

Community of Constituents Initiative Northern California Regional Coalition Meeting #1

Agenda Review

- Community of Constituents Overview
- Introductions
- Core Competencies for Local Action
- Regional Coalition Reflections and Rating
- LTSS Landscape
- Discussion: How Do We Build Local Advocacy Strategy into a Regional Strategy?
- Next Steps

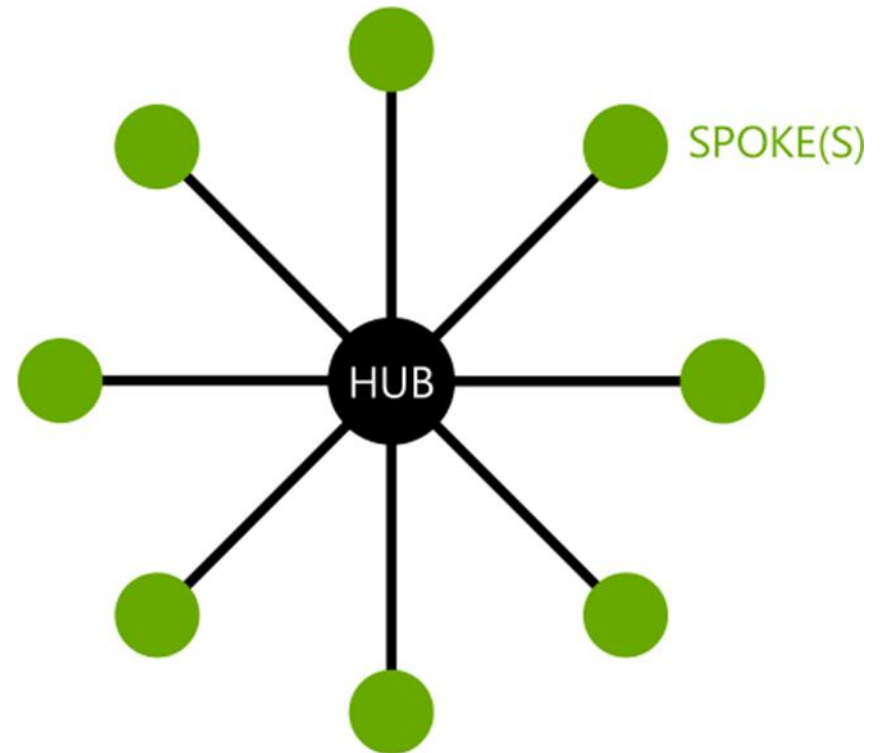
Our Vision: A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission: To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.



Community of Constituents

- California Collaborative
- Regional Coalitions



California Collaborative

35 statewide organizations representing:

- Consumer organizations
- Advocate organizations
- Older adults and people with disabilities
- Home-and community-based services providers
- Institutional providers



Regional Coalitions



- 21 funded
 - All are part A
 - 12 also part B
- 2016-17 RFP
 - Part A components
 - Part B components

Purpose of Regional Meetings

1. build capacity (e.g., share best practices/lessons learned); and
2. identify LTSS policy opportunities to act upon at the local- and/or state-level in partnership with regional colleagues

Core Competencies for Local Action

- Developing a Policy Agenda / Communications Plan
- Relationships with District Offices of State Legislators
- Presence at the Board of Supervisors
- Managed Care Plan Advisory Committees
- Establish Communication Platforms
- Collaboration Between Aging and Disability
- Establish Bridges Between Medical & Social Services

Ratings

- Each Coalition is listed on the white board.
- Based on core-competency discussion, please rate your Coalition's ability to complete these core-competencies, from strongest (#1) to weakest (#7).
- Please place your ratings on the white board.

It's a Whole New World



Today's Long-Term Services and Supports Landscape: Trends and Opportunities for Regional Coalitions

