ITEMS TO BE REFERRED TO ANOTHER MPA GOAL

These are important recommendations and appear to fall under the purview of another MPA goal. The LTSS sub-committee requests that these items be considered under the relevant goal and we offer our assistance to the Stakeholder Advisory Committee as needed to further discuss or refine.

REFER TO MPA RESEARCH SUBCOMMITTEE

Recommendation B5:
Evaluate Local Access to Services Before Proceeding with Statewide Managed LTSS

Issue: Program evaluation is a critical component to system change. With development of the Medi-Cal Healthier California for All initiative, it is important to build on lessons learned from the Coordinated Care Initiative (CCI). Unfortunately, the state lacks data on and evaluation of the CCI's managed LTSS program. This information is critical to understanding how individual needs were met in the program, where challenges were encountered and how the system can be improved before the state expands Managed LTSS statewide through the Healthier California for All initiative.

Recommendations:

- Data and Reporting: The Department of Health Care Services should collect data and report on beneficiary access to services, including referrals and receipt of home and community-based services, transitions and care coordination.

- Evaluation: The Department of Health Care Services should contract with a University of California entity to conduct evaluation of existing MLTSS system including timely access to services, care coordination and beneficiary satisfaction. This should be completed prior to MLTSS expansion.

Refer to MPA Goal 3 Work Group

Recommendation C12
Invest in LTSS Workforce Education & Training Strategies

Issue: There is a lack of opportunity and funding for training of new and experienced workers in the healthcare and caregiving professions. Increasing the availability of medical, social work, dental and mental health services and direct care cannot be achieved without expanding the educational opportunities required to develop a well-trained and diverse workforce.

Recommendations:

- Support career pipeline for professionals focused on serving aging population. This includes developing/expanding initiatives to introduce high school, community college, and college students to prospective

careers serving older adults, which may include gerontology certificate programs in community colleges with specific linkages to advanced degrees with specializations in aging.
- Provide stipends and loan forgiveness for students entering the field, including high school, technical training programs, community and four-year colleges, and advanced degree programs.
- Prioritize geriatric medical students for loan forgiveness through the Song-Brown Family Physician Training Act and other loan forgiveness programs.
- Provide and subsidize advanced practice training for those currently working in the field of gerontology.
- Allocate funds for county programs that identify and incentivize mid-career professionals and paraprofessionals to pursue geriatric specialization/certificates.
- Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve underserved rural and urban communities.

Recommendation C13

Authorize Full Practice Authority for Nurse Practitioners

Issue: States have the authority to determine the scope of treatment capacity for nurses. Nurse practitioners (NPs) are registered nurses who, in California, are required to hold a master's degree in nursing and complete advanced coursework. Full practice authority allows NPs to evaluate and diagnose patients, order and interpret diagnostic tests, manage treatments, and prescribe medications – without a written collaborative agreement with a physician - all of which would substantially alleviate the physician shortage, reducing delays in care and facilitating the ability of elders to age in place. There are currently 26,000 NPs in California who could, with full practice authority, fill critical gaps in primary care workforce, especially in rural areas.

Recommendation:

Grant nurse practitioners full practice authority by expanding the regulations governing scope of practice.

Recommendation C15

Improve Access through Primary Healthcare and Psychiatric positions

Issue: Current limits on the number of primary care and psychiatric residency positions in California contribute to the shortfall of those practitioners serving elders in the state.

Recommendations:

- Adopt the recommendations in the February 2019 California Future Workforce Commission Final Report related to nurse practitioners, primary care, specialty health care including geriatricians with a focus on under resourced communities.
- Expand the number of primary care physician and psychiatry residency positions, yielding an increase of 1,872 primary care physicians and 2,202 psychiatrists by 2030.

- Enhance rural capacity by permitting California's rural hospitals to employ primary care physicians; providing funding to increase the use of telemedicine.

Recommendation C16
Create/Professionalize Additional Paraprofessional Positions
Issue: There is an acute shortage of workers who perform case management, service coordination, information and referral, and medical/residential maintenance.

Recommendation:
- The appropriate state agency should establish the following categories of paraprofessionals, setting training minimums and curriculum standards: Case Manager Assistant; Service Coordinator; Information & Referral Representative Assistant; and Medical/Residential Maintenance Assistant.

Recommendation C17
Leverage Telehealth Technology
Issue: The healthcare workforce shortage is particularly acute in rural areas, leaving older adults residing in those areas especially vulnerable.

Recommendation:
Leverage telehealth technology, including tele-pharmacy, that is designed to supplement the skilled judgment of health care providers in face-to face encounters, to allow for long-distance patient monitoring and care. Telehealth would especially benefit care recipients and caregivers in rural areas, reducing the need to travel to medical appointments without sacrificing the practitioner's attention to health conditions, and enabling practitioners to provide care to more recipients.

Recommendation C28
Promote Completion of Advance Directives
Issue: "Unrepresented" or "un-befriended" adults are those who: 1) lack decision-making capacity as the result of cognitive impairments or intellectual disabilities; 2) have not appointed (or been appointed) surrogates; and 3) have not indicated their wishes or preferences prior to the onset of incapacity through powers of attorney or other "advance directives." These individuals are at heightened risk for:
- Abuse, neglect, exploitation, and the violation of their rights;
- Unnecessary, prolonged hospitalization due to the lack of decision makers to authorize their release into long-term care facilities;
- Poverty and homelessness if failure to manage their financial affairs goes unnoticed by families, doctors, and other third parties; and
- Having personal choices about health and medical care, end of life decisions, and legacies disregarded or overridden.

Recommendation:

- All adults have opportunities to complete advanced directives to protect their autonomy and personal choices.
- Assure that individuals with cognitive impairments have supports and representation in decision making and in managing their care regardless of their place of residence (i.e. community or congregate settings).

Recommendation C30

Promote Early Detection of Alzheimer's Disease

Issue: We are entering the decade of dementia. Between 2020 – 2030, California's population impacted by Alzheimer's and all dementias will soar 64 percent. We commend the Newsom Administration for multiple, concurrent efforts to plan and prepare for this historic demographic shift. With this Master Plan, the Governor's Alzheimer's Task Force and Medi-Cal Healthier California for All, our state has an opportunity to lead the nation as a 21st century model for aging in America.

Recommendation:

- All Californians must have access to a timely and accurate medical diagnosis. Strategies should include: launch a comprehensive, statewide, culturally competent public education campaign; build public health infrastructure in support of risk reduction and early intervention; equip primary care physicians with tools and training to deliver timely and accurate diagnoses.

Refer to MPA Goal 4 Work Group

C7(2) Issue: Mitigate Access Disparities in Elder Justice

Disparities exist for older adults and people with disabilities in health, safety, and security, and access to services and resources that reflect lifelong discrimination impacting education, economic stability, social and community support, and living environments.

Recommendations:

- Enact policy that protects all aging Californians with special attention to those who are at highest risk of homelessness, neglect, poverty, disability, and abuse. Eliminate disparities in rates of abuse, neglect, and exploitation among older Californians through the following:
- Identify disparities in access to and utilization of protective and supportive services, the legal system, and advocacy services (short-term)
- Increase availability of and access to adult protective services, legal assistance, advocacy, eviction prevention programs and other services and resources for underserved older adults and people with disabilities (mid-term)

- Conduct a statewide anti-ageism and anti-ableism campaign to raise professional and public awareness about the impact of discrimination and prejudice against older people and people with disabilities and its impact on health, safety, and wellness (short-term).

Recommendation C8
Improve Emergency Preparedness and Response in the LTSS System

Issue: Older adults and people with disabilities are two to four times more likely to die or experience a serious injury in a disaster. In California, these threats are increasing in frequency, intensity, scale, and duration because of climate-related changes other large emergencies, and outdated infrastructure California's recurring Public Safety Power Shutoffs (PSPSs) place millions of older adults and people with disabilities' health and safety at risk, most acutely impacting low-income individuals. Effective emergency planning requires partnerships among all levels of government, businesses, and community-based organizations.

Recommendations:

- Require managed care plans to establish partnerships with community-based organizations engaged in emergency planning and responsiveness, including independent living centers, regional centers, area agencies on aging, and aging disability and resource centers.
- Coordinate with DHCS and Office of Emergency Services to require managed care plans to establish call center emergency protocols and put in place communication protocols to convey information before, during, and after an emergency including how people can reach their health plan, where to go to receive health services, changes in how the health plan approves services such as seeing an out-of-network provider, and how to obtain or quickly replace consumable medical supplies, durable medical equipment (DME), medications, and access to their medical records.
- Managed care plans must support members to develop and maintain personal emergency plans; plan for alternative methods of powering life-sustaining equipment; communication and evacuation; incorporate emergency plans into individuals' health care plans; provide specific planning and resource information on health plan websites; prioritize and conduct life-safety checks to address complex independent living and health needs of individuals who lack support from family, friends and others, are geographically isolated, are least able to receive, understand or act on emergency alerts, are power-dependent on life-sustaining equipment (respirators, ventilators, mobility devices); require oxygen, dialysis, chemotherapy, are least able to get to pharmacies and distribution sites for power, food, water, diverting unnecessary admissions to hospitals and nursing homes; replacing devices, equipment, supplies and medications.

Recommendation C27

Strengthen Elder and Dependent Abuse Reporting

Issue: Glaring disparities exist between counties in their responses to elder abuse, neglect, and exploitation. The mandate to provide Adult Protective Services (APS) is underfunded and county support for local programs varies widely; in many, the level of support has not kept pace with the growing demand for the services. California's approach to elder abuse has focused on costly emergency, crisis, and remedial interventions, with lesser attention paid to services that reduce risk or address mistreatment in its early stages. Greater balance is needed. The reporting system is complex and confusing to the public, mandated reporters, responders, policy makers, and other stakeholders.

Recommendations:

- Provide options for a streamlined approach for reporting elder and dependent adult abuse with the assurance that all cases are investigated and responded to. Examples include an 800 number, specially trained personnel to triage cases, electronic screening, and tools for assessing consistency in local response systems.

- **Short-term Objectives:**
  A. Create standards for APS investigators and responders that conform to California law and accepted standards of practice.
  B. Appoint or designate a state level entity to address disparities in abuse reporting and response and develop benchmarks for achieving parity.
  C. Provide training to APS and other investigators and responders in implicit bias, cultural responsiveness, and other skills needed to overcome disparities.

- **Long-Term Objectives:**
  A. All cases of elder abuse are investigated by qualified investigators and victims are offered appropriate services, interventions, and resources.
  B. 100% compliance by every county and tribal APS program with state mandatory reporting statutes and in accordance with uniform performance standards such as the *Voluntary Consensus Guidelines for State APS Systems*, which address caseload size, supervision, training, worker safety, services provided, and access to specialized expertise.
  C. Equity in counties' responses to abuse. Funding for services should reflect: 1) demographic trends and needs; and 2) parity among populations in need of protective services. Reporting and response must not vary based on race, gender, or income.
  D. Greater emphasis on services and interventions that reduce the risk of elder mistreatment and identify it in the early stages.

MERGED RECOMMENDATIONS:

Recommendation B6:
Advance Innovation

Issue: Medicare beneficiaries with complex care needs face difficulty accessing LTSS needs and must instead navigate a fragmented service delivery system without assurance that their needs will be met. Older adults and people with disabilities with living with chronic conditions and functional impairments are particularly at risk of having unmet LTSS needs if they are not eligible for Medi-Cal. Advancing integrated service delivery for a broader population requires innovation and investments in new models of care.

Recommendations:

- The Department of Health Care Services should explore opportunities to better align health and LTSS services for Medicare beneficiaries. In partnership with the Department of Managed Health Care, health plans and insurers, the state should assess options to encourage uptake of LTSS benefits through Medicare health plans.
- The Department of Health Care Services should develop innovations to test new models of integrated care, including those that build on the Program for All Inclusive Care for the Elderly (PACE) as well as other programs that integrate medical, social and LTSS to broader populations of older adults and persons with disabilities. This could include models to expand PACE to the Medicare population, as well as other opportunities such as those offered in the CBAS complex care initiative that partners with community-based organizations, health care and insurance partners to assist people with chronic conditions navigate health care and LTSS.

Recommendation C25
Simplify Administration of the IHSS Program for Recipients

Issue: As the IHSS program has grown, it has become exponentially more complicated for recipients and applicants to navigate. While certain changes, like overtime and sick leave, have been positive, they have added to the administrative complexity of the program for recipients. This has real consequences for recipients including eligibility denials and discontinuances; incorrect assessments of need and hours; challenges in hiring, paying and retaining a provider; and delays in services when being discharged from a hospital or skilled nursing facility.

Recommendations:

- Allow for simple re-determinations for recipients with stable conditions
- Change the parent-provider rules to allow for a choice of providers
- Streamline provider rules to ensure it is easy to hire and pay providers
- Review assessment procedures to ensure individual need is reflected

- Improve the coordination between the IHSS program and institutional settings to ensure there are no gaps in services for those being discharged.

Recommendation C26
Improve Emergency Backup Systems for IHSS
Issue: In the last few years, California has experienced several natural disasters, as well as planned public safety power shutdowns (PSPS), leaving older adults and people with disabilities, including IHSS consumers, particularly vulnerable. Because older and disabled adults may have sensory or mobility impairments, chronic health issues, cognitive impairments and lack of social and economic resources, they are at greater risk of injury or death during an emergency.

In disaster management activities it is important to think about disability broadly. The term disability does not apply just to people whose disabilities are noticeable, such as wheelchair users and people who are blind or deaf. The term also applies to people with heart disease, emotional or psychiatric conditions, Alzheimer's, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities.

Recommendations:
- Encourage IHSS recipients to prepare and review personal emergency plans with county staff annually to update data for emergency response and participate in training and evacuation drills. Maybe this could move as well
- Establish an emergency back-up system of IHSS providers administered by Public Authorities for when a caregiver is unavailable for IHSS consumers.
- Create a billing/payment category for emergency services that can be used to compensate IHSS providers for additional hours worked during emergencies or natural disasters.

Recommendation C29
Promote Completion of Advance Directives for Those with Cognitive Impairments
Issue: When "un-represented" or "un-befriended" adults who have not executed advance directives have their rights violated or are abused, neglected, or exploited (or, are at imminent risk); surrogate decision makers or representatives may be needed to represent their interests with respect to their medical care, finances, housing, and long-term care needs. Few options are available for doing; one such option is conservatorship, which is considered by some to be the option of last resort because of its restrictive nature. There is also currently a shortage of conservators as well as alternative options that are less restrictive in their scope of authority and duration.
Recommendation:
- Assure that individuals with cognitive impairments have supports and representation in decision making and in managing their care regardless of their place of residence (i.e. community or congregate settings).