Long-Term Services and Supports (LTSS)
Learning Objectives

After completing this module, you will be able to:

• Identify the program and services included in OneCare Connect Long-Term Services and Supports (LTSS).

• Identify members appropriate to receive LTSS services.

• Explain how OneCare Connect members access these services.

• LTSS is the collective term for:
  - Home and Community-Based Services (HCBS)
    ▪ Multipurpose Senior Services Program (MSSP)
    ▪ Community-Based Adult Services (CBAS)
  - Long-Term Care (LTC)
Course Content

• Long-Term Services and Supports (LTSS)
• Home and Community-Based Services (HCBS)
• Multipurpose Senior Services Program (MSSP)
• Community-Based Adult Services (CBAS)
• Long-Term Care (LTC)
• Member Assessments
• Dementia
• Identifying Members for LTSS
• Referring Members to LTSS

Note: Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.
OneCare Connect Plan

• California’s Cal MediConnect plan:
  ➢ Combines Medicare and Medi-Cal benefits.
  ➢ Coordinates all care, supports and services via one plan — CalOptima OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan).
  ➢ Integrates behavioral health benefits with physical health benefits.
  ➢ Offers improved access to long-term services and supports, including nursing facilities, Community-Based Adult Services (CBAS), and Multipurpose Senior Services Program (MSSP).

• Coordination of care through OneCare Connect enables the member to receive quality services to achieve optimal outcomes, independence, health and quality of life.
Eligible Members

• OneCare Connect members must meet all criteria to be eligible for benefits.
• Must be:
  ➢ Age 21 and older
  ➢ Residing in Orange County
  ➢ Enrolled in Medicare Parts A, B, D
  ➢ Receiving full Medi-Cal benefits ($0 Share of Cost)
    ▪ Share of Cost exception: Members who reside in nursing homes, are enrolled in the Multipurpose Senior Services Program (MSSP) or have In-Home Supportive Services (IHSS).

*Excluded are people under 21, with other health insurance, with other share of cost, in certain waiver programs, receiving services through state or regional developmental centers or intermediate care facilities, confined to correctional facilities, or living in a veteran’s home.*
Why This Population?

• Dual-eligible (Medicare and Medi-Cal) individuals:
  ➢ May have multiple health conditions, see several providers and take multiple medications
  ➢ May be culturally isolated or have language barriers
  ➢ May struggle to access health care because of challenging financial and social issues
  ➢ May have difficulty navigating through a complex system of disconnected programs
  ➢ Account for a disproportionate share of health care spending
Integrated Long-Term Services and Supports Services

• OneCare Connect members have access to integrated and coordinated Long-Term Services and Supports (LTSS).

• CalOptima administers:
  ➢ Long-Term Care (LTC) as a Medi-Cal managed care plan benefit
  ➢ Community-Based Adult Services (CBAS) as a Medi-Cal managed care plan benefit
  ➢ Multipurpose Senior Services Program (MSSP) as Medi-Cal waiver program

• CalOptima coordinates with the Orange County Social Services Agency (SSA) and Orange County IHSS Public Authority for In-Home Supportive Services (IHSS)
  ➢ NOTE: as of January 1, 2018 IHSS is no longer a OneCare Connect plan benefit but remains available to eligible Medi-Cal beneficiaries as a fee-for-service benefit.
Home and Community-Based Services

• Purpose:
  - Ensure individuals receive services in settings that are integrated and support full access to their community.
  - Ensure individuals have a free choice of where they live and who provides services to them, and that individual rights and freedoms are not restricted.

• Goals:
  - Provide an alternative to institutional placement
  - Seamless service delivery
  - Physical and programmatic accessibility
  - Member-centered care coordination
  - Integration of LTSS with medical and behavioral health services

• Programs:
  - Multipurpose Senior Services Program (MSSP)
  - Community-Based Adult Services (CBAS)
Multipurpose Senior Services Program

• Description:
  ➢ A program that offers social and health care management for the frail elderly who want to stay living in their homes and communities.

• Goal:
  ➢ Arrange for and monitor the use of community services to prevent or delay premature institutional placement.

