# Cal MediConnect HRA Workgroup: Summary of Recommendations

## Overview

Care coordination and ensuring access to long-term services and supports (LTSS) are at the heart of the Coordinated Care Initiative (CCI). Early CCI evaluation data suggest Cal MediConnect plans and the Department of Health Care Services (DHCS) could strengthen their processes to ensure beneficiaries who could benefit from LTSS are connected to those programs. LTSS programs include In-Home Supportive Services (IHSS), the Multi-Purpose Senior Services Program (MSSP), and Community-Based Adult Services (CBAS).

In 2016, DHCS announced several strategies designed to improve referrals to LTSS, including creating and releasing standardized LTSS referral questions for all Cal MediConnect plans to use in their Health Risk Assessments (HRAs). Following the release of a set of proposed LTSS referral questions, stakeholders requested that DHCS convene a workgroup tasked with developing recommendations to increase the effectiveness of the questions.

This report is the final product of that workgroup and provides both a set of recommended standardized LTSS referral questions, guidance for Cal MediConnect plans on how to use these questions, and additional HRA questions to help plans identify members who may qualify for and benefit from LTSS services.

## Workgroup Methodology

To reflect the full array of stakeholders in Cal MediConnect and LTSS services, DHCS convened a workgroup composed of advocates, LTSS providers, health plans, medical groups, and state agencies. See Table 1 for a full list of workgroup members.

Table 1: HRA Workgroup Members

| Member Name | Organization Name |
|---|---|
| Beau Hennemann | Anthem Health Plan |
| Gretchen Brickson | LA Care Health Plan |
| Richard Strange | Area Agency on Aging |
| Kathy Hegstrom | Advanced Medical Management |
| Silvia Yee | Disability Rights Education and Defense Fund |
| Janet Heath | MSSP Association |
| Lydia Missaelides | California Association for Adult Day Services |

| William Barcellona | California Association of Physician Groups |
|---|---|
| Aron Smith | California Department of Social Services |
| Kim Rutledge | California Department of Social Services |
| Athena Chapman | California Association of Health Plans |
| Lin Benjamin | California Department of Aging |
| Stacci Filla | California Department of Aging |
| Susan Rodrigues | California Department of Aging |
| Kerry Branick | Center for Medicare and Medicaid Services |
| Gretchen Nye | Center for Medicare and Medicaid Services |
| Nathan Nau | Department of Health Care Services |
| Michael Luu | Department of Health Care Services |
| Rebecca Schupp | Department of Health Care Services |
| Tracy Meeker | Department of Health Care Services |

In addition to these members, DHCS sought expert advice from other groups including Alzheimer's of Greater Los Angeles, Caregiver Family Alliance, National Center on Elder Abuse, and additional Cal MediConnect Health Plans.

The workgroup met five times over four months for discussion and deliberation. As the workgroup developed materials, they were circulated for review and feedback. This memo reflects a consensus reached by workgroup participants.

The workgroup's first task was to assemble a comprehensive set of risk factors that may indicate a need for LTSS services. They then identified questions from the DHCS LTSS referral questions that addressed those risk factors. After reviewing the DHCS list of questions, the workgroup identified gaps between the questions and the risk factors and crafted questions to account for the remaining risk factors or aspects of risk factors that were not accounted for in existing questions. In drafting additional questions, the workgroup drew on nationally and internationally recognized screening tools such as the de Jong Gierveld Scale, the Hwalek-Sengstock Elder Abuse Screening Test, the UCLA Loneliness Scale, and Benjamin Rose Institute on Aging Caregiver Strain Instrument.

The recommended standard HRA LTSS referral questions were crafted to identify whether a beneficiary was facing a risk factor for needing LTSS supports. To improve accessibility for all beneficiaries, these questions will need to be adjusted to meet health literacy and cultural competency requirements and/or tested among a range of actual beneficiaries, including those with Limited English Proficiency and those with communication disabilities and adjusted as needed for broad comprehension.

The workgroup's recommended LTSS referral questions are intended to be the first step in a beneficiary's assessment process and not the sole screening tool to determine the need for LTSS

services. Determining the scope of each risk factor is a complex process; the referral questions will help plans identify members for a follow-up assessment or additional screening process to better understand a beneficiary's needs.

## LTSS Risk Factors

The workgroup used the main tool of the Full Integration Care Management System (FICMS) as a framework to identify four different categories of risk factors: social determinants, functional capacity, medical conditions, and behavioral health conditions. These risk factors address the spectrum of challenges a beneficiary may face, reflecting a whole-person approach to understanding the need for LTSS.

