

Care Coordination Pilot Project: A Collaboration of the Contra Costa County Aging & Adult Services Bureau and the Contra Costa Health Plan

SANDY SKEZAS

EXECUTIVE SUMMARY

*If you can, help others;
If you cannot, at least
do not harm them.*

—His Holiness the Dalai Lama

With change afoot and a history of innovation on its side, Contra Costa County Aging & Adult Services Bureau responded to the adoption of the state's Coordinated Care Initiative (CCI) with a pilot project. Along with the Contra Costa County Health Plan (CCHP), these two agencies began working together to support their most vulnerable mutual clients.

This paper evaluates the Contra Costa County Care Team Pilot Project initiated in September 2012. Following the path Contra Costa County is blazing, the County of Santa Cruz could implement several recommendations, including initiating coordination meetings with our local managed care nonprofit, the Central California Alliance for Health (the Alliance); mining the new CMIPSH program for appropriate data to assist in program management; and participating at the state level as CCI is implemented.

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Introduction

This paper is the outcome of an evaluation of the Care Team Pilot Project, a joint endeavor of the Contra Costa Health Plan (CCHP) and In-Home Support Services (IHSS) of the Contra Costa County Aging & Adult Services Bureau. This unprecedented collaboration is a result of the anticipated implementation of the Coordinated Care Initiative (CCI), a statewide plan to enroll all dually eligible (Medi-Cal and Medicare) recipients into a local managed health care plan. The goal of the Care Team is to coordinate services that can lead to better health care outcomes for their mutual clients.

Almost two million seniors and persons with disabilities (SPDs) are enrolled in Medi-Cal, the state-federal program providing medical care and long-term services and supports (LTSS) to low-income people. The majority of SPDs are also eligible for Medicare, the federal program that provides medical services to persons over the age of 65 and qualifying persons with disabilities. Those participants who are eligible for both Medi-Cal and Medicare are known as “dual eligible,” and may receive paid services by both programs.

In June 2012, the California State Legislature authorized the Coordinated Care Act as a pilot project for eight counties statewide to integrate both Medi-Cal and Medicare benefits and LTSS, including the In-Home Supportive Services (IHSS) program that provides in-home care and related domestic services for many SPDs under managed care for dual eligible and Medi-Cal only SPDs.

Historically in IHSS, approximately 50% of costs were covered by the federal government, 32.5% by the state, and 17.5% by the counties. Chapter 45 (SB 1036) changes this standard to replace the county’s 17.5% share with the requirement that they maintain their 2011-12 expenditure level beginning 2012-13, to be adjusted annually for inflation as soon as 2014-15. Increases to the non-federal share of IHSS costs above the county IHSS Maintenance of Effort (MOE) become the burden of the state’s General Fund.

In addition, statewide collective bargaining will transfer from the county level to a state entity known as the California IHSS Authority or State-wide Authority. This new authority will assume bargaining responsibility once the eight demonstration counties have successfully enrolled all dual eligible clients into participating managed care programs. Finally, a stakeholder workgroup is tasked with the creation of a universal assessment tool for IHSS, Multipurpose Senior Services Program (MSSP), and Community-Based Adult Services (CBAS). The expectation is that the workgroup will utilize existing assessment tools to develop a single shared instrument.

Current Policy:

On March 27th, 2013, the California Welfare Directors Association (CWDA) announced that the Department of Health Care Services (DHCS) and the federal Centers for Medicare and Medicaid Services (CMS) signed a Duals Demonstration Memorandum of Understanding (MOU) to integrate care for dual

eligible beneficiaries as a component of California's Coordinate Care Initiative (CCI).

The launch of the MOU signified an effort to integrate California's fragmented service delivery systems, which will now be called Cal MediConnect. This effort demonstrates a commitment to providing high quality integrated care to participants. The goal is to evaluate how patient-centered coordinated care delivery can improve participants' health and quality of life while minimizing system fragmentation and inefficiencies. Through the Cal MediConnect program, eligible participants have the opportunity to combine their Medicare and Medi-Cal benefits into a single health plan with the goal of more coordinated and accountable health care. Enrollment begins as early as October 2013.

The authors of the MOU acknowledged the involvement of both internal and external stakeholders and a commitment to on-going evaluation. The health plans are expected to gather ongoing feedback per program operations, benefits, access to services, and adequacy of grievance processes. Next steps include conducting readiness reviews of the selected health plans; finalizing capitation rates; creating three-way contracts between the health plans; and the continuing development of operational systems needed for enrollment, monitoring, and evaluation by CMS and DHCS.

