



A Public Agency

OneCare Connect  
**CalOptima**  
Better. Together.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# 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 and Community-Based Adult Services (CBAS).
- 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
    - NOTE: as of **January 1, 2022** MSSP is no longer a OneCare Connect plan benefit but remains available to eligible Medi-Cal beneficiaries as a fee-for-service benefit.
- 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:
  - 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
  - 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. .

# Member Assessments (cont.)

---

## 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.)

---

- Assessments are sent to the Health Network or the member's provider or may be requested.
- All CBAS 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

# 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) Long-Term Care (LTC)
  - b) Community-Based Adult Services (CBAS)
  - c) 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
  - b) Seamless service delivery
  - c) Physical and programmatic accessibility
  - d) Member-centered care coordination
  - e) Integration of LTSS with medical and behavioral health
  - f) All of the above

# Knowledge Check Answers

---

1. c) All of the above
2. b) False
3. f) All of the above

# 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.

# Dementia (cont.)

---

- 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:
  - 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.
  - Tips to consider:
    - Communicate patiently, slowly, and clearly
    - Be positive and respectful
    - Don't argue or try to convince
    - Recognize triggers for difficult behavior and minimize
    - Follow caregiving's golden rule: Take care of the caregiver
  - Caregiver stress often occurs and may manifest itself as exhaustion, anger, rage, or guilt resulting from unrelieved caring for a chronically ill person.



# Dementia (cont.)

---

- Alleviating Caregiver Stress
  - Ask for help and say “yes” when offered
    - Keep a list of shopping or housekeeping needs
    - Allow friends and family to be useful in day-to-day ways that matter
  - Maintain self-care
    - Keep medical appointments and annual care
    - Maintain physical activity: Ten-minute exercise “snacks” have value
    - Be protective of sleep and restorative self-care
  - Tune-in to emotions
    - Flaring or retreating: Easily angered or less joy
    - Like the weather, emotions will fluctuate
    - Avoid self-judgment

# Dementia (cont.)

---

- Connect with community resources and seek support
  - Alzheimer's Orange County  
*Offers dementia education, care consultation, connection to community resources, adult day health services, residential, and memory care services.*  
Helpline: 844-HELP-ALZ (844-435-7259)  
Website: [www.alzoc.org](http://www.alzoc.org)
  
  - Caregiver Resource Center Orange County  
*Services include family consultation, assessment and care planning, counseling, support groups, respite, and education. Caregiver fact sheets in English, Spanish and Vietnamese.*  
Phone: 800-543-8312 or 714-446-5030  
Website: [www.caregiveroc.org](http://www.caregiveroc.org)

For more information about resources, click [HERE](#) for a list of local, state and national resources with services and programs to assist individuals and families with a loved one with dementia or Alzheimer's disease.

# 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
  - Toll-free at **855-705-8823**
  - TTY users can call **711**

# Additional Resources

---

- Aging & Disability Resource Connection of Orange County (ADRCOC)
  - Partners with Orange County Office on Aging and 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](http://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.
  - Information & Referral Specialists available in 150 languages
  - Contact: **211**
    - **Dial 211 or**
    - **888-600-HELP** (888-600-4357) (toll-free)
    - [www.211oc.org](http://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 EE.1103: Provider Education and Training
- CalOptima Policy GA.8000: Glossary of Terms
- CalOptima Policy GG.1130: Community-Based Adult Services (CBAS) Eligibility and Authorization Process
- CalOptima Policy GG.1808: Plan of Care, Long-Term Care
- CalOptima Policy GG.1828: Community-Based Adult Services (CBAS) Re-Authorization Process
- CalOptima Policy GG.1829: Community-Based Adult Services (CBAS) Discharge Notification Process

# References (cont.)

---

- 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



A Public Agency

# CalOptima

Better. Together.



A Public Agency

Medi-Cal  
**CalOptima**  
Better. Together.



A Public Agency

OneCare (HMO SNP)  
**CalOptima**  
Better. Together.



A Public Agency

OneCare Connect  
**CalOptima**  
Better. Together.



A Public Agency

PACE  
**CalOptima**  
Better. Together.