

COUNTY OF SAN DIEGO
Health and Human Services Agency
Aging & Independence Services

LONG TERM CARE
INTEGRATION PROJECT
Planning Grant Proposal

March 15, 2001

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A. EXECUTIVE SUMMARY

Over the past 21 months, San Diego's Long Term Care Integration Project (LTCIP) has achieved several important milestones. The most important of these include: establishment of a large and representative Local Organizing Group (LOG), locally called the LTCIP Planning Committee; trust and relationship-building within that diverse group; education of the group that has improved knowledge of long term care integration; and, consensus on the mission, guiding principles, and vision for an improved system of care for aged and disabled San Diegans. The goals and objectives of Planning Phase I were successfully completed except for actuarial analysis and identification of a governance structure. Planning Phase II goals and objectives are on schedule for completion pending identification of a service delivery model for LTCIP.

The vision developed by stakeholders in San Diego is one system of health, social, and supportive services with a pool of funds blended from what now are categorical funding streams. The vision includes a single point of entry to that system with risk assessment identifying that individual in immediate need of full assessment, care planning, and service brokerage to maintain his/her highest level of well-being and independence. A single, electronic, case management record for each consumer will insure that is not duplicated, and that all providers for the same individual are using a Care Plan that includes all services, supplies, and equipment.

Initially, the vision is for integration of services and funds for those 21 years and older, eligible to Medi-Cal under "aged and blind/disabled" aide categories (95,000 in 1997). Acute and primary care, home health, nursing facility, In-Home Supportive

Services (IHSS), hospice, Adult Day Health Care (ADHC) will be included services and pooled funds, with case management as a pivotal benefit that assures consumer access and cost effectiveness. The vision is to expand to Medicare for dually eligible individuals, and then to all aged and disabled persons in later phases.

Activities concentrated on educating the stakeholder group (described in Section J), combined with the local desire for an improved system of care, has allowed planning activity in San Diego to move to exploring service delivery models. The Planning Committee reviewed possible options, raised thoughtful questions, agreed to continue proactive coordination now, and reached consensus on first exploring the feasibility of the Healthy San Diego (HSD) model, the local 1915(b) waiver for Medi-Cal managed care for the Temporary Assistance to Needy Families (TANF) program. HSD currently serves over 8,000 aged and disabled individuals on a voluntary basis. Staff and consultants have initiated discussion with the seven HSD Health plans providing service to the TANF population, to explore the feasibility of including the aged, blind, and disabled (ABD) and long term care (LTC) services. If the HSD model is not feasible for the LTCIP population, other options will be explored.

It is this activity, to find the best match in a service delivery model for San Diego's vision, for which this grant application is requesting state support. Planning Phase II resulted in the description of essential elements that stakeholders see as necessary for governance, care management, information technology, and quality assurance. The next planning phase will allow the time needed to identify the best service delivery option, define the most ideal consumer pathway to integrated service through that system, and further define the models for governance, information

technology, quality assurance, and care management required within that system. A Health Plan Workgroup will be organized to assist in these tasks and to involve the health plans currently providing San Diego's Medi-Cal managed care. In initial meetings with these organizations, they have offered to work closely with the LTCIP to look at the feasibility of expanding service to the higher risk ABD population and providing the LTC "wrap-around" services.

Planning Phase III would then lead naturally to San Diego's application for a state grant to develop the infrastructure to implement phased-in, full continuum, at-risk, acute and long term care integration for Fiscal Year 2002-2003. Consumer and provider involvement in this entire feasibility study and development process will continue at the same high level of today. Planning Committee members have identified many important issues which will be addressed during this process.

B. IDENTIFICATION OF THE LOCAL ORGANIZING GROUP

The Board of Supervisors is currently the governing body for the Local Organizing Group, or LOG. The Organization Chart, shown on Page 7, exhibits the structure developed during Planning Phase I for making decisions within the San Diego LTCIP. There are currently over 350 individuals and organizations participating in the process to fully develop the vision and plan for integrating all health, social, and supportive services delivered to San Diegans with long term care (LTC) needs. Members of the LOG, called the Planning Committee, include consumers, providers, and other key LTC stakeholders across the array of services throughout the care continuum. The committee's goal is to ensure a consumer-driven process that addresses all key stakeholder issues, that is truly a grassroots effort to reach consensus on the appropriate system design for San Diego County.

