LONG-TERM CARE INTEGRATION (LTCI)

STRATEGIC PLAN FOR STANISLAUS COUNTY

SCSC
Long Term Services and Support
Senior Coalition of Stanislaus County

Preparing for the transition to long-term care integration in Stanislaus County – determining what is required to improve the provision of long-term services and supports for Medi-Cal eligible older adults & adults with disabilities

www.seniorcoalitionofstanislaus.org

"Supported by a grant from The SCAN Foundation
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Examples of Older Adults & Persons with Disabilities on Medi-Cal

Vignette #1: Daniel Lopez

Daniel was a frail gentleman who was referred to the Health Insurance Counseling Advocacy Program (HICAP) because he had ESRD (end stage renal disease) and was unable to qualify for any Health Plan. Daniel was unable to get on the kidney transplant list due to a lack of health coverage other than Medicare. Upon reviewing Daniel's case, the HICAP counselor realized that he was an adult with disabilities and would qualify for the 250% program through Medi-Cal. Through HICAP's efforts, Daniel was approved for full Medi-Cal. On this program his medication cost was reduced and Daniel also received his kidney transplant because he had full Medical insurance.

Vignette #2: John Cassidy

The Stanislaus County Area Agency on Aging is a division of the Department of Aging and Veterans Services. The divisions regularly trade referrals to assist seniors and veterans to receive the best possible services. For example, the Area Agency on Aging Information and Assistance line received a call about John, an elderly man facing imminent eviction from his apartment. The Area Agency Case Manager made arrangements for a visit and, discovered his status as a veteran. The Area Agency Case Manager discussed options with John and his family. This call led to a consultation with Veterans Services representatives to assist John with his care management. He is independent-minded, but has multiple symptoms of dementia. The Area Agency Case Manager continued to meet with John, his family, and Veterans Services representative to help guide them through the services needed for him. The collaboration helped facilitate applications for appropriate Veterans services, Medi-Cal, and coordinated new living arrangements in a care facility.

Vignette #3: Jane Adkins

Jane is a 73-year-old female who lives alone. She is non-ambulatory and is dependent on others to assist her with her activities of daily living. Jane has two caregivers from the IHSS (In Home Supportive Services) program and both caregivers work split shifts due to the client's needs. Jane has a history of muscular dystrophy, arthritis, knee surgeries (both legs), back problems and bronchitis at times. She has no children and one brother who lives out of state; she is totally dependent on her caregivers. Jane receives services from IHSS (In Home Supportive Services), SSI (Supplemental Security Income), Medi-Cal and Medicare. Jane also has a Social Worker from MSSP (Multi Senior Services Program) to ensure that all of her social and health needs are met.

Vignette #4: William Hanshaw

William is an 80-year-old Caucasian male who initially presented with depressive symptoms that entailed suicidal ideation, low self-esteem, and loneliness. He has various health concerns that include COPD, fluctuating blood pressure and sporadic fainting spells which has resulted in frequent falls, bumps, bruises and broken bones. William is a cancer survivor but has experienced significant losses due to the risks associated with the lifesaving procedure he underwent. William began to experience more frequent fainting spells and falls which resulted in physical injuries and a suspended license. He experienced significant losses in his independence and social life due to his declining health and depressive symptoms. While participating in the Area Agency's Project Hope, the clinician was able to collaborate with William's family members to ensure safety measures were taken regarding his suicidal ideations and threats. William and his family were able to get connected to an agency that provided in-home support services as well as companionship and transportation. William was able to explore and reflect on his feelings regarding himself and his relationship. Towards the end of the therapeutic relationship, he developed a positive self-image of himself which contributed to confidence and acceptance of himself and his abilities despite his limitations and declining health. William successfully completed the brief counseling component of the program and has recently transitioned to the Peer Support component of the program where he aspires to find ways of working on his socialization while continuing to cope with limitations.

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I. INTRODUCTION

a) Executive Summary

With the development and implementation of California's Coordinated Care Initiative (CCI), the state has begun the process of integrating health care and supportive social services while looking to reduce escalating health care costs. The desired results are: (1) a coordinated health care delivery system; (2) better health outcomes for consumers; and (3) greater control on spending.

In preparation and with a grant from The SCAN Foundation in 2012, the Senior Coalition of Stanislaus County was formed to: (1) explore the potential for Long Term Care Integration (LTCI) in Stanislaus County; (2) determine what is required to improve the provision of long-term services and supports (LTSS) that will benefit older adults and adults with disabilities; and (3) develop a Long Term Care Integration Strategic Plan that includes recommendations to guide improvements in the organization, availability, and financing of Long Term Services and Supports. Long-term care integration (LTCI) is defined as the integration of home and community-based long-term care services with the delivery of primary and acute care services and institutional long-term care services for older adults and adults with disabilities. Implementation of the Long Term Care Integration Strategic Plan will result in improvements in the County's overall system for delivering Long Term Services and Supports for the benefit of all older adults and adults with disabilities in Stanislaus County.

In addition, specific improvements being recommended for LTCI will integrate home and community-based LTSS with the delivery of primary and acute care services, and institutional long-term care services for older adults and adults with disabilities who are enrolled in Medi-Cal. When implemented, California Coordinated Care Initiative (CCI) will require most Medi-Cal beneficiaries to enroll in managed care to receive all Medi-Cal benefits including community-based and institutional long-term services and supports. In Stanislaus County, members of this group will be mandatorily enrolled in Medi-Cal Health Plans, are comprised of two Health Plans in Stanislaus County. The managed care plans in Stanislaus County will be participating in implementing the Long Term Care Initiative (LTCI) recommendations.

The service delivery improvements that will result from the implementation of this LTCI Strategic Plan and its recommendations will make an important difference in the lives of older adults and adults with disabilities in Stanislaus County who need long term services and supports.

Our Mission is, "To enhance the physical, mental, and social well-being, while reducing fall risk for seniors and persons with disabilities in Stanislaus County, in a collaborative community effort through advocacy, education, coordinated services and best practices for independence."

b) Members – Senior Coalition of Stanislaus County (SCSC)

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Deanna Hill, Administrator
Golden Placement Services
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Golden Valley Health Centers
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Visually Impaired Persons Support
Jim Syvertsen, Director
City of Modesto
Jenny Kenoyer, City Council Member
State of California Assemblyman Adam Gray
Megan Rangel Blair, Sr. Field Representative

c) Message from the Leadership Committee, Senior Coalition of Stanislaus County

Since 2012 the Senior Coalition of Stanislaus County has engaged in an exploration of long term service and support systems as they currently exist in our county and, more importantly, how the Coalition can effectively improve and expand the provision and integration of services and supports. The Coalition took this on because we recognize that as population ages, we need to plan for an increase in the demand for services and supports. In particular, we need to ensure that the needs of the frailest, vulnerable, and homebound older adults and individuals with disabilities are met.

The Coalition soon made an important discovery - we had taken on a complex and often confusing task. At first it was difficult to even articulate what we were trying to do let alone recruit community partners to join us. Yet Coalition members persevered and as we grew in knowledge, commitment and collaboration certain themes began to emerge and we realized we were making progress. Progress that includes:

- a steadily growing and engaged membership,
- a commitment to advocacy for and education about older adults and persons with disabilities needs, services and supports,
- a shared recognition that working in silos not only constrains our limited resources but is actually harmful to those we have committed to assist, and
- an acknowledgement that we need a better understanding and appreciation of our varied systems in order to establish integrated pathways to services and supports.

Through this process, our vision for long term care integration began to crystallize into an agreed upon working plan. On behalf of the Senior Coalition of Stanislaus County, we take great pleasure in presenting the Long Term Care Integration Strategic Plan for Stanislaus County. The Strategic Plan includes ten objectives and seventeen recommendations, and is the blueprint that guides our next steps toward integrating Long Term Services and Supports for older adults and adults with disabilities.

Kathy Sniffen

Kathy Sniffen, MSW
Member, Senior Coalition of Stanislaus County
Member, Stanislaus County Commission on Aging
President & CEO, Center for Living Forward

II. BACKGROUND

BACKGROUND OF SENIOR COALITION OF STANISLAUS COUNTY

The Senior Coalition of Stanislaus County (SCSC) is a group of organizations and individuals working collaboratively to provide education and leadership to create awareness of senior issues around: (1) Fall Prevention; and (2) Long Term Services and Support Systems (LTSS) systems in Stanislaus County. LTSS refer to a wide range of personal, medical, social and financial assistance needed by persons with functional limitations over an extended period of time. The services may be publicly or privately financed, delivered in a wide range of settings, and may change as the needs of the individual change.

The Senior Coalition of Stanislaus County is comprised of 39 individuals representing 34 organizations and has a reach of approximately 18,000 dual eligible persons (those who qualify for both Medicare and Medical) in Stanislaus County. The Senior Fall Prevention Coalition was formed in 2007 to focus on issues around Fall Prevention for seniors 60+ and/or adults with disabilities in Stanislaus County. In 2012, the Coalition priorities were expanded to include issues that focus on LTSS Systems and the Coalition name was changed to the Senior Coalition of Stanislaus County. The membership is committed to making Stanislaus County a livable community for all as our population ages. With the growth of our aging population, we need to plan for the increase in the demand for LTSS systems to insure that we meet the needs of the frailest, vulnerable, and homebound seniors and adults with disabilities.

