AGING & INDEPENDENCE SERVICES
COUNTY OF SAN DIEGO ▪ HEALTH AND HUMAN SERVICES AGENCY
LONG TERM CARE INTEGRATION PROJECT

Aging & Independence Services (AIS)
Long Term Care Integration Project (LTCIP)
Update for the Health Services Advisory Board (HSAB)
April 16, 2015

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 (the Coordinated Care Initiative, which includes Cal MediConnect).

Aging and Disability Resource Connection (ADRC)
San Diego County's Aging and Disability Resource Connection (ADRC) is a shared, core partnership between Aging & Independence Services (AIS) and Access to Independence, the local Independent Living Center (ILC). The ADRC provides persons of all ages, abilities, and incomes, their caregivers and service providers with free, comprehensive information about long term services and supports (LTSS); a no wrong door access to important programs, resources, services, planning and communication tools; care transition services; and application assistance for entitlement programs.

In late 2014, the ADRC submitted an application for technical assistance to the Administration on Community Living (ACL) in response to the Targeted Technical Assistance to build the *Business Capacity of Community-Based Aging and Disability Organizations for Integrated Services Partnerships* Request for Applications (RFA). In January 2015, AIS was one of eleven applicants across the country selected to participate in the project. The technical assistance that is provided by nationally recognized subject matter experts will allow AIS to address the significant operational considerations related to the operation of a HCBS Brokerage Model in San Diego County through the ADRC. On March 13th, Tim McNeil, the principal project consultant met in-person with key internal and external stakeholders to begin a market analysis and environmental scan, which will lead to the development of a sustainability plan for the ADRC and other key AIS programs. Tim McNeil has a wealth of expertise in the development of innovative provider networks. He and other consultants will assist AIS in identifying new funding opportunities and advise on how existing funding streams can be leveraged in more efficient and innovative ways.

The Community-based Care Transitions Program (CCTP)
The San Diego Care Transitions Partnership (SDCTP), a partnership between AIS and Palomar Health, Scripps Health, Sharp HealthCare and the UCSD Health System (13 hospitals) began year three of the Community-based Care Transitions Program (CTTP) on January 1, 2015. The SDCTP will target over 19,000 high-risk, fee-for-service (FFS) Medicare patients across the thirteen participating hospitals this year. The SDCTP began the year strong serving 2,984 high risk, FFS Medicare patients in January and February. Since the program began in January 2013, 28,827 patients received specialized care that included support from transitional care nurses, licensed pharmacists, healthcare coaches and social workers.

CCTP Learning Session 10 was held virtually on March 18th and 19th. All 60+ remaining CCTPs across the country participated in the session. As in past CCTP Learning Sessions, the SDCTP played a major role in highlighting best practices. Carol Castillon, AIS' CCTP Operations Manager hosted a session for Care Transition Intervention (CTI) Coaches and also presented during the Advanced Care Transitions session. Brenda Schmitthenner, CCTP's Administrator, introduced a video that was produced by CMS and featured a SDCTP patient who received care transition support from both Palomar Health and AIS. The video told the story of how the SDCTP supported a patient who had been discharged from Palomar

Medical Center after being stricken by a stroke, his wife who was his caregiver, and his mother-in-law who was also being cared for by his wife. Upon discharge, the patient was coached by a nurse from AIS who gave him the tools and support to self-manage his health, and an AIS social worker coordinated needed social supports for him and his wife including installation of a handrail, grab bars, counselling, and respite care. The video will be used by CMS and the County to demonstrate the value of person-centered, coordinated care across the continuum.

The Coordinated Care Initiative (CCI)

As the Regional Aging and Disability Service and Advocacy Coalition for San Diego County funded by The SCAN Foundation, the LTCIP has actively supported the rollout of the Coordinated Care Initiative (CCI) in San Diego County by assisting with both the CCI Advisory Committee and the CCI Communication Workgroup. At the April 1, 2015 meeting of the CCI Advisory Committee, updates on consumer experience were provided by key stakeholders. Overall, the number of consumers requesting general information about Cal MediConnect is decreasing while the number of requests for information about continuity of care is increasing. The committee also strategized how to better engage consumers and consumer advocates in the Advisory Committee to more fully inform the CCI managed care health plans about program operations, benefits, access to services, grievance processes and consumer protections.

As of March 1, 2015, 20,256 San Diegans were actively enrolled in Cal MediConnect. Passive enrollment into Cal MediConnect was set to end in March however, according to DHCS there are 91 beneficiaries projected to enroll in April 2015 and another 132 in May 2015. The reason for these April and May enrollments is unknown at this time. In San Diego County, the overall opt-out/disenrollment rate in Cal MediConnect is now hovering around 61%. The CCI Advisory Committee Chair, Greg Knoll, will be meeting with DHCS twice a month to discuss Cal MediConnect program issues and advise the department on how to keep new enrollees enrolled and encourage those that opted out to enroll in Cal MediConnect as well. Chairman Knoll will also be meeting regularly with The SCAN Foundation who has been charged with evaluating the Cal MediConnect program.

On March 27, 2015, DHCS released an updated Dual Plan Letter (DPL) amending the continuity of care (COC) policy for Cal MediConnect Plans. The new DPL supersedes an earlier DPL on COC released in September 2014. The major changes in the COC policy largely address a beneficiary's access to a provider network when a plan delegates the delivery of benefits to independent physician associations (IPAs) or physician practice groups (PPGs).

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