

Stakeholders Present:

Diana Boyer, Sr. Policy Analyst, County Welfare Directors Association; **Cordula Dick-Muehlke**, PhD, Dept. of Family Medicine & Division of Geriatrics, UCI School of Medicine; **Pamela Mokler**, RN, VP, LTSS, Care 1st; **John Galandines**, Social Worker, Alameda County SSA; **Deborah Doctor** for Elissa Gershon, Disability Rights California; **Gail Gronert**, Special Assistant to Speaker Perez, California State Assembly; **Lisa Hall**, RN, Director of Regulatory Affairs, California Association of Health Facilities; **Karen Keeslar**, Executive Director, California Association of Public Authorities for IHSS (CAPA); **Kathy Kelly**, Family Caregiver Alliance; **Denise Likar**, MSW, Vice President, Independence at Home; **Dr. Jay Luxenburg**, CMO, On Lok Senior Health Services; **Marty Lynch**, PhD, MPA, MS, Executive Director, Lifelong Medical Care; **Rebecca Malberg**, SEIU-UHW; **Brenda Premo**, MBA, Director, CDHP, Harris Family Center for Disability and Health Policy, Western University Health Center, Pomona; **Lourdes Ramirez**, Program Manager, Aging & Independent Services, Department of Health & Human Services; **Celine Regalia**, MSW, Program Director, Adult Day Services of Napa; **Kim Rutledge**, MSW, Budget and Policy Analyst, UDW/AFSCME Local 3930; **Terrie Stanley**, RN, CCM, CPHQ, MPA, Sr. Director, Long Term Services and Supports, L.A. Care Health Plan; **Victoria Tolbert**, Division Director/Director AAA, Adult, Aging and Medi-Cal Services, County of Alameda; **Jackie Wong**, California State Senate;

Funder: Lisa Shugarman, The SCAN Foundation

Staff and Consultants Present:

Will Lightbourne, Eileen Carroll, Hafida Habek, CDSS; Lora Connally, Ed Long, CDA; Toby Douglas, Jane Ogle, John Shen, DHCS

Lori Clarke, Convergent Horizons and Bobbie Wunsch, Pacific Health Consulting Group, Facilitators

Members of the Public Present:

27 members of the public attended in person; there was no record of the numbers of the public attending via telephone due to technical difficulties.

The meeting convened at 10:00 a.m.

Opening Remarks and Directors' Welcome

Opening remarks were made by the Directors of the three State agencies that have lead responsibility for overseeing the development of the Universal Assessment tool: Will Lightbourne, Department of Social Services; Toby Douglas, Department of Health Care Services; and Lora Connolly, Department of Aging.

Director Lightbourne – Preparing for the Coordinated Care Initiative presents an extraordinary opportunity for collaboration. Research has shown that timely intervention makes a huge difference in trajectory of life.

We are being assisted in this project by The SCAN Foundation who has supported research on a national level to better understand universal assessments for long term supports and services (LTSS) that were being used in other states and to better understand the current state of assessment for home and community-based services in California. We will need to build on existing tools that use ADLs and IADLs and, ideally, work with CMIPS. It's important that this process be completely collaborative with stakeholders.

Director Douglas - The Coordinated Care Initiative provides a monumental opportunity to provide better quality of case management and delivery of care. I have been working with managed care plans for the last two and one half years on how to provide better case management and strengthen their role, accountability and referrals. It's important for plans to know how they fit in with the universal assessment. It is also important to build upon existing tools.

Director Connolly – It is a milestone day and I want to express our appreciation to those participating. The workgroup members bring expertise and a consumer perspective to this process. Some of you were involved ten years ago in a workgroup that was similar to this one. We were able to make some improvements in the assessment process then, but could not tackle some of the larger recommendations. But CCI presents us with new opportunities. We need to better serve and be more effective in serving needs in a more integrated way. There is great diversity among clients - some clients have the capacity to manage their health and services while others for various reasons have difficulty managing their needs. That diversity needs to be taken into account in our efforts in this workgroup.

Following the Directors' remarks, Lisa Shugarman, Director of Policy, The SCAN Foundation spoke about a conversation she had about 13 years ago with Lora Connolly during which she asked why California didn't have a universal assessment tool. She stated that today is a unique time for a formal conversation about developing a universal assessment tool. The SCAN Foundation sees universal assessment as foundational to creating a more person-centered system of care. She concluded by saying that The SCAN Foundation is pleased to be able to support this work.

Expectations and Timeline

The workgroup tasks as defined in SB 1036 were outlined. It was pointed out that there are larger systemic issues that may arise in discussions that may not directly impact the universal assessment discussion. It was also mentioned that children are excluded from participation in the CCI.

The Universal Assessment Stakeholder Charter was presented. Clarifying questions were asked:

- A stakeholder pointed out that there was a difference between the language in the charter and the legislation in terms of requirement to “advise” the Departments versus the requirement to “develop” the process and asked about the procedure to be used if there was no consensus in the group regarding issues.
- The workgroup objectives include discussing how the health plans may use the assessment for needs determination to support the development of a person-centered care plan. It was suggested that there be additional information about how health plans can use the assessment and that home and community based services (HCBS) should be added.

A meeting schedule was provided and the stakeholders were asked to calendar the following dates: November 7, 2013; February 6, 2014; May 8, 2014; September 19, 2014; December 10, 2014. It was indicated that webinars would take place in between these meetings

Program Snapshots

Staff from the Department of Social Services (DSS) and Department of Aging (CDA) provided a snapshot of how programs that their Department are responsible for operate. Presenters from CDSS included, Eileen Carroll, Deputy Director, Adult Programs Division, and Hafida Habek, Chief, Policy and Quality Assurance Branch. Ed Long, Deputy Director, Long Term Care and Aging Services Division, Department of Aging, presented information on the MSSP and CBAS programs. For each program information was presented on the population served, capacity, services offered, assessment information, funding, authority, and service delivery.

After the program information was presented, John Shen, Division Chief of Long-Term Care, California Department of Health Care Services (DHCS), presented information on managed care as a vehicle and opportunity for integration which included information about how plans may identify consumers needing LTSS, factors included in assessing readiness of health plans to integrate LTSS and care management processes within health plans.

Panel Discussion – HCBS In An Evolving Environment

Panel (CDSS, CDA, DHCS) addressed questions of how IHSS, CBAS and MSSP work together now, how programs will benefit from a universal assessment and how programs are evolving under managed care.

Eileen Carroll, DSS – CDSS currently works together with DHCS and CDA. For example, CDSS processes payroll for some waiver programs through CMIPS. When indicated, social workers make referrals to CBAS and MSSP. It's important to note that many IHSS consumers do not have a need for additional services. We need to keep in mind that there are 50 other counties that are not part of the CCI which includes 8 counties. Additionally, the eligible CCI consumers within the eight CCI counties comprise 60 percent of the these counties overall IHSS caseload. We face coordination issues, particularly with information sharing with the managed care plans.

Ed Long, CDA – Currently we work in an advocacy role with other agencies when we identify consumers who may need more IHSS hours or more days at a CBAS Center. We may refer to MSSP and share information as to how a person is doing. In some areas MSSP does CBAS eligibility determinations. Coordination with the managed care plans is evolving.

John Shen, DHCS – Currently, the managed care plans only have data regarding services such as hospitalizations for their members. Plans are not aware of services that are provided in the community. Universal assessment will facilitate information sharing.

Stakeholder Comments

A discussion was conducted to solicit feedback and thoughts about several issues from the stakeholders present.

Biggest Challenges Getting to Implementation of Universal Assessment

Policy:

- How to work with different regulatory requirements, lack of flexibility
- Care coordination available regardless of funding streams
- Hope that health plans will increase IHSS hours for those who need them

Infrastructure:

- IT System and data sharing
- May require new/different infrastructure, e.g. training, standardization, with additional costs

Assessment Focus/Content:

- Disparate nature of what is being assessed, domains and goals

- Distill core functions and assign value
- Getting consensus on elements
- Assessment based on whole person
- Tool is accessible and flexible
- Starting values and assumptions

Conducting the Assessment:

- Standardized training—everyone has own style of assessing
- Inter-rater reliability – same results
- More concern about process than tool
- Encourage social workers to assess for what they see, as well as what they can offer
- Focus on the person needs, not what questions need to be answered
- IHSS caseworkers don't look at prior assessment
- Consumer's readiness to change should be considered in assessing need.

Transition Process:

- Resistance to change
- Turf and historical silos
- Perfection “as enemy of good”
- Education about HCBS
- Working with new player – managed care – how we will partner to make this work
- Maintain consumer voice
- Don't know if the general public is ready to acknowledge that there is more and more emphasis on having consumer manage their own care. Need education to reinforce this responsibility
- Manageability—reality of what we are able to do
- Clear goals and objectives
- Tools for social workers to create linkages
- Standards and thresholds –working with the current systems to prime them for incremental change. Current system not primed for incremental change.

Benefits of a Universal Assessment Tool

- Connect UA to an electronic medical record and using dashboard to present needs of total person
- More flexibility
- Better address individuals needs
- See similar data elements
- Intercounty transfer planning
- Easier to keep persons at home than in a facility
- Would like to look at assessments HCBS vs. facility

- Assessment and end product; must be matched with services that are needed
- Assess or training for reliability that will be trusted by other professionals
- Unbundle, individualize
- Identify who is on the same team
- System can't limit care; must support care

Public Comment:

At the end of the meeting, Public Comment was solicited from members of the public present in the meeting room and on the telephone. Comments included:

- Policy rules regarding plans sharing data with each other and community based organizations need to be defined. Currently varies county by county. Some tasks could be prioritized. Try to eliminate duplicate assessments. Avoid creating more silos of case management.
- Whatever tool is developed must reflect the whole person. Make sure Regional Center that touches person is included. DDS doesn't need to be at table but need to reach out to them. Seniors, people with disabilities, and mental health issues have been through a lot in the last ten years so there is some distrust of this process.
- It's important to remember that there are other HCBS. Look at everything available to the consumer at home,
- Direct consumer voice is missing. AB 776 specifies that Independent Living Centers and Area Agencies on Aging are official stakeholders at table.
- Can't negate challenges between medical and social model. May be biases on health plan side.
- Communication between multiple community resources is essential. Need to have central database where you put in someone's name and get back all services that they receive.
- It's been discussed that plans can administer a universal assessment. SB 1008 specifies that IHSS assessments continue to be administered by county staff. This could be a challenge that needs to be addressed.

Closing Remarks

Eileen Carroll, DSS – Universal assessment is a change. We don't have all the answers yet on how to work with the managed care plans.

Ed Long, CDA – Universal Assessment is a huge term. We have a very specific charge. I hope we can all be cautious on how we focus our ideas. We need to capture good ideas but keep in mind the tasks that are required by law so that we don't fail by trying to accomplish too much too quickly.

John Shen, DHCS – Although we don't have all of the answers, this is a major step forward. Having all stakeholders in the room is a very significant step.

Lora Connolly, CDA – There have been many workgroups on coordinated care. We need to learn what did work and share these with others. We need to focus on early intervention and do it early. We need to have discipline to stick to the intent of the statute.

The meeting was adjourned at 4:00pm.