

## Master Plan for Aging Recommendation Form

### Integrated Care

#### Issue Statement:

Accessing healthcare and LTSS is a cumbersome process for many older adults and families. All too often, individuals cannot access the range of services they need to remain at home, leaving them at-risk of institutionalization. Dual eligible individuals often face the greatest challenges, with significant health and functional needs that often fall through the cracks. Many individuals don't understand their choices for integrated care, the benefits of integrated care, and how to access integrated care options. California needs a comprehensive vision to integrate and streamline services for this population, as well as a process to effectively engage individuals and inform them of their options. In December 2019, the Department of Health Care Services released their proposed [transition strategy for D-SNPs](#), with opportunity for comment in the month ahead.

#### MPA Framework Goal:

- **Goal 1: Services and Supports:** We will be able to live where we choose as we age and have the help we and our families need to do so.
- **Goal 3: Health and Well-Being:** We will maintain our health and well-being as we age.

**Outcome:** Dual eligible individuals in all CA counties have choice in accessing an integrated system of care that is person-centered and coordinates access to necessary services and supports across the continuum of care.

**Recommendation:** Ensure choice and access to integrated service delivery for Medicare + Medi-Cal individuals.

**Target Population and Numbers:** Dual eligibles, individuals approaching dual status, caregivers, and trusted advisors

#### Detailed Recommendation:

- **State Leadership:** The Health and Human Services Agency should lead an effort across the new Department of Community Living, the Department of Health Care Services, the Department of Managed Health Care and the Department of Social Services, in developing of an integrated service delivery system that enables all Californians eligible for Medicare and Medi-Cal to access a person-centered system of care in their local area that promotes coordinated access to necessary services and supports across the continuum of care. The Master Plan should outline the state's vision, goals, and timeline relative to integrated service delivery for dual eligible individuals throughout the state.

- Integrated Care Stakeholder Council: The Department of Health Care Services should establish a formalized stakeholder council comprised of health plans, consumers, advocates and providers to monitor planning and implementation of integrated services, including both integration of Medi-Cal/Medicare and Managed Long-Term Services and Supports (MLTSS) alone. The council could be charged with exploring and analyzing implementation issues and challenges, and provide recommendations for system-wide improvements.

**Evidence that supports the recommendation:**

- Cal MediConnect Evaluations:  
<https://www.thescanfoundation.org/initiatives/advancing-integrated-care/evaluating-cal-mediconnect/>
- Next Steps in Chronic Care:  
<https://bipartisanpolicy.org/report/next-steps-in-chronic-care/> - This report offers recommendations for Congress to better integrate care that reinforce the importance of removing barriers for continued forward movement in integrated care.

**Examples of local, state or national initiatives that can be used as an example of a best practice:**

- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Integrating Medicaid Managed Long-Term Services and Supports into D-SNP Models of Care:  
<https://www.integratedcareresourcecenter.com/sites/default/files/ICRC-MOC-Tip-Sheet-June-2019.pdf>
- Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans:  
[https://www.integratedcareresourcecenter.com/sites/default/files/ICRC\\_SMACSampleLanguage\\_FINAL.pdf](https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_SMACSampleLanguage_FINAL.pdf)
- Massachusetts One Care Implementation Council: <https://www.mass.gov/service-details/one-care-implementation-council>

**Implementation: fed/state role to ensure access integrated plans to the level of FIDE /HIDE and no look alike).**

- **State Agencies/Departments:** The Health and Human Services Agency would lead work across the Departments of Health Care Services and Community Living and other sister departments as appropriate to develop and implement a plan for future integrated care efforts that ensures access to integrated plans at the HIDE/FIDE level and eliminates D-SNP look alike plans.
- **State Legislature:** The Legislature would provide statutory authority, if necessary, to make integrated care options available in all counties.
- **Local Government:** The state would partner with local governments to identify local barriers and solutions to implementing integrated care.

- **Federal Government:** The federal Centers for Medicare & Medicaid Services will work with the California Departments of Health Care Services and Community Living to ensure access to integrated plans at the HIDE/FIDE level and eliminate DSNP look alike. These entities would work together to seize opportunities to address complex needs, align incentives, encourage marketplace innovation through the private sector, lower costs, and reduce administrative burdens for dually eligible individuals and the providers who serve them.
- **Private Sector:** Health plans and other private sector entities would contribute to the planning and implementation of integrated care while also driving systems change through innovation.
- **Community-Based Organizations:** Community-based organizations would help develop a plan for expanding integrated care choices, and partner with health plans and local governments to provide services.
- **Philanthropy:** The philanthropic sector could support integrated care planning, implementation, and evaluation at state and local levels.

#### **Person-Centered Metrics:**

Dual eligible individuals have access to integrated service delivery options on a county-by-county basis; Number of dual eligible individuals enrolled in integrated care options

#### **Evaluations:**

- **Short-term (by 2020):** The Department of Health Care Services establishes an Integrated Care Stakeholder Council and works with stakeholders to develop a plan for every county to have fully-integrated care options; The federal government continues to provide guidance, address barriers, and encourage innovation to strengthen integrated models of care.
- **Mid-term (by 2025):** Individuals in every county have access to fully-integrated care options.

#### **Data Sources:**

Cal MediConnect Evaluations: <https://www.thescanfoundation.org/initiatives/advancing-integrated-care/evaluating-cal-mediconnect/>

**Potential Costs/Savings:** Unknown

**Prioritization:** High priority

**Name of person(s)/organization submitting recommendation:** Sarah Steenhausen,  
The SCAN Foundation

**Email for person(s)/organization submitting recommendation:**  
ssteenhausen@thescanfoundation.org

**Date of submission:** 12/13/19