Home and Community-Based Services (HCBS) Universal Assessment

Stakeholder Workgroup

September 20, 2013

Guiding Legislation--SB 1036

- Establishes working parameters of HCBS Workgoup
- Requires that new Universal HCBS Assessment be based on:
  - IHSS Uniform Assessment
  - IHSS Hourly Task Guidelines
  - MSSP and CBAS Assessment Processes
  - Consideration of Managed Care Context

Program Snapshots and Role of Assessment

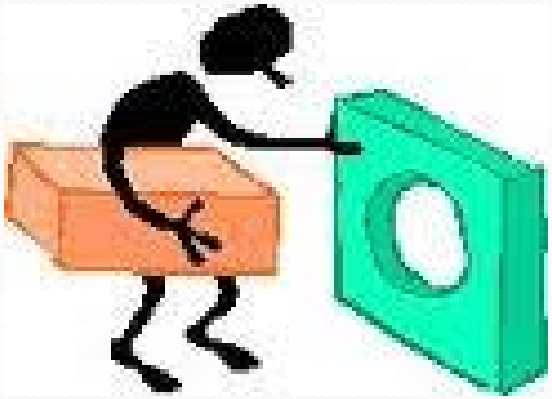
Background*

- California is home to 11% of US population
- Largest number of adults over 65: More than 4 million
- Ranked 6th in US: HCBS vs. Nursing Facility
- More than half (55%) of LTSS spending → HCBS
- Small % in waiver programs
  - (Ranked 48th in waiver spending)
- Largest personal assistance program in the US
  - Over 447,000 served in IHSS
- State supervised, County administered

* From "Memorandum on Current Assessment Approaches and Domains used by Three HCBS Programs in California"

Program Snapshot Outline

- Description
- Objectives
- Brief History
- Authority
- Eligibility Criteria
- Consumers
- Assessment and Care Planning
- Resources



Program Snapshot: Community-Based Adult Services (CBAS)

Ed Long, Deputy Director
California Department of Aging

CBAS Program Description

Community-based day health program that provides services to older adults and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care.

Available only through licensed for-profit and not-for-profit adult day health care centers (ADHC).

CBAS Program Objectives

- Restore or maintain optimal capacity for self-care.
- Delay or prevent inappropriate or undesirable institutionalization.
- Maintain individuals in their homes and communities for as long as possible.

CBAS History

1974	• ADHC established as a project
1978	• ADHC established as a program
2011	• ADHC program eliminated as an optional Medi-Cal State Plan benefit, effective March 31, 2012
2012	• Similar CBAS Medi-Cal benefit begins April 1, 2013; transition to managed care accomplished in two phases on July 1 and October 1, 2012.

CBAS Program Authority

- Health and Safety Code – Division 2, Chapter 3.3 (Adult Day Health Care Act)
- Welfare and Institutions Code – Division 9, Chapter 8.7 (Adult Day Health Care Medi-Cal Law)
- Title 22 – Division 3, Chapter 5 (Medi-Cal Certification Regulations)
- Title 22 – Division 5, Chapter 10 (Licensing Regulations)

CBAS Program Authority

- Pursuant to settlement of the Darling v. Douglas lawsuit pertaining to the elimination of ADHC as an optional Medi-Cal State Plan benefit, CBAS was established under California' 1115 "Bridge to Reform" waiver.
- Available to eligible individuals as a benefit only through Medi-Cal managed care health plans, except in areas where such plans do not exist.
- Program continues as a Medi-Cal benefit through August 31, 2014; waiver amendment necessary to continue benefit.

CBAS Population: Five Eligibility Categories

1. Nursing Facility-A or above
2. Organic/acquired or traumatic brain injury and/or chronic mental illness
3. Alzheimer's disease or other dementia (stages 5,6, or 7)
4. Mild cognitive impairment (stage 4)
5. Developmental disability

CBAS Population: Other Criteria

- For each eligibility category, other diagnostic, eligibility, and medical necessity criteria may also apply.
- For example:
  - Select criteria outlined in Welfare and Institutions Code Sections 14525 and 14526.1
  - Need for assistance or supervision with specified ADLs/IADLs applies to eligibility categories 2 and 4

CBAS Providers and Consumers July 2013

- California:
  - 244 centers
  - 27,608 Medi-Cal Consumers (CBAS center-reported)
- CCI Counties:
  - 200 centers
  - 22,548 Medi-Cal Consumers (CBAS center-reported)

