California Collaborative for Long-Term Services and Supports

December 2018 Webinar Notes

**December 7, 2018**

**BRIEF UPDATE: CAL MEDICONNECT 3-YEAR EXTENSION** Recording Start Time - Amber Christ, Senior Staff Attorney, Justice in Aging

In August 2018 the California Department of Health Care Services (DHCS) requested a one-year extension of Cal MediConnect from the Centers for Medicare and Medicaid Services (CMS). There was some back and forth between DHCS and CMS that resulted in a CMS decision to proceed with a three-year extension instead. CMS will require an increase in the amounts withheld from the plans rates to prove that they are meeting certain quality measures, a financial penalty if plan disenrollment numbers are too high, and changes to shared savings. Having a three-year extension allows all of the stakeholders the opportunity to focus on the program without an abrupt end looming in sight. There is no commitment to an ongoing stakeholder process, so we will need to advocate strongly with DHCS in order to make real improvements to the program.

**II. ASSESSING THE QUALITY OF NURSING HOMES IN MANAGED CARE ORGANIZATIONS: INTEGRATING LTSS FOR DUALLY ELIGIBLE BENEFICIARIES** - Carrie Graham, PhD, Associate Professor, UCSF Institute for Health and Aging

The overall goal of the study was to evaluate the quality of the nursing homes in Cal MediConnect (CMC) networks compared with non-network nursing homes. Of those surveyed there were 17 CMC plans in 7 counties, 602 nursing homes contracted with at least 1 CMC plan, and 117 nursing homes that were not in CMC networks. The 6 nursing home quality indicators that were used included overall 2 nursing home rating, deficiencies and violation of regulations, RN staffing, total staffing, successful discharge home, and hospital readmission rates.

The survey results showed 12 plans added contracts with nursing homes where new members resided, all plans established wide networks that included between 76% and 88% of all nursing homes in their county, 8 plans reported their nursing home network had remained stable, 7 plans increased the size of their network over the 3 year demonstration, 10 plans said their nursing home networks were “totally sufficient,” 4 said their networks were mostly sufficient, 7 plans considered state deficiency data to select nursing homes to contract with, and 5 plans considered the CMS 5-star rating to select nursing homes to contract with.

Facilities that were in CMC networks had a higher number of beds, higher occupancy rate, were more likely to be for profit, were more likely to be part of a chain, had a lower percentage of Medicare residents, and had a higher percentage of Medicaid residents. Facilities not in CMC networks had a higher overall rating, a lower number of deficiencies, a higher number of RN hours per resident per day, a higher number of total nursing hours per resident per day, a lower percentage of re-admittance within 30 days, and a higher percentage of successful discharges in 100 days. When controlling for facility characteristics, CMC-contracted facilities were still worse in RN staffing and total nurse staffing.

UCSF designed and manages California’s LTSS quality website, www.calqualitycare.org, that combines federal and state data with comprehensive information on nursing homes, assisted living facilities, home health care, hospice care, adult day care, and intermediate care for the intellectually and developmentally disabled. The website includes data provider characteristics, staffing, quality measures, deficiencies, citations, and complaints. Providing consumers with quality information improves outcomes.

**III. AGE ON. RAGE ON.: PUBLIC AWARENESS & ACTIVATION CAMPAIGN** - Jeannee Parker Martin, President and CEO, LeadingAge CA

LeadingAge California has partnered with 46Mile to develop a positive campaign to bring awareness of the fact that California’s workforce and related long-term services are not keeping up with our aging population. There is a lack of understanding among policymakers and the public about how the current longterm service supports (LTSS) system works. People are unaware of the costs, payers, and duration of need for LTSS. Many believe costs are covered by health insurance, such as Medicare. The main goals of this campaign are to raise awareness to activate the public in support of legislation or ballot initiatives and to influence Legislator’s support on workforce and LTSS financing. The plan is to use social media, public relations and paid media, inform the audience through email campaigns and a website that will launch in January 2019, and activate the coalition by sending packages of pledges to legislators, holding rallies, marches, and town hall events. New social media channels have been created for Facebook, Twitter, and Instagram and we have developed a short video. The Age On. Rage On. website will be a place for our target audience to learn about our campaign and the issues California’s aging 5 population is facing. Users will be able to read stories, share their own story, pledge their support, and get involved. Since May 2018 the campaign has raised $1,004,005. LeadingAge California needs our help to raise capital and endorse the campaign.