PURPOSE OF LONG-TERM CARE INTEGRATION (LTCI) STRATEGIC PLAN

The purpose of the Long-Term Care Integration (LTCI) Strategic Plan is to guide improvements in the organization, availability, and financing of long-term services and supports (LTSS) in Stanislaus County. The implementation of LTCI will make improvements in the County's overall system for delivering LTSS for the benefit of all older adults and adults with disabilities in Stanislaus County. In addition, specific improvements being recommended for LTCI will integrate home and community-based LTSS with the delivery of primary and acute care services, and institutional long-term care services, for older adults and adults with disabilities enrolled in Medi-Cal.

Assuming that Stanislaus County becomes one of the Cal MediConnect counties in the future, those who are dually enrolled in Medicare and Medi-Cal will also be included. The two managed care health plans in Stanislaus County (the Health Plan of San Joaquin and Health Net), will be participating in implementing the LTCI recommendations. When LTCI is put into practice in Stanislaus County: (1) In-Home Supportive Services (IHSS); (2) Multipurpose Senior Services Program (MSSP); and (3) Skilled Nursing Facility Services (Medi-Cal), at minimum, will become part of the Medi-Cal managed care service delivery system.

LONG-TERM CARE

a) The Basics

Long-term care is a variety of services that help to address the medical and non-medical needs of people who have a chronic illness or disability for an extended period of time. Long-term care helps meet health care needs and/or personal care needs. Most long-term care is to assist people with support services that help with activities of daily living like dressing, bathing, eating, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living, or in nursing homes. Individuals may need long-term care at any age.

In 2012, about nine million men and women over the age of 65 needed long-term care in the U.S. By 2020, 12 million older Americans will need long-term care. Most will be cared for at home; family and friends are the sole caregivers for 70 percent of the elderly. A study by the U.S. Department of Health and Human Services says that people who reach age 65 will likely have a 40 percent chance of entering a nursing home. About 10 percent of the people who enter a nursing home will stay there five years or more.

b) What is Long-Term Care Integration (LTCI)?

LTCI is defined as the integration of home and community-based long-term care services with the delivery of primary and acute care services, and institutional long-term care services, for older adults and adults with disabilities, and may include:

- Consolidating preventive, primary, acute, long-term care, and home and community-based services, and possibly funding.
- Emphasizing home and community-based services to allow people to remain in the Community.
- Allowance for more local control and flexibility.
- Elimination of administrative duplication and complexity.
- Enhanced assessment, care planning, and medical management.
- Establishing smooth transitions between levels of care.
- Improving service delivery and access to care.

As part of California's 1115 Waiver, seniors and people with disabilities who are eligible for only Medi-Cal are required to enroll in managed care for Medi-Cal primary and acute care services. However, long-term care services are not integrated into the managed care and still delivered in the fee-for-service system in Stanislaus County. In addition, specific improvements being recommended for LTCI will integrate home and community-based LTSS with the delivery of primary and acute care services, and institutional long-term care services, for older adults and adults with disabilities enrolled in Medi-Cal. Assuming that Stanislaus County becomes one of the Cal MediConnect counties in the future, those who are dually enrolled in Medicare and Medi-Cal will also be included.

c) What is Medicare? What is Medi-Cal?

Medicare is the federal health insurance program for qualified persons over age 65 and certain people with disabilities, and is overseen by the federal Centers for Medicare and Medicaid Services (CMS). Medicare pays for most physician and hospital care and pharmacy benefits for program beneficiaries. Medicare also covers certain mental health services, including outpatient, community–based treatment and most acute inpatient psychiatric admissions. Medicare beneficiaries generally pay for their benefits through cost–sharing arrangements such as premiums, deductibles, coinsurance, and co-payments.

Medi–Cal is a federal–state health care program for people with low income. As a voluntary joint federal–state program, federal funds are available to the state for the provision of health care services for low–income families with children, seniors, and persons with disabilities (SPDs). California receives a 50 percent Federal Medical Assistance Percentage—meaning the federal government pays for one–half of most Medi–Cal costs.

Medi–Cal provides a wide range of health–related services, including hospital inpatient and outpatient care, doctor visits, coverage of prescription drugs, and durable medical equipment. Medi–Cal also provides substance abuse treatment services and an array of mental health services for beneficiaries with mild and serious mental illnesses. These benefits are largely provided at the county level through county–administered mental health plans and substance abuse programs.

In addition to the medical goods and services described above, Medi–Cal provides a variety of LTSS that are commonly categorized into two types: (1) institutional care, such as skilled nursing facilities (SNFs), and (2) home and community-based services (HCBS) aimed at preventing unnecessary hospitalizations and SNF stays, and maintaining people in the community. Major Medi–Cal LTSS include:

- In-Home Supportive Services (IHSS). The IHSS program provides in–home care for people who cannot safely remain in their own homes without such assistance.
- Community–Based Adult Services (CBAS). The CBAS program is an outpatient, facility–based service program that provides services to program participants by multidisciplinary staff, including: professional nursing services; physical, occupational, and speech therapies; mental health services; therapeutic activities; social services; personal care; meals and nutritional counseling; and transportation to and from the participant's residence.
- Multipurpose Senior Services Program (MSSP). The MSSP benefit provides both social and health care management services for Medi–Cal recipients aged 65 or older who meet the eligibility criteria for a SNF.

- Skilled Nursing Facilities (SNFs). The SNFs provide nursing, rehabilitative, and medical care to facility residents. Generally, SNF residents receive their medical care and social services at the facility.

Under federal law, Medi–Cal is the payer of last resort for health care. This means that all other third party sources of health coverage for Medi–Cal beneficiaries, including Medicare, must be exhausted prior to any Medi–Cal reimbursement for health care. Accordingly, Medicare pays for most physician, hospital, and prescription drug (pharmacy) benefits for dual eligibles, with Medi–Cal covering a smaller portion of these costs—known as "wraparound coverage." However, Medi–Cal pays for some benefits that Medicare does not cover, such as extended stays in SNFs.

Medi–Cal and Medicare provide health care through two main systems: fee–for–service (FFS) and managed care. In a FFS system, a health care provider receives an individual payment for each medical service provided. In a managed care system, managed care health plans receive a capitated rate in exchange for providing health care coverage to enrollees. For some Medi–Cal beneficiaries, enrollment in managed care is mandatory. However, for Medicare beneficiaries, enrollment in managed care is voluntary.

Most of the 1.2 million dual eligibles in California currently receive both their medical and LTSS benefits under FFS. Although more than half of the 700,000 Medi–Cal–only seniors and people with disabilities (SPDs) have been mandatorily enrolled in Medi–Cal managed care for their medical benefits, they also continue to receive most LTSS benefits under FFS.

Generally, SPDs are more expensive to serve than other Medi–Cal beneficiaries because of the higher prevalence of complex medical conditions and greater functional needs within this population. In 2011–12, SPDs represented 25 percent of enrollment but 60 percent of General Fund expenditures in the Medi–Cal Program. The high cost of SPDs may be exacerbated by the fragmentation of care under the current framework, in which Medi–Cal FFS, Medi–Cal managed care, and Medicare function in silos.

HEALTH CARE REFORM/MANAGED CARE

a) What is Managed Care?

Managed care is defined as "any arrangement for health care in which an organization, such as a health maintenance organization (HMO), another type of doctor-hospital network, or an insurance company, acts as intermediary between the person seeking care and the physician."[1] In other words, managed care is an approach to health care that seeks to streamline services

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and deliver high-quality, yet cost-effective, patient care. Many managed care programs feature preventative medicine as an effective method of controlling costs.

Managed care health plans generally require members to utilize approved providers within their own network. If they allow members to seek services from out-of-network providers, they often pay a smaller portion of the costs. Plans closely monitor member care and generally reimburse providers through a capitated payment system. Many plans also require pre-approval of certain services to help control costs and prevent unnecessary services

b) Medi-Cal Managed Care

Medi-Cal is California's Medicaid program. In 1975, the Knox-Keene Health Care Services Plan Act was enacted which authorized the State of California to license health maintenance organizations (HMOs) or prepaid health plans to enroll Medi-Cal beneficiaries. This licensing is known as Knox-Keene licensing after the name of the legislation.

Today, most Medi-Cal beneficiaries are enrolled in some form of managed care. The type of managed care program depends on the county in which they reside. There are three main Medi-Cal managed care models in California: the Two-Plan Model, County Organized Health Systems (COHS) and Geographic Managed Care. Each plan is discussed below. The remaining counties that do not offer some form of managed care operate a Fee-For-Service (FFS) model wherein health care providers are paid for each service they perform. As part of California's Coordinated Care Initiative, passed in July of 2012, all Medi-Cal beneficiaries, including dual eligible beneficiaries, are required to join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

c) Medi-Cal Managed Care Models

Two-Plan Model

The Two-Plan Model serves Medi-Cal beneficiaries in the following 14 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare. Beneficiaries in these counties have the option to select either a county-developed "local Initiative" plan (public health plan) with Knox-Keene licensure or a commercial Knox-Keene licensed health plan.

County Organized Health Systems

County Organized Health Systems (COHS) serve beneficiaries through six health plans in 14 counties: Marin, Mendocino, Merced, Monterey, Napa, Orange, San Mateo, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Ventura, and Yolo (Lake County has a COHS proposal which is currently being considered). In these counties, the California Department of Health Care Services (DHCS) contracts with a COHS, which is a health plan created by the County Board of Supervisors, and all beneficiaries are served by the same managed care plan.

Beneficiaries in these counties are unable to seek services through the traditional FFS Medi-Cal options unless it is authorized by the plan. A COHS must be an independent public entity that meets the same state requirements for Knox-Keene licensure but does not require a Knox-Keene license.

Geographic Managed Care

The Geographic Managed Care Model (GMC) operates in only two counties: Sacramento and San Diego. In these counties, DHCS contracts with several commercial health plans to provide services to beneficiaries. Because this model offers more options for beneficiaries, participating health plans have greater incentive to enhance delivery of care to their members.

d) Pros and Cons for Consumers

There are a number of advantages for consumers to participate in a managed care health plan:

- No-cost/low-cost preventative care – managed care plans will often subsidize or pay entirely for programs and services aimed at preventing disease (i.e., yearly checkups, immunizations, gym memberships, well-baby care, etc.). This can save money in the long run if they don't have to pay for costly illnesses.
- Lower premiums – managed care plans often charge lower premiums because they have a limited pool of health care providers to choose from.
- Pre-determined co-payments – members often know what they will be paying out-of-pocket for services because they are generally limited to a fixed amount laid out in their plan.
- Fewer unnecessary procedures – managed care plans offer doctors financial incentives to provide only necessary care, so they are less likely to order tests or procedures that are not needed.
- Limited paperwork – while health care providers often have more paperwork to deal with in managed care, plan members generally only need to show a membership card and pay a co-payment to receive services.

There are also a number of disadvantages for consumers to participate in a managed care health plan:

- Limited selection of health care providers – to keep costs down, managed care plans generally have a list of providers (including specialists) members must select from for their health care needs. In many instances, members must select "in-network" providers in order for their care to be covered by the plan.

- Restricted coverage – members generally need to receive approval from their primary care providers to justify treatment based on what their plan covers.

- Prior approval needed – most managed care plans require referral from primary care providers in order for members to access specialists or specialty care.

- Possibility of under-treatment – because managed care plans offer incentives to limit unnecessary care, health care providers may withhold treatment in order to save on costs.

- Compromised privacy – some managed care plans use patient records to monitor the performance and efficiency of their health care providers, so the details of members' medical history may be seen by people other than their health care provider.

1115 Waivers and the Coordinated Care Initiative

The Social Security Act of the United States provides for a number of waivers, which enable individual states to test out new or existing ways to deliver and pay for Health care services in Medicaid and the Children's Health Insurance Program (CHIP). There are four primary types of waivers and demonstration projects.

Section 1115 Research & Demonstration Projects – Allows for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP. These waivers are generally used to allow states to institute demonstration projects and provide federal funding that would not normally be eligible under federal law. To avoid Congressional approval, these waivers must be budget neutral over the life of the waiver, meaning that they cannot cost the federal government more than it would normally pay under Medicaid in the absence of the waiver.

Section 1915 (b) Managed Care Waivers – provides for a waiver to offer services through managed care delivery systems or otherwise limit people's choice of providers.

Section 1915 (c) Home and Community-Based Services Waivers – allows states to provide long-term care services in home and community settings rather than institutional settings.

Concurrent Section 1915 (b) and 1915 (c) Waivers – allows states to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all federal requirements for both programs are met.

Assisted Living Waiver

The Assisted Living Waiver (ALW) is a Home and Community-Based Services (HCBS) waiver that was created by legislation that directed the California Department of Health Care Services (DHCS) to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit.

The pilot program was determined to be successful during the first three years in a limited trial in three counties. In March 2009, the Centers for Medicare and Medicaid Services approved a waiver renewal for an additional five years and expansion of the program into additional counties. Today the ALW is operating in Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, **San Joaquin**, San Mateo, Santa Cruz and Sonoma counties. A five-year waiver renewal was effective March 1, 2014.

The goal of the Assisted Living Waiver is to: 1) facilitate a safe and timely transition of Medi-Cal eligible seniors and persons with disabilities from a nursing facility to a community home-like setting in a Residential Care Facility for the Elderly (RCFE) or public subsidized housing, utilizing ALW services; and 2) offer eligible seniors and persons with disabilities, who reside in the community, but are at risk of being institutionalized, the option of utilizing Assisted Living Waiver services to develop a program that will safely meet his/her care needs while continuing to reside in a RCFE or public subsidized housing.

California's Coordinated Care Initiative

In January 2013, Governor Brown introduced the California Coordinated Care Initiative (CCI) intended to improve coordination of care delivery, health outcomes and patient satisfaction while, at the same time, achieving substantial savings by diverting care from health care institutions to the home and community. The initiative requires mandatory enrollment of all Medi-Cal beneficiaries, including those who also qualify for Medicare (known as dual eligibles), into managed care for their Medi-Cal benefits, which will include the following minimum long-term services and supports: In-Home Supportive Services (IHSS). Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS) and skilled nursing care. In addition, the initiative allows for optional and passive enrollment into the Cal MediConnect Pilot Project which is integrated managed care that Medicare and Medi-Cal benefits.

State Objectives

The Cal MediConnect Pilot Project includes the following goals: These were approved by the State Legislature in 2010 as part of SB 1008 and further developed through stakeholder engagement:

1. Coordinate state and federal benefits and access to care across care settings, improve continuity of care, and use a person-centered approach.

2. Maximize the ability of dual-eligible beneficiaries to remain in their homes and communities with appropriate services and supports in lieu of institutional care.
3. Increase the availability and access to home and community-based alternatives.
4. Preserve and enhance the ability for consumers to self-direct their care and receive high quality of care.
5. Optimize the use of Medicare, Medi-Cal, and other state/county resources.

California's Cal MediConnect Pilot Project

The Cal MediConnect Pilot project focuses on individuals who are full benefit Medicare and Medi-Cal beneficiaries ("dual eligible"). The three-year project will combine all health services (medical, behavioral health, home and community-based services, and long-term services and supports) into a single Long Term Care Integration benefit package, which will be delivered through a coordinated system. A capitated payment model will be used to provide both Medicare and Medi-Cal benefits through the state's existing network of Medi-Cal Health Plans.

Project participants are given the option to choose one of the designated Health Plans. Those who do not choose a plan will be passively enrolled in one of the designated plans in their county. Dual eligibles are allowed to opt out for their Medicare services only, if they wish to do so. If they do not opt out, they will be automatically enrolled.

Timeline for Initial Demonstration Counties and Possible Expansion

The Cal MediConnect Pilot Project was originally launched in eight demonstration counties in 2014. The eight approved counties were; 1) Alameda, 2) Los Angeles, 3) Orange, 4) Riverside, 5) San Bernardino, 6) San Diego, 7) San Mateo, and 8) Santa Clara. However, Alameda County was unable to start under the demonstration project.

Expansion from the original seven counties cannot begin without Legislative approval. The state's goal is to expand to eight additional demonstration counties with full statewide implementation that will begin after that. Demonstration Health Plans need to achieve managed care accreditation by the National Committee for Quality Assurance, if they do not already have it, by the end of the third year

III. STANISLAUS COUNTY

Stanislaus LTCI Target Population and Demographic Changes

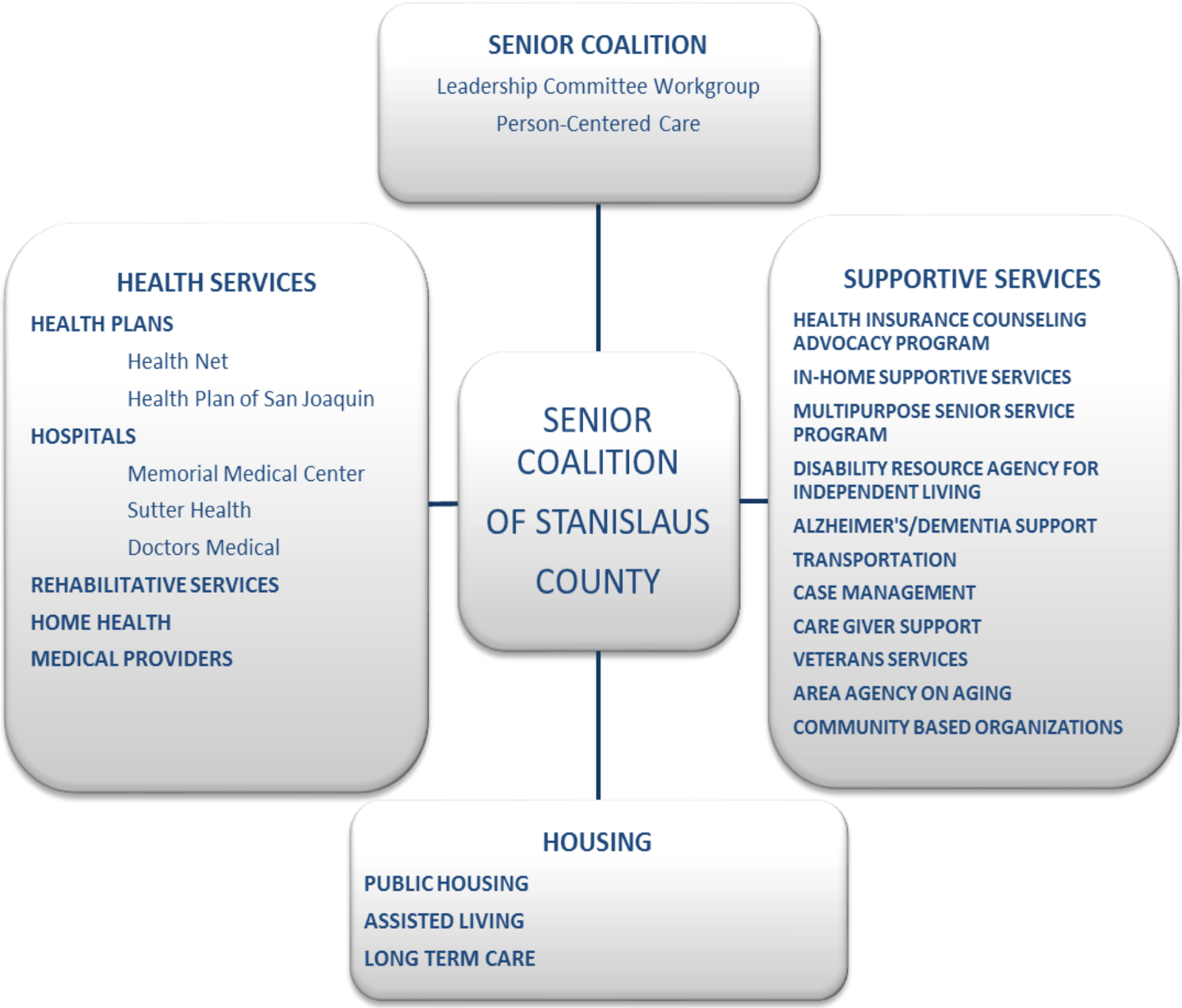
Stanislaus County is located in the Central Valley, in the middle of the State. It is roughly midway between the San Francisco Bay Area and major attractions in the Sierra Nevada mountain range, such as Yosemite National Park. According to the US Census Bureau, the county has a total of 1,515 square miles. There are 9 incorporated cities in the county and 11 unincorporated rural areas. Of the cities, Modesto is the largest with over 204,933 residents and is considered to be an urban city and is the county seat.

