

Date of Hearing: July 6, 2021

ASSEMBLY COMMITTEE ON HEALTH  
Jim Wood, Chair  
SB 48 (Limón) – As Amended June 21, 2021

**SENATE VOTE:** Vote not relevant.

**SUBJECT:** Medi-Cal: annual cognitive health assessment.

**SUMMARY:** Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 60 years of age or older to be a Medi-Cal covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. Requires the Department of Health Care Services (DHCS) to provide reimbursement to a Medi-Cal provider who conducts the annual cognitive health assessment, if the provider has completed cognitive health assessment training, as specified and approved by DHCS, and conducts the cognitive health assessment using a validated tool recommended by DHCS in consultation with specified entities. Specifically, **this bill:**

- 1) Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 60 years of age or older to be a covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.
- 2) Requires the payment for the cognitive health assessment to only be available upon appropriation by the Legislature for these purposes.
- 3) Requires DHCS, subject to 3) below, to provide reimbursement to a Medi-Cal provider who renders this service.
- 4) Requires a Medi-Cal provider to only be eligible to receive the payment for the cognitive health assessment if the provider complies with both of the following requirements:
  - a) Completes cognitive health assessment training, as specified and approved by DHCS.
  - b) Conducts the cognitive health assessment using a validated tool recommended by DHCS in consultation with the State Department of Public Health's Alzheimer's Disease Program and its 10 California Alzheimer's Disease Centers.
- 5) Requires an annual cognitive health assessment to identify signs of Alzheimer's disease or dementia, consistent with the standards for detecting cognitive impairment under the federal Centers for Medicare and Medicaid Services and the recommendations by the American Academy of Neurology.
- 6) Requires DHCS, by January 1, 2024, and every two years thereafter, to do both of the following:
  - a) Consolidate and analyze the data on the administration of the cognitive health assessment in the Medi-Cal managed care and fee-for-service delivery systems; and,
  - b) Post information on the utilization and payment for this benefit on its internet website.

- 7) Permits DHCS to implement this bill, in whole or in part, by means of all-plan letters, provider bulletins, or similar instructions, without taking any further regulatory action.
- 8) Implements this bill only to the extent any necessary federal approvals are obtained and federal financial participation is available.

**EXISTING LAW:**

- 1) Establishes the Medi-Cal program, administered by DHCS, under which qualified low-income individuals receive health care services, including physician services, subject to utilization controls.
- 2) Requires, pursuant to the Patient Protection and Affordable Care Act (ACA) under federal law, Medicare coverage for “personalized prevention plan services” which is defined to mean the creation of a plan for an individual that includes a health risk assessment, which may contain specified elements including the detection of any cognitive impairment.

**FISCAL EFFECT:** This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill creates an innovative program to give Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments in order to achieve the statewide goal of improved Alzheimer's detection and diagnosis. Less than half of individuals living with Alzheimer's have been given a diagnosis. This leads to a number of challenges related to planning, care, cost of care, and engagement in clinical trials. The author concludes this bill is an important step to ensure individuals receive a timely and accurate diagnosis while giving physicians the tools to effectively assess a patient's chances of having Alzheimer's disease and dementia.
- 2) **BACKGROUND.** According to the Centers for Disease Control and Prevention, Alzheimer's disease, a type of dementia, is an irreversible, progressive brain disease that affects an estimated 5.7 million Americans. Alzheimer's disease slowly destroys brain function, leading to cognitive decline (e.g., memory loss, language difficulty, poor executive function), behavioral and psychiatric disorders (e.g., depression, delusions, agitation), and declines in functional status (e.g., ability to engage in activities of daily living and self-care). It is the sixth leading cause of death among all adults and the fifth leading cause for those aged 65 or older. The causes of Alzheimer's disease and other dementias are not completely understood, but researchers believe they include a combination of genetic, environmental, and lifestyle factors. In more than 90% of people with Alzheimer's, symptoms do not appear until after age 60. The incidence of the disease increases with age and doubles every five years beyond age 65.

This bill is modeled on the Adverse Childhood Experiences (ACEs) program, which provides financial incentives for physicians serving a Medi-Cal population for conducting ACEs screening. For a health care provider to receive these financial incentives, they must complete a two-hour online course which includes information on DHCS' policies and requirements for providers, how to screen for ACEs using PEARLS (Pediatric ACEs and Related Life-Events Screener) and ACEs tools, the science of trauma, and how to implement trauma-informed care. An additional \$29 Medi-Cal payment is provided for ACEs screening.

