

TSF Policy Recommendations

Master Plan for Aging: Stakeholder Advisory Committee/LTSS Subcommittee

Master Plan Goals *(as developed through the Stakeholder Advisory Committee)*:

- **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.
- **Goal 4:** Economic Security and Safety: We will have economic security and be safe from abuse, neglect, and exploitation throughout our lives.

KEY for Recommendations' impact level:

- **State Administration/Leadership:** Recommendation impacts state administration/leadership
- **System Financing:** Recommendation impacts individual and state/local system financing
- **Data:** Recommendation pertains to state organization of LTSS data
- **Access:** Recommendation addresses access to care, services and supports
- **Service Delivery:** Recommendation impacts how services are delivered/structured

Desired Outcome	Problem	Recommendation	Target Population	Measurement Framework
<p>New Deputy Cabinet Secretary for Aging drives reform to ensure California is a place where older adults can age with dignity and independence.</p> <p><i>(Master Plan Goals 1-4)</i></p>	<p>Multiple state agencies have touch points to aging issues. The Governor's office is well-positioned to drive system reform across the multiple agencies, while partnering with the legislature and the private sector. Without a strong voice in the Governor's office that is focused on the ongoing implementation and oversight of the Master Plan for Aging, the goals may never be realized due to lack of coordinated leadership across the public and private sectors.</p>	<p>Cabinet-Level Leadership: Appoint a Deputy Cabinet Secretary for Aging.</p> <p>The Governor should appoint a Deputy Cabinet Secretary for Aging with authority to oversee Master Plan implementation, working across state agencies (e.g., Health and Human Services; Business; Housing; Transportation; Veterans Affairs; Higher Education; Labor and Workforce), in partnership with the legislature and the private sector.</p>	<p>Older adults, people with disabilities, and caregivers.</p>	<p>Appointment of Deputy Cabinet Secretary for Aging in the Governor's Office with authority to work across agencies to implement the Master Plan, reporting on outcomes, and facilitating updates to the plan over time.</p>

	People experience difficulties accessing	Reorganize the state-level		The extent to which state and federal LTSS programs are organized within one department with a shared vision that influences planning, budgeting and implementation.
Support older adults, people with disabilities and caregivers in financing and planning for LTSS needs.	California faces an unprecedented crisis	Promote solutions to address the long-	Older adults, people with disabilities, caregivers and families	Alternative financing mechanism(s) is/are developed to support families in paying for LTSS needs. Decrease in the percentage of older adults who are becoming eligible for Medi-Cal

	<p>ongoing support to meet functional needs. State action is needed to enable families of today to plan and pay for their daily care needs of tomorrow.</p> <p><u>Actuarial Analysis:</u> The Department of Health Care Services is currently contracting with an outside entity to conduct an actuarial analysis to explore options for a feasible, effective solution to addressing the state’s long-term care financing crisis.</p>	financing mechanism to address the LTC financing crisis.		
<p>California’s LTSS budget is organized in a flexible manner to promote access to the necessary services and supports in an integrated fashion.</p> <p><i>(Master Plan Goals 1 & 3)</i></p>	<p>LTSS funding does not flow according to individual needs and preferences. Rather, it is structured based on siloed services with different funding streams.</p> <p>Two seminal reports acknowledge this problem, and articulated recommendation options to resolve.</p> <p>Flexible Accounting for Long-Term Care Services: State Budgeting Practices that Increase Access to Home- and Community-Based Services: Recommendations for California</p> <p>And</p> <p>2009 CA Community Choices LTC Financing Study (see reco #24)</p>	<p>Develop a flexible/global/unified LTSS budget at the state level. The new California Department of Community Living should identify options for developing a more flexible LTSS budget that enables LTSS to be provided according to individual needs and preferences. The Department should identify options for unifying the LTSS budget across programs within a singular funding stream, or within and across multiple funding streams (e.g., Medi-Cal HCBS and institutional, General Fund and other funds).</p>	Older adults and people with disabilities	<p>Process: State strategy for unified/global LTSS budget and protocol.</p> <p>Person-centered outcome: Older adults and people with disabilities access services that align with identified needs in preferences in their individual care plan.</p>
<p>State-County budget structure promotes access to services that</p>	<p><u>Misalignment of financial incentives:</u> Counties have no incentive to promote access to HCBS as an alternative to</p>	<p>Rebalance the state-county fiscal relationship to ensure individuals have access to the LTSS setting of their choice</p>	Older adults and people with disabilities who	Increase in percentage of Medi-Cal LTSS expenditures for HCBS

