

Statewide Home and Community-Based Services Gap Analyses and Multi-Year Roadmap

Frequently Asked Questions Document

Last updated April 2024

Project Overview:

The California Department of Health Care Services and California Department of Aging are conducting related, but distinct projects to conduct a statewide Home and Community-Based Services Gap Analysis.

- **The California Department of Health Care Services** is charged with conducting a home and community-based services gap analysis using a mixed methods approach to identify critical gaps in California's Medi-Cal home and community-based services programs and service delivery system to meet the needs of Medi-Cal older adults and individuals with disabilities.
- **The California Department of Aging** is charged with conducting a home and community-based services gap analysis that expands on the California Department of Health Care Services home and community-based services gap analysis to examine gaps and trends in non-Medi-Cal home and community-based service.

Both projects will produce Multi-Year Roadmaps and will seek critical input from stakeholders and experts at various points.

Research Method: Quantitative analyses for both projects will use data from various home and community-based services programs to characterize enrollees and providers and identify gaps in services. The approach for both projects will use quantitative and qualitative data AND stakeholder engagement to bring different perspectives into the gap analyses and roadmaps. Findings from both projects will be summarized with concrete plans for filling gaps across home and community-based services programs.

Sources: The source of these frequently asked questions and answers were compiled from the projects' stakeholder engagement activities, including bi-annual public meetings and quarterly updates. This document will be updated throughout the project to reflect additional questions commonly received.

Note: An acronym dictionary for this project is in the Appendix.

Project Approach and Intersections

1. What is the definition of home and community-based services for the projects?

Answer: For the purpose of the Gap Analysis, home and community-based service are defined as services designed to support community living and delay or prevent admission to an institution for older adults and persons with various disabilities. Home and community-based services can include personal care, transportation, shopping and meal preparation, home health aides, adult day services, and homemaker services. Assistance with managing medications or money may also be provided.

2. What populations are included in the gap analysis projects?

Answer: Both projects will focus on Californians aged 18 and older who need or use home and community-based services. This includes older adults, people with disabilities, and individuals with intellectual or developmental disabilities. The analysis will include both Medi-Cal beneficiaries and those not eligible for Medi-Cal.

3. Will Medicaid Managed Long-Term Supports and Services be included in the gap analysis?

Answer: The California Department of Health Care Services Medi-Cal Gap Analysis will initially include data from 2017 through 2021. This data includes some LTSS provided under managed care at the time, including the Community-Based Adult Services (CBAS) program and some institutional services such as nursing facility services. Qualitative data collected through focus groups and interviews will focus on the state's transition to Managed Long-Term Supports and Services.

4. Will all home and community-based services be carved into managed care by 2027?

Answer: The California Department of Health Care Services intends to move toward integrated Managed Long-Term Supports and Services beginning in 2027. Specific details will be released as they are available.

5. How are the departments prioritizing the gaps identified through the analysis and which ones will be addressed given limited resources?

Answer: The California Department of Health Care Services and California Department of Aging are engaging stakeholders, including other State departments, and thinking through how to approach both the analysis of gaps identified as well as developing a roadmap to address the gaps. The Medi-Cal and

Non-Medi-Cal Multi-Year Roadmaps will also recommend strategies for addressing gaps identified through the analyses.

6. How are gaps due to workforce challenges taken into account in this analysis?

Answer: (a.) Workforce (Caregiving that Works) is one of Five Bold Goals in California's Master Plan for Aging. These projects build on existing work within the state, including the California Department of Aging's Cal Grows initiative (Growing a Resilient and Outstanding Workforce in the Home and Community), but it is not explicitly focused on addressing workforce issues.

(b.) The Medi-Cal and Non-Medi-Cal Gap Analyses include provider assessments that identifies service capacity, providers' ability to provide culturally competent care, and highlights specific regions/locales/populations that require additional access to services or have equitable access to utilization. Part of that analysis is an assessment of potential changes to reimbursement and payment methodologies to help expand home and community-based services provider capacity and improve service quality.

Consumer Engagement

1. How is the state engaging home and community-based services users in this project?

Answer: The project contractors are hosting consumer listening sessions across the state in partnership with community-based organizations that have connections to older adults, people with disabilities, and caregivers of HCBS users. This includes individuals who are current home and community-based services users and also those who could potentially be eligible. You can check out [the California Department of Health Care Services project homepage](#) to view past public meetings that provide updates on those consumer listening session for both gap analyses. You can also use this link to sign up be included on the invitation list for upcoming webinars.

2. How is the state ensuring that individuals who may not know about stakeholder meetings or this project are included in the qualitative analyses?

Answer: The consumer listening sessions are hosted by community-based organizations that are selected based on many criteria to ensure representation from diverse racial, ethnic, linguistic, and geographic communities. The community-based organizations are financially compensated for recruiting participants from the community to include the voices of individuals using or needing home and community-based services.

