

Master Plan for Aging Recommendation Form

LTSS Access through Medicare

Issue Statement:

Medicare beneficiaries with complex care needs have great difficulty in accessing LTSS, and must instead navigate a fragmented service delivery system without assurance that their needs will be met.

In addition, nearly half of long-term care spending is by individuals and families out-of-pocket. Often long-term care is out of reach for middle income individuals who are not eligible for Medi-Cal, but do not have the resources to pay privately. Older adults and people with disabilities with chronic conditions and functional impairments are particularly at risk of having unmet LTSS needs if they are not eligible for Medi-Cal.

MPA Framework Goal:

- **Goal 1: Services and Supports:** We will be able to live where we choose as we age and have the help we and our families need to do so.
- **Goal 3: Health and Well-Being:** We will maintain our health and well-being as we age.

Outcome: Older adults, people with disabilities, and caregivers are able to access a range of services and supports that best meet their needs and goals, through a streamlined, coordinated service delivery system.

Recommendation: Maximize new opportunities in Medicare for Californians that expand access to non-medical benefits through value-based care arrangements.

Target Population and Numbers: Medicare beneficiaries with chronic conditions and functional needs

Detailed Recommendation:

The new Department of Community Living, the Department of Health Care Services, the Department of Managed Health Care, and the Department of Insurance should provide leadership in exploring options to ensure that all Medicare Advantage plans, Special Needs Plans, and Medigap plans operating in California maximize opportunities to provide access to non-medical benefits that meet the individual needs of enrollees.

Evidence that supports the recommendation:

Examples of local, state or national initiatives that can be used as an example of a best practice: A new opportunity in federal law and regulation via the [CHRONIC Care Act](#) permits

Medicare Advantage plans the flexibility to provide non-medical benefits (e.g., special supplemental benefits for the chronically ill) as part of the plan benefits package. [Guiding Principles](#) have been adopted by a diverse group of stakeholders to help in the development, offering and implementation of non-medical benefits in Medicare Advantage.

Implementation:

- **State Agencies/Departments:** The new Department of Community Living, along with the Departments of Health Care Services, Managed Health Care, and Insurance would explore options that expand access to non-medical benefits through Medicare value-based care arrangements.
- **State Legislature:** The Legislature would provide the statutory authority, as necessary, to implement these provisions.
- **Local Government:** Not applicable.
- **Federal Government:** The federal government would continue to support innovative options for accessing non-medical needs through value-based care.
- **Private Sector:** Private sector entities would develop products that develop efficiencies, assist with return-on-investment (ROI), and support health plans' pursuits in providing non-medical services.
- **Community-Based Organizations:** Community-based organizations would partner with health plans to provide services and develop efficiencies for program implementation and reporting.
- **Philanthropy:** The philanthropic sector could support further exploration and implementation of the provision of non-medical services through value-based care.

Person-Centered Metrics:

Percentage of Medicare Advantage plans, Special Needs Plans, and Medigap plans offering non-medical services in California.

Percentage of Medicare beneficiaries with complex care needs in California receiving non-medical benefits through their Medicare health plan

Evaluations:

- **Short-term (by 2020):** The new Department of Community Living, along with the Departments of Health Care Services, Managed Health Care and Insurance develop an ongoing commitment and process to ensure that all Medicare Advantage plans, Special Needs Plans, and Medigap plans operating in California maximize opportunities to provide access to non-medical benefits.
- **Mid-term (by 2025):** All Medicare Advantage and Special Needs plans offer non-medical services as part of the SSBCI; Individuals and family members access non-medical services provided through the health plan.

Data Sources:

Medicare Advantage Plan SSBCI data will be available early 2020.

Potential Costs/Savings: Unknown

Prioritization: High priority

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