

Master Plan for Aging Recommendation Form

LTSS Infrastructure and Access

Issue Statement:

Infrastructure challenges: Inadequate funding, lack of services and providers, insufficient transportation and housing, and geographic isolation have impacted consumer access to services statewide. California's HCBS infrastructure has struggled to keep up with demand for services, due in part to significant budget cuts during the recession.

Long waitlists, unmet need for HCBS waivers: California's eight Home and Community-Based 1915(c) waivers provide critical services including in-home nursing care, case management, respite support, home modification, and others that enable individuals to remain at home and avoid institutionalization. However, the current waiver system is siloed and often unable to meet need, as is evidenced by the long wait lists for the MSSP waiver, Assisted Living Waiver and the Home and Community-Based Alternatives Waiver. In contrast, the Home and Community-Based Waiver for individuals with developmental disabilities has no waitlist and is available to all who meet eligibility requirements. DHCS had previously set forth plans to integrate several of the state's HCBS waivers into one waiver with the potential to achieve greater flexibility in service delivery and enhance access to services. However, these plans were dropped.

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 2:** Livable Communities and Purpose: We will live in and be engaged in communities that are age-friendly, dementia- friendly, and disability-friendly.
- **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 can access the services and supports in the community needed to avoid institutionalization and remain in a home or community-based setting.

Recommendation: Ensure access to a range of LTSS in all areas, including rural and urban.

Target Population and Numbers: Older adults, people with disabilities, caregivers, state, counties, Medi-Cal managed care plans, and private sector partners

Detailed Recommendation: The Department of Community Living should lead in ensuring Californians have access to the LTSS needed to age with dignity and independence, which includes the following components:

- Develop LTSS access standards. The Health and Human Services Agency with leadership from the new Department of Community Living, the Department of Rehabilitation, the Department of Social Services and the Department of Health Care Services, should establish safety net and access standards for LTSS services, including institutional and HCBS. The purpose of these standards will be to determine the basic statewide service mix for each of the counties, particularly for each of the 44 rural counties. This will serve as a baseline for identifying gaps and investing resources appropriately.
- Conduct an LTSS program inventory analysis. The new Department of Community Living, in partnership with the Department of Health Care Services, the Office of Statewide Health Planning and Development, the Department of Social Services, and the Department of Rehabilitation, should conduct an inventory analysis of existing LTSS programs and services at the local levels to identify gaps in services and areas for growth across all funding streams and serving all older adults and people with disabilities, regardless of income level.
- Develop statewide LTSS infrastructure plan. In partnership with private sector partners, the state should develop a five-year infrastructure plan to promote and support the development of LTSS in underserved and unserved areas of the state, in order to improve access to services for all older adults and people with disabilities, including those who are not served within the Medi-Cal system. The plan will outline public/private partners and strategies to leverage resources and build out the state's LTSS infrastructure.
- Develop a strategy to expand statewide access to key LTSS services while reducing administrative complexity in the state's current HCBS waivers. The state should develop a strategy to expand access and reduce administrative complexity to the needed services that are included in the range of HCBS waivers (e.g., MSSP, Assisted Living and Home and Community-Based Alternatives). These services should be available statewide to Medi-Cal individuals who are at risk of institutionalization or who are currently institutionalized and in need of transition to the community.

Implementation:

- **State Agencies/Departments:** Under the leadership of the Health and Human Services Agency, the new Department of Community Living would lead in establishing a strategy to meet the LTSS infrastructure needs by 2030. The Department would work in collaboration with other state partners including, but not limited, to the Departments of health Care Services, Social Services, Rehabilitation and Public Health, as well as stakeholders representing consumers and providers across the continuum of care. The state would ensure that the infrastructure plan addresses the needs of older adults, people with disabilities and caregivers in rural and urban areas of the state, including both Medi-Cal and non Medi-Cal populations.
- **State Legislature:** The Legislature would provide the statutory authority and oversight of the related infrastructure needs and strategies.
- **Local Government:** Local government would be a critical partner in outlining needs and developing resources for the LTSS infrastructure.
- **Federal Government:** The state would ensure all federal laws and parameters are considered in development of the access standards.

- **Private Sector:** The private sector would work with the state to develop the infrastructure plan for developing LTSS in underserved and unserved areas of the state.
- **Community-Based Organizations:** CBOs would be a critical partner in outlining needs and developing resources to meet the LTSS infrastructure needs.

Person-Centered Metrics: Older adults, people with disabilities and caregivers can access the services and supports needed to age with dignity and independence, in all regions of the state.

Evaluations:

- **Short-term (by 2020):** Framework for inventory analysis developed.
- **Mid-term (by 2025):** Inventory analysis conducted. LTSS access standards established, with highest priority access needs met. Infrastructure plan developed.
- **Long-term (by 2030):** Infrastructure plan implemented.

Potential Costs/Savings: Unknown.

Prioritization: High for meeting the immediate needs, with mid/long-term implementation

Name of person(s)/organization submitting recommendation: Sarah Steenhausen,
The SCAN Foundation

Email for person(s)/organization submitting recommendation:
ssteenhausen@thescanfoundation.org

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