

# Raising Expectations: California's 2014 Long-Term Services and Supports Scorecard Results

*California is a leading state in an imperfect national LTSS system. Much work remains to be done to improve affordability, quality, and coordination of services within the state's system so people can access needed services to support independence and quality of life.*

Long-term services and supports (LTSS) should be affordable, high-quality, and well-coordinated in order to support older adults and people with disabilities in the setting of their choice. The 2<sup>nd</sup> [State Scorecard on Long-Term Services and Supports \(Scorecard\)](#), produced by the AARP Public Policy Institute\*, examines state system performance using five identified dimensions of a high-performing LTSS system. This brief describes [California's results](#), identifying areas for improvement as well as policy opportunities to transform and improve the state's system of care.

## California's Scorecard Performance

This new *Scorecard* shows that California still ranks higher than most states, coming in 9<sup>th</sup> overall, yet has areas for substantial improvement. Below are California's rankings on the five dimensions.<sup>1</sup>

**Affordability & Access:** Most Californians cannot afford the high cost of LTSS, which limits access to services. In California, the cost of home care is 82% of median household income, while nursing home care is 241% of median household income. Private long-term care insurance alone will not solve the problem. Only 5% of Californians over 40 have this coverage due to the difficulties in qualifying for coverage and high cost for most working families.<sup>1</sup>

**Choice:** The state can do a better job of ensuring people have choices regarding where they receive LTSS. Californians overwhelmingly prefer to remain in the community, meaning that affordable access to home- and community-based services (HCBS) is essential to creating more choice. While California spends more Medi-Cal funding on HCBS than institutional care (56% of all Medi-Cal LTSS dollars going to the community), the state still lags far behind New Mexico as the top-ranked state, which has 65% of Medicaid LTSS dollars going to the community.<sup>1</sup>

**Quality:** California must ensure high quality of care for people needing LTSS and it is failing on some basic measures. For example, the rate of pressure sores among California's nursing home residents is double that of Hawaii, the best-performing state.<sup>1</sup>

\**Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Disabilities, and Family Caregivers* was produced by the AARP Public Policy Institute with support from The SCAN Foundation and The Commonwealth Fund.

**TABLE 1** Characteristics of a High-Performing LTSS System & California's Rank, 2014<sup>1</sup>

CHARACTERISTIC	DEFINITION	CA'S RANK
<b>Overall Rank</b>		<b>9</b>
Affordability & Access	LTSS is easy to find and affordable.	14
Choice of Setting & Provider	Individuals have choice and control over where they receive services and who provides them.	2
Quality of Life/Quality of Care	LTSS maximizes positive outcomes while respecting the individual and their personal preferences.	24
Support for Family Caregivers	The needs of family caregivers are assessed and addressed.	24
Effective Transitions	Health care and LTSS integrate effectively, minimizing disruptive transitions between care settings.	22

Note: The Scorecard ranking is in relation to performance of other states. Methodology for the ranking can be found at [www.longterm.scorecard.org](http://www.longterm.scorecard.org).

**Family Caregiver Support:** Nearly six million unpaid caregivers - often family and friends - provide LTSS in the state, valued at \$47 billion annually.<sup>2</sup> California ranks 3<sup>rd</sup> in legal and system support for caregivers, yet there are significant opportunities for improvement.<sup>1</sup> Right now, California offers 12 weeks/year of job protected leave (minimum established by the federal Family Medical Leave Act) while the District of Columbia (top-ranked) provides 16 weeks family leave and 16 weeks of medical leave every two years.<sup>3</sup>

**Effective Transitions:** California can create more opportunities to safely transition individuals from institutional settings to the community. Eleven percent of California nursing home residents have low-care needs as compared to 1% in Maine, the top-ranked state. This finding suggests that more Californians could have their needs met in a community setting, which would improve their quality of life and potentially reduce costs.<sup>1</sup> If California performed like Maine, 10,727 more people would reside in the community instead of an institutional setting.<sup>4</sup>

## **Policy Recommendations**

The *Scorecard* provides insight into California's LTSS system, and offers a starting point for meaningful dialogue around ways to improve this system. While the *Scorecard* does not tell the entire story of California's performance, it does demonstrate the need for an organized system of care that better coordinates services. Building off these new *Scorecard* results, the following policy recommendations can drive change toward improved system performance and quality of life for Californians in need of LTSS.

**Continue Action on Universal Assessment:** The California Departments of Health Care Services, Social Services, and Aging are working with stakeholders to develop and pilot a universal assessment tool for individuals needing LTSS. We recommend continued action on developing and implementing

this tool as the cornerstone of an organized system of care that is more responsive to individuals' needs, values, and preferences. The Universal Assessment tool should also include caregiver-specific questions so that providers can better understand and support the needs of unpaid family caregivers who often shoulder the primary care coordination responsibility for their loved ones.

The main system outcomes of a well-developed and implemented universal assessment are threefold: 1) reliable and person-centered information to facilitate better care coordination; 2) consistent information available to evaluate population level needs; and 3) widespread data to inform the development of HCBS quality measures.

*While this new Scorecard does not measure all elements of LTSS performance, it does identify priority areas that will be critical for broad system transformation in California.*

**Elevate the Value of Care Coordination:** Care coordination is a critical component of the state's [Coordinated Care Initiative](#) (CCI). Clear guidelines and strong accountability standards will ensure that services are person-centered, provided in a timely manner, and in the setting of choice. Through effective care coordination, older adults and their families should receive information about their options and could make more appropriate choices, connect with HCBS, and be better equipped to avoid unnecessary institutionalization.

**Create a Bill of Rights for Dually Eligible Californians:** Dual eligibles – low-income individuals who use both Medicare and Medi-Cal – are among the most vulnerable population in the state. As the state implements the [Cal MediConnect](#) demonstration as part of the CCI, the Legislature should clearly identify what low-income older adults and people with disabilities can expect to experience in these new models of care. A “Duals Bill of Rights” would communicate what people should expect from this new system and clarify accountability of health plans and providers so that people can access the services they need.

**Bolster Support for California's Unpaid Caregivers:** Building from recommendations by the federal Long-Term Care Commission, California should develop a state strategy to support unpaid family caregivers and inform them about available resources. In addition, employment-related policies could be reconsidered to better support California's unpaid family caregivers in the workforce. Such policies could include increasing the length of protected leave, and expanding the California Family Rights Act to include care for grandparents, siblings, and in-laws to match the Family Paid Leave benefit.<sup>5,6</sup>

**Improve Affordability:** Working families need tools that will enable them to plan and pay for their future care needs. The Bipartisan Policy Center kicked off their [Long-Term Care Initiative](#) this spring and will deliver specific policy recommendations in late 2014. Stakeholders should examine the recommendations and continue advocating for state and federal policy makers to seek active solutions to financing future LTSS needs.

## **California's Evolving LTSS Landscape: Placing Scorecard Results in Context**

California is in the midst of a major system transformation. Most significant in this transformation is the movement towards a managed care delivery system to integrate all aspects of care for older adults and people with disabilities, as evidenced by the CCI. While the CCI is being implemented in eight select counties, it will influence change and set a new service delivery paradigm that will impact the entire LTSS system landscape. An organized service delivery system, as envisioned in the CCI, has the potential to better identify individuals' needs and provide accountability to meet those needs. However, health care and LTSS leadership at the state and federal level must ensure that people's core needs are at the center of the system. While the *Scorecard* yields the only comparative analysis of people's experiences in LTSS systems across all 50 states, these findings do not capture every aspect of system performance. In many areas, there are no quality measures due to lack of data and information. Therefore, the *Scorecard* is a critical step in initiating a conversation about system performance, areas for opportunity, and the importance of continued system transformation in California.

### **References**

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