



CHCF

FACT SHEET

# Managed Long-Term Services and Supports: Quality Improvement Initiatives

The delivery of high-quality health care in Medi-Cal is an ongoing priority for the state and other stakeholders, and several state and federal government initiatives aim to increase and improve quality metrics and transparency in Medi-Cal. These initiatives are operating in the context of broad reforms to the delivery of Medi-Cal services through the CalAIM (California Advancing and Innovating Medi-Cal) initiative.

CalAIM will transition more responsibility for coverage and coordination of long-term services and supports (LTSS)—which provide day-to-day assistance to older adults and people with disabilities—to Medi-Cal Managed Care Plans (MCPs) statewide by 2027. More detail on this model (known as Managed Long-Term Services and Supports, or MLTSS) is available in the California Health Care Foundation (CHCF) report [\*Medi-Cal Managed Care and Long-Term Supports: Opportunities and Considerations Under CalAIM\*](#).<sup>1</sup>

Medi-Cal LTSS are delivered across multiple systems, and until recently, limited data were made publicly available on the quality of these services. The transition to a statewide MLTSS model provides an opportunity for lawmakers, state regulators, and other stakeholders to implement statewide LTSS quality initiatives, improve information sharing across systems, and create more data transparency. This fact sheet will examine several initiatives that could help support oversight and transparency of Medi-Cal LTSS quality with the intention to drive improvements in care coordination and delivery.

## Current Quality Strategies and Gaps

### DHCS Comprehensive Quality Strategy

While not specific to LTSS, the DHCS Comprehensive Quality Strategy (CQS) summarizes DHCS's quality priorities and approach to improving the quality of care and outcomes for all Medi-Cal enrollees.<sup>2</sup> The 2022 CQS report includes a review of CalAIM and its various quality initiatives and notes the intention to develop an addendum (expected to be released in 2023) addressing quality issues and policy changes that will impact enrollees receiving LTSS. The report also highlights DHCS's intention to improve LTSS data transparency, focusing on quality and equity metrics to be identified through a multidepartment initiative and vetted in collaboration with LTSS stakeholders. DHCS also describes its intention to align approaches to assessing quality and equity across different Medi-Cal subpopulations, including those receiving LTSS, to ensure a consistent approach across the state and among all Medi-Cal enrollees.

As outlined in the CHCF report [\*Using Data for Good: Toward More Equitable and Community-Based Services in Medi-Cal\*](#),<sup>3</sup> there are opportunities to increase quality oversight, improve data collection and reporting, and increase the transparency of the data specific to home and community-based services (HCBS) and LTSS. For example, public data on demographics, utilization, quality, access, and equity could be collected and stratified by age, gender, race/

ethnicity, and language spoken. This would let LTSS programs be evaluated and improved through an iterative process.

## Five Quality Initiatives Relevant to LTSS

One of the stated goals of CalAIM is to “improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.”<sup>4</sup> To work toward this goal, the California Health and Human Services Agency (CalHHS) is taking a multipronged approach that includes several key components relevant to LTSS:

1. Population Health Management Program
2. Dual Eligible Special Needs Plans Quality Reporting Requirements
3. National Committee for Quality Assurance LTSS Distinction Survey
4. Long-Term Services and Supports Dashboard
5. Master Plan for Aging’s Data Dashboard for Aging

The summary below highlights how these five initiatives, which are either underway or in developmental stages, could collectively improve service delivery through better care coordination and provide data to assess the impact, delivery, and quality of LTSS in Medi-Cal. Together, these activities can inform policies to support high-quality care statewide through MLTSS.

### 1. Population Health Management Program

A foundational initiative of CalAIM, the Population Health Management (PHM) program has several components intended to proactively help all Medi-Cal enrollees stay well by addressing unmet health needs and health-related social needs, which will also impact

the delivery of Medi-Cal LTSS. A key component of the PHM program is the PHM Service (explored further on page 3), which will provide data sharing and infrastructure to support increased coordination under the statewide MLTSS model.<sup>5</sup> As part of the PHM program, MCPs are required to:

- ▶ Show that a PHM strategy is in place either by obtaining full National Committee for Quality Assurance (NCQA) Health Plan Accreditation, or by showing DHCS that the MCP otherwise meets these standards effective January 1, 2023.
- ▶ Obtain NCQA Health Plan Accreditation and NCQA Health Equity Accreditation by January 1, 2026.
- ▶ Continue to implement standardized LTSS referral questions to identify members who may need LTSS and align with NCQA time frames for care management assessments (initial assessment within 30 days of identifying a potential LTSS need, and completing the assessment within 60 days).
- ▶ Submit an updated annual Population Needs Assessment (PNA) summarizing the needs of the enrollee, focusing on cultural, linguistic, and health education needs, and health disparities.
- ▶ Maintain LTSS care plans in alignment with federal regulations.<sup>6</sup>