The workgroup recognizes that some of these risk factors, such as requiring help with activities of daily living, directly correlate with eligibility for LTSS. However, they identified other risk factors, such as medical and behavioral health conditions, as contributing to the need for LTSS. Contributory factors are important to include in an overall assessment as they may indicate an enhanced need for LTSS, but may not alone indicate a need for LTSS.

See Table 2 for a full list of these risk factors. Contributory risk factors are marked with an asterisk.

Table 2: DHCS CMC HRA Workgroup- Consolidated Risk Factors

| Social Determinants | Medical Conditions |
| --- | --- |
| HRA identifies (potentially through member self-reporting):<br>**1. Low health literacy**<br>i. Not understanding need for or availability of LTSS<br>ii. Not understanding their medical condition or health needs<br>**2. Financial insecurity or poverty***<br>i. Having problems paying for prescriptions<br>ii. Food/nutrition insecurity<br>iii. Benefits insecurity (risk of losing benefits or in an eligibility dispute)<br>**3. Isolation***: Living alone or without a family member<br>**4. Housing Environment:** Having plans to change where they live or who they live with<br>**5. Abuse or neglect** including conflict or bullying<br>**6. Caregiver stress**, concerns or inconsistencies | HRA identifies (potentially through member self-reporting):<br>**1. Missing/ No show appointments:***<br>i. Due to lack of transportation or other issue (e.g. needs help bathing)<br>ii. Unable to keep track of multiple appointments due to both cognitive issues and depression<br>**2. High utilizer*:** multiple trips to emergency room or hospital in last 3 months<br>**3. Polypharmacy/Inconsistency:***<br>i. Taking 6+ over the counter or prescription medications<br>ii. Missing prescriptions (unable to get to pharmacy, can't afford full dosage, lack of understanding)<br>**4. Poor self-rated health*:** Rating their health as poor or declining in the past 6 months |

| Functional Capacity | Behavioral Health |
| --- | --- |
| HRA identifies (potentially through member self-reporting):<br>**1.** ADL functional limitations:<br>i. Length/permanence of limitations<br>ii. Ability to manage/need for assistance<br>**2.** IADL functional limitations:<br>i. Length/permanence of limitations<br>ii. Ability to manage/need for assistance<br>**3.** Fall risk*<br>i. Losing their balance or falling in last 12 months<br>ii. Including fear of falling<br>**4.** Functional Supports:<br>i. Lacking accessible, reliable transportation<br>ii. Needing changes to their home<br>iii. Recent loss/instability of supports such as wheelchairs, seeing-eye dog, etc.<br>**5.** Communication impairments:* Visual, speech and/or hearing | HRA identifies (potentially through member self-reporting):<br>**1.** Cognitive impairment*: Having problems with their memory<br>**2.** Depression* or other mental health issues that may impact their ability to take care of themselves<br>**3.** Substance abuse* |

*These contributory factors should be considered in combination with other answers, and not necessarily as a stand-alone risk factor or trigger for LTSS referrals.

## Standardized LTSS Referral Questions

The workgroup developed standardized LTSS referral questions to recommend to DHCS. The referral questions are directly connected to eleven of the identified risk factors. The workgroup focused on the content of the questions rather than on the specific wording, as the Health Literacy Center will edit the final questions for adherence to grade level and cultural competency guidelines.

Each of the questions seeks to identify whether a beneficiary is experiencing risk factors that make them a candidate for LTSS services that will help keep them in their home and community. The questions are organized in two tiers. The workgroup's recommendation is that Cal MediConnect plans take a holistic view of questions in both tiers to identify beneficiaries in need of follow-up assessments.

- Tier 1 contains questions directly related to LTSS eligibility criteria, and should trigger a follow-up assessment to determine if the beneficiary is eligible for LTSS services.
- Tier 2 contains questions that identify contributory risk factors which would put a beneficiary at higher risk for needing LTSS services when combined with risk factors identified in Tier 1.

## Tier 1 LTSS HRA Questions

ADL Functional Limitations/ IADL Functional Limitations / Functional Supports

Question 1: Do you need help from another person or service animal with any of these actions? (Yes/No to each individual action)

a. Taking a bath or shower
b. Going up stairs
c. Eating
d. Getting dressed
e. Brushing teeth, brushing hair, shaving
f. Making meals or cooking
g. Getting out of a bed or a chair
h. Shopping and getting food
i. Taking medicine
j. Using the toilet
k. Walking
l. Washing dishes or clothes
m. Writing checks or keeping track of money
n. Getting a ride to the doctor or to see your friends
o. Doing house or yard work
p. Going out to visit family or friends
q. Using the phone

If yes, are you getting all the help you need with these actions?

