

demand for home and community-based LTC services and supports is outpacing capacity, causing consumers to depend upon inefficient and poorly coordinated services that only partially meet their needs.

State Senator Carol Liu, Chair of the Senate Select Committee on Aging and Long-Term Care, led a comprehensive effort in 2014 to identify the structural, policy, and administrative changes necessary to realize an "ideal" long-term care delivery system and develop recommendations and a strategy to achieve that vision. The 30 recommendations presented in this report (see pages 16-32) address challenges in the current system identified by the Select Committee and comprise a strategy for creating a sustainable, efficient continuum of care for this and future generations of aging and disabled adults. Recommendations fall into eight issue areas as summarized below.

State Leadership: California's fragmented organizational structure leaves the state with a leadership vacuum that complicates any effort to undertake comprehensive LTC reform. Rather than develop a vision and overall strategic plan for LTC system transformation, the state has adopted a piecemeal and reactive approach to change. **Recommendation:** Reform the state-level administrative structure by naming an LTC leader (a "Czar") to organize system-wide planning activities and establishing a Department of Community Living within the Health and Human Services Agency. The Department, in collaboration with other agencies and departments with relevant responsibilities, should develop a state Long-Term Care Plan (LTC Plan) to guide the priorities and implementation of aging and long-term care investments, policies, and programs statewide.

Legislative Leadership: Despite various informational and legislative hearings on specific issues, the California State Legislature struggles to advance comprehensive solutions to critical LTC issues. Diffused leadership is due in part to numerous policy issues being deliberated in a budget context, rather than a policy context, as well as various policy committees (Aging, Health, Human Services, Housing, Transportation) sharing jurisdiction over the issues affecting the LTC system. **Recommendation:** The Senate should establish a standing Committee on Long-Term Care, and the Assembly should expand the jurisdiction of its existing Committee on Aging and Long-Term Care. Each Committee should exercise jurisdiction over the range of LTC programs serving older adults and people with disabilities, including oversight of the Department of Community Living (upon its establishment) and the Coordinated Care Initiative.

System Integration: California's coordinated care Initiative (CCI) reflects a new approach to delivering services whereby Medi-Cal managed care entities maintain responsibility for delivering both health and LTC services. **Recommendation:** The Legislature should enhance its oversight of the CCI in order to identify and address issues on a real-time basis. The state should establish a more formalized arrangement for stakeholder oversight and feedback through a CCI Implementation Council. The Council would be responsible for reviewing issues and examining access to services. Finally, the state should establish care coordination guidelines and strong accountability standards in statute.

Fragmentation/Lack of Integrated Data: The most critical issue facing California's LT system is the fragmentation of programs at the state, regional, and local levels. This fragmentation results in a lack of meaningful data to inform policy-making and lack of access to coordinated services for consumers. Universal assessment offers a uniform process through which to connect data elements and to

evaluate the consumer's needs in a consistent manner. **Recommendation:** The state should commit to universal assessment as a statewide initiative that can be utilized not only for service delivery purposes, but also to support quality measurements by gathering information that can be used to construct quality measures for LTC. At the state level, universal assessment data can help program planners understand the needs of the population; support allocation of resources at the person, program, and state levels in a standardized way; and evaluate quality. Further, the state needs to develop a data infrastructure with the capacity to collect and integrate data from across programs so that the same information can be used to drive program and policy decisions.

Infrastructure: Inadequate funding, lack of information, lack of services and providers, insufficient transportation and housing, and geographic isolation have impacted consumer access to services statewide. California's home and community-based services HCBS infrastructure has struggled to keep up with demand for services, due in part to significant budget cuts during the recession. **Recommendation:** The California Health and Human Services Agency should establish safety net and access standards for home and community-based services to determine the basic statewide service mix, particularly for each of the 44 rural counties. This will establish a baseline for identifying gaps and investing resources appropriately. Additionally, the state should invest in an LTC information portal by re-establishing the Cal Care Net website as a valuable tool for individuals and families to access information and understand their LTC options.

Workforce: The implementation of the Affordable Care Act (ACA) and expansion of Medi-Cal, together with the increase in California's diverse aging population, will increase demand for culturally competent LTC professionals. **Recommendation:** As part of its LTC Plan, the state should outline a strategy that analyzes workforce needs for the LTC population, outlines training and education requirements for the LTC workforce, and aligns resources accordingly. Additionally, the state should consider the needs of family caregivers, the backbone of the LTC workforce. To these ends, the state should expand nurse delegation of health maintenance tasks and implement legislation to help identify the caregiving needs for individuals discharged from hospitals to home settings. Finally, the state should institute full practice authority for nurse practitioners in order to expand access to primary care services across the state.

Funding: The impact of years of devastating budget cuts and program eliminations across California's LT system cannot be underestimated/ The state's economic recovery offers the opportunity to strategically reinvest in the system and support services for older adults, persons with disabilities, and their families, who currently rely on a patchwork of services to avoid institutionalization. Continuing to place a low priority on reinvestment in California's home and community-based infrastructure will only force greater reliance on institutionalization and higher costs for the state. **Recommendation:** The Legislature and Administration need to prioritize investment to build a sustainable infrastructure that will meet the needs of California's growing aging and disabled population. Without this support the consumers, families, and, ultimately, society as a whole will bear the brunt of a dysfunctional system.

Federal Issues: Federal government policies and initiatives have a direct impact on the state's LT system. **Recommendation:** The Legislature and Administration need to engage with recommended policies on a number of federal issues, including finding a solution to the nation's LTC financing crisis, reauthorizing the Older Americans Act, and raising the eligibility threshold for Medi-Cal LTC.