

Leveraging data and stakeholder engagement to identify and fill gaps in HCBS within and outside of Medicaid

Lessons from California





Panelists



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Agenda

/ **Department-specific perspectives on HCBS Gap Analysis**

- Joseph Billingsley, DHCS
- Sarah Steenhausen, CDA

/ **Uses of data and analytic approaches**

- Patricia Rowan, Mathematica

/ **Engaging stakeholders across the continuum**

- Carrie Graham, CHCS

Statewide Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap

DHCS Project Background

- » California has been implementing Money Follows the Person (MFP) since 2007
 - Known as Community Care Transition (CCT) in California
- » In 2020, CMS offered states operating MFP Demonstrations the opportunity to apply for supplemental funding of up to \$5 million each for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity

Previous Stakeholder Engagement Activities

» December 2020

- DHCS-hosted webinar to promote collaboration among DHCS and its partners
- Provided an overview of the funding opportunity and DHCS' plan to commission a gap analysis study for its HCBS and MLTSS programs and networks
- Provided an opportunity for public input and feedback

» February 2021

- DHCS-hosted webinar to present a detailed outline of the proposal and receive additional feedback from stakeholders that was used to develop the final proposal submitted to CMS

» Materials from both webinars available at:

<https://www.dhcs.ca.gov/services/ltc/Pages/-MFP-Supplemental-Funding-Opportunity.aspx>