Data Analysis and Analytic Approach

1. **How is the state analyzing demographic data, including race, gender, and sexual orientation and gender identity, with stratifications to identify and address disparities?**

Answer: The California Department of Health Care Services gap analysis relies on Medi-Cal administrative data which contains enrollee demographic information. Findings will be stratified by the information that is available in the administrative data, including location, age, sex, and race and ethnicity whenever feasible. Qualitative data is being gathered through consumer listening sessions with a priority on equity in identifying disparities and conducting sessions in English, Spanish, Mandarin, Cantonese, and other languages. The California Department of Aging gap analysis does not have person-level data for the California Department of Aging programs to address demographic stratification.

2. **How are the Gap Analyses taking into account current unmet needs for individuals who qualify for services but are not currently enrolled in and/or using Medi-Cal or non-Medi-Cal home and community-based services?**

Answer: Qualitative data, including key informant interviews and consumer listening sessions includes individuals who need home and community-based services but are not currently enrolled in Medi-Cal or using non-Medi-Cal home and community-based services.

3. **Is the state developing an algorithm to determine the likely increasing resource demand in services in the near and further future?**

Answer: Early work is in progress to create a model that can learn from past patterns and look towards future growth for the forecast model. That includes examining the patterns of long-term supportive services over the past few years and utilizing the California Department of Finance models of what the population is projected to look like in future years.

4. **On the descriptive profile of providers, do the Gap Analyses look beyond the location of providers?**

Answer: The current sources of administrative provider data only contain location information about providers. Mathematica is planning to gather additional information from providers on the number of staff served, the languages spoken, and other details through surveys and other data collection efforts.

Department of Health Care Services Home and Community-Based Services Gap Analysis

1. What programs are included in the California Department of Health Care Services Gap Analysis?

Answer: The California Department of Health Care Services Gap Analysis includes home and community-based services funded by Medi-Cal – that includes Medi-Cal members who may be: 1) Receiving home and community-based services program services including 1915(c) Home and Community-Based Services waivers, the In-Home Supportive Services program, the 1915(i) Home and Community-Based Services State Plan Option for people with Developmentally Disabilities, and the California Community Transitions program; 2) Receiving long-term care or skilled nursing facility care; 3) Program for All-Inclusive for the Elderly participants; 4) Medi-Cal Managed Care members receiving Medi-Cal Long-Term Supports and Services.

2. Why is administrative data related to the waivers for people with developmental disabilities not included in the Medi-Cal Gap Analysis Report?

Answer: Administrative data (that is, Medi-Cal claims or enrollment data) related to the waiver services for people with developmental disabilities is not included in the Gap Analysis Report because of data availability within the timeline needed to produce the report. People with developmental disabilities were included in the stakeholder engagement activities during the first half of the project and their feedback is included in the Gap Analysis. Additional consumer listening sessions are being held in the Spring of 2024 with Developmental Disability home and community-based services waiver users and with older adults with developmental disabilities, and qualitative data from those listening sessions will also be part of the Gap Analysis and Roadmap. Data on select Regional Center services are included in the non-Medi-Cal Gap Analysis, including information about client demographics and the total number of clients who use each service per Regional Center. Administrative data on waivers for people with developmental disabilities will be included in the Master Plan for Developmental Services and DHCS will coordinate with DDS to ensure alignment across the Master Plan and Gap Analysis/Roadmap.

For additional information about strengthening services for individuals with developmental disabilities, visit the website for the [Master Plan for Developmental Services](#).

3. Will the Medi-Cal Gap Analysis include Community-Based Adult Services programs?

Answer: The Community-Based Adult Service Program is considered a home and community-based service under this project's definition and will be included in the Medi-Cal Gap Analysis.

4. Is the California Health Information Survey data part of the Medi-Cal Gap Analysis?

Answer: No, the California Health Information Survey is not part of this analysis. For forecasting future growth in demand, this project uses the American Community Survey, which has a larger sample in California than the California Health Information Survey.

5. What data are being used for the Medi-Cal Gap Analysis? Are these data within the California Department of Health Care Services systems, provider-submitted data, or both?

Answer: The gap analysis uses administrative claims and encounter data that is submitted by providers, as well as data from licensed health care facilities. Data sources include Medi-Cal enrollment and claims data, the California Department of Health Care Services enrolled providers, California open portal provider lists, and the American Community Survey.

6. How is the Medi-Cal Gap Analysis looking at identification of family and informal caregivers?

Answer: Data on caregivers is being included through the In-Home Supportive Services program in addition to qualitative interviews with Caregiver Resource Centers and other subject matter experts. We are also conducting consumer listening sessions with family and informal caregivers and paid personal attendants to gather their feedback.

7. What are the California Department of Health Care Services' plans for integrating home and community-based services into Medi-Cal managed care?

