

Organization of Long-Term Care in the Government

The LTC Fundamentals series is produced by The SCAN Foundation to highlight and describe the organization and financing of long-term care (LTC) in California. This LTC Fundamentals brief describes how the California Administration and Legislature are organized to address long-term care policy, programs, and financing as well as how federal departments and agencies support the state.

Federal Organization of Long-Term Care Services

At the federal level, most long-term care (LTC) services are administered by the U.S. Department of Health and Human Services (HHS), specifically the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA). CMS is the federal agency responsible for the day-to-day operation of the Medicare program and the federal portion of the Medicaid program. The AoA is the federal agency responsible for advancing the interests and concerns of older adults and their caregivers, and funding supportive services through the Older Americans Act of 1965 and its subsequent reauthorizations.

Other HHS agencies are involved in the planning, delivery, and/or monitoring of LTC services across the country. For example, the Office of the Assistant Secretary of Planning and Evaluation's Office of Disability, Aging, and Long-Term Care Policy develops, analyzes, evaluates, and coordinates HHS policies and programs that support the LTC needs of children, working age adults, and older persons with disabilities. Additionally,

the Agency for Health Care Research and Quality (AHRQ) supports health services research in a number of areas, including LTC to improve the quality of services provided and promote evidence-based decision-making. For a complete listing of HHS agencies that have a role in support of LTC, see **Table 1**.

In addition to HHS, other cabinet-level departments may play a role in providing supportive services to seniors and people with disabilities. These include the Departments of Agriculture, Energy, Housing and Urban Development, Labor, Transportation, Veterans Affairs and Education. For example, the Department of Education's Rehabilitation Services Administration (RSA- located within the Office of Special Education and Rehabilitative Services) oversees programs that help individuals with physical or mental disabilities obtain employment and live more independently through the provision of counseling, medical and psychological services, job training and other individualized services.

TABLE 1

Agencies within the U.S. Department of Health and Human Services (HHS) and Their Role in Support of Long-Term Care (LTC)

<p>Centers for Medicare and Medicaid Services (CMS) <i>www.cms.gov</i></p>	<p>CMS is responsible for the operation of the Medicare program and the federal portion of the Medicaid program.</p>
<p>Administration on Aging (AoA) <i>www.aoa.gov</i></p>	<p>The AoA is responsible for advancing the interests and concerns of older adults and their caregivers. The AOA also funds supportive services through the Older Americans Act of 1965 and its subsequent reauthorizations.</p>
<p>Office of the Assistant Secretary of Planning and Evaluation (ASPE) <i>www.aspe.hhs.gov/daltcp</i></p>	<p>ASPE’s Office of Disability, Aging, and Long-Term Care Policy develops, analyzes, evaluates, and coordinates HHS policies and programs that support the LTC needs of children, working age adults, and older persons with disabilities.</p>
<p>Agency for Health Care Research and Quality (AHRQ) <i>www.ahrq.gov</i></p>	<p>AHRQ supports health services research to improve the quality of health care and promote evidence-based decision-making. LTC is one of the agency’s key areas of research.</p>
<p>Centers for Disease Control and Prevention (CDC) <i>www.cdc.gov/aging</i></p>	<p>The Healthy Aging Program, within CDC’s National Center for Chronic Disease Prevention and Health Promotion, supports projects on issues such as health promotion and disease prevention, mental health, and chronic disease management as they relate to older adults through cooperative agreements, grants, and contracts.</p>
<p>Health Resources and Services Administration (HRSA) <i>www.hrsa.gov</i></p>	<p>HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable, strengthening the health workforce, building healthy communities, and improving health equity.</p>
<p>Food and Drug Administration (FDA) <i>www.fda.gov</i></p>	<p>The FDA is responsible for assuring the safety, efficacy, and security of a number of products including medications, vaccines and medical devices.</p>
<p>Indian Health Service (IHS) <i>www.info.ihs.gov</i></p>	<p>In collaboration with CMS and other organizations, the IHS works to foster more culturally appropriate, non-institutional services for American Indian and Alaska Native beneficiaries of Medicare, Medicaid, and Children’s Health Insurance Program.</p>
<p>National Institutes of Health (NIH) – National Institute on Aging <i>www.nia.nih.gov</i></p>	<p>NIH’s National Institute on Aging (NIA) supports and conducts medical research on aging, provides training, and disseminates health information on aging to the public. NIA is the primary federal agency on Alzheimer’s Disease research.</p>
<p>Office of Inspector General (OIG) <i>www.oig.hhs.gov</i></p>	<p>The OIG conducts audits, investigations, inspections, and other related functions to ensure the integrity of HHS programs, including Medicare and Medicaid, as well as the health and welfare of beneficiaries that are served by these programs.</p>
<p>Administration for Children and Families (ACF) <i>www.acf.hhs.gov</i></p>	<p>ACF’s Administration on Developmental Disabilities makes grants to state-based institutions to improve and increase services to individuals with developmental disabilities.</p>
<p>Substance Abuse and Mental Health Services Administration (SAMHSA) <i>www.samhsa.gov</i></p>	<p>SAMHSA supports States, Territories, Tribes, communities, and local organizations through grant and contract awards and provides national leadership in promoting the provision of quality behavioral health and substance use treatment services.</p>
<p>Office on Disability (OD) <i>www.hhs.gov/od/</i></p>	<p>The OD oversees the implementation of all HHS programs and initiatives pertaining to Americans with disabilities.</p>