Planning Committee members have volunteered and participated in the research activities of Phase I, and on the five Workgroups (Governance, Information Technology, Finance/Data, Quality Assurance, Case Management) developed in Phase II. Accomplishments of these groups to-date are discussed in Sections D and J. Recommendations from these workgroups for Long Term Care Integration Project (LTCIP) development will be forwarded to the full Planning Committee beginning in March 2001. The Planning Committee will discuss and, based on consensus, forward recommendations to the smaller Advisory Group (described in Section D) for consideration. The Planning Committee approved the composition of the Advisory Group: fifty percent of the 23 members are consumers/consumer representatives. The

membership of the Advisory Group is reflective of the diverse representation of the Planning Committee, and each member has a designated alternate. The Advisory Group has been delegated the authority to determine which recommendations will be presented to Rodger Lum, Ph.D., Director of the Health and Human Services Agency (HHSA) for review and approval prior to final submission to the Board of Supervisors. The Board has already taken a significant leadership role in bringing LTCIP planning to the forefront in San Diego County through its sponsorship of the Aging Summit I held in May 1998. Also, the Board demonstrated its support of the current planning grant activity with a \$10,000 match. On March 20, 2001, the Board will approve the application for the third LTCIP Planning Grant and the 20% match with proof of Board action forwarded as soon as possible to the state Office of Long Term Care (OLTC).

The Project Director for the LTCIP, Pamela B. Smith, Director of Aging & Independence Services (AIS) reports directly to Dr. Lum, Director, HHSA. Evalyn Greb is the LTCIP Project Manager (see following Duty Statements). Other AIS staff participating in the planning process include the Public Administrator/Guardian and staff from the County's "distinct part" nursing facility, IHSS, Ombudsman, Adult Protective Services, Older Americans Act programs, MSSP, Linkages, AIDS case management, and the AIS Communications Manager.

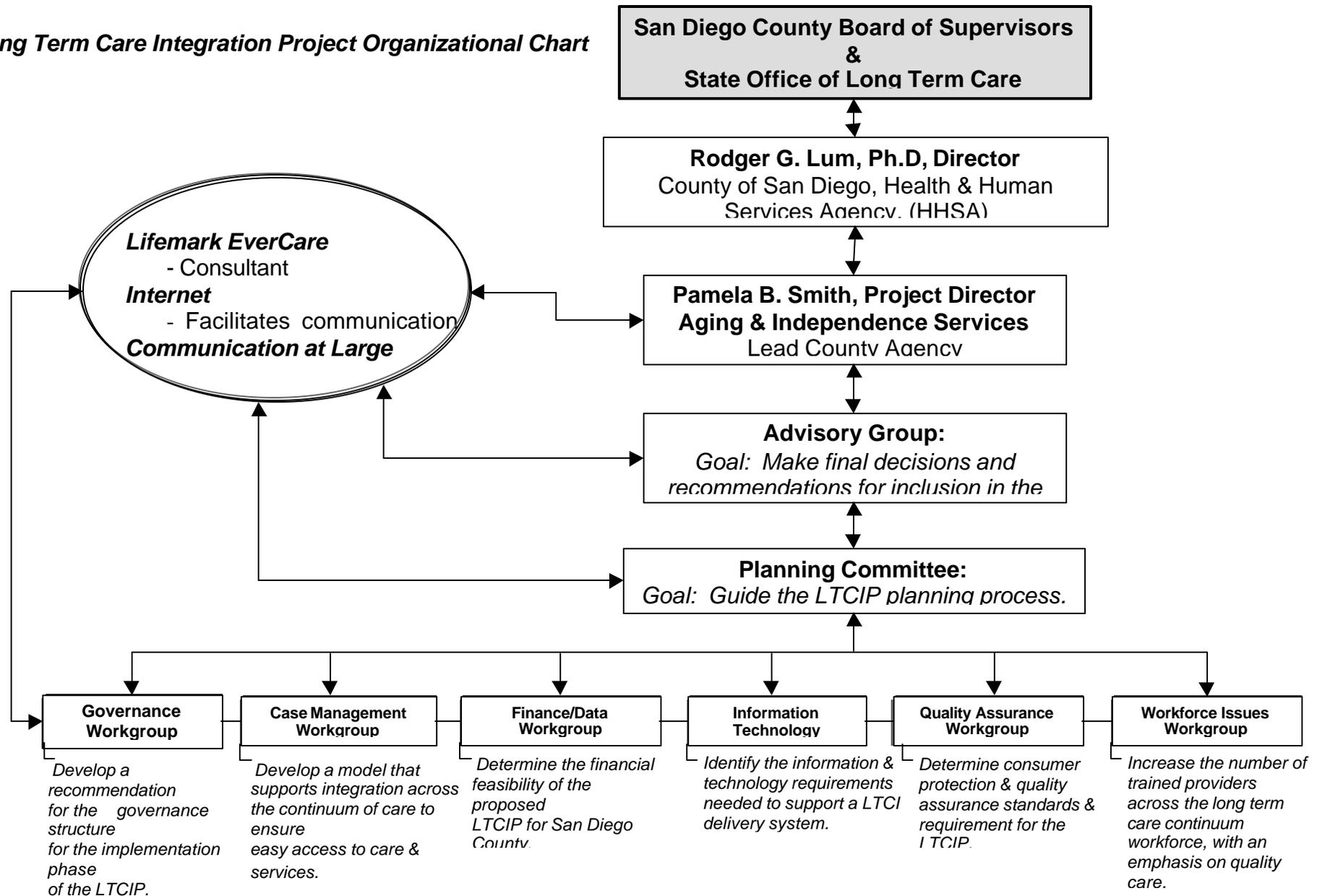
The consultant for the LTCIP, Lifemark EverCare (Lifemark Corporation), has been contracted to accomplish the Scope of Work as defined in the planning grant with the State, both in Phase I and II. Lifemark EverCare and LTCIP staff have developed relationships with key community agencies and advisory committees. There is a monthly update on LTCIP activities presented to the Health Services Advisory Board