The population of Stanislaus County is 514,453. The total 65 years and over population is 52,324. There are 5,364 individuals 65 years and over who are below the Federal Poverty Level with an annual income of $11,670 or less. (See attached map prepared by The SCAN Foundation)

According to the Department of Health Care Services in January 2013 there was approximately 18,000 persons in Stanislaus County who were Medi-Cal/Medicare dual eligible. In Stanislaus County there are approximately 9,000 IHSS clients with 70% of those clients (all ages) being potential dual eligible.

Currently there are not enough support services available in Stanislaus County to meet all the needs of seniors and individuals with disabilities.

Stanislaus Long Term Care Integration Key Partners



LTCI - Strategic Plan Objectives and Recommendations

Short Term Objectives

OBJECTIVE 1: IMPROVE CAREGIVER EDUCATION AND SUPPORT

Recommendation 1.1: Develop training to educate family caregivers, independent providers, community caregivers and consumers on family resources and In-Home Supportive Service.

Recent medical advances, shorter hospital stays, limited discharge planning, a shortage of homecare workers, and the expansion of homecare technology have increased the caregiving responsibilities of families. Family caregivers are being asked to shoulder greater burdens for longer periods of time. In addition to more complex care, conflicting demands of jobs and family, increasing economic pressure, and the physical and emotional demands of long-term caregiving can result in major health impacts on caregivers.

National estimates show that 44 million Americans over the age of 18 provide support to older people and adults with disabilities who live in the community. California has the highest number of family and informal caregivers of any state in the nation, with an estimated 3.4 million Californians providing care for adult family members and friends. Caregivers in California provide 3,663,000 unpaid hours of care at an estimated value of $36.3 billion.

Lead Responsibility: Area Agency on Aging, Alzheimer's Association, and In-Home Supportive Services
Shared Responsibility: Senior Coalition of Stanislaus County

Recommendation 1.2: Improve Community Education on Dementia Care Resources by creating training for health educators.

Nationally, more than 50 percent of people with Alzheimer's and other forms of dementia are not identified or diagnosed. Health Plans are in an ideal position to improve identification, diagnosis, and ongoing management of this disease in community settings in a more cost-effective manner.

Nationally, there are over 5 million people with Alzheimer's disease. That will double in the next 20 years. For people with Alzheimer's, the costs of healthcare and support are three times higher for Medicare. For Medi-Cal, the costs are 19 times higher. Over half the population will have cognitive impairment and not be diagnosed. People with dementia are more likely to be hospitalized. Cognitive impairment is prevalent for older adults, but not normal for this group. Currently, the Alzheimer's Education resource person is Cheryl Gerhardt who splits her time between Alzheimer's and Dementia Support Group and her regular job. By expanding the number of dementia care educators, more care providers will be able to effectively recognize the condition.

Lead Responsibility: Alzheimer's and Dementia Support Group, Alzheimer's Association

Shared Responsibility: Senior Coalition of Stanislaus County

Recommendation 1.3: Update Caregiver Resource Manual on an as needed basis.

The Caregiver Resource Manual is a valuable tool for family caregivers, independent providers, and community caregivers. The Area Agency on Aging prints this resource manual for distribution every year.

Lead Responsibility: Area Agency on Aging-Linda Lowe

Share Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 2: DEVELOPMENT OF A CARE COORDINATION MODEL

Currently, Stanislaus County's hospitals, health plans, community based organizations and nursing facilities are fragmented when serving older adults and persons with disabilities.

Recommendation 2.1: Leadership Committee will work to create a strategy on transitional care from hospital to home/nursing facility.

Hospitalizations account for nearly one-third of the total $2 trillion spent on health care in the United States. As the aging population in Stanislaus County increases so will hospitalizations. Currently the over 60+ population in Stanislaus County grew 7.5% in 2014 totaling 93,823 persons. In the majority of cases, hospitalization is necessary and appropriate. However, a substantial fraction of all hospitalizations are patients returning to the hospital soon after their previous stay. These re-hospitalizations are costly, potentially harmful, and often avoidable. Due to the infrastructure of our health care system, patients often encounter fragmented care when moving between health care settings. Many elderly patients with chronic illnesses or conditions require care from more than one provider. The following are some of the contributing outcomes of poor transition management:

Information is often fragmented in silos and there is poor communication between settings;

- There is often a misunderstanding or confusion on the part of seniors and their family caregivers about how and who should manage their care;
- Medication errors involving misunderstanding of instructions, medication adherence, drug-drug interactions and duplicate prescriptions;
- Poor follow up with Primary Care Provider (PCP);
- Lack of knowledge about alternatives (i.e. in-home care providers) in many communities.

Lead Responsibility: In-Home Supportive Services, Memorial Hospital, Healthy Aging Association, Center for Living Forward, DRAIL

Shared Responsibility: Health Net, Health Plan of San Joaquin County, Memorial Hospital, Kaiser Hospital, Doctors Hospital, In Home Supportive Services, Multipurpose Senior Services Program

Recommendation 2.2: Ensure that Person-Centered Care is practiced in all health service approaches.

Person-centered practice is treatment and care provided by health services that places the person at the center of their own care. Person-centered practice is treating patients/clients, as they want to be treated. This includes considering concepts such as dignity and respect.

Lead Responsibility: Leadership Committee
Shared Responsibility: Medical, Social and Housing Providers

Recommendation 2.3: Create a work group to explore the potential of Assisted Living Waiver 1115 (Medi-Cal 2020) in Stanislaus County

The Assisted Living Waiver is a Home and Community-Based Services waiver that was created by legislation that directed the California Department of Health Care Services to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit.
The pilot program was determined to be successful during the first three years in a limited trial in three counties. In March 2009, the Centers for Medicare and Medicaid Services approved a waiver renewal for an additional five years and expansion of the program into additional counties. Today the Assisted Living Waiver is operating in Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernadino, San Diego, San Joaquin, San Mateo, Santa Clara, and Sonoma counties. A five-year waiver was effective March 1, 2014.

The goals of the Assisted Living Waiver are to: 1) facilitate a safe and timely transition of Medi-Cal eligible seniors and persons with disabilities from a nursing facility to a community home-like setting in a Residential Care Facility for the Elderly or public subsidized housing, utilizing Assisted Living Waiver service; and 2) offer eligible seniors and persons with disabilities, who reside in the community, but are at risk of being institutionalized, the option of utilizing Assisted Living Waiver services to develop a program that will safely meet his/her care needs while continuing to reside in a Residential Care Facility for the Elderly or public subsidized housing.

Lead Responsibility: Jenny Kenoyer, Kathy Sniffen, Paramount Court Senior Living, Memorial Medical Center, Sutter Health, City Councilmember Jenny Kenoyer
Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 3: DEVELOPMENT OF A COORDINATED SYSTEM OF TRANSPORTATION OPTIONS

Recommendation 3.1*:* Collaborate with MOVE (Transportation that Changes Lives) of the Stanislaus Region to help increase funding to support older adults and persons with disabilities.

The Community Transportation Association of America (CTAA) estimates that there are 26 million elderly Americans who depend on others for their mobility. With the aging of the baby boomers, that number will only grow in coming years. By 2030, the number of older drivers aged 85 and over will be four to five times greater than today, according to the CTAA.
Many older people are reluctant to stop driving, even though CTAA statistics predict that elderly traffic fatalities will triple by the year 2030. By maintaining a relationship with MOVE (Transportation that Changes Lives) of the Stanislaus Region, the Senior Coalition can voice the needs of the senior and people with disabilities population giving options for transportation.

