



CBAS Stakeholder Meeting

Meeting Date March 6, 2014 2:00 – 5:00pm
Sacramento
CDA

Attendees:

| Workgroup Representatives | Organization |
|----------------------------------|---|
| James Kawakami | LA Care |
| Tammy Moore | Santa Clara Family Health Plan |
| Sonja Bjork (phone) | Partnership Health Plan |
| Ruth Gay | Alzheimer's Association |
| Viviana Criado (phone) | California Elder Mental Health and Aging Coalition (CEMHAC) |
| Lydia Missaelides | California Association for Adult Day Services (CAADS) |
| Diana Cooper-Puckett | Peg Taylor Center for Adult Day Health Care |
| Mallory Vega | Acacia Adult Day Services |
| Nina Nolcox | Graceful Senescence Adult Day Health Care |
| Berdj Karapetian | Adult Day Health Care Association |
| Pamela Mokler (phone) | Care 1st |
| Mark Kovalik (phone) | Among Friends Adult Day Health Care |
| Robert McLaughlin (phone) | Assembly Committee on Aging and Long-Term Care |
| John Shen | DHCS |
| Jeannie Smalley | DHCS |
| Lora Connolly | CDA |
| Ed Long | CDA |
| Denise Peach | CDA |

Non-Workgroup Stakeholders in Attendance: 4
Registered for the webinar: 66
Attended the webinar via GoTo Meeting: 54





Agenda

Welcome and Introductions

- Meeting Objectives

Workgroup Presentation: CBAS Participant Case Study #1

Review of Stakeholder Input to Date

Summary of Workgroup Recommendations

Workgroup Presentation: CBAS Participant Case Study #2

Workgroup Presentation: CAADS Health Home/TOPS Project

Future and Parking Lot Topics Discussion

- Efforts Post-Stakeholder Workgroup Meetings

Public Comments

Next Steps/Review of Action Items

Meeting Adjourned

Summary Webinar: April 10, 2014 (3:00pm to 5:00pm)

Summary

Bobbie Wunsch, Pacific Health Consulting, convened the meeting with a welcome and brief overview of the agenda and objectives for Meeting 4 (today) and the Summary Webinar on April 10, 2014:

1. Meeting #4 – summary of workgroup recommendations, presentations on two CBAS participants and the CAADS Health Home/Tops Project, discussion of future and parking lot topics, and next steps. Bobbie requested that we start the meeting with one of the case study presentations. (Refer to documents posted on the CDA CBAS website, including audiotape of the meeting.)
2. Webinar April 10, 2014 (3-5pm) – summarize Stakeholder recommendations and next steps in Waiver amendment process.

Bobbie acknowledged the work of the DHCS and CDA staff and complimented the Workgroup on the productive stakeholder process and vigorous, focused discussions. She encouraged stakeholders on the phone to submit comments/questions during the meeting via e-mail, identifying the specific topic for reference and providing name/contact information for follow-up. Volunteers were encouraged to participate in future topic stakeholder activities.



Workgroup Presentation: CBAS Participant Case Study #1

Diane Cooper-Puckett, Executive Director of the Peg Taylor Center for Adult Day Health Care, presented a case study of a medically and psychiatrically complex CBAS participant who had 14 chronic complex conditions. CBAS services provided consistent ongoing support that resulted in an improvement in the participant's condition and a reduction in psychiatric hospitalizations. CBAS-related outcomes included no psychiatric hospitalizations for 7 years, improved coping skills, better management of her diabetes resulting in weight loss and a decrease in the number of medications. This individual is not atypical of participants served by ADHC/CBAS centers who benefit from integrated comprehensive services and support provided in a non-institutionalized setting. For more details, refer to case study slides posted on the California Department of Aging (CDA) Community-Based Adult Services (CBAS) website.

Review of Stakeholder Input to Date

Denise Peach, CDA CBAS Branch Chief, reviewed stakeholder input received since the last Meeting. There has been continuing feedback via the CDA mailbox and over the phone. Ninety-five comments have been received to date. Nine comments were received at the last meeting and one comment has been received since the last meeting. The majority of comments received fall into the following categories: (1) the stakeholder process (wanting more voice in the process); (2) authorization and face to face eligibility determinations; (3) flexibility in the CBAS program model; (4) rates; (5) data collection and reporting. Public comments have been reviewed and incorporated into the summary of recommendations and topics for future discussion. An updated log of comments will be posted on the CDA Website (www.aging.ca.gov) after the March 6th meeting.

Denise addressed two comments/questions raised by stakeholders to provide clarification:

- Unbundled services: the term as used in the Waiver does not relate to unbundled services as referenced in ADHC statutes for cost-reporting.
- Data collection and reporting: needs for improved data must be balanced with the burden that getting the data imposes on providers.

