

California's Request for Money Follows the Person Supplemental Funding

Summary/Abstract

The Department of Health Care Services (DHCS), California's single state Medicaid agency, is submitting this proposal to the Centers for Medicare & Medicaid Services (CMS) for the one-time \$5 million supplemental funding opportunity available to Money Follows the Person (MFP) grantee states. The purpose of this proposal is to develop a Gap Analysis and Multi-Year Roadmap that will identify opportunities to increase Long-Term Services and Supports (LTSS) planning and capacity building activities in California. The proposed project will accelerate system transformation through creation of a functional, multi-year roadmap that aligns with California's existing initiatives. Through the gap analysis and roadmap, DHCS intends to identify and analyze opportunities to expand access to Home and Community-Based Services (HCBS), and thereby improve health outcomes, patient satisfaction, and health equity for Medicaid beneficiaries in California.

Medi-Cal, California's Medicaid program, includes several LTSS and HCBS programs. California also has networks of Older Americans Act programs, Independent Living Centers, as well as other Medicaid state plan and waiver programs often also considered LTSS or HCBS. Although there is an array of LTSS and HCBS services available in California, some services may have limited availability or capacity in certain regions of the state. In addition, some Medi-Cal beneficiaries, their families and caregivers, as well as some providers, may not be fully aware of the range of services available or how to access those services. The proposed gap analysis will identify these capacity and awareness issues, including gaps in the intersection between HCBS/LTSS providers, Managed Care Plans (MCPs), and community resources, as well as document solutions for State implementation in the proposed multi-year roadmap. This will be a critical aid and supplement for California's efforts under the California Advancing and Innovating Medi-Cal (CalAIM) as well as Managed Care Plan (MCP) efforts to successfully integrate LTSS by 2027. Unlike the planning efforts underway by MCPs to build and expand their individual networks to accommodate beneficiaries with long-term care needs, this more comprehensive statewide gap analysis and roadmap would benefit California's Medicaid program broadly by providing analysis and lessons learned from across the state.

In public stakeholder meetings in December 2020 and February 2021, DHCS outlined its proposal to use this funding to commission a statewide gap analysis study and multi-year roadmap for California's HCBS and Managed Long-Term Services and Supports (MLTSS) programs and provider networks in order to support improved access. DHCS requested stakeholder feedback on the proposal as well as specific elements/areas of focus for the gap analysis including data collection, how to leverage current work, qualifications of potential contractor(s), and factors to consider to ensure effectiveness. DHCS also requested stakeholder feedback as to other potential uses for the one-time funding. Utilizing the feedback from stakeholder webinars, as well as written stakeholder feedback, DHCS finalized the Gap Analysis and Roadmap proposal for submission.

Goals, Objectives, and Outcomes

The State of California is committed to providing health care services and supports to Medi-Cal members in the least restrictive and most integrated setting of their choice, as envisioned by

the 1999 U.S. Supreme Court's Olmstead decision¹. The Statewide Gap Analysis and Multiyear Roadmap will support California's overarching statewide goals of improved health and well-being for the state's increasing Medicaid population.

The purpose of the proposed Gap Analysis and Multiyear Roadmap is to identify and close existing gaps within California's HCBS and MLTSS programs and provider networks and build broader MLTSS capabilities. This analysis will provide data and insight to help accomplish the following long-term statewide objectives:

- Objective 1: Reducing Inequities in Access and Services
- Objective 2: Meeting Client Needs
- Objective 3: Program Integration and Increased Coordination
- Objective 4: Quality Improvement
- Objective 5: Streamlined Access

The snapshot and policy recommendations provided by the Statewide Gap Analysis and Multiyear Roadmap project will assist the State in implementing policy changes and identifying other relevant needs and priorities.

The goals of the analysis align with California's current MFP sustainability planning activities² by identifying fragmentation in state and local Long-Term Care (LTC) delivery systems and providing recommendations for closing these gaps.

