carrie Graham, Center for Health Care Strategies (CHCS)

Carrie reviewed stakeholder and consumer engagement goals and activities to date; and shared demographics and high-level themes from 10 recent consumer listening sessions (which took place between March and June 2024).

- » **Summary:** Since this project launched in late 2022, 1,484 stakeholders have been engaged through several different mechanisms, including: three public stakeholder meetings, five quarterly updates for existing stakeholder groups, two small group consultations, and 16 consumer listening sessions (total of 148 listening session participants). These are not de-duplicated numbers; that is, the same people may have participated through multiple mechanisms.

For the consumer listening sessions, the CHCS team subcontracted with Ad Lucem Consulting to work with trusted community-based organizations (CBOs) to plan and host each session. The CBOs were compensated to lead recruitment, registration, and outreach. Consumer listening session participants were asked to complete a brief demographic form to give the team an understanding of who was in the room and what HCBS they used. The demographic forms also provided insight into who was not at the table, and therefore, what voices needed to be elevated in future listening sessions. All consumer listening session participants were compensated with \$100 Visa gift cards for their time and contributions.

The 10 sessions this year were held in both rural and urban areas in northern, central, and southern California. Some populations were included based on feedback from prior public stakeholder meetings. Participants included:

- In-Home Supportive Services (IHSS) providers
- Unpaid caregivers
- Adults with disabilities ages 21 and older receiving Medi-Cal Home and Community-Based Alternatives (HCBA) Waiver services
- Adults with disabilities ages 21 and older receiving Medi-Cal Assisted Living Waiver (ALW) services
- Adults with disabilities ages 55 and older who identify as LGBTQIA+ and receive Medi-Cal HCBS services
- Adults with developmental disabilities ages 21 and older receiving Medi-Cal Developmental Disability Waiver (HCBS-DD) services
- Older adults ages 50 and older with developmental disabilities who receive (or need) HCBS
- Adults with disabilities ages 18 to 64 in indigenous communities who receive (or need) Medi-Cal or non-Medi-Cal HCBS

In terms of benefits of HCBS, listening session participants noted that the services they receive have improved their mobility, independence, and quality of life. Participants expressed how the waiver and non-waiver services help HCBS users live safely in their homes and stay connected to their communities by providing care coordination, transportation, home care, and other services.

When asked about challenges with HCBS, listening session participants gave the following examples:

- 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

While many participants indicated they do have what they need, and their waiver services are adequate, some participants identified additional services that could be helpful, including:

- More robust transportation services
- Housekeeping and home maintenance
- Mental health supports and services

Participants were offered the opportunity to provide recommendations at the end of each listening session related to HCBS. The following are examples of what was shared:

- 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

III. Q & A Session #1

Moderated by: Nida Joseph, Center for Health Care Strategies (CHCS)

Q&A Session #1 focused on questions related to the Stakeholder and Consumer Engagement Review and Update presentation given by Carrie Graham, Center for Health Care Strategies (CHCS)

Summary of Discussion:

- » **Question:** (Chat) There was a mention earlier this year that there were some problems in looking at gaps under the developmental disabilities (DD) waiver due to lack of information, etc. Is the HCBS Gap Analysis going to examine and look at gaps under the DD waiver? It really needs to since the impact of gaps for tens of thousands of people is not only critical but touches on issues of equity that has been and is a priority for the state and all of us. Again, thanks for the work all of you have done and are doing.
- **DHCS Response:** The intent was to look at data related to DD programs, but there were significant issues with obtaining the data necessary to include in the Gap Analysis. We attempted to look for workarounds, but the data are complex and obtaining what was needed would not fit within the timeline that we have for this Gap Analysis. We also included two

consumer listening sessions with individuals with intellectual and developmental disabilities under our consumer engagement work.

- » **Question:** (Chat) Will there be more opportunities for consumer engagement? If so, how do we find out the information to be involved?
 - **Mathematica Response:** There are no additional consumer listening sessions planned.