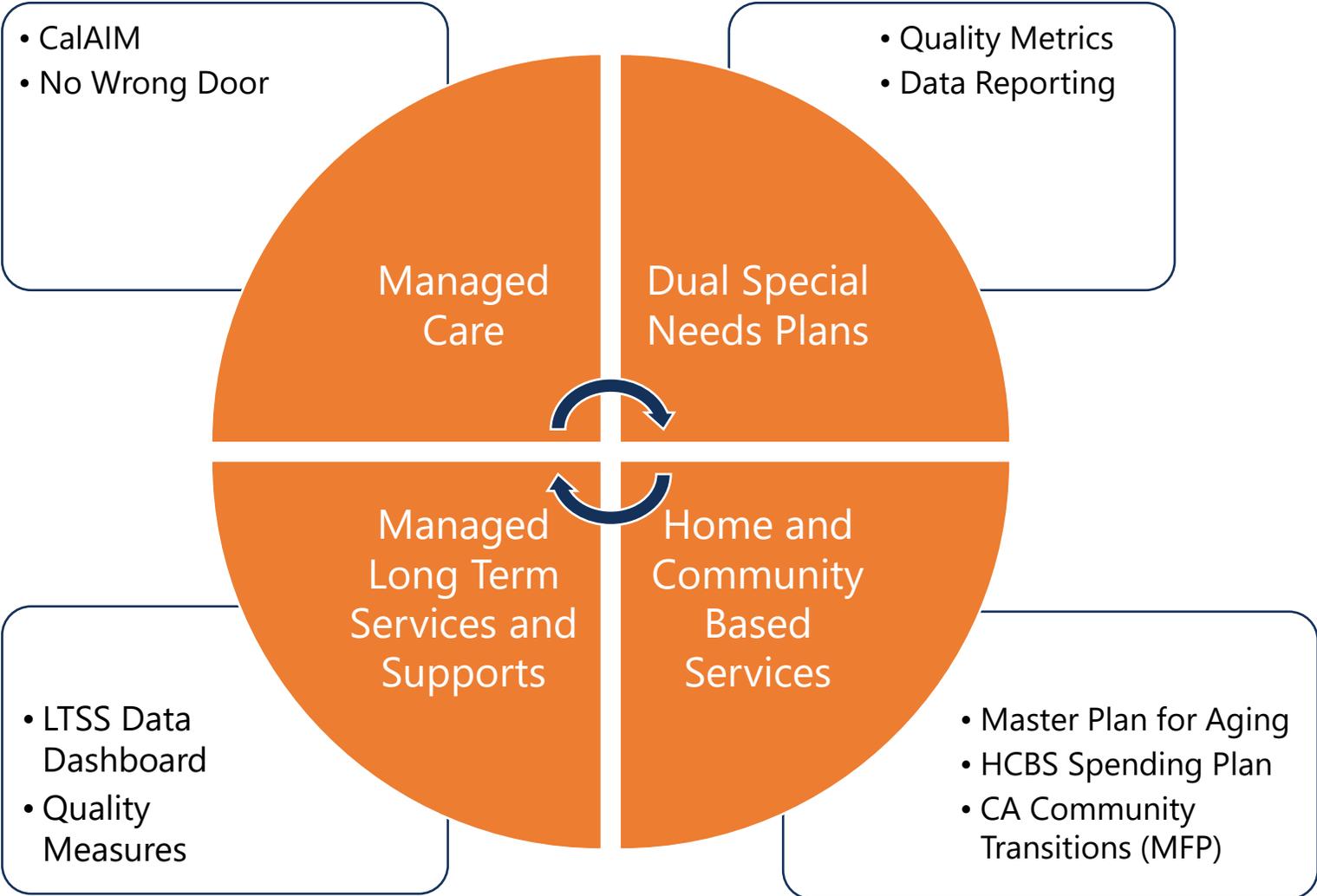
Project Award and Consultant Selection

- » In July 2021, CMS approved California's application for \$5 million
- » In April 2022, DHCS issued a Request for Information (RFI) to select a contractor through a competitive application process
- » DHCS selected Mathematica as the prime contractor to conduct data analysis and develop deliverables
 - The Center for Health Care Strategies is a subcontractor to Mathematica to lead stakeholder engagement

DHCS Project Goals and Motivation

- » Identify and analyze opportunities to expand HCBS access
- » Begin to fill identified gaps in HCBS availability, and improve coordination of HCBS and medical care as the state transitions to a fully integrated MLTSS system by 2027
- » Improve health outcomes, consumer satisfaction, and health equity for Medicaid beneficiaries in California

Connections to Current Work for CA's Long-Term Goals



Gap Analysis and Multi-Year Roadmap

Populations of Focus

Medi-Cal members who may be:

- » Receiving HCBS waiver program services
- » Receiving long-term care or skilled nursing facility care
- » At risk of requiring LTSS, including beneficiaries receiving services funded under the Older Americans Act (OAA) and administered locally by Area Agencies on Aging, Aging and Disability Resource Connections (ADRCs), Independent Living Center (ILCs), or Caregiver Resource Centers (CRCs)
- » Served by CA's Medi-Cal HCBS waiver and state plan programs for developmental disabilities and/or HIV/AIDS
- » Medi-Cal Managed Care members receiving Medi-Cal LTSS services

DHCS Gap Analysis and Multi-Year Roadmap Objectives

- » Objective 1: Reduce inequities in access and services
- » Objective 2: Meet client needs
- » Objective 3: Increase program integration and coordination
- » Objective 4: Improve quality
- » Objective 5: Streamline access

Reflections and Opportunities

- » Data lives in different places and can be challenging to bring together to get a holistic look at providers, quality, and utilization
 - DHCS has worked closely with sister agencies to access and share data with Mathematica for analytic purposes
- » Desire and enthusiasm to use data to measure lots of stratifications, but feasibility challenges with data availability



CDA Non-Medi-Cal HCBS Gap Analysis and Multi-Year Roadmap

Background and Overview: Department of Aging's HCBS Non-Medi-Cal Gap Analysis

Master Plan for Aging: Five Bold Goals for 2030



Goal 1:
Housing for All Ages
and Stages



Goal 2:
Health Reimagined



Goal 3:
Inclusion and Equity,
Not Isolation



Goal 4:
Caregiving that Works



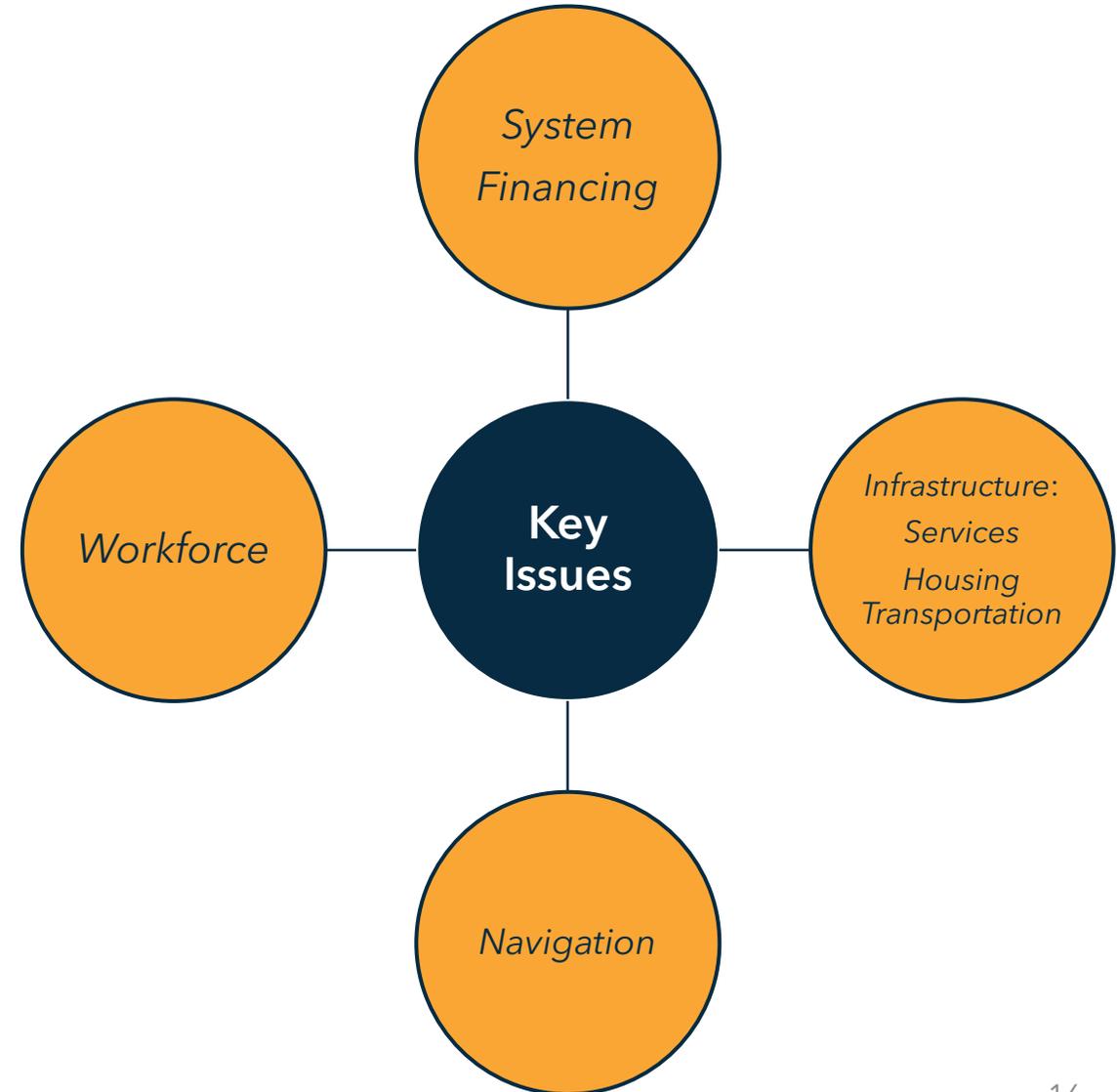
Goal 5:
Affording Aging



The Planning Imperative: System Challenges

Key Issues:

- System Financing
- Infrastructure
- Navigation
- Workforce



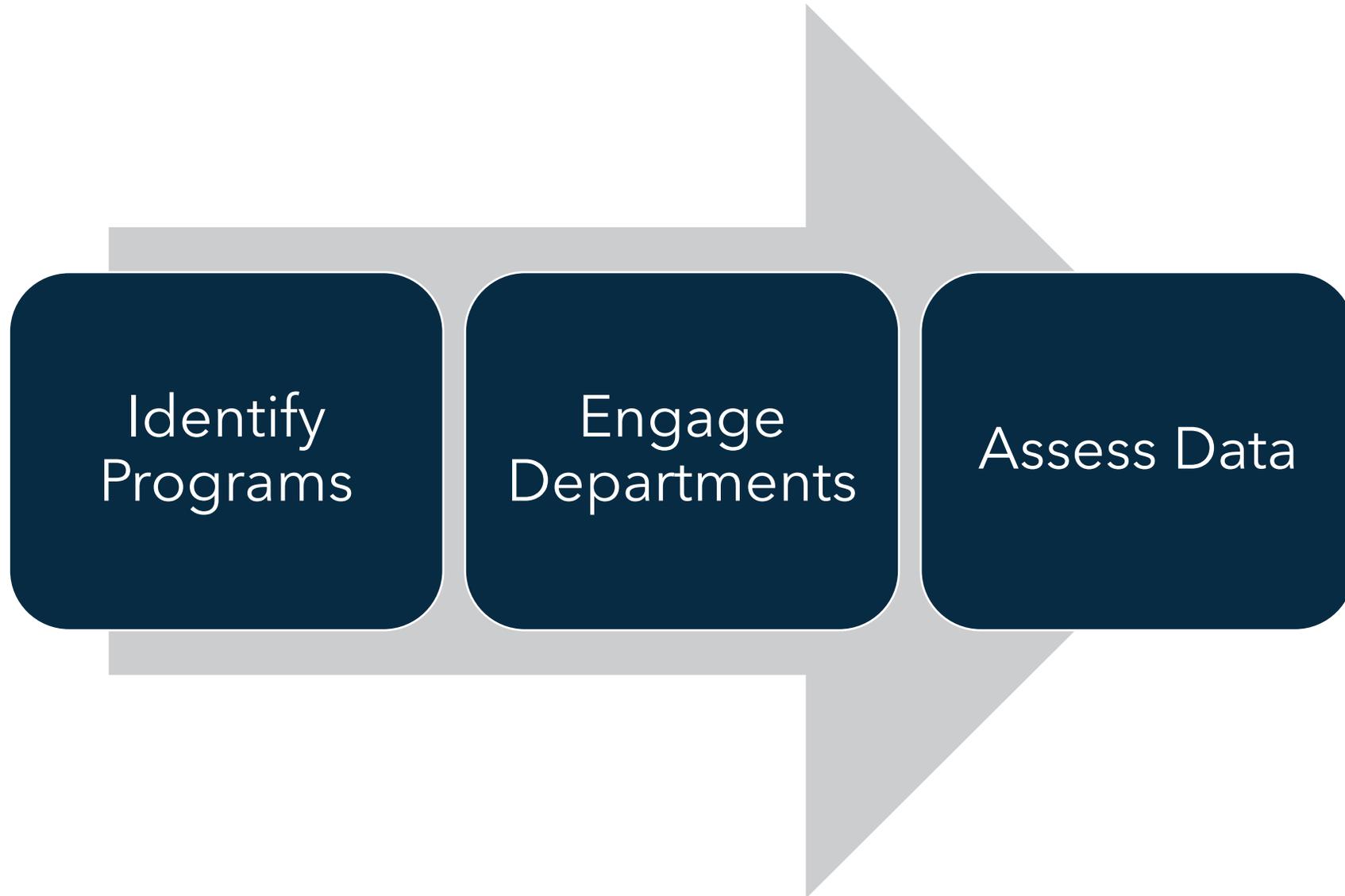
Project Goals

- Build on DHCS Gap Analysis
- Complete core HCBS Inventory of non-Medi-Cal HCBS
- Include housing and transportation
- Develop Multi-Year Roadmap to build out HCBS infrastructure
- Propose measures to monitor progress

Non Medi-Cal HCBS Programs of Focus

- Nutrition (congregate and home-delivered)
- Caregiver support
- Supportive services
- Independent Living Center programs
- Aging and Disability Resource Connection services
- Older Americans' Act programs
- Transportation
- Affordable and accessible housing
- Other

Program Inventory



Reflections and Opportunities

- Defining scope
- Leveraging data across multiple departments
- Engaging stakeholders
- Managing expectations



Leveraging data within and outside of Medicaid

Patricia Rowan, Principal Researcher, Mathematica

Sara Bovat, Analyst, Mathematica

Debra Lipson, Senior Fellow, Mathematica

Kathleen Shea, Researcher, Mathematica

Caitlin Snyder, Data Engineer, Mathematica

Cara Stepanczuk, Researcher, Mathematica

Haley Gallo Sutherland, Researcher, Mathematica

Andrea Wysocki, Senior Researcher, Mathematica



Data comes from lots of sources

/ **Combining Medicaid administrative data sources with open source and publicly available data**

- Medi-Cal enrollment and claims data
- Medi-Cal enrolled provider lists
- California open portal provider lists
- American Community Survey (ACS)
- California Department of Finance population forecasts
- California Health Information Survey (CHIS)
- Master Plan for Aging dashboard and open data
- Program-level data from California HHS agencies



Identifying and measuring gaps in access

- / Produce descriptive profiles of HCBS users and providers**
 - Examine use patterns over time
- / Map patterns of current LTSS users and location of providers to identify areas where access may be limited**
 - Calculate travel time and distance for select LTSS providers to shed light on accessibility
- / Forecast future growth in LTSS demand**
 - Highlight areas where future gaps may appear or widen
 - Inform policy efforts to increase the availability of providers in under-resourced areas



Mixed methods approach across projects

/ Key informant interviews with a wide variety of individuals including:

- Representatives from various California HHS agencies operating HCBS programs
- Representatives from DHCS and CDA data teams to understand data sources
- Provider and health plan representatives

/ Considering provider surveys, other administrative data sets, and other mechanisms to measure outcomes of interest that may not be readily available in existing data sources



Multi-year Roadmaps

/ After identifying gaps in service access, Mathematica will partner with DHCS and CDA to develop a roadmap for addressing gaps

- Expanding provider capacity
- Strengthening partnerships among the state, counties, health plans, HCBS providers, and community-based organizations
- Identifying key milestones and benchmarks to help monitor progress toward increasing access



Reflections and opportunities

- / Having a dedicated team who can work across projects has leveraged learning and efficiencies with using and analyzing data sources**
 - Because the lines can be blurry between Medicaid-covered and non-Medicaid HCBS, having the same team navigate the landscape ensures that we can tease out these nuances
- / Standardizing processes for data intake, storage, and analysis helps to bring disparate data sources together**

Stakeholder and Consumer Engagement to Inform California's HCBS Gap Analysis

Carrie Graham, Director of LTSS

Sarah Triano, Associate Director of Disability and LTSS

Courtney Roman, Senior Program Officer

Amy Hoffmaster, Senior Program Officer

Nida Joseph, Program Officer

ADvancing States, HCBS Annual Conference

Baltimore, Maryland

Goals of HCBS Gap Analysis Stakeholder Engagement

- **Ensure that stakeholder and consumers provide input on all stages of the gap analysis, including:**
 - Project plans and analysis
 - Identifying HCBS programs and services to assess
 - Interpretation of results
 - Development of HCBS Roadmap and LTSS Dashboard
- **Ensure that input reflects the diversity of California HCBS users**
 - Listening sessions with consumers with different HCBS needs, ages, geographies, races, languages
- **Ensure that input is timely and effectively communicated to the state agencies and to the analysis team**
 - Reports of key themes from each approach
 - Summarizing cross-cutting themes