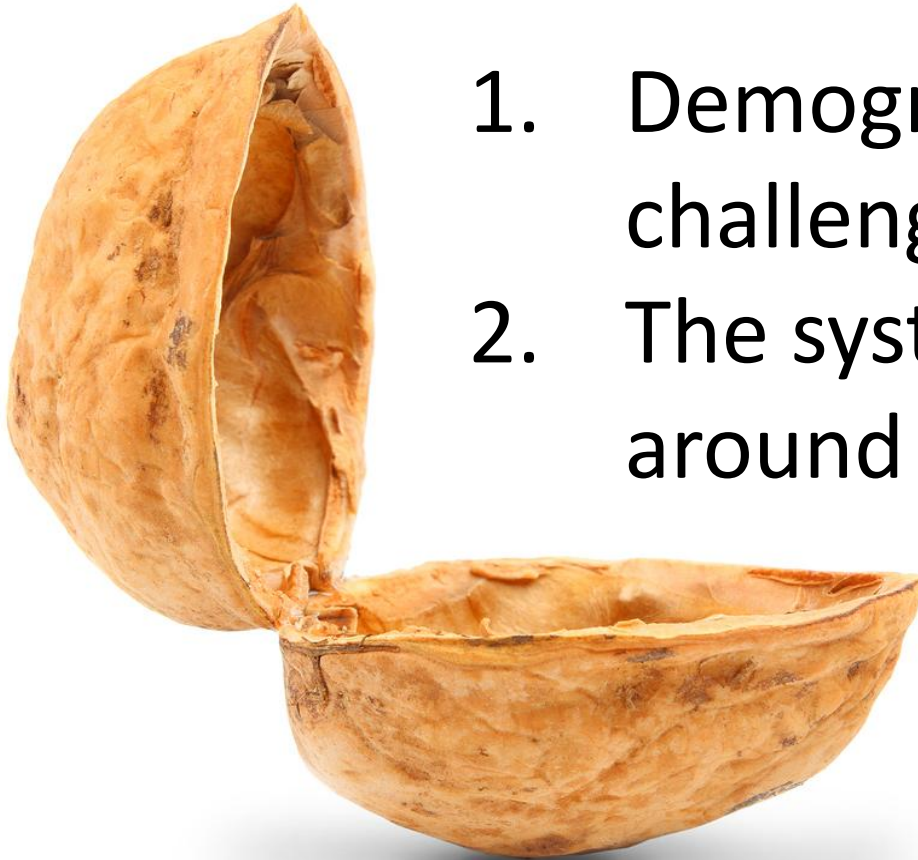
Sarah Steenhausen, MS
Senior Policy Advisor

