LOCAL PLANNING PROCESSES AND THE INTEGRATION OF SERVICES IN LONG-TERM CARE

Frank Motta*

EXECUTIVE SUMMARY

BACKGROUND ON ASSEMBLY BILL 1040

In 1995 California began its statewide effort to develop long-term planning strategies to care for a growing elderly population. With the enactment of AB1040, many counties, including Contra Costa and Santa Clara Counties, undertook the task of planning integration of:

- *Care and service delivery systems* across medical, social, and supportive services.
- *Program administration* within a framework that decreases fragmentation and increases consumer access.
- *Fiscal mechanisms* from public insurance and social service funds for a single source of payment for all services and care delivered.

LOCAL PLANNING FRAMEWORK

In response to AB 1040, Contra Costa County employed an extensive community-based process of developing a broad framework for planning complete systems integration to provide long-term adult care, with the county's HMO emerging in the lead role.

Santa Clara County developed two pilot projects to deliver services directly to a sample population, demonstrating how highly coordinated systems of care would work in practice.

LESSONS

The two counties' planning processes led to common lessons learned regarding integration of systems for adult care in the following areas:

- The important role of local government agencies in collaboration building.
- The importance of client and community input.
- The limitations of state funding and current Medi-Cal and Medicare policy.

RECOMMENDATION

Santa Clara County is recommended to develop administrative and financial aspects of its pilots into a program resembling that of a managed care system, with continued development of its community input process and service delivery models.

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INTRODUCTION

The 2000 Census estimated that close to four million of California's population was aged 65 or older, with that number projected to double within the next 20 years and triple within 50 years. The greatest projected growth is anticipated among those aged 85 or older, which will grow over 200% within 40 years. This tremendous growth among the nation's elderly will drive many public policy decisions, specifically those designed to support and care for aging adults living independently in their homes and communities.

In California, the needs of aging adults have been addressed through a number of community-based programs and interventions. These initiatives are primarily characterized through provision of personal care, nursing, and nutrition in the community setting. These efforts are referred to as "aging-in-place" or "home-based" programs, where the elder is cared for and supported in a familiar setting using family, social networks, and community resources to maximize health, well-being, and independence.

While these initiatives have been very successful in delaying or preventing nursing home care for many Californians, they are limited in their scope, have escalating costs, and are unable to meet every need of the aging population. Programs are implemented piecemeal, providing a well-defined service, but creating their own discrete systems of financing, rules, and regulations. Coordination is difficult between these programs, and access can be confusing as well as limited to the consumer.

From this fragmented and uncoordinated system of care, the concept of "long-term care integration" emerges as a way of organizing resources, medical care, and social service strategies into a comprehensive system to meet the needs of aging or disabled adults. The goals of long-term care integration are to enable the individual to live at the highest level of independence, avoid long-term nursing home or other institutional care, and create a flexible consumer-focused system of care. This case study will analyze the elements of long-term care planning in Contra Costa County and how these strategies that may advance Santa Clara County's efforts.

ASSEMBLY BILL 1040

In 1995 the California legislature enacted AB1040 (Bates), the first major piece of long-term care integration policy for the state. AB1040 was born out of a need for the state to begin long-term care planning as an integrated system, and would provide a cost-effective and consumer-focused approach to serving Medi-Cal beneficiaries. The legislation established an Office of Long-Term Care within the Department of Health Services to initiate the Long-Term Care Pilot program that included:

- A continuum of medical, social, and supportive services to foster independence and individual dignity;
- A self-directed consumer approach;
- Evaluation and testing a variety of long-term care integration models throughout the state; and
- A broad menu of coordinated services provided without additional cost.

Under the legislation, $50,000 a year for up to three years was available to counties for preparing long-term care integration plans. Counties successful in developing state-approved plans would have the opportunity to apply for a $150,000 grant to finance implementation. The state planned to use the strategies designed by the counties to develop a statewide long-term care plan. Of the 13 counties receiving a planning grant in 1998, the program's first year, both Santa Clara and Contra Costa Counties were recipients.

OLMSTEAD DECISION

The release of AB1040 planning grants came at an important time as national policy on long-term care was being defined by the U.S. Supreme Court's ruling in *Olmstead v. L.C.* The 1999 *Olmstead* decision required that every state must provide community-based care to disabled adults who would otherwise be institutionalized. From a legal perspective, Olmstead formalized the focus of long-term care policy as a community-based and consumer-driven activity.