- » **Question:** I am not in support of moving waiver programs under managed care. What has been done to address the need for differential pay for individuals with severe impairments? It is difficult to find providers for people with severe impairments.
 - **DHCS Response:** As part of the Gap Analysis report, we are doing a comprehensive review of how HCBS are provided in the state and working to identify the barriers that are creating gaps for accessing services. Some of those barriers include provider pay rates. For the Multi-Year Roadmap, we will be identifying strategies to address those gaps. We appreciate your feedback and input on the issues related to differential pay for service providers.

- » **Question:** What will happen to me when I cannot find a backup provider? What are you doing about the overlap in the enrollment process? I have to turn in a form to the county to get processed, I then have to turn in a form for the Waiver Personal Care Services (WPCS) to the local agency who then turns it to the state--this is a duplication of efforts. Then I have to disenroll for each program, which is another set of paperwork. What are you doing to address the bureaucratic burden for recipients?
 - **DHCS Response:** Your feedback is valuable. We are continuing to look at ways that we can improve HCBS in the state.

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

Joseph Billingsley, DHCS

Provided an overview of the goals, timeline and milestones, objectives, and programs included in the Medi-Cal Gap Analysis and Multi-Year Roadmap project.

- » **Summary:** Current goals of the Gap Analysis and Multi-Year Roadmap include:
 - Identify and analyze opportunities to close gaps in access to HCBS

- Address and close identified gaps as the state transitions to MLTSS 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, consumer satisfaction, and health equity for Medi-Cal members in California

The first year of the project was focused on collecting and analyzing Medi-Cal data to develop the Gap Analysis report. Mathematica submitted a first draft of the Gap Analysis report to DHCS in late September 2023 and a final report last month that includes results from additional analyses and data collection efforts, including the consumer listening sessions. The Mathematica team is now planning for the Multi-Year Roadmap, which will be developed and finalized in close partnership with DHCS over the next year.

Given the upcoming transition to MLTSS, the Multi-Year Roadmap aims to support the initiation of strategies for applicable waivers to achieve MLTSS integration for select HCBS programs.

The DHCS Gap Analysis project has five main objectives:

- Objective 1 is reducing inequities in access and services
- Objective 2 is meeting client needs
- Objective 3 is program integration and increased coordination
- Objective 4 is quality improvement
- Objective 5 is streamlined access

The following programs are included in the Medi-Cal Gap Analysis and Multi-Year Roadmap:

- HCBS programs:
 - o Multipurpose Senior Services Program (MSSP)
 - o Home and Community-Based Alternatives waiver (HCBA)
 - o Assisted Living Waiver (ALW)
 - o In-home Supportive Services (IHSS)
 - o California Community Transitions (CCT)
- Services provided currently under Medi-Cal managed care including:
 - o Long-term care provided in nursing homes and other settings
 - o Program of All-Inclusive Care for the Elderly (PACE)
 - o Community-Based Adult Services (CBAS)
 - Community Supports and Enhanced Care Management for members at risk of institutionalization or in nursing homes and can transition home/to community
 - o Complex care management and other transition of care services

The Gap Analysis and Multi-Year Roadmap currently excludes:

- The Medi-Cal Waiver Program (MCWP)
- Programs for individuals with developmental disabilities
 - o The data were not included in the Gap Analysis because there were complex barriers to obtaining the data that could not be resolved within the timeframe for the analysis. DHCS looks forward to seeing what comes out of the complementary effort to develop a Master Plan for Developmental Services that is being led by CalHHS and hopes to use that effort to inform the Multi-Year Roadmap.
 - o Additionally, the CHCS and Ad Lucem teams conducted two listening sessions with individuals with intellectual/developmental disabilities (I/DD) and their families/direct support professionals, which yielded thoughtful insights and feedback.

Patricia Rowan, Mathematica

Shared a progress update on the five objectives that guide DHCS HCBS Gap Analysis and Multi-Year Roadmap and described key activities currently underway and planned.