CBAS Consumers in IHSS and MSSP

- 83 percent are dual-eligible
- 68 percent receive IHSS
  - Average 83 hours per month
- 2.8 percent receive MSSP

CBAS Consumer Profile

- Female: 63 percent
- Age 75-84: 41 percent; 85+: 25 percent
- Non-English Speaking: 59 percent
- Los Angeles: 62 percent

CBAS Consumer Profile

- Fall Risk: 81 percent
- Special Diet: 75 percent
- Skilled Nursing Services: 72 percent
- Cane/Walker/Wheelchair: 62 percent
- Psychiatric Diagnosis: 48 percent
- Incontinent (bowel and/or bladder): 43 percent
- Dementia: 30 percent

CBAS Consumer Profile

- Female
- Over the age of 75
- Non-English speaking
- Is at fall risk
- Uses ambulatory device(s)
- Has special dietary needs
- Requires skilled nursing services
- Has dementia and/or psychiatric diagnosis

CBAS Program Services Daily

- Nursing
- Personal care and/or social services
- Therapeutic activities
- Meal

CBAS Program Services As Needed

- Physical therapy
- Occupational therapy
- Speech and language pathology
- Registered dietician
- Mental health
- Transportation

CBAS Program Staff

- Administrator
- Program Director
  - Registered nurses
  - Social worker
  - Activity Coordinator
  - Therapists (PT, OT, Speech, Psych.)
  - Registered dietician
  - Program Aides
  - Physician (staff and personal)
  - Pharmacist
  - Support staff as needed

CBAS Program
Assessment and Care Planning

- Standard CBAS Eligibility Determination Tool (CEDT)
- Standard Individualized Plan of Care (IPC) Form
- Specific disciplines use non-standardized assessment tools to collect information for developing the IPC and monitoring progress toward goals

CBAS Program Information Resources

California Department of Aging:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Department of Health Care Services:

http://www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx

Program Snapshot: Multipurpose Senior Services Program (MSSP)

Ed Long, Deputy Director
California Department of Aging

MSSP Description

A home- and community-based care management program that provides both social and health care management to older adults who are at risk of nursing facility placement to prevent or delay institutionalization.

MSSP Objectives

- Avoid individuals' premature placement in nursing facilities.
- Foster individuals' ability to remain in their own homes and communities.
- Make the best possible use of existing community resources and services.

MSSP History

- 1977: MSSP established as a project
- 1983: MSSP established as a program
- 1983: First three-year MSSP Medicaid 1915(c) home- and community-based services (HCBS) waiver approved
- 2014: No sooner than April 1, 2014, MSSP becomes a Medi-Cal managed health care benefit in three CCI demonstration counties; in remaining CCI counties, no sooner than July 1, 2014. MSSP will be integrated into managed care in CCI counties 19 months from cutover date(s).

  MSSP continues as a fee-for-service Medi-Cal benefit:
  1) in non-CCI counties;
  2) for CCI-exempt individuals; and 3) for individuals living in zip code areas not covered by CCI plans.

MSSP Authority

- Welfare and Institutions Code, Sections 9560 through 9568, 14132(t)
- California Code of Regulations, Division 3, Chapter 3, Article 4, Section 51346
- 1915(c) Medicaid HCBS waiver
- SB 1008 (Chapter 53, Statutes of 2012) – MSSP established Medi-Cal managed care benefit in eight CCI demonstration counties

MSSP Population Eligibility

- Eligible for placement in a nursing facility (level of care determination)
- Age 65 or older
- Receiving Medi-Cal under a qualifying aid code
- Able to be served within MSSP's cost limitations (i.e., cost of services lower than residing in a nursing facility)
- Appropriate for care management services (i.e., need, ability, willingness)

MSSP Providers and Consumers

- California:
  - 39 sites
  - 11,789 slots (9,440 funded slots)
  - 12,081 participants (Fiscal Year 2010-11)
- CCI Counties:
  - 15 sites
  - 6,734 slots (5,393 funded slots)
  - 5,825 participants (Fiscal Year 2010-11)

MSSP Consumers in IHSS and CBAS

- IHSS: 83 percent
- CBAS: 7 percent

MSSP Consumer Profile

- Female: 76 percent
- Age 75-84: 41 percent; 85+: 35 percent
- Minority: 56 percent
- Live Alone: 51 percent
- Los Angeles: 55 percent

MSSP Consumer Profile

- Female
- Over the age of 75
- Minority
- Has a chronic illness or other debilitating health condition
- Requires assistance with many activities of daily living and/or instrumental activities of daily living
- Lives alone

MSSP Services

- Care Management
  - Assessment, re-assessment
  - Care planning, coordination, monitoring, follow-up
- Community Resource/Service Arrangement
- Limited Purchased Services
  - Respite
  - Special communications
  - Supplemental chore, personal care
  - Home modifications, handyman, etc.

MSSP Staff

- Site Director
- Supervising Care Manager
- Nurse Care Manager
- Social Work Care Manager
- Care Management Aide
- Support staff as needed

MSSP
Assessment and Care Planning

- Standard Initial Health and Psychosocial Assessments
- Standard Reassessments
- Standard De-institutional Assessments
- Standard Care Plan Form

MSSP Assessment and Care Planning

- Approved Cognitive Screening Tools
  - Folstein Mini Mental Status Examination (MMSE)
  - Montreal Cognitive Assessment (MoCA)
  - Saint Louis University Mental Status Examination (SLUMS)
  - Short Portable Mental Status Questionnaire (SPMSQ)

MSSP
Information Resources

California Department of Aging:

http://www.aging.ca.gov/ProgramsProviders/MSSP/

California Context: Summary of Program Characteristics*

- Wide variation in program size/service population
- Multiple issues driving and constraining assessment process
- Within HCBS variety of assessments, different qualifications for assessors, different level of care requirements
- County and provider differences
- Role of clinical judgment, control for biases

* From "Memorandum on Current Assessment Approaches and Domains used by Three HCBS Programs in California"

California Context: Summary of Program Characteristics*

- Administration, oversight, financing overlaps Departments
- Longstanding investments in programs and instruments
- Diverse expertise and distinct perspectives
- Level of Care Criteria varies across HCBS programs
- Challenges to data sharing

* From "Memorandum on Current Assessment Approaches and Domains used by Three HCBS Programs in California"

Managed Care as a Vehicle for Integration

Integration of Care
Under CCI

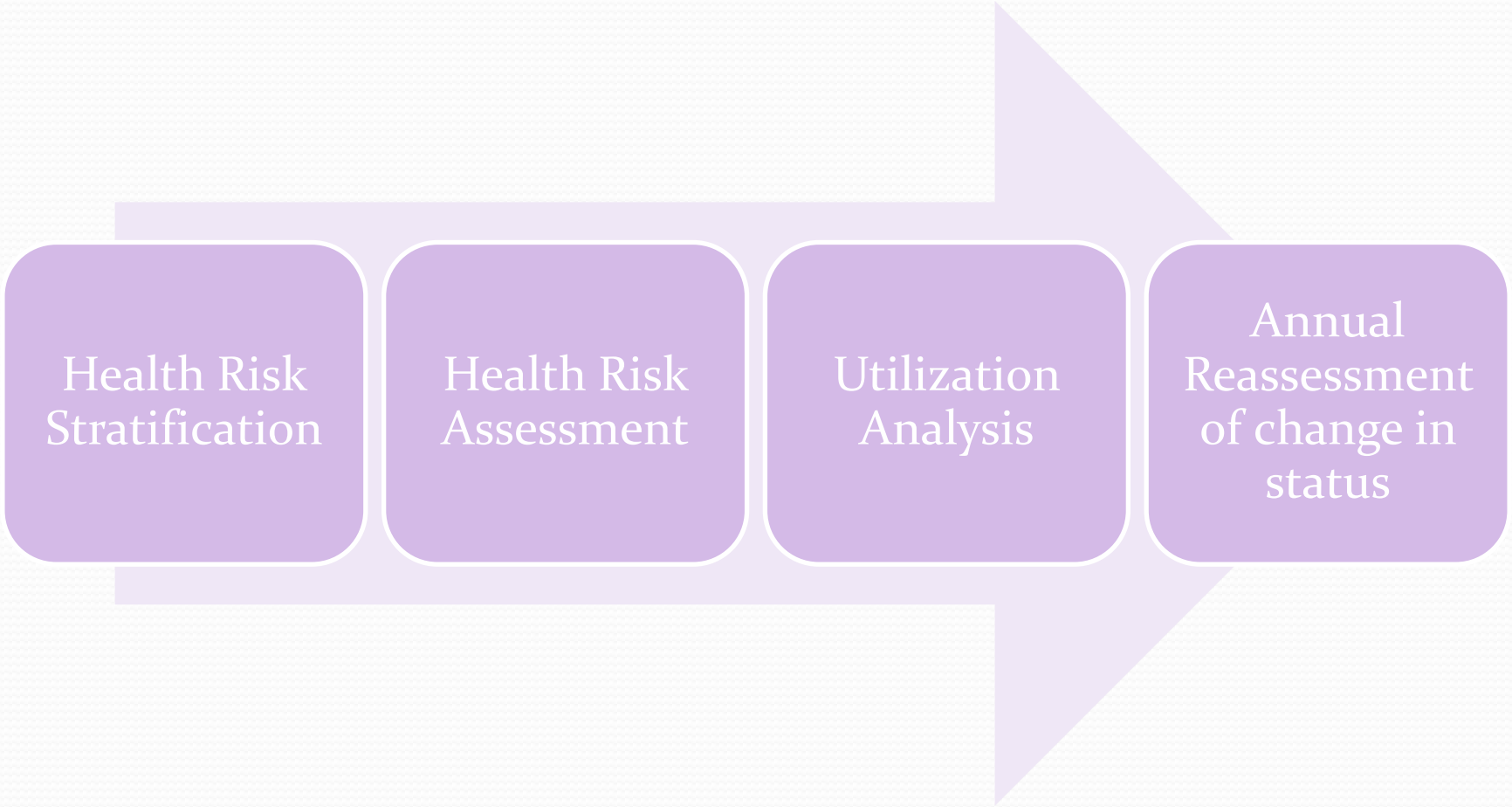
John Shen
Division Chief of Long-Term Care Services
California Department of Health Care Services

Integration of Health and LTSS benefits under Coordinated Care Initiative (CCI)

- In CCI counties, in addition to health care benefits, **MediCal managed care plans are to cover LTSS:**
  - In Home Supportive Services (IHSS)
  - Community Based Adult Services (CBAS)
  - Multipurpose Senior Services Program (MSSP)
  - Long-term Nursing Facility (NF)

- **Required LTSS provider networks:**
  - County Social Services for IHSS
  - County Public Authority
  - All CBAS providers
  - All MSSP sites
  - Nursing Facilities

Managed Care Plan Function: Identifying Consumers Needing LTSS



Managed Care Plans: Readiness of Care Management Infrastructure

- **Policies and procedures**
  - Case management based on health risk assessment;
  - Facility-community transition planning
- **Staffing**
  - Trained or licensed personnel (RNs, social workers, health navigators; SNFists)
  - Staffing projections based on enrollment
- **Training**
  - Training of plan personnel or contractors on LTSS
  - Training of providers on LTSS and care management protocols
- **IT infrastructure**
  - from assessment, care planning, authorization of services to payment of services
- **Member services** - 24 hour nurse call line.

Managed Care Plans: Care Management Processes

- Periodic assessments
  - face-to-face/home visits
- Interdisciplinary Care Teams:
  - primary care physicians
  - plan's care managers
  - IHSS social worker (if IHSS is involved)
  - other providers involved in the care of the consumers
- Integrating and sharing assessment information, facilitating care planning, and coordinating delivery of services.

CA Context: HCBS Panel

- ***Eileen Carroll***, *Deputy Director,*
  California Department of Social Services (CDSS)

- ***Hafida Habek***, *Chief, Adult Programs Policy Branch*
  California Department of Social Services (CDSS)

- ***John Shen***, *Division Chief,*
  Department of Health Care Services (DHCS)

- **Edmond Long**, *Deputy Director,*
  California Department of Aging (CDA)

Universal Assessment for HCBS in the Context of Managed Care

- Standardize HCBS assessment
- Use by plans' care managers and County Social Services, CBAS, MSSP for consumers:
  - with existing HCBS
  - Potential HCBS needs via health risk assessment
  - Transition from acute or nurse facilities
- Data sharing:
  - Primary care physicians
  - County IHSS social workers
  - Other providers to create person-centered care plans

Public Comment

- Please state your name
- Share your role, affiliation, and county
- Kindly limit comments to 1 minute
- Allow everyone to make a first comment before making a second comment

Next Steps

- **Webinar**—date TBA September/November
  - External standards
  - Other state's examples

- **HCBS Workgroup Meeting #2** —Nov 7th
  - Anatomy of Assessment
  - What can be accomplished through universal assessment