

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

## Beyond Spending—Measuring California's Progress Towards Equitable HCBS

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# JUSTICE IN AGING

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 denied and excluded from justice, such as older women, older adults of color, LGBTQ older adults, and older immigrants and older adults with limited English proficiency.

# To achieve Justice in Aging, we must:

- Acknowledge systemic racism and discrimination
- Address the enduring negative effects of racism and differential treatment
- Promote access and equity in economic security, health care, and the courts for our nation's low-income older adults
- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class

# Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
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# Today's Agenda

- Overview of Home and Community-Based Services (HCBS) and the Institutional Bias
- History of Rebalancing Measures
- Challenges and Opportunities to Tracking Rebalancing in California
- Recommendations & Next Steps

# *Beyond Spending—Measuring California’s Progress Towards Equitable HCBS*

- Published in August 2022 with support from California Health Care Foundation (CHCF)
- Builds on paper, [Using Data for Good: Toward More Equitable Home and Community-Based Services in Medi-Cal](#) (December 2021)
- Paper focuses on measuring equitable rebalancing of Medi-Cal HCBS and institutional care.
- Paper’s objective: analyze available data measuring California’s rebalancing of Medi-Cal-funded long-term services towards HCBS; recommend a new rebalancing measurement framework in light of changing care delivery systems.
- Reviews the history of rebalancing measures and puts forth recommendations for accurately measure progress on equitable rebalancing.

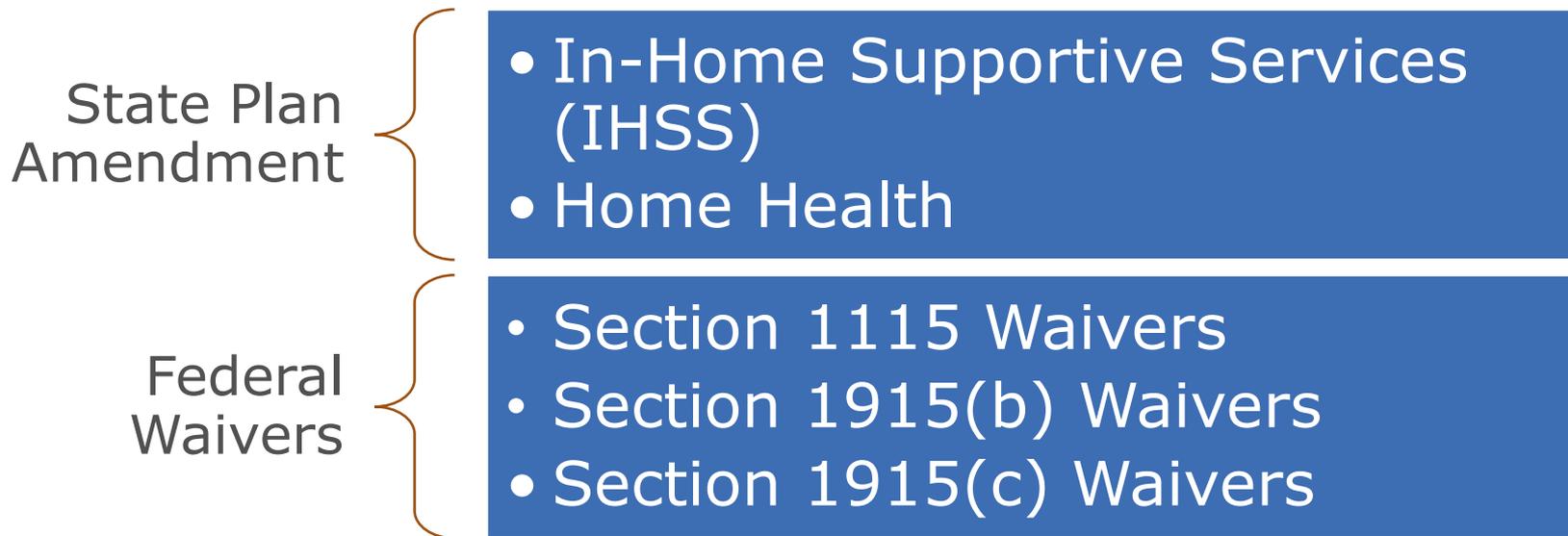
# What are Institutional Settings

- Institution: establishment that furnishes food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.
- Examples: Skilled nursing, subacute, rehabilitative, and intermediate care facilities for individuals with intellectual or developmental disabilities

