

**Master Plan for Aging:
Recommendation #1 for Adult Day Services
Draft 11/22/2019**

To submit your recommendation, fill out as many of the fields below as you can. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.

Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.]

Three different state departments have regulatory responsibility over Adult Day Health Care / Community Based Adult Services. The California Department of Public Health is responsible for licensing the Adult Day Health Care (ADHC) facility. The California Department of Aging has authority delegated to it by the California Department of Health Care Services to certify the ADHC for Medi-Cal certification. DHCS has responsibility for overall policy and fiscal implementation due to its status as the single state agency for Medicaid.

Figure 1: Administering Departments of the Community-Based Adult Services Program

Department of Health Care Services	Department of Public Health	Department of Aging
<ul style="list-style-type: none"> • Operates the Program • Ensures compliance with the waiver 	<ul style="list-style-type: none"> • Licenses ADHC centers • Conducts relicensing surveys (required every 2 years) 	<ul style="list-style-type: none"> • Certifies ADHC centers for participation in Medi-Cal • Conducts recertification inspections (required every 2 years)

This division of responsibility results in overlapping and often contradictory regulatory and legal rules, especially now that all Medi-Cal Managed Care Organizations (MCOs) contract with all CBAS centers, as a result of the 1115 waiver. The 1115 waiver has added related Standards of Participation and Standard Terms and Conditions governing the CBAS programs and their relationship with the MCO's. This has added another layer of rules that conflict with existing regulations, further complicating oversight.

These many layers of legal and regulatory authority, coupled with antiquated 40 year-old regulations, lead to administrative and programmatic inefficiencies.

New providers entering the field also find this dizzying array of state (and related federal) rules difficult to locate and understand. With the new person- centered Home and Community Based federal regulations now governing aspects of the CBAS program, an additional opportunity for conflicting interpretation of these various regulations has arisen highlighting tension between the medical and social aspects of the model.

MPA Framework Goal #: [Insert which goal/s from the framework this recommendation addresses. View MPA Framework [here](#):

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

MPA Framework Objective #: [Insert which objective/s from the framework this recommendation addresses. View MPA Framework [here](#):

Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

Recommendation: [Explain your recommendation in one to two sentences.]

A more efficient integrated licensing and certification process was in place in the 1980's through the 1990's. Returning to this integrated structure and process would streamline oversight and help to resolve conflicts in state and federal law and regulations. This integration would reduce or eliminate fragmentation of these two important processes; provide a more efficient use of state resources, and ensure adequate oversight of these centers by highly trained staff to protect the health and safety of center participants.

Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

- 37,000 CBAS participants and families served today and unknown number of new participants over time as centers start up to serve their communities

Detailed Recommendation: [Insert detailed bullet points describing recommendation.]

- CAADS consulted with Brenda Klutz, the former Assistant Deputy Director and Deputy Director for the Department of Health Care Services in charge of licensing, to determine the feasibility of a return to this integrated approach. Ms. Klutz suggested that consolidation of L&C could be achieved through a delegation order from the Department of Public Health to CDA and could be conducted on a 5-year pilot basis to evaluate the benefits of continuing this integration on a permanent basis. Other efficiencies may include the opportunity to draw down additional federal dollars and reduce the proportionately high licensing fee that is charged to the centers, for minimal oversight in return.

Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation.]

- A recent Office of the Inspector General [Report](#) on ADHC in California examined the current state of licensing for these programs. The key finding included this statement, "According to State officials from the administering departments, relicensing surveys were not always conducted within the required 2-year timeframe because of competing priorities and staffing issues. In addition, because

recertification focuses on quality-of-care issues, some instances of noncompliance related to the centers' physical environment were not always identified during inspections.”

Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.]

- **Local:**
- **State:**
- **National:**
- **Other:**

Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** [action to be taken by governor or specific state agencies]
 - o Interagency delegation order; budget change proposal; other?
- **State Legislature:** [legislation needed to implement recommendation]
 - o Budget process to implement
- **Local Government:** None
- **Federal Government:** Not known at this time
- **Private Sector:** None
- **Community-Based Organizations:** Buy-in from the ADHC/CBAS community
- **Philanthropy:** None
- **Other:**

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action’s impact on people.

- Number of health and safety deficiencies and severity
- Improved satisfaction among provider and consumer community

Evaluations: [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term:** By 2020 a Governor’s proposal will be approved to initiate a pilot project of consolidated L&C
- **Mid-term:** By July 2021 a budget change proposal will be approved to begin the L&C consolidation
- **Long-term:** by 2026 an assessment of the success of the consolidation will be performed

Data Sources: [What existing data can be used to measure success or progress?]:

- Existing data sources: [specify datasets, variables, and data owner/location]

- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:
 - To be determined

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

- Potential General Fund cost savings if additional federal funds can be drawn down and state staff utilized more efficiently to focus on poor performers and new providers

Prioritization: [How would you prioritize this issue in importance relative to other needs/priorities- e.g., low, medium, high):

- This has been a high priority for the ADHC/CBAS community for a long time

Name of person(s)/organization submitting recommendation:

Lydia Missaelides / on behalf of the Alliance for Leadership & Education

Date of submission: Nov. 22, 2019