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COMPLETE

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**Q1 Issue Statement:** [State the problem your recommendation will address. Insert links to reports where appropriate.]

Infrastructure: Enhance Rural Capacity:

California's 37 rural counties are home to 5.2+ million people - just 14% of Californians - but those counties account for 80% of the state's land mass. The rural county populations tend to be older, poorer, and less healthy than urban area populations. What's more, rural areas have fewer health care and LTC providers - hospitals, home health agencies, hospice organizations, long-term care facilities, primary care clinics, and HCBS - and less of the human infrastructure that accompanies these institutions. Barriers to overcoming these challenges include:

- Low-rate MediCal reimbursement to primary care physicians in rural areas and statewide;
  - A population dispersed across tens of thousands of square miles;
  - Difficulty recruiting and retaining qualified professionals in the LTC field to practice in remote areas;
  - Lack of family caregivers due to less employment opportunities in rural areas; and
  - Limited HCBS and residential services options outside of institutional care in a nursing facility.
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**Q2 MPA Framework Goal #:** [Check which goal/s this recommendation addresses. View MPA Framework document]

**Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.**

**Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.**

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## Master Plan for Aging (MPA) Recommendation Form

**Q3** MPA Framework Objective #: [Check which objective/s this recommendation addresses. View MPA Framework document]

**Objective 1.1:** Californians will have access to the help we need to live in the homes and communities we choose as we age.

**Objective 2.1:** California's neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.

**Objective 3.1:** Californians will live in communities with policies and programs that promote well-being throughout our lifespans.

**Objective 3.2:** Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

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**Q4** Recommendation: [Explain your recommendation in one to two sentences.]

- a. Permit California's rural hospitals to employ primary care physicians;
- b. Provide funding to increase the use of telemedicine and tele-pharmacy services in rural areas, and
- c. Expand MediCal's Assisted Living Waiver to rural areas. Assisted living provides supportive services and housing to individuals in non-institutional settings. Most assisted living services can be covered only through private pay, with certain exceptions including a small program that offers MediCal coverage for assisted living, referred to as the Assisted Living Waiver. (ALW) The ALW gives MediCal eligible individuals at risk of institutionalization the option to reside in an assisted living setting or public subsidized housing as an alternative to institutionalization. However, the ALW only operates in limited areas of the state, has never been expanded and is not available to individuals in rural areas.

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**Q5** Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

The target population residing in rural areas of the state.

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**Q6** Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

See #4 above.

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**Q7** Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation. Provide links or summaries of research evidence that support your recommendation]

Respondent skipped this question

## Master Plan for Aging (MPA) Recommendation Form

**Q8** Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.] Local: State: National: Other: **Respondent skipped this question**

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**Q9** Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

CA Health and Human Services Agency  
Governor  
State Legislature

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**Q10** Person-Centered Metrics: [Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.] **Respondent skipped this question**

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**Q11** Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation] **Respondent skipped this question**

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**Q12** Measuring Success: [How would we know that the implementation of your recommendation is successful?] **Respondent skipped this question**

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**Q13** Data Sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist: **Respondent skipped this question**

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**Q14** Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings] **Respondent skipped this question**

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**Q15** Prioritization: [How would you prioritize your recommendation relative to other needs/priorities?] **High**

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## Master Plan for Aging (MPA) Recommendation Form

### Q16 Contact information:

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