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# Health Pathways

Promoting integration and collaboration between the health care & homeless service systems in LA County

September 22, 2020



# Agenda

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- **Inform** multi-system partners about COVID-19 challenges
- **Coordinate alignment** between health & homeless systems
- **Focus** on the chronic health needs of PEH

## 1. Level Setting & Orientation

## 2. Personal Care Assistance and Housing Supports for PEH

- i. Alison Klurfeld, Director of Safety Net Programs and Partnerships, L.A. Care
- ii. Patti Prunhuber, Senior Housing Attorney, Justice in Aging & Lisa Kodmur, Independent Healthcare Consultant
- iii. Daniel Reti, Healthcare Coordinator, LAHSA & Jean Galiana, Older Adults Coordinator, LAHSA

## 3. What comes next?

- i. Senior Strategy overview and upcoming work

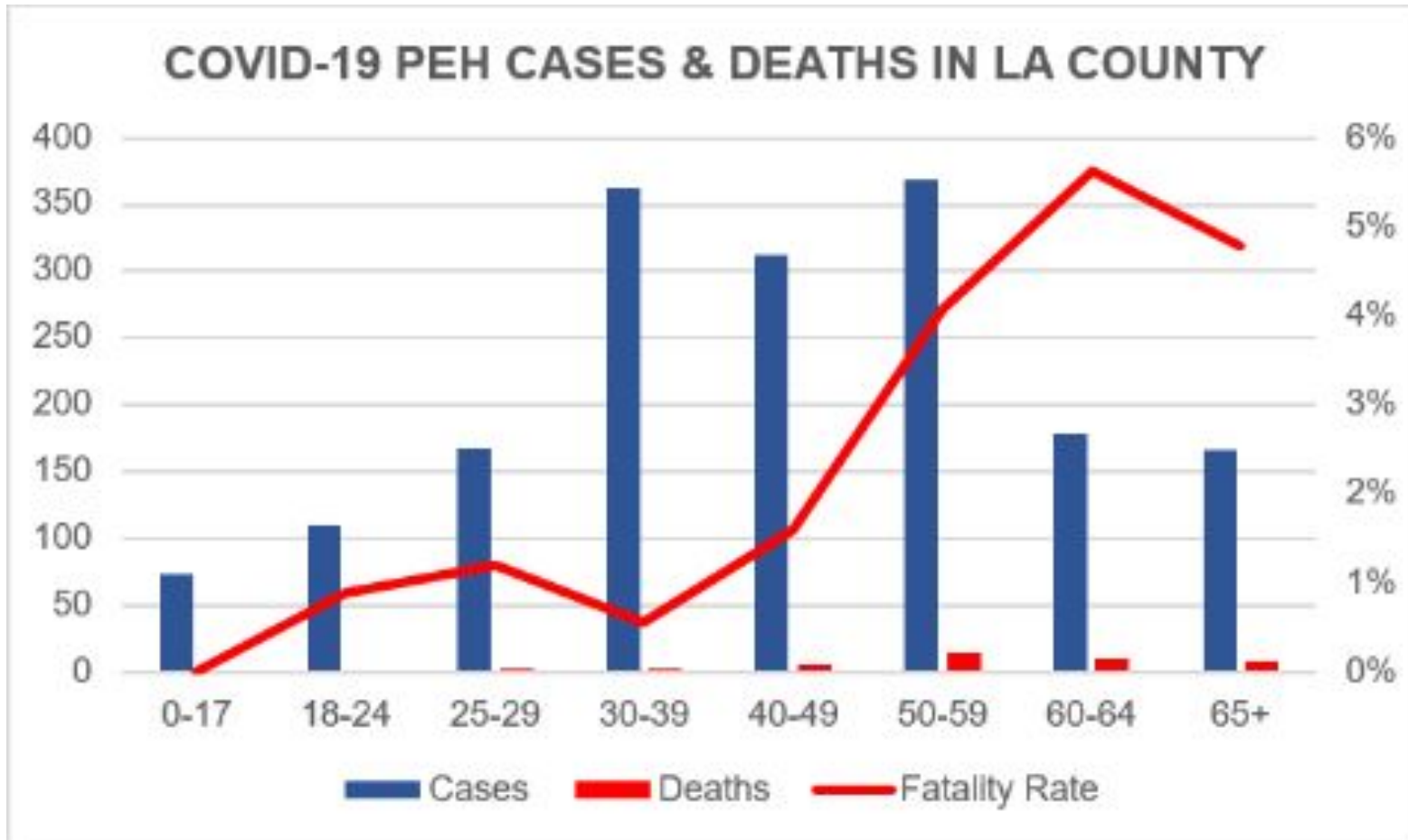
## 4. Closing

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# Level Setting & Orientation