Types of Stakeholder Engagement

	<u>Early or Pre-Project</u> Visioning/ Planning	<u>Mid Project</u> Analysis/ Preliminary Results	<u>Late Project</u> Summary Report Recommendations
Transparency	Updating of plans and progress should happen throughout project		
Formative	Finalizing plans, analysis, and course correction can be helpful in early to mid-stages of project		
Interpretive		Getting input on the "meaning" of preliminary results and suggestions for additional analysis or population definition	
Summative			Input on how the final results inform recommendation and road map

Designing Stakeholder Engagement in State Policymaking

- **What aspects of your projects will suffice with TRANSPARENCY?**
 - Think about areas where approaches are set in stone and cannot be refined or modified. (e.g., existing data sources, fixed timelines, etc.)
- **What aspects of your projects are you looking for FORMATIVE input on the approach, plans for achieving the desired outcome?**
 - Approaches, analyses, and methodologies are not set in stone and could benefit from SME, lived experience of consumers, or HCBS data experts?
 - Are you comfortable with stakeholder input on approach even if what they suggest is not feasible?
- **What aspects of your projects are you looking for INTERPRETIVE/SUMMATIVE input on the meaning of results and the formulation of final recommendations/roadmap/data dashboards, etc.?**
 - Where are the points where preliminary analysis can be taken to stakeholders for input on interpretation that would be most helpful?
- **What are the current stakeholder engagement efforts (Advisory Groups, workgroups, strategic plans) that can be leveraged for this work?**

Approaches to Stakeholder engagement

- Bi-Yearly public Stakeholder meetings (public)
- Updates for existing Stakeholder Groups (public)
 - Master Plan for Aging Implementation group
 - Disability/Olmstead advisory group
 - MLTSS Advisory group
- Small Group Consultations with subject matter experts (invitation)
- Updates for other state agencies, departments, internal partners
- Listening Sessions with Consumers (invitation)
- Email feedback (public)
- Website Updates

Examples of HCBS Gap Analysis Stakeholders

State committees/ workgroups

- CalAIM
- Master Plan for Aging
- Other CA HHS groups

LTSS stakeholders

- LTSS Providers/Payers
- Aging and disability advocacy organizations
- LTSS researchers

LTSS users and their caregivers

- Californians who need, use, or are at risk of needing LTSS
- Paid and unpaid caregivers for individuals needing LTSS

Internal state partners

- California Department on Aging
- DHCS Units (Enhanced Care Management and Community Supports, and the LTC Carve in initiative, Population Health Management)
- California Community Care Transitions, LTSS Data Transparency, and other cross agency data initiatives that are currently in progress in the state
- Department of Social Services
- Department of Public Health
- Department of Health Care Access and Information (formerly OSHPD)
- California Labor and Workforce Development Agency and CA HHS working on ARPA-funded initiatives
- California Center for Data Insights and Innovation Office

Themes from Stakeholder Engagement

- Report back to stakeholders, “*Here is what we have heard from you...*”
 - Existing gaps in Medi-Cal and non-Medi-Cal HCBS
 - Suggestions for data sets to incorporate in the analysis
 - Suggestions for populations to examine and compare in analysis
 - Suggestions consumers to target for listening sessions
 - Suggestions for additional stakeholders and subject matter experts to engage (direct care workers, discharge planners, eligibility workers).
 - Suggestions for expanded focus on equity and assessment of disparities based on age/gender/race and ethnicity as well as income and education levels, housing status, and specific type of disability.
 - LOTS of questions: What will be included in the Roadmap and LTSS Dashboard

Key learnings

- Different types of engagement are useful at different phases of the project
- Stakeholder engagement = trust/relationships
- High tolerance for feedback and questions
- Provide multiple modalities for stakeholders to engage (webinars, 1:1, email, chat boxes)
- Make engagement opportunities accessible to people with disabilities, those with no access to internet, etc.
- Talk to consumers, advocates, providers, paid and unpaid caregivers
- Index or code feedback for easy retrieval (meeting transcripts, chat transcripts, emails, etc.)
- Always room for improvement!



Questions?



Thank you!

