

DEVELOPING SAN DIEGO COUNTY'S NEXT GENERATION OF GERIATRIC HEALTH WORKERS

The San Diego County Health and Human Services Agency, Aging & Independence Services (AIS) in partnership with San Diego State University's School of Nursing, School of Social Work, and Graduate School of Public Health, UCSD's Geriatric Medicine and five community partners have received \$2.5 million in funding through the Geriatrics Workforce Enhancement Program (GWEP) to establish the San Diego/Imperial Geriatric Education Center (GEC). The GEC will develop the regions' next generation of geriatric health workers by offering geriatrics education and training that addresses the specific needs of older adults in their communities. The GWEP is a \$35.7 million effort by the U.S. Department of Health and Human Services (DHHS) to improve the quality of healthcare for older Americans by bolstering the development of inter-professional geriatric teams trained to treat Alzheimer's disease and related dementias (ADRD) and the chronic conditions that impact memory loss. This program builds on *The Alzheimer's Project*, an unprecedented initiative to develop a regional roadmap that comprehensively addresses this devastating disease, by providing our local primary care workforce with the knowledge and skills to care for older adults and to collaborate with community partners to identify and address gaps in health care for older adults. To learn more about the GWEP and the San Diego/Imperial Geriatric Education Center, please follow the [link](#).

SWEET VICTORY!

Did you know that *half* of all adults aged 65+ have prediabetes? Prediabetes is a condition characterized by blood glucose (sugar) level that is higher than normal, yet not high enough to be diagnosed as diabetes. Approximately a quarter of older adults 65+ currently have diabetes, a serious condition that can lead to numerous health issues including heart attack, stroke, blindness, kidney failure, and amputation. In addition to quality of life implications, one in five U.S. health care dollars is now spent treating individuals with diabetes. As cited in the 2010 report, [The Economic Burden of Chronic Disease in San Diego County](#), the direct cost of diabetes care in 2007 was \$378 million dollars locally, and this amount is only expected to rise unless we change the direction of this epidemic.

The Health and Human Services Agency (HHS) has launched the National Diabetes Prevention Program (National DPP), an evidence-based lifestyle change program where a group of at-risk participants, led by a trained lifestyle coach, learn to implement lifestyle changes to prevent development of type 2 diabetes. The National DPP emphasizes modest weight loss, healthy eating, increased physical activity, and stress management. This yearlong program involves 16 weekly core sessions, followed by monthly sessions for the remainder of the year. Multiple research studies of the National DPP in both controlled and community settings have found that the National DPP can help people cut their risk of developing type 2 diabetes in half!

HHS's Aging & Independence Services (AIS) is among the first to implement the National DPP in the city of San Diego. AIS is offering the program to adults (of any age) at high risk for type 2 diabetes, and is also working with community partners to help "grow" the program throughout our county. The National DPP is an important component of the Healthy Works: Prevention Initiative (HWPI). The HWPI is a four-year, CDC-funded project that contributes to the County's *Live Well San Diego* vision to foster a healthy, safe, and thriving community. Two key goals of the HWPI are to expand the number of local organizations that implement the National DPP and to secure sustainable funding for National DPP providers. A DPP Workgroup has been convened to create a strategic plan to support the adoption and implementation of the National DPP within the City of San Diego and will work to ensure the program reaches high-risk populations, such as African Americans, Hispanic/Latinos, and low-income adults.



"Sweet Victory!" our local version of the National DPP is under way at the George Stevens Senior Center in San Diego. If your organization would like to be involved in the DPP Workgroup or future cohorts of the program, contact Kyra Reinhold, MPH at kyra.reinhold@sdcounty.ca.gov.

What's Happening

MAKING THE CASE FOR EFFECTIVE HEALTH CARE, COMMUNITY-BASED ORGANIZATION PARTNERSHIPS

Perspectives on the importance of forming effective health care/community-based organization partnerships

As health care payments transition from fee-for-service to fee-for-outcomes, health plans need to extend their current network models to include community-based providers that deliver robust care coordination to enhance care and lower costs. This [opinion piece](#) from The SCAN Foundation provides resources to help CBOs prepare for the future.

PRICED OUT IN 2014: THE HOUSING CRISIS FOR PEOPLE WITH DISABILITIES

Modest priced housing is often more than monthly income for SSI recipients

There are tremendous housing challenges confronting those Americans who suffer serious and long-term disabilities and rely on federal Supplemental Security Income (SSI) payments for their basic needs. These challenges have reached crisis levels for members of this extremely vulnerable group. Click [here](#) to learn more.

MORE THAN A MEAL: PILOT RESEARCH STUDY

Daily delivered meals helped older adults feel safer and eat healthier

Findings from this Meals on Wheels America [study](#) suggests that daily-delivery of meals eases older adults' worries about their ability to age in place, thereby providing a sense of security and confidence. Evidence suggests that programs that support aging in place may yield cost savings for families, government, and health systems.

