

**Alzheimer's Disease and Related Disorders Advisory Committee  
March 22, 2017 Meeting Summary  
California Department of Aging  
1300 National Drive, Suite 200, Sacramento, California**

**Members Present:**

Howard Rosen, Chair  
Steven A. Barbieri  
Lou Bordisso  
Debra Cherry (Phone)  
Susan DeMarois  
Lene Levy-Storms  
Molly Nocon  
Josie Porras-Corporon  
Debbie Toth  
Sharon Trocki-Miller  
Janet Yang  
Richard Smith

**Staff Present:**

Marko Mijic  
Frances Parker

**Presenters and Visitors:**

Julie Hohn  
Terence Kelley  
Brenda Snyder

**Item 1. Welcome, Introductions and Committee Member Updates**

Chair Howard Rosen called the meeting to order and welcomed all attendees. Each attendee introduced themselves. Committee Members provided updates on various topics.

**Item 2. Approval of December 14, 2016 Meeting Minutes**

The Committee adopted, with one minor edit, the meeting minutes from the December 14, 2016 meeting.

**Item 3. CHHS Update and Overview of Governor's Budget**

Marko Mijic provided the Committee with an overview of the Governor's proposed Budget for FY 2017-18, and specifically focused on the Health and Human Services programs. He noted that California continues its implementation of federal health care reform, which has enabled millions of Californians to obtain health care coverage through both public and private plans. Many Californians now have access to affordable, quality health care coverage through Covered California. The state also

expanded Medi-Cal to cover childless adults and parent/caretaker relatives with incomes up to 138 percent of the federal poverty level, added coverage for undocumented children, and expanded Medi-Cal mental health and substance use disorder benefits. Since 2014, Covered California, the state's health insurance marketplace, has provided individual health insurance through private plans supported by federally funded tax subsidies and products for individuals and small businesses. It is estimated that 1.4 million people will be enrolled in Covered California in 2017-18.

He also provided a high-level overview of the discontinuation of the Coordinated Care Initiative (CCI) by noting that under current law, the Director of Finance is required to annually determine whether CCI is cost-effective. If CCI is not cost-effective, the program automatically ceases operation in the following fiscal year. Since 2015, the Administration has indicated that without changes improving participation in the program and continuation of an allowable managed care tax, CCI would not meet the statutory savings requirements. The Budget estimates CCI will no longer be cost-effective, even with the recent enactment of an allowable managed care tax. Therefore, pursuant to the provisions of current law, the program will be discontinued in 2017-18.

#### **Item 4. Discussion: Presentation on the Discontinuation of the Coordinate Care Initiative**

Brenda Snyder presented on behalf of the California Department of Health Care Services regarding the discontinuation of the CCI. She noted that CCI, including the Cal MediConnect demonstration project, allows persons eligible for both Medicare and Medi-Cal (dual eligibles) to receive medical, behavioral health, long-term services and supports, and home and community-based services coordinated through a single health plan. This pilot was implemented through a federal demonstration project and currently operates in seven counties — Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. The CCI also included mandatory enrollment for most other dual eligible into Medi-Cal managed care and integrated Medi-Cal long-term services and supports, including In-Home Supportive Services (IHSS), into managed care. As part of CCI, the state assumed bargaining responsibilities for IHSS in these seven counties. The CCI also included a new maintenance-of-effort requirement in place of the traditional county share of cost for the IHSS program for all counties.

The discontinuation of the CCI has the following effect: Removes IHSS benefits from plan capitation rates. As part of CCI, IHSS costs were included in bundled payments to health plans, though the plans did not control this benefit; Eliminates the statewide authority responsible for bargaining IHSS workers' wages and benefits in the seven CCI counties. These counties would again be responsible for IHSS bargaining; and Re-establishes the state-county share of cost arrangement for the IHSS program that existed prior to the implementation of CCI. Counties will be responsible for the payment of 35 percent of the nonfederal portion of program costs through 1991 Realignment. Based on current estimates, growth in 2017-18 realignment revenues alone will not be sufficient to cover the additional IHSS costs. Therefore, this change is likely to result in

financial hardship and cash flow problems for counties. The Administration is prepared to work with counties to mitigate, to the extent possible, the impact of returning a share of the fiscal responsibility for IHSS to counties.

Although CCI was not cost-effective during the initial demonstration period, the duals demonstration program provided the potential to reduce the cost of health care for the affected individuals and improve health outcomes. Therefore, based on the lessons learned from CCI, the Budget proposes to extend the Cal MediConnect program, continue mandatory enrollment of dual eligibles, and integrate long-term services and supports (except IHSS) into managed care. Although the funding for IHSS will no longer be included in the capitation rates, plans and counties are encouraged to collaborate on care coordination.

#### **Item 5. Discussion: Presentation by the California Department of Public Health on the Guidelines for Alzheimer's Disease Management**

Terence Kelley and Julie Hohn from the California Department of Public Health (CDPH) provided the Committee with an overview of the recently released *Guidelines for Alzheimer's Disease Management*. The Department noted that Senate Bill 613 (Allen, Chapter 577, Statutes of 2015) required CDPH to convene a multidisciplinary expert workgroup to update the 2008 Guidelines. The updated Guidelines include four primary topic areas: assessment, care plan, education and support, and important considerations. The California Alzheimer's Disease Centers will use these Guidelines for their primary care physician training and residency programs, the goal is to offer this as a resource so physicians can provide comprehensive care to patients with Alzheimer's disease. The updated Guidelines can be found on the CDPH website, [here](#).

#### **Item 6. Discussion: Legislative Update from the Alzheimer's Association**

Susan DeMarois of the Alzheimer's Association provided a brief update of the status of the Alzheimer's Association priority legislation, and Committee members discussed the legislation. Ms. DeMarois noted that the Association is sponsoring Senate Bill 449, introduced by Senator Bill Monning (D-Carmell), which would require that a specified number of hours of certified nurse aide classroom training address the special needs of person with Alzheimer's disease and related dementias as need by skilled nursing and intermediate care facilities.

#### **Item 7. Action: Items to include in Chair's Memo to the Secretary**

Chair Howard Rosen identified items to include in his memo to the Secretary by recapping the meeting.

**Meeting adjourned at 2:00 p.m.**