» **Summary:** For Objectives 1 (Reducing inequities in access and services), 2 (Meeting client needs), and 5 (Streamlining access), Mathematica completed the following activities:

- Using Medi-Cal administrative data, produced descriptive profiles of LTSS users and providers. The team also examined LTSS use patterns over time.
- Mapped geographic patterns of current LTSS users and locations of providers.
- Conducted 26 interviews with representatives from waiver agencies, providers, advocacy organizations, and managed care plans to discuss opportunities to improve access and close gaps.
- Created a forecast model to predict future growth in LTSS demand to help identify gaps in accessing services.
 - o To supplement the Medi-Cal administrative data, Mathematica also conducted a provider survey with select HCBS providers to assess their capacity to serve Medi-Cal members in a culturally and linguistically sensitive manner. (1,971 responses from HCBS providers were received statewide.)

For Objective 3 (Program integration and coordination), Mathematica completed the following activities:

- Fielded a questionnaire with select HCBS providers, along with managed care plans and enhanced care management providers to assess existing care coordination abilities and identify potential gap areas for care coordination that would need to be addressed in a managed care system (30 providers and 20 managed care plans)

- Conducted further interviews with respondents to assess needs for technical assistance to coordinate care (11 providers and 8 managed care plans)

Objective 4 (Improve quality) was designed to generate a set of recommended quality measures that could be added to the LTSS Data Dashboard. The Centers for Medicare & Medicaid Services (CMS) released a final rule in April with several new requirements for state reporting and operation of HCBS programs. To respond to those requirements and align with DHCS priorities, Mathematica is:

- Supporting DHCS in reporting the HCBS Quality Measure Set. States participating in the Money Follows the Person (MFP) demonstration must report these measures beginning in 2026.
- Gathering data to report five mandatory quality measures on topics including comprehensive assessments, person-centered planning, and institutional stays.
- Launching the National Core Indicators-Aging and Disabilities (NCI-AD) survey later this year
 - o The new CMS Medicaid Access Rule requires an experience of care survey for Medi-Cal members receiving HCBS. DHCS has selected the NCI-AD survey which will begin data collection in December 2024 and go through June 2025.
 - o Medi-Cal HCBS users will be sampled to participate in this experience of care survey if they are actively receiving Medi-Cal HCBS. DHCS will release more information about the NCI-AD in the coming months.
 - o The NCI-AD survey complements the National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) survey which has been conducted by the California Department of Developmental Services for several years. Members in the developmental disability (DD) waivers are already included in the NCI-IDD survey so they are excluded from the NCI-AD.

At the time of the meeting, the final Gap Analysis report is being reviewed by DHCS. This report is expected to be released to the public at the end of 2024. In response to the new federal Access Rule, however, DHCS and Mathematica are exploring options to move the transition timeline up.

- Waivers potentially within scope of consideration include Assisted Living Waiver (ALW), Home and Community-Based Alternatives Waiver (HCBA), Multipurpose Senior Services Program (MSSP), and Medi-Cal Waiver Program (MCWP)
- There are no current plans to move In Home Supportive Services (IHSS) or DD waiver programs into managed care.

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

Sarah Steenhausen, CDA

Reviewed the main project goals for the CDA Non-Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap project.

- » **Summary:** The CDA Non-Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap project has four main goals:
 - Develop an inventory of non-Medi-Cal HCBS in California
 - Build on the DHCS Gap Analysis by developing a similar Gap Analysis for 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

Haley Gallo Sutherland, Mathematica

Provided updates on project activities, described the frameworks and data sources that were used in the non-Medi-Cal Gap Analysis, and shared next steps.

