

**CCoA Master Plan for Aging Special Committee
Master Plan for Aging Recommendation**

Group Living

Issue statement: According to the federal Administration for Community Living, as many as 70% of individuals turning 65 today could require some form of long-term services and supports (LTSS) during their lives. ⁱ Given the increasing number of older adults and the varied values and characteristics of the “Baby Boomer” population, this influx is already influencing a trend for new approaches to long-term care to more home-based and person-centered care. ⁱⁱ Creating supportive and inclusive service environments, regardless of setting, will be essential to provide for the needs of an increasingly diverse older population.

MPA Framework Goals

2. Livable Communities & Purpose. We will live in and be engaged in communities that are age-friendly, dementia-friendly, and disability-friendly.

3. Health & Well-Being. We will live in communities and have access to services and care that optimize health and quality of life.

4. Economic Security & Safety. We will have economic security and be safe from abuse, neglect, exploitation, natural disasters and emergencies throughout our lives.

Recommendations:

1. The state must fully fund oversight and monitoring of residential care settings to ensure the safety and well-being of long-term care residents. Residential long-term care providers need to assure their staff reflects, and the care provided, is respectful of the diversity of the state, including age, race, ethnicity, gender, sexual orientation, gender identity and physical ability.
2. The state must fully fund the Long-Term Care Ombudsman Programs to ensure that all Ombudsmen who are responsible for responding to and investigating abuse complaints are paid and have the support of volunteers who are available to assist with their work as necessary.
3. Persons with LTSS needs must have access to the appropriate level of residential care in or near their home community through access to assisted living, residential care facilities for the elderly, memory care or skilled nursing care.

Target Population: Older adults, individuals with disabilities, caregivers

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Detailed Recommendations:

1. The state must fully fund oversight and monitoring of residential care settings to ensure the safety and well-being of long-term care residents by:

- a. Mandating a timeline for DPH to complete complaint investigations per the State Auditor's 2014 recommendation.ⁱⁱⁱ
- b. Increasing funding to support annual visits for RCFEs (now required) in order to keep up with increasing number of facilities.

Evidence in Support:

In 2014, in its audit of the Department of Public Health's (DPH) oversight of long-term care facilities, California State Auditor recommended establishing a clear timeframe for processing complaints by May 2015. The recommendation called for documentation to justify failure to comply with the timeframe. The audit also called for formal written procedures for complaint processing, including timelines, prioritization, assigning complaints to investigators and initiating and completing investigations. The recommendation called on DPH to fully inform staff of the protocols and expectations for compliance.

These and other DPH recommendations were included in the State Auditor's 2019 summary "Recommendations Not Fully Implemented After One Year."^{iv}

- c. Increasing education for family members regarding the meaning of RCFE/Assisted Living licensure and the limitations of care provided.

Evidence in Support:

According to Justice in Aging, the RCFE model was developed in the 1980s to be non-medical, providing limited assistance for older adults with minimal ADL issues. As older adults with higher-level needs moved into RCFEs, the non-medical model did not change. Adding health-care staff or increasing staff training in health-related issues is not required.^v

CDSS's Community Care Licensing "Resources for Residents and Families" website includes no basic information about the level of care provided by RCFEs and what acuity levels are appropriate or inappropriate for this level of care.^{vi}

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- 2. Fully fund the local Long-Term Care Ombudsman to enable paid Ombudsmen to handle abuse complaint investigations.**

Evidence in Support: The California Long-Term Care Ombudsman Program reported over 39,000 complaint investigations during 2018. Nearly one-quarter of the complaints were in response to some form of elder abuse, including physical, sexual, psychological, financial, or gross neglect. The state’s 35 local Ombudsman programs currently rely on 820 trained volunteers to handle the majority of those investigations. In 2018 local Ombudsman programs additionally made quarterly visits to each of California’s 8,471 long-term care facilities, consulted with facility staff on residents’ rights and care issues and responded to over 29,000 calls to the Ombudsman CRISISline.^{vii}

- 3. Persons with LTSS needs must have access to the appropriate level of residential care in or near their home community through access to assisted living, residential care facilities for the elderly, or skilled nursing care.**

- a. Expand access to the Assisted Living Waiver to all regions of the state.

