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July 14, 2020

Dr. Mark Ghaly, MD, MPH  
Secretary, California Health & Human Services Agency  
1600 9th Street, Suite 460  
Sacramento, CA 95814

**RE: AARP's Concerns and Recommendations Regarding the Proposed Long-Term Care at Home Benefit**

Dear Secretary Ghaly:

On behalf of 3.3 million AARP members in California, I am writing to express our concerns about the proposed Long-Term Care (LTC) at Home benefit, while also sharing our insights into considerations for the benefit as it moves forward.

**Concern: The Benefit sidesteps continuing issues with nursing home quality and oversight.**

The LTC at Home benefit proposal fails to address continuing problems in California's nursing homes. Rather, the proposal gives nursing homes additional justifications for providing substandard care and relaxing staffing requirements, and could facilitate discrimination against Medi-Cal patients, who could be forced out as part of this effort to "decompress" nursing homes.

As you well know, nursing homes have been at the epicenter of the COVID-19 crisis. This is precisely why, in our April 23 letter, and in our subsequent meeting with you, AARP strongly advocated for the state to ensure full access to testing for both residents and staff of long-term care facilities. Because staffing shortages continue to plague many facilities, we have called upon the Agency to take immediate action to ensure that staffing levels are adequate to meet the increased needs of residents. In our letter, we listed a number of actions the state must take to protect the health and safety of all residents in long-term care facilities. We stand by these recommendations.

Despite the current situation, nursing homes continue to receive an increased rate of compensation and are being given waivers on staffing ratio requirements – while oversight of these facilities remains lax.

AARP  
Real Possibilities

We cannot overemphasize the importance of addressing these fundamental issues before the state considers letting nursing homes off the hook by shifting or diverting patients from nursing homes using a benefit whose outlines few are able to explain or understand. These are mothers, fathers, grandparents, spouses, and other loved ones-- our families and those whom we must protect.

## **Concern 2 – The Benefit Must Include Stronger Caregiver Protections**

As a member of the LTSS Subcommittee for the Master Plan for Aging, AARP stood with our partners in supporting recommendations that California could enact to make our system of LTSS far more integrated, cohesive, and person- and family-centric than it currently is. Certainly, we could support a program that would provide increased access for older Californians of all income levels so that they could successfully remain living in their homes and communities.

AARP supports the response developed by the LTSS Subcommittee, which you have in hand, so we need not delve further into those ideas. AARP does acknowledge the immediate need to provide increased access to long-term services and supports and to ensure that nursing homes have capacity; and we support efforts to design a meaningful benefit to meet this demand.

Our additional input concerns caregiver supports.

The following elements should be included in the design of the program:

- A suite of caregiver supports that goes beyond “limited respite” as mentioned in the concept paper. This full suite of supports should include:
  - An independent caregiver assessment, utilizing the local expertise of our Caregiver Resource Centers.
  - As has been done in other states with 1915i waivers, the development of a care plan for the family caregiver that includes:
    - Financial support for attending caregiver-related training programs;
    - Support groups;
    - Non-psychiatric counseling services;
    - Caregiver coping skills building; and
    - Consultation services.
- For those individuals with a named family caregiver who are transitioning from the hospital to the home, it is imperative that these caregivers are trained as required by the Hospital and Family Caregiver Act (SB 675, Chapter 474, Statutes of 2015).
  - The requirement of this law, overseen by the Department of Public Health, require that hospitals:
    - Provide patients the opportunity to designate a family caregiver when admitted;
    - Keep that caregiver informed of their loved one’s discharge plans;
    - Provide education and instruction, when appropriate, in aftercare tasks—such as medication management, injections, wound care, and transfers—that the family caregiver will perform at home.

We strongly urge you to consider our recommendations and concerns.

If you have any questions, please contact Nina Weiler-Harwell, Ph.D., Associate State Director, at [nweiler@aar.org](mailto:nweiler@aar.org) or 916-556-3027.

Sincerely,

A handwritten signature in black ink that reads "Nancy McPherson". The signature is written in a cursive style with a large, prominent initial "N".

Nancy McPherson  
State Director

Cc: Will Lightborne, Director, California Department of Healthcare Services  
Kim McCoy Wade, Director, California Department of Aging