- » **Summary:** To date, Mathematica has completed the following project activities:
 - Created an inventory of non-Medi-Cal HCBS programs and services in California that includes information about eligibility, geographic reach, and funding
 - Developed an HCBS Taxonomy to organize the program inventory, the Gap Analysis report, and the Multi-Year Roadmap. The Taxonomy was presented at a meeting with the Disability and Aging Community Living Advisory Committee (DACLAC) for feedback and refinement
 - Worked with the state agencies that implement non-Medi-Cal HCBS programs to receive and analyze program-level utilization data for as many programs as possible
 - Conducted 84 interviews with representatives from HCBS providers, representatives from California state departments administering HCBS, and other subject matter experts

For the HCBS Taxonomy, each program in the non-Medi-Cal HCBS program inventory is associated with one primary category in the taxonomy. The categories were created to categorize similar HCBS programs and services across departments and were informed by similar taxonomies, such as those used by the Los Angeles County 211 LA system and the Transformed Medicaid Statistical Information System. The primary categories are organized under the "Domains,"

which were inspired by the World Health Organization's Age Friendly Domains of Livability. These domains were chosen to align with non-Medi-Cal HCBS programs and with other existing taxonomies. The HCBS Taxonomy Domains include:

- Caregiver supports
- Communication, information and referral (I&R) services
- Health services and community supports
- Housing
- Safety
- Social inclusion, economic security, and employment
- Transportation

Mathematica used several data sources for the non-Medi-Cal Gap Analysis report, including:

- *Publicly available data:* American Community Survey data; California Department of Finance Projections; and public reports on services delivered by Caregiver Resource Centers, Independent Living Centers, and other providers
- *Program utilization data provided by state departments for programs:* Aging and Disability Resource Connections, Older Americans Act programs, transportation and mobility services, and affordable and accessible housing

At the time of the meeting, the non-Medi-Cal Gap Analysis report is expected to be released to the public in 2025. Mathematica is identifying potential strategies for addressing gaps and strengthening the state's HCBS infrastructure in a Multi-Year Roadmap.

VI. Q & A Session #2

Moderated by: Nida Joseph, CHCS

Summary of Discussion:

- » **Question:** I wanted to get a high-level overview of what DHCS believes the benefit will be with transitioning the Assisted Living Waiver (ALW) to managed care. We have some concerns about transitioning under managed care. There are certain guardrails in the program that benefit both providers and consumers that may go away under managed care. Rate protections for providers are important to continue to deliver quality services to consumers. We are not convinced that this will improve access to ALW services. We understand the processes with DHCS under the fee-for-service model. Under managed care, we are concerned about inconsistencies of administration and access to care with the different plans.

- **DHCS Response:** The goal with transitioning the waiver programs under MLTSS is to increase access to services. For example, there are annual caps with ALW and to increase those caps, we have to go through annual budget processes to get approval. By moving this to managed care, individuals will only need to meet the medical necessity requirements to get approval for services. We have been trying to build capacity for managed care plans with community supports under CalAIM. DHCS has been working to identify issues that are impacting how managed care plans are using those community supports. We are exploring what is working well and where we need to make changes or clarifications in the guidance that we provide to the plans and providers on how they can use that service. We have been talking with stakeholders across the board to identify best practices as we work towards MLTSS integration with the purpose of increasing access to waivers across the state and removing annual limits.

- » **Question:** There is some confusion on the proposed timeline for transitioning to MLTSS, can you clarify? What is the stakeholder engagement process for this transition? What kind of mechanisms are you putting in place for measuring Managed Care Organization (MCO) readiness before the transition happens?
 - **DHCS Response:** We recognize the impact of the new CMS Access Rule. We are trying to align the [MLTSS] transition timeline with the required Access Rule timeline. We previously said that we would begin integration into MLTSS in 2027, and we are now looking at how the new requirements impact that timeline. We don't have a firm timeline at this point. We will be engaging stakeholders intensively throughout this process, especially since it involves transitioning waivers into our MLTSS delivery system. We will be monitoring key aspects of the transition to ensure that members are receiving the services and avoiding disruptions in care.

- » **Question:** (Chat) What is the status of potentially transitioning the California Community Transitions (CCT) program into managed care? I saw it was not among those listed for consideration?
 - **DHCS Response:** The California Community Transitions (CCT) program is our Money Follows the Person (MFP) grant-funded transitional program that works to fund transitions from institutional settings for individuals who have been in those settings for over 60 days. We also have a corresponding state-funded CCT program that helps provide the same support for individuals who have been in those settings for under 60 days, which is really for the purpose of setting them up in their homes and communities, funding both the transitional coordination and the cost of

re-establishing them in a community home. We also have a corresponding community support available for managed care plans under CalAIM that is for transitions from nursing facilities to home/community. That provides a service to individuals that can be bundled with other community supports and enhanced care management. We have through CalAIM the ability to expand that service, but we're not specifically transitioning the Money Follows the Person CCT program into managed care.

» **Question:** (Chat) Has there been any consideration about extending Medi-Cal eligibility benefits so participants don't have to renew their Medi-Cal benefits every year, this can be a way to ensure accessibility to care and continuation of services without providers losing ability to get paid or wait for reimbursement.

- **DHCS Response:** Thank you for your question. Annual renewals are a federal requirement at this time.

» **Question:** (Chat) Regarding the Access Rule, when will the timeline be updated and available to all of us that includes the impact of the various Access Rule deadlines, etc.?

- **DHCS Response:** As we continue to provide stakeholder updates, we will continue to update all of you on any changes to the timeline. We will continue to look at options for integrating services into MLTSS and the impacts of the Access Rule and considerations we need to take into account to inform how we revise the timeline. We will communicate that out to stakeholders if there are any changes.

» **Question:** (Chat) There is so much care needed and unmet in the adult community in California. 1. How can for-profit agencies be utilized to help fill this care gap? 2. For which state, county and local programs are for-profit agencies eligible to provide non-medical caregiver services? 3. How can we receive a contact list for these programs to enroll as a paid care provider agency/vendor?

- **DHCS Response:** Thank you for this question. This question is beyond the purview of the gap analysis.

» **Question:** We talked to 6 counties about the Medi-Cal expansion. Does what we are talking about include the 14 areas that managed care plans must provide? Is this just for Medi-Cal?

- **DHCS Response:** To clarify, are you tying this to the community support?
o **Reply:** Yes.

- **DHCS Response:** Under CalAIM, enhanced care management, which has been established for different populations, is available through all

managed care plans that elect to provide these services. It is available for all individuals who meet the criteria for populations of focus. There are community supports that managed care plans have elected to make available. They are not required to make them available. Most managed care plans have elected to make a majority of the community supports available. Some of them roll out every 6 months. We are looking at issues that are preventing uptake of those community supports and will update guidance accordingly.

- **Reply:** Is this only for Medi-Cal?
- **DHCS Response:** Yes, the community supports are optional benefits that managed care plans can provide under Medi-Cal.
- » **Question:** (Chat) Why can't waiver recipients use a service card, like an EBT card to hire cleaning, cooking, etc. services from approved businesses? This would improve training, quality, retention, and other issues.
 - **DHCS Response:** We appreciate the suggestion.
- » **Question:** (Chat) What provisions are there for continuity of care if a Medi-Cal member changes from one health plan to another to ensure they don't lose momentum/needed HCBS under a new health plan?
 - **DHCS Response:** From a waiver integration standpoint, there are specific continuity of care restrictions built in around care transitions to ensure members have continued access to services as they transition to managed care. The Multi-Year Roadmap will also address these considerations.
- » **Question:** (Chat) Other than DD services, can you please clarify which DHCS programs were excluded from the gap analysis?
 - **DHCS Response:** To clarify, the programs that were excluded were the two Medi-Cal 1915(c) HCBS waiver programs for the developmentally disabled population, the 1915(i) state plan option for the developmentally disabled population, and the Medi-Cal waiver program, which is administered by the California Department of Public Health.

VII. Closing and Next Steps

Nida Joseph, CHCS

Nida thanked all attendees and closed the meeting.

Meeting adjourned at 2:30 p.m. PT.