DHCS has released an updated [PHM Policy Guide](#) (PDF) which includes an additional section on how it will track the MCP implementation of the PHM program, including quality metrics and key performance indicators.<sup>7</sup> It also released a [concept paper](#) (PDF) for stakeholder comment with an updated PNA approach to promote increased alignment and engagement with community stakeholders and local health departments to more accurately identify Medi-Cal enrollee health and social needs.<sup>8</sup>

## Transitional Care Services Initiative

MCPs also must comply with the Transitional Care Services (TCS) initiative under PHM, which will be fully implemented by January 1, 2024. TCS holds MCPs responsible for making sure enrollees being discharged from a hospital or facility, and those transferring from one setting to another in the community, are successfully connected to all needed services and supports, and that a lead care manager is assigned to provide and coordinate all TCS.<sup>9</sup> While the TCS initiative is not specific to LTSS, many Medi-Cal enrollees transitioning between settings would need LTSS, and the initiative further builds on requirements to ensure the MCP is the single responsible entity for providing or coordinating these services, or both, under the statewide MLTSS model.

## Population Health Management Service

The PHM Service is a statewide technology solution intended to support the overall PHM strategy and requirements. As outlined in the PHM Strategy and Roadmap and the PHM Policy Guide, “the PHM Service will provide a wide range of Medi-Cal stakeholders with data access and availability for Medi-Cal members’ health history, needs, and risks including historical administrative, medical, behavioral, dental, and social service data, and other program information from current disparate sources.”<sup>10</sup> DHCS will pilot the PHM Service with multiple partners to prepare for a scheduled statewide launch by December 31, 2023. More guidance on how MCPs are expected to use it is forthcoming.

When fully implemented, the PHM Service should provide MCPs and DHCS with access to more data that can support the coordination of LTSS benefits across the continuum of care. MCPs and LTSS providers more easily accessing and sharing member data on LTSS through the PHM Service would provide a more comprehensive picture of Medi-Cal LTSS needs and gaps in care across the delivery system. This increased access to member data should help address some of the challenges faced by Medi-Cal enrollees, caregivers, providers, and MCPs. Also, DHCS intends

to use the PHM Service to create a standardized risk assessment process that will help identify specific populations, including members that need or have already accessed LTSS, and require that MCPs use this information to conduct proactive outreach and case management.

The standardized processes and data collection under the PHM Service should also provide DHCS with more tools to conduct statewide oversight and tracking of LTSS delivery and coordination. This information could help identify trends in service use and outcomes and lead to the development and refinement of policies that can support the successful and sustained implementation of a statewide MLTSS model.

## 2. Dual Eligible Special Needs Plans Quality Reporting Requirements

Dual Eligible Special Needs Plans (D-SNPs) are a type of Medicare Advantage plan that enrolls people eligible for and enrolled in both Medicare and Medicaid (“dually eligible enrollees”). For a D-SNP to operate in a state it must have a State Medicaid Agency Contract, which outlines additional state-specific requirements for coordinating benefits and includes care coordination service requirements and LTSS process measures.<sup>11</sup> D-SNPs are responsible for covering all Medicare-covered services, and Medicaid wraps around to pay Medicare premiums and cost sharing (at varying levels based on the enrollee’s income and eligibility) as well as some services not covered under Medicare, such as many LTSS. In 2021, more than one in five California Medicare enrollees were dually eligible for Medi-Cal and Medicare, and about 69% of Medi-Cal HCBS were provided to dually eligible enrollees.<sup>12</sup>

Under CalAIM, DHCS is moving toward statewide availability of Exclusively Aligned Enrollment (EAE) D-SNPs, also referred to by DHCS as “Medicare Medi-Cal Plans.” Under this model, dually eligible people can enroll in an EAE D-SNP operated by the same

parent company that runs an MCP. The EAE D-SNP choice will signal to DHCS default enrollment into the matching MCP, to promote more coordinated and integrated care. DHCS also has in place a matching plan policy for any D-SNP in certain counties where this same enrollment logic is applied.<sup>13</sup>

In 2023, California's EAE D-SNPs launched in seven counties, and in 2024 will expand to four more counties. All MCPs statewide will be required to operate an EAE D-SNP by 2026. The EAE D-SNP model is among several CalAIM reforms intended to provide a more robust Medi-Cal managed care delivery system for dually eligible enrollees statewide as part of the movement toward statewide MLTSS. Other reforms include mandatory Medi-Cal managed care enrollment statewide, coverage of skilled nursing facility care under the MCPs, and implementation of MCP-provided Enhanced Care Management and Community Supports for populations needing LTSS.<sup>14</sup> To support this part of CalAIM, specifically as it relates to LTSS quality, tracking, and oversight for dually eligible enrollees, DHCS has implemented a broad set of state-specific reporting for EAE D-SNPs.

