HCBS AND MLTSS GAP ANALYSIS & MULTI-YEAR ROADMAP

Public Stakeholder Engagement Meeting #3
January 24, 2024
1:00 – 2:30pm PT

Meeting Summary

Department of Health Care Services (DHCS)
Staff Attended: Al Jason (AJ) Arriola, Joseph Billingsley, Amy Daniel, Elizabeth Jacobs-Ware, Paul Lee, Cortney Maslyn, Jennifer Mockus, Elizabeth Pazdral, Susan Philip, Daniel Pierantoni, Delandran Pillay, Tana Tyler

California Department of Aging (CDA)
Staff Attended: Marina Augusto, Tanya Bautista, Stephanie Blake, Brian Carter, Blanca Castro, Calli Clark, Carroll DeAndreis, Susan DeMarois, Consuelo Gambino, Janis Ho, Michelle Johnston, Amber Kraw, Ross Lallian, Denise Likar, Hedy Lim, Ranjana Maharaj, Allison Marks, Amanda Price, Sarah Steenhausen, Jacqueline Tompkins, Evan Wallis, Yia Xiong

Project Consultants, Mathematica
Staff Attended: Haley Gallo, Cindy Hu, Cassidy Kantoris, Rick McManus, Claire Pendergrast, Cayla Roby, Patricia Rowan, Kathleen Shea, Amina Tipu, Alena Tourtellotte, Andrea Wysocki

Project Consultants, Center for Health Care Strategies (CHCS)
Staff Attended: Nancy Archibald, Amy Hoffmaster, Ashley Jasko, Nida Joseph, Courtney Roman, Sarah Triano

Public Attended: 254

Stakeholder Meeting Materials: Meeting Agenda and Slide Deck

I. Housekeeping, Introductions, and Meeting Overview

Nida Joseph, Center for Health Care Strategies
Welcomed attendees, introduced both the Department of Health Care Services and the California Department of Aging Home and Community-Based Services

(HCBS) and Managed Long-Term Services and Supports (MLTSS) Gap Analysis and Multi-Year Roadmap projects, discussed housekeeping items, and shared options for participant feedback for the meeting.

Courtney Roman, Center for Health Care Strategies
Introduced state department partners: Department of Health Care Services and the California Department of Aging.

Susan Philip, Department of Health Care Services
Introduced the Medi-Cal Gap Analysis and Multi-Year Roadmap project.

Susan DeMarois, California Department of Aging
Introduced the Non-Medi-Cal Gap Analysis and Multi-Year Roadmap project.

Courtney Roman, Center for Health Care Strategies
Introduced project partners including the Department of Health Care Services, the California Department of Aging, Mathematica, and the Center for Health Care Strategies, the meeting's speakers, purpose of meeting, and meeting agenda.

» **Summary:** There are four key project partners involved in the Gap Analysis and Multi-Year Roadmap projects: Department of Health Care Services, California Department of Aging, Mathematica, and the Center for Health Care Strategies. The purpose of this meeting is to provide updates on stakeholder engagement and consumer listening sessions conducted to date, including preliminary themes and plans for 2024; describe updates on the analytic activities for the Medi-Cal and Non-Medi-Cal Gap Analysis and Multi-Year Roadmap projects; and offer an opportunity for input to inform the projects.

II.   Stakeholder and Consumer Engagement Review and Update

Sarah Triano, Center for Health Care Strategies
Reviewed stakeholder and consumer engagement goals, activities to date, discussed demographics and high-level themes from the first six consumer listening sessions (which took place between June and September 2023) and shared proposed listening sessions for Year 2.

Summary: Since this project launched in late 2022, over 700 stakeholders have interacted with the projects through different mechanisms, including public stakeholder meetings, engaging the Disability and Aging Community Living Advisory Committee (DACLAC), small group consultations, and six consumer

listening sessions. Of the 59 consumer listening session participants, 58 completed demographic screening forms and of those:

- 81% self-identified as female;
- 49% were over 65 years of age, with the largest percentage (32%) being between 65-74 years;
- Most participants self-identified as Hispanic/Latinx (42%) or Asian Pacific Islander (36%)
- 51 participants (88%) self-reported having disabilities
- In the past 6 months, participants reported using mostly personal attendant care, information/referral/care coordination, durable medical equipment and accessible transportation.