**December 19, 2018**

**2018 ANNUAL SURVEY RESULTS -** Mariya Kalina, CCLTSS Staff Team

The Collaborative Annual Survey was sent out earlier this month and the results have been compiled. Of the 25 organizations that provided feedback, 64 percent indicated that they have been part of the Collaborative for five or more years and 24 percent have been members for less than one year. Respondents expressed commitment to continuing their membership during the transitional period. 81 percent support holding fewer policy-seminar type webinars and adding in-person business meetings. Members suggested that they would like more time for discussion during meetings, that they would like more meetings with state and Legislative staff, and time for members to share their signature programs. It was also suggested that we focus on care continuum best practices, learn more about statewide initiatives, and focus topics on the Collaborative’s core mission and values. Members indicated that the Google Group List Serve, Action Alerts and the written meeting summaries were the most useful communication methods and that they were satisfied with the frequency of communications. 96 percent of respondents believe the Collaborative is useful in supporting their agency’s work and mission and 100 percent agree that the Collaborative is playing a valuable role in advancing LTSS policy. The full survey results can be found on our website

II. **ANNOUNCEMENT OF CCLTSS VICE CHAIR FOR POLICY**

Members of the Collaborative nominated Gary Passmore and Amber Christ to be the Vice Chair for Policy. Members have voted and Amber Christ has been selected.

**III. FINAL 2018 PUBLIC POLICY ACTIONS**

• Shall the Collaborative endorse the Age On. Rage On. Campaign?

ACTION TAKEN: Collaborative members unanimously agreed to endorse the Age On. Rage On. campaign.

• Shall the Collaborative support S.3679 - READI for Disaster Act (Robert Casey D-PA)?

ACTION TAKEN: Collaborative members unanimously agreed to draft and send a letter of support for S.3679 – READI for Disaster Act.

• Shall the Collaborative send a letter to Governor-elect Newsom with recommendations for LTSS system planning?

ACTION TAKEN: No action was taken at this time. It was determined that the letter to Governor-elect Newsom still needs some additional work.

**IV. INTRODUCTION OF COLLABORATIVE FISCAL SPONSOR**

Juliana Terheyden, Chief Financial Officer, Homebridge The Collaborative has partnered with Homebridge to be an intermediary fiscal sponsor. All dues invoices will be sent by Homebridge by mail and email. Dues will be submitted to Homebridge directly. Homebridge looks forward to working with the Collaborative in support of your mission.

**V. 2019 COLLABORATIVE PLANS** - Jennifer Griffin, Santa Barbara County Adult & Aging Network

In order maintain the current administrative structure of CLTSS, the Steering Committee has proposed a basic activity plan for FY 2019. There will be monthly meetings on the third Friday of each month and quarterly in-person meetings in Sacramento for members to focus on internal CCLTSS business and policy decisions. Support will be provided for two CCLTSS workgroups, website, list-serve, and social media support and maintenance. In addition, CCLTSS has also requested grant funding from the SCAN Foundation to support (3) key areas of policy advancement which are the Master Plan for an Aging California, LTSS integration into managed care through the Coordinated Care Initiative (CCI), and further inclusion of the complex needs population into State LTSS policy.

Gary Passmore, Congress of California Seniors Master Plan for an Aging California Developing specific recommendations for a proposed master plan. The recommendations would address issues across California’s systems of longterm services and supports for seniors and persons with disabilities, especially focused on planning for the aging demographic boom and mitigating its impacts on all aging and disabled persons who use LTSS. The plan would take into consideration the SCAN Foundation’s elements for plan success which are decisive leadership where the Governor and Legislators are invested, rational priorities that are ranked and data-driven, comprehensive proposals that address financing, services that include workforce, healthcare, LTSS, care coordination and caregiver support, and housing and transportation for age and disability-friendly communities, comprehensive financing, services that includes workforce, caregiver support, housing and transportation, stakeholder involvement where consumers, providers and policymakers work together, and accountability where timelines are clear, and outcomes are measurable.