• Eligibility:
  ➢ Age 65 years or older
  ➢ Live within MSSP service area (Orange County)
  ➢ Certified as eligible for a nursing home
MSSP (cont.)

• Services:
  ➢ Care managers coordinate a wide range of services based on the member’s needs
    ▪ Referrals to Community-Based Adult Services (formerly Adult Day Health Care)
    ▪ Medical equipment (walkers, canes, grab bars, wheelchairs, hospital beds, bath chairs, etc.)
    ▪ Non-medical equipment (medical alert systems, ramps, heaters, fans, etc.)
    ▪ Temporary supplemental personal care and homemaker chore services
    ▪ Caregiver relief or respite care
    ▪ Transportation
    ▪ Minor housing repairs
    ▪ Counseling for mental and/or medical issues
MSSP (cont.)

• Components:
  ➢ Program administered at a cost lower than long-term care.
  ➢ Responsible for assessment, eligibility determination and service authorization.
  ➢ Responsible for program-related grievances and appeals, including State Hearings.
  ➢ Qualified members for MSSP receive comprehensive care management and purchased services.
  ➢ Members are assessed in their home by a care management nurse and social worker to determine care and service levels needed for the member to remain at home safely.
  ➢ Care managers collaborate with other disciplines and community-based organization providers to assure an integrated care plan and avoid service duplication.
  ➢ May be a waitlist for potential new participants.
Community-Based Adult Services

• Description:
  ➢ An outpatient, facility-based program offering daytime care and health and social services to frail seniors and adults with disabilities to enable them to remain living at home and in the community instead of a care facility.

• Eligibility (at least one of the below):
  ➢ Meet certain nursing facility level A requirements
  ➢ Have brain injuries and/or chronic mental health conditions
  ➢ Have Alzheimer’s disease or other dementia
  ➢ Have mild cognitive impairment
  ➢ Have a developmental disability

• Services:
  ➢ Health care coordination, social services, skilled nursing, physical and occupational therapy, personal care, family/caregiver training and support, nutrition services, transportation and other services
Long-Term Care

• Description:
  ➢ Medical, social and personal care services provided in an institutional setting.

• Eligibility:
  ➢ Require round-the-clock long-term care prescribed by a physician

• Services:
  ➢ Symptomatic treatment
  ➢ Maintenance
  ➢ Rehabilitation

• Levels of Care
  ➢ Sub-acute (ventilator/non-ventilator)
  ➢ Skilled Nursing Facility (SNF)
  ➢ Intermediate Care Facility (ICF)
Member Assessments

• For members receiving services from CBAS and/or MSSP
  ➢ Assessments are completed and sent to the member’s provider when requested
  ➢ Used to direct the ICT and construct the member’s Individual Care Plan (ICP).

• Two different assessments completed for members using CBAS services:
  ➢ Eligibility Determination Evaluation - CBAS Eligibility Determination Tool (CEDT)
  ➢ Individual Plan of Care
Member Assessments (cont.)

Community-Based Adult Day Services (CBAS)

1. **CBAS Eligibility Determination Tool (CEDT) Evaluation:**
   - Performed by CalOptima CBAS RN (or contracted Home Health Agency RN)
   - May include: Face-to-face evaluation of member diagnosis, medications, systems review, ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) from independent to dependent, and additional supports information.
   - A summary of the qualification criteria is provided to the provider or health network upon request.
Community-Based Adult Day Services (CBAS) (cont.)

2. **Community-Based Adult Services Individual Plan of Care (IPC):**
   - Performed by the CBAS center upon initial enrollment and then every six months thereafter.
   - Includes: An evaluation by each member of the CBAS multi-disciplinary team to identify strengths, weaknesses and needs.
   - The evaluation generates the IPC for the member within the CBAS center.
   - The initial and re-assessment IPC is provided to the provider or health network.
Member Assessments (cont.)

Multipurpose Senior Services Program (MSSP)

• Assessment
  ➢ Performed by CalOptima MSSP RN and CalOptima MSSP Social Worker upon initial enrollment and every year thereafter.
  ➢ Includes: Psychosocial assessment, home evaluation, psychological functioning, SLUMS (Saint Louis University Mental Status) Cognitive Examination, functional needs assessment, complete health assessment, and a mutually agreed upon MSSP care plan.
  ➢ Psychosocial and health assessment summaries and care plan provided to provider or health network.
Member Assessments (cont.)

