



# AGING & INDEPENDENCE SERVICES

COUNTY OF SAN DIEGO • HEALTH AND HUMAN SERVICES AGENCY

## LONG TERM CARE INTEGRATION PROJECT

### **San Diego Long Term Care Integration Project (LTCIP) Update for the Health Services Advisory Board (HSAB) September 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.

#### **ADRC Care Transitions**

##### **The Community-based Care Transitions Program (CCTP)**

AIS in partnership with Scripps Health, Sharp HealthCare, UC San Diego Health System and Palomar Health submitted an application on April 16th to the Centers for Medicare and Medicaid Services (CMS) to implement the Community-based Care Transitions Program (CCTP) for 24,000 fee-for-service Medicare beneficiaries in San Diego. A CMS panel reviewed the San Diego Care Transitions Partnership (SDCTP) proposal on May 10th. On June 8th, AIS was notified that the panel recommended awarding funding to the SDCTP to implement CCTP if modifications were made to the submitted proposal. A conference call was hosted by CMS on June 12th with the SDCTP to discuss the required eight modifications to the proposal. AIS worked with the partnering hospitals and responses to all required modifications were submitted to CMS on June 27th. On August 27<sup>th</sup>, the SDCTP received a response from CMS to these modifications requesting additional amendments to the proposal. Responding to CMS' request, the SDCTP submitted an amended proposal that refined targeting of interventions for high-risk, fee-for-service (FFS) Medicare patients in all 13 hospitals and significantly reduced the annual cost of the program. The SDCTP remains hopeful that a formal award for CCTP will be received from CMS in the next few weeks and that CCTP will begin in early 2013.

To support the implementation of CCTP, a Care Transitions Learning and Action Network Forum was held on August 7th at the Scottish Rite Event Center. Eric Coleman, MD, MPH, Director of The Care Transitions Program and creator of the Care Transitions Intervention (CTI) Program was the keynote speaker at the event. The event was sponsored by the Health Services Advisory Group of California, Inc. (HSAG-California), the Hospital Association of San Diego and Imperial Counties (HASDIC) and the County of San Diego Health and Human Services Agency (HHSA). Hospitals, nursing homes, home health agencies, dialysis facilities, senior centers, community-based health care and social service providers and others participated in the event. The event brought a diverse group of around 250 stakeholders together to work collaboratively with the SDCTP to improve care transitions across the continuum for all populations in San Diego.

##### **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 August, AIS Transition Coaches received 513 referrals and enrolled 385 chronically ill patients

into CTI who were over the age of 18 and at high risk for 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 is being added to the AIS CTI Team. The AIS Transition Coaches will refer patients who are in need of social supports to the Social Worker who will link these patients to needed programs and services both within and outside of AIS to reduce the risk of an avoidable readmission. Quarterly readmission data is currently being evaluated by the San Diego Beacon Community evaluation team.

## **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: State Demonstration to Integrate Care for Dual Eligible Individuals. This proposal is pending approval by CMMI. The proposal delays the implementation of the Dual Eligible Demonstration in the four demonstration counties authorized under SB 208 (including San Diego) and the four additional counties (approved by the Legislature in trailer bill) to no earlier than March 2013 and no later than June 2013. Some populations are excluded from the demonstration including dual eligible beneficiaries under the age of 21, beneficiaries with End-Stage Renal Disease, 1915c waiver programs enrollees, and developmentally disabled beneficiaries who are receiving services through the Regional Center. The State's proposal to CMS included a "Framework for Shared Accountability" for coordinating and aligning the delivery of behavioral health services between health plans and the counties in the demonstration. Proposed savings to the State resulting from these changes are \$611.5 M State general fund in FY 12-13 and \$880.9 M in FY 13-14. The State has released a number of fact sheets related to the Coordinated Care Initiative. These fact sheets and other documents are available on the CalDuals Web site at [www.calduals.org](http://www.calduals.org).

Health plans participating in the demonstration project are required to contract with counties to operate the In-Home Supportive Services (IHSS) program. A draft MOA template has been released by the State. Individuals on Medi-Cal wishing to access IHSS must do so through participating health plans. Plans will also be required to contract with MSSP (case management program provided by HHSA/AIS) during at least the first two years of the pilot. As of January 1, 2015, MSSP will transition from a federal waiver program to a managed care benefit. The health plans may offer additional services beyond those required by Medicare and Medi-Cal and are required to refer beneficiaries to community resources or other agencies for needed medical and social supports that are outside of the health plan's responsibility.

Responsibility for collective bargaining for IHSS home care workers will shift to the State from the local Public Authorities/Boards of Supervisors for the demonstration counties once all participants have been enrolled. A Maintenance of Effort (MOE) for IHSS has been finalized and county expenditures will be based upon the local share as of FY 11-12, adjusted no more than 3.5% annually beginning July 1, 2014 (with a hold harmless clause in place if realignment revenues are insufficient).

The Dual Eligible Demonstration Advisory Committee, which is comprised of over 40 key stakeholders representing a vast array of organizations and includes dual eligible consumers,

has met monthly since May. 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:

Brenda Schmitthenner, MPA

County of San Diego

Health and Human Services Agency

Aging & Independence Services (AIS)

Aging Program Administrator

Manager of the Long Term Care Integration Project (LTCIP)

09/17/12