



Money Follows the Person (MFP) Rebalancing Demonstration Supplemental Funding Webinar

February 17, 2021

California Department of Health Care Services



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- This meeting is being recorded.
- Public attendees will enter the meeting on mute.
- There will be time for public questions and input at the end of the meeting to allow stakeholders to provide feedback.
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- At the appropriate time, use the “raise hand” function if you wish to speak and be recognized by the WebEx facilitator.
- To the extent possible, please limit comments to 2-3 minutes to ensure everyone has a chance to speak.



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Agenda

- Welcome and Introductions
- Purpose of Today's Webinar
- Overview MFP Supplemental Funding Opportunity
- Review Key Principles for Gap Analysis
- Options for Use of Remaining Funds
- Public Forum / Q&A
- Closing and Next Steps



Purpose of Today's Stakeholder Webinar



Purpose

- In December 2020, DHCS hosted the initial stakeholder meeting to introduce the MFP supplemental funding opportunity and request feedback on its plan to conduct a gap analysis and multi-year roadmap to identify and close existing gaps within California’s HCBS and MLTSS programs and provider networks.
- Using feedback from stakeholders, DHCS developed a more extensive gap analysis proposal for stakeholder review and feedback.
- Review and solicit feedback on DHCS’ plan for utilization of remaining funds.
- Obtain stakeholder feedback on DHCS’ proposal concepts in order to inform the final proposal for submission to CMS.



Previous Stakeholder Input

- DHCS received considerable feedback from stakeholders in the previous supplemental funding overview and input webinar in December and through the CCT inbox.
- Stakeholder feedback was incorporated based on criteria DHCS developed to ensure the goals set forth by CMS were met, as well as feasibility, budgetary restrictions, and measurable objectives.
- In some cases feedback was to use funding solely for a specific purpose (i.e. caregiver support) and while not incorporating fully, DHCS did incorporate partial elements.



MFP Supplemental Funding Opportunity - Overview



MFP Supplemental Funding Opportunity - Overview

- CMS announced supplemental funding of up to \$165 million for states currently operating MFP Demonstration Programs.
- Each state is eligible to receive \$5 million for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity.
- The funding may also be used to support HCBS planning and capacity building in direct response to the COVID-19 public health emergency, such as planning and implementing telehealth for nursing facility transition activities.
- States must develop and submit a proposal to CMS to describe how the supplemental funding will be used to fulfill the objectives of the award.



Key Principles for Gap Analysis



Key Principles

- Population and Provider Composition
- Unmet Need
- Coordination of Care
- Quality Measurement and Monitoring
- Single Point Entry System



Population and Provider Composition

- Conduct a robust analysis of the composition of enrollees in the various HCBS/(M)LTSS programs and services delivery systems across the state, to define at a granular level who is receiving which services and where, with the intention of identifying inequities in access to and use of services.
- Conduct a statewide comprehensive provider assessment to identify service capacity, ensure providers' ability to provide culturally competent care, and highlight specific regions/locales that require additional access to services.



Unmet Need

- Assess unmet need for HCBS/(M)LTSS, comparing today's service mix and utilization by county or regional level with the desired core service mix and capacity/access.
- Building on the Master Plan on Aging (MPA) LTSS subcommittee's recommendations on the minimum core service mix that should be available across the state, define access/capacity standards for these services.
- Assessing and implementing changes to reimbursement rates and payment methodologies to expand HCBS provider capacity and improve service quality using standardized metrics to measure performance.



Coordination of Care

- Identify gaps in the intersection between HCBS/LTSS providers and Managed Care plans and identify solutions on the path to the long term goal of program integration.
- Identify gaps and opportunities for increased collaboration/partnership with providers addressing other social determinants of health (i.e. housing and food security).
- Assess pathways for increased coordination with and supports for unpaid caregivers.



Coordination of Care (Cont.)

Evaluation of transition to MLTSS:

- Review CalAIM's plan to shift long-term care, out of Medi-Cal's fee-for-service delivery system and into managed care. CalAIM established an ILOS framework to help create HCBS networks throughout the State. The ILOS framework allows for regions that do not currently have a sufficient infrastructure to provide the full array of services to build network capacity in a way that meets the unique needs of their residents.
- Potential elements of the analysis:
 - Readiness of Medi-Cal managed care programs to incorporate the expanded responsibilities and how to best streamline the transition process.
 - Identify the complexities that could arise as providers meet CalAIM's new requirements. Such barriers may include, but are not limited to contractual processes, billing practices, and licensing/credentialing requirements.
 - Identify any risks or gaps in services clients may face during the transition.
 - Develop targeted technical assistance to providers during this shift.



Quality Measurement and Monitoring

- Examine current capabilities and gaps in California's approach to quality measurement and monitoring of HCBS/(M)LTSS programs and services to identify opportunities for improvement and to achieve consistency across program models.



Single Point Entry System

- Identify the gaps in the intake and enrollment process to help potentially create a streamlined procedure, so eligible clients can find what they need regardless of which provider, program, or system of care they contact first -- whether through the health care system, the public benefits system, the disability service system, including Regional Centers, or the community-based services system.
- Evaluate the feasibility of a universal baseline assessment to assess base level of need (including nursing facility level of care) to direct beneficiaries to appropriate programs.



Options for Use of Remaining Funds



Options for Remaining Funds

1. Provide seed funding for new caregiver resource centers (CRCs) or the expansion of existing CRCs to ensure access to caregiver support services in unserved regions of California.
2. Fund statewide or focused campaigns for provider and direct service worker recruitment; to include education, technical assistance, and quality improvement activities, including training people with disabilities to become direct service workers.
3. Provide additional training and education to caregivers.



Public Forum / Q & A



Closing and Next Steps



Timeline and Next Steps

Date	Next Step
February 28, 2021	Deadline for stakeholders to submit feedback to DHCS
March 31, 2021	DHCS' target for submitting proposal and budget request to CMS
June 30, 2021	Deadline for submitting proposal and budget request to CMS
FY 2021-2022	DHCS to receive funds and develop Scope of Work (SOW)
FY 2021-2022	DHCS will accept bids from contractors to conduct gap analysis



Additional Feedback

- Stakeholders may submit additional feedback by email to California.CommunityTransitions@DHCS.ca.gov by February 28, 2021.
 - In the subject line, enter “MFP Supplemental Funding Input.”
 - In general, recommendations should:
 - Never put the health, safety, or Civil Rights of applicants, participants, providers, nor local and/or state staff at risk.
 - Comport with State and federal statute and regulations
 - Be achievable within existing timelines and systems
 - Benefit participants first.