An Equity Framework for Home and Community Based Services (HCBS)

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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.
Want to receive Justice in Aging trainings and materials?

Join Our Network!

Go to justiceinaging.org and hit “Sign up” or send an email to info@justiceinaging.org.
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.
Today’s Goals

• Identify drivers of inequities in HCBS
• Review JIA’s Equity Framework for HCBS
• California’s Assisted Living Waiver as a case study
Centering Equity in HCBS Design

Drivers of inequity
- Racism
- Ageism
- Ableism
- Classism
- Sexism
- Xenophobia
- Homophobia

Embedded in law, program policy, design and implementation:
- Structural and historical barriers
- Disparate Impact
- Implicit Bias
Equity Framework
Inequities Can Occur In...

1. **Program Design**: Who is eligible, where programs are available, what services are offered

2. **Provider Availability**: Network adequacy, reimbursement rates, investments training & support

3. **Awareness & Enrollment**: Communication, information and application processes

4. **Assessment & Authorization**: Implicit bias in assessment and authorization processes

5. **Provision of Services**: Person-centered service accessibility and quality measures
Inequities in California’s HCBS Programs

• 2 in 5 older Californians who report needing help at home are either receiving no help or not enough
  • Black older adults report highest levels of unmet need

• 30 of California’s 58 counties have no Community Based Adult Services (CBAS) providers
  • Most counties without CBAS are rural

• Hispanic individuals make up a disproportionately low share of Assisted Living Waiver users (11%) compared to their share of the Medi-Cal population (30%)
Equity Analysis: California’s Assisted Living Waiver
Assisted Living Waiver (ALW) Background

• **Eligibility:**
  - Full-Scope, no Share-of-Cost Medi-Cal
  - Age 21+
  - Nursing Facility Level of Care

• **Services:**
  - Personal care, chore, companion, care & coordination
  - Medication oversight
  - Therapeutic, social & recreational programming
  - 24-hour on-site direct care staff
ALW Background

• Settings:
  ✓ Residential Care Facilities for the Elderly
  ✓ Adult Residential Facilities
  ✓ Publicly Subsidized Housing

• Geographic Limitation: 15/58 counties

• Enrollment Caps & Waitlist:
  ➢ Capped at 5,744 + 7,000 spots
  ➢ Current Enrollment 8,785
  ➢ Waitlist 3,626
# 2021 ALW Utilization by Race

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<th>Race/Ethnicity</th>
<th>All Medi-Cal 65+ or Disabled Adults</th>
<th>% of Total</th>
<th>ALW</th>
<th>% Total ALW Users</th>
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HCBA-ALW Integration

- No “waiver within a waiver”: ALW will be fully integrated into Home and Community-Based Alternatives (HCBA waiver)
- ALW services will be available to all HCBA recipients
- Expanded Statewide
Program Design: HCBS

• **County Selection:** Differences in county demographics, population density, and economic differences

• **Slot Allocation:** How many slots are allocated in relation to county demographics

• **Waitlist Administration:** Placement & advancement
Program Design: ALW

Sources of Disparities

• Capped Enrollment
• Geographic Limitation

Integration opportunities

• Remove/increase caps to meet demand/need
• Statewide expansion with regional monitoring
Provider Availability: HCBS

• **Network Adequacy Standards:** Usually absent from HCBS programs, but can be used to assess and address disparities in unmet needs

• **Infrastructure & Workforce Investments:** Burdensome processes, administrative burdens and geographic concentration

• **Caregiver Supports:** Diverse, accessible and equitably available supports across HCBS programs
Provider Availability: ALW

Sources of Disparities
• Provider Network Standards
• Administrative Burden

Integration opportunities:
• Data-driven equity-centered network standard
• Improve and update manuals and provide training/tech support
Awareness and Enrollment: HCBS

• **State website, outreach, communication, and resources:** Where and how information is disseminated affects who can access it.

• **Application Forms:** Overly burdensome, inaccessible, or difficult-to-find forms limit who finds out about and applies for programs.

• **Waitlist Administration Information:** Policies guiding how individuals get on or off waitlists, ease of navigation, transparency, and communication.
Awareness and Enrollment: ALW

Sources of Disparities
- DHCS Communication
- Community Outreach, communication & resources
- Application Forms

Integration opportunities:
- State-initiated communication strategy & sources
- Audit outreach plans & monitor submitted applications
- Universal HCBS application process
Assessment & Authorization of Services: HCBS

- **Level of Care Determination:** Implicit bias can affect a decision about whether an applicant’s needs & symptoms rise to the level required for eligibility.

- **Needs Assessments:** Bias in algorithm-based tools & in the assessor can drive disparities in service allocation.

- **Diagnosis Requirements:** Bias in the medical field can leave to disparities in diagnosis that may affect program eligibility.
Assessment & Authorization of Services: ALW

Sources of Disparities:
• Informal Screening
• Level of Care Determination

Integration opportunities:
• Universal HCBS application or standardized screening
• Monitoring for disparities & bias training
Provision of Services: HCBS

• **Language Access**: Communication in recipient’s spoken language

• **Cultural Competence & Humility**: Person-centered services take into account unique needs, preferences and lived experience of the recipient.

• **Quality Measures**: Measure disparities in the quality of services rendered to marginalized communities that stratifies intersectional demographic data.
Provision of Services: ALW

Sources of Disparities

- Language Access
- Grievance Procedures & Quality Measures

Integration opportunities:

- All communications meet language access requirements
- Quality/accountability measures reflecting relationship between care & health outcomes
Equity Framework Summary

• Center Equity at Every Stage:
  1. Program Design
  2. Provider Availability
  3. Program Awareness and Enrollment
  4. Assessments and Authorization of Services
  5. Provision of HCBS

• Use Stratified Demographic Utilization Data for Disparities Identification & Ongoing Monitoring

• Use tools to address implicit bias, including training and monitoring
Additional Resources

• Equity Framework for California’s HCBS Programs
• California’s Assisted Living Waiver: An Equity Analysis, published March, 2023
Questions?

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