Master Plan for Aging
Recommendation Form

To submit your recommendation, fill out as many of the fields below as possible. 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.]

California's siloed, fragmented community-based older adult support system has weakened the ability of California's seniors to easily access the help they need to remain safely in the community. Additionally, healthcare that serves older adults has equally been ill-equipped to serve the high need and poorest seniors in our community. The Coordinated Care Initiative (CCI) and other statewide care coordination initiatives designed to promote a high quality system of care for adults with complex care needs have not demonstrated the ability to provide strong, comprehensive care coordination for a medically fragile and complex older adult population. Specifically, these initiatives continue to prioritize a medical model that address only a patient's medical care and neglects social determinants that interfere with a successful health outcome. Assuming that every managed care organization or health plan has the ability and wherewithal to work closely with this specialized beneficiary population and address their community resource needs has resulted in barriers to access to critical benefits and resources to meet needs and avoid unintended outcomes.

Cohn J, Corrigan J, Lynn J, Meier D, Miller J, Shega J, Wang S. Community-Based Models of Care Delivery for People with Serious Illness. National Academy of Medicine. April 13, 2017 https://nam.edu/community-based-models-of-care-delivery-for-people-with-serious-illness/

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.]

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.]

MSSP has been a part of California's safety net for more than 41 years and serves only a fraction of the need. The Multipurpose Senior Services Program (MSSP) should be expanded, modernized and be a mandated option of care within the safety net and healthcare delivery system for the state's most vulnerable community-dwelling older adults.

MSSP is a proven, cost effective model of care that can be leveraged as part of California's Master Plan for Aging by expanding the program to all counties, increasing the number of slots and taking a modernized approach to program design.

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

Currently, MSSP annually serves over 11,000 people who are 65 and over with Medi-Cal, no share of cost and nursing home certified for long-term stay. MSSP should be a model of care coordination for this population but with changes, can be leveraged to address the needs of a broader population of vulnerable seniors.

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

- Administrative redesign:
    - Budgeting and rate structure should be changed to a capitated rate per person per month. This will work under a Medicaid waiver structure (like the Assisted Living Waiver) and will allow maximum flexibility for MSSP's model to provide services. Payment modernization combined with performance benchmarks will streamline regulatory monitoring and enable the program to focus resources more fully on person-centered care.
    - Formalize Principles of MSSP Person-Centered Standards of Care in state statute so that MSSP model is an integral part of the State's approach to aging.
- Expand program: Phase 1: Rising to meet immediate needs
    - Expand waiver to all California counties by seeking legislative approval to provide 50% of funding matched by federal government.
    - Increase existing MSSP provider slots in stages:
        - Stage 1: Restore slots over a 2 year period lost during the 2008-2009 recession
        - Stage 2: Add additional slots after Stage 1 is complete to increase statewide capacity.
- Expand program: Phase 2: Incorporating MSSP services into the continuum of aging care including CalAIM
    - CalAIM can require mandatory contracting with MSSP's to provide in home complex care coordination. Health plans can access waiver slots or opt to contract directly with MSSP provider to provide the same model of care, expand

reach, build capacity and enable counties that are ready for a more wide-spread approach to care, to take it.

- Explore non-Medicaid usage of MSSP and determine approach to personal private pay as well as Medicare and other health plan payment options. An example of exploration can include looking at how those who may not qualify for Medi-Cal yet but may want to purchase or need this level of care for their loved one to help them remain living in the community. LTSS services like MSSP may be a solution for others and/or families to prevent premature institutionalization.

The MSSP Site Association can work with the State to vet all recommendations and assist with the design as well as research.