Answer: One of the goals of the CalAIM transformation is to have a statewide managed long-term care system. Some components of the long-term care system are already carved in to manage care, such a nursing home or the CBAS program. The California Department of Health Care Services intends to also integrate some 1915(c) Home and Community-Based Services programs into managed care in the future. Current plans are that the Assisted Living Waiver and the Home and Community-Based Alternatives waiver will integrate into managed care. Specifics on the timing for this transition will be released as they are available. Like previous initiatives to transition to managed care (e.g., [Intermediate Care Facility for Developmentally Disabled](#), [Long-Term Care](#)), these efforts will be in partnership with Medi-Cal providers, Managed Care Plans, counties, community-based organizations and other stakeholders. Throughout the carve-in efforts, the California Department of Health Care Services will work closely with stakeholders to understand operational implications of these policy changes to help promote a seamless transition for Medi-Cal members and providers.

8. Only a sampling of Home and Community-Based Service providers were surveyed to provide gap analysis information; was there a specific reason for not surveying all providers?

Answer: Mathematica fielded a survey with select provider types in December 2023. This round of the survey focused on providers who primarily deliver services in home and community-based settings. Mathematica sent the survey to all providers that had contact information able to be obtained through the Department of Health Care Services administrative data and Google searches, and that were currently licensed by either the California Department of Public Health and/or the federal Centers for Medicare & Medicaid Services. Mathematica is also collecting qualitative data to capture feedback from those who did not take survey.

California Department of Aging Home and Community-Based Services Gap Analysis

1. What programs are included in the Non-Medi-Cal Gap Analysis?

Answer: The Non-Medi-Cal Gap Analysis includes services and supports across the home and community-based services continuum that are **not** funded by Medi-Cal including nutrition services, caregiver supports, other supportive services, independent living programs, aging and disability resource connection services, Older American Act programs, transportation, affordable and accessible housing, adult day programs, assisted living, and others.

2. What payers are included in “non-Medi-Cal” home and community-based services?

Answer: Funding sources for these Non-Medi-Cal based programs or services includes federal grants, state general funds, local funding, or other funding sources. The non-Medi-Cal gap analysis does not include private pay users of services because they are not captured in administrative data. We hope to engage them qualitatively through avenues such as the consumer listening sessions.

3. How are Regional Center-funded programs and services not under the California Department of Aging included in this analysis?

Answer: The California Department of Aging project includes non-Medi-Cal home and community-based services offered by all California Health and Human Services departments that meet the definitions of home and community-based services used in this project (see question #1 above), including services offered by the California Department of Developmental Services. Some data on regional center services that are funded by Medi-Cal will be included in the Non-Medi-Cal Gap Analysis.

How to Submit Questions

For additional questions not included in this document, please submit your questions to the following project inboxes:

The California Department of Aging Home and Community-Based Services Gap Analysis: Please direct any inquiries related to the non-Medi-Cal home and community-based services gap analysis and multi-year roadmap to:
HCBSGapAnalysis@aging.ca.gov

The California Department of Health Care Services Home and Community-Based Services Gap Analysis: Please submit your questions about the California Department of Health Care Services Home and Community-Based Services gap analysis and multi-year roadmap, send by email to: HCBSGapAnalysis@dhcs.ca.gov, or by mail to the following address:
Department of Health Care Services



Integrated Systems of Care Division
P.O. Box 997437, MS 4502
Sacramento, CA 95899-7437
Attn: HCBS Section

Appendix: DHCS/CDA Gap Analysis Acronym Dictionary

AAA: Area Agency on Aging

ACS: American Community Survey

ADL/IADL: Activities of Daily Living/Instrumental Activities of Daily Living

ADRC: Aging and Disability Resource Connections

ALW: Assisted Living Waiver

BH: Behavioral Health

CalAIM: California Advancing and Innovating Medi-Cal

CBAS: Community-Based Adult Services

CCT: California Community Transitions

CDA: California Department of Aging

CHCS: Center for Health Care Strategies

CHIS: California Health Information Survey

CMS: Centers for Medicare & Medicaid Services

CRC: Caregiver Resource Centers

CS: Community Supports

DACLAC: Disability and Aging Community Living Advisory Committee

DD: Developmental Disabilities

DDC: Developmental Disability Community

DDS: California Department of Developmental Services

DHCS: California Department of Health Care Services

D-SNP: Dual Special Needs Plan

ECM: Enhanced Care Management

EVV: Electronic Visit Verification

FFS: Fee-for-service

HCBA: Home and Community-Based Alternatives (waiver)

HCBS: Home and Community-Based Services

HCBS-DD: Home and Community-Based Services Waiver for the Developmentally Disabled

HHS: Health and Human Services

ICF: Intermediate Care Facility

IDD: Intellectual/Developmental Disability

IHSS: In-Home Supportive Services

ILC: Independent Living Center

LTC: Long-Term Care

LTSS: Long-term services and supports

MA: Medicare Advantage

MCP: Managed Care Plan

MCWP: Medi-Cal Waiver Program

MFP: Money Follows the Person

MLTSS: Managed long-term services and supports

MPA: Master Plan for Aging

MSSP: Multipurpose Senior Services Program

NWD: No Wrong Door

OAA: Older Americans Act

PACE: Program of All-Inclusive Care for the Elderly

SDP: Self-Determination Program

SNF: Skilled Nursing Facility

UAT: Universal Assessment Tool