STATEWIDE INTEGRATED CARE

At the time of the *Olmstead* decision, California's existing PACE and MSSP programs were model efforts that met the *Olmstead* threshold of community-based long-term care. The two programs are designed for elders who are eligible for nursing home care, yet can live in the community with adequate and appropriate at-home and community-based services. These programs are designed as follows:

Programs of All Inclusive Care for the Elderly (PACE)

A national program of intensive adult day health program to adults aged 55 and over, providing a continuum of medical, social, and long-term care services. PACE programs are in San Francisco, Sacramento, Los Angeles, and Alameda Counties. The programs are under direct contract with the state, and receive a blended source of Medicare and Medi-Cal funding at a fixed rate to cover all aspects of care.

Multipurpose Senior Services Program (MSSP)

MSSP is a statewide program for Medi-Cal adults aged 65 and over, providing adult day care, housing and personal care assistance, protective supervision, care management, respite, transportation, meal, and other supportive services. MSSP has 41 sites statewide, with locations in Santa Clara and Contra Costa Counties, with limited enrollment.

Another strategy employed to advance long-term care integration in the mid-1990's was to encourage development of social health maintenance organizations (S/HMO). S/HMO's were designed to provide for the medical, social, and other supportive services within a managed health care system funded at a capitated rate for all aspects of care. Despite the success of SCAN in San Diego County, which had been successful in using Medicare funding in designing this model, waivers needed for funding S/HMOs statewide did not materialize.

CONTRA COSTA COUNTY PLANNING FRAMEWORK

In 1996 the Contra Costa Advisory Council on Aging began discussions on alternatives to the then

existing system of long-term care. From these discussions, a group of community members representing seniors and disabled adults formed an advisory committee on long-term care. The advisory committee worked closely with the county's Employment and Human Services Department (EHSD) providing staff and consulting resources.

Three years later, the advisory committee released its report *A Seamless System with Consumer Choice* that, with the support of EHSD and HSD, was adopted by the Contra Costa County Board of Supervisors. The report's adoption created a Long-term Care Integration Pilot Project Task Force (LTCIPP) that would be responsible for continued development of long-term care strategies using an AB1040 planning grant.

The LTCIPP was formed with 24 members, including consumers, advocates, nonprofit, and county staff. LTCIPP began engaging the community through education, dialogue, and input. Meetings, focus groups, workshops and in-service training was conducted to increase community knowledge and engagement. Six design teams were formed to research and develop recommendations in the areas consumer input, services, transportation, housing, service delivery, and finance.

In 2000 the results of the first year's planning were presented at a Long-term Care Integration Summit, where over 100 community participants discussed significant findings. The Summit set the direction for the second year of planning which was to develop the framework for implementation of long-term care integration.

The framework that LTCIPP develop in its second year of AB1040 planning with continued community input contained the following components:

- *Mission, Vision, and Values:* Grounding the effort in the principles that would, "...provide a Seamless System of Long-Term Care with Consumer Choice..."
- *Implementation strategy:* Organizing all care and service components under a managed care system incrementally.
- *Eligibility:* Identifying those who would be served.
- *Organizational model:* Establishing the means of system governance and operations.
- *Services delivery:* Planning the menu of services, their coordination, and client options.
- *Finance:* Structuring funding, the resources to be used, and the mechanism for payment.

With this framework in place, the LTCIPP used its third year of planning with AB1040 funding to prepare and submit a plan to the state to begin implementation of long-term care integration. Community participation remained high, as the Task Force detailed the framework with roles and responsibilities of county agencies and non-profit partners. Existing county programs, such as MSSP, were evaluated for their tie in with the overall strategy and goals.

CONTRA COSTA COUNTY IMPLEMENTATION

In 2003 Contra Costa County received an AB1040 development award of $150,000 to develop an Administrative Action Plan that would lead to long-term care integration.

Because the Office of Long-Term Care determined that all grantees needed to have a relationship with a managed care organization, the Contra Costa Health Plan (CCHP), a division of the Health Services Department, became the lead agency for

the application. The essential partnership between EHSD and HSD remained central to the planning and development activities. The implementation plan outlined a 3-year process of how social and medical care would be united under a single, fully integrated managed care system.

Contra Costa County's implementation plan is comprehensive in meeting the requirements of AB1040 legislation:

- *Administrative planning:* Detailing the scope of system and program integration, project governance, need for federal waivers and state regulatory change.
- *Service delivery planning:* Evaluating the system of medical, social, and supportive services to be integrated, from all aspects of intake through service delivery.
- *Finance planning:* Proposing the use of existing Medi-Cal funding, with carve-outs for the developmentally disabled population, mental health services, and the Medicare eligible population.

