



CALIFORNIA REGIONAL COALITIONS

September 7, 2017

9:30 – 10:30 am

Via GoToWebinar Platform

Staff Team:

Jack Hailey, Laurel Mildred, Sue North,
Mariya Kalina and Crista Nicholas

Staffing for CCLTSS is powered by Government Action & Communication Institute (GACI)

WELCOME & WEBINAR DETAILS

Sue North

Government Action & Communication Institute (GACI)

snorthca@gmail.com

OVERVIEW OF THE DATA ON HIGH NEEDS LTSS CONSUMERS

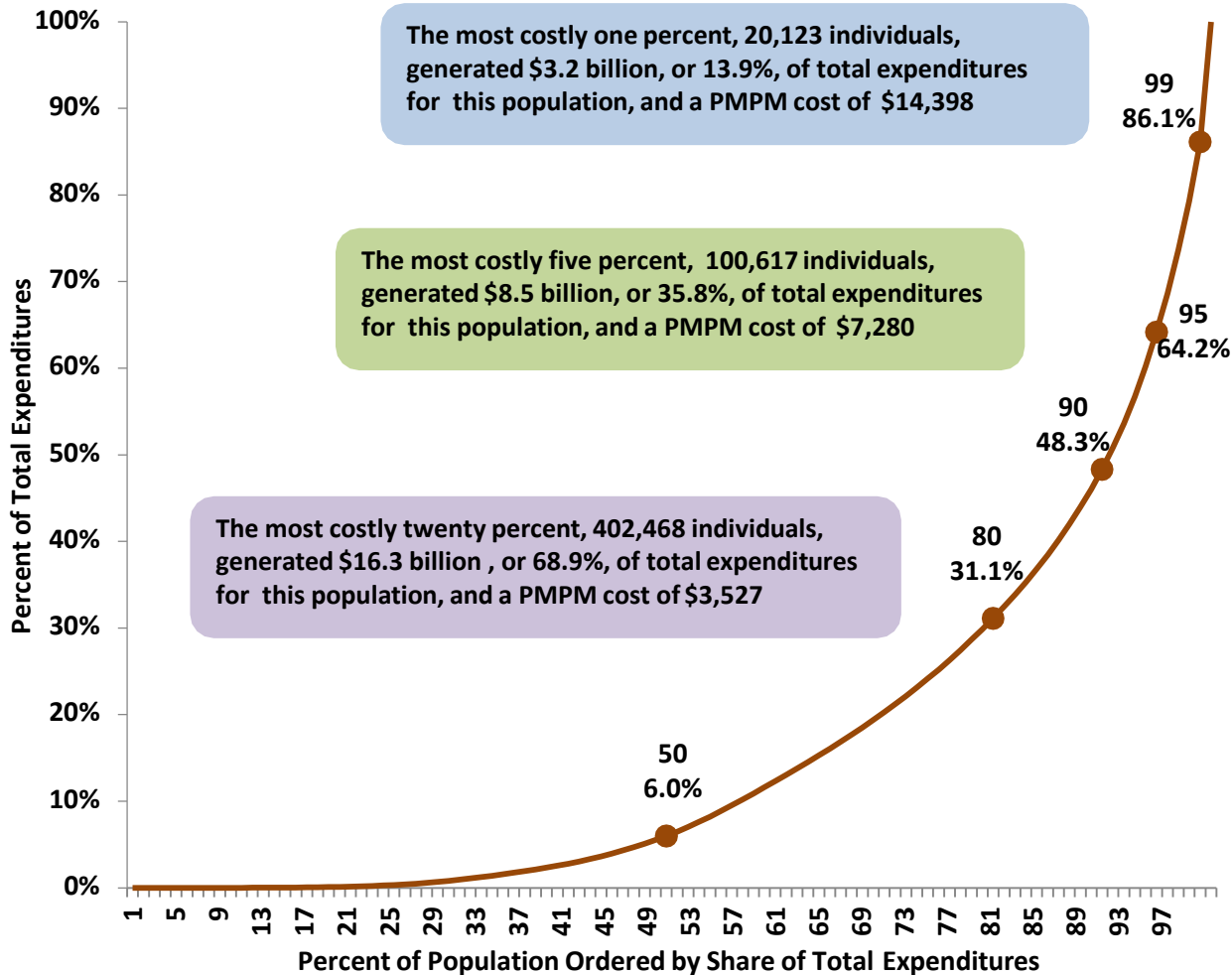
Laurel Mildred

Government Action & Communication Institute (GACI)

laurel.mildred@mildredconsulting.com

Distribution of Medi-Cal Costs

The 2,012,323 Aged, Blind, Disabled and LTC Eligibles in the Study Population generated \$23,700,502,133 in Medi-Cal Payments for Services Incurred in 2013.