<p>are based on individual need, rather than funding source.</p> <p><i>(Master Plan Goal 1)</i></p>	<p>institutionalization. Specifically, counties contribute funding for specified HCBS (e.g., IHSS), but do not contribute to cost for long-term nursing home placement.</p>	<p>based on needs and preferences. The state should work with counties, Medi-Cal managed care plans, and other stakeholders including, but not limited to, consumer advocates and labor representatives to devise a fiscal arrangement that encourages appropriate incentives for placement in home- and community-based settings as alternatives to institutionalization where feasible and in accordance with an individual’s needs, desires and preferences. This may entail appropriate cost sharing for both institutional (e.g., nursing facility) and HCBS (e.g., IHSS).</p>	<p>qualify for Medi-Cal</p> <p>Medi-Cal managed care organizations</p> <p>Counties</p> <p>Labor organizations</p>	<p>relative to Medi-Cal institutional expenditures.</p>
<p>Data and information is organized in an efficient manner to enable effective policy development, budgeting, benefit design, and oversight at the state and local levels.</p> <p><i>(Master Plan Goals 1,2,& 3)</i></p>	<p>California’s LTSS data sources are constructed according to funding source and reporting requirements, without connection to other LTSS programs and services. As a result, the state lacks the comprehensive data necessary to understand population needs, identify gaps in service delivery, and plan for future population changes. California needs an integrated information system that creates a comprehensive picture of population needs and service use patterns. Ultimately, individual data should flow from the person-level, where it guides care planning; to the provider/program level, where it supports program planning; and to the state level, where it guides statewide policy development.</p>	<p>Develop an integrated data platform for LTSS. The Health and Human Services Agency should build off the open data portal to integrate data on the range of services provided to older adults and people with disabilities across medical and social service delivery systems as provided under the new Department of Community Living, as well as the Departments of Social Services, Health Care Services, Rehabilitation, Public Health, Housing and Transportation. The data platform should be easily navigable to enable its use by consumers, providers, advocates and policymakers for planning purposes at the state and local levels.</p>	<p>State policymakers, Researchers, Providers, advocates, consumers</p>	<p>Development of a data portal and ongoing reporting of relevant measures</p>

<p>Older adults, people with disabilities have access to a culturally competent professional and paraprofessional workforce, including unpaid family caregivers.</p> <p>(Master Plan Goals 1-3)</p>	<p>Ensuring a well-trained, culturally competent workforce is critical to meeting the needs of California’s aging population - yet the supply of trained health care and LTSS professionals and paraprofessionals cannot keep pace with population demand now, let alone in the future.</p> <p>Challenges facing paid healthcare professionals and paraprofessionals:</p> <p><u>Geriatric competencies:</u> The California Future Health Workforce Commission (Commission) finds that less than five percent of today’s health workforce is certified in geriatrics. The American Geriatrics Society estimates the nation will need to train approximately 6,250 additional geriatricians by 2030.</p> <p>Full scope authority for Nurse Practitioners: States have the ability to determine the scope of treatment capacity for nurses. Nurse practitioners (NPs) are registered nurses who, in California, are required to hold a master’s degree in nursing and complete advanced coursework. Full practice authority allows for NPs to evaluate and diagnose patients, order and interpret diagnostic tests, manage treatments, and prescribe medications — all of which essentially is care equivalent to that provided by a physician. At present, 18 states allow</p>	<p>Develop and implement a broad comprehensive LTSS workforce strategy across the public and private sectors throughout California’s rural and urban areas.</p> <p>The Health and Human Services Agency, in partnership with the Business, Consumer Services and Housing Agency, private sector trade associations (e.g., physicians doctors, hospitals, nurses, labor unions, residential care facilities), and consumer advocacy organizations should develop and adopt a comprehensive strategy to meet the LTSS workforce needs of today and tomorrow. Examples of policies to address within this comprehensive strategy include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Increase access to qualified, culturally competent healthcare professionals. <p>The Medical Board of California should develop widespread training and the adoption of existing competencies in geriatrics, palliative, and hospice care for all health care professionals, with educational curricula incorporating geriatric-related competencies and specialized training to primary care providers to manage care for the aging population.</p> <ul style="list-style-type: none"> • Enable Full Practice Authority for Nurse Practitioners. 	<p>Health care workforce professionals and paraprofessionals</p> <p>Unpaid family caregivers</p>	<p>Increase in number of healthcare professionals and paraprofessionals with geriatric competencies</p> <p>Increase in number of culturally competent health care professionals and paraprofessionals</p>
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The Medical Board of California, in