- Carter Hewgley, Director of Homeless Initiatives, United Way

# COVID-19 Situation Update



## Confirmed Cases among PEH

- 1,714 cases
- 216 Hospitalized (12%)
- 43 Deaths (2.47%)
  - 77% of deaths are age 50+

## PRK

- 36 sites serving ~4,000 clients
- 2 sites have closed; 3 more sites expected to close in September

## CITY SITES

- 1 women-only ABH site opened on 9/21
- 2 shelter sites serving 181
  - 0 sites under quarantine
- 3 trailer sites serving 198 clients

## Isolation/Quarantine

- 4 sites serving 146 clients

## Unsheltered

- Rate of infection among unsheltered PEH continues to be lower than for those in shelter (~35%)

## Homekey

- LA County has been awarded \$54 million to acquire 5 motels for 430 interim housing units
- ~\$280 million in awards still to be announced

# PRK Ramp Down Update

- Sites will be ramped down over 7 month period (August 2020 – February 2021) – aiming for 2 month notice for providers at sites selected to ramp down. Providers will be asked to stop new intakes 6 weeks prior to site closure.
- Sites with a date set for decommission:
  - ~~Quality Inn Lomita (SPA 8)~~
  - ~~Quality Inn & Suites (SPA 3)~~
  - Motel 6 Rosemead (SPA 3)
  - The Garvey Inn (SPA 3)
  - Best Western Plus South Bay (SPA 8)
- Sites in SPA 4 to be decommissioned will be decided this week

## Key Integration Questions:

- Which sites are closing first?
- Where are residents going when the sites close?

# Personal Care Assistance & Housing Supports for PEH

- Alison Klurfeld, L.A. Care
- Patti Prunhuber, Justice in Aging & Lisa Kodmur, Independent Healthcare Consultant
- Daniel Reti, LAHSA & Jean Galiana, LAHSA



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# Higher-Level Health Care & Housing Placement Options for People Experiencing Homelessness



Alison Klurfeld, Director, Safety Net Programs & Partnerships

United Way HPE Call  
September 22, 2020



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997



# About L.A. Care Health Plan

[www.lacare.org](http://www.lacare.org)



L.A. Care Health Plan is a public entity and community-accountable health plan serving residents of Los Angeles County through a variety of health coverage programs including [Medi-Cal](#) (California's Medicaid Program), [L.A. Care Covered™](#), [L.A. Care Cal MediConnect Plan](#), and [PASC-SEIU Homecare Workers Health Care Plan](#).

L.A. Care is a leader in developing new programs through innovative partnerships designed to provide health coverage to vulnerable populations and to support the safety net. With more than 2 million members, L.A. Care is the nation's largest publicly operated health plan.





# Housing & Higher Level Health Care Context

- Aging homeless population is also getting sicker
- Intersection of multiple fragmented systems
  - Medi-Cal benefits focused around treatment of physical / mental illness & licensed health care settings
  - Aging system offers some in-home supports, but designed around housed people
  - Housing system for PEH includes some supportive services but usually not equipped to address higher-level health care or mental health needs.
- New COVID challenges
  - Skilled Nursing Facility (SNF) placement challenges
  - Limited recuperative care & ARF/RCFE bed availability
  - Local & state budget shortfalls and lower Medi-Cal managed care rates
  - Worsening eviction crisis
  - Etc.



# Medi-Cal Benefits Determination

*Who determines what services and settings are paid benefits?*

- **Medi-Cal benefits are determined / offered through:**

- Federal Medicaid regulations (CMS); AND
- California Medicaid State Plan &/or Waivers approved by CMS; AND
- County-level implementation; AND
- Medi-Cal Managed Care Plan's contracted provider network
  - The vast majority of beneficiaries are in managed care

- **Medical Necessity criteria**

- For California Medi-Cal services, Medical Necessity is defined as “reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.” (Title 22 California Code of Regulations (CCR) Section 51303)
- More expansive criteria for children.

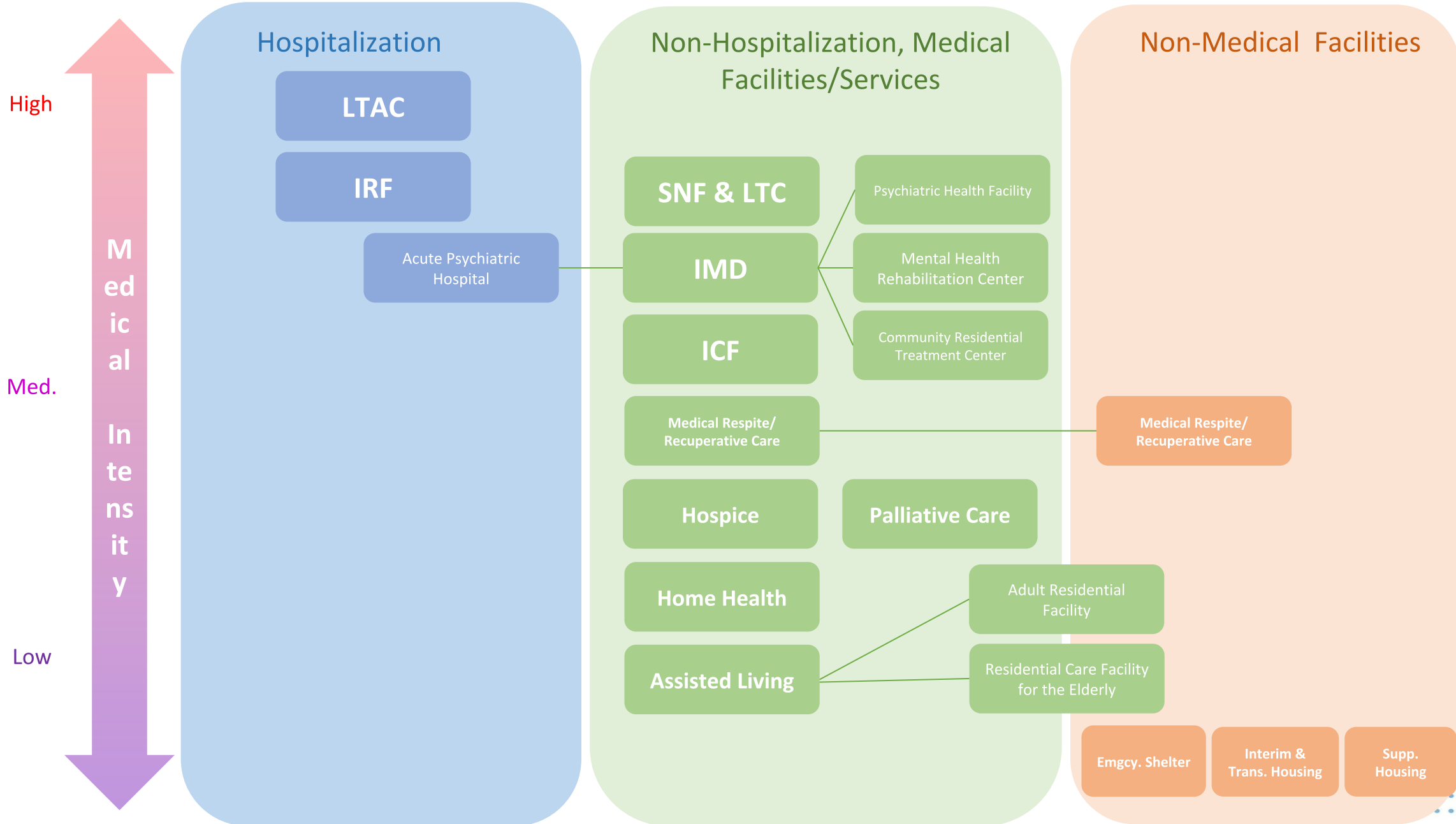


# Dual-Eligible Members

- Coordination of benefits between two different health coverage programs:
  - Individuals over 65 or with SSDI can access health care coverage through Medicare
  - If they are also low-income, they qualify for Medi-Cal, too.
- Medicare & Medi-Cal coordination
  - Now: CalMediconnect (1 integrated health plan for both sets of services)
  - Now & more in 2023: Duals-Special Needs Plan (D-SNP)



# What is “higher level of care”? It depends...



# Medi-Cal Covered Higher Level Facilities / Services

Covered	Not Covered	Conditional / Carveout
<input type="checkbox"/> Long-Term Acute Care Hospitals (LTAC)	<input type="checkbox"/> Adult Residential Facility*	<input type="checkbox"/> Assisted Living - *HCBA Waiver
<input type="checkbox"/> Inpatient Rehabilitation Facilities (IRF)	<input type="checkbox"/> Residential Care Facility for the Elderly*	<input type="checkbox"/> Congregate Living Health Facility - HCBA Waiver
<input type="checkbox"/> Skilled Nursing Facilities (SNF) & Long Term Care (LTC)	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> In-Home Options Waiver
<input type="checkbox"/> Intermediate Care Facility (ICF)	<input type="checkbox"/> Recuperative Care / Medical Respite	<input type="checkbox"/> Institutes for Mental Diseases
<input type="checkbox"/> Home Health	<input type="checkbox"/> Interim / Transitional Housing	<input type="checkbox"/> Multipurpose Senior Services Program (MSSP) – HCBS Waiver
<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE)
<input type="checkbox"/> Hospice &/or Palliative Care		
<input type="checkbox"/> Community-Based Adult Services (CBAS)		
<input type="checkbox"/> In-Home Supportive Services (IHSS)		

See also: <https://www.dhcs.ca.gov/provgovpart/Documents/LTC-at-Home-Continuum.pdf>



# Potential Policy & Program Options

- Lifting enrollment caps on current waiver programs ?
- CalAIM: In-Lieu-Of Services Proposed for 2022 ?
  - Recuperative Care
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Nursing Facility Transition to a Home
  - Personal Care and Homemaker Services
  - Environmental Accessibility Adaptions (Home Modifications)
- Layering health & homeless service programs ?
  - E.g. Shallow subsidy + case management + home health
- Demonstration / Pilots to create a “new” level of care ?
  - PSH+?
  - Long-term recuperative care?
  - Medically-enriched housing?
- *Key questions for any option:*
  - *Who authorizes/decides to move forward?*
  - *What is the funding source and who will the payer be?*



# Thank you!



Alison Klurfeld  
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L.A. Care Health Plan  
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**Higher level of care**

A decorative horizontal line consisting of a thick gold bar on top, followed by a white bar, and then three thin gold lines on the right side.

- Activities of Daily Living (ADL)
  - Ambulating: The extent of an individual's ability to move from one position to another and walk independently.
  - Feeding: The ability of a person to feed oneself.
  - Dressing: The ability to select appropriate clothes and to put the clothes on.
  - Personal hygiene: The ability to bathe and groom oneself and maintaining dental hygiene, nail, and hair care.
  - Continence: The ability to control bladder and bowel function
  - Toileting: The ability to get to and from the toilet, using it appropriately, and cleaning oneself.
- Instrumental Activities of Daily Living (IADL)
  - Managing finances: such as paying bills and managing financial assets
  - Managing transportation: either via driving or by organizing other means of transport
  - Shopping and meal preparation: This covers everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life
  - Housecleaning and home maintenance: This means cleaning kitchens after eating, keeping one's living space reasonably clean and tidy, and keeping up with home maintenance
  - Managing communication: such as the telephone and mail
  - Managing medications: which covers obtaining medications and taking them as directed

# Participants in need

- People experiencing homelessness (PEH) served at Project Room Key (PRK) sites countywide were recommended for a higher level of care by the site operators and LAHSA site coordinators. Higher level of care includes significant resource needs, independent living, board and care, and skilled nursing placements.

# Limitations

Due to limitations in the ability to collect data about participants we could only estimate the number participants who needed higher level of care resources.

A large barrier included:

- Lack of access to systems to check health insurance (AVES)
- Though this was partially resolved by managed care organization participation

# Limitations

- No easy way to estimate the resource need
  - Estimates from sources vary between 7%-20% of the population has this need
- The age group varies wildly with not just older adults (65+) needing assistance but those in the 25-64 making a an equally large portion of those likely in need.

# Existing resources

- *In-home supportive services (IHSS)*

- Services offered through IHSS enable participants to live safely and independently during their stay in PRK and reduces the care responsibilities of site staff by subsidizing the cost of direct personal assistance. To assist service providers in securing IHSS, LAHSA has developed an expedited referral process in partnership with the Personal Assistance Services Council (PASC).

- To be eligible for IHSS, participants must be a Medi-Cal recipient and be 65 years of age or older, blind, or disabled and have qualifying service needs. IHSS is limited to residents of California. Eligible service needs include, but are not limited to:

- Personal care services
- Household chores
- Accompaniment to medical visits
- Paramedical services authorized by a physician

# Existing resources

- *Program of All-Inclusive Care for the Elderly (PACE)*
- PACE enrolls seniors who are age 55 or older, who live in a PACE service area, need a nursing home level-of-care as determined by the California Department of Health Care Services (CDHCS) Long-Term Care Division, and want to stay in the community. Participants must be able to live independently without jeopardizing the health and safety of themselves or others.



# Existing resources

## Health Homes

The Health Homes Program (HHP) is designed to serve eligible Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination. The HHP coordinates the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by eligible beneficiaries.

The HHP provides six core services:

- Comprehensive care management
- Care coordination (physical health, behavioral health, community-based LTSS)
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services, including housing

# Solutions



Expedited  
IHSS  
process

Bridge  
program to  
IHSS

PACE  
enrollment  
pilot

Health  
Homes  
Enrollment

## Expedited IHSS process

Specialized process for referring to IHSS

As little as 15 day turn around time for approval vs the standard 30

Partnership with the Personal Assistance Services Council (PASC)

# Bridge to IHSS

Provide a 30 day  
bridge to IHSS  
services

Piloting at PRK sites  
now

Assist ALL  
participants who  
would qualify due to  
need regardless of  
Medi-Cal Status

PACE

Identifying Clients  
based on PACE criteria

Attempt enrollment of these clients  
if they are matched to housing

## Health Homes Enrollment

Provides additional  
CM support

Health Homes Webinar was  
provided by L.A. Care and Anthem

# Service Gaps and additional coordination needs

- No immediate solution for those who need higher level of care
- More health-related services needed for all ages
- More training for homeless services providers on how to access health resources
- More funding for ERC and other types of care levels that care assist this population



# Questions?

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# The Senior Strategy

- Carter Hewgley, Director of Homeless Initiatives, United Way

# Overview of the Senior Strategy

1. **Roadmap Development:** Maintain a coherent roadmap that stitches together multiple game-changing initiatives (e.g. COVID Recovery Plan, Homeless Roadmap, Older Adults Pilot, AAA consolidation, etc).
  - a. Hiring up
  - b. Information gathering and dissemination
  - c. Baselineing & System Modeling
2. **Cross-Sector Coordination & Communication:** Help CSH, LAHSA, and Shelter Partnership convene aging and homeless providers across sectors to increase integration and coordination
3. **Policy Advocacy:** Advocate for transformative systems change by stepping into a leadership role with the aging and homelessness Policy Action Team (PAT)
4. **Philanthropic Investment:** Raising and dispersing grant funds to fuel demonstrations of effective strategies to prevent and end homelessness among older adults and seniors.

## 1st Cross-Sector Convening Kickoff:

- October 6th
- 1:00 - 2:30pm
- Zoom (email if interested)

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# Questions & Comments

Reach out to our team:

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# Background Slides

# Why is the United Way convening this call?

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- UWGLA uses our convening power to bring multi-sector partnership together to benefit those experiencing homelessness
- COVID-19 spurred massive and rapid systems change in both homeless and health services
- In call after call, we keep hearing about amazing ad-hoc integration with the health sector
- System-level coordination today can forever share the future of health care delivery for those experiencing homelessness

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# Purpose

- **Inform** multi-system partners about COVID-19 challenges
- **Coordinate alignment** between health & homeless systems
- **Focus** on the chronic health needs of PEH