Lead Responsibility: MOVE (Transportation that Changes Lives)
Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 4: FALL PREVENTION

Recommendation 4.1: Promote Young at Heart exercise program and A Matter of Balance

Falls are the #1 cause of fatalities among ages 75 and over. Falls can result in hip fractures, head injuries or even death. In many cases, those who have experienced a fall have a hard time recovering and their overall health deteriorates. More than 40% of people hospitalized from hip fractures do not return home and are not capable of living independently again.

Lead Responsibility: Healthy Aging Association
Shared Responsibility: Senior Coalition of Stanislaus County

Recommendation 4.2: Host Fall Prevention section of Annual Healthy Aging Summit

One in three adults over age 65 falls each year. More than 15, 000 older adults die each year as a result of injury from a fall. 25% of those who have fallen pass away each year and on average, two older adults die from fall-related injuries every day in California. In 2010, there were 4,564 visits to the emergency room in Stanislaus County due to falls for those age 50+. 81% of unintentional injuries are related to falls in those age 60+. Falls are preventable. By hosting an information and resource event, older adults and people with disabilities are given the tools to make their lives safer**.**

Lead Responsibility: Healthy Aging Association
Shared Responsibility: Senior Coalition of Stanislaus County

Recommendation 4.3: Update and provide the Fall Prevention Resource Guide

Updating and distributing a Fall Prevention Resource Guide throughout Stanislaus County will help give awareness to fall prevention and help maintain the quality of life for seniors and people with disabilities by giving them resources and tools enabling them to stay healthy and safe in their homes.

Lead Responsibility: Healthy Aging Association
Shared Responsibility: Senior Coalition of Stanislaus County

Recommendation 4.4: Partner with community resources to help reduce the risk of falls

Falls are preventable. A study completed in 2003 for the U.S. Department of Health and Human Services concluded that there is strong evidence that fall prevention programs are effective at preventing falls. Fall prevention programs provided to seniors have the potential to be highly cost-effective**.**

Lead Responsibility: Healthy Aging Association

Shared Responsibility: Senior Coalition of Stanislaus County

Intermediate Objectives

OBJECTIVE 5: ADULT DAY CARE

Recommendation 5.1: The Senior Coalition of Stanislaus County needs to explore the feasibility of an Adult Day Care in Stanislaus County.

The population of persons over the age of 60 in Stanislaus County will grow by 7.7% in 2014 to approximately 93,823 persons. The need for an adult day care program will be a top priority as the older adult population continues to age.

Lead Responsibility: Healthy Aging Association

Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 6: BEHAVIORAL HEALTH/MENTAL HEALTH

Recommendation 6.1: The Senior Coalition of Stanislaus County needs to further examine the arena of behavioral health/mental health in relationship to older adults and people with disabilities.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders). A total of 6.6% of all disabilities (disability adjusted life years-DALYs) among persons over 60s is attributed to neurological and mental disorders. These disorders in the elderly population account for 17.4% of Years Lived with Disability (YLDs). The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of the elderly population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among those aged 60 or above. Substance abuse problems among the elderly are often overlooked or misdiagnosed.

Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help.

Lead Responsibility: Behavioral Health and Recovery Services

Shared Responsibility: Senior Coalition of Stanislaus County

Long Term Objectives

OBJECTIVE 7: IMPROVED ACCESS TO LONG TERM SERVICES AND SUPPORTS FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

Recommendation 7.1 Create a "central door" model of access to long term services and supports with the Department of Aging and Veterans Services as the integrated intake unit.

Seniors and people with disabilities will learn about long term services and supports in a number of ways (news media, brochures, fliers, and websites). Individuals will seek services from a myriad of providers including: (1) initial contact locations (senior centers, churches, neighborhood organizations, and doctor's offices); (2) major access hubs (hospitals, clinics, Health Plans; and (3) major points of entry (IHSS, and MSSP). No matter which entry point an individual use, it is recommended that all individuals be referred to the integrated central unit to ensure that they are receiving all of the services necessary to support them in the community. This integrated intake unit, located at Area Agency on Aging, Senior Information and Assistance will become the central door of improved access. It will: (1) enhance the potential that clients will receive information on a range of alternatives and services; and (2) assist the Health Plans to organize and provide LTSS to their members.

Lead Responsibility: Area Agency on Aging
Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 8: CENTRALIZED INTAKE NEEDS ASSESSMENT AND NAVIGATION

Recommendation 8.1: The Senior Coalition of Stanislaus County should form an inter-agency committee to create a data sharing solution that allows the Area Agency on Aging, the Health Plans and service providers in the community to view information on a single report.

Client-level sharing of certain data elements among Health Plans, the Area Agency on Aging, and service providers will reduce duplication of services, improve client service, and allow for data analysis.

Lead Responsibility: Area Agency on Aging
Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 9: SUSTAINABLE COMMUNITIES (HOUSING WITH CENTRALIZED SERVICES)

Recommendation 9.1: The Senior Coalition of Stanislaus County needs to explore the feasibility of housing with centralized services for the aging community.

Health care and community services that allow people to continue living independently are fragmented and not coordinated with one another. Finding and accessing services can be a nightmare for older adults, persons with disabilities, and their family caregivers.

A coordinated access point or central door can be developed where no matter which entry point (hospital, nursing facility, etc.) an individual use, it is recommended that all individuals be referred to the centralized unit to ensure that they are receiving all of the services necessary to support them in the community**.**

This central door concept may perform the following functions: Serve as the primary access point for clients for all community-based LTSS. This one-stop shopping means that a client's many needs can be met without requiring each client to individually search among all the agencies for needed services; Match the appropriate LTSS to the individualized needs of the client; Use clear eligibility criteria, standardized client assessments, and preadmission screening programs; Conduct local needs assessments and planning activities and encourage or coordinate development of needed services and programs; Assure the quality of LTSS services; Make possible better overall service planning; Enable better use of available funding for needed services**.**

Lead Responsibility: Area Agency on Aging
Shared Responsibility: Senior Coalition of Stanislaus County

OBJECTIVE 10: FALL PREVENTION

Recommendation 10.1: Assist seniors and their caregivers in assessing their home environment for fall risks and offer local resources for home modifications and repairs.

In Stanislaus County in 2010, there were 4,564 visits to the emergency room due to falls for those who are age 50+. Statistics show that: Falls are the #1 cause of fatalities among ages 75 and over. Falls can result in hip fractures, head injuries or even death, in many cases, those who have experienced a fall have a hard time recovering and their overall health deteriorates.

Lead Responsibility: Healthy Aging Association
Shared Responsibility: Senior Coalition of Stanislaus County

Potential for improvements under California's 1115 Waiver

- Stanislaus County will support 1115 activities at the local level by;

    1) Having communications with the health plans
    2) Partnership with local providers such as Housing Authority, Non Profit Housing, etc.
    3) Build partnerships and collaboration that will support what can happen under the 1115 Waiver.

Implementation of LTCI Strategic Plan Objectives and Recommendations

The SCSC will focus on senior issues and will:

- Develop a committee of law makers that represents Stanislaus County (City of Modesto Councilperson, Stanislaus County Board of Supervisors, State Assembly and Senate Members) to support the Assisted Living (1115) Waiver for Stanislaus County.
- Bridge the gaps and build partnerships, with a focus on inclusion between organizations and advocates for seniors and persons with disabilities.
- Improve the Coalition's ability for social action in Stanislaus County – specifically focused on policy issues around a Person Centered, high-quality, cost effective system of Long Term Services and Support (LTSS).
- Establish better coordination of services and increase access to services to improve quality of life and quality of care.
- Increase Support for Family Caregivers.
- Sustain Fall Prevention Goals and Activities.
- Establish Senior Coalition Sustainability.

Situational Analysis (SWOT)

Strengths	Weaknesses	Opportunities	Threats
Existing partnerships between social services for aging.	Lack of partnership with local physicians and medical groups	Educate the community through PSA's, social media, newsletters, presentations, etc.	Not enough support through budget cuts in aging services
Support from local elected government	Recruitment of Managed Care Organizations to join the Coalition	Build relationships with new MCO's in Stanislaus County	MCO's wanting to create their own social services and not utilize existing services
Greater Understanding of Long Term Care Integration by Stanislaus County Senior Coalition members	Coordinated Care Initiative not currently available in Stanislaus County	Monitoring the current roll out in other counties	Senior Coalition members become disinterested in staying involved in SCSC meetings

LTCI Communications Plan

The goals of this LTCI Communication Plan for the Senior Coalition of Stanislaus County (SCSC) are to:

- Create unified message for media sources
- Insure that Coalition members understand and support the mission of SCSC
- Develop promotional tools
- Showcase existing senior/persons with disabilities services in Stanislaus County at existing Coalition and Advocacy Groups
- Network with other coalitions and attend community meetings

Work Already Accomplished:

- Created a Senior Coalition email address that reflects the groups broader mission
- Added partner websites to the Senior Coalition of Stanislaus County website
- Social Media - Created Senior Coalition Facebook, and Twitter Account

Target Audiences

- Stanislaus County Board of Supervisors
- City Councils throughout Stanislaus County
- Stanislaus County Commission on Aging
- Veteran's Advisory Commission
- Homeless Coalition of Stanislaus
- Housing Authority Commission
- IHSS - Public Authority Board
- Health Plans – Health Net and Health Plan of San Joaquin
- Consumers – Older Adults, Persons with Disabilities
- Senior and Persons with Disabilities Providers
- Health Care Providers

Outputs:

- 10,000 copies of Healthy Aging Today Newsletter annually with information on Long Term Services and Supports
- Newspaper articles on Long Term Services and Support
- Community Presentations
- Posts on Facebook
- Healthy Aging & Fall Prevention Summit
- Workshops on Person Centered Care

Impacts:

- Social Service Providers, Healthcare Providers, Health Plans, Housing Providers and related groups will recognize Senior Coalition of Stanislaus County as a viable coalition to collaborate with on future health care transitions and issues.
- Community at large will have an awareness of the increased importance of Long Term Care Integration.