During the consumer listening sessions, participants were asked to share about:

- Being referred to and using home and community-based services
- The benefits of home and community-based services
- Their language and cultural needs
- Challenges with receiving home and community-based services and what their needs were for additional services
- Any recommendations they had for improving home and community-based services in California

Common themes from these sessions included:

- Participants in all six sessions shared that they most often found out about home and community-based services from friends, family, and neighbors through word of mouth.
- Improved mobility and independence were some of the most frequently cited benefits of home and community-based services by participants.
- Participants in all four Chinese and Spanish language consumer listening sessions expressed difficulty finding or accessing language appropriate services.
- Cultural access to home and community-based services emerged as a challenge in all six sessions.
- Participants discussed having unmet home and community-based service needs.
- Participants in half the sessions perceived the wait times for home and community-based services as being very long, and challenges finding home and community-based service providers were raised in all six sessions.
- Unmet transportation and mental health needs came up in five sessions. Nutritional support and assistance with home repairs, yardwork, and paperwork were all perceived as needed home and community-based services that were either unavailable or insufficient.
- To strengthen home and community-based services in California,

participants recommended:

- Enhancing the promotion of and communication about home and community-based services within the state through a variety of creative ways, including the development of a home and community-based services directory available in multiple languages that includes up-to-date home and community-based services information, and clear, accessible service descriptions including what home and community-based service workers can and cannot do.
- Improving access to and continuity of home and community-based services, including one session that recommended universal access to home and community-based services for workers in California, regardless of income, and another that recommended simplifying the application and eligibility process.

Proposed consumer listening session populations and timelines for Year 2 were also shared.

III. Q & A Session #1

Moderated by: Courtney Roman, Center for Health Care Strategies
Q&A Session #1 focused on questions related to the Stakeholder and Consumer Engagement Review and Update presentation given by Sarah Triano.

Summary of Discussion:

- **Comment:** When engaging more consumers, please include people who may fall through the cracks, like people who are under 65 and those who may not have access to referrals and other services.
  - **Response:** Thank you.
- **Comment:** It is important to have a distinction between people with disabilities who are aging, and older adults who may be becoming disabled as they age – these populations are distinct and have different needs. Also, what is being done about alternative Home and Community-Based Service waiver initiatives aimed at differential pay for people with multiple functional disabilities? What's being done to address wages for home and community-based services providers shortages?
  - **Response:** These questions are appreciated. The Gap Analysis and Roadmap will consider these suggestions.
- **Comment:** Were Congregate Living Health Facilities included in the data collection for this Gap Analysis?
  - **Response:** Yes, Congregate Health Living Facility (CHLF) data is being used for Medi-Cal enrolled users in the Home and Community-Based

Alternatives (HCBA) waiver. We recently conducted a survey of select provider types which did not include congregate living health facilities or other institutional providers, but we will engage those provider types in other ways as the work continues.

- **Comment:** How does the Gap Analysis address proposals in the state budget? Or proposals that will have effect on the availability of home and community-based services, such as the proposal to delay the regional center rate model implementation by one year. Is the Gap Analysis looking at extensions of remote services for people with disabilities and developmental disabilities? How does this impact gaps in services? Will the Gap Analysis try to make recommendations in real time? Circumstances can change, like if there are budget cuts.
  - **Response:** Thank you for the questions. This question is outside the scope of the Gap Analysis, but DHCS appreciates the comment.

IV. DHCS HCBS Gap Analysis and Multi-Year Roadmap: Progress Update

Joseph Billingsley, Department of Health Care Services

Provided an overview of the goals, timeline, and programs included for the Medi-Cal Gap Analysis and Multi-Year Roadmap project.

Summary: Current goals of the Gap Analysis and Multi-Year Roadmap include:
- Identify and analyze opportunities to close gaps in access to home and community-based services.
- Address and close identified gaps as the state transitions to an integrated Managed Long-Term Services and Supports system by 2027.
- Improve health outcomes, consumer satisfaction, and health equity for Medi-Cal members.

A first draft of the Gap Analysis report was submitted to the Department of Health Care Services in late September 2023 and future drafts will include results from additional analyses. Once the analytic work is finalized in the Gap Analysis report, the team from Mathematica will draft the Multi-Year Roadmap, which will be submitted to the Department of Health Care Services this summer. From July 2024 to June 2025, Mathematica will work with the Department of Health Care Services to make updates to state and local policies and procedures to implement the Multi-Year Roadmap. For Managed Long-Term Services and Supports, the goal is to initiate strategies for applicable waivers per the Multi-Year Roadmap to begin Managed Long-Term Services and Supports integration by 2027.

The programs that are included in the Medi-Cal Gap Analysis and the Multi-Year Roadmap are:

- Home and Community-Based Services programs, including:
    - Multipurpose Senior Services Program (MSSP)
    - Home and Community-Based Alternatives waiver (HCBA)
    - Assisted Living Waiver (ALW)
    - In-home Supportive Services (IHSS)
    - California Community Transitions (CCT)
- Services provided currently under Medi-Cal managed care, including:
    - Long-term care provided in nursing homes and other institutional settings
    - Program of All-Inclusive Care for the Elderly (PACE)
    - Community-Based Adult Services (CBAS)
    - Community Supports and Enhanced Care Management for members at risk for institutionalization or in nursing homes and can transition home/to community
    - Complex care management and other transition of care services
- The analysis currently excludes:
    - Programs for individuals with developmental disabilities
    - Medi-Cal Waiver Program

Patricia Rowan, Mathematica

Described the five objectives that guide the Department of Health Care Services Home and Community-Based Services Gap Analysis and Multi-Year Roadmap, provided a progress update on objectives 1, 2 & 4, and shared key activities currently underway.

Summary: The Medi-Cal Gap Analysis has five primary objectives, but the focus so far has been on three objectives:
- Objective 1: Reduce inequities in access and services
- Objective 2: Meet client needs
- Objective 4: Improve quality

The key activities currently underway include (1) ongoing data analysis to refine the Gap Analysis report; (2) the provider survey launched December 4, 2023 and closed January 13, 2024; (3) collecting qualitative data to address remaining analytic questions under Objectives 1, 2, and 3; (4) supporting the Department of Health Care Services in planning for the implementation of the Centers for Medicare & Medicaid Services' Home and Community-Based Services Access Rule; and (5) developing the Multi-Year Roadmap for integration of select home and community-based services programs into managed care.

V. CDA Non-Medi-Cal Gap Analysis and Multi-Year Roadmap: Progress Update

Sarah Steenhausen, California Department of Aging

Reviewed the main project goals, inventory, and data sources for the California Department of Aging Home and Community-Based Services Gap Analysis.

Summary: There are four main goals of the California Department of Aging Non-Medi-Cal Gap Analysis and Multi-Year Roadmap project:

- Develop a program inventory of non-Medi-Cal home and community-based services in California.
- Build on the Department of Health Care Services Gap Analysis by developing an analysis for non-Medi-Cal home and community-based services.
- Develop a Multi-Year Roadmap to advance non-Medi-Cal home and community-based services infrastructure statewide.
- Propose measures to monitor progress in advancing statewide home and community-based services infrastructure.

The non-Medi-Cal program inventory is organized by state department and includes eligibility requirements, geographic reach, service delivery, utilization of data, and funding sources. Data sources are from publicly available non-Medi-Cal home and community-based services program data including:

- Nutrition (congregate and home-delivered)
- Caregiver support
- Supportive services
- Independent Living Centers
- Aging and Disability Resource Connections
- Older Americans' Act programs
- Transportation and mobility services
- Affordable and accessible housing
- Other

Patricia Rowan, Mathematica

Updated attendees on non-Medi-Cal home and community based-services program inventory work, key informant interviews, and the project timeline.

Summary: The primary categories of the taxonomy for the program inventory were assigned based on program-level goals to each service in the inventory and are organized under domains. These domains were chosen to align with non-Medi-Cal home and community-based services programs and with other existing taxonomies. These domains and categories were informed by the Master Plan on Aging and the World Health Organization's Age-Friendly Cities Framework.

To help inform the inventory, Mathematica conducted key informant interviews with subject matter experts from all the departments within the California Health and Human Services agency that have responsibility for administering and managing the identified home and community-based services program and services. These departments included:

- Department of Aging
- Department of Developmental Services
- Department of Housing and Community Development; Housing Finance Agency
- Department of Public Health
- Department of Rehabilitation
- Department of Social Services
- Department of Transportation
- Department of Veterans Affairs

The purpose of these interviews was to gather: 1. Input on the department-specific inventory and 2. Insight into gaps and community-specific innovations.

Mathematica developed department-specific inventories and conducted key informant interviews over the summer last year. Looking ahead, Mathematica is focused on the following:

- Finalizing the non-Medi-Cal home and community-based services inventory within the next month
- Analyzing inventory and home and community-based services program data to identify gaps between now and June 2024
- Soliciting feedback from stakeholders on gaps identified in the Fall 2024
- Developing a Multi-Year Roadmap to address identified gaps in early 2025

VI. Public Comment and Q&A Session #2

Moderated by: Courtney Roman, Center for Health Care Strategies

Summary of Discussion:
- **Question:** Can you say again why the waivers for people with developmental disabilities are not included in the Medi-Cal home and community-based services Gap Analysis (I know they are included in the non-Medi-Cal home and community-based services Gap Analysis) - is it because it is included there (non-Medi-Cal home and community-based services) or some other reason?