Wendy Soe, California Association of Health Plans LTSS integration into managed care through the CCI Actions centered around LTSS integration into managed care that would include: Providing leadership for convening of stakeholders to strategize and develop recommendations for improvements to the CCI and Cal MediConnect. Maintain a feedback loop between CCLTSS membership, DHCS, CMS and the health plans through regular meetings focused on challenges and stakeholder engagement. Attend and participate in webinars, trainings, and stakeholder meetings held by DHCS regarding the extension of the 1115 waiver. Provide comments on policy proposals issued by DHCS or CMS. Examine alternative means and methods to properly asses consumer needs and mechanisms to relate the need for services to financing, such as global budgeting, an LTSS Forecasting Commission, No Wrong Door strategies or other means of expanding access based on identifying and meeting consumer needs. Raise awareness of problems and potential solutions with other stakeholders, including LTSS providers, the health plans, legislature and the media. Develop and provide recommendations to departments responsible for CCI and Cal 4 MediConnect implementation to improve outcomes, foster rebalancing of LTSS resources, and promote greater independence of beneficiaries.

Laurel Added: There is also a third proposal area being developed, focused on providing and improving services for populations who need complex care. The committee is narrowing the focus of these activities to a short list of priorities, per the funder’s request. Right now improving the quality of care coordination and expanding the Assisted Living waiver are on the short list of ideas.

Amber Christ, Justice in Aging The Collaborative is undergoing several structural changes, with the goal of eventually evolving into a 501c3 organization. This evolution, along with other factors, has created a period where the Collaborative will not be receiving any grant funding until March 2019 at the earliest. To ensure that the Collaborative can continue normal operating function, including administrative support, we need to collect sufficient dues to enable it to operate during this interim period. Dues will remain the same as FY 2017-18. Homebridge will collect dues for FY 2019. Invoices will be distributed electronically. Only one person from each organization will receive the invoice. If you have any questions regarding dues or Homebridge, please contact Jedd Hampton or Julia Terheyden. The Steering Committee will finalize and submit the proposal to TSF in January. The Collaborative’s next meeting will be January 18 and will take place monthly. The List-serve and website resources will continue to be available. A formal meeting calendar will become available in January.

**VI. REFLECTIONS ON THE YEAR’S WORK**

Sue North gave a brief retrospective on advocates’ journey and successes in advancing high-quality non-institutional community-based care for seniors and people with disabilities. She urged the Collaborative to continue to bring their focused energy to this important work, and she thanked the members and especially the Regional Coalitions for hard work and successful collaboration over the past three years.

Laurel Mildred said she had learned a great deal from staffing the Collaborative and shared a few high-level observations about the experience. She suggested that the biggest challenge in the Collaborative and across the health and human services sector, is that people do not understand one another’s work. An Executive Director, a lobbyist, a policy analyst, an advocate in a non-profit, someone working in county government, a direct services provider and an executive of a statewide association or healthcare system all have vastly different responsibilities, demands, overhead accountability and ability to speak for their organization. She suggested that the Collaborative can successfully continue to develop, build relationships and effectiveness when members listen to one another and understand the mission, context and limitations that each member brings to the table.

She shared her concern about lack of diversity among LTSS leaders given California’s diverse population and encouraged efforts to cultivate diverse leaders in LTSS roles and to support communities to be able to articulate their own needs and priorities. She also noted the need to plan for leadership training to bring younger people into the work, suggesting that the Collaborative is an ideal organization to cultivate and train younger leaders.

She encouraged the Collaborative to raise their view from short-term challenges and begin to locate it within the context of developments in the larger world, such as the current American political crisis and climate change. She said that the recent scientific community conclusion that if the world does not succeed in addressing climate change within 12-20 years, it cannot be halted, is so dire that it must become a conscious part of aging and disability and LTSS advocacy.

She encouraged the Collaborative to “move, shake and be influential” on behalf of its mission to improve the lives of aging and disabled Californians, and wished the Collaborative and all its members the very best in their future work.