SENIOR SERVICES COALITION
OF ALAMEDA COUNTY *PRESENTS*

MAKING THE DIFFERENCE TOGETHER

Taking Stock of the Aging Policy Landscape for 2021

Action Conversation

CalAIM – Inform Local Planning for Medi-Cal's Transformation

We're grateful to Alameda Alliance for Health staff who joined us to make this a productive listening session. The following captures the conversation the group had and ideas that were elevated in response to a series of questions.

How might In-Lieu of Services and Enhanced Care Management address the unique needs of older adults?

- Bringing medically tailored meals to older adults will have a huge impact on health. Lots of data on that. And will drive down costs and acute care issues.
- Expansion of home-delivered meals in Oakland via Great Plates and Brown Bag has been a huge support for older adults in the pandemic… might we see the impact reflected in health outcomes.
- If medical professionals communicate with each other regarding RCFE placement, the transition will be smoother.
- There is a provision in ILOS regarding diversion (instead of SNF or moving people out of SNF). There needs to be more discussion with the state about what this looks like.
- Coordination could potentially happen through ADRC – Aging & Disability Resource Connection. The timing of our County's ADRC standing up and CalAIM is an opportunity.
- I hope that Case management becomes much more readily available. It is particularly needed – and access limited – in East County. CM is such a critically needed service that can build supports around a person and keep them from needing a higher level of care.
- Need for coordination of care – having all the services in one place could provide better care, but if all in one place then the onus is on that single organization to serve the individual and ensure that their unique needs are met and they don't fall through the cracks.
- While most have a goal of wanting to age in place at home, many of the MediCal programs don't assess for family caregiver needs. Families save the system a lot of money but there are not always sufficient supports to provide care without it being detrimental to their own health.

- Older people facing eviction and other housing issues because they can't afford market rate, or because they are so low income and are waiting on years-long lists for affordable housing. How does someone qualify for housing resources and help with solutions. A CalAIM population health strategy could watch for issues upstream and ensure that issues are caught sooner before housing is lost. (City programs on home preservation, Adult Protective Services and SAHA Homes were given as resources for the two people whose situations were elevated as examples.)
- Housing first really does work to stabilize older people who are either literally unsheltered, homeless or housing insecure. Part of the continuum is congregate shelter. What does congregate shelter look like for homeless people post COVID? It is a temporary but necessary part of the solutions for homelessness.
- We need to find ways to meet people where they are and transition them smoothly and safely to the right level of care that is appropriate for their situation.
- Supportive services cannot be only about the older patient, they have to be about supporting the caregiver.

What practical data sources or measurements might be used to document the medical necessity of an In-Lieu of Service?

- Health or stability metrics for meals = reducing readmission rates.
- Tracking falls and medication compliance is something that many programs do, and that show stability and successful interventions.
- Delay of transition to acute settings can be measured and is an indicator of successful coordination of care.
- Look at measurements and data around appropriateness for transitioning out of acute care settings (East Bay Innovations and CRIL may share their data on this).
- Using the AC# Community Health Record's measures around housing stability and asking how many people have those needs and how many of those needs have been met can give you insight into a person's stability. Implementing a standardized screener across the county that includes CHR measures would help create a population health strategy.

What does equity look like and feel like in relation to vaccine distribution?

- Community engagement from the start – bringing people who are impacted being actively brought to the table.
- Capturing the needs of the individual communities (not just majorities or averages) making sure those are being met. That is important and can be rolled into the health screening and standardized assessment. Then looking at the dashboard with the breakdowns and being sure the needs are being addressed across all races, languages, etc.

- It is not equitable when such a large percentage of the people getting vaccinated are white. It isn't equitable when the people who most need the health care are least able to get it.
- Digital divide has to be bridged.
- Bring some of the data gained in the county wide older adult survey could be leveraged to ensure the minority needs are being addressed.

What concerns do you have that you think we should all be mindful of? What outstanding questions do you have?

- Will CalAIM assist with RCFE placement and payment for older adults that can no longer live at home?
  - The plan is to address the RCFE's in an LTSS implementation at a later date… It is in the goals and plan for CalAIM, but not a part of the ILOS or ECM implementations.
- What does this mean for Home and Community-Based Services and case management services?
  - In the current proposal for CalAIM, MSSP (Multipurpose Senior Services Program) and HCBS (Home and Community Based Services) Waiver programs are carved out, as is IHSS. The Medi-Cal Managed Care Plan is required to coordinate with these carved-out programs.
- How long does it take for someone who is in transitional housing before they get permanent housing?
  - It can be two years. It used to be worse before Measure A1 started to come on line with new construction of senior housing and housing for veterans.
- What consideration is seriously being given to lifting the $2,000 asset ceiling to be eligible for Medi-Cal?
  - While this is not a part of CalAIM's purpose, the asset thresholds for Medi-Cal eligibility are a huge problem, especially in California where the cost of living is so high that many people remain ineligible simply because they are keeping enough in their bank account to ensure they can pay the rent on time. Stay tuned for legislation and budget proposals that address this barrier.