



July 13, 2020

Mark Ghaly, MD, MPH  
Secretary  
California Health & Human Services Agency  
1600 9th Street, Suite 460  
Sacramento, CA 95814

**RE: California Long-Term Care at Home Benefit**

Dear Secretary Ghaly,

The California Collaborative for Long Term Services and Support (CCLTSS) is comprised of over 60 statewide and local aging and disability organizations that promote dignity and independence in long-term living. Our members include advocates, providers, labor, and health insurers, and collectively we represent millions of California seniors and people with disabilities, their caregivers, and those who provide health, human services, and housing.

We write today to provide feedback from the CCLTSS membership on the proposed Long-Term Care (LTC) at Home benefit. The CCLTSS supports the development of a statewide benefit that would provide increased access to long term services and supports in the community and increase nursing facility capacity. We believe that a collaborative process will help the California Health and Human Services (CHHS) Agency create a comprehensive benefit that can help aging adults and those with disabilities receive the care they need in the most appropriate setting.

Following is some of our initial feedback based on the information that has been released to date. We hope that this information is useful as you consider program design and policy options and we are available at your convenience to discuss these and look forward to working with CHHS, the California Department of Aging and the Department of Health Care Services to create a thoughtful and inclusive statewide LTC at Home benefit.

**Benefit Design**

While we applaud the effort to create this new LTC at home benefit the current proposal does not have sufficient details about the structure of this benefit. With implementation scheduled

to begin in early 2021, there is concern that so few details have been made publicly available. Additional information on the benefit design including information on how the benefit will be financed and how it will be made accessible to those in need of Long-Term Services and Supports (LTSS) at home is necessary to truly understand how this benefit will impact Medi-Cal beneficiaries. There is also concern that despite significant evidence that disparities in access and outcomes exist in both community and congregate settings, the proposal does not specifically address how it will be designed to ensure equity in the delivery system. Additionally, it appears that the benefit is based on a medical model dependent on the need for skilled health services and does not appropriately integrate existing social services and supports that are imperative to making the LTC at Home benefit successful.

The creation of a statewide benefit that does not require waivers and eliminates program enrollment limitations is a laudable goal and the CCLTSS supports efforts to streamline and standardize access to long term services and supports. We encourage you to engage with the CCLTSS and other stakeholders on how to best achieve the stated goals of the benefit and to examine ways to combine the medical and social models across the state with a meaningful and sustainable benefit design.

Additionally, as currently proposed, the LTC at Home benefit does not align with the vision that was integral to the California Advancing and Innovating Medi-Cal (CalAIM) proposal. The CCLTSS believes that this is a missed opportunity and will perpetuate a system of silos that creates confusion for members, providers, and regulators. It is important for CHHS to both align this with its larger system reform efforts under CalAIM and to take time to integrate the lessons learned from the Coordinated Care Initiative (CCI) about long term services and supports. CHHS must better integrate its system reform efforts to align and avoid creating several new and distinct programs that do not reflect the previous work and feedback from stakeholders on how to effectively create system change. Long term services and supports and home and community-based services are integral to the design of any LTC at Home benefit and using the CalAIM framework combined with CCI best practices creates a pathway to a more comprehensive and sustainable program design.

### **Providers/Network**

It is very concerning that the current proposal limits the provider types and creates an entirely new and costly licensing framework. This approach unnecessarily limits access to the myriad of current providers that have significant experience in providing long term services and supports across the continuum of care and life span. It creates barriers to access rather than using this as an opportunity to build on the knowledge and expertise that exists in the community. We strongly urge you to reconsider the provider and licensing requirements to be more inclusive of the current network of long-term services and supports providers and to reflect the needs of the individuals at LTC at Home benefit will serve.

### **Covered Population**

The current proposal also does not provide enough detail on who the LTC at Home benefit will be targeted to serve. It suggests that this benefit would be extremely limited to those that

require some skilled home health care services to avoid an unnecessary stay in a nursing facility and that individuals on both Medi-Cal and Medicare (dual eligibles) would be excluded from the benefit. If the benefit only covers those who need ongoing skilled nursing care services this would exclude Medi-Cal beneficiaries who do not have ongoing needs for this level of care and result in the loss of benefits for those that improve in condition but still require assistance to stay safely at home. The spectrum of individuals that could benefit from a true LTC at Home program requires a much broader set of eligibility criteria and it should include dual eligibles as they are a significant portion of the population that would utilize these benefits to improve care and lower costs to the system.

### **Timeline**

The CCLTSS recognizes that there is an immediate need to provide increased access to long term services and supports and to ensure that nursing homes have capacity, and we support efforts to design this LTC at Home benefit to meet this demand. However, the current timeline is not realistic given that very few program details appear to be worked out including who is eligible, what the scope of the benefits will be, how the provider networks will be developed, and how it will be financed to be cost neutral to the State General Fund. Not to mention the time it will take to receive approval from the federal government and how it will interact with currently operating programs that serve the targeted population. Given all of this, we request that CHHS consider a delay of the implementation of this benefit to ensure that is thoughtfully designed and can truly offer an opportunity to increase access to LTC at Home benefit options.

We thank you for taking the time to review our initial thoughts on the development of the LTC at Home benefit and the CCLTSS believes that this represents an opportunity for positive system change. The CCLTSS looks forward to being a resource to CHHS and we request a meeting to discuss our concerns and proposals outlined in this letter. Please contact Athena Chapman at (650) 273-3947 or [athena@chapmanconsult.com](mailto:athena@chapmanconsult.com) to coordinate a discussion. Again, thank you for your time and effort on this very important issue and we hope to hear back from you soon so we can offer our expertise and assistance as the LTC at Home benefit design moves into its next phase.

Sincerely,



Eric Dowdy, Chair  
Board of Directors

cc:

Kim McCoy Wade, California Department of Aging  
Will Lightbourne, California Department of Health Care Services  
Jacey Cooper, California Department of Health Care Services

Senator Toni Atkins, President Pro Tempore  
Senator Richard Pan, Chair, Senate Health Committee  
Senator Melissa Hurtado, Chair, Senate Human Services Committee  
Assembly Member Anthony Rendon, Speaker  
Assembly Member Jim Wood, Chair, Assembly Health Committee  
Assembly Member Eloise Gómez Reyes, Chair, Assembly Human Services  
Assembly Member Joaquin Arambula, Chair, Assembly Budget Subcommittee #1  
Assembly Member Adrin Nazarian, Chair, Assembly Aging and Long-Term Care Committee