- o **Response:** Information related to the waiver services for people with developmental disabilities is not included in the initial iteration of the Gap Analysis because of the lack of administrative data that has been available to date. We are continuing to look at options to include data from these programs in the next iteration of the analysis. We welcome input from the group. People with developmental disabilities were included in the stakeholder engagement activities and their feedback was included in the initial iteration of the Gap Analysis and additional consumer listening sessions are planned in year two with Developmental Disability waiver users and with older adults with developmental disabilities.
- **Question:** Can the Department of Health Care Services say more to clarify plans for integrating home and community-based services into Medi-Cal managed care? Would services comparable to home and community-based waivers (Home and Community-Based Alternatives waiver (HCBA) or Assisted Living Waiver (ALW)) be available statewide in every county or would they be potentially available as community supports, but optional for the Managed Care Plans to offer some or all of those services?
  - o **Response:** These are things we are looking at and planning toward now. We are looking at how to integrate waivers into managed long-term services and supports. Within existing managed care delivery system as part of Cal-AIM, we have already launched services like enhanced care management and community supports – many of these services were developed to replicate home and community-based services waivers and programs. This is the initial step of trying to establish how managed care plans provide those services. As we move toward the next waiver term in 2027, we will look to integrate more waivers into the Managed Long-Term Services and Supports system.
- **Question:** We have been attempting to amend the In-Home Supportive Services program to solve a problem for recipients with print disabilities (those who cannot read and complete documents). The last collaborative effort ended via veto with Governor Brown. The issue was raised in the Master Plan for Aging, but still has not gotten traction. When will the state give some attention to this issue?
  - o **Response:** Comment is appreciated, but outside the scope of the Gap Analysis.
- **Question:** The statewide bargaining committee is being developed to talk about statewide bargaining for In-home Supportive Services. It would be helpful for Mathematica to follow this committee as it develops to learn more about existing gaps. Also, I want to bring up the possibility of differential pay for In-home Supportive Services users with high physical needs and with the state finding providers. In non-Medi-Cal, are you looking at private pay folks

who are paying out of pocket for providers? The gray area for people who don't qualify for Medi-Cal but cannot afford services themselves?

- o **Response:** Thank you for the information about the bargaining committee. The non-Medi-Cal gap analysis does not include private pay users of services because they are not captured in administrative data. We hope to engage them qualitatively, like in the consumer listening sessions.
- **Question:** Originally, I did not understand the separation between the Department of Health Care Services and the California Department of Aging projects but appreciate the joint learning that is happening. I serve a lot of folks at Choice in Aging (adult day health care program) that have a developmental disability, some with cognitive [disabilities], some not. All of them need additional support with case management, system navigation, and caregiver supports, which is not captured in regional centers. We have so much input to give, but we are so understaffed – don't know how to fit this in. Are there other opportunities to give feedback that's not via email or survey?

  - o **Response:** We try to offer different strategies to collect feedback. We also have inboxes to collect feedback.
    - The Department of Health Care Services HCBS Gap Analysis Inbox: HCBSGapAnalysis@dhcs.ca.gov
    - The California Department of Aging HCBS Gap Analysis Inbox: HCBSGapAnalysis@aging.ca.gov
- **Question:** (Chat) I believe I heard that only a sampling of Home and Community-Based Alternatives waiver (HCBA)/Assisted Living Waiver (ALW) providers were surveyed to provide gap analysis information; was there a specific reason for not surveying all providers?
  - o **Response:** Mathematica fielded a survey with select provider types. This round of the survey focused on providers who primarily deliver services in the home and community-based settings. Mathematica sent the survey to all providers that we had contact information for. Contact information was identified through the Department of Health Care Services administrative data and Google searches. Future surveys may include other provider types. We are also collecting qualitative data to capture feedback from those who did not take survey.
- **Question:** As an end user and a person with lived experience – the hours for In-home Supportive Services, Home and Community-Based Alternatives waiver, or any other related services are not useful if there are not people to provide those services. The direct care workforce shortage is a major issue for accessing the care we qualify for. It is important to understand that there are two distinct groups: people with disabilities who are aging and people who are aging who develop a disability. Those with disabilities need their own

services. Differential pay is important for people with disabilities. Raising wages across counties isn't going to help, because people will choose to work with 'easier' patients. Is the administration planning to carve in In-home Supportive Services under managed care and the medical models? Is it planning to address home and community-based services wage gaps? Is it planning to address issues with the recipient being deemed qualified but the employer but cannot find anyone to work?

  - o **Response:** At this time, the Department of Health Care Services is not considering moving In-home Supportive Services into the managed care delivery system.
    - ▪ **Reply:** The differential pay is critical. In-home Supportive Services is 72% family providers. With the state budget crisis, some social workers are lowering hours with assessment. Waiver hours are being dropped with the new formula for In-home Supportive Services.

- **Comment:** In the Asian community, the first generation came 40 years ago and have a lot of problems that have worsened since the COVID-19 pandemic. Want to be clear that 'Asian' includes several countries. California is home to more than 10 million immigrants, with most being Latino and Asian. Appreciate the opportunity to comment.

  - o **Response:** Your comments are appreciated.

VII. Closing and Next Steps

Courtney Roman, Center for Health Care Strategies

Thanked all attendees and closed the meeting.

Meeting adjourned at 2:33 p.m. PT.