Three Main Points

1. The problem drives the
2. The system is changing.
3. Change = opportunity.



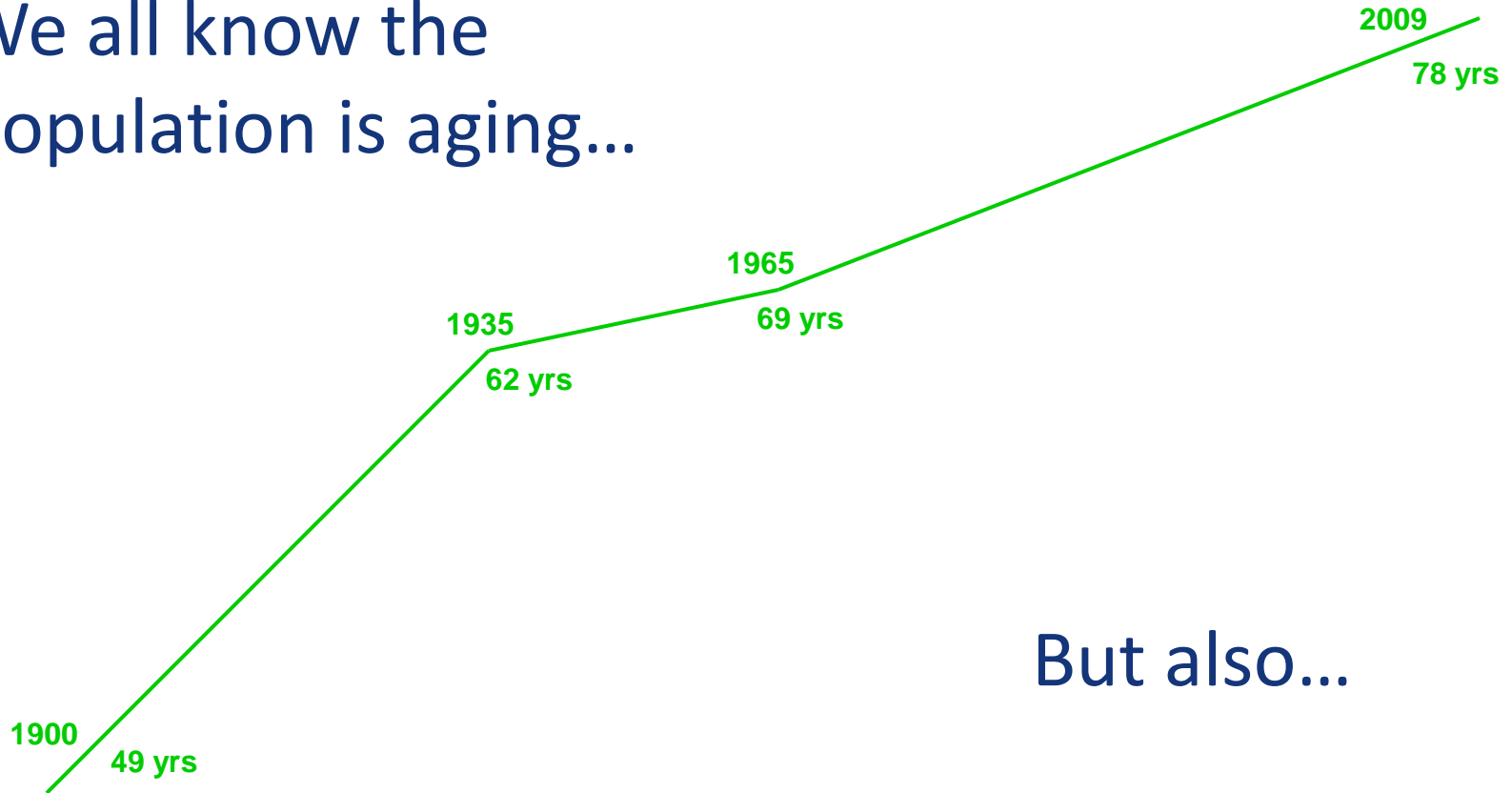
The Problem in a Nutshell



1. Demographics are challenging.
2. The system isn't built around the person

The Demographic Reality

We all know the
population is aging...

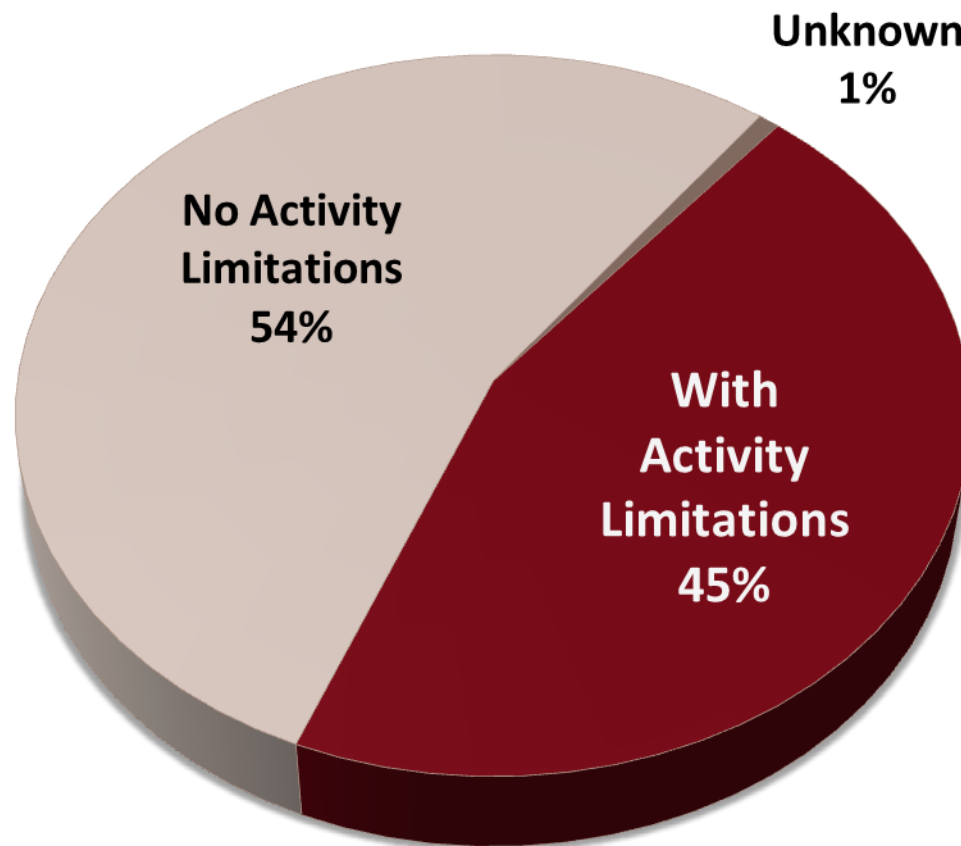


But also...

