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Alzheimer's Disease and Related Disorders Advisory Committee
Meeting Minutes
March 11th, 2021
10:00am-1:00pm

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Location: Zoom Conference Call

Members Present via Zoom
Catherine Blakemore
Julie Souliere
Susan DeMarois
Jessica Nunez de Ybarra
Angela Reed
Yarin Gomez
Josie Porras Corporon
Howard Rosen
Debbie Toth
Debra Cherry
Sharon Trocki-Miller
Janet Yang
Monica Miller
Molly Nocon
Barbra McLendon
Amanda Lawrence
Lene Levy-Storms
Jamie Carino
Monica Morales

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1) **Call to Order: Welcome and Committee Member Updates**

    The meeting was called to order by Committee Chair, Josie Porras Corporon. Members provided updates to the committee.

2) **Overview of California Advancing and Innovating Medi-Cal (CalAIM) Initiative**

    Jacey Cooper, Chief Deputy Director, DHCS

    Minutes:

    - CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of Californians by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

    - Population Health Management (PHM), Enhanced Care Management (ECM), and In Lieu of Services (ILOS) are foundational components of CalAIM.

- **CalAIM Relaunch Proposal:** DHCS postponed the planned implementation of the CalAIM initiative to focus on COVID-19.

- On January 8, 2021, DHCS released a revised CalAIM [proposal](#).

- PHM requires managed care plans (MCP) to develop and maintain a person-centered PHM program for addressing member health and health-related social needs across the continuum of care. MCP PHM programs must meet the National Committee for Quality Assurance (NCQA) standards for population health management as well as additional DHCS requirements.

- ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services. ECM, with ILOS, will replace the current Health Homes Program (HHP) and Whole Person Care (WPC) pilots, scaling up the interventions to form a statewide care management approach. ECM will be offered to all high-need Medi-Cal members who meet ECM target populations criteria. For details, see [Revised CalAIM Proposal, Appendix I](#). To ensure that ECM will be community-based, high-touch, and person-centered, MCPs will be required, with limited exceptions, to contract with local ECM providers.

- ILOS are medically appropriate and cost-effective alternatives to services covered under the State Plan. They are optional for MCPs to provide and for managed care members to receive. The ILOS option within CalAIM builds upon the work done in the WPC pilots. Starting in January 2022, DHCS will authorize 14 pre-approved ILOS in its contracts with MCPs. DHCS strongly encourages MCPs to offer the full menu of pre-approved ILOS to comprehensively address the health needs, including social determinants of health, of members with the most complex health challenges.

3) **Overview of Milliman Report – Long Term Services and Supports Feasibility Study**

Anastasia Dodson, Associate Director for Policy, DHCS

Minutes:

- Payment Landscape: Medicare coverage of Long-Term Services and Supports (LTSS) is limited, Medi-Cal covers LTSS for low-income individuals, Care is expensive, and many middle income families have not saved for LTSS, Many will need LTSS at some point in their lifetime, Care is expensive and needed for multiple years, Strain on families and growth in public programs, U.S. aged population continues to grow rapidly

- Funding of LTSS Expenditures by Payer (national data): 51% Medicaid, 23% Other (various state, local, private sources), 16% Out of Pocket, 10% Private Insurance

- Authorization for 2020 Report: California Aging and Disability Alliance (CADA) group proposed funding for a LTSS actuarial analysis for California similar to the report prepared by Milliman for the state of Washington. Budget Act of 2019 authorized $1 million for DHCS to contract for a feasibility study and actuarial analysis of LTSS financing and service options. DHCS commissioned Milliman to complete a feasibility study that includes: Projected cost estimates of alternative financing and service options, possible impacts to existing Medicaid programs.

- Link to final report: https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Long-Term-Services-and-Supports-Feasibility-Study-Final-Report.pdf

- Core Plan Structure: public long-term care insurance benefit for workers, no spousal coverage, provides a time-limited long term care insurance benefit, participation is mandatory, financed by a flat percentage state tax on all wages and self-employed reported wages, funding is pay-as-you-go for a social insurance program, although the program does include some measure of prefunding. To receive benefits, individuals must pay the tax for a specified number of years and meet benefit eligibility definition.

- LTC Insurance Task Force: Task Force within California Department of Insurance, established by AB 567 (Calderon, 2019). Will explore the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care/long-term services and supports. First meeting March 9, 2021.Task Force report due by January 1, 2023.

4) **Discussion of DHCS presentations and how they support committee priorities**

Susan DeMarois, Committee Vice Chair; Committee Members

Minutes:

- Equity: COVID-19 has laid bare the historic barriers and systemic inequities facing older adults of color, especially the disparities experienced by people with dementia and caregivers. The Master Plan for Aging focused on equity, and the Governor's Alzheimer's Prevention and Preparedness Task Force highlighted the experiences of women, people of color and the LGBTQ community.

- Medicare/Medi-Cal Integration: CalAIM's focus on Dual Eligible Special Needs Plans and the creation of a new Medicare Office of Innovation and Integration are encouraging signals. Twenty-seven percent of Medicare beneficiaries are dually eligible for Medicaid. Nationally, annual Medicaid spending on beneficiaries with a cognitive impairment is 23 times higher ($9,178 as compared to $391 for those without a dementia) underpinning a projected increase of $1 billion in state Medi-Cal spending on this population by 2025. Among Medicare beneficiaries with Alzheimer's or dementia, 96 percent have at least one co-occurring chronic condition and they are 2.8 times more likely to have four or more chronic conditions. California currently has the second highest per capita Medicare payment rate in the nation,

spending – on average, $35,364 per beneficiary with moderate to severe cognitive impairment per year as compared to $8,102 for those without. In California, Medicare beneficiaries with Alzheimer's are readmitted to the hospital at the rate of 23 percent, many originating with one of the more than 1 million annual ER visits made by Californians with dementia. Whether the payer is Medicare or Medi-Cal, nearly half of the resident population in every California nursing home has Alzheimer's or dementia (48%).