Challenges to the integration of IHSS into the managed care system include ownership and responsibility. Details still to be determined include who will have the authority to increase or reduce IHSS authorized hours. Discussions include who has the expertise to evaluate and who has the authority to determine level of utilization of services.

Contra Costa County

The Contra Costa Health Plan applied for Contra Costa County to be a CCI pilot county with the state but was not chosen. To qualify, a county must have two choices of health care for clients. Blue Cross, the second choice in Contra Costa County, did not want to participate in the pilot.

In response, the CEO of the Contra Costa Health Plan and the Director of Contra Costa County Aging & Adult Services Bureau decided to move forward with their own innovative plan in preparation for the implementation of the CCI. After multiple meetings to work out details, the coordination between the Contra Costa County Aging & Adult Services Bureau In-Home Supportive Services (IHSS) and the Contra Costa Health Plan (CCHP) began in September 2012 when the Care Team Pilot Project was launched.

The Pilot Project

The Care Team Pilot Project is a multidisciplinary approach to care coordination for clients who are enrolled in the Contra Costa Health Plan and also receive In-Home Supportive Services. Because of a commitment to the pilot at the highest level of management, they are breaking down old silos, building on new collaborations and expect this intervention to be sustainable in the future.

The Care Team Pilot Project aims to strengthen the partnership between IHSS social workers and CCHP case managers, thus increasing the probability for "high-risk" clients to remain safely in their home as long as possible; better serve clients who require a high level of care through case discussion and enhanced service coordination; and begin preparing for the state's Care Coordination Initiative (CCI) legislation scheduled to roll out in the next 2-3 years.

In addition to better care for clients, it is anticipated that cost savings from a reduction in hospital/emergency room visits and the prevention of any premature and unnecessary placements in nursing homes or institutions may also result from the partnership. It is a goal of the Care Team to track this data as part of their project and to meet quarterly to evaluate the results. As it is early in the pilot, with just three meetings held thus far, the Care Team is currently creating appropriate measurables to determine outcomes. One consideration is to administer a satisfaction survey to those mutual clients addressed during the monthly meeting in the pilot period.

Another is to evaluate the client's doctor visit and hospital records pre- and post-intervention of the Care Team.

The Care Team is comprised of an IHSS program analyst, IHSS supervisors and social workers, the CCHP Director of Case Management, case managers and a public health nurse.

- 90-minute Care Team meetings are held monthly, rotating among districts (East, Central and West County).
- Cases for discussion are selected prior to each meeting.
- Discussion during the Care Team meeting primarily focuses on the needs of the client, how they can be met, and what else can or needs to be done for the client. There are additional stakeholders that should also be brought into the discussion.
- Sharing of community-based and/or internal resources, and pertinent information.
- Minutes from each meeting will be generated and disseminated to the appropriate Care Team members after each meeting. Next steps are reviewed.

Because the Care Team works with the highest acuity and highest risk mutual clients, the team anticipates providing better care with greater efficiency for all participants. A coordinated approach may therefore have a positive impact on IHSS fraud due to not disclosing hospitalizations.

Contra Costa County demonstrates repeated interest in innovative and dynamic initiatives toward streamlining and creating greater services for their clients. For example, Contra Costa County created a Safety Net Innovation Network that links leaders in the areas of safety, shelter, and food to find new ways to address immediate needs and develop foundational solutions that may ultimately reduce overall need for these services. The Care Team Pilot Project is another example of Contra Costa County's interest in getting ahead of the curve in anticipation of pending legislation.

When the pilot was originally discussed, there was some anxiety expressed about venturing into the unknown. One concern was that IHSS services and staff would be absorbed into the CCHP and would be expected to follow a medical instead of a social model. However, once CCHP and IHSS staff saw the benefit in conducting case conferences, the anxiety subsided. After the successful meeting rotation among all districts in the county—East, West, and Central—the pilot was considered a success and has been implemented on a permanent basis. It was reported that coordination between staff of IHSS and the CCHP extends beyond the monthly meeting. For example, CCHP will notify IHSS when an IHSS participant is hospitalized. This allows IHSS social workers to follow up with its consumers to ensure continuity of care.

Although it is an excellent opportunity to evaluate this pilot as all counties face the integration of CCI in the next few years, it is still very early in its process to collect quantitative data. Qualitatively, all Care Team members report excellent outcomes from their first three meetings, including greater care coordination and improved communication between the two entities that appears to have resulted in better outcomes for their collective clients.