State Organization of Long-Term Care Services

In California, most LTC services are administered under the auspices the California Health and Human Services Agency (CHHS). Many of the departments within the Agency administer a range of health care services, social services, mental health services, alcohol and other drug treatment services, income assistance, and public health services.

Table 2 provides an overview of the organization of LTC services within CHHS, including the specific programs or services for which each department is responsible. Most of the programs and services administered by these departments are provided through contracts with local governments and non-profit organizations.

While CHHS plays the dominant role in shaping LTC services in California within the Administration, other state-level agencies play important roles in supporting the LTC system as well. For example, the Department of Consumer Affairs within the State and Consumer Services Agency licenses many of the health care professionals who work in LTC settings. Additionally, the Business, Transportation and Housing Agency oversees several departments and offices that impact LTC services. One of these is the Department of Transportation that, among its other activities, manages the Elderly and Disabled Specialized Transit Program. This program funds private non-profit corporations and public agencies to provide transportation services to older adults and the disabled in areas where public transportation is unavailable, insufficient, or inappropriate.

Finally, it is important to note that the 58 California county governments and other local entities play an important role in shaping the planning, delivery, and monitoring of LTC services in California. Most of the departments described above have county-level equivalents that act as the operational arm for policy implementation.

The California Legislature’s Role in Long-Term Care Services Organization and Policy

There are a number of legislative committees and subcommittees in the California Assembly and Senate that have jurisdiction over the organization and financing of LTC services in the state. These committees oversee a wide range of relevant issues, described below in **Figures 1 and 2**.

“The 58 California county governments and other local entities play an important role in shaping the planning, delivery, and monitoring of LTC services in California.”

TABLE 2

**Departments within the California Health and Human Services Agency (CHHS)
Responsible for Administering State Long-Term Care Services**

<p>California Department of Aging (CDA) <i>www.aging.ca.gov</i></p>	<p>CDA administers programs that serve older adults, adults with disabilities, and family caregivers. CDA contracts with the network of 33 Area Agencies on Aging, which directly manage a wide array of federal and state-funded services for older adults and their families. CDA also administers the Multipurpose Senior Services Program and certifies Adult Day Health Care centers, under an interagency agreement with the state’s Department of Health Care Services.</p>
<p>Department of Developmental Services (DDS) <i>www.dds.cahwnet.gov</i></p>	<p>DDS provides services and supports to individuals with developmental disabilities including mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services are provided by state-operated developmental centers and community facilities, and through contracts with 21 nonprofit regional centers.</p>
<p>Department of Health Care Services (DHCS) <i>www.dhcs.ca.gov</i></p>	<p>DHCS is responsible for administering the Medi-Cal program, which includes institutional LTC, as well as home and community-based services (HCBS) provided through the Medi-Cal “Optional” State Plan services, and Medi-Cal waivers.</p>
<p>Department of Mental Health (DMH) <i>www.dmh.ca.gov</i></p>	<p>DMH is responsible for providing leadership for local county mental health departments; administering Medi-Cal funds for mental health programs and services; and overseeing implementation of the Mental Health Services Act (Proposition 63), which provides state tax dollars for specific county mental health programs and services. DMH is also responsible for the 11 Caregiver Resource Centers located throughout the state, which provide information and referrals, short-term counseling, respite care, and education, training and support to family caregivers.</p>
<p>Department of Public Health (CDPH) <i>www.dmh.ca.gov</i></p>	<p>CDPH is responsible for the licensing and certification of health care facilities and nursing homes, as well as a variety of other public health programs.</p>
<p>Department of Rehabilitation (DOR) <i>www.rehab.cahwnet.gov</i></p>	<p>DOR administers the largest vocational rehabilitation program in the country, and provides services and advocacy that assist people with disabilities to live independently, become employed and have equality in the communities in which they live and work. DOR also oversees the state’s independent living network, which includes 29 independent living centers (ILCs) and the State Independent Living Council (SILC).</p>
<p>Department of Social Services (CDSS) <i>www.dss.cahwnet.gov</i></p>	<p>CDSS provides state-level operational and policy oversight for In-Home Supportive Services (IHSS) and Adult Protective Services (APS), two programs that serve the aged, blind and disabled populations. In addition, CDSS’ Community Care Licensing Division provides oversight and enforcement for more than 85,000 licensed residential and adult day care facilities statewide.</p>
<p>Department of Veterans Affairs (DVA) <i>www.cdva.ca.gov</i></p>	<p>DVA is responsible for the operation of the Veterans Home of California, which cares for the state’s aged and disabled veterans with rehabilitative, residential, and medical care and services needs.</p>
<p>Office of Statewide Health Planning and Development (OSHPD) <i>www.oshpd.ca.gov</i></p>	<p>OSHPD administers programs to build the healthcare infrastructure for the state including the physical plants in which care is provided as well as developing the healthcare workforce. OSHPD is also responsible for collecting data about health care providers and the individuals they serve, and making information available to the public.</p>