Development of a pilot to serve 100 people is underway. LTCIPP has started to evaluate specific models to be adapted to deliver all medical, social, and supportive service aspects within a managed care model for this pilot. Research is being completed on the capitated payment rate needed to fund the system.

While continued funding for the AB1040 development grants remains uncertain for next year, Contra Costa County will continue at a local level with the involvement of its highly invested community and public agency partners to address these issues.

SANTA CLARA COUNTY PLANNING FRAMEWORK

In 1998, with an AB1040 planning grant, Santa Clara County began its "Silicon Valley Long Term Care Project" (SVLTCP) to plan for providing residents with a broad continuum of medical, social, and supportive services.

SVLTCP was initiated by a four agency collaborative partnership: the Santa Clara County Department of Aging and Adult Services (DAAS), the Santa Clara Valley Health and Hospital System (SCVHHS), the Silicon Valley Council on Aging (COA), and On Lok Senior Health Services.

For two years, the SVLTCP developed local long-term care integration strategies, using COA's Advisory Board - consisting of consumers, medical providers, advocates, social support providers, and civic bodies - to provide consumer and community input in the process.

The guiding vision of the SVLTCP is to develop a broad continuum of medical, social, and support services for vulnerable elders in promoting self-sufficiency and quality of life. The project promoted this vision through three major programmatic goals prioritized as:

1. *Development of an integrated care management system:* To design a system for collaboratively delivering and managing medical, social, and supportive services under a highly coordinated system of care.

2. *Development of a web-based information technology:* To test a system that provides a centralized system for information sharing, communication,

fiscal management, and greater coordination of services.

3. *Examination of long-term care strategies beyond the AB1040 population:* To evaluate the needs and strategies of elders and adults who are eligible for both eligible Medi-Cal and Medicare, or Medicare only, and have the greatest long-term needs.

The development of these goals led to major decisions about how long-term integration planning would proceed in Santa Clara County. The partnership would move forward in implementing two pilot projects. The partnership would not pursue AB1040 funding, and would seek other state and foundation grant opportunities to fund its efforts.

SANTA CLARA COUNTY PILOT PROJECTS

Lenzen Garden

In early 2001, a pilot project began at Lenzen Gardens, a 94-unit apartment complex developed and managed by the Housing Authority of Santa Clara County. Lenzen Gardens houses approximately 110 seniors, elders, and disabled adults. The site was selected because of its size, age of tenants - 60 to 90 years, and the ethnic and language diversity they represented. Many of the residents at the site were experiencing isolation, not having transportation and nutrition needs met, and using emergency services and hospital visits inappropriately for less than beneficial health-outcomes.

A core team from six public and private agencies staffs the Lenzen Garden pilot. The county departments of Aging and Adult Services, Public Health, and Mental Health, along with the Housing Authority, the County Council on Aging, and the City of San Jose Office on Aging form the core team. AB1040 planning grant funds, along with partner in-kind and cash contributions, support the effort.

Public health nurses, social workers, public health educators, and adult protective service staff constitute key personnel on the core team. Other staff from senior nutrition programs and In-Home Support Services (IHSS) provides services to tenants and practical support to the team. The team meets weekly, sharing observations and exchanging information. Team members refer tenants to services provided by other team members, consulting with each other, and jointly managing cases.

An in-depth assessment of tenant needs was the means of planning services at Lenzen Gardens. A menu of activities, services, and approaches were designed to meet tenant needs and wants. For consumer input and client-centered evaluation, a resident Advisory Council was established.

Services, such as in-home visits, community-building activities and education classes, were started as key services. Coordination of nutrition, transportation, doctor's visits and other services were introduced. Within six months of beginning services, the number of tenants reporting feelings of isolation was reduced along with increased use of services and medical care resulting in positive health and well-being outcomes.

After a year of providing this highly coordinated care approach, tenant utilization of non-medically necessary emergency room visits decreased 100%

while medically necessary emergency room visits were reduced by 65%.

The team continues to provide services at Lenzen Gardens. The model is currently being further evaluated as a best practice with plans to expand it to other housing sites.