The Future of IHSS

Contra Costa County Aging & Adult Services Bureau management believes it is important for county social services departments to be consciously considering the implications of integrating the medical and social models of care under a care coordination approach. Under managed (coordinated) care, the assigned health plan will likely be responsible for the care of a recipient and may be in a position to negotiate with private companies competing for the opportunity to carry out the duties currently completed by IHSS social workers. Because it is yet undecided what entity will ultimately be the leader of the coordinated care initiative, the Aging & Adult Services Bureau plans to be prepared to go to the table with a competitive, quality service offering and demonstrate that its team has the experience and

the skills to handle the social services element better than any competitive option. The challenge might be to demonstrate that the established social model is the most efficient and cost effective way to assess, coordinate, and provide the client's LTSS, home- and community-based needs.

To accomplish this task, suggestions include "rebalancing" the IHSS program to demonstrate evidence-based fiscal and social responsibility. This process is a twofold endeavor.

- First, county IHSS programs would engage in facilitated discussions with staff that focused on the importance of accurate determination of authorized hours. These discussions could result in the creation of a tool to track the need for a timely automatic reevaluation of client needs when their immediate issue stabilizes. For example, when a medical intervention succeeds and the recipient no longer needs the higher level of care, the authorized hours would be adjusted in real time, rather than waiting for the annually scheduled reassessment. In support of this approach, there would be initial and then ongoing staff training regarding the implications and consequences of assessing hours accurately. The connection would be made between local IHSS decision making and the global fiscal impact to the IHSS budget on a state level.
- Second, IHSS would work with the assigned health plan's medical professionals about the IHSS program—in particular, its time per task basis and how the authorization process affects cost containment.

Implications for the County of Santa Cruz: Compare/Contrast

Contra Costa County is unique as the county hospital, IHSS, and Health Plan all fall within the county organizational structure. This is a primary difference between Contra Costa County and the County of Santa Cruz, and one that most counties will likely need to address as they implement CCI. Of particular importance, the configuration of Contra Costa

County appears to allow sharing of data while meeting its mandate of confidentiality.

Recommendations for the County of Santa Cruz

- Navigate communication between all involved parties with the intention of initiating ongoing planning meetings with the local managed care plan, Central California Alliance for Health ("Alliance"). This course of action could result in an efficient and streamlined process of integrating the expectations of the CCI and the creation and adoption of an MOU that outlines the sharing of information to support the coordination of care.
- Utilize CMIPSH reports for data collection and analysis. IHSS continues to work with analysts on the Prevention and Evaluation team toward refining dashboards to identify relevant indicators to collect appropriate data.
- Evaluate appropriate staffing levels and job classifications. MOE funding provides an opportunity to flesh out the needs of the team and hire appropriately, carefully considering best practice and the utilization of public health nurses and social workers.
- Attend and participate at state level meetings. As the CCI continues to be implemented, assure that the County of Santa Cruz has a voice in the process, including shaping the universal assessment tool. This can be achieved by participating in CWDA committees such as Long-Term Care Ombudsman Programs.
- The fiscal implications for the majority of the above recommendations are cost neutral. With the implementation of MOE dollars, the anticipated impact to the county General Fund is zero.

Conclusion

The successful launch of the Care Team Pilot Project provided Contra Costa County with a solid step forward into the new world of coordinated care between entities serving the same vulnerable population. Their proactive decision to engage colleagues in advance of the anticipated timeline appears to have

created an avenue to greater services for mutual clients, and closer collaboration in the future. If the County of Santa Cruz finds itself ahead of the curve, especially with the successful timely creation of an MOU, the county is encouraged to take its outcomes to the state level to serve as a model for other counties facing these same challenges.

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References

Care Team Leadership: Caylin Patterson provided the Care Team Pilot Framework referenced within this paper. Example agendas and meeting notes were also provided.

State of CA. Department of Health Care Services Fact Sheet—March 2013: California's Duals Demonstration Memorandum of Understanding (MOU) (www.CalDuals.org)

State of CA. Department of Health Care Services Coordinated Care Initiative Executive Summary February 2013 (www.CalDuals.org)

Legislative Analyst's office (LAO)

The 2013-14 Budget: Coordinated Care Initiative Update February 2013

Department of Health Care Services (DHCS) Program Readiness Report: Coordinated Care Initiative January 2013

CWDA, CSAC, CAPA FAQ: IHSS Coordinated Care Initiative: Transition to Statewide Bargaining and County MOE Frequently Asked Questions October 2012

Website resources

www.CalDuals.org

www.healthcare.gov

www.CalSWEC.berkeley.edu/affordable-care-act

www.lao.ca.gov

www.DHSC.ca.gov