IV. APPENDICES

- Status of CCI Implementation & CCI Roll-Out in California
  Eileen Kuntz

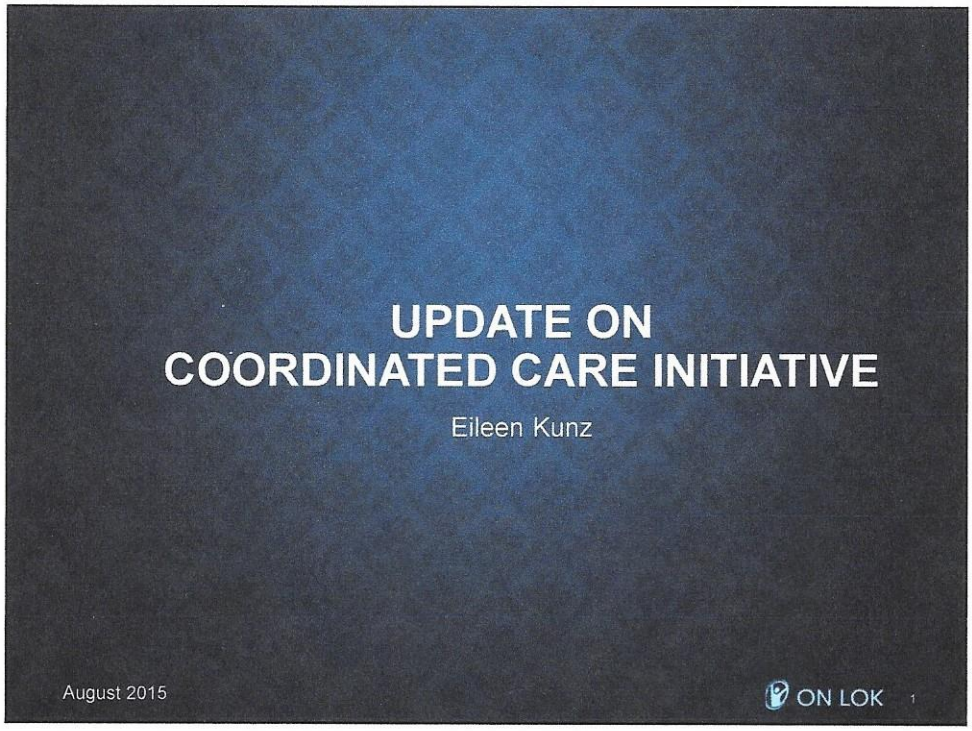
- Opportunities under the 1115 Waiver in California
  Amber Cutler

- Stanislaus County Map

  The SCAN Foundation

- Seizing Windows of Opportunity – Next Steps for Integrating Health Care and Long Term Services and Supports in California

  The SCAN Foundation



COORDINATED CARE INITIATIVE

- Coordinated Care Initiative (CCI) was enacted in 2012 to better coordinate care for Medi-Cal beneficiaries
- CCI has two parts:
  - **"Cal MediConnect" (CMC)** – (formerly called the Dual Demonstration) is a three-year voluntary demonstration for beneficiaries with full Medicare and Medi-Cal
    - Excludes duals who are Regional Center clients, in certain waiver programs, beneficiaries with ESRD and beneficiaries with a share of cost in the community
  - **Managed Long Term Services and Supports (MLTSS)** – All Medi-Cal beneficiaries, including duals, are required to join a Medi-Cal managed care plan to receive Medi-Cal benefits including long-term services and supports (IHSS, CBAS, MSSP and nursing facility care) and Medicare wrap around benefits

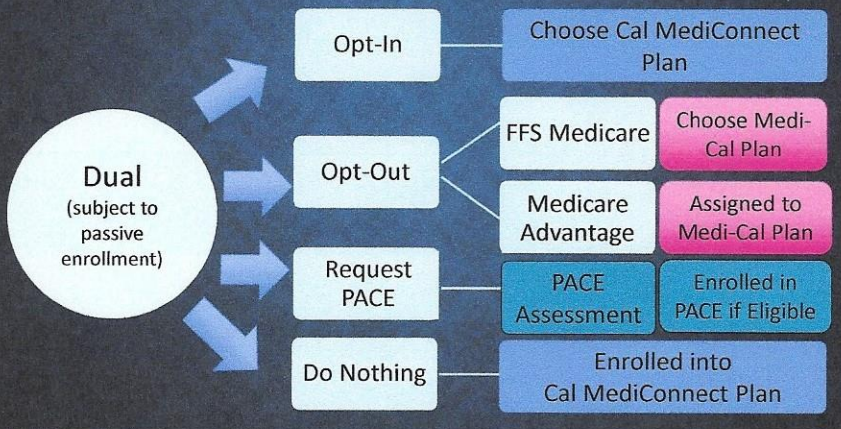
ON LOK 2

COORDINATED CARE INITIATIVE

- CCI originally authorized in eight counties with seven counties moving forward implementation based on readiness:
  - San Mateo County (April 2014)
  - Riverside, San Bernardino and San Diego Counties (May 2014)
  - Los Angeles County (July 2014)
  - Santa Clara County (MLTSS July 2014 and CMC January 2015)
  - Orange County (August 2015)
- For most beneficiaries, enrollment is based on birth month with 90, 60 and 30 day notices before passive enrollment
  - Large enrollment wave occurred in January 2015
  - Passive enrollment ends after one year

ON LOK 3

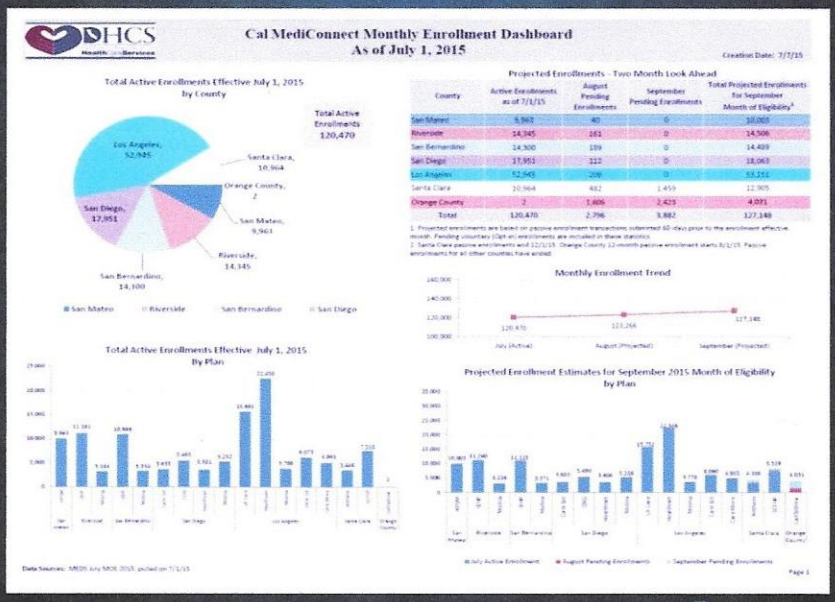
CMC Enrollment Options*



A beneficiary can disenroll from Cal MediConnect or change plans at anytime for any reason. The disenrollment is effective the first day of the next month.