LONG-TERM SERVICES & SUPPORTS (LTSS) FOR OLDER AMERICANS: RISKS & FINANCING RESEARCH BRIEF

About 1 in 6 will spend at least \$100,000 out-of-pocket for future LTSS

Approximately half of Americans turning 65 today will develop a disability serious enough to require LTSS that will incur an average cost of \$138,000. This [research brief](#) provides information about the risk of needing care and associated costs to provide content for policymakers and others considering long-term care financing proposals.

In Their Own Words

San Diego County Cal MediConnect The Experience

Coordinating Care to Support Better Health, Safety, and Wellbeing

...a man in his 70's was experiencing frequent hospitalizations due to uncontrolled pain brought on by a chronic illness that neither he nor his family fully understood. Upon enrollment into Cal MediConnect, he, along with his care coordinator, primary care doctor, nurse practitioner, his specialists and family of caregivers, developed a care plan that helped him manage his pain at home. He and his family gained a better understanding of his condition and were given the emotional and caregiver support that they needed.

... Based on a needs assessment conducted by his Care Coordinator, Mr. L needed a wheelchair, blood pressure machine and home care services. His care coordinator arranged for a home visit from his physician who delivered the blood pressure machine and showed him how to use it. A wheelchair was ordered and delivered to his home within three hours.



PARTNER SPOTLIGHT

CAL MEDICONNECT OMBUDSMAN PROGRAM

In 2014, the State of California received a Federal grant from the Centers of Medicare and Medicaid Services (CMS) to support and establish an Ombudsman Program for Cal MediConnect (CMC). The Legal Aid Society of San Diego is the lead entity of the CMC Ombudsman program and is working with five other legal aid organizations to help CMC health plan members resolve any issues they may encounter with the CMC health plans. They offer individual advocacy services and conduct impartial investigations of member complaints. Cal MediConnect Ombudsman Service Providers (OSPs) are also ensuring that the CMC health plans employ the principles of community integration, independent living and person-centered care. In addition to providing education to those unaware of the Coordinated Care Initiative (CCI) and CMC, the OSP conducts systems analyses, identifies trends and emerging issues, and develops recommendations for program improvements for the Department of Managed Health Care and the Department of Health Care Services. The OSP is an invaluable program that has helped thousands of dual eligibles understand their health care choices, restore healthcare coverage and prescription drug benefits, ask for continuity of care, file appeals and thwart balance billing.

CCI UPDATES

- **Cal MediConnect Enrollment Assistants** – Allow beneficiaries who are unable to update their authorized representative designation in the Medi-Cal eligibility system to designate another individual, or an “enrollment assistant,” to make enrollment decisions on their behalf. For more information on the enrollment assistant process, please refer to the [Enrollment Assistant fact sheet](#).
- **DHCS Releases new data on Health Risk Assessment (HRA) Completion Rates** - You can find the new Cal MediConnect HRA Dashboard and more information about HRAs [here](#). Starting with this release, a new HRA dashboard will be available quarterly.
- **New Duals Plan Letter – Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect** - DUALS PLAN LETTER 15-005 supersedes DUALS PLAN LETTER 13-002. Read the new DPL [here](#).
- **DHCS Submits Non-Binding Letter to CMS** – DHCS on August 27, 2015 submitted a non-binding letter to the Centers for Medicare and Medicaid Service (CMS) indicating its interest in *potentially* considering an extension of the CCI. While DHCS agrees with the intent of the extension proposal it is not prepared at this time to commit to a two--year extension. DHCS cited in its letter to CMS that the extension of the CCI must be formally agreed to and that all parties are preserving their rights to terminate the demonstration prior to the scheduled end date.
- **Continuity of Care for Medi-Cal Beneficiaries who Transition into Medi-Cal Managed Care** – new APL 15-019 supersedes APL 14-021. Read the new APL [here](#).
- **San Diego County IHSS Tele Town Hall** - On September 2, 2015 about 14,000 IHSS recipients were provided the opportunity to learn more about Cal MediConnect and its care coordination benefit.
- **Balanced Billing Alert** - Advocates continue to report attempts by providers to “balance bill” dual eligible beneficiaries for charges not covered by Medicare or Medi-Cal. *Balance billing violates both federal and state law*. Providers may not balance bill any Medi-Cal patient who presents a Medi-Cal card. Resources that are helpful in addressing these situations can be found [here](#).



LONG TERM CARE INTEGRATION PROJECT

The next LTCIP meeting is on Friday, December 11, 2015 at the County Operations Center - AIS 5560 Overland Ave., 3rd Floor



CONTINUING EDUCATION



- | [HCBS Measure Development Webinar](#). Centers for Medicare & Medicaid Services, the Assistant Secretary for Planning and Evaluation, and Mathematica Policy Research held a webinar describing their work to develop quality measures for Medicaid FFS beneficiaries using HCBS.
- | Health Management Associates Webinar -“21st Century LTSS – A Roadmap to Improved Outcomes, Lower Costs and Better Lives for Individuals with Complex Healthcare Needs. View the webinar [here](#).
- | Health Management Associates Webinar - **California DSRIP 2.0: The New Accountability and What It Means for You. Tues., November 3, 2015, 4 to 5PM ET**. Register [here](#).