http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf

*Adapted from National Center for Health Statistics-National Vital Statistics Service Reports 2010

People are Living Longer with Chronic Conditions and Functional Impairment

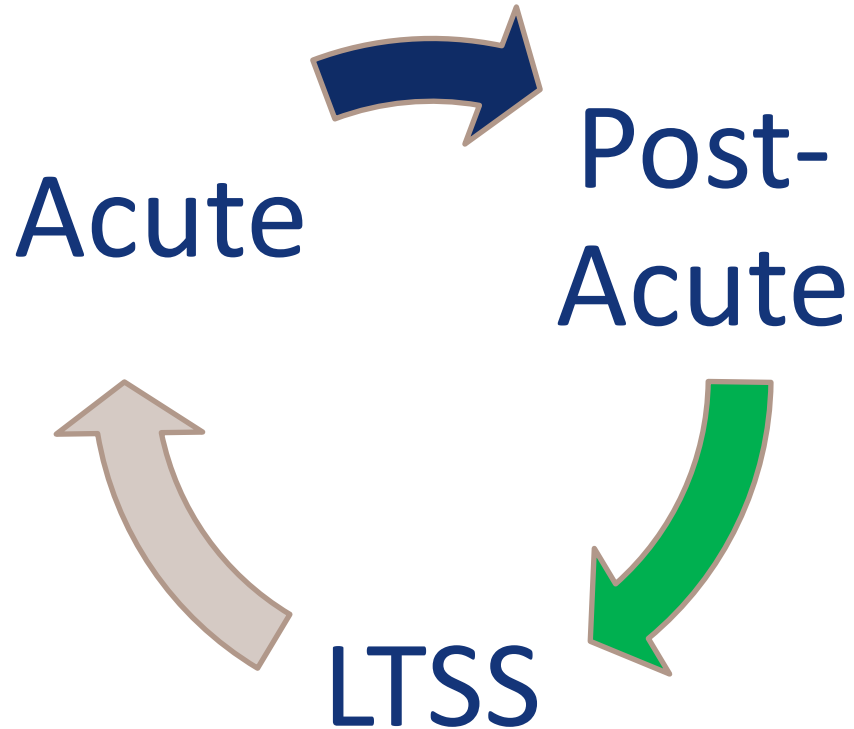


Source: Multiple Chronic Conditions Chartbook: 2010 MEPS Data

When Chronic Conditions & Functional Impairments Collide...