The combination of data on LTSS-specific measures and NCQA's LTSS distinction requirements (explored below) should provide DHCS with significant information on the delivery and quality of LTSS by its MCPs and contracted D-SNPs. These data should provide robust information that can be used by policymakers and stakeholders to evaluate coordination and access to LTSS for dually eligible enrollees and provide insights on best practices and challenges in coordinating across the Medi-Cal LTSS delivery system. These insights will have implications for all those accessing LTSS through MCPs under the statewide MLTSS model, including Medi-Cal-only enrollees.

### 3. NCQA Long-Term Services and Supports Distinction Survey

The National Committee for Quality Assurance (NCQA) is a national organization that creates standard measurement and accreditation tools for health plans, medical homes, and providers.<sup>15</sup> As part of CalAIM, DHCS will require all contracted MCPs and their sub-contractors to achieve NCQA accreditation by 2026. Once an MCP has achieved its NCQA plan accreditation, DHCS will establish a timeline by which the MCPs must meet the requirements of the NCQA LTSS Distinction Survey (currently proposed to be required by 2027 after all MCPs are operating EAE D-SNPs).<sup>16</sup> The NCQA LTSS Distinction Survey includes a framework for the MCPs to show in a standardized format to DHCS that requirements for the delivery and quality of Medi-Cal LTSS are being met. The survey includes several key areas of focus including an assessment of the MCPs' person-centered care planning approaches, care transitions, coordination of services, critical incident management systems, and qualifications and assistance for LTSS providers.<sup>17</sup>

### 4. Long-Term Services and Supports Dashboard

The primary goal of the LTSS Dashboard, an initiative of California's Home and Community-Based Services Spending Plan, is to track demographic, use, quality, and cost data related to LTSS.<sup>18</sup> The data are provided through the CalHHS Open Data Portal to provide "increased transparency to make it possible for regulators, policymakers, and the public to be informed while the state continues to expand, enhance, and improve the quality of LTSS in all home, community, and congregate settings."<sup>19</sup> Launched in December 2022, the LTSS Dashboard includes 40 enrollment and use measures reported from 2017 to 2021 across 10 demographic and plan-related dimensions including age, race/ethnicity, sex, delivery system, county, and primary language spoken. Although the availability of the data at a more granular level has improved, the data can be stratified by only one variable at a time.

To adequately evaluate data for specific subpopulations, it would be helpful if future iterations of the LTSS Dashboard allowed for further stratification of these variables.

As the LTSS Dashboard continues its phased-in implementation, more programs will be added in 2023, as outlined in Figure 1. Also, DHCS intends to add quality and cost information and to provide enhanced data visualization capabilities to the LTSS Dashboard. More information on the initial high-level findings and trends is available in DHCS’s LTSS Dashboard fact sheet from December 2022.<sup>20</sup> The data and summary trend information expected to be available should provide insights about the Medi-Cal LTSS landscape, providing policymakers and other stakeholders information to support evaluation of targeted policies to improve the delivery system under the statewide MLTSS model.

### 5. Master Plan for Aging’s Data Dashboard for Aging

The Data Dashboard for Aging, an initiative of California’s Master Plan for Aging, provides indicators to measure progress toward advancing the “five bold goals” outlined in the Master Plan.<sup>21</sup> While not

specifically intended to provide data on MCP quality measures, the Data Dashboard for Aging includes several indicators that should provide useful information on the LTSS and caregiving landscape in California and for Medi-Cal. The Master Plan for Aging Data Dashboard includes data on:

- ▶ Availability of services and supports
- ▶ Gaps in services and supports
- ▶ Enrollment in safety-net programs such as Medi-Cal, Medicare, and Program of All-Inclusive Care for the Elderly (PACE)
- ▶ Routine and personal care needs
- ▶ Consequences of unmet care needs
- ▶ Primary care shortages
- ▶ Long-term care needs and skilled nursing facility availability

The Data Dashboard for Aging is intended to help California policy leaders put the goals of the Master Plan for Aging into action. Key parts related to LTSS include data about adults (not limited to older adults) who live in a community setting and self-identify as having difficulties with concentrating, remembering,