	<p>nurse (RN) to administer these tasks to their loved one. This is because California law prohibits privately paid home health workers from performing certain health maintenance tasks that nurses have not delegated.¹ With proper training, home care workers could perform these tasks at a fraction of the cost of a RN – benefitting families needing help and reducing taxpayer expenditures.</p> <p>Despite their critical role, family caregivers continue to face daunting challenges in navigating the service delivery system, balancing employment and caregiving responsibilities, and financing their loved ones’ care needs. As reported by the California Task Force on Family Caregiving, the financial burden of caregiving is significant, with caregivers often losing income from taking time off from or leaving paid employment prematurely. Few caregivers know of California’s family leave benefits that can provide much needed benefits to eligible workers.</p>	<ul style="list-style-type: none"> • Require nurses to delegate certain tasks to direct care workers who demonstrate such competency, particularly in home- and community-based settings; • Require oversight and training of the direct care workers who perform these tasks; and • Promote development of training and certification programs that enable direct care workers to develop the skills needed for an expanded scope of practice and pay scales that recognize their increased capabilities. <p>Reference: See Shattered System report and https://www.rn.ca.gov/practice/npa.shtml</p>		
<p>Older adults, people with disabilities and caregivers know where</p>	<p>Many older adults, people with disabilities and families face difficulty accessing the services and supports</p>	<p>Ensure streamlined access to LTSS information and supports through a No Wrong Door system. The new</p>	<p>Older adults, people with disabilities, dual</p>	<p>County-by-county adoption of a No Wrong Door platform,</p>

¹ List of 16 tasks: administer oral medications; administer medication on an as-needed basis; administer medication via pre-filled insulin or insulin pen; draw up insulin for dosage measurement; administer intramuscular injection medications; administer glucometer test; administer medication through tubes; insert suppository; administer eye/ear drops; gastrostomy tube feedings; administer enema; perform intermittent catheterization; perform ostomy care including skin care and changing appliance; perform nebulizer treatment; administer oxygen therapy; perform ventilator respiratory care.

<p>and how to access LTSS information and supports through coordinated service delivery at the local level that responds to their range of needs.</p> <p><i>(Master Plan Goals 1,2,& 3)</i></p>	<p>they need, when they need it. They don't know where to turn for help and don't understand the existing service system to even know where to start.</p> <p>While there has been much discussion of a No Wrong Door system in California, ultimately it does not exist. A statewide No Wrong Door system offers an opportunity to develop a structure that enables individuals to access information on a menu of services versus a single program, with support in coordinating those services.</p>	<p>Department of Community Living should establish a statewide No Wrong Door system that helps facilitate access to the necessary services and supports (i.e., federal, state, and locally funded options) for all older Californians, people with disabilities and caregivers in need of information and support.</p> <p>The No Wrong Door system – including the branding name and web platform– should be designed in partnership with consumers and their trusted advisors, using a human-centered design approach. This will help ensure that the design and marketing of the system will work as intended for the end user.</p>	<p>eligible individuals and caregivers.</p>	<p>including a web-based platform and one phone number that provides access to information about federal, state, locally, and privately-funded service options.</p>
<p>Older adults, people with disabilities and caregivers know where and how to access LTSS information and supports through coordinated service delivery at the local level that responds to their range of needs.</p> <p><i>(Master Plan Goals 1,2,& 3)</i></p>	<p>California's home- and community-based programs operate with separate eligibility determination and assessment processes, creating inefficiencies in the administration of programs and difficulties for consumers in accessing necessary programs and services. Individual assessments are conducted at the program level, with no data sharing or assurances that individuals will be connected to the range of necessary services and supports to address identified need beyond what the individual program can provide. As a result, many older adults are not connected to a comprehensive set of services to address a range of needs at the right time, leaving individuals at-risk of unnecessary institutionalization. While</p>	<p>Develop and implement a standardized assessment tool and protocol. The new Department of Community Living should design and implement a standardized assessment tool that identifies an individual's functional and social support needs, goals, and preferences as part of the process.</p> <p>A standardized assessment tool and protocol can streamline access to the range of supports needed to age with dignity and independence. Data collected through a standardized assessment could also inform state planning and resource allocation based on identified population needs and trends. The tool should be developed and implemented in alignment with current efforts to develop a standardized assessment tool and protocol for caregivers. It should also be</p>	<p>Older adults, people with disabilities, dual eligible individuals and caregivers.</p>	<p>Development and implementation of a standardized assessment tool and process.</p>