Proposed Project

The scope of the Statewide Gap Analysis and Multiyear Roadmap will focus on the State's Medicaid LTSS beneficiaries. The scope will include a kickoff meeting, collaboration with other state agencies and local partners on LTSS services and supports, developing a project work plan, establishing and executing any necessary subcontracts, collecting and analyzing data (both qualitative and quantitative) related to HCBS and MLTSS programs, and preparing draft and final reports. The final report will include an executive summary, recommendations, and a multi-year roadmap for the State to continue to build HCBS infrastructure and capacity and strengthen partnerships between state agencies and local partners to achieve the State's long-term goals. The final report will also include an evaluation plan for the multiyear roadmap that will determine benchmarks to assess California's performance.

Objective 1: Reducing Inequities in Access and Services

The State's contractor will conduct a robust analysis of the composition of enrollees in the various HCBS/(M)LTSS programs and service delivery systems across the state to define at a granular level the population receiving which services and where, with the intention of identifying inequities in access to and use of services. The contractor will also conduct a statewide comprehensive provider assessment to identify service capacity, assess providers' ability to provide culturally competent care, and highlight specific regions/locales/populations that require additional access to services or have equitable access or utilization. This

¹ US Department of Justice, Civil Rights Division. "Olmstead: Community Integration for Everyone." https://www.ada.gov/olmstead/olmstead_about.htm

² CA Department of Health Care Services. "California Community Transitions Operational Protocol 1.5." <https://www.dhcs.ca.gov/services/ltc/Documents/2017-CCT-OP.pdf>

assessment will also consider the role of primary, acute, and specialty providers, and any gaps and opportunities to increase referrals to HCBS.

Objective 2: Meeting Client Needs

The gap analysis will assess unmet need for HCBS/(M)LTSS, comparing current service mix and utilization by county or regional level and populations with the desired core service mix and capacity/access. It will also assess potential changes to reimbursement and payment methodologies to help expand HCBS provider capacity and improve service quality. The analysis will identify potential standardized metrics that may be used to measure performance.

Objective 3: Assessing the Availability of Resources and Varied Need Based on California's Diverse Geography

In order to increase coordination of care, including coordination across several social determinants of health (i.e. housing/food insecurity/etc.), the analysis will identify gaps in the intersection between HCBS/LTSS providers, Managed Care Plans (MCPs), and community resources, and the degree to which the needs of the population served are met/unmet, and identify solutions on the path to the long term goal of program integration across all providers, and improved access to care, health outcomes, patient satisfaction, and health equity. The State will request the contractor to include/consider the following key areas: Community resources to address social determinants of health, such as housing, nutrition services, etc.; Privacy/compliance; Data gaps; Contracting/Memorandum of Understanding (MOUs); Providing technical guidance to community providers in model/infrastructure development to meet MCP requirements; Providing capacity support to providers to expand operations for Enhanced Care Management/In Lieu-Of Services (ILOS); Requirements and technical assistance for MCPs, to support coordination and integration among primary, acute, and specialty providers with HCBS/LTSS providers and beneficiaries/caregivers.

The analysis will identify gaps and opportunities for increased collaboration/partnership with providers addressing other social determinants of health (e.g., housing and food security). The contractor will analyze current housing resources available to eligible beneficiaries across the HCBS spectrum (e.g., Skilled Nursing Facility (SNF) residents, persons experiencing homelessness, individuals at imminent risk of institutionalization), identify housing barriers long-term SNF residents face transitioning to a community-based setting, and provide actionable recommendations to alleviate the barriers without disrupting services. Additionally, the analysis will assess pathways for increased coordination with and supports for unpaid caregivers.

Objective 4: Quality Improvement

The analysis will examine current capabilities and gaps in California's approach to quality measurement and monitoring of HCBS/(M)LTSS programs and services to identify opportunities for improvement. The contractor will review and analyze historical monitoring data to identify gaps in quality and provide recommendations to bridge evaluation gaps between programs; which may include identification of a common set of performance metrics across programs, providers, and systems of care. The analysis will also pinpoint areas to

combine quality management and reporting processes to ensure program integrity and decrease administrative costs.