Figure 1. Development of the Long-Term Services and Supports Dashboard

Currently Included Programs	Programs to be Added in 2023
<ul style="list-style-type: none"> <li>▶ AIDS Medi-Cal Waiver Program</li> <li>▶ Assisted Living Waiver</li> <li>▶ Cal MediConnect</li> <li>▶ Community-Based Adult Services</li> <li>▶ Home and Community-Based Alternatives Waiver</li> <li>▶ Home and Community-Based Services</li> <li>▶ Home and Community-Based Services for the Developmentally Disabled</li> <li>▶ In-Home Supportive Services</li> <li>▶ Multipurpose Senior Services Program</li> <li>▶ Program of All-Inclusive Care for the Elderly</li> <li>▶ Skilled Nursing Facilities</li> </ul>	<ul style="list-style-type: none"> <li>▶ California Community Transitions</li> <li>▶ Home Health</li> <li>▶ Intermediate Care Facilities for the Developmentally Disabled</li> <li>▶ Managed Long-Term Services and Supports</li> <li>▶ Self-Determination Program</li> </ul>

Source: “California Long-Term Services and Supports Dashboard,” California Dept. of Health Care Services, accessed May 12, 2023.

or making decisions; dressing or bathing; or doing errands, to indicate a potential need for LTSS. In addition, the Data Dashboard for Aging includes a progress dashboard designed to provide an at-a-glance view of where progress is being made on specific goals and strategies. While this does not provide the granular detail needed to evaluate specific Medi-Cal populations receiving or in need of LTSS, it does provide context for the landscape of aging in California and the expectation that the state is facing a significant influx of older adults that will need supports across the system to age safely in the community. Many of these people will need and be eligible for Medi-Cal LTSS, so it is important for policymakers to understand the potential impacts of this growing population and how to use data effectively to anticipate and plan for increased capacity, access, education, and outreach.

## Conclusion

Medi-Cal LTSS is a complicated system with historically limited transparency about access to, use of, and quality of services. CalAIM includes several key initiatives related to improving LTSS quality transparency to make long-term improvements that can sustain the transition to statewide MLTSS. These initiatives provide a great opportunity for stakeholders and policymakers to make meaningful improvements in their ability to assess gaps and to improve access and delivery of high-quality care.

While there are many initiatives related to quality monitoring and improvement, there is an opportunity to use these different sources of data and information to gain a more comprehensive understanding of the LTSS delivery system and to inform the development and implementation of MLTSS under CalAIM.



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## About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with change-makers to create a more responsive, patient-centered health care system.

## Endnotes

1. Athena Chapman and Elizabeth Evenson, [Medi-Cal Managed Care and Long-Term Services and Supports: Opportunities and Considerations Under CalAIM](#), California Health Care Foundation (CHCF), March 2023.
2. ["DHCS Comprehensive Quality Strategy,"](#) California Dept. of Health Care Services (DHCS), accessed April 16, 2023.
3. Amber Christ and Tiffany Huyenh-Cho, [Using Data for Good: Toward More Equitable and Community-Based Services in Medi-Cal](#), CHCF, December 2021.
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5. ["CalAIM Population Health Management Initiative,"](#) DHCS.
6. [Draft Population Health Management \(PHM\) Strategy and Roadmap 2022](#) (PDF), DHCS, April 20, 2022.
7. [CalAIM: Population Health Management \(PHM\) Policy Guide](#) (PDF), DHCS, updated June 2023.
8. [Concept Paper: Strengthening Medi-Cal Community Collaboration Through a Reimagined Population Needs Assessment](#) (PDF), DHCS, May 2023.
9. [CalAIM: Population Health Management \(PHM\) Frequently Asked Questions](#) (PDF), DHCS, last updated December 2022.
10. [PHM Policy Guide](#), DHCS.
11. [Boilerplate 2023 State Medicaid Agency Contract Exclusively Aligned Enrollment Dual Eligible Special Needs Plans](#) (PDF), DHCS.
12. ["Medi-Cal Long-Term Services and Support Annual Data,"](#) California Health and Human Services Agency, last updated December 14, 2022.
13. ["Medi-Cal Matching Plan Policy for Dual Eligible Beneficiaries,"](#) DHCS, last modified April 26, 2023.
14. ["Dual Eligible Special Needs Plans in California,"](#) DHCS, last modified December 28, 2022.
15. ["About NCQA,"](#) National Committee for Quality Assurance (NCQA).
16. ["Long-Term Services and Supports Distinction for Health Plans,"](#) NCQA.
17. ["Long-Term Services and Supports,"](#) NCQA.
18. ["Home and Community-Based Services Spending Plan,"](#) DHCS, last modified April 18, 2023; and ["California Long-Term Services and Supports Dashboard,"](#) DHCS, last modified March 10, 2023.
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21. ["MPA Dashboard,"](#) California Dept. of Aging; and ["Data Dashboard for Aging,"](#) Let's Get Healthy California.