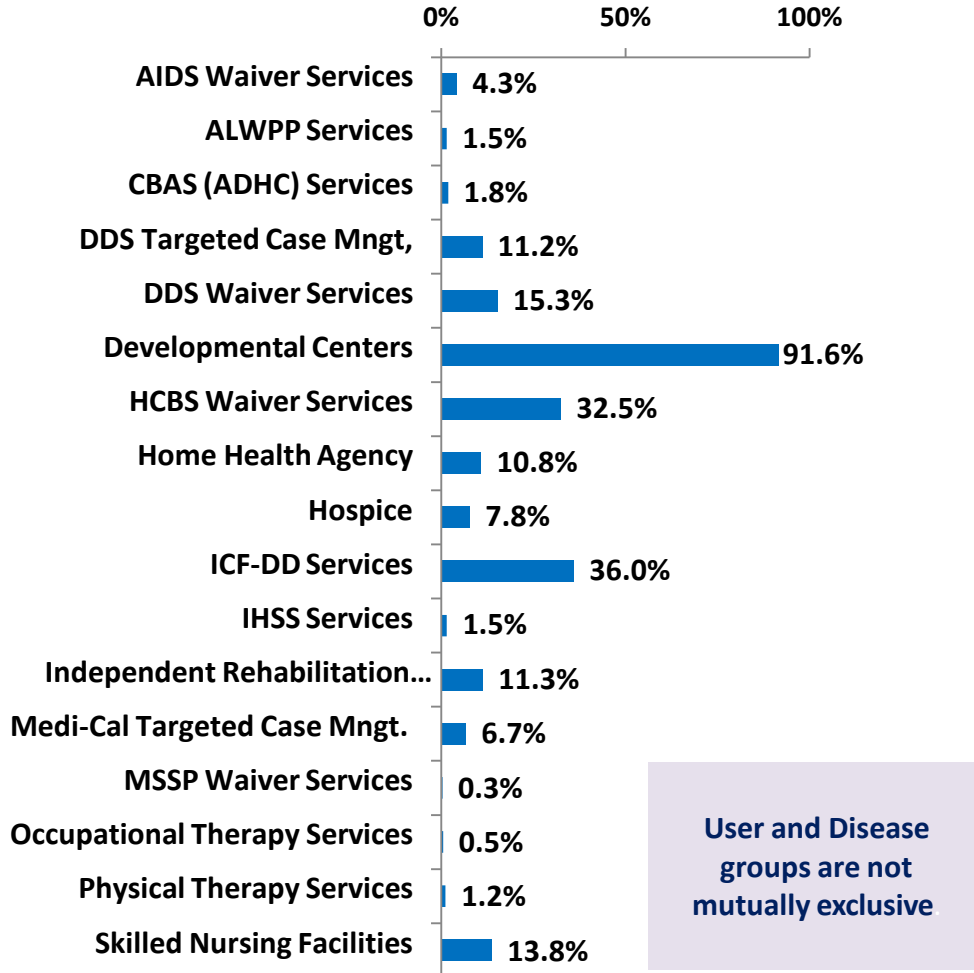


The Aged, Blind, Disabled, and LTC study population contains many of the most costly individuals enrolled in Medi-Cal.

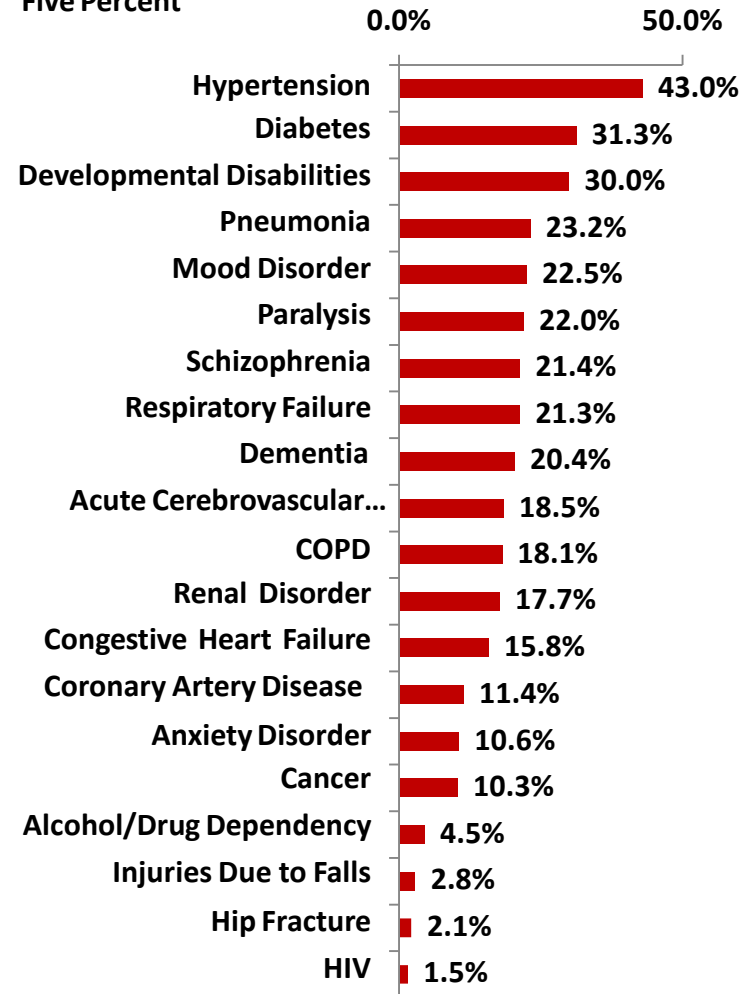
The most costly one percent of the study population, 20,123 individuals, generated \$3.2 billion, or 13.9%, of total expenditures for this population, and had a PMPM cost of \$14,398.