At-Home Frail Elderly Project

Begun in 2002, the At-Home Frail Elderly Project is another integrated care management pilot. This project focuses on frail elders who are at-risk of initial, repeated, or ongoing hospitalization. The goal of the project is to avoid hospitalization, and provide support in community-based wellness. SCVHHS and DAAS are the lead agencies in this project with the following three key components:

- *Pre-admission/Prevention services:* A team of medical and social service providers provides education and outreach to the individual who is at-risk of hospitalization, providing regular in-home visits, geriatric assessments, care planning, and linkage to direct practical support.
- *Hospital enhanced discharge planning:* Social service and hospital discharge staff work collaboratively to design a discharge plan for community re-engagement, primary care follow-up, transportation, nutrition, and other services to realize maximum independent community-based living.
- *Recovery/Post-hospital discharge planning:* Social services provide in-home visits, personal care options, nutrition, and other services necessary to continue recovery and maintenance of health and well-being.

The At-Home Frail Elderly pilot is currently under evaluation to assess its outcomes in reducing hospitalization and increasing client well-being, especially among its dual Medi-Cal/Medicare eligible population.

Continued Pilot and Planning Development

SVLTCP is currently developing two pilots that focus on the partnership's goals to develop a technology-based system of care management and to assess other strategies for elder care within the county. These two pilots under development are:

Web-enabled Case Management System: Santa Clara County in partnership with four other counties successfully applied to the California Department on Aging for a challenge grant to demonstrate a pilot in the use of technology in assessing elder needs. This demonstration pilot showed how data could migrate between different assessment tools in a safe, private, and effective way, enrolling an elder into multiple social service programs from a single initial assessment. The county's Council on Aging also participated in a pilot that linked the local agency to the state's Health and Human Services Data Center to transfer data and information on a variety of programs and user demographics.

These technology-based pilots, while being tested initially at the local level, are yet to be implemented. Technological and information-sharing protocol issues as well as lack of funding have presented significant barriers. SVLTCP continues to evaluate these demonstration pilots while identifying a viable funding source.

Center for Geriatric Excellence: SVLTCP is currently seeking funding to staff an effort to examine successful programs, services, and strategies that would serve a broad range of the county's elderly poor. A focus of the Center would be to examine

strategies of using Medi-Cal and Medicare funding to implement the strategies that would meet the county's elderly population's needs.

COMMON LESSONS

The different approaches that Contra Costa and Santa Clara Counties used in developing long-term care integration plans have yielded some common lessons:

Planning integration is a monumental undertaking, requiring high-level and broad collaboration. The dedication of county, nonprofit, and community leadership is vital to this planning process, whether in developing broad countywide frameworks of systems integration or establishing pilot projects. Highly organized and structured participation at all levels of county agencies from line-staff to agency directors is vital.

Consumer/Client and Community Input is an important resource to the process. Developing strategies and services that are also desirable to the consumer, their families, and the communities where they live depends on successful community input. The widespread support of both counties' efforts pivots on their ability to offer consumer choice and provide supportive and non-disruptive interventions.

Systemic barriers exist that inhibit integration of medical and social services into a highly coordinated or single-system model. Existing medical and social service systems of care in California are very distinct systems with little fiscal, quality of care, and regulatory overlap. While both counties have examined or employed models that work to coordinate care delivery on an operational level, the degree that they will be able to be fully integrated will depend on State action to allow integration under a single administrative or financing mechanism.

AB1040 has a limited scope in defining its effort to Medi-Cal enrollees only. Publicly financed long-term care integration will be limited without consideration of the role of Medicare and other private health insurance policies.

State-level coordination and oversight needs to be further developed. The state needs to begin work in creating a flexible or "blended" source of social service and medical care funding, as well as examining integration of state departmental roles beyond the current activities to coordinate these roles.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Given the scope of the framework designed by Contra Costa County, and the common lessons from both counties, it is recommended that the SVLTCP continue its current efforts in addition to:

Developing capacity to deliver services under a managed health care model. The policies of the state's Long-Term Care Office and federal Medicaid and Medicare waiver programs have required that long-term care integration be delivered under a managed care model. Permanent public financing for the expansion of the county's pilot programs is likely to be dependent on its ability to have a single entity manage payment and costs for all aspects of long-term care integration following a managed health care model's finance structure.

Continuing to build a larger framework for countywide implementation. Administrative and financing aspects of long-term care implementation need to

be developed beyond discrete pilot projects. The scope of community input and participation should be expanded beyond into a larger task-focused role to help identify resources and inform the planning process.

Expanding and formalizing the integrated care mode, to resemble a social-medical care network. While the current pilot projects demonstrate effectiveness in coordinating medical and social services, team expansion to include a physician/primary care component will greatly strengthen the comprehensive nature of the integration. Formalizing the partnership and operational agreements to more closely resemble that of a social-health maintenance organization may yield funding opportunities, while testing state policy of delivering medical and social services under a managed care model.

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