• Assessments are sent to the Health Network or the member’s provider or may be requested.

• All CBAS and MSSP assessments
  ➢ Sent by secure FTP site.

• To request a completed assessment or additional assessments:
  ➢ Send a written request via fax
    ▪ For CBAS Assessments: 714-481-6423
    ▪ For MSSP Assessments: 714-246-8680
Member Assessments (cont.)

• The member assessments are used in the following ways:
  ➢ To provide comprehensive and integrated person-center care.
  ➢ To identify gaps in service, provide care coordination, and/or refer to other community based services.
  ➢ To identify member needs and incorporate components into the member’s Individual Care Plan (ICP).
  ➢ To help guide the Interdisciplinary Care Team (ICT) meeting.
    ▪ Representatives from the appropriate programs are invited to participate in the ICT meetings.
Knowledge Check

1. LTSS benefits covered under OneCare Connect include:
   a) Multipurpose Senior Services Program (MSSP)
   b) Long-Term Care (LTC)
   c) Community-Based Adult Services (CBAS)
   d) All of the above

2. Community-Based Adult Services are medical, social and personal care services provided in a residential facility.
   a) True
   b) False
Knowledge Check (cont.)

3. The goals of the LTSS program are:
   a) Provide an alternative to institutional placement
   d) Seamless service delivery
   e) Physical and programmatic accessibility
   f) Member-centered care coordination
   g) Integration of LTSS with medical and behavioral health
   h) All of the above

4. To be eligible for MSSP, members must:
   a) Be over 65 years of age and live within MSSP service area (Orange County)
   b) Be eligible for Medi-Cal
   c) Certified for nursing home placement
   d) Disabled
   e) a, b and c
   f) a, b and d
Knowledge Check Answers

1. d) All of the above
2. b) False
3. f) All of the above
4. e) a, b and c
Dementia

• Understanding dementia

➢ **Dementia is not a specific disease.** It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.
  
  ▪ **Alzheimer's disease** accounts for 60 to 80 percent of cases.
  
  ▪ **Vascular dementia**, which occurs after a stroke, is the second most common dementia type.
  
  ▪ There are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

➢ Dementia is often incorrectly referred to as "senility" or "senile dementia," which reflects the formerly widespread but incorrect belief that serious mental decline is a normal part of aging.
• Symptoms:
  - Memory loss that disrupts daily life
  - Challenges in planning or solving problems
  - Difficulty completing familiar tasks
  - Confusion with time or place
  - Trouble understanding visual images and spatial relationships
  - New problems with words in speaking or writing
  - Misplacing things and losing ability to retrace steps
  - Decreased or poor judgment
  - Withdrawal from work or social activities
  - Changes in mood and personality
Dementia (cont.)

• Management and care:
  ➢ Tips to consider:
    ▪ Try not to take behaviors personally.
    ▪ Remain patient and calm.
    ▪ Explore pain as a trigger.
    ▪Don't argue or try to convince.
    ▪ Accept behaviors as a reality of the disease and try to work through it.
  ➢ A person with dementia may eventually need assistance with daily living.
  ➢ Safety is a concern, and specific precautions need to be taken as dementia progresses.

• Community resources:
  ➢ Alzheimer’s Orange County
  Helpline 844-373-4400
  www.alzoc.org
Identifying Members for LTSS

• Comprehensive member health risk assessment (HRA) includes:
  ➢ Clinical history and initial assessment of **health status**
  ➢ Initial assessment of **daily living** and life planning activities
  ➢ Initial assessment of **mental health status, psychosocial factors and cognitive functions**
  ➢ Evaluation of cultural/linguistic needs, preferences or limitations
  ➢ Evaluation of **visual and hearing needs**, preferences or limitations
  ➢ Evaluation of their **caregiver resources** and involvement
  ➢ Evaluation of available benefits including Medicare and Medi-Cal
  ➢ Specific state-required questions to assess the need for LTSS programs
Individual Care Plan (ICP)

- A member will have a personalized plan of care including specific physical, behavioral, functional, educational, social, support systems and resource needs, including LTSS elements:
  - Barriers to meeting goals and complying with plan
  - Resources to be utilized, including the appropriate level of care and community based organizations and services
  - Persons responsible to communicate the treatment plan to all entities as necessary to ensure continuity of care and coordination of benefits
- The ICP evaluates member's needs, services and benefits on an ongoing basis, facilitating access to care.
- The Interdisciplinary Care Team (ICT) facilitates the ICP plan among all providers and community resources.