Characteristics of the Most Costly Five Percent of Eligibles in the LTSS Subpopulation (Total = 35,842)

■ Percent of User Subpopulation that are Members of the Top Five Percent



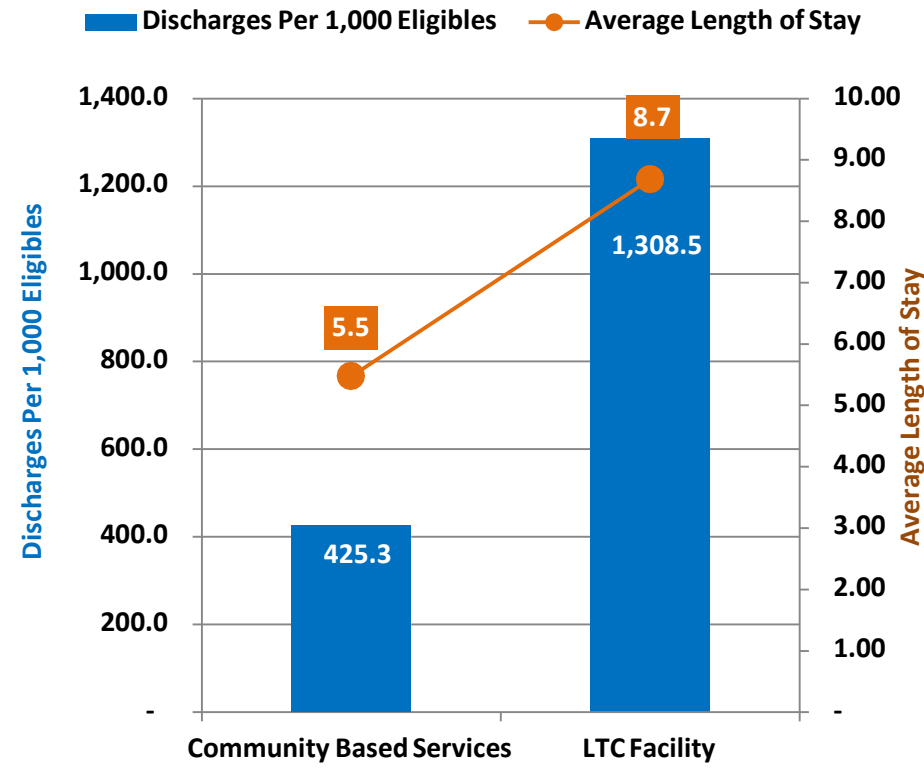
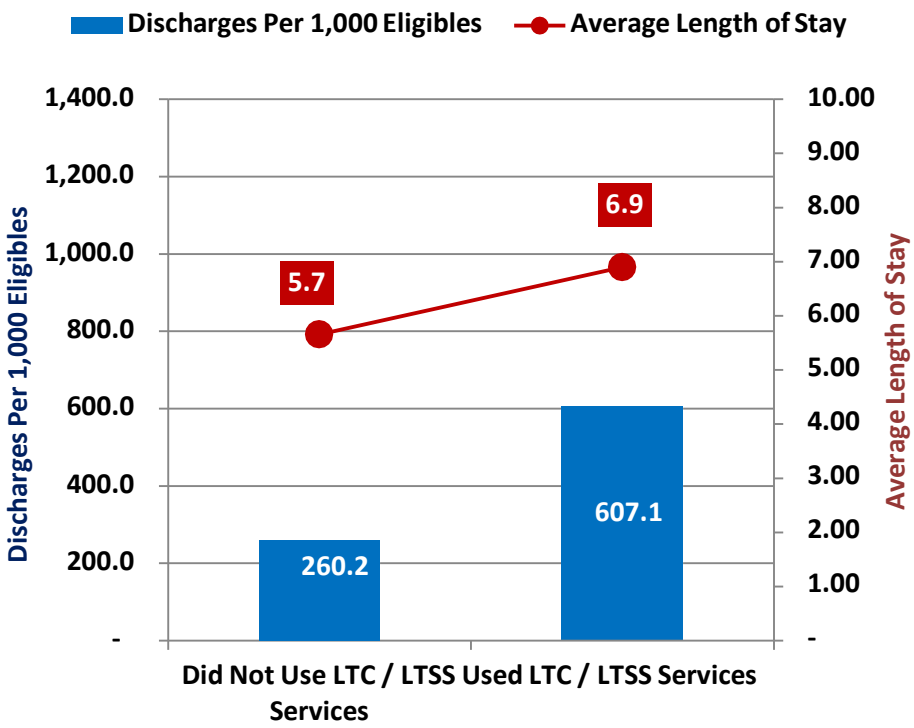
■ Treatment Prevalence Among Members of the Top Five Percent