Objective 5: Streamlined Access

The analysis will identify the gaps in the intake and enrollment processes among LTSS and HCBS to support a streamlined process and/or system(s), so eligible beneficiaries and their families and caregivers, as well as providers and case managers, can get information and referrals to LTSS regardless of which provider, program, or system of care they contact first -- whether through the health care system, the public benefits system, the disability service system, including Regional Centers, or the community-based services system. By identifying opportunities for increased and streamlined access to HCBS, it will allow the various state agencies involved in delivering HCBS to collaborate more effectively and efficiently.

The contractor will evaluate the feasibility of a universal baseline assessment to assess base level of need (including nursing facility level of care) to direct beneficiaries to appropriate programs. The contractor will also calculate estimated costs to develop a basic statewide information and referral system for increased access and entry to supports and services options.

Multi-Year Roadmap

Utilizing the data gathered from the Gap Analysis, DHCS' contractor will develop a multi-year road map to assist California to move to new statewide strategies. The roadmap will help California plan strategically to strengthen the HCBS infrastructure by identifying different approaches and implementation mechanisms that could be used to expand HCBS capabilities, along with program case studies from other States. The roadmap is intended to provide an overview of potential strategies that could be supported by Medicaid, and to connect state policy makers and those working to transform state health systems to additional information on other states' prevention interventions.

The roadmap will help California better understand the needs of clients and work toward meeting them. In particular, the roadmap will assist California in building services and supports outside the 1915(c) waivers and moving to a statewide integrated MLTSS. The roadmap will offer a step-by-step planning process for addressing LTSS needs in California's diverse communities. At a minimum, the roadmap will illustrate how DHCS and their partners can maximize the authority that exists under federal Medicaid to deliver a range of services and strategies at both the individual and population levels to best align with California's unique conditions and needs; identify pathways for California to achieve its long-term goals; and strategize how California can accelerate the innovative efforts already underway to strengthen its HCBS services.

Target Population

The populations of focus for this proposal include beneficiaries currently served by LTSS programs authorized through Medi-Cal State Plan or current waivers. This includes: the In-Home Supportive Services program (including the Medi-Cal 1915(k) Community First Choice state plan option); the Community Based Adult Services program; the Multipurpose Senior Services Program (MSSP Waiver); the Home and Community Based Alternatives (HCBA)

Waiver; the Assisted Living Waiver ALW); the Money Follows the Person grant, known as California Community Transitions (CCT); and Long-Term Care (LTC), or skilled nursing facility care. Of those Medicaid LTSS programs, all but Long-Term Care are considered HCBS. Medi-Cal also includes home health and hospice benefits, often within or in addition to certain LTSS programs.

Other populations of focus include Medi-Cal beneficiaries at risk of or needing LTSS. This includes beneficiaries receiving LTSS or HCBS, through programs funded under the Older Americans Act and administered locally by Area Agencies on Aging, Aging and Disability Resource Connection services, Independent Living Center programs, or Caregiver Resource Centers.

Another population of focus includes individuals with developmental disabilities, and individuals with HIV/AIDS who are served by California's waiver and state plan programs.

Finally, the populations of focus also include certain Medi-Cal Managed Care members. Some LTSS programs are carved-in to Medi-Cal Managed Care in certain counties, known as MLTSS. Under the state's CalAIM Initiative, in future years California will expand MLTSS, as Medi-Cal Managed Care plans will offer In Lieu of Services (ILOS), LTC will be carved-in to managed care in additional counties, and dually eligible Medicare – Medicaid beneficiaries will be enrolled in Medi-Cal managed care as a statewide requirement. California currently has a federal Medicare-Medicaid managed care demonstration with MLTSS in seven counties, known as Cal MediConnect, which will be transitioned to a statewide Dual Special Needs Plan (D-SNP) aligned enrollment approach by 2023 followed by the implementation of MLTSS statewide in Medi-Cal Managed Care in 2027. California also has a robust Program of All-Inclusive Care for the Elderly (PACE) presence, with 20 PACE Organizations currently operating in 22 counties throughout the state.

Current Work in the State

DHCS plans to ensure that the Gap Analysis and Multiyear Roadmap will continue to build on current work within the state, particularly California's Master Plan on Aging (MPA)³ and the California Advancing and Innovating Medi-Cal (CalAIM) initiative⁴. DHCS will collaborate closely with other state departments, including, but not limited to, the California Department of Social Services, the California Department of Aging, the Department of Developmental Services, and the California Department of Public Health to ensure California is leveraging current work within the State, while ensuring work is not being duplicative.

