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’s 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/medical/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

- Health Risk Stratification
- Health Risk Assessment
- Utilization Analysis
- Annual Reassessment of change in status
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