NSCLC *Adapted from NSCLC presentation ON LOK 5

CAL MEDICONNECT ENROLLMENT

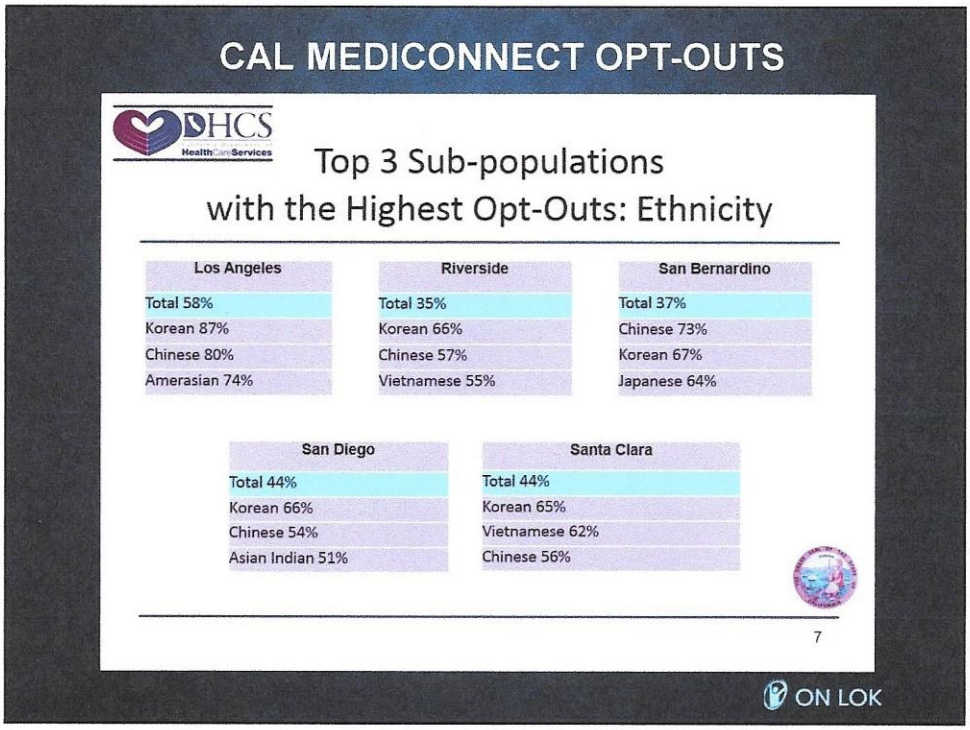


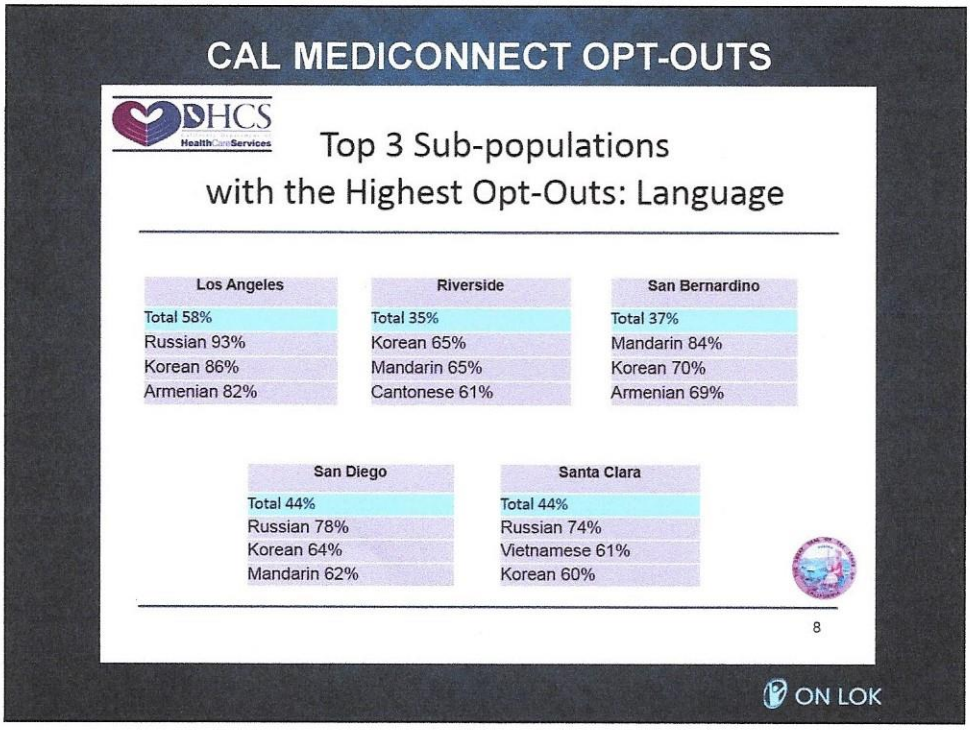
ON LOK

EXPERIENCE TO DATE

- Enrollment lower than projected in Cal MediConnect (CMC)
- Erroneous enrollment notices
  - Enrollment notices going to individuals excluded form CMC
  - Enrollment notices going to individuals exempt from passive enrollment
- Confusion about enrollment notices
- Incorrect addresses and phone numbers
  - High rates of "unable to contact" impact beneficiaries and ability of health plans to conduct health risk assessments
- Confusion about continuity of care requirements
- High "Opt-out" rates particularly among some ethnic groups
  - Providers actively encouraging beneficiaries to "opt-out"

ON LOK 6


CAL MEDICONNECT OPT-OUTS
DHCS
Health Care Services
Top 3 Sub-populations
with the Highest Opt-Outs: Ethnicity
Los Angeles
Total 58%
Korean 87%
Chinese 80%
Amerasian 74%
Riverside
Total 35%
Korean 66%
Chinese 57%
Vietnamese 55%
San Bernardino
Total 37%
Chinese 73%
Korean 67%
Japanese 64%
San Diego
Total 44%
Korean 66%
Chinese 54%
Asian Indian 51%
Santa Clara
Total 44%
Korean 65%
Vietnamese 62%
Chinese 56%
7
ON LOK


CAL MEDICONNECT OPT-OUTS
DHCS
Health Care Services
Top 3 Sub-populations
with the Highest Opt-Outs: Language
Los Angeles
Total 58%
Russian 93%
Korean 86%
Armenian 82%
Riverside
Total 35%
Korean 65%
Mandarin 65%
Cantonese 61%
San Bernardino
Total 37%
Mandarin 84%
Korean 70%
Armenian 69%
San Diego
Total 44%
Russian 78%
Korean 64%
Mandarin 62%
Santa Clara
Total 44%
Russian 74%
Vietnamese 61%
Korean 60%
8
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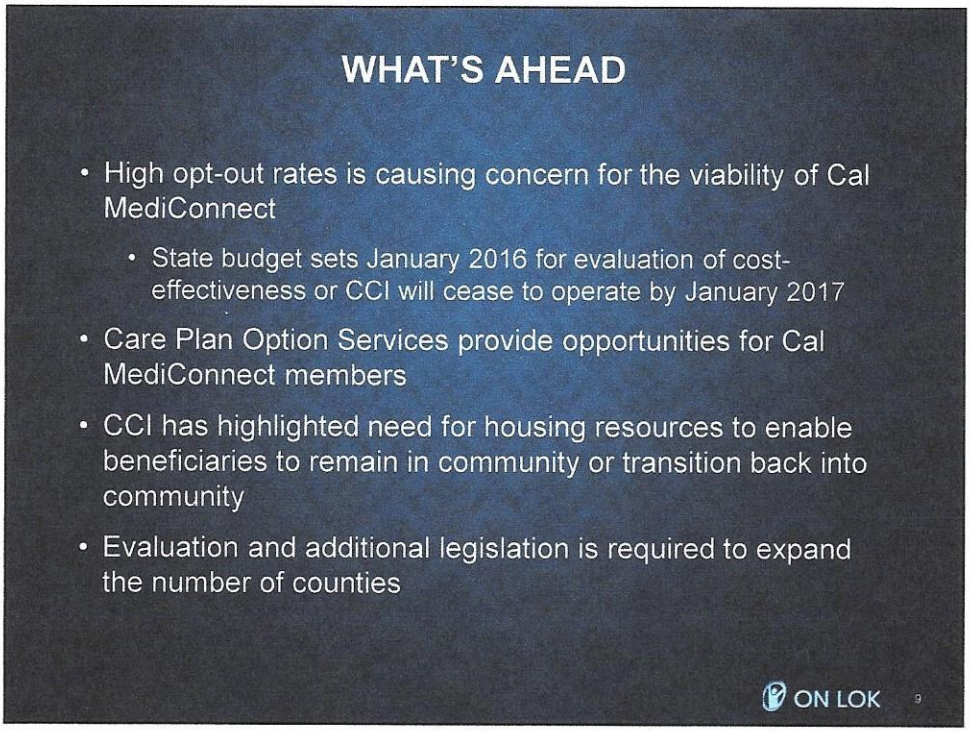
WHAT'S AHEAD
• High opt-out rates is causing concern for the viability of Cal MediConnect
• State budget sets January 2016 for evaluation of cost-effectiveness or CCI will cease to operate by January 2017
• Care Plan Option Services provide opportunities for Cal MediConnect members
• CCI has highlighted need for housing resources to enable beneficiaries to remain in community or transition back into community
• Evaluation and additional legislation is required to expand the number of counties
ON LOK
9

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

California's 1115 Waiver: New Opportunities

August 11, 2015

Amber Cutler
Senior Staff Attorney
Justice in Aging

WHAT IS THE 1115 WAIVER

- Provides California with opportunity to engage in pilots or demonstrations to promote objectives of Medicaid program.
- Must be budget neutral
- Approved in 5-year periods w/ 3 year extensions

JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

CALIFORINIA'S 1115 WAIVER Expires 10/31/15

Examples from the Bridge To Reform

- SPDs enrolled in managed care
- Managed care expanded to rural counties
- CCI
- Increased eligibility for pregnant women

Since 2010, enrollment in managed care has increased from 54% to 80% and is the delivery system in all 58 counties.

JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

CALIFORINIA'S 1115 WAIVER

New Waiver Application Submitted on March 27, 2015

- Improve health care quality and outcomes for the Medi-Cal population
- Strengthen primary care delivery and access
- Build a foundation for an integrated health care deliver system that incentivizes quality and efficiency
- Address social determinants of health and improve health care equity
- Use CA's sophisticated Medicaid Program as an incubator to test innovative approaches to whole-person care

Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/ca-bridge-to-health-reform-pa.pdf

Delivery System Transformation & Alignment Programs

SIX CORE APPROACHES

1. Managed Care System
2. Fee-For Service
3. Public Saftey Net System
4. Workforce Development Program
5. Increased Access to Housing & Supportive Services
6. Whole Person Care Pilots

JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

Delivery System Transformation & Alignment Programs

SIX CORE APPROACHES

1. Managed Care System
2. Fee-For Service
3. Public Saftey Net System
4. Workforce Development Program
5. Increased Access to Housing & Supportive Services
6. Whole Person Care Pilots

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FIGHTING SENIOR POVERTY THROUGH LAW

Increased Access to Housing & Supportive Services

- Goal: Maintain housing and gain consistent access to needed health care and community supports
- Target homeless and at-risk for homelessness
- Pilot Program
  - Partner with plans, counties, community orgs.
  - Target 60,000 Medi-Cal members (homeless or at risk for homelessness)
  - Repeated use of ED, hospital, or NF placement; or 2 or more chronic conditions; or mental health or SUD
  - Plans have option to pay for non-traditional services (nutritional, personal care, tenancy supports, rent, etc.)