The Gap Analysis will build on the MPA's LTSS subcommittee recommendations on the minimum core service mix that should be available across the state, defining access/capacity standards for services. The MPA also included a "No Wrong Door" (NWD) initiative. The Gap Analysis will examine the current NWD entry system and provide recommendations to improve/enhance the current system.

³ California Health and Human Services Agency (CHSS): Master Plan on Aging (MPA)
<https://www.chhs.ca.gov/home/master-plan-for-aging/>

⁴ California Department of Health Care Services (DHCS): California Advancing and Innovating Medi-Cal (CalAIM)
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

The analysis will include a review and plan for CalAIM's plan to shift LTC out of Medi-Cal's fee-for-service delivery system and into managed care statewide. The contractor will review evaluations, best practices, and lessons learned from the carve-in of LTC in specific Californian counties. CalAIM also established an ILOS framework to help create HCBS networks throughout the State. The ILOS framework allows for regions that do not currently have a sufficient infrastructure to provide the full array of home and community-based services to build network capacity in a way that meets the unique needs of their residents. This gap analysis will build on this framework and consider gaps and opportunities to improve access to HCBS, health outcomes, health equity, and patient satisfaction through MLTSS and integrated care. The snapshot provided by this analysis will assist California in transitioning to statewide integrated MLTSS by 2027.

The Gap Analysis and Multiyear Roadmap does not require ongoing funding. However, using the data and recommendations provided through this analysis, the State will identify how to help address the gaps identified.

Project Management

A. State MFP/CCT Project Staff

Health Program Specialist (HPS) II

- MFP Rebalancing Demonstration - Acting Project Director
- Annual budget preparation.

Health Program Specialist (HPS) II

- MFP Supplemental Funding – State Point of Contact
- Monitoring and oversight activities, and providing technical assistance, to ensure consultant is meeting required deliverables.
- Develop application process for contractors interested in conducting the gap analysis.
- Collaborate with consultant(s) to ensure goals of the MFP Supplemental Funding project are being met.
- Monitor contract invoicing and processing.
- Assists with the closeout of the MFP Supplemental Funding project.
- Convening stakeholder advisory meetings.
- Providing necessary reports to CMS.

Research Data Specialist (RDS) II

- Prepare statistical reports for the budget worksheet and update policy changes.
- Develop, implement and monitor systems and procedures to assemble and structure data need for State and Federal reporting.

Associate Governmental Program Analyst (AGPA)

- Monitor CCT secure inbox for questions related to the MFP Supplemental Funding Opportunity.
- Reviews documentation submitted by the contractor for accuracy and completeness.
- Provides logistical assistance for stakeholder meetings.

Consultant

- Contract will go out to bid to select the most qualified entity to conduct the gap analysis and develop the multi-year roadmap.
- The contractor's specific roles, responsibilities, and deliverables will be detailed in the contract between DHCS and selected entity. At a minimum, the contractor will be obligated to meet the requirements set forth by this proposal.

| B. MFP Supplemental Funding - Timeline (July 1, 2021 – June 30, 2025) | |
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| Description | Date (Tentative) |
| DHCS to develop Scope of Work (SOW) | July 2021 |
| DHCS will release a Request for Proposal (RFP) to interested consultants to conduct the gap analysis. | July 2021 |
| Review applications and select the most qualified consultant. | September 2021 |
| Finalize contract with consultant. | December 2021 |
| Meet with consultant and project team 2X per month to ensure deliverables. | January 2022 until completion of contract |
| Quarterly stakeholder meetings to provide updates on timelines, deliverables, etc. | January 2022 until completion of contract |
| Present final findings to stakeholders and state legislators. | TBD |
| Utilize findings from the gap analysis to update policies and procedures at the State level and local level. | TBD |
| Complete MFP Semi-Annual Report and report on the activities and milestones funded through the MFP supplemental funding opportunity | CY 2021 through June 30, 2025 |