Use of Inpatient Acute Hospital Services

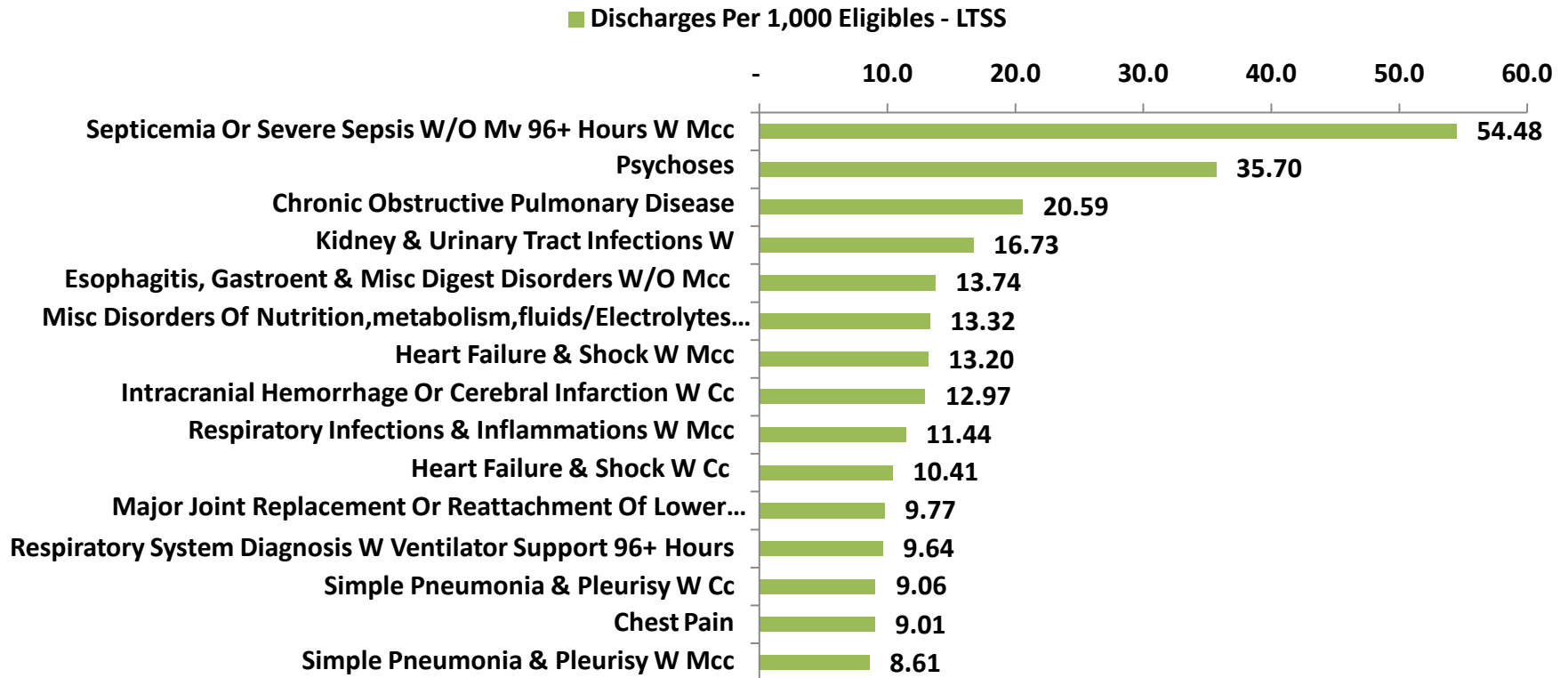
Among the 2,012,323 study population members, those who utilized LTSS were also more likely to have experienced an inpatient hospital acute stay and remained admitted a greater number of days than non-LTSS users.

Among the 716,849 individuals who utilized LTSS, those who utilized institutional care in an LTC facility were more likely to have experienced an inpatient hospital acute stay and remained admitted a greater number of days, compared to those who received LTSS in the community setting.



Reasons for Inpatient Acute Hospital Admission – LTSS Subpopulation (Total = 716,849)

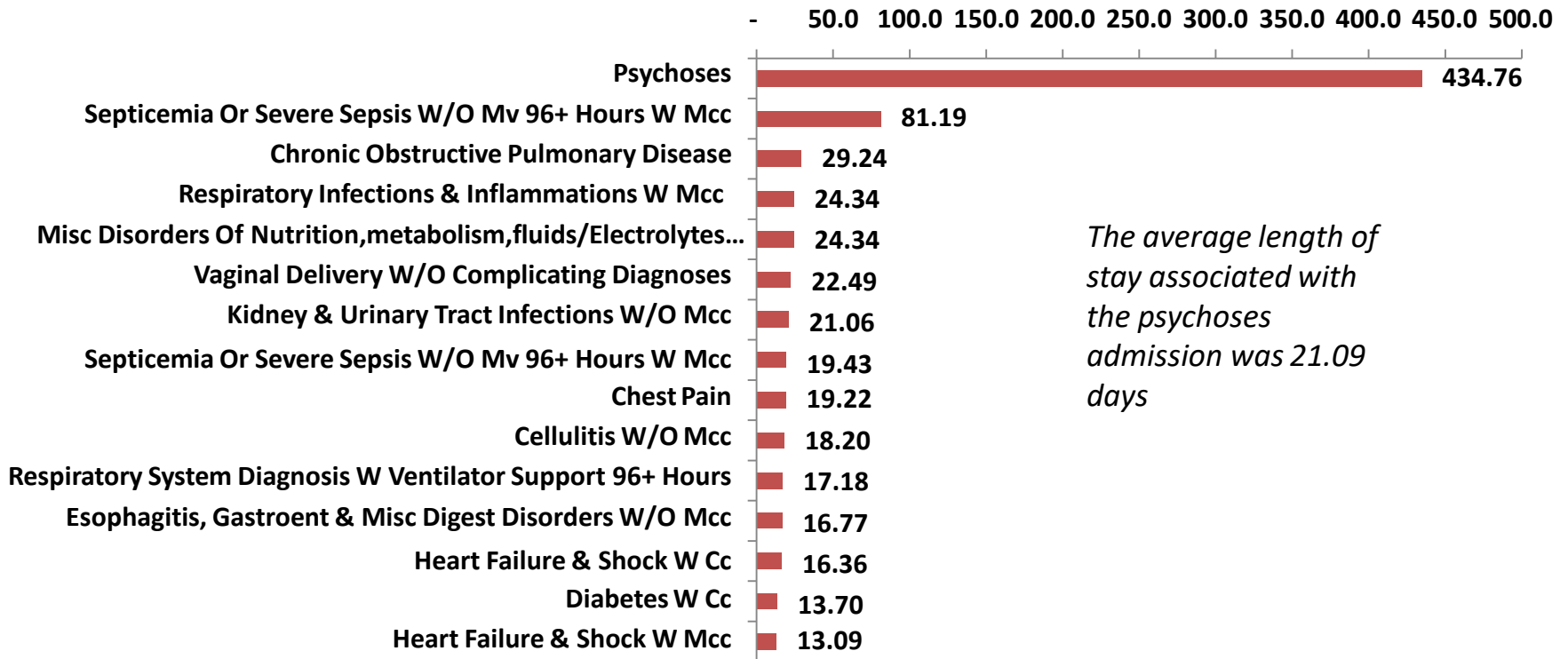
In 2013, the 716,849 who utilized LTSS generated 435,211 inpatient hospital acute discharges that resulted in 3,001,350 inpatient days. There were 607.1 discharges per 1,000 eligibles with an average length of stay of 6.9 days. The chart below displays the most frequent diagnostic related groups (DRGs) for this subpopulation.



Reasons for Inpatient Acute Hospital Admission – LTSS Subpopulation Receiving Medi-Cal Targeted Case Management

In 2013, the 4,890 individuals who utilized Medi-Cal Targeted Case Management generated 6,294 inpatient hospital acute discharges that resulted in 81,034 inpatient days. There were 1,663.4 discharges per 1,000 eligibles with an average length of stay of 12.6 days. The chart below displays the most frequent hospital acute care discharges by diagnostic related groups (DRGs) for this subpopulation.

■ Discharges Per 1,000 Eligibles - Medi-Cal TCM



EMERGING ISSUES AND MODELS FOR SERVING COMPLEX CONSUMERS

Susan DeMarois

State Public Policy Director, Alzheimer's Association of California

sdemarois@alz.org

Lydia Missaelides

Executive Director, California Association for Adult Day Services

lydia@caads.org

Sue North

Government Action & Communication Institute (GACI)

snorthca@gmail.com

ADHC/CBAS EXAMPLE:
MEDI-CAL ELIGIBLE SPD

IRENE

- Prior to enrollment at ADHC Center in her fifties, Irene had experienced six (6) recent psychiatric hospitalizations with severe symptoms akin to catatonia, which were related to childhood trauma.
- She lived under stressful conditions in a crowded mobile home with her daughter, grandchildren and other family members, who offered little support.
- Appeared impaired and unkempt at the time of admission due to her social isolation and withdrawal
- Complex conditions include hypertension, chronic kidney disease, post-concussional syndrome, hyperlipidemia, osteoarthritis, diabetes, knee pain and polyneuropathy, for which she took 16 medications and supplements.

IRENE (CONT.)

- Irene recovered significant health and independence with the help of the center's social workers, nurses and therapists. The care and attention Irene received strengthened her ability to cope with stress and take care of herself. She made friends at the Center and the positive change in her appearance was notable.
- Remarkably, despite her extensive history of repeat psychiatric crises, attending the ADHC Center proved to be effective, and Irene was never re-hospitalized. She continued to thrive and eventually felt independent enough to leave the program.
- In 2017, Irene referred herself back to the ADHC Center.
- Now at 61 years old she was once again feeling despondent and isolating herself; her diabetes was poorly controlled; and she was falling at home.

IRENE (CONT.)

- However, Irene remains far more functional than she was prior to her first enrollment at the Center
- This time she is able to identify and describe her own health concerns.
- Her goal in re-joining the ADHC Center is “to be around people” 4/days/week and reestablish the structure and services that previously sustained her physical and mental health so effectively.