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Whole Person Care Pilots

- Must Partner with MCOs, county behavioral health, hospitals, doctors/clinics, other medical providers, social service agencies and providers, public health agencies and providers, non-medical workforce, housing authorities, criminal justice, and other community based organizations.
- Target Population: users of multiple health systems; at least 50 patients or the top 1% of emergency/inpatient users
- Goal to improve health outcomes, health status

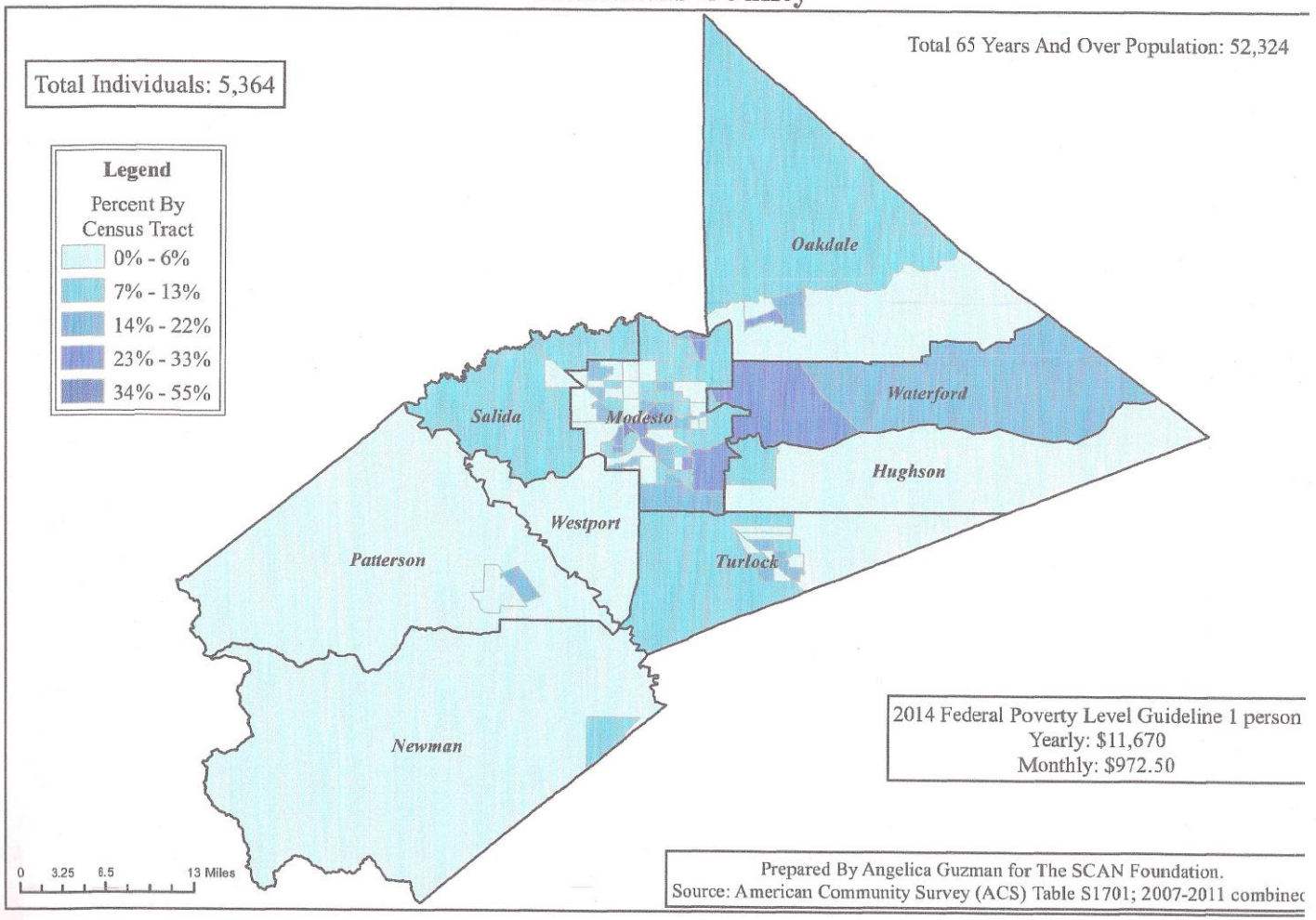
JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

www.justiceinaging.org
acutler@justiceinaging.org

JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

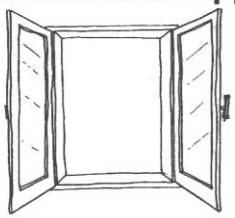
INDIVIDUALS 65 YEARS AND OVER
WHO ARE BELOW THE FEDERAL POVERTY LEVEL

Stanislaus County



2015 California Summit on LTSS
October 27, 2015

Seizing Windows of Opportunity



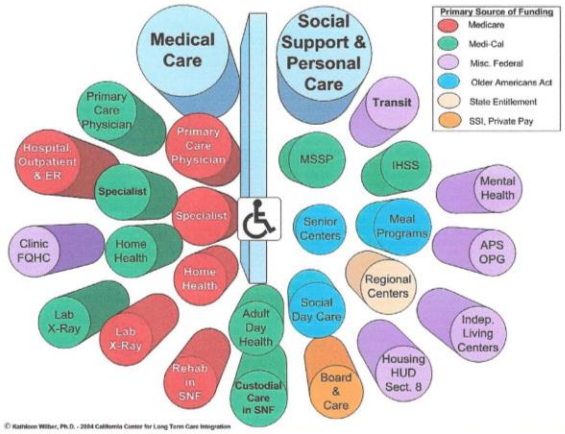
Next Steps for Integrating Health Care and LTSS in California

www.TheSCANFoundation.org

In the Ideal...

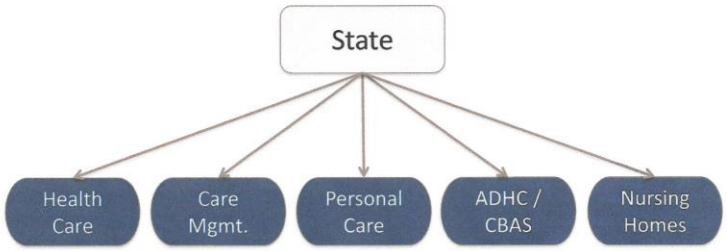
www.TheSCANFoundation.org

But in Reality…



www.TheSCANFoundation.org

Where California Was…



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Where California is Going...

California's Coordinated Care Initiative

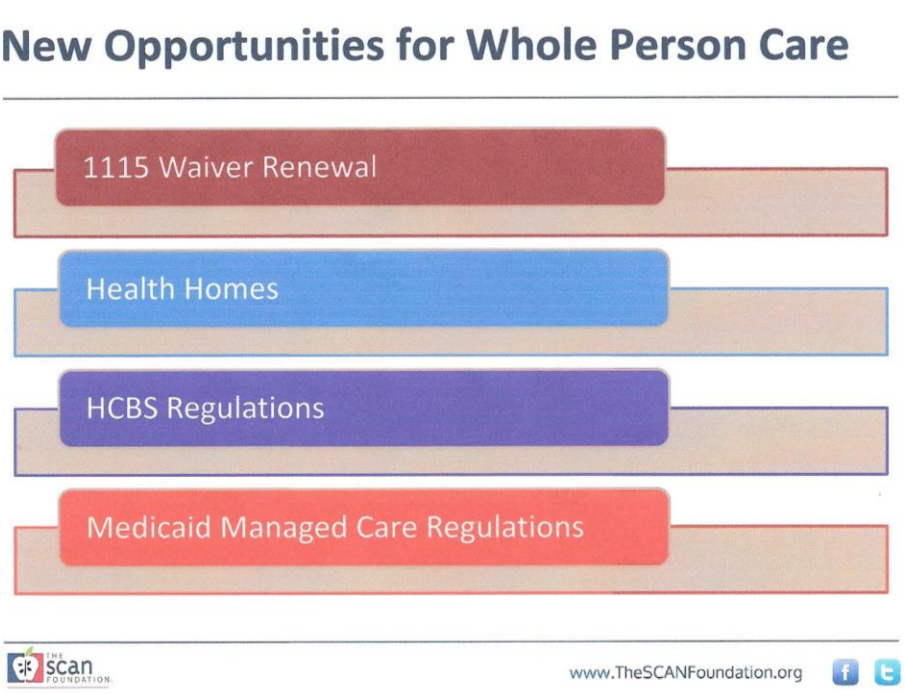
Health plans provide Medicaid LTSS through capitated payment

Medicaid only & duals

Health plans provide health care & LTSS into one service package

Duals only


Emerging Opportunities
www.TheSCANFoundation.org


New Opportunities for Whole Person Care
1115 Waiver Renewal
Health Homes
HCBS Regulations
Medicaid Managed Care Regulations
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