Note: Additional information on Model of Care can be requested
Referring Members

Who should be referred for LTSS?

- Members who:
  - Need social support
  - Need assistance with activities of daily living
  - Qualify for a nursing home, but want to stay at home
  - Need caregiver support
  - Have issues with current LTSS services
  - Indicate they need more support
  - Have history of repeat hospitalizations
  - Request non-medical help

- OneCare Connect Customer Service department
  - 714-246-8823 or toll-free at 855-705-8823
  - TTY users can call 800-735-2929
Additional Resources

• Aging & Disability Resource Connection of Orange County (ADRCOC)
  ➢ Led by CalOptima, the Orange County Office on Aging and the Dayle McIntosh Center.
  ➢ Provides information on available services for seniors and people with disabilities of all ages.
  ➢ Members may access services through walk-in at Office on Aging, telephonically or via interactive website.
  ➢ Connects individuals to partner agencies for referrals and optional counseling.
  ➢ Offers peer navigation transitional component.
  ➢ Contact: 800-510-2020; www.adrcoc.org
Additional Resources (cont.)

• 211 Orange County
  ➢ A comprehensive information and referral system linking Orange County residents to community health and human services and support.
  ➢ Contact: 211
    ▪ 888-600-4357 (toll-free)
    ▪ 24 hours-a-day
    ▪ www.211oc.org
Knowledge Check

1. Refer members to the CalOptima LTSS department when they:
   a) Need social support and/or need assistance with activities of daily living
   b) Qualify for nursing home placement, but want to stay home
   c) Need caregiver support
   d) Never — refer them to their primary care providers
   e) a and c
   f) a, b and c

2. The member’s Individual Care Plan (ICP) considers:
   a) Physical needs
   b) Support systems
   c) Resource needs
   d) All of the above
   e) None of the above; only long-term needs are included
Knowledge Check (cont.)

3. When communicating with a person with dementia:
   a) Remain patient and calm
   b) Try to convince them that they are wrong
   c) Be upset when they are forgetful
   d) All of the above

4. A community resource for additional services is the Aging and Disability Resource Connection of Orange County (ADRCOC).
   a) True
   b) False
Knowledge Check Answers

1. f) a, b and c
2. d) All of the above
3. a) Remain patient and calm
4. a) True
Authorities

- DHCS/CMS/CalOptima Cal Medi-Connect 3-way Contract
- H8016-2018 Model of Care, Orange County Health Authority
- CMS/DHCS — California Duals Demonstration Memorandum of Understanding
- California Code of Regulations
- Social Security Act, Section 1895(e)
- California Duals Demonstration LTSS Network Adequacy and Readiness Standards
References

• CalOptima Policy CMC.1003: CalOptima OneCare Connect Staff Education and Training
• CalOptima Policy AA.1000: Glossary of Terms
• CalOptima Policy EE1103: Provider Education and Training
• CalOptima Policy GG.1130: Community-Based Adult Services (CBAS) Eligibility and Authorization Process
• CalOptima Policy GG.1622: Long-Term Services and Supports (LTSS)
• CalOptima Policy GG.1808: Plan of Care, Long-Term Care
References (cont.)

• CalOptima Policy GG.1828: Community-Based Adult Services (CBAS) Re-Authorization Process
• CalOptima Policy GG.1829: Community-Based Adult Services (CBAS) Discharge Notification Process
• CalOptima Policy GG.1831: Multipurpose Senior Services Program (MSSP)
• CalOptima Policy GG.1832: Multipurpose Senior Services Program (MSSP)-MSSP Identification, Referral and Coordination of Care Process
CalOptima’s Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner.