Meeting of ALWPP Stakeholders
Minutes

Date: December 15, 2003
Time: 1:00-3:00 p.m. PST
Location: Department of Health Services
1501 Capitol Ave.
Building 172--Auditorium
Sacramento, CA
Phone: 1-888-469-0644, Participant Code: 55287

On Site Participants:

Mary Williams, New Start Healthcare Corp
Sandra Pierce-Miller, CA Partnership for Long-Term Care
Gary Sannar, Housing Authority, Butte County
Karen Bass, Adopt and Elder Foundation
Judy Citko, CA Healthcare Assoc.
Margaret Clausen, CA Hospice and Palliative Care Assoc
Alayna Waldrum, CA Assoc. of Homes and Services for the Aging
Bonnie, Darwin, Assembly Committee on Aging and Long-Term Care
Nadine DeSmet, concerned citizen
Michele Violett, Nevada County Adult and Family Services
Lora Connolly, CA Department of Aging
Ramona Davies, Northern CA Presbyterian Homes and Services
Joan Lee, Gray Panthers, CA
Bill Powers, Congress of CA Seniors
Edwin Gipson, CA Housing Finance Agency
Carol Goodman, CA Housing Finance Agency
Carla Hett-Smith, CA Commission of Aging
Mark Wiese, Pacific Housing
Ross Conti, Pacific Housing
Maxine Mantell, National MS Society, CA Action Network
Therese Silva, Alzheimer's Reiki Program
Barbara Biglieri, Assoc. for Health Services at Home
Kim Swain, Protection and Advocacy
Nate Solov, Assemblyperson Fran Pavley's Office
Paula Acosta, DHS, Office of Long-Term Care
Sarah Sutro-Steenhausen, Senate Subcommittee on Aging and LTC
Lydia Missaelides, CA Assoc. for Adult Day Services
Ruth Gay, Alzheimer's Assoc., Northern CA
Janet Tedesco, Sutter Senior Care, PACE
Charles Skoien, Community Residential Care Assoc.

John Meyer, Care Trust Services
Mike Newman, Always Best Care Senior Placement Service
Kirt Hamburg, Fair Oaks Estate Assisted Living Facility
Carol Rex, Sonoma County Human Services Dept., Adult and Aging Svs.
Lucie Tillson, Mercy Housing

Project Staff:
David Nolan, NCB
Robert Jenkins, NCB
Lindsay Maher, NCB
Sue Eisenberg, NCB
Terri Sult, Vista Senior Living
Kathy Rangchi, DHS
René Mollow, DHS
Mark Mimnaugh, DHS
Monet Parham-Lee, DHS, HCBS Branch

Telephone Participants:

Lena Perlman, LA County Long-Term Care Project
Jean Bloome, Choice Now Coalition
Susan Duly, Petaluma Ecumenical Properties
Jody Spiegal, Bet Tzadek Legal Services, Nursing Home Advocacy Project
Chris Manson, CA Statek Independent Living Council
Sarah Barnett
Pat Sussman, Contra Costa County Long-Term Care Integration
Marti Lynch, LifeLong Medical Care
Selma Pineda
Kevin Hogan, The Redwoods
Margaret Dowling

Mark Mimnaugh introduced the California Department of Health Service's (DHS) Assisted Living Waiver Pilot Project (ALWPP). It was created in 2000 pursuant to legislation introduced by then Representative Dion Aroner. The legislation directed DHS to develop and implement assisted living as a Medi-Cal benefit and test the efficacy of assisted living as an alternative to long-term placement in a skilled nursing facility.

David Nolan introduced the NCB Development Corporation (NCBDC), a national non-profit organization providing solutions, based on cooperative principles, that empower underserved communities to address the problems poverty creates in America. In the area of assisted living, NCBDC has been working since 1992 in seven states to help them develop affordable assisted living in rural communities.

California will test its model of affordable assisted living in two sites: publicly subsidized housing facilities and residential care facilities. NCB will forward a Medi-Cal waiver application to DHS in late Feb. DHS, in turn, will submit the application to the Center

for Medicare and Medicaid Services (CMS). If the approval process proceeds smoothly, the project will begin operation in the summer.

David stated that during this meeting NCB and DHS would describe the thought processes and principles that led to the choices made regarding providers and sites in addition to presenting the results of the planning to date. The audience is invited to share its reactions and thoughts about the plans for the project.

Members of the audience and telephone participants were asked to introduce themselves.

Robert Jenkins presented a definition of assisted living. It was taken from a report to the U.S. Senate Select Committee on Aging prepared in April 2003. Assisted living (AL) is a state regulated and monitored residential long-term care option. Assisted living provides or coordinates oversight and services to meet the residents' individualized scheduled needs, based on the residents' assessments and service plans, and their unscheduled needs as they arise. The philosophy of assisted living underscores the non-institutional nature of AL, the necessity of consumer control and the maximization of independence, dignity and autonomy of the resident. The services to be provided or coordinated include:

- 24-hour awake staff to provide oversight and meet scheduled and unscheduled needs
- Provision and oversight of personal and supportive services (assistance with ADLs and IADLs)
- Health related services
- Social Services
- Recreational Activities
- Meals
- Housekeeping and laundry
- Transportation

Robert next presented the Assisted Living Waiver Pilot Project's provider participation criteria. They include:

- Single occupancy units with private bathrooms and kitchenettes (defined as a refrigerator, cooking appliance, and storage). This is a core element that distinguishes AL from other forms of care.
- Adequate common space
- 24-hour awake staff
- Hospice and dementia waivers (for all RCFE providers). The project is exploring with CCL the need for project participants to obtain waivers of certain CCL regulations
- A call system (voice-to-voice or pager based either hard-wired or wireless)
- Provision of meal services (three meals, snacks and liquids)
- Willingness to participate in data collection activities.

The following questions, responses and discussion points regarding provider participation criteria evolved during the meeting:

- How will housing sites provide meals? Sites will submit their plan for the provision of meals to NCB for review.
- Most RCFEs don't have 24-hour awake staff. Because of the relationship between 24-hour awake staff and cost, NCB is sensitive to the need for RCFEs to receive adequate reimbursement for the services they provide.
- The inclusion of refrigerators, microwaves, single occupancy and 24-hour awake staff help to distinguish AL from retirement centers.
- Why are RCFEs required to obtain a dementia waiver? Nationally 30% of AL residents are demented and the waiver is designed to assure that providers are prepared to serve project participants.
- It's important that facilities are able to address the communication needs of the resident. If the project includes the provision of case management, then case managers can assure that participants are placed in facilities that are able to meet their needs. And if case managers are interacting with residents, why must all sites offer kitchenettes and single occupancy units? The case manager can direct participants to sites that offer these benefits if the participant wants them.
- Will sites be required to have a dietician on staff? Sites will most probably not be required to have a dietician on staff, but will need to consult with a dietician as needed. Additionally, sites will, most probably, be required to have the dietician review meal plans.
- If residents who live in housing facilities receive in-home supportive services (IHSS), will that meet the meals provision requirement? Project participants will not be able to receive IHSS as its duplicative of the services they will receive through the project. Counties would have trouble appropriately authorizing IHSS because AL will include a package of services, one of which is IHSS.
- The criteria exclude smaller RCFEs. Smaller units are better for demented clients. Double occupancy is common in smaller facilities because of the cost associated with single occupancy. The project will not "exclude" any facility. The demonstration is designed to explore a new model of care based on a philosophy and definition of AL.
- What is the timeline for the project? DHS will submit the waiver to CMS in March or April. DHS and NCB are hoping to obtain CMS' approval of the application in the spring. If approval is obtained, provider and case manager training will also take place during the spring and enrollment into the project will begin during the summer. The ALWPP will enroll 500-1000 clients over three years and will culminate in a report with recommendations to the legislature.
- The ALWPP should adopt CCL regulations rather than using another definition of AL. Three-fourths of the homes in LA won't meet the AL standard. The cost of a shared room in LA in a facility without 24-hour awake staff is $1500-$2000 per month.
- Is the project encouraging partnerships between public housing and other programs, for example, PACE? The ALWPP Team expects public housing sites to partner with other providers.

- Larger facilities also place demented clients in double occupancy units. Double occupancy is not prohibited per se. Clients can choose to share a unit; however, they shouldn't be forced to share if they don't want to.
- What are the eligibility requirements for consumers? They must be Medi-Cal eligible and meet the requirements of Title 22 for needing skilled nursing care at either the NF A or B level. Clients cannot be enrolled in more than one State waiver program at a time. It is assumed that clients will continue to access other state plan services (except IHSS).
- When choosing providers who participate in this project, consider the accessibility of their site.
- Assume five buildings participate as a consortium of providers (in order to achieve the volume a provider will need to make the project work in public housing). Is it permissible for only one person in the five buildings to be awake? This person would call the designated staff in the appropriate buildings should s/he receive a call from a resident in one of the five buildings.
- How will consumers access medical care? Does the bundling of services prohibit a consumer from additional access to a service that's included in the bundle?
- The project should require managers of facilities to be well trained. The ALWPP will conduct client satisfaction surveys. Case managers will oversee the provision of services. The project will also have a quality assurance component.
- The RCFE model doesn't allow consumers to age in place. It turns the RCFE into an institution. The public housing model allows consumers to age in place, but requires a critical mass of consumers in a building in order to be cost-effective.
- If you allow providers to only care for those they're able to serve, then consumers will be forced to move if they deteriorate beyond a provider's capacity to meet their needs.
- How will you integrate the need for skilled nursing care in an AL setting? The ALWPP team is working with CCL to assure the project is consistent with CCL regulations.
- Both the management and staff of a facility must be trained in the care of residents beyond the minimum standard required by CCL.
- Facilities should be required to train managers and staff about the needs of consumers who are sensitive to certain chemicals or components of the environment (i.e. to cleaning products or mold) and electromagnetic waves.
- Has ALWPP conducted a consumer focus group? Ms. Dowling offered to provide a list of consumers who might be invited to such a group. Additionally, NCB and DHS can obtain a list of potentially interested consumers from Protection and Advocacy.
- Will the project accept consumers who are Medi-Cal eligible with a share of cost? Medi-Cal eligible consumers with a share of cost can be enrolled in the program. They will be required to meet their share of cost first before Medi-Cal will reimburse for services. Medi-Cal will cover the package of services delivered in the AL setting. Consumers will pay their rent from their SSI/SSP income.
- Assume that a family is currently subsidizing a consumer in an AL facility in order to avoid the consumer's admission into a nursing home. If that consumer enrolls in the project, the family will be able to stop subsidizing the consumer.

Staff has considered the "woodwork" effect on the project. National statistics do not substantiate that this is a real concern.

Geographic Site Criteria

Terri Sult discussed the criteria being used to select geographic sites. They are:

- Number of consumers in an area who are 75 years of age or older, live in single households and have incomes less than the federal poverty level.
- Number of Medi-Cal recipients aged 65 or older
- Number of RCFEs
- Number of publicly subsidized housing facilities
- Geographic criteria—a sufficient number of beneficiaries able to participate in the project should reside in the area. (As the county is the general unit of analysis for most demographic data, the geographic area chosen will be a county.)

DHS will review the data and choose the participating counties. This decision will be made before the waiver is submitted.

The following questions, responses and discussion points regarding geographic site participation criteria evolved during the meeting:

- Is ALWPP considering the number of younger disabled individuals living in a county? Is the younger disabled population a target population for this project? Yes, the younger disabled population is very much a target population.
- Will a rural county be chosen? At least one county will be rural, one will be urban, one will be located in the southern part of the State and one will be located in the northern part of the State. Counties must be representative of the State, however. The report to the legislature must not be subject to question based on the fact that the data is idiosyncratic because the participating counties are not representative.
- There is a relationship between where services are provided and the cost of providing them. Will ALWPP consider the wages paid and the cost of conducting business in a county when developing rates?

The following questions, responses and discussion points also evolved during the meeting:

- ALWPP could facilitate the transition for younger disabled individuals from nursing home to the community. Current nursing home residents who can be maintained in the community in an AL are one of ALWPP's target populations.
- Is the Money Follows the Person program working with ALWPP? Yes.
- The ALWPP Team is currently reviewing assessment tools that could potentially meet the needs of the project.
- ALWPP will be TAR-free. Providers of service and case managers will receive a billing code and will bill directly for services
- Services will be bundled. There will be several service tiers.
- Case mangers will determine a participant's level of care.

- Medi-Cal pays for three transition days for current skilled nursing facility residents.
- Who will provide services in the housing site? Home health agencies, adult day health care providers or PACE providers could potentially provide services. Each provider must offer a full package of services, however. In choosing a provider ALWPP will consider a provider's performance, not its type.
- Is project planning going forward during the Governor's 180-day moratorium on implementation of all new policies and procedures. Planning will continue during the 180-day moratorium. DHS is supportive of this project and, if necessary, may ask for an exemption from the Governor's order.

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