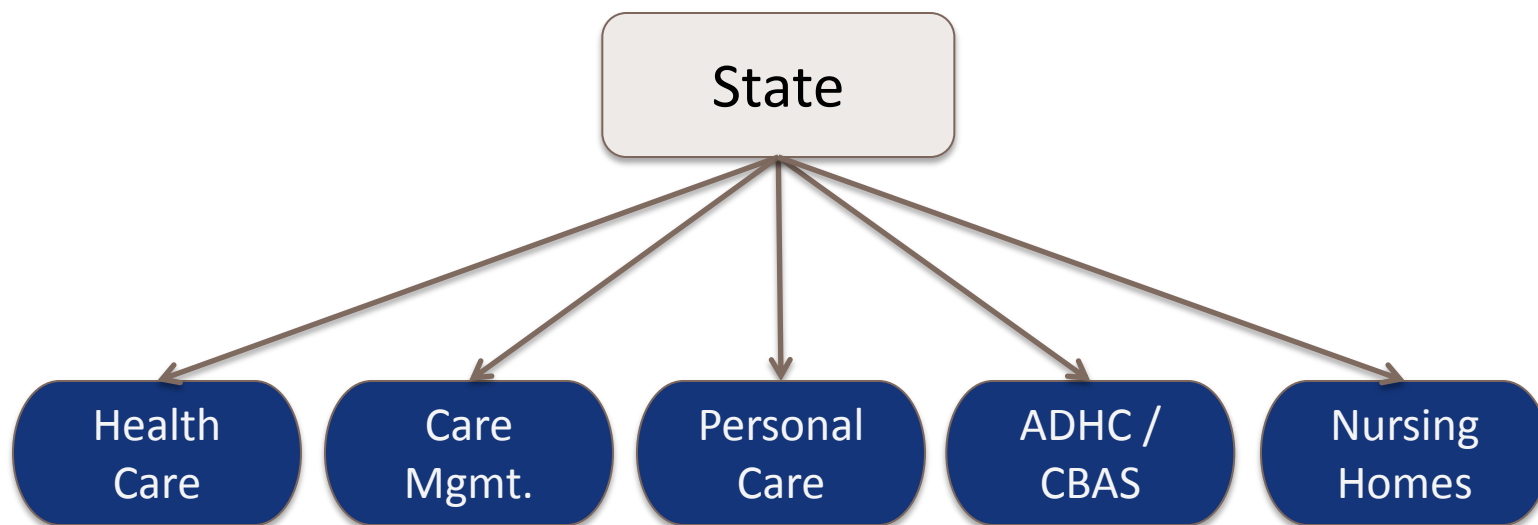
Merry-Go-Round of Services



Where is the person in all of this?

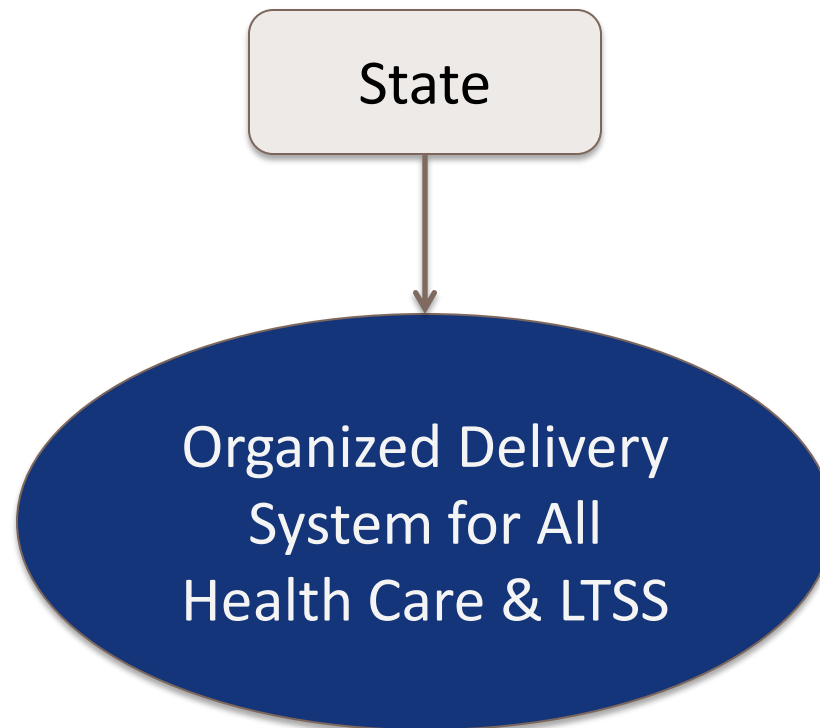
The System is Changing

Where California Was...



The System is Changing

Where California is going...





Initiatives and Opportunities

Update:

California's Coordinated Care Initiative

Medicaid Managed LTSS

Managed care organization provides a defined set of LTSS in exchange for a pre-paid capitation payment.

Population: Medicaid only and duals

Integration of Medicare and Medicaid

Integrates range of health care and LTSS into one service package

Population: Duals only

CCI: Opportunities

CCI Counties

- Continued engagement with health plans
- Communicate issues at state and local level(s)
- Collaborate across health, aging and disability to identify new opportunities

Non-CCI Counties

- Engage with managed care plan advisory committees
- Build relationships across health, aging and disability

Thinking Beyond the CCI: Other Opportunities

1115 Waiver: Medi-Cal 2020

Health Homes

Accountable Health Communities

New Federal Regulations

Medi-Cal 2020: Objectives



Strengthen primary care delivery and access

Avoid unnecessary institutionalization

Address social determinants of health

Develop innovative approaches to whole-person care

Medi-Cal 2020: Whole Person Care (WPC) Pilots

Overview:



- Integrates care for high-risk and high-utilizers
- Administered at county level
- Partnership between public entities, managed care, and others
- Option to increase access to housing and supportive services

Opportunities: Whole Person Care Pilots

Develop relationships

- County/city health and public health departments
- Health or hospital consortium
- Health Plan(s)
- Housing providers
- Behavioral health

Research:

- Is there a local plan for WPC pilot?
- To what extent do local providers understand role of aging/disability service providers?
- How can you engage in planning process?