IRENE'S SERVICE IN ADHC

- 1) Nursing, social services, PT, OT, specialized diet and dietary education, therapeutic activity program, transportation from rural community, caregiver support for daughter, and coordination with Behavioral Health

- 2) Problems being addressed 4 x/week by these disciplines include:
 - Uncontrolled diabetes, worsened by psych meds and problems managing diet and insulin
 - Depression/anxiety
 - Fall risk (Morse Fall Scale = 70)
 - 16 medications
 - Pain, gait challenges, and decreased range of motion and strength
 - Inactivity and isolation when at home

Alzheimer's & related dementias

- 630,000 Californians affected today
- 1.6 million family caregivers
- 5th leading cause of death in California
- Disproportionately impacts African Americans, Hispanics and Women
- No known cause, cure or prevention

Alzheimer's is complex & costly

Complex

- Of all Medicare & Medicaid beneficiaries with dementia, 90% and 85% respectively have 3 or more chronic conditions
- 97% of individuals with Alzheimer's experience behavioral & psychological symptoms, e.g. agitation, aggressiveness, delusions, hallucinations, disinhibition, hyperactivity (wandering, pacing, rummaging), and sleep disturbances

Costly

- California is on track to spend more than \$5 billion on Alzheimer's by 2025
- Medicaid spending, on average, is 23 times higher for beneficiaries with Alzheimer's
- Medicare spending for seniors with Alzheimer's is 3 times higher than per person spending for all other seniors

Solutions

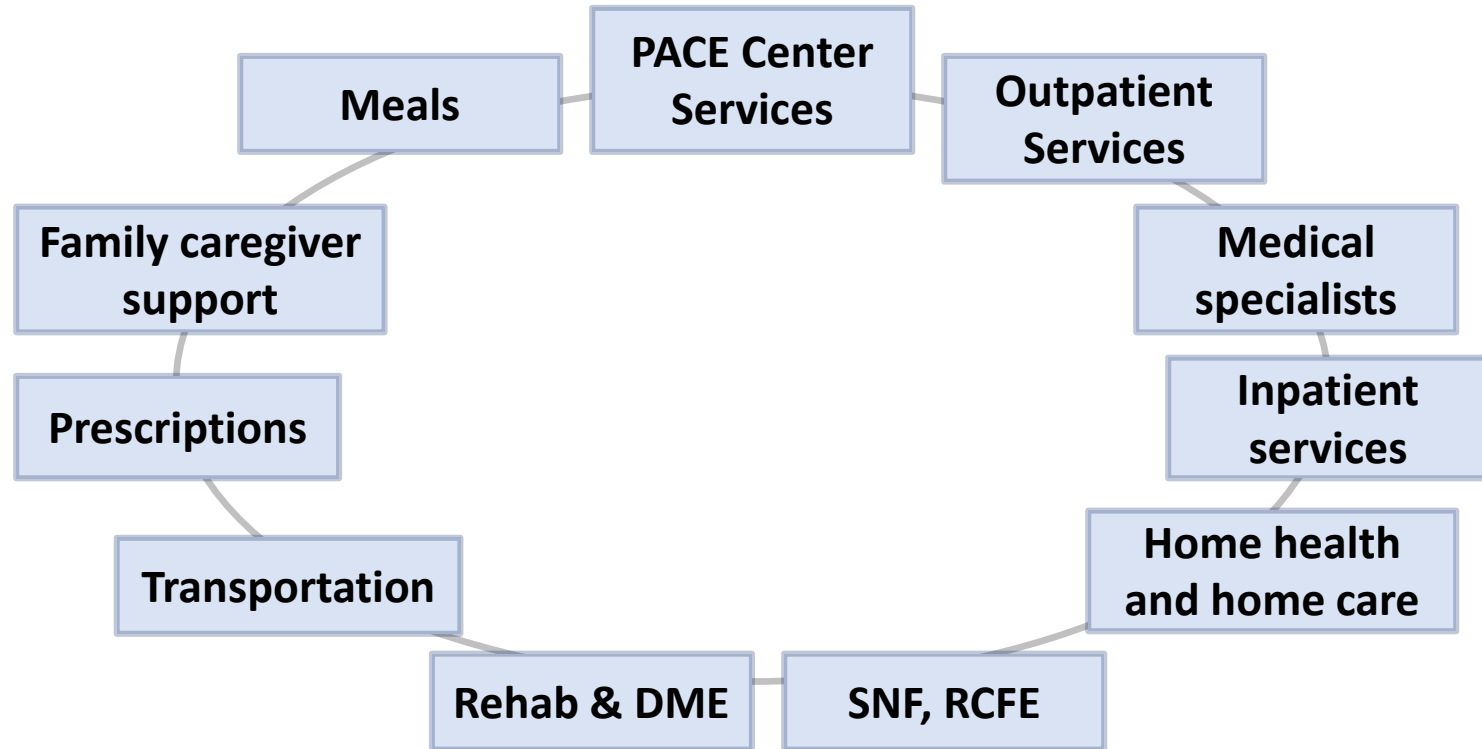
1. Improve early detection, accurate diagnosis, full disclosure and written documentation
2. Invest in care coordination, emphasizing patient & family education and direct referral to community supports

OTHER SERVICE MODEL EXAMPLES: PACE AND SUPPORTED LIVING

WHAT IS PACE?

