Topics of Discussion

• What are MLTSS services?
• Overview of MLTSS programs
  - Services covered
  - Eligibility requirements and assessment processes
  - MLTSS and care coordination
  - How the MLTSS Dept. assists with each service
• MLTSS Referrals
What is MLTSS?

Managed Long Term Services and Supports or MLTSS Typically refers to a wide range of services that support people to live independently in the community.
MLTSS Goals

- To avoid or delay the premature placement of persons in nursing facilities, while fostering independent living in the community

- Reduce health care costs by arranging for home-based services
What services are covered under MLTSS?

Five (5) MLTSS Programs:

- **IHSS** - In Home Supportive Services
- **CBAS** - Community Based Adult Services
- **LTC** - Long Term Care
- **MSSP** - Multipurpose Senior Services Program
- **CPO** - Care Plan Options (CMC only)
Our Mission

To assist L.A. Care members who are elderly, living with substantial cognitive or functional limitations, require assistance to perform activities of daily living, or want to plan for future long-term care needs.
Roles of the MLTSS Department

- Find the right combination of services through assessment & staff expertise
- Coordinate access to MLTSS services
- Provide oversight of MLTSS services & act as a liaison to MLTSS providers & vendors
- Provide education on MLTSS benefits
- Act as liaison to MLTSS providers, vendors & internal departments
- Act as MLTSS subject matter experts (SME) on care teams
MLTSS Delegation Model

MLTSS is a Medi-cal* benefit
* PASC, Covered California and Healthy families line of businesses are excluded from MLTSS

- Plan Partners are responsible for MLTSS Medi-Cal benefits
- PPGs will **not** be delegated for MLTSS services

<table>
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<th>Benefit</th>
<th>Delegation</th>
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<tr>
<td>IHSS</td>
<td>L.A. Care MLTSS</td>
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<td>Long Term Care (LTC)</td>
<td>L.A. Care MLTSS</td>
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<tr>
<td>*Skilled level of care (UM)</td>
<td><strong>PPG level</strong></td>
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In-Home Supportive Services (IHSS)
What is In-Home Supportive Services?

IHSS is a California state program that provides homecare services to low-income seniors and persons with disabilities, allowing them to remain safely in their home.

- IHSS serves approx. 195,000 individuals in L.A. County
- Approx. 70,000 L.A. Care members are enrolled in IHSS
What are IHSS Services?

**Domestic Chores**
- House cleaning
- Meal preparation
- Laundry
- Grocery shopping

**Personal Care**
- Bathing
- Grooming
- Dressing
- Feeding

**Paramedical Assistance**
- Medications
- Injections
- Blood/Urine testing
- Exercises

**Other Services**
- Accompany to medical appointments
- Yard abatement
- Protective supervision
Who is Eligible for IHSS?

All IHSS beneficiaries must:

- Be a California resident and a U.S. citizen/legal resident, and be living in their own home (*must have a physical address*)

- Receive or be eligible to receive Supplemental Security Income/State Supplemental Payment (SSI/SSP) or *Medi-Cal* benefits

- Be 65 years of age or older, blind, *or* disabled by Social Security standards

- Submit a health care certification form (*SOC 873*) from a licensed health care professional indicating that they need assistance to stay living at home
Who Provides these Services?

- As the employer, the consumer (member) can hire anyone they choose to be their homecare worker including family members or friends
  - IHSS Providers are paid $11.18/hr. in L.A. County

IHSS Providers must:

- Complete enrollment process which includes clearance of Criminal Background Investigation
- Attend Provider orientation to obtain information about IHSS rules and requirements
Enrollment Responsibilities

**DPSS**
- Completes intake
- Conducts assessment
- Determines hours
- Authorizes services

**Consumer**
- Files application
- Hires IHSS provider of choice
- Cooperate during assessment
- Provides accurate information
- Submits completed forms timely

**PCP**
- Completes Medical Certification form and other required documentation

**L.A. Care**
- Assists member in navigating IHSS process
- Initiates application as needed
- Follows up on application as needed
- Acts as a liaison between member and DPSS

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*F.Y.I.*
*The IHSS enrollment process can take up to 90 days*

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*L.A. Care does not determine need for services or authorize hours*
The IHSS Notice of Action

The IHSS Notice of Action notifies consumers of determination made by DPSS:

- Total authorized hours
- Authorized hours per service/category
- Changes to authorized hours
- Denial or termination of services
- IHSS Social Worker contact info
- Info on filing an Appeal
Multipurpose Senior Services (MSSP)
What is the MSSP Program?