Summary of Workgroup Recommendations

Bobbie informed the Workgroup that the document "Summary of





Workgroup Recommendations” was just posted on the CDA CBAS website under “Key Documents.” CDA and DHCS identified and discussed 18 recommendations resulting from Workgroup discussions about the STCs and SOPs, including comments captured on the stakeholder log. For each recommendation, the document indicates whether DHCS and CDA concur or not with the recommendation or if it is undetermined at this point. Refer to the Summary document for details regarding each of the items briefly noted below:

1. Delete provisions related to ADHC to CBAS transition that are no longer relevant, including Enhanced Case Management (ECM).
(Concurrence: Yes)

The Workgroup expressed concerns about the following: (1) deleting Enhanced Case Management services from the Waiver; (2) needing something in the STCs to determine what happens to people who need CBAS but who do not have access to a CBAS center; and (3) needing to assist people disconnected from their Medi-Cal and Medicare plans.

Jeannie Smalley shared that currently ECM is being provided to approximately 500 class members of the Settlement who were assessed as being not eligible for CBAS during the transition from ADHC to CBAS.

Nina Nolcox noted that the section on enrollment for CBAS should be retained in the STCs but that it was missing from the Summary document. Denise clarified that this section would be retained and that not all feedback raised in the Workgroup meetings is summarized in this document. The Summary document captures the main recommendations of the Workgroup. The comprehensive detail on recommendations is listed on the STC and SOP matrices posted on the CDA website.

2. Continue access monitoring and streamline reporting requirements to CMS. (Concurrence: Yes)

No changes noted.

3. Create new STC/SOP section(s) for Plan/Provider Relationships. (Concurrence: Yes)



Workgroup members raised concerns about plans cutting costs by contracting with providers based on the lowest bid without regard to quality. The Workgroup requested that these STC sections express the intent that access to quality CBAS centers will be maintained.

Some challenges identified include: (1) Establishing standards for access; (2) Investing in developing new CBAS facilities particularly in rural communities; (3) Building better relationships and improving communication between plans and providers; (4) Protecting access to centers that provide better outcomes.

4. Retain language for fee-for-service (FFS) grievances and appeals. (Concurrence: Yes)

No changes noted

5. Allow more plan discretion regarding conducting face-to-face eligibility determination – should be driven by beneficiary’s clinical status and provide for expediting of enrollment. (Concurrence: Yes)

The Workgroup requested that this section include intent language about plans cooperating with each other to ensure continuity of care when individuals switch health plans. The group discussed “portable” eligibility between plans so that services will not be disrupted. Additionally, STCs regarding eligibility determination should be clear that plans have discretion to do/not do face-to-face eligibility determination when a Health Risk Assessment is already done or an individual is otherwise determined eligible.

6. Allow authorization for up to 12 months, based on clinical status. (Concurrence: Yes)

Discussion focused on plans requiring providers to initiate reauthorization over 30 days prior to expiration. Regulations governing CBAS reassessment timeliness specify that reassessments must be completed within 30 days. The Workgroup requested that this issue be addressed in the STCs/SOPs.

7. Individual Plan of Care (IPC) to be redesigned. STC/SOP references revised to reflect Plan/Provider collaboration on care planning to incorporate larger managed care plan participant care goals beyond CBAS. (Concurrence: Yes)



No changes noted.

8. Include references to “care coordination” that CBAS centers are required to provide per ADHC nursing and social services regulations. (Concurrence: Yes)

No changes noted.

9. Revise language describing basic CBAS benefits and service components to be clearer and reflect statutory/regulatory requirements (e.g., transportation definition, CBAS relationship to behavioral health, etc.) (Concurrence: Yes)

No changes noted.

10. Access - Allow planned growth of new CBAS centers. (Concurrence: Yes)

The Workgroup recommended that the criteria for determining need for new CBAS centers include consideration of fee-for-service population as well as managed care.

11. Retain unbundled services. (Concurrence: No)

The Workgroup expressed concern that the plans won't have a rate structure to bring the array of services together as they do currently under the unbundled provisions in the Waiver. They recommended that if unbundled services are deleted, the STCs should include intent language that addresses the plans' responsibility when there is an absence of a CBAS center and there are individuals who would be eligible. Specifically, plans should focus on coordinating delivery of services with the objective of supporting the individual's ability to live in a community setting.

12. Revise quality assurance requirements in STCs and further develop quality metrics for provider quality of care standards to add to the quality strategy. (Concurrence: Yes)





No changes noted.

13. **Rates** (Concurrence: Undetermined)

No changes noted.

14. Add statutory references to SOPs. (Concurrence: Yes)

No changes noted.

15. Delete non-profit provider provisions. (Concurrence: Yes)

No changes noted.

16. Give CDA authority to grant program flexibility that CDPH currently has authority for under licensing statutes and regulations. (Concurrence: Undetermined)

No changes noted.

17. Create mechanism for payment for a day of services that is less than the 4 hours required by regulation. Exceptions could be defined such as participant level of acuity or emergent non-medical issues such as weather. (Concurrence: Undetermined)

No changes noted.

18. Revise language regarding staffing requirements to clarify how the regulatory standard for average daily attendance in the previous quarter will be applied. (Concurrence: Undetermined)

No changes noted.

After the Workgroup finished the review of the recommendations, Bobbie reminded everyone that this was the last of the Workgroup meetings. She asked for volunteers to participate in the upcoming CBAS Stakeholder Workgroup Summary Webinar on April 10th.