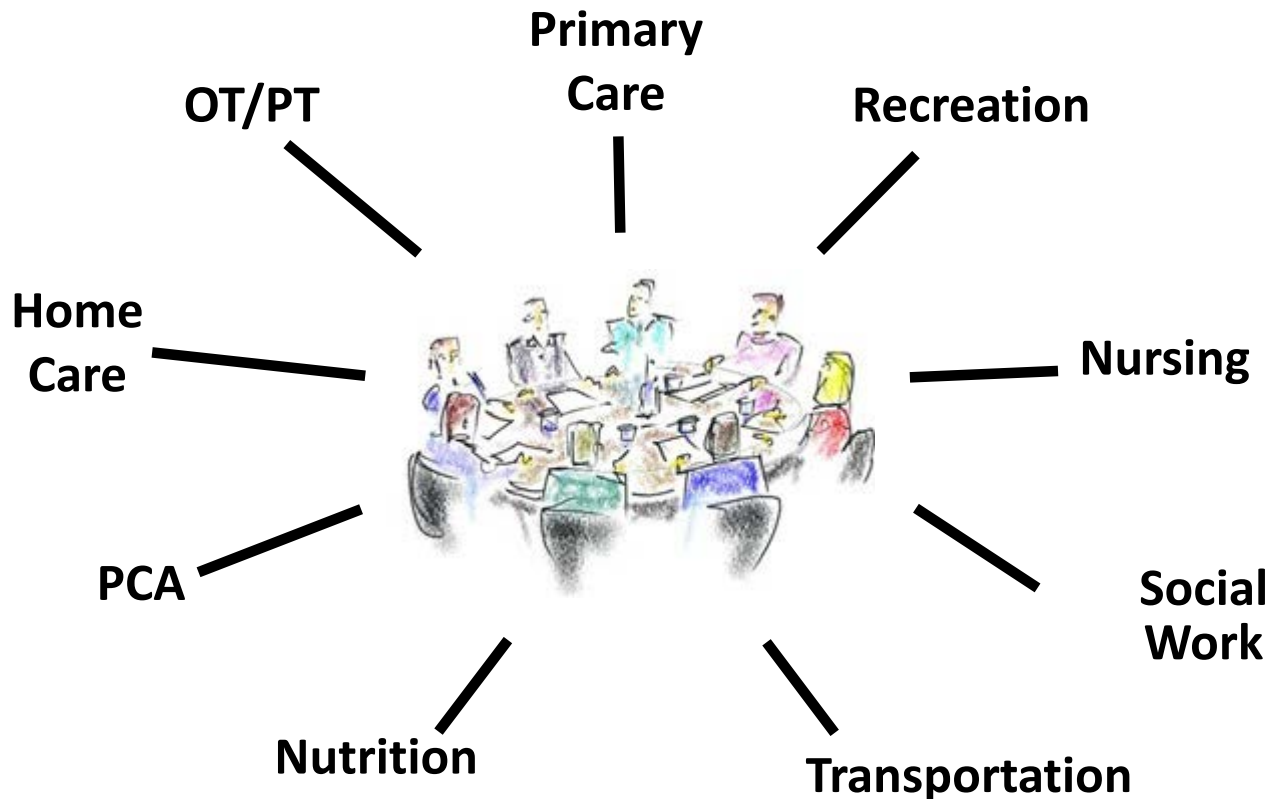
- A fully integrated care program for adults age 55 or older living with chronic illnesses or disabilities
- Coordinates and provides comprehensive services to enable seniors to live independently at home or in the community for as long as possible, including all acute care services and long-term services and supports
- Provides all care and services covered by Medicare and Medicaid as well as other services that are medically necessary through an integrated team of health care professionals
- Participants receive all services through PACE
- Fully capitated and at risk for providing all services

ORGANIZATION AND DELIVERY OF SERVICES



INTERDISCIPLINARY CARE

Interdisciplinary teams assess need, deliver, and manage care across settings:



Settings

- PACE Center
- Home
- Acute Hospital
- Nursing Home

PACE PARTICIPANT PROFILE



- Average age: 76 years
- Percent dually eligible: 79%
- Percent with Alzheimer's, dementia: 40%
- Average number of ADLs: 3.5
- Average number of medical diagnoses: 18
- Average Medicare risk score: 2.31
- Percent Residing in Community: 96%

CALPACE PROVIDER COUNTIES

PACE is in twelve counties throughout California.



- Alameda
- Contra Costa
- Fresno
- Humboldt
- Los Angeles
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- Santa Clara

PACE INNOVATION ACT

- Allows the Centers for Medicare & Medicaid Services (CMS) to develop pilots using the PACE model to serve those under 55 years of age and those at risk of needing a nursing home
- Encourages CMS to allow operational flexibilities that support adaptation of the PACE model for new populations and promote PACE growth, efficiency and innovation

ONE POTENTIAL TARGET POPULATION

- Medicare-Medicaid Enrollees 21+ with nursing home level of care
- Physical disabilities that impair mobility
- Maximizing community integration by modifying the PACE Center
- Applying concepts from HCBS rule
- Self-directed care

ADDITIONAL POTENTIAL POPULATIONS

- Individuals Age 21+ with intellectual and developmental disabilities
- Severe and persistent mental illness
- Substance use disorders
- End stage renal disease
- Elderly Medicare beneficiaries at risk for nursing home care

SUPPORTED LIVING FOR DD CONSUMERS: NEW MODELS TO ASSIST IN DEVELOPMENTAL CENTER CLOSURES

- Crisis Residential Homes (3 month transition post-crisis in community living)
- Enhanced Behavioral Therapeutic Community Living