MSSP is an intensive case management program for seniors who are certified for nursing home placement, but wish to remain at home.

- Provide both social and health care management services
- Waiver program with limited slots of approx. 3,000 in L.A. county
- MSSP referrals can be subject to a 3 to 6 month wait
Six MSSP sites in L.A. County:

- AltaMed Health Services Corporation
- Huntington Hospital Senior Care Network
- Partners in Care Foundation
- Human Services Association
- Jewish Family Services
- Independence at Home, a division of SCAN Health Plan
Who is Eligible for MSSP?

In order to be eligible for MSSP services, a member must:

- Be >65 years of age
- Live within an MSSP service area *(must have a physical address)*
- Be eligible for Medi-Cal
- Be certified for nursing home placement

*Eligibility is determined by the local MSSP site based on state-set criteria*
What are MSSP Services?

**Care Management**
- Needs assessment
- Care Plan development
- Monitoring of Care

**Care Management Assistance**
- Accessing services
- Personal Advocacy

**Purchased Services**
- Supplemental personal care
- Respite Care
- Personal Emergency Response System (PERS)
- Meal Services
- Handyman/Minor Home Repairs

Total cost of services must **not** exceed cost of SNF placement!
Community Based Adult Services (CBAS)
What is CBAS?

CBAS is a program where members can go to a center during the day for assistance with their daily needs.

Population:
- CBAS centers serve approximately 20,000 people in L.A. County
- L.A. Care is contracted with 150 CBAS centers
- Nearly 7,000 L.A. Care members are enrolled in CBAS
Who is Eligible for CBAS?

CBAS services may be provided to Medi-Cal beneficiaries over 18 years of age who:

- Are certified for nursing home placement but wish to remain at home
- Have organic/acquired traumatic brain injury and/or chronic mental health condition
- Have Alzheimer’s disease or other dementia
- Have moderate to severe cognitive impairment
- Have a developmental disability
What are CBAS Services?

Core Services:
- Professional nursing and medication management
- Therapeutic activities
- Social services and/or personal care services
- One meal offered per day

Additional Services:
- Physical, occupational or speech therapy
- Mental health/psychiatric services
- Registered dietician services
- Transportation to/from center to member residence
Getting Started with CBAS

• CBAS services must be ordered by the PCP or other healthcare professional

• CBAS requires authorization from L.A. Care
  – Members may also apply directly with a CBAS Center. CBAS center will work with L.A. Care to obtain authorization
  – An in-person assessment will be conducted by a contracted CBAS nurse
CBAS Center Assessment

3 step authorization process

• The initial face to face assessment is conducted by a nurse vendor to determine eligibility
  ➢ state required form, CBAS Determination Tool (CEDT)

• CBAS Center conducts a detailed assessment on all new participants and develops a care plan (IPC)
  ➢ Multidisciplinary team includes a nurse, social worker, physical therapist, occupational therapist, speech therapist & nutritionist – determines frequency of attendance

• Reassessments are conducted every 6 months

⚠️ Authorization for CBAS services is managed by Utilization Management
Long Term Care Facility Services (LTC)
What is Long Term Care?

- Long Term Care provides medical, social, and personal care in either a facility or at home for members with medical or mental conditions who need constant, continuous care.

- **LTC diversion** refers to accessing MLTSS services in lieu of a facility admission under long term care.

  - Members residing in a LTC facility who choose to return to the community (home, board & care) with other MLTSS benefits is referred to as **LTC transition**.
Who is eligible for LTC?

Medi-Cal members who require 24-hour long term (custodial) or short term (skilled) term medical care eligible to receive services in a skilled nursing facility certified by a physician

**LTC indicators:**
- prolonged nursing support and supervision (dressing changes, tracheostomy, G-tube, ventilator)
- total or severe incontinence
- bedridden/comatose
- quadriplegia

⚠️ Authorization for LTC services is managed by Utilization Management
What is the difference of custodial vs. skilled care?

Two (2) types of LTC:

**Long term**
- Consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers.
- Can take place at home or in a nursing home.
- Involves help with daily activities like bathing and dressing. In some cases where care is received at home, care can also include help with household duties such as cooking and laundry.
- May be covered by Medicaid if care is provided in a nursing home setting and not at home.

**Skilled Care**
- Is medically necessary care that can only be provided by or under the supervision of skilled or licensed medical personnel.
- Can be more costly than custodial care and can take place at home or in a skilled nursing facility.
- Examples include physical therapy, wound care, intravenous injections, catheter care, and more.
- May be covered by Medicaid. State Medicaid programs have different rules that determine when skilled care is medically necessary and payable by Medicaid.

[March 2016]

[URL: https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-CustodialCareSkilledCare.pdf]
What is an Institutional PPG?

- L.A. Care has delegated specific contracted institutional Participating Provider Groups (IPPGs) to coordinate member care in a LTC (LTC, custodial institutional) setting including physician coverage.

- L.A. Care will assign LTC members a physician from one of the Institutional PPGs (IPPGs) based on facility assignment.

- Long Term Care members will transition to an IPPG member:
  - Transition Period
  - LTC to Acute Inpatient or Skilled Level of Care
  - LTC Member Requires Emergency Services
  - LTC to Home/Community

*Exclusions: IMD’s facility, Facilities outside of L.A. County*
Institutional PPG Responsibility
Coordination of Care for LTC

- Specialty Services (i.e. Psych & Neuro-Psych consultation)

- Ancillary Services (i.e. DME)

- Transition to acute care (Emergent/ Non-Emergent)

- Transition between levels of care (i.e. LTC to Skilled)

- Discharge Planning back to community
## List of IPPG/MSO

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<thead>
<tr>
<th>Name of PPG-Institutional</th>
<th>Region Code</th>
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<tbody>
<tr>
<td>Allied Physicians of California IPA-Institutional</td>
<td>API</td>
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<tr>
<td>Apple Care Medical Group Inc.-Institutional</td>
<td>APPI</td>
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<tr>
<td>Healthcare Partners-Institutional</td>
<td>HCPI</td>
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<tr>
<td>Prospect Medical Group-Institutional</td>
<td>PROI</td>
</tr>
<tr>
<td>St. Vincent IPA- Institutional</td>
<td>SVPI</td>
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Care Plan Options (CPO)
CMC only
What is Care Plan Options (CPO)?

CPOs are additional services that L.A. Care *may* arrange and pay for people who have Medicare and Medi-Cal

- May include services such as:
  - Respite care/provider support
  - Supplemental IHSS-like services
  - Home modification/maintenance
  - Nutritional services
Who is Eligible for CPO?

**CMC Members** who need CPO Services should be referred directly to L.A. Care’s MLTSS Department.

⚠️ **All CPO services must be authorized by L.A. Care prior to service, and must be provided through L.A. Care’s contracted CPO provider network. CPO services not benefits.**
Who is Eligible for CPO?

• Available to **Cal MediConnect** members only

• All community resources must be exhausted

![Warning]

All CPO services must be authorized by L.A. Care prior to service, and must be provided through L.A. Care’s contracted CPO provider network. CPO services are not benefits.
Other Specialty Services
Social & Specialty Services

MLTSS works with Social Workers and Specialists for individualized assessment of member needs to connect members to the right programs and resources in the community.

Examples: Information & Referrals to housing, transportation, PACE, disability services, specialized resources and more...

Moderate-Low members remain with PPG
MLTSS
Referrals
Recognizing the Need for MLTSS

Referrals to the MLTSS Department can come from various sources:

*If member is in hospital, must have an anticipated discharge date before making a referral for MLTSS services*
Why Should I Refer to MLTSS?

- Need for social support
- Needs assistance with activities of daily living (personal care or household chores)
- Qualifies for nursing home placement, but wants to stay home
- Needs caregiver support
- Receives MLTSS services, but needs more support
- History of repeat hospitalizations
How Do I Refer to MLTSS?

Submit MLTSS Referral Form to Fax: 213-438-4866 available at www.lacare.org
L.A. Care MLTSS Department

Please contact for inquiries or referral assistance.

Phone: (855) 427-1223
Secure Fax: (213) 438-4866

MLTSS@lacare.org (sent securely)