	<p>the state endeavored to develop a universal assessment tool authorized through the Coordinated Care Initiative (CCI), it abandoned this commitment with the termination of the CCI. Without a standardized assessment tool and process, California cannot achieve a truly person-centered framework for service delivery.</p> <p><u>Caregiver Assessment:</u> Per the Budget Act of 2019-20, (see also this link) the Caregiver Resource Centers received \$10 million annually for three years to, among other purposes, plan for and develop a digitally-based standardized assessment for caregivers.</p>	<p>fully incorporated into the development and implementation of a No Wrong Door System (see other recommendation on No Wrong Door system).</p>		
<p>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.</p> <p>(Master Plan Goals 1-3)</p>	<p><u>Infrastructure challenges:</u> 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.</p> <p><u>Long waitlists, unmet need for HCBS waivers:</u> 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</p>	<p>Ensure access to a range of LTSS in all areas, including rural and urban. 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:</p> <ul style="list-style-type: none"> • 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 	<p>Older adults, people with disabilities, caregivers</p> <p>State</p> <p>Counties</p> <p>Medi-Cal managed care plans</p> <p>Private sector partners</p>	<p>HCBS access standards established</p> <p>Infrastructure plan implemented</p>

	<p>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.</p> <p>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.</p>	<p>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.</p> <ul style="list-style-type: none"> • 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. 		
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<p>Older adults, people with disabilities who reside in institutional settings institutionalization have access to the services and supports needed to transition from institutional settings to the community</p> <p><i>(Master Plan Goal 1)</i></p>	<p><u>Unmet need for institutional transitions to the community:</u> According to the 2017 Long-Term Services and Supports Scorecard, almost 11 percent of California’s 101,000 nursing home residents—or 11,000 --- are identified as having low-care needs. This means that these individuals could be cared for in the community as an alternative to institutionalization. But for many such individuals, the opportunities to transition either don’t exist or these individuals and their families do not realize there are other alternatives. Nursing homes are often the only option- due to lack of home- and community-based alternatives, affordable/accessible housing and awareness of alternatives. Surveys of</p>	<p>Develop and implement a statewide strategy to ensure access to safe and timely transitions to the community.</p> <p>The Department of Community Living, in partnership with the Department of Health Care Services, Social Services and Rehabilitation should develop an implementation plan and strategy for ensuring institutionalized individuals have access to opportunities for transition to the community. Elements of the plan should include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • Establish the California Dignity Fund. The new Department of Community Living should establish a state-level California Dignity Fund that would serve as a “bridge” program to 	<p>Dignity Fund Target Population</p> <p>1) Medi-Cal or near-Medi-Cal individuals who wish to transition from institutional settings to the community but for specified reasons are unable to transition; and</p> <p>2) Medi-Cal or near-Medi-Cal individuals who wish to remain in the community but</p>	<p>Number of transitions to the community; number of avoidable institutional placements (per data collected by the fund)</p> <p>HCBS assessments conducted in nursing facilities prior to transition to community</p> <p>Decrease in number of low-care need individuals residing in institutional settings</p>

	<p>nursing residents reveal that a majority of residents do not want to remain in a nursing facility (NF), but thousands of Californians with disabilities are not because they need the level of care, but simply because they lack the appropriate services and resources necessary to transition. Individuals should have access to an array of services and supports that meet the needs and choices of each person, regardless of age or degree of disability, or stage of life to support living with dignity and independence.</p> <p><u>Lack of timely access to HCBS assessments in nursing homes:</u> In addition, when individuals desire to transition from institutional to community settings, it is critical that assessments to determine interest in and needs for return to the community be facilitated in a timely fashion. Yet, the complexity of the current system often causes delays in accessing needed services. For example, referrals to county LTSS services such as In-Home Supportive Services can often be complex and lengthy. An evaluation of Cal-MediConnect noted that counties are resistant to beginning the IHSS assessment process before the beneficiary is back in the home setting—yet it is difficult to transition the individual without IHSS services already in place. The state has outlined guidance that requires IHSS assessments be performed while</p>	<p>provide services to individuals moving from an institution to the community, as well as individuals residing in the community who are at-risk of institutionalization. The fund would address special circumstances that arise out of an eligible individual’s need for certain goods or services, or other conditions on a non-recurring basis in order to transition individuals from institutional to community settings or to help individuals remain in the community and avoid institutionalization.</p> <ul style="list-style-type: none"> • Build upon the California Community Transitions program. The Department of Health Care Services should outline a plan and strategy for the California Community Transitions program now and into the future. Over the past 11 years, the California Community Transitions program has assisted over 3,500 Californians transition from institutional living to their own home or other community setting. The Department of Health Care Services should outline its vision for this program and how to build on lessons learned. • Conduct HCBS assessments and planning in nursing homes to support successful transition. The state should require transition planning within institutional settings that includes identification of individuals desiring to return to the community, assessment 	<p>are at-risk of institutionalization</p> <p>HCBS Transition Plans from NFs – Target Population:</p> <p>Older adults and people with disabilities residing in nursing homes</p> <p>Counties</p> <p>Medi-Cal Managed Care Plans</p>	<p>Decreased institutional Medi-Cal LTSS expenditures and increased Medi-Cal HCBS expenditures</p> <p><u>Other current and past models:</u></p> <p>San Francisco Dignity Fund: https://www.sfhsa.org/about/departments/department-aging-and-adult-services-daas/dignity-fund</p> <p>SSI/SSP Special Circumstances Program: This is no longer in operation and was eliminated through budget reductions in the mid-2000s, but this report explains how state provided these services: http://cdss.ca.gov/research/res/pdf/dapreports/SCP.pdf</p> <p>Re: CA Community Transitions, see also SB 214 (Dodd) http://leginfo.ca.gov/faces/billNa</p>
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	<p>beneficiaries are in facilities, yet this has not alleviated the issue in its entirety.</p>	<p>for transition, and ready access to services in the community.</p>		<p>vClient.xhtml?bill_id=201920200SB214</p>
<p>Dual eligible individuals in all CA counties have choice in accessing an integrated system of care that is person-centered and coordinates access to necessary services and supports across the continuum of care.</p> <p><i>(Master Plan Goals 1 & 3)</i></p>	<p>Accessing healthcare and LTSS is a cumbersome process for many older adults and families. All too often, individuals cannot access the range of services they need to remain at home, leaving them at-risk of institutionalization. Dual eligible individuals often face the greatest challenges, with significant health and functional needs that often fall through the cracks. Many individuals don't understand their choices for integrated care, the benefits of integrated care, and how to access integrated care options. California needs a comprehensive vision to integrate and streamline services for this population, as well as a process to effectively engage individuals and inform them of their options. In December 2019, the Department of Health Care Services released their proposed transition strategy for D-SNPs, with opportunity for comment in the month ahead.</p>	<p>Ensure choice and access to integrated service delivery for Medicare + Medi-Cal individuals.</p> <ul style="list-style-type: none"> • State Leadership: The Health and Human Services Agency should lead an effort across the new Department of Community Living, the Department of Health Care Services, the Department of Managed Health Care and the Department of Social Services, in developing of an integrated service delivery system that enables all Californians eligible for Medicare and Medi-Cal to access a person-centered system of care in their local area that promotes coordinated access to necessary services and supports across the continuum of care. The Master Plan should outline the state's vision, goals, and timeline relative to integrated service delivery for dual eligible individuals throughout the state. • Integrated Care Stakeholder Council: The Department of Health Care Services should establish a formalized stakeholder council comprised of health plans, consumers, advocates and providers, to monitor planning and implementation of integrated 	<p>Dual eligibles, individuals approaching dual status, caregivers, and trusted advisors</p>	<p>Access to integrated service delivery options on a county-by-county basis, enrollment in integrated care options</p>

		<p>services, including both integration of Medi-Cal/Medicare and Managed Long-Term Services and Supports (MLTSS) alone. The council could be charged with exploring and analyzing implementation issues and challenges, and provide recommendations for system-wide improvements.</p> <ul style="list-style-type: none"> • Federal Partnership: The Departments of Health Care Services and Community Living should partner with the federal Centers for Medicare & Medicaid Services in seizing opportunities to address complex needs, align incentives, encourage marketplace innovation through the private sector, lower costs, and reduce administrative burdens for dually eligible individuals and the providers who serve them. 		
<p>Medi-Cal-only older adults/people with disabilities and dual eligible individuals receive necessary long-term services and supports in a coordinated, streamlined fashion through their Medi-Cal managed care plan.</p> <p>(Master Plan Goals 1 & 3)</p>	<p>At present, MLTSS comprises only the Community Based Adult Services (CBAS) program and long-term NF stays. With the state preparing for the rollout of MLTSS on a statewide basis, it is critical to understand how the current MLTSS system has served those through the Coordinated Care Initiative and where there may be opportunities for improvement. Yet, the MLTSS program lacks data on beneficiary access to services, including care coordination and LTSS. Without MLTSS data, the state is unable to identify whether MLTSS beneficiaries' needs</p>	<p>Ensure access to MLTSS through system planning and quality standards.</p> <ul style="list-style-type: none"> • Vision for MLTSS: The Department of Health Care Services should outline its long-term vision for MLTSS including care coordination, access to services across the continuum of care, as well as coordination with other critical services and supports, including but not limited to the In-Home Supportive Services program. • Access Standards: The Department of Health Care Services should 	<p>Duals and Medi-Cal only individuals who are enrolled in Managed LTSS</p>	<p>Development of data metrics and reporting on consumer experience in MLTSS</p> <p>Managed care plans have NCQA accreditation with the LTSS Distinction Survey, and report the LTSS HEDIS measures.</p> <p>Duals and Medi-Cal only individuals with</p>

	<p>are being met in accordance with the statutory requirements.</p>	<p>establish access standards for MLTSS HCBS benefits, including but not limited to the CBAS and NF services.</p> <ul style="list-style-type: none"> • Reporting: The Department of Health Care Services should report on beneficiary access to services in MLTSS, including referrals to CBAS, NF, transitions and care coordination. If this data is not currently available, the state should identify a data point that can be collected to better understand MLTSS delivery and beneficiary experience. • Evaluation: The Department of Health Care Services should contract with a University of California entity to conduct evaluation of existing MLTSS system including timely access to services, care coordination and beneficiary satisfaction. This should be completed prior to MLTSS expansion. • Readiness: The Department of Health Care Services should require Medi-Cal managed care plans to submit a MLTSS plan to ensure system readiness for MLTSS implementation. The transition plan shall be reviewed for network adequacy, care coordination standards, and access to services and supports. • Quality: The Department of Health Care Services should require Medi-Cal 	<p>identified needs receive LTSS</p>
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		managed care plans to report the new LTSS HEDIS measures, and require the NCQA accreditation that includes the LTSS Distinction Survey.		
<p>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.</p> <p><i>(Master Plan Goals 1, 2, 3)</i></p>	<p>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.</p> <p>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.</p> <p>A new opportunity in federal law and regulation via the CHRONIC Care Act allows Medicare Advantage plans significant 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.</p>	<p>Maximize new opportunities in Medicare for Californians that expand access to non-medical benefits through value-based care arrangements.</p> <p>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, Duals 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.</p>	<p>Medicare beneficiaries with chronic conditions and functional needs</p>	<p>Percentage of Medicare Advantage plans, Duals Special Needs Plans, and Medigap plans offering non-medical services in California.</p> <p>Percentage of Medicare beneficiaries with complex care needs in California receiving non-medical benefits through their Medicare health plan.</p>