(HSAB). Members of the HSAB are appointed by the Board of Supervisors to provide policy recommendations on health issues in the community. Its membership is comprised of leading medical practitioners, health plan representatives, and business leaders. The monthly LTCIP presentation also provides a forum for HSAB members to ask questions and gain an understanding of the scope and importance of the project. Attendance at the Consumer and Professional Advisory Committee for Healthy San Diego has established the LTCIP as a stakeholder in the local health care delivery system for Medi-Cal beneficiaries. Three LTCIP representatives were appointed to this Advisory Committee.

Knowledge of and coordination with the Improving Access to Healthcare (IAH) Project has been of great importance to the LTCIP. IAH is in the sixth year of planning to identify options for expanding health coverage to uninsured populations in the county. Several members of the IAH Project Management Committee (key health stakeholders in the community) also participate on the LTCIP Planning Committee. Since the two projects have similar goals, collaboration provides the opportunity to build upon the synergies. Our goal is one integrated system of care within the community rather than two.

As the designated Area Agency on Aging for the County of San Diego, AIS is at the hub of the expansive network of public and private health and social services for elderly and disabled persons throughout the County. AIS's Mission Statement is *"Aging & Independence Services—The Leader in Advocacy, Information, and Safety, Enhancing Quality of Life and Dignity for Seniors and Persons with Disabilities"*.

Long Term Care Integration Project Organizational Chart



The County of San Diego is a public governmental entity and therefore proof of non-profit status is non-applicable.

BOARD OF SUPERVISORS SUPPORT AND APPROVAL FOR THE LTCIP

A Board Letter has been docketed for the March 20, 2001 meeting of the County of San Diego Board of Supervisors. The language below reflects the current recommendations that the Chief Administrative Officer will be requesting the Board to approve. This language may change during the county process of procuring sign-off by multiple county departments and offices.

- Authorize the Health and Human Services Agency Director to submit an application to the State Department of Health Services for a \$50,000 Long Term Care Integration Pilot Project planning grant and, upon grant award, provide a match of \$10,000.
- Approve and authorize the Clerk of the Board to execute, upon receipt, a revenue agreement in the amount of \$50,000 with the State Department of Health Services for a third Long Term Care Integration Project Planning Grant, with support for the activities outlined in the Scope of Work, for the period July 1, 2001 through June 30, 2002.

The signed Board Letter will be forwarded to the State Office of Long Term Care as soon as possible after Board of Supervisors approval, well before the date of Grant Award.

Project Director - Duty Statement

Pamela B. Smith

Job Summary:

Has ultimate responsibility for the grant project. Serves as liaison with the Director of Health and Human Services Agency and the County Board of Supervisors. The County process provides that department heads enter into revenue agreements on their behalf. Provides leadership and direction on associated policy initiatives.

Primary Duties and Responsibilities:

1. Is authorized to enter into the agreement with the State.
2. Has ultimate responsibility for the grant project.
3. Directs the Project Manager in the planning phase.
4. Key liaison with the Director of Health and Human Services Agency and the County Board of Supervisors.
5. Provides leadership and direction on associated policy initiatives.
6. Responsible for ensuring coordination with other county health care initiatives and programs.
7. Responsible for chairing the LTCIP Advisory Group.
8. Spokesperson for the LTCIP and responsible for community outreach to ensure community commitment and understanding of the LTCIP.

Project Manager - Duty Statement

Evalyn Greb

Job Summary:

Responsible for providing leadership and management of San Diego County's LTCIP. Accountable for outcomes of the LTCIP and assuring the Scope of Work for the State Planning Grant is met. Responsible for ensuring broad and meaningful consumer, provider and key stakeholder involvement and participation in the planning process. Key LTCIP liaison with the State Office of Long Term Care and County of San Diego agency staff.

Primary Duties and Responsibilities:

1. Responsible and accountable for overall and day to day project outcomes.
2. Ensures stakeholder involvement in process is diverse with a fair representation of providers across the service array, and consumers across the continuum of need.
3. Serves as key liaison with State Office of Long Term Care, County of San Diego Health and Human Services Agency, and Planning Committee.
4. Responsible for the Scope of Work goals and objectives being met.
5. Responsible for fiscal and contract oversight, ensuring that contract terms between the State and County and between the County and Contractor are being met.
6. Responsible for the County progress reports to the State.
7. Ensures coordination with other community-managed care initiatives, such as Healthy San Diego, Improving Access to Healthcare, proposed PACE Project, etc.
8. Searches for additional grant funding to enable more complete planning and development of the LTCIP in San Diego.

C. BROAD VISION STATEMENT

The broad vision in San Diego County for LTC integration is to develop a continuum of social, health, and supportive services for all aged and disabled persons. It will be characterized by a single point of entry, an integrated database, pooled funding, an expansion of home and community-based options, and enhanced consumer participation and self-direction. Ultimately, LTC integration must be implemented within the existing managed care environment. Over 160,000 elderly are enrolled in Medicare HMOs, and approximately 140,000 individuals (8,000 voluntary ABD enrollees) participate in the Healthy San Diego Medi-Cal Managed Care program, with seven participating health plans. A user-friendly system of managed care requires careful planning with stakeholder involvement to insure quality of care for consumers and successful participation by health plans. The end goal is an integrated system that serves every aged and disabled person in San Diego, regardless of the individual's source of funding for services. Inclusion of this broad population will allow for the health promotion and self-care education to prevent the onset of disease and to improve overall consumer outcomes over time. Initially, the Medi-Cal funding pool will most likely include IHSS, MSSP, nursing facility, home health, ADHC, hospice, acute and ancillary care services. In the second phase of implementation, Medicare funding will be added to the blended pool with the State's assistance to obtain appropriate waivers. In the third phase of implementation, it is anticipated that private long term care insurance beneficiaries, private pay, and other relevant programs will be added to the Medi-Cal and Medicare funding sources. During phase-in, the system will also serve as a single

point of entry, screening, information and referral resource for all aged and disabled individuals and their caregivers.

The San Diego LTCIP will strive to achieve savings by reducing the current incentive for institutional care both under Medi-Cal (in nursing facilities) and Medicare (in acute care facilities), by managing care across the continuum, and by eliminating duplicate assessments, home visits, care plans, and administrative activities. Savings will be used to expand coverage and add services currently not available, after infrastructure needs are met. Social and supportive services will be provided by contracting health plans/managed care organizations under LTCIP. As these are not services currently provided by health plans, Planning Grant III will focus on capacity- and partnership-building between plans and home and community LTC providers.

San Diego County covers 4,400 square miles. Outside the greater urban area are vast rural expanses with few healthcare and supportive service providers. About a million and a half people live in the greater urban area and another million live in suburbs and rural areas. Of the total, about 350,000 are 65 and older. Multiple ethnic groups are represented, the greatest number in the Hispanic population. Therefore, the development/expansion of provider networks in targeted areas that assure geographic, culturally and linguistically diverse access to services is a primary goal of the LTCIP.

Although there are numerous health and social service organizations in the county, the following unmet needs still exist: 1) accessibility and availability of transportation, adequate rural services, trained caregivers that reflect the population served; 2) access to information on available resources; 3) need for additional home and community-based service options; and 4) provider incentives for participation.

Based on Medi-Cal data analysis for 1997 from the state-sponsored LTC Data Center, for San Diego County, there were 95,890 ABD eligibles and 78,690 users (82%), with total expenditures of \$467,539,856. These numbers represent a 7.3% increase over 1996. Dual eligibles (Medi-Cal/Medicare) represented 60% of total eligibles and 90% of eligibles over the age of 65 years. San Diego LTCIP Finance/Data Workgroup is currently reviewing the data files from the Data Center to formulate recommendations for further study and analysis. As local consensus has recently been reached to explore the Medi-Cal Managed Care Program (Healthy San Diego) serving the (mandatory) TANF population, involved health plans have become interested in the ABD data for their own actuarial analysis. These plans currently serve 8,000 ABD who have voluntarily enrolled.

A community outreach strategy has been implemented to assure broad stakeholder participation, commitment, and to identify deficiencies, gaps, duplication, and inefficiencies in the current system. It also has provided opportunities to improve coordination between service providers while planning for full integration. Participation on the Planning Committee and at all LTCIP meetings is open to all who are interested. The Planning Committee has provided a forum to discuss key issues and to build trust. Education is a critical component of the LTCIP project and enables stakeholders to understand the scope and complexity of the project, which involves a paradigm shift to do things differently rather than just improve coordination between existing programs and services. Education to-date includes a comprehensive Web site, and presentations on national integration models, local health initiatives, programs that will be included in LTCIP, and the impact on providers of major market trends, legislation and regulations.

C. BROAD VISION STATEMENT – SECOND & THIRD YEAR GRANT APPLICANT

Some work has been completed toward refining the target population for San Diego's LTCIP implementation. The Planning Committee vision includes the full range of health and social services for all aged and disabled in San Diego, initially 21 years and older. This decision is based on the fact that information on "other Medi-Cal expenses" (ESPDT for 18 to 21 years olds) is not available from the state at this time, thus the population and all Medi-Cal expenses is unknown. The entire aged and disabled population is desired for several reasons: 1) provides the opportunity for prevention, education, and early intervention to improve outcomes and maintain wellness; 2) provides administrative efficiencies and cost savings at the state and local level which leaves more money for direct client services (e.g. functional eligibility assessment cost is saved); 3) provides enhanced continuity of care due to ability to manage care over time in a single system, rather than creating the potential for intermittent eligibility due to changes in functional status; and 4) makes the county rate setting process and methodology more simplified, less expensive, and timely, by eliminating the need to extract a subset of data so risk-bearing becomes more feasible.

Final decisions regarding programs and services to be included have not been made. Though the Planning Committee has expressed the desire to have a system that eventually includes all health and social services for all aged and disabled, data analysis has not yet been sufficient to determine if this desired goal is financially feasible. Past expenditures for populations with HIV disease, developmental disabilities, and primary mental health diagnoses will be examined to determine if these

populations will be included, and in which phase they will be added to the LTCIP population mix. This feasibility activity has not been funded adequately to-date. San Diego LTCIP Finance/Data Workgroup is defining the questions that need to be answered. It will be the responsibility of staff to procure funding to underwrite data analysis that will protect the Project's sustainability during the rate-setting process and throughout implementation. Once the Planning Committee is presented with all fiscally responsible options, the decision-making process regarding the specified target populations and phase-in will proceed. The challenges/barriers described above have given the Planning Committee experience to employ the guiding principles to most closely match the desired vision with what is fiscally responsible in refining the target population for San Diego's LTCIP.

Over 5000 hours of stakeholder time has been invested since April 1999 in the pursuit of developing the vision and making progress toward implementation of acute and long term care integration in San Diego. The level at which the commitment toward open and honest (and sometimes heated) discussion occurred has been at the Workgroup level. While a more detailed summary of workgroup activity and outcomes is presented in Section J, the relationships established between consumers, health and social service providers, and consumer advocates have advanced the project significantly. The vision is known and has been accepted by all. Progress now must focus on moving toward that vision and getting as close as is feasible to its full realization. To advance toward that vision, the Planning Committee has decided to focus on identifying an appropriate service delivery option, and will look first at the feasibility of using the existing Medi-Cal managed care program (Healthy San Diego) for

the TANF population. Many challenges have been identified during that decision process:

- How will we insure that managed care will provide the desired quality with a high-risk, vulnerable population, AND with a set of services unknown to health plans?
- How will traditional home and community-based providers be insured of a continued role with this population under managed care?
- How will the gap between Medicare and Medi-Cal services, providers, information, and care management be coordinated by managed care?

These items and more brought forward by the membership will be addressed during the study of feasibility regarding the optimum service delivery system for LTCIP in San Diego during the next planning phase. Healthy San Diego (HSD) faced many of the same challenges/barriers during that program's planning phase and has much experience in working with stakeholders to create a unique and successful program to provide quality managed care. Stakeholders involved in that process have been recruited to participate in LTCIP.

C. BROAD VISION STATEMENT – THIRD YEAR GRANT APPLICANT

The process and progress of the Planning Committee activity to-date has brought the San Diego LTCIP to the point where a decision regarding the service delivery system must occur before further progress can be made on specific program elements. While the workgroups have completed excellent work on “best in class” models for quality assurance, care management, and information technology, final and specific recommendations depend on identification of how services will be delivered. The Planning Committee has reached consensus that the first option to study for feasibility should be the local Medi-Cal managed care model, Healthy San Diego (HSD). The rationale for this decision was based on many facts, including:

- The state and HCFA expect current waivers to be explored for LTCIP;
- HSD had stakeholder input into planning and implementation and has a governance body that continues consumer and provider input, which is consistent with the legislation and vision for LTCIP;
- HSD provider input in planning and development resulted in seven local health plans contracting directly with the state after successfully completing a local process to meet designation standards designed by stakeholders;
- Employing the HSD model and its existing infrastructure is one of the few options identified that would allow for the required “budget neutrality”; and
- The healthcare needs of 8,000 (approximately 10% of the total) of San Diego’s aged and disabled Medi-Cal beneficiaries are currently being met by HSD on a voluntary enrollment basis.

This proposal requests funding to complete the feasibility study to recommend the best service delivery option for San Diego's LTCIP. A decision has been made to explore the Healthy San Diego (HSD) model first as an option to implement LTCIP. Current discussions and studies of using the HSD models show that there is compatibility with HSD and LTCIP goals, infrastructure, organization, and process. These include:

- A governance structure that would meet the requirements of AB 1040 and the State OLTC;
- A single point of entry, supported by the County of San Diego IAR (Intake, Assessment, and Referral) system;
- Health Options (enrollment) Counseling at 12 centers throughout the county, with default enrollment at less than 5%;
- All participating health plans actively involved in the Joint Professional and Consumer Advisory Committee (governing body)
- Local oversight provided through vehicles such as the Quality Improvement Sub-Committee, with continuous quality surveys being conducted to improve process;
- Health plan designation process, designed locally, which requires successful completion to be able to negotiate with the state for a full risk contract; and,

If HSD is the selected service delivery system, LTCIP will finalize decisions regarding programs, services, and funds to be included in the integrated funding pool. Assumptions for rate setting with the state will be clarified. Capacity-building with health plans will be necessary to assure that the specific needs of the aged and disabled population will be met. Health plan contract language will be developed for LTCIP that include requirements for risk assessment, care planning and minimum standards for care management. Coordination with Medