

***LONG TERM CARE
TASK TEAM REPORT TO
THE CALIFORNIA
COMMISSION ON AGING***

Prepared for
**PLANNING FOR AN AGING
CALIFORNIA: AN
INVITATIONAL FORUM**
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The Purpose

The purpose of this document is to provide a status report of the work of a stakeholder task team on Long Term Care organized around working on implementation of “Planning for an Aging California Population” (Health and Human Service Agency October 2003).

Task Team Members

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Sarah Steenhausen	Senate Subcommittee on Aging and Long Term Care
Allison Ruff	Assembly Committee on Aging and Long Term Care
Bonnie Darwin	Assembly Select Committee on Olmstead Implementation
Sandra Fitzpatrick	Executive Director, California Commission on Aging
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I. Forward

A. Who is the California Commission on Aging?

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act. It was confirmed in the original Older Californians Act of 1980 and reconfirmed in the Mello-Granlund Older Californians Act of 1996.

The Commission serves as "*the principal advocate in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals.*" As such, the CCoA is the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older Californians.

B. SB 910—Aging Planning Legislation

California is home to nearly four million people over age 65—the largest older adult population in the nation. This number is expected to more than double over the next several decades as the baby boomers begin reaching this milestone. To address this impending reality, Senator John Vasconcellos wrote Senate Bill 910 (Ch. 948/99, Vasconcellos). The bill mandated that the California Health and Human Services Agency develop a statewide strategic plan on aging for long term planning purposes. On October 14, 2003, the *Strategic Plan for an Aging California Population—Getting California Ready for the Baby Boomers*, was completed with the major support of the CCoA and a plan development task team representing 25 older adult stakeholder organizations supported by 15 state departments. The Governor signed the plan in November 2003. (The Strategic Plan can be reviewed at http://www.calaging.org/works/population_files/population.pdf.)

C. CCoA's Monitoring Role of the Strategic Plan

SB 910 calls for periodic updates so that it can be continuously improved and reflect new circumstances, new opportunities and the changing socio-political environment. The CCoA agreed to assume responsibility for the monitoring and updating the Strategic Plan. In this capacity, the CCoA is responsible for convening stakeholders, holding meetings, and monitoring the progress of priority action items outlined in the Plan. The CCoA will report to the Legislature the progress of the Plan's implementation, and update the Plan's contents to reflect changing priorities and actions. Reports to the Legislature will be on a biennial basis.

The CCoA's approach to monitoring the Strategic Plan's implementation during 2003-2005 includes:

- Encouraging/facilitating work on Strategic Plan implementation by convening nine new stakeholder task teams, facilitating initial meetings and establishing partnerships with two previously formed stakeholder teams.
- Dialoguing with state officials at the March 8, 2005 Forum on the top 15 priorities in the Strategic Plan.
- Distributing and compiling the results of a baseline questionnaire on the Strategic Plan's 15 Priorities. The questionnaire was distributed to private, public and non-profit providers and aging advocates.
- Reporting to the Legislature by May 2005, on the progress of the Strategic Plan.

D. Stakeholder Task Teams

Eleven Stakeholder Task Teams have been charged with identifying and focusing efforts on several of the top priority recommendations, developing action plans to support or achieve implementation of these priorities and identifying necessary amendments or additions to the original Plan. These volunteer Task Teams have been meeting for the period October 2003 through December 2004, though some Task Teams started their efforts later than others. Written reports have been received from all Task Teams—copies are available from the CCoA office. The focus areas for the 11 stakeholder task teams are: Housing, Economic Security, Elder/Financial Abuse, Transportation, Wellness/Prevention, Mental Health, Oral Health, Long Term Care, Palliative/End of Life Care, Assistive Technology, Provider Workforce.

The choices and actions taken by the Task Teams are solely their own and do not necessarily represent the position of the CCoA.

Strategic Plan for an Aging California Population
Report to the California Commission on Aging
March 8, 2005

Long Term Care Task Team

II. Background on Long Term Care

Care Navigation Background

Much has been written on the topic of care navigation. The concept was codified in California in SB 953 as, “any of the following services, performed in multiple settings, including, but not limited to, area agencies on aging, hospitals, caregiver resource centers, independent living centers, and senior centers:

- Consumer information delivered over the Internet, by telephone, including a statewide information hotline, or in person.
- Referral to programs or services delivered over the Internet, by telephone, including a statewide information telephone hotline, or in person.
- Short-term assistance for the consumer or caregiver, provided by persons qualified to work with the consumer to define needs, to refer the consumer to services that are free of charge or that may be purchased by the consumer, and to develop a plan of coordinated care.
- Recognition of the need for ongoing assistance, with the ability to link consumers to ongoing assistance, care coordination, services coordination, or case management.”

Wilbur and Alkema produced a flow chart detailing the function of the care navigator. Since the passage of SB 953, Senate Subcommittee on Aging staff, Sarah Sutro-Steenhausen applied for and received a grant from the California Wellness Foundation to fund development of standards for care navigation. This grant was received by the California Health and Human Services Agency who will be sending an RFP out for bids in late 2004 or early 2005.

There are a number of efforts proceeding on care navigation currently in the state. Long term care integration of programs and services (including consolidation or coordination of care navigator functions) is happening at the local level in many counties. The California Center for Long Term Care Integration (<http://www.ltci.ucla.edu/>) has tracked this effort to date.

The federal Center for Medicare and Medicaid Services, Department of Health and Human Services, and Administration on Aging awarded grants in 2003 for Aging and Disability Resource Centers. The purpose of the grants was to help states integrate long-term support resources for consumers into a single coordinated

system. San Diego County Aging and Independence Services and Area 1 Agency on Aging received this grant in California. Their program will provide one stop shopping and many aspects of care navigation at least to the MediCal eligible, with plans to expand to the non-MediCal eligible.

Technology offers huge opportunities for access to care navigation. Many states, including California, understand that the development of information technology systems to support the effort of 'single point of entry' or 'no wrong door'. Blume (2004) described the various integrated data systems being developed in other states and the various applications and scope of these systems which aid care navigation. Functions of the systems ranged from I&R only to combined I&R, functional eligibility determination, financial eligibility determination, case management and prior authorization in one system. Multiple layers of data systems to support care navigation in California include CalCareNet, Network of Care, Care Access, and several other locally adapted and used systems.

Assembly Member Lynn Daucher has introduced a bill this legislative session (AB 10) that seeks to deflect the MediCal population from nursing homes through targeting care navigation through home and community based services.

More definite timelines and action steps will be identified as the group proceeds. The most significant resource the group has is its motivated membership dedicated to the improvement of the system for the consumer. Stakeholders have a willingness to spend time and energy on this effort. Senate Subcommittee on Aging and Assembly Aging and Long Term Care Committee staff are committed to working on this effort, the Commission is dedicated to calling together the leadership/advocates on the issue, and many of stakeholders maintain good relationships with funding sources. As the group proceeds, further needs and resources will be identified.

Money Follows the Person Grant Background

The California Department of Health Services (DHS) received a \$750,000 grant, which is spread over three years to develop and implement a pilot to transition persons out of nursing homes that wish to live in the community.

The DHS is open to stakeholder input on their assessment instrument and implementation of the pilot.

In Home Care Access Background

As far as this group is aware, there are not current attempts at statewide policy change regarding the relationship between public authorities and private providers of home care services to provide a more seamless system of this service for the consumer. Discussions of stakeholders have suggested that one way of utilizing existing state infrastructure to make it easier for non-MediCal eligible to access

services is opening up IHSS registries to the public. There are many pros and cons of this option. A stakeholders group is needed to determine what way public authorities and private providers of home care can further consumer access to the system regardless of MediCal eligibility.

III. Current Status of Long Term Care Task Team

Contributors to the Long Term Care Task Team represent a variety of perspectives. The Task Team met three times during the fall of 2004. Task Team members are listed on page i of this document. Membership at Task Team meetings has varied—possibly due to the enormity of the topic and the eventual narrowing of issues that impact individual interest.

The Task Team began its work by reviewing the *Strategic Plan on an Aging California* including the full list of Long Term Care recommendations. The Task Team worked through a selection process to identify three implementation priorities. The priorities represent what the Task Team members felt could be reasonably accomplished in the current environment. For each of these priorities, an Action Plan was created. As a final step, the Task Team compiled a list of barriers that hinder implementation.

IV. Long Term Care Implementation Priorities and Action Plan

Priority	Action Plan
Implementing the care navigation component of SB 953 (<i>the 'no wrong door approach'</i>).	<ul style="list-style-type: none"> • Follow the distribution of the Wellness Foundation grant on care navigation and partner with the recipient to further this effort. In addition, the task team felt strongly that the state needs to make building a comprehensive, integrated data system a high priority. Indeed, this was one of the top 15 'most urgent' recommendations in the entire the Strategic Plan. Therefore, the task team plans to proceed with complementary work to the Wellness grant. (Whether it be seeking private sector funding, sponsoring legislation, or advocacy work around the data system needed.) • Continue to follow and input into the AB 10 process. • Serve as a conduit for information sharing on these two efforts to those stakeholders who are not a part of the task team. • Investigate whether or not AARP has done consumer surveying to see where older adults get long term care information. This research will help guide the care navigation system being built.

Priority	Action Plan
Implementation of the Department of Health Services' (DHS) Money Follows The Person (MFTP) grant from CMAS (<i>the 'money follows the person' concept</i>)	<ul style="list-style-type: none"> • The Task Team will relay information to other stakeholders about process for input as it is communicated. • The Task Team will accept suggestions from other stakeholders and the DHS as to possible steps for implementing MFTP outside the DHS grant.
Partnership between public authorities and private provision of in home care = seamless system (<i>improved access to the LTC system regardless of MediCal eligibility</i>)	<ul style="list-style-type: none"> • The Task Team will participate in either informational hearing or stakeholders group on this issue in 2005 hosted by Senate Subcommittee on Aging and/or Assembly Committee on Aging and Long Term Care.

V. Barriers to Long Term Care Priorities Implementation

Barriers to Implementation of Care Navigation

For statewide care navigation and data systems to be realized, there needs to be buy in from all the right stakeholders. This group is at the beginning of bringing the right people to the table. The current fragmented system was built up by stakeholders over time in which various geographic or service oriented groups developed their own part of the system in which they have a vested interest. One of the reasons the fragmentation exists is due to lack of consensus among stakeholders as to what to do about it coupled with very strong feelings about certain approaches. Multiple funding streams of various I&A systems that duplicate each other also pose barriers. At this point, it is not clear whether or not the administration wishes to implement the care navigation system if it is designed. If they wish to, there are unknowns costs associated with this. Additionally, lack of information on how older adults and caregivers access long term care information pose barriers to the quality of system which will be set up.

Barriers to Implementation of Money Follows the Person Grant

- Unclear timeline of input on the DHS grant.
- Fiscal climate of California budget situation may not enable any ongoing effort after the grant runs out.
- Many more stakeholders need to be brought to the table in order to determine other possible implementation steps for MFTP.
- New Olmstead Advisory Council is not yet formed; they would be an asset to implementation of MFTP.

Barriers to Implementation of Public/Private Partnership of In Home Care

- Funding streams for MediCal eligible cannot be used to fund system for non MediCal eligible. Both public authorities and private providers are integral to the LTC system, however, have separate organizational structures, goals and reside in different sectors.

VI. Proposed Revisions to the *Strategic Plan for an Aging California Population*

The Task Team offers the following thought related to diversion from and relocation from institutional care for inclusion in the Strategic Plan Update:

Housing is an integral factor in both diversion from and relocation from institutional long term care. A current significant step forward in the state of California is the Assisted Living Waiver Pilot Project in which MediCal-funded assisted living is being explored. Stakeholders are concerned that the criteria for assisted living facilities is too stringent, leaving out a significant number of residential care facilities for the elderly (RCFEs). These stakeholders recommended amending ALWPP statute in order for meaningful involvement of RCFEs in a pilot for persons who are in nursing homes even though they have only custodial needs as opposed to skilled nursing needs.