Evidence in Support: California’s Assisted Living (AL) Waiver is available to approximately 6,000 individuals in 15 counties, providing Medi-Cal coverage for the cost of care. The program enables low-income frail individuals to live and receive care in a homelike setting that is appropriate for their higher levels of mobility and function. Restrictions on this waiver mean that skilled nursing facilities are the only option for many low-income individuals in non-AL counties.

According to the 2019 Senate Appropriations Committee analysis of AB 50 (Kalra), Medi-Cal’s annual cost for assisted living is \$18,747 and the annual Medi-Cal cost for skilled nursing is \$77,280. The analysis estimates that expanding the AL waiver would result in substantial net savings to Medi-Cal as skilled nursing residents transition from their higher-cost placement into assisted living.^{viii}

- b. Promote expansion of California’s Small House Skilled Nursing Facilities.

Evidence in Support:

Senate Bill 1228 (Alquist), Chapter 672, 2012 Statutes, defined Small House Skilled Nursing Facilities (SHSNF) as skilled nursing and supportive care in a “small, homelike, residential setting in an apartment, cottage, house, or similar residential unit...” Based on the Green House Home model, the SHSNF is a licensed skilled nursing facility staffed

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by a team of “universal workers” with CNA certification who provide personal care, meal preparation, household management for six to 12 high acuity residents.^{ix}

According to the Health Research & Educational Trust, “Among residents of (Green House) homes, adoption lowers hospital readmissions, three (Minimum Data Set) measures of poor quality, and Part A/hospice Medicare expenditures. Some evidence suggests the model is associated with lower direct care staff turnover.”^x

Prioritization: High

Name of person(s)/organization submitting recommendation: Karol Swartzlander, California Commission on Aging

Email for person(s)/organization submitting recommendation: karol.swartzlander@cco.ca.gov

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ⁱ LongTermCare.gov. The Basics - How Much Care Will You Need? Administration for Community Living, 10/10/17.

ⁱⁱ Sloane, Zimmerman, D’Souza. What Will Long-Term Care Be Like in 2040? North Carolina Journal of Medicine. Vol 75, No. 5.

ⁱⁱⁱ California State Auditor. California Department of Public Health: It Has Not Effectively Managed Investigations of Complaints Related to Long-Term Health Care Facilities. 2014-211. October 30, 2014.

^{iv} California State Auditor. Recommendations Not Fully Implemented After One Year; The Omnibus Audit Accountability Act of 2006. January 2019.

^v Justice in Aging. Progress and Challenges in California Assisted Living. PowerPoint presentation. 2016.

^{vi} California Department of Social Services. Resources for Residents and Families.

<https://www.cdss.ca.gov/inforesources/senior-care-licensing/resources-for-residents-and-families>

^{vii} California Department of Aging. California Long-Term Care Ombudsman Program 2018 Annual Report.

^{viii} SENATE COMMITTEE ON APPROPRIATIONS Senator Anthony Portantino, Chair 2019 - 2020 Regular Session AB 50 (Kalra) - Medi-Cal: Assisted Living Waiver program. Version: April 25, 2019

^{ix} SENATE RULES COMMITTEE, Senate Floor Analyses, Bill No: SB 1228 Author: Alquist (D), et al. Amended: 8/27/12

^x Sheryl Zimmerman, Ph.D., Barbara J. Bowers, Ph.D., [...], and David Reed. New Evidence on the Green House Model of Nursing Home Care: Synthesis of Findings and Implications for Policy, Practice, and Research. Health Research & Educational Trust. 2015.