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

Amarasingham R, Xie B, Karam A, et. al. Using Community Partnerships to Integrate Health and Social Services for High-Need, High Cost Patients. Commonwealth Fund. January 5, 2018. https://www.commonwealthfund.org/publications/issue-briefs/2018/jan/using-community-partnerships-integrate-health-and-social

Essential Attributes of a High-Quality System of Care: How Communities Approach Quality Measures. National Quality Forum. October 2016 http://www.qualityforum.org/Publications/2016/10/Essential_Attributes_of_a_High-Quality_System_of_Care_-_How_Communities_Approach_Quality_Measurement.aspx

Community-Based Models of Care Delivery for People with Serious Illness. Perspectives: National Academy of Medicine. April 13, 2017. https://nam.edu/wp-content/uploads/2017/04/Community-Based-Models-of-Care-Delivery-for-People-with-Serious-Illness.pdf

The Association continues to review additional literature and can provide to the committee as we work on this item.

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:** San Mateo County Aging and Adult Services

  https://www.smchealth.org/aging-and-adult-services-support
- **State:** CBAS for mandatory contracting, ALW waiver for capitated rate structure
- **National:** GRACE and PACE as demonstration of serving nursing home certifiable individuals in the community as part of choice for individuals to help them remain in the community. MSSP compliments but can share best practices in managing multiple chronic conditions.

- **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]
    - Upon federal and administrative approval, state to issue competitive bid processes to secure providers for counties/areas in California lacking current access to an MSSP provider.

- **State Legislature:** [legislation needed to implement recommendation]
    - Expand MSSP to all counties
    - Adopt MSSP Person-Centered Standards of Care in state statute
    - Mandate health plans to contract with local MSSP providers for coordinated care of individuals 65 and over, on Medi-Cal and eligible for nursing home placement who desire to remain in the community. This should contain a no wrong door like CBAS, where the beneficiary can either be referred through the health plan or seek enrollment directly from the MSSP site.
    - Address and resolve current rate increase sunset date in 2022.
    - Modernize rate structure as a monthly capitated rate with actuarially sound rates that ensure a stable network of providers across the state.
- **Local Government:**
- **Federal Government:** Approve waiver expansion
- **Private Sector**:

Providers in local areas not currently served by MSSP to consider ability to join local MSSP vendor network.

- **Community-Based Organizations:**

Community-based organizations in local areas not currently served by MSSP to explore requirements to competitively bid and join the MSSP organized healthcare delivery system of providers.

- **Philanthropy:**

Philanthropy to consider ability to assist local CBOs with local site start-up costs to help ensure success.

- **Other:**

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

- Current metric is Medicaid cost per person versus institutionalization
- Length of stay in the community (using MSSP) versus nursing home long-term stay
- Health care data comparisons of like population outcomes for persons served by MSSP and persons unserved by MSSP.
- Client satisfaction data
- Longitudinal research project to study client records for year-over-year outcomes based on participant data including, for example, functional needs assessment and care plan outcomes, etc.
- Future: The State must invest in technology as a part of the Master Plan to increase the aging network collaboration and data collection. The adoption of technology would enable the incorporation of documentation tools to measure outcomes.

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

- **Short-term (by 2021):**
- State statute will direct establishing MSSP services in all counties.
- MSSP's current rate will be made permanent.
- MSSP slots lost in the recent recession will be restored.
- **Mid-term (by 2025):** MSSP services will be available and utilized in all California counties.
- **Long-term (by 2030):** MSSP will be available and utilized under managed care, private pay or contracting to reach Californian's in need.

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

- Existing data sources: [specify datasets, variables, and data owner/location] We are currently researching. CDA reporting to CMS should be obtained.
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist: Chart mining for current profile and impacts of program services.

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings] We are reviewing Duals Demonstration and CCI research re: LTSS at this time and can submit what we find.

Prioritization: [How would you prioritize this issue in importance relative to other needs/priorities – e.g., low, medium, high)**: This is high priority for a population which is one step away from institutionalization or other poor outcomes.**

Name of person(s)/organization submitting recommendation: On behalf of the MSSP Site Association, Janet Heath, Executive Director and Denise Likar, MSA Legislative Chair & Vice President, Independence at Home @ SCAN Health Plan and Debbie Toth, Choice in Aging President and CEO, member Master Plan for Aging Stakeholder Advisory Committee

Email for person(s)/organization submitting recommendation:

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Date of submission: 12/13/19