Housing Environment/ Functional Supports

Question 2: Can you easily and safely move around in your home? (Yes/No)

If no, does the place where you live have: (Yes/No to each individual item)

a. Good lighting
b. Good heating
c. Good cooling
d. Rails for any stairs or ramps
e. Hot water
f. Indoor toilet
g. A door to the outside that locks
h. Stairs to get into your home or stairs inside your home
i. Elevator
j. Space to use a wheelchair
k. Clear ways to exit your home

Low Health Literacy

Question 3: "I would like to ask you about how you think you are managing your health conditions"

a. Do you need help taking your medicines? (Yes/No)
b. Do you need help filling out health forms? (Yes/No)
c. Do you need help answering questions during a doctor's visit? (Yes/No)

Caregiver Stress

Question 4: Do you have family members or others willing and able to help you when you need it? (Yes/No)

Question 5: Do you ever think your caregiver has a hard time giving you all the help you need? (Yes/No)

Abuse and Neglect

Question 6a: Are you afraid of anyone or is anyone hurting you? (Yes/No)
Question 6b: Is anyone using your money without your ok? (Yes/No)

## Tier 2 LTSS HRA Questions

Cognitive Impairment

Question 7: Are you worried it is hard for you to remember people, places, or things? (Yes/No)

Fall Risk

Question 8a: Have you fallen in the last month?
Question 8b: Are you afraid of falling? (Yes/No)

Financial Insecurity or Poverty

Question 9: Do you sometimes run out of money to pay for food, rent, bills, and medicine? (Yes/No)

Isolation

Question 10: Over the past month (30 days), how many days have you felt lonely? (Check one)

- ❑None – I never feel lonely
- ❑Less than 5 days
- ❑More than half the days (more than 15)
- ❑Most days – I always feel lonely

### Risk Factors Not Addressed by Recommended Questions

As noted above, the workgroup identified eighteen risk factors for needing LTSS services, but developed six Tier 1 and four Tier 2 standardized HRA questions to address eleven of the most directly connected risk factors. The workgroup did not draft recommended standardized questions for the remaining contributory risk factors for two reasons: 1) these contributory risk factors do not directly relate to LTSS eligibility, and 2) many of these risk factors are already addressed by most, if not all, existing HRAs.

The workgroup's recommendation is that plans either use existing HRA questions or add new questions to their HRAs to capture the remaining contributory risk factors not addressed by the Tier 2 questions. Plans should use beneficiary answers to contributory questions in a holistic determination of a beneficiary's potential need for LTSS services. While none of these risk factors on their own may merit further assessment for LTSS services or an LTSS referral, they can substantially contribute to a member's overall need for LTSS services in combination with other risk factors. A holistic assessment is critical to enabling Cal MediConnect plans to provide truly person-centered care to their members. See Table 3 for these contributory risk factors. Contributory risk factors addressed by Tier 2 questions are noted with an asterisk.

Table 3: DHCS CMC HRA workgroup- Contributory risk factors

- Financial insecurity or poverty*
- Isolation*
- Community Vulnerability
- Fall Risk*
- Communication Impairments
- Cognitive impairment*
- Depression
- Substance Abuse
- Missing/ No Show Appointments
- High Utilizers
- Polypharmacy/Inconsistency
- Poor self- rated health

*Addressed by Tier 2 standardized questions

### Additional Considerations

*Abuse & Neglect*

A sub-group of the HRA workgroup convened to discuss the most appropriate way to screen for abuse or neglect that may result in the need for LTSS services. There was discussion among the broader group that perhaps abuse was not a problem that could be directly solved by LTSS

services.  However, the sub-group ultimately decided that if abuse was identified, addressing that abuse would likely result in the need for additional supports, including LTSS services, for the beneficiary.  For example, if addressing the abuse resulted in the loss of an unpaid caregiver, the beneficiary may need IHSS or CBAS services to stay safely in the community.  Attempting to screen for such abuse would then flag further assessments to determine such needs as they arise.  The workgroup acknowledges that an affirmative answer to this question would also trigger a referral to Adult Protective Services, as health plans and their vendors are mandated reporters.

*Delivering the HRA*

While the HRA workgroup did not specifically develop recommendations regarding how the HRA questions should be administered, there are some general best practices the workgroup would like to recommend to the health plans.  The LTSS referral questions are likely to work best if delivered together as they should also be considered holistically. In the question assessing functional limitations, each action should be asked neutrally and the member should be given adequate time to consider their response.  Finally, the headings are not part of the questions, but simply a tool for DHCS and readers of this memo to best understand the intent and method of the workgroup.