

#39

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

Our recommendation will address the problem of older adults on Medi-Cal having to live in costly and restrictive institutional settings due to lack of access to home and community-based settings.

Our recommendation would improvement California's compliance with Olmstead, which protects the right to self-determination.

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.

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Goal 2: Livable Communities & Purpose. We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.

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

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 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

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.

Objective 4.1: Californians will be economically secure throughout our life span with access to housing, food, and income as we age.

Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.

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

6Beds, Inc., which represents residential care providers with six or fewer beds, recommends expanding the Assisted Living Waiver Program (a 1915(c) HCBS waiver).

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

All full scope Medi-Cal eligible adults age 21 and over, but primarily older adults age 60 and over.

Master Plan for Aging (MPA) Recommendation Form

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

The Assisted Living Waiver Program should be expanded to become a statewide program. This would create greater access to community-based care in more rural and remote communities as an alternative to institutional care.

The enrollment capacity of the Assisted Living Waiver should be significantly increased beyond the current enrollment cap of 5,744. The current enrollment capacity is insufficient to serve California's major population centers that the program currently operates in.

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]

The Assisted Living Waiver program currently has a waitlist of approximately 5,000 individuals, which demonstrates demand for the program.

The LTSS scorecard (<http://www.longtermscorecard.org/~/media/Microsite/State%20Fact%20Sheets/California%20Fact%20Sheet.pdf>) estimates that 10.7% of California's skilled nursing residents, or about 11,000 individuals, have low care needs. These individuals can be transitioned into less restrictive and less costly community-based settings through the Assisted Living Waiver Program.

California Department of Finance analysis shows that the Assisted Living Waiver program saves California money.

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

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:

The enrollment capacity and geographic footprint of the Assisted Living Waiver can be increased either at the behest of the State Administration or the California Legislature through the budget process with subsequent approval by the Center for Medicare and Medicaid Services (CMS). CMS has shown that when States invest in expanding HCBS programs, they will match State funds.

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

Quality of Life

Level of Integration into the Community

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

The change in the percentage of persons on full scope Medi-Cal that are residing in home and community based settings versus skilled nursing facility settings.

Master Plan for Aging (MPA) Recommendation Form

Q12 Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Mid term: By 2025...

A Reduction in the size of the Assisted Living Waiver Waitlist

Long term: by 2030...

A Decrease in % of persons on full scope Medi-Cal residing in skilled nursing facilities

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

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

The California Department of Finance's analysis of the most recent Assisted Living Waiver expansion, a 2,000 slot increase initiated by the Brown Administration, showed that the expansion would save California money.

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

High

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