Q&A Discussion

Use the “Raise Your Hand” Feature

OR

Type “I Have a Question” in Chat Box

UPDATE: NEW WORKGROUP WITH ASSEMBLY AGING AND LTC COMMITTEE

Laurel Mildred

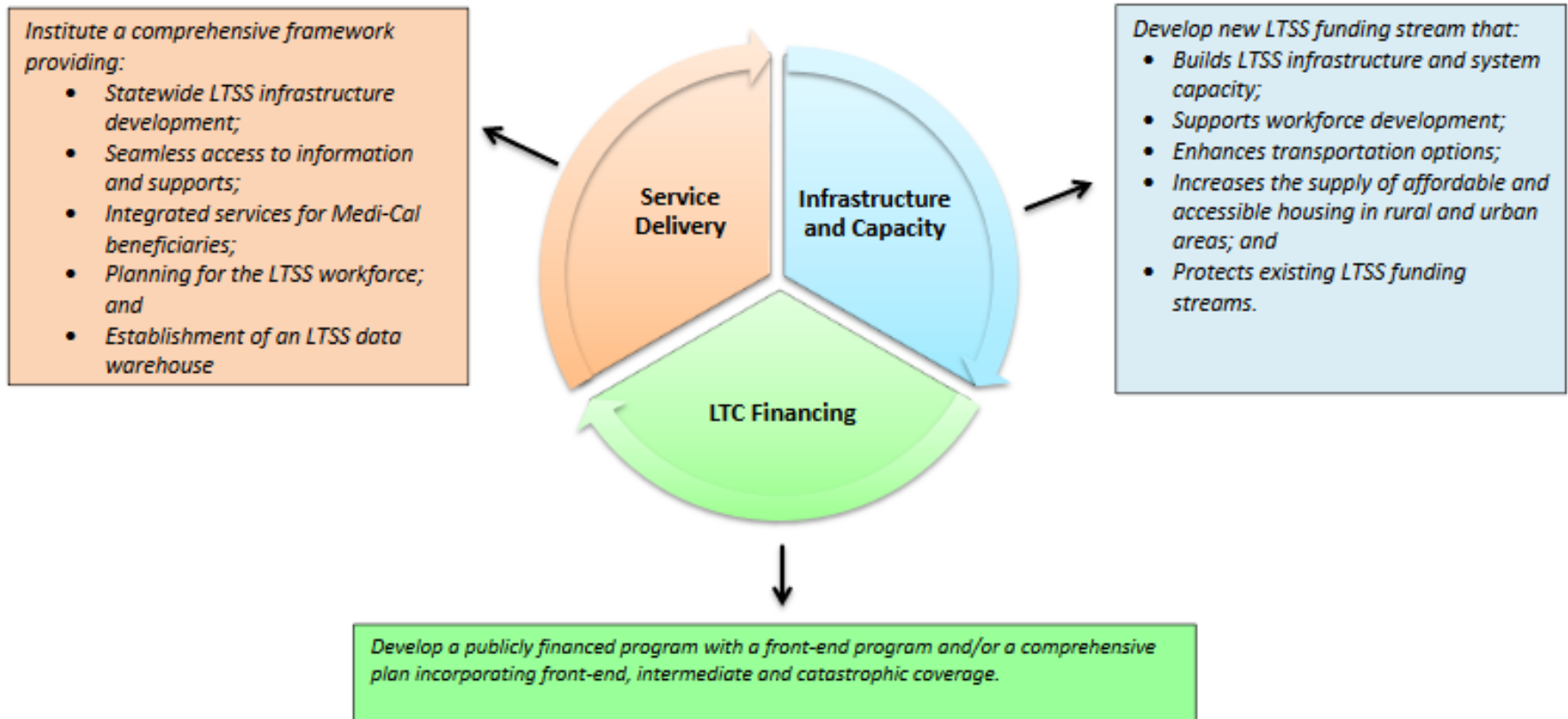
Government Action & Communication Institute (GACI)

laurel.mildred@mildredconsulting.com

System Change Platform: Meeting the Long-Term Care Needs of our Population

Stemming from a surge of growth in the population of older adults and people with disabilities needing services and supports, California confronts a number of challenges with regard to its Long-Term Care service delivery system. A comprehensive policy platform can position the state to meet the needs of this population through a three-pronged solution addressing: 1) infrastructure and capacity, 2) service delivery and 3) LTC financing.

The Three-Pronged Solution:



REPORTS/ UPDATES FROM REGIONAL COALITIONS

Diversability Advocacy Network Chico

Forest Harlan | Forest@actionctr.org

Inland Empire LTSS Coalition

Michael Knight | MKnight@rivco.org

Paul Van Doren | ExecDir@ilcac.org

Placer County Aging and Disability Resource Coalition

Eldon Luce | ELConsult@hotmail.com



Q&A Discussion

Use the “Raise Your Hand” Feature

OR

Type “I Have a Question” in Chat Box

Announcements



CALIFORNIA REGIONAL COALITIONS

Upcoming Meetings (2017)

Please note that we do not have a webinar scheduled for October

October 25 – Advocacy Day (In-Person)

October 26 – The SCAN Foundation Summit (In-Person)

November 2 – Regional Coalitions Webinar

December 7 – Regional Coalitions Webinar

Staffing for CCLTSS is powered by Government Action & Communication Institute (GACI)