

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW



Using Data for Good: Towards More Equitable Home and Community-Based Services in Medi-Cal

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FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

Justice in Aging's Commitment to Advancing Equity

To achieve Justice in Aging, we must:

- Advance equity for low-income older adults in economic security, health care, housing, and elder justice initiatives.
- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.

Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.
- Find materials for this training and past trainings by searching the [Resource Library](https://justiceinaging.org/resource-library), justiceinaging.org/resource-library. A recording will be posted to [Justice in Aging's Vimeo page](https://www.vimeo.com/justiceinaging) at the conclusion of the presentation, [vimeo.com/justiceinaging](https://www.vimeo.com/justiceinaging).

Today's Agenda

- HCBS and the Institutional Bias
- HCBS Data Landscape in California
- Challenges in Data Collection and Reporting
- Recommendations & Next Steps

Using Data for Good: Towards More Equitable Home and Community-Based Services in Medi-Cal

- Published in December 2021 with support from California Health Care Foundation (CHCF)
- Paper's objective is to examine the state of data collection and reporting in Medi-Cal funded HCBS programs to identify potential inequities in access to and use of HCBS programs.
- Summary of HCBS programs, HCBS infrastructure, existing challenges to data collection and reporting, recommendations to address those challenges and gaps, and strategies to implement recommendations forward.
- Paper focuses on Medi-Cal HCBS and long-term care

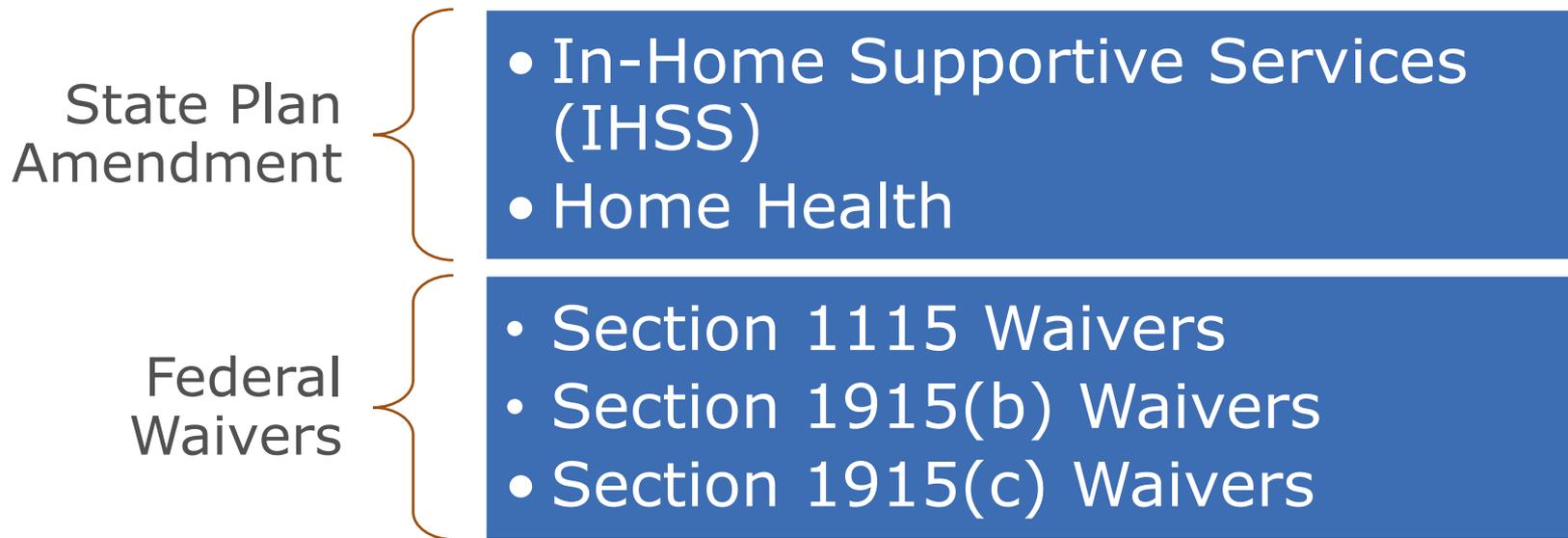
What Are Medi-Cal Home and Community Based Services (HCBS)

- Health care, services, and supports provided to an individual in their home or in a more integrated community-based setting.
- Examples:
 - Home health, personal care to assist with activities of daily living, transportation, homemaker & chore services, case management, home repairs & modifications, adult day care or group or center-based day supports, etc.

History of HCBS & the Institutional Bias

- States are required to provide nursing facility coverage & coverage in other institutional settings
- 1980s states given the *option* to offer HCBS as an alternative to nursing facility & other institutional care
- HCBS Growth
 - *Olmstead v. L.C.*
 - Rebalancing

Medi-Cal HCBS in California



State Plan Amendment versus Federal Waiver Programs

- HCBS through Medi-Cal State Plan
 - Entitlement program; must be offered statewide
- HCBS Waivers
 - Can be limited to certain populations (e.g. older adults, individuals with intellectual disabilities), include caps on enrollment, waitlists, and be limited to certain geographic areas

State Plan Amendment

- In-Home Supportive Services
- Home Health Care

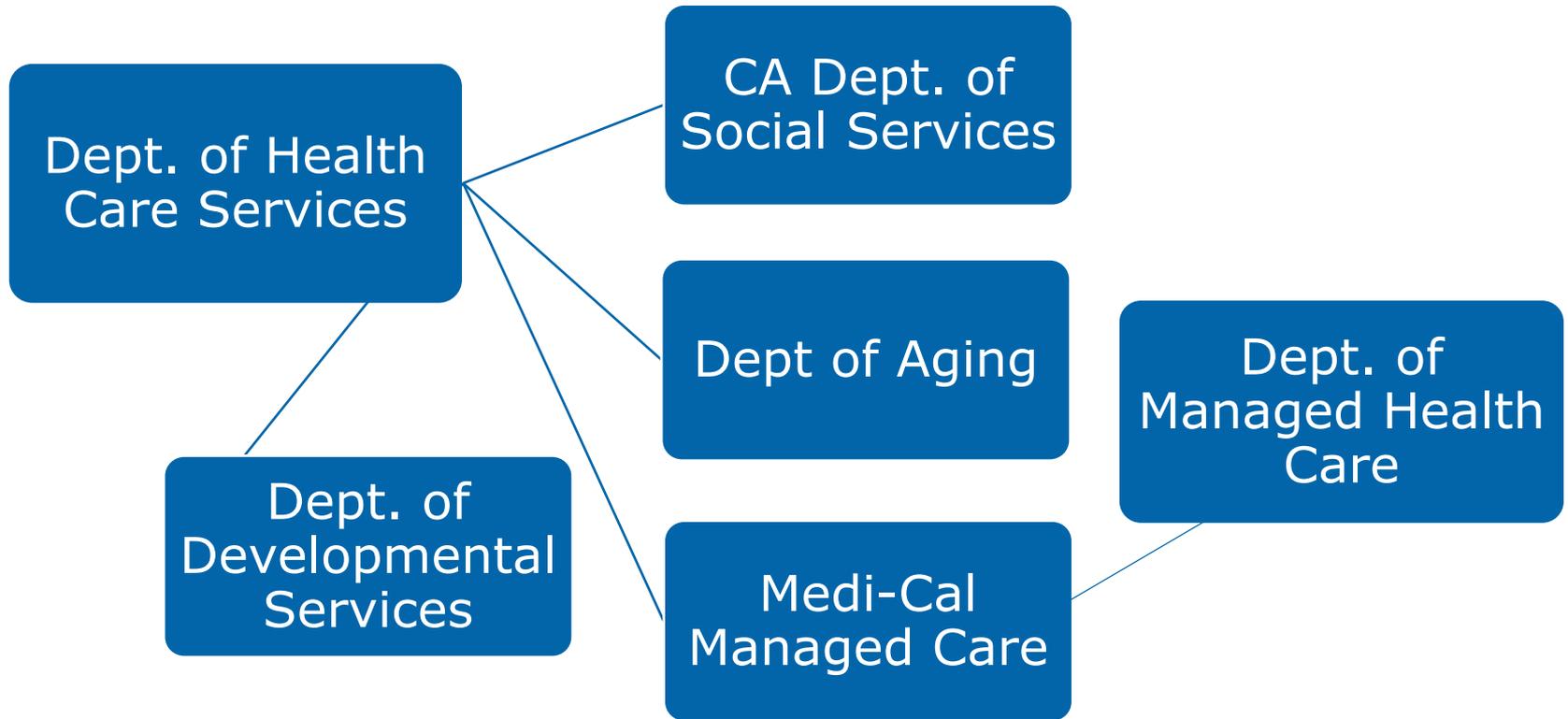
§1115 & 1915(b) Waivers

- Community Based Adult Services
- Cal MediConnect
- Medi-Cal managed care plans with managed long-term services and supports
 - Community Supports (ILOS)
 - Enhanced Case Management
- Program of All-Inclusive Care for the Elderly
- California Community Transitions*

§1915(c) Waivers

- Assisted Living Waiver
- Multipurpose Senior Services Program
- Home and Community-Based Services
- Alternatives Waiver
- Home and Community-Based Services for the Developmentally Disabled
- AIDS Waiver

Oversight & Administration



Snapshot of HCBS Data Landscape

Publicly reported data is inconsistent across programs

	IHSS	ALW	CBAS	CCT
Age	x			
Language	x			
Location	x		x	
Race & Ethnicity	x			
Disability	x		x	

Data: Opportunities

- Using data to identify disparities in the access to and utilization of HCBS programs amongst demographic groups
- Comparing whether care is provided in the least restrictive setting under *Olmstead* & if CA is rebalancing services from institutional to community HCBS
- Data to inform HCBS workforce shortages and staffing

Challenges in HCBS Data Collection and Reporting (1)

- Demographic data are minimal
- Data are not reported intersectionally (reported with more than one demographic element)
- Data are not reported on a consistent timeframe
- Reported data is not consistent

Challenges in HCBS Data Collection and Reporting (2)

- Difficult to locate publicly reported data on State websites
- Data on HCBS expenditures is missing
- Demographic data are not consistently collected and reported
- Medi-Cal HCBS are a Complex Patchwork of Programs
- HCBS and Long-Term Care Programs are Overseen by Multiple State Departments

Challenges in HCBS Data Collection and Reporting (3)

- Medi-Cal HCBS are Paid for and Delivered through Fee-for-Service and Managed Care
- HCBS eligibility screenings and functional assessments conducted by different entities using different assessment tools

Recommendations to Improve HCBS Data Collection & Reporting

- Three sets of recommendations
 - Establish Robust and Transparent Standards for HCBS Data Collection and Reporting
 - Address Administrative Barriers to Data Collection and Reporting
 - Use Data to Make Comparisons and Inform Strategies to Address Disparities

Establish Standards for Data Collection and Reporting

1. Establish a uniform set of demographic variables across all HCBS and long-term care programs, for applicants, users, and providers
2. Establish set of core, uniform access and utilization measures
3. Establish unique data access and utilization measures

Establish Standards for Data Collection and Reporting (2)

4. Establish data collection and reporting standards and measures for HCBS and long-term care in managed care plans
5. Collect and report HCBS data intersectionally

Establish Standards for Data Collection and Reporting (3)

6. Standardize frequency of data collection and reporting across all HCBS and LTSS programs, ideally monthly basis
7. Publicly report data collection and reporting standards and all HCBS and institutional long-term care program data in the LTSS Transparency Dashboard and the MPA Data Dashboard.

Address Administrative Barriers to Data Collection and Reporting

1. Dedicated HCBS data taskforce to develop and implement data standards and measures; coordinate with other departments responsible for HCBS data collection, reporting, and oversight
2. Develop and implement processes, protocols, and training to improve completeness and accuracy of HCBS data
3. Engage HCBS consumer stakeholders to develop data reporting and collection standards and measures; improve accuracy of data collected and reported; develop strategies and policies to address disparities in access to and use of HCBS

Use Data to Make Comparisons and Inform Strategies

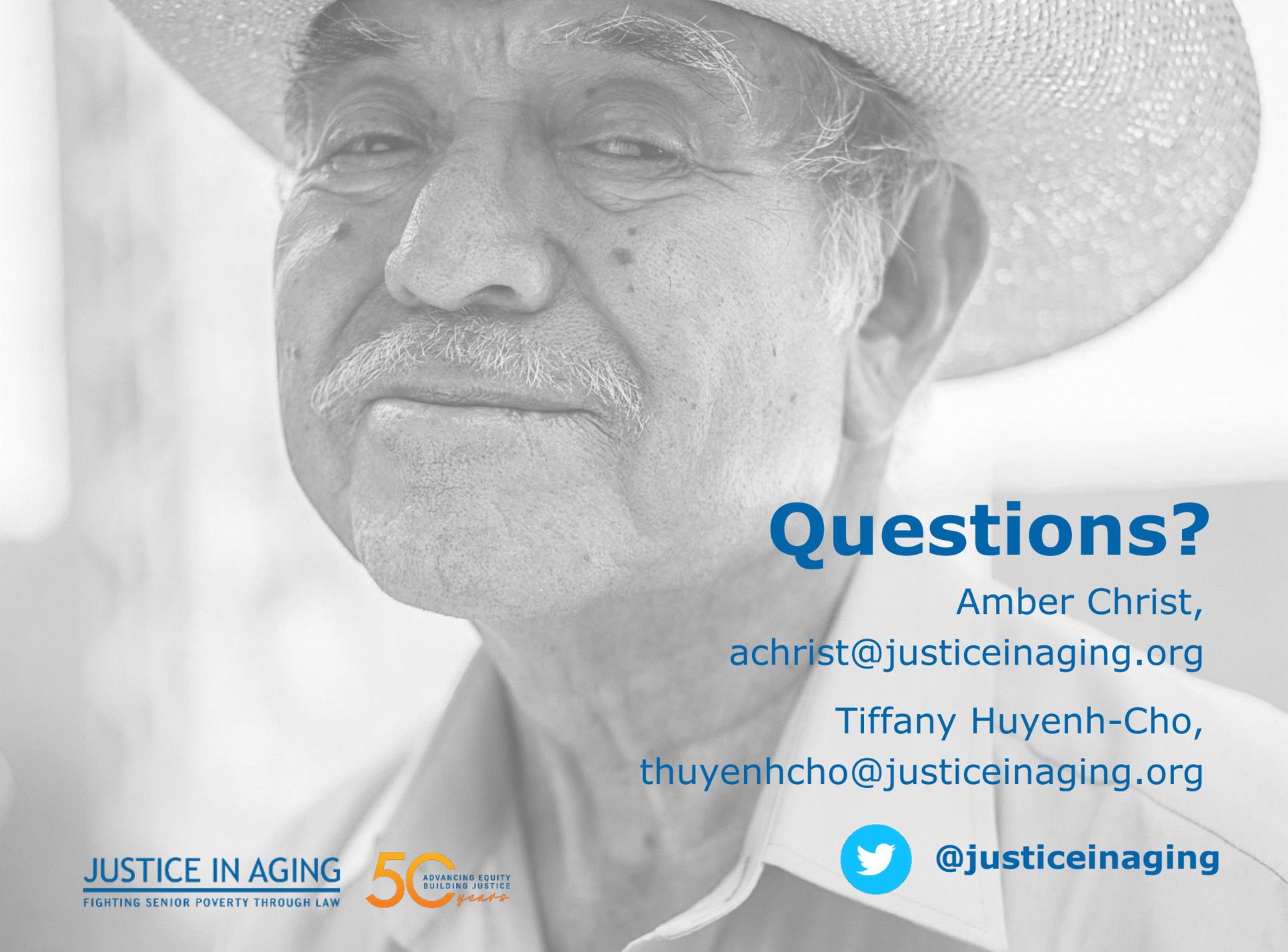
1. Establish data benchmarks to compare HCBS access and utilization among populations and across HCBS programs and set goals for improvements.
2. Conduct statistical analyses to identify meaningful differences in HCBS data.

How We Can Move the Recommendations Forward

- Leverage DHCS's Gap Analysis and Multiyear Roadmap
- LTSS Data Transparency Dashboard
- CalAIM
- Waiver Renewals, Reprourement, and Contracting

Online Resources

- [Using Data for Good](#)
- Justice in Aging's [HCBS Primer](#)
- [DHCS's Gap Analysis and Multiyear Roadmap](#)



Questions?

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