

Master Plan for Aging
Recommendation Form: Planning and Promoting the Development of Integrated Health and LTSS Services for All Older Californians

To submit your recommendation, fill out as many of the fields below as possible. It is fine to leave some blank. Recommendations can be submitted at engage@aging.ca.gov. Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.

Issue Statement: [State the problem your recommendation will address. Insert links to reports where appropriate.] Health and LTSS services are fragmented and siloed for consumers and their family caregivers. Care that integrates these components is easier for consumers and families to use and has potential savings in unneeded hospital, ER, and institutional long term care costs.

- Health and LTSS programs funded by Medi-Cal mostly operate independently of each other in silos, leading to fragmentation, more difficult access for beneficiaries and their families, sometimes inappropriate care, and less than optimal health and quality of life.
- As stated in the MOU between the State of California and CMS that established CMC, key objectives of the initiative were “to improve the beneficiary experience in accessing care, promote person-centered planning, promote independence in the community, assist beneficiaries in getting the right care at the right time and place, and achieve cost savings for California and the Federal government through improvements in care and coordination.” This model of integrated care and financing was also expected to “improve quality of care and reduce health disparities, meet both health and functional needs, and improve transitions among care settings.” While there has been some progress made in some of the CMC/CCI counties relative to some of these objectives, much remains to be done.

MPA Framework Goal: [Insert which goal/s from the framework this recommendation addresses. [View MPA Framework here.](#)

Goals 1 and 3.

Goal 1: Services and Supports. We will live where we choose as we age and have the help we and our families need to do so.

Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

MPA Framework Objective: [Insert which objective/s from the framework this recommendation addresses.]

Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

Recommendation: [Explain your recommendation in one to two sentences.] Create a health and LTSS planning body charged with improving and coordinating integration efforts for all older adults in California including several population strategies. These include the MediCal only population, Duals, and the Medicare (non-Dual population). The Integration Steering Group will monitor and promote improvements in the following areas: PACE expansion, DSNP use to integrate care to Duals or a continued Cal MediConnect strategy, a MediCal Managed Care Plan strategy for MediCal only population, a Medicare Advantage Strategy, and a MediGap strategy.

Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.] All California elders with health and LTSS needs.

Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

- DHCS and Department of Aging jointly convene a Steering Group to include Department leadership, stakeholders, and advocates including consumer advocacy groups.

Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation.]

- RTI evaluation of Ohio Duals Demonstration
- Evaluation of MN MLTSS programs
- RTI evaluation of MA Duals Demonstration

Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.]

- Local: PACE, Cal Mediconnect Plans, MA plans offering LTSS services
- State: Minnesota, Ohio and MA Dual Demo programs; TN MLTSS program
- National: CMS promoting integrated Medicare/ Medicaid strategy, CMS promoting MA plans ability to offer LTSS services as supplemental benefits.
- Other:

Implementation: [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** [action to be taken by Governor or specific state agencies] See above. Joint planning, strategy and monitoring effort between DHCS, Department of aging and stakeholders.

- **State Legislature:** [legislation needed to implement recommendation] Only if Implementing legislation or budget language required by this group.
- **Local Government: Encourage local zoning ordinances to make integrated services locations easy to develop.**
- **Federal Government: See CMS above**
- **Private Sector:** Involvement of MA plans and MediGap plans and PACE plans.
- **Community-Based Organizations: Develop skills in partnering with PACE, DSNP, MA and MediGap plans**
- **Philanthropy: Support innovative pilots that promote integration in all areas above.**
- **Other:**

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

- Reduced hospital admits
 - Reduced ER visits
 - Average length of stay in hospitals
- Nursing facility admission and discharge data
 - Average length of stay in nursing facilities
- Success in keeping beneficiaries with higher needs in the community
 - Rates of nursing home days over time to identify increases/decreases
 - Percentage of population in nursing facilities by county and plan
 - Percentage of beneficiaries receiving MLTSS that are admitted into a nursing facility over 90 days
 - [Note: these measures will be challenging because there are factors beyond anyone's control that could lead to an increase in NF utilization, e.g., people who spend down to Medi-Cal or growing elderly population – it would be better to use encounter data to follow what happens to individuals rather than utilization rates (rates/thousands).]
- Evaluation of the member experience
 - Beneficiary self-reporting on % of unmet LTSS needs
 - Follow up phone surveys (like what was done for CMC/CCI evaluation)
 - Focus groups
 - Level of beneficiary satisfaction with integrated care

Evaluations: [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term (by 2020):** Baseline assessment of PACE, DSNPS, MA plans providing LTSS services
- **Mid-term (by 2025):** PACE available in 75% of Counties, DSNPS serving Duals with integrated services statewide. 80% of MA plans offering supplemental LTSS services. 50% of MediGap plans offering an LTSS option
- **Long-term (by 2030):** An integrated option available to every California older adult who wishes to choose one.

Data Sources: [What existing data can be used to measure success or progress?]:

- Existing data sources: [specify datasets, variables, and data owner/location]
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:
- CMS Medicare data set and State Medicaid Data set to measure hospital days, ER visits, and SNF care.

Potential Costs/Savings: [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings] Savings to both Medicare and MediCal from reduced hospital, ED, and institutional LTC services.

Prioritization: [How would you prioritize this issue in importance relative to other needs/priorities – e.g., low, medium, high): **HIGH**

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