# 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.

# 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

- In-Home Supportive Services (IHSS)
- Medi-Cal Home Health

# §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

# 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 & Rebalancing
  - *Olmstead v. L.C.*
  - HCBS Settings Rule

# Rebalancing

- Public policies put in place to undo the institutional bias by “rebalancing” the provision of services toward community settings
- Home health becomes a mandatory benefit (1970)
- California implements IHSS (1973)
- Other California initiatives: HCBS Waivers, Community Transitions, Coordinated Care Initiative, Community First Choice Option, CalAIM

# Inequities in Rebalancing

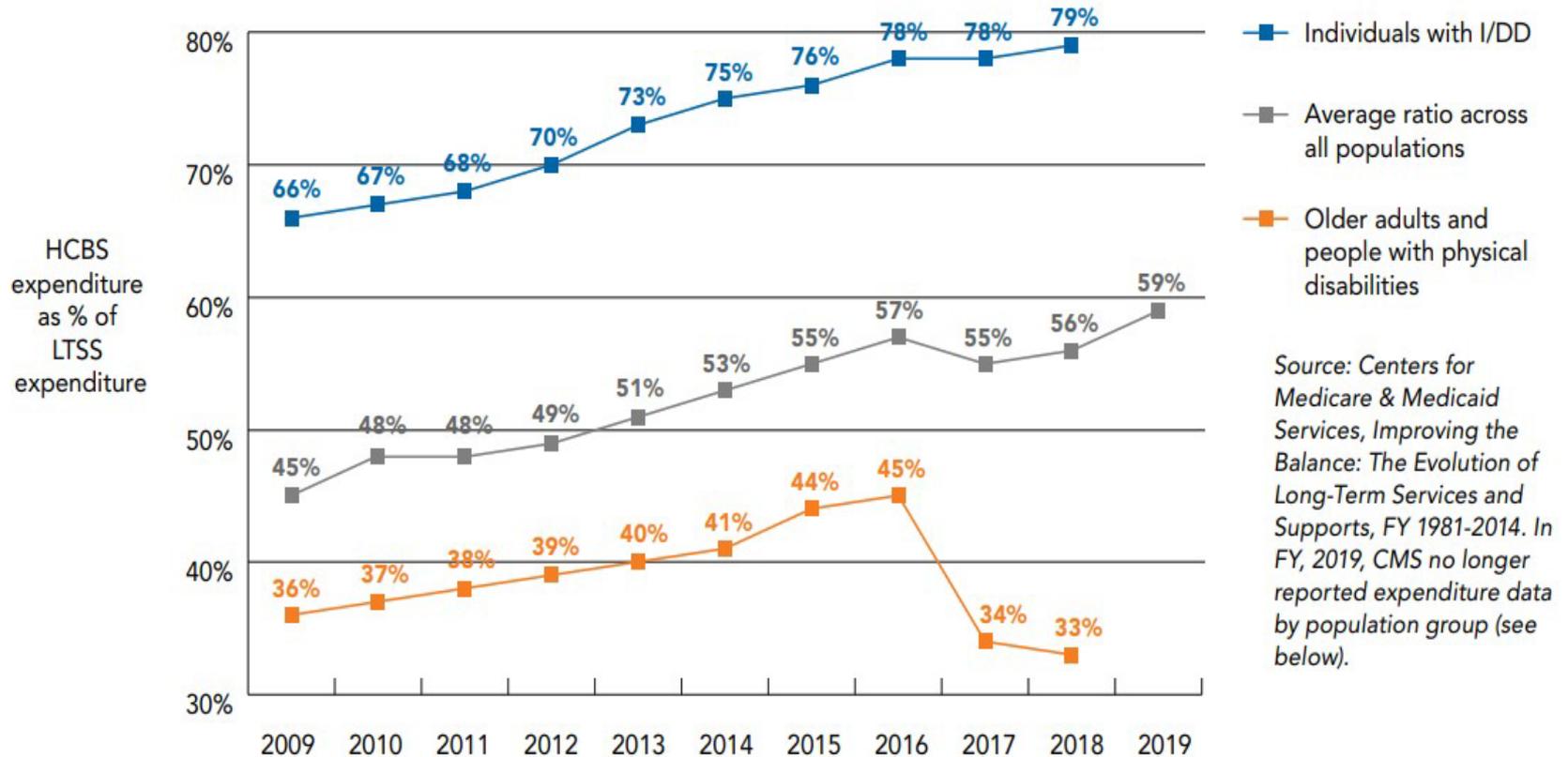
- HCBS waivers allow states to waive comparability requirements, causing inequities in access
- Inequities for subpopulations: age, disability, race, ethnicity, sex, gender identity, sexual orientation, regional
- Inequities are difficult to track and prevent due lack of disparity measures
  - Pattern of nursing home closures in low-income areas
  - Increase in home health & assisted living facility openings in high-income areas and decrease in choice for *all* services in low-income areas

# Expenditure-Based Rebalancing Measures

- Fee-for-service reimbursement expenditure enabled CMS to parse out institutional and HCBS spending
- Rebalancing ratios = percent spending on institutional and HCBS out of total long-term care spending
- 2019 National rebalancing ratio: 59% HCBS, 41% Institutional Care

# Total National LTSS Expenditures for HCBS

FIGURE 1  
Percent of Total National LTSS Expenditures for HCBS, by Population Group & Year



# Challenges in Rebalancing Data

- Managed care's capitated rate reimbursement structure masks institutional spending by aggregating spending for all services
- Demographic and population breakdowns not available since 2019
- California rebalancing expenditures have not been tracked since 2015 due to managed care delivery.
- 2015 California Ratio: 64% HCBS; 36% Institutional

# Masked Data

- HCBS spending is under-reported: CBAS spending is masked by managed care capitation
- Institutional care revenue reporting is not differentiated between Medi-Cal and other managed care spending
- California expenditure reports to CMS under-reports institutional care

# Incomplete Data: Measuring Equity

- 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

# Rebalancing, Reimagined

Rebalancing measures must reflect the degree to which the state is accomplishing the goals of *Olmstead* by equitably providing nursing-home-level services in the community:

- Use access and utilization measures
- Assess adequacy of particular services in supporting integrated community living
- Identify disparities in utilization, access and quality

# Recommendations a New Rebalancing Framework

## Five sets of recommendations

- 1. Accuracy:** Use T-MSIS Claims Data to access accurate utilization, cost and demographic data
- 2. Transparency:** Use the new LTSS Dashboard to publicly report current and historical utilization data with stratification by demographic groups
- 3. Managed Care Delivery:** Collect and report stratified utilization, cost data and demographic data for managed care delivered HCBS type services
- 4. Accountability:** Set annual benchmarks and goals for rebalancing
- 5. Quality:** Expand the state's data collection resources to include those that reflect qualitative measures

# How we Can Move the Recommendations Forward

- Leverage DHCS's Gap Analysis and Multiyear Roadmap
- LTSS Data Transparency Dashboard
- CalAIM
- Participate in National Core Indicators-Older Adults & Adults with Disabilities Survey
- Build on CMS Quality Measure Set and CMS Equity Framework

# Online Resources

- [Measuring California's Progress Towards Equitable HCBS](#)
- CMS's [Framework for Health Equity](#)
- CMS's [Home and Community-Based Services Quality Measure Set](#)
- DHCS's [LTSS Dashboard Initiative](#)

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# Questions?

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