FIGURE 1 California’s Assembly Committees

<p>Assembly Committee on Aging and Long-Term Care <i>Governs issues concerning:</i> Area Agencies on Aging, California Department of Aging, Older American’s Act, Older Californian’s Act, Senior Legislature, LTC services, senior and advocacy issues, services for seniors in residential and day settings, and the California Commission on Aging.</p>
<p>Assembly Committee on Appropriations <i>Governs issues concerning:</i> Fiscal bills that are not referred to the budget committee, including bonds and alternative public financing.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Assembly Budget Subcommittee #1 on Health and Human Services <i>Governs issues concerning:</i> Budget items pertaining to all health and human services</p> </div>
<p>Assembly Committee on Budget <i>Governs issues concerning:</i> State Budget</p>
<p>Assembly Committee on Health <i>Governs issues concerning:</i> Health care, Medi-Cal, mental health, licensing of health and health-related professionals, and licensing of LTC facilities.</p>
<p>Assembly Committee on Human Services <i>Governs issues concerning:</i> Services to persons with disabilities, including those provided by Regional Centers and the state’s Developmental Centers; in-home supportive services (IHSS); community care licensing; and, social services and rehabilitative services; State Nutrition Assistance Program</p>

FIGURE 2 California’s Senate Committees

<p>Senate Committee on Appropriations <i>Governs issues concerning:</i> Fiscal bills that are not referred to the budget committee, including bonds and alternative public financing.</p>
<p>Senate Committee on Budget and Fiscal Review <i>Governs issues concerning:</i> State Budget</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Senate Committee on Budget and Fiscal Review, Subcommittee #3 on Health and Human Services <i>Governs issues concerning:</i> Budget issues pertaining to health and human services.</p> </div>
<p>Senate Health Committee <i>Governs issues concerning:</i> Public health, welfare, social services for the blind and disabled, substance use, mental health, and related institutions.</p>
<p>Senate Health Subcommittee on Aging and Long-Term Care <i>Governs issues concerning:</i> Convenes informational and oversight hearings focusing on issues relevant to seniors and persons with disabilities across the LTC continuum. The Subcommittee does not hear bills but can make recommendations on bills at the request of the Senate Health Committee.</p>
<p>Senate Human Services Committee <i>Governs issues concerning:</i> Department of Aging and related programs; services to persons with disabilities, including those provided by Regional Centers and the state’s Developmental Centers; in-home supportive services (IHSS); community care licensing; and social and rehabilitative services.</p>

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Conclusion

As described above, there are several agencies and departments within California government and as well as committees within the State Legislature with oversight over aging and LTC issues. There are also 58 counties within California with some responsibility for the day-to-day implementation of policy. These entities also connect to the Federal government on many fronts for regulatory guidance as well as financial support. This complex web of key players demonstrates how aging issues affect most aspects of life. However, the diffuse responsibility for aging and LTC across agencies/ departments and legislative committees presents a challenge in ensuring that support to older people, especially those reliant on state-funded services is met in the most effective and efficient manner, keeping the older person’s needs and preferences as paramount.

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