This bill is intended to improve screening by providing Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments in order to achieve the statewide goal of improved Alzheimer's detection and diagnosis. In September 2019, the American Academy of Neurology (AAN) recommended physicians measure how frequently they complete annual assessments of people age 65 and older for thinking and memory problems. The AAN metric for yearly cognitive screening tests is part of an AAN quality measurement set published in *Neurology*, the medical journal of the AAN. By contrast, the United States Preventive Services Task Force (USPSTF) recommendation from February 2020 found, for asymptomatic community-dwelling adults 65 years and older, the evidence to be insufficient to assess the balance of benefits and harms of screening for cognitive impairment in older adults, indicating more research is needed. The USPSTF recommendation that there is insufficient evidence to recommend for or against screening for cognitive impairment indicated clinicians should remain alert to early signs or symptoms of cognitive impairment (e.g., problems with memory or language) and evaluate as appropriate.

The ACA added an Annual Wellness Visit (AWV) as a benefit in the Medicare program. The federal Centers for Medicare and Medicaid Services indicates detecting cognitive impairment is a required element of Medicare's AWV. In addition, if a provider detects cognitive impairment at an AWV or other routine visit, they may perform a more detailed cognitive assessment and develop a care plan during a separate visit. This additional evaluation may be helpful to diagnose a person with dementia, such as Alzheimer's disease, and to identify treatable causes or co-occurring conditions such as depression or anxiety. A November 2020 *Health Affairs* article found that approximately one-half of beneficiaries reported having an annual wellness visit, but only about a quarter of total respondents reported receiving a structured cognitive assessment at an annual wellness visit, even though (under the ACA), detection of cognitive impairment is a required component of the visit.

**3) California's Home and Community-Based Services (HCBS) Spending Plan.** The Governor's 2021-22 May Budget Revision released a HCBS spending plan released by the California Health and Human Services Agency that includes recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness. The HCBS spending plan allocates \$25 million in enhanced federal funds for two broad components related to dementia care:

- a) **Dementia Aware:** Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health's Alzheimer's Disease Program, and its ten California Alzheimer's Disease Centers.
- b) **Geriatric/Dementia Continuing Education,** for all Licensed Health/Primary Care Providers: Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and the Office of Statewide Health Planning and Development, by 2024. This education of current providers complements the Administration's geriatric pipeline proposals for

future providers; it is needed to close the gap between current health professionals with any geriatric-training and the rapidly growing and diversifying 60-plus population.

- 4) **SUPPORT.** This bill is sponsored by the Alzheimer's Association (AA), which writes that this bill would improve the ability of Californians to receive a timely and accurate diagnosis as well as quality care by creating an innovative program that gives Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments for beneficiaries over age 60. While there is currently cognitive screening reimbursement available for Medicare patients through the annual wellness visit, the AA states only 20.5% of California Medicare beneficiaries have received this benefit, based on 2018 data. Furthermore, while the majority of Californians over 65 are Medicare beneficiaries, over 180,000 Californians over 65 only have access to Medi-Cal, and not Medicare, resulting in a significant gap in access to cognitive health assessments. The AA writes that California has modeled how such a program could be successful through ACEs.
- 5) **PREVIOUS LEGISLATION.** AB 388 (Limón) of 2019 would have required the Department of Public Health, to operate a pilot program in up to eight local health jurisdictions to develop local initiatives consistent with the Healthy Brain Initiative. AB 388 was held on the Senate Appropriations Committee suspense file.
- 6) **POLICY QUESTION: At what age should Medi-Cal provide coverage for an annual cognitive health assessment?** This bill requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 60 years of age or older to be a Medi-Cal covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. Data from May 2021 indicates there were around 183,000 Medi-Cal-only seniors age 65 and above on Medi-Cal. The author argues for inclusion of individuals age 60 and above, stating the federal administration on community living recognizes age 60 and above, expanding the assessment to age 60 would detect younger-onset Alzheimer's, and the Newsom Administration's proposal extends full scope Medi-Cal coverage to undocumented adults age 60 and above (the final budget agreement is age 50 and above). However, the USPSTF does not recommend annual cognitive assessments, and the American Academy of Neurology recommendation is for annual assessments of people age 65 and older. If an annual cognitive assessment is to be made a Medi-Cal benefit, should the statutory minimum age for Medi-Cal to provide coverage for an annual cognitive health assessment be consistent with the age recommended by the American Academy of Neurology?

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

Alzheimer's Association of California  
Biogen  
California Life Sciences

### **Opposition**

None on file.

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