Health Homes Program

Overview



- Target Population: Individuals with multiple chronic conditions, and those with serious mental illness.
- Services: Comprehensive care management; care coordination; transitional care; individual and family support; referrals to community/social supports
- Health Home Team: Care manager; clinical consultant; community health workers; and housing navigator

Health Homes

| Network | Description |
|---|---|
| Medi-Cal Managed Care Plans (MCP) | <ul style="list-style-type: none">• Administrative responsibility• Certifies & selects CB-CMEs• Mandatory for all MCP & CMC plans |
| Community-Based Care Management Entities (CB-CME) | <ul style="list-style-type: none">• Rooted in the community around existing care• Responsible for Health Home services• Dedicated Health Home team• Able to subcontract for other community-based services |
| Community & Social Support Services | <ul style="list-style-type: none">• Receive referrals from CB-CMEs• Provide services that meet broader needs (e.g., supportive housing, food banks, employment assistance) |

Health Homes: Next Steps

Timeline

- Pending Federal approval, potentially by March 2016
- Begin operating in January 2017 (proposed)

County Readiness

- Assemble networks and processes
- DHCS to develop readiness requirements, with evaluation tool

County Rollout Schedule

- Geographic phase-in
- Beginning January 2017 through July 2018

Opportunities: Health Home Pilots

Track state developments

- Monitor federal approval of Health Home Pilots

Develop relationships

- Health Plans
- Housing providers
- Behavioral health

Research:

- Have local health plans developed initial concept proposals ?
- To what extent do local providers understand role of aging/disability service providers?
- How can your organization be engaged in the process?

Accountable Health Communities

Goal: Address health-related social needs:

- Housing instability and quality
- Food insecurity
- Utility needs
- Interpersonal violence
- Transportation needs beyond medical transportation.

Three Tracks:

- Awareness
- Assistance
- Alignment

Opportunities:

Accountable Health Communities

State partnership

- Department of Health Care Services (DHCS):
Request for information (March 4)
- DHCS to determine if proposed structure meets and aligns with existing goals and priorities

Research:

- If you are not applying, are there other local entities considering AHC?
- How can you engage in the planning process?

Federal Regulations

- HCBS Regulations
- Medicaid Managed Care Regulations (Proposed)
- Hospital Discharge Planning Regulations (Proposed)



Federal HCBS Regulations:

State Implementation

- New criteria for Medi-Cal Home and Community-Based Services
- Statewide Transition Plan: 8/14/15

Department of Health Care Services
State of California—Health and Human Services Agency

Statewide Transition Plan for Compliance with Home and Community Based Settings Rules

August 14, 2015



California Statewide Transition Plan for HCBS - August 14, 2015

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Federal Medicaid Managed Care Regulations:



New requirements for Medicaid Managed Care plans, impacting:

- LTSS service delivery
- Care coordination requirements
- State oversight of managed care plans

New regulations are pending final approval

Hospital Discharge Planning Regulations



New requirements for hospital discharge planning, impacting:

- Transition from hospital-to-home
- Connection with home and community-based services
- Opportunities for partnership with AAAs and ILCs

New regulations are pending final approval

Change = Opportunity

Strategies:

- Build relationships
- Partner with health and social services
- Engage in local discussions
- Don't feel limited by state initiatives
- Consider role of ADRC, AAA and ILC



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Our Mission:

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Building a Local Strategy Into a Regional Strategy

- What competencies does your Coalition have in place or want to acquire?
- What is the “hook” between your local advocacy and statewide policy efforts and activities?
- For the issues you are considering, how would you best create a regional strategy? *(For example, can you "knit together" several local strategies by coordinating the same strategy in several counties?)*

Next Steps

Please note **2 core competencies your Coalition will work on between now and June.**

Please note **1 cope competency your Coalition can serve as a resource.**

Understanding the group's core competencies and the LTSS landscape, please note **2 activities that could be built into a regional strategy.**

Please note technical assistance that would be needed to successfully achieve each strategy.