- <u>Population Health/ Upstream Interventions:</u> Historically, efforts to improve Alzheimer's and dementia care have focused on those in the mid to late stages of the disease who are more likely to require high cost care such as hospitalization, emergency room care and skilled nursing. Medi-Cal has proven to be a national leader on many other chronic and disabling conditions with preventive screening, early detection, timely diagnosis and pro-active care planning and care coordination. Lessons learned from the Whole Person Care pilots, CCI/Cal MediConnect, ACEs and others can be applied to CalAIM to achieve better health outcomes, improved quality of life and reduced Medi-Cal costs.

- <u>Master Plan for Aging/Alzheimer's Prevention and Preparedness Task Force</u>: The Newsom Administration, Legislature and DHCS are committed to stakeholder engagement. The Master Plan and the Alzheimer's Task Force reports provide extensive detail on Alzheimer's disease, dementia and caregiving as well as numerous recommendations that were developed with considerable input from consumers, providers and leading experts in the field representing diverse local, statewide and national perspectives. This work should serve as a foundation for CalAIM planning related to older adults and enrollees with cognitive impairment.

5) **Discussion and Overview of Alzheimer's Investments in the Governor's Budget**

Monica Morales, MPA, Deputy Director, Center for Healthy Communities, CDPH

Jessica Núñez de Ybarra, MD, Chief, Chronic Disease Control Branch, CDPH

Angie Reed, Program Lead, Alzheimer's Disease Program, CDPH

<u>Minutes:</u>

- The Chair welcomed Ms. Morales, Ms. Reed and Dr. Nunez de Ybarra

- CDPH Alzheimer's Budget Change Proposal (Fiscal Year 2021-22) https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG4265_BCP4236.pdf

- Funding: $17 million State of California General Fund – Available for encumbrance until June 30, 2024

- Supports Governor's Task Force on Alzheimer's Disease Prevention, Preparedness (GTF) 10 Final Recommendations http://caalztaskforce.org/ & Master Plan for Aging (MPA) https://mpa.aging.ca.gov/

- California Alzheimer's Disease Center https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/AlzheimersDiseaseResources.aspx

- California Healthy Brain Initiative https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/C A-Healthy-Brain-Initiative-RFA.aspx

- Alzheimer's Disease and Related Dementias Research Grants

- Research Projects awarded in 2019: https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/ages/AlzheimersResearchGrants.aspx

- Research Projects awarded in 2020: https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/AlzResearchGrants2020.aspx

- MPA https://mpa.aging.ca.gov/

6) **Action: Approval of December Minutes, and Discuss Committee Membership**

   Josie Porras- Corporon, Committee Chair; Committee Members

- Following a correction to Section 5 to refer to Dr. Nunez de Ybarra, the December Minutes were approved

- Julie Souliere provided an overview of the committee's membership and planned changes this year. Current members that have served beyond their terms will be transitioned off the committee in phases. New members are being recruited to fill vacancies.

Action: Finalization of Recommendations and Items for Update to the Secretary

- Committee had an open discussion and discussed potential agenda items for the June meeting.

- Open discussion on updates for Secretary

- At the March meeting, DHCS provided and overview of its CalAIM proposal to the Alzheimer Advisory Committee. The committee wants to express its support

for CalAIM and its principles. As such, the committee submitted comments to DHCS regarding its CalAIM proposal.

- The Alzheimer Advisory Committee would like to thank the Secretary and CHHS departments for the budget investments and actions related to the Master Plan on Aging and the Governor's Task Force on Alzheimer's.

7) Discussion: Future Agenda Items

Committee Members

- Open discussion among committee members

9) Meeting Adjourns & Public Comment

The Chair adjourned the meeting.

Other Information:

If disability-related accommodations are required for your attendance or you need materials in alternate formats, please contact Tran Duong at 916-651-0407or Tran.Duong@chhs.ca.gov at least five business days prior to the meeting date. In consideration of attendees who are sensitive to environmental odors created by chemicals and perfumes, please restrict the use of fragrances at this meeting. Please note that the order in which the agenda items are considered may be subject to change. Opportunities for public comment will be provided at the end of each topic

Notification regarding submitting materials to the committee:

California Government Code Section 11546.7, originating from AB434 (2017-18) requires state agency Directors and their Chief Information Officers certify their agency website complies with Government Code Section 7405 and 11135, and the Web Content Accessibility Guidelines, published by the Web Accessibility Initiative of the World Wide Web Consortium at minimum Level AA success criteria. These certifications must be signed by July 1, 2019, and then on July 1 every other year thereafter.

To comply with this requirement and to ensure that all Californians have meaningful access to CHHS website content, **CHHS is requesting that all content (including documents) submitted for posting on the CHHS website meet Web Content Accessibility Guidelines**. The California Department of Rehabilitation has created Web Accessibility Toolkit to serve as a resource for meeting these guidelines. The Toolkit can be accessed online here: https://www.dor.ca.gov/Home/AB434