Aging & Independence Services (AIS)
San Diego Long Term Care Integration Project (LTCIP)
Update for the Health Services Advisory Board (HSAB)
October 2012

The goal of the Long Term Care Integration Project (LTCIP) is to improve service delivery for older adults and persons with disabilities. To achieve this goal, three incremental strategies were established: (1) The Aging and Disability Resource Connection (ADRC) (2) TEAM SAN DIEGO and (3) An Integrated Acute and Long Term Care Service Delivery Model.

A quarterly meeting of the LTCIP stakeholders was held on September 25th at AIS. A representative from Palomar Health, Scripps Health, Sharp HealthCare, and the University of California San Diego (UCSD) Health System provided a high-level overview of the broad system changes that each health system will implement across all of their hospitals through the Community-based Care Transitions Program (CCTP) for high-risk, fee-for-service Medicare patients. In addition, an update on the Coordinated Care Initiative (CCI): State Demonstration to Integrate Care for Dual Eligible Individuals was provided by Ellen Schmeding, Assistant Deputy Director, Aging & Independence Services (AIS). Representatives from all of participating managed care health plans, and the Chair of the Dual Eligible Demonstration Project Advisory Committee, Greg Knoll, were present and provided an update on the activities of the Advisory Committee. The presentations from the LTCIP meeting are posted at: http://www.sdcounty.ca.gov/hhsa/programs/ais/ltcip/ltcip_planning_committee.html.

ADRC Care Transitions

The Community-based Care Transitions Program (CCTP)

On September 28th, AIS received a formal award from the Centers for Medicare and Medicaid Services (CMS) to implement the Community-based Care Transitions Program (CCTP) for 21,390 high-risk, fee-for-service Medicare patients in San Diego in partnership with Palomar Health, Scripps Health, Sharp HealthCare, and the University of California San Diego (UCSD) Health System. Pending Board of Supervisors approval on October 30th, CMS will provide funding to implement CCTP for two years initially, and in years three, four and five based on achieving a 20% reduction in readmissions across the 13 hospitals in the partnering health systems.

CCTP will improve care coordination during the hospitalization and handoff to other providers upon discharge; provide medication education and reconciliation; activate patients and their caregivers to better manage chronic health conditions through the Care Transitions Intervention (CTI) Program; and in one health system, transition patients with advanced chronic illness into palliative care. AIS will provide intense care coordination to CTI patients in all 13 hospitals who are at high risk for a readmission because they lack needed social supports. These patients will be supported with in-home care, transportation, home delivered meals, and other critical social services. AIS will purchase support services for the patients for a short period of time after discharge if there is no other means to provide the assistance. The goal will be to link CTI patients as quickly as possible to ongoing home and community based services both within and outside of AIS. While there is much work that needs to be

completed prior to implementing CCTP, we anticipate a start date in either mid-December 2012 or the beginning of January 2013.

The Beacon Care Transitions Intervention (CTI) Project

The Beacon funded Care Transitions Intervention (CTI) Program is continuing at UCSD Hillcrest, Sharp Memorial and Scripps Mercy, San Diego through March 2013. As of the end of September, AIS Transition Coaches received 658 referrals and enrolled 460 chronically ill patients into CTI who were over the age of 18 and at high risk for a readmission. The target population for the program remains underserved patients of any payer source with a particular focus on patients who are uninsured, CMS or LIHP. Because these patients are socially as well as medically complex, a Social Worker was added to the AIS CTI Team. The AIS Transition Coaches refer patients who are in need of social supports to the Social Worker who links these patients to needed programs and services both within and outside of AIS to reduce the risk of an avoidable readmission. Program outcomes are pending analysis by the Beacon Evaluation Team.

On October 1st, the SCAN Foundation selected AIS to participate in the *Dignity-Driven Decision-Making Initiative-Sustainability Analysis Project*. The SCAN Foundation has contracted with Avalere Health to provide a no-cost sustainability analysis for AIS' Care Transitions Intervention (CTI) Program. Over the next two years, Avalere Health and the SCAN Foundation will provide the following support to AIS:

1. An analysis of the operational and financial characteristics of the AIS Care Transitions Intervention (CTI) Program.
2. Recommendations on ways to financially support the program (for all populations) under existing government policies.
3. The establishment of a business case to procure ongoing financial support for the program that includes analyzing utilization impacts and associated cost savings for payers.
4. The development of a formal proposal for government support of a demonstration project or similar project.

The Beacon Principal Evaluator will participate with key AIS staff on the project team thorough March 2013. With Avalere Health's technical assistance, AIS hopes to be able to continue to serve high-risk patients who are not in fee-for-service Medicare in partnership with local hospitals through the CTI Program after the Beacon Community Collaborative funding ends.

TEAM SAN DIEGO

No updates at this time.

Demonstration to Integrate Care for Dual Eligible Individuals

The Department of Health Care Services (DHCS) submitted a revised proposal to the Center for Medicare and Medicaid Innovation (CMMI) on May 31st for the Coordinated Care Initiative (CCI): State Demonstration to Integrate Care for Dual Eligible Individuals. This proposal is still pending approval by CMMI, and it is anticipated that the MOA between DHCS and CMMI may not be in place for several more weeks. It also appears at this time that the implementation of the Dual Eligible Demonstration in the eight demonstration counties authorized under SB 208 (including San Diego) has been postponed until June 2013.

As required by Senate Bill (SB) 1008 (Committee on Budget and Fiscal Review, Chapter 33, Statutes of 2012), DHCS submitted a Programmatic Transition Plan for implementation of the beneficiary

protection provisions of the CCI to the relevant fiscal and policy committees of the Legislature on September 28th. This Transition Plan provides:

1. A description of how access and quality of service shall be maintained during and immediately after implementation of the CCI in order to prevent unnecessary disruption of services to beneficiaries.
2. Explanations of the operational steps, timelines, and key milestones for determining when and how the components of Welfare and Institutions (W&I) Code §14182.17 (d), paragraphs (1) to (9), inclusive, shall be implemented. These paragraphs represent the core beneficiary protection provisions of the CCI.
3. The process for addressing consumer complaints, including the roles and responsibilities of the departments and health plans and how those roles and responsibilities will be coordinated. The process outlines required response times and the method for tracking the disposition of complaint cases. The process will include the use of an ombudsman, liaison, and 24-hour hotline dedicated to assisting Medi-Cal beneficiaries in navigating among the departments and health plans to help ensure timely resolution of complaints. DHCS anticipates a more comprehensive report on the process of posting this information in the next Legislative report.
4. A description of how stakeholders were included in the various phases of the planning process to formulate the Transition Plan, and how their feedback shall be taken into consideration after transition activities begin.

The Dual Eligible Demonstration Advisory Committee, which has grown to almost 50 key stakeholders who represent a vast array of organizations and includes dual eligible consumers, continues to meet monthly. The committee provides input to the health plans on program operations, benefits, access to services, adequacy of grievance processes and consumer protections throughout the development, implementation and operation of the demonstration.

Respectively submitted by:
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