Bobbie reviewed the timeline of events surrounding the Waiver submission. The timeline for this process is posted on the CDA website. There will be internal discussions between DHCS and CDA to fine tune the STCs and SOPs. Conversations will start this month



with CMS. March through May, DHCS and CDA will draft the amendments, respond to questions and work with CMS before formally submitting the Waiver. DHCS/CDA may reach out to the Workgroup again to address questions that arise during the CMS negotiations. The draft amendments will be shared with the Workgroup before submitting to CMS.

Bobbie thanked the Workgroup for their hard work getting through the STCs and SOPs.

Workgroup Presentation: CBAS Participant Case Study #2

Diane Cooper-Puckett presented the second case study of a participant with complex medical and psychiatric conditions requiring intensive services by a nurse navigator to help coordinate primary and specialty care. This participant's psychiatric status and symptoms are a diagnostic dilemma and she is being evaluated by the UCSF memory center. Education and support services are provided to the husband who is the participant's primary caregiver. The case study presented reflects the amount of intensive care coordination required internally to the center and externally with community resources and services including education and support for the participant's husband.

Workgroup Presentation: CAADS Health Home/TOPS Project

Lydia Missaelides, Executive Director of the California Adult Day Services Association (CAADS), presented on the Community Based Health Home Project, which uses ADHC/CBAS as a health home model for dual eligible enrollees and CBAS participants. This project is funded by a grant from the SCAN Health Plan. A health home is a comprehensive person-centered care model that aligns adult day health care/CBAS to managed care and the Primary Care Physician (PCP) to provide improved outcomes for older adults with complex bio-psychosocial needs. This is a two-year project to provide intervention support and care coordination/collaboration through the intensive hands-on effort of an RN Navigator who can work outside of the ADHC/CBAS center. Refer to slides posted on the CDA CBAS website for more details including profile of dual eligible, CBAS participants, screening tools, assessment domains, data and outcome measures.

Future and Parking Lot Topics Discussion

Bobbie referred the Workgroup to the document "Future and/or Parking Lot Issues" which is posted on the CDA CBAS website. During much discussion, Workgroup members identified their priority topic areas from the list (in no particular order), which included





Rates; Plan/Provider Relationships, Communication and Reporting/Performance Requirements; Authorization Process; IPC redesign; and Quality and Access to services.

The group acknowledged that several issues overlap, such as the provider/plan relationship, quality, access and rates. CDA/DHCS will follow-up with the Workgroup to establish the priority of future efforts.

Efforts Post-Stakeholder Workgroup Meetings

During the Waiver discussions, DHCS/CDA will reach out to the Workgroup if a need arises.

As it pertains to the quality section and discussion, John noted that for CCI, CMS has already prescribed 67 quality metrics which will provide new challenges to the plans and the State.

The CDA CBAS website and stakeholder meeting distribution list will continue and additional webinars will be added if needed. Workgroup activities may continue in a less formalized way between now and August to give shape to the future topic discussions. The Workgroup discussed the importance of continuing to strengthen Plan and provider relationships.

Public Comments

Elissa Gershon, Senior Attorney with Disability Rights California, commended CDA and DHCS for a stakeholder process that has been comprehensive, transparent and organized. She expressed concerns about the following: provider/plan relationships, quality, access, and rates. She expressed that the cornerstones of the Settlement were access to services and quality services. She emphasized the need to maintain a minimum standard for a statewide rate to provide safeguards; and expressed concerns that flexibility in standards and rates could undercut access to quality services (e.g. contracts awarded to lowest bidder.) She expressed concern about the 500 class members who currently receive ECM services and what will happen to them if the ECM benefit is removed from the STCs. She emphasized that continuity of care protections need to be built in as a requirement, not just intent language; that timelines for assessment/enrollment can't be exceeded; and that services can't be denied or reduced without a face-to-face evaluation. There should be accountability for access, no disruption of services, and quality services and minimum safeguards should be standardized.

Jeanie Smalley provided an overview of the comments received via





e-mail during the meeting. Most focused on plan/provider relationships, reporting, transition and care and echoed comments during the meeting. These comments will be added to the Stakeholder Log posted on the CDA website.

**Action Items /
Next Steps**

- ✓ Celine Regalia and Diane Cooper-Puckett will draft and share language related to staffing requirements and average daily attendance to clarify how regulatory standards should be applied
- ✓ CDA/DHCS will update the Summary of Workgroup Recommendations document to reflect Workgroup input at the March 6th Meeting.
- ✓ CDA will post March 6th Webinar recording, updated Stakeholder Input Log, revised Summary of Workgroup Recommendations document, Case Study and CAADS Health Home presentation slides, and Meeting Summary
- ✓ CDA will follow up with Workgroup members who indicated they may participate in the April 10th CBAS Stakeholder Workgroup Summary Webinar
- ✓ CDA will send and post agenda and slides for the April 10th Webinar
- ✓ DHCS/CDA will share draft Waiver revisions with the Workgroup prior to submission to CMS
- ✓ Waiver document revisions noted above - This will be inserted on the timeline and captured in the meeting summary.
- ✓ CDA/DHCS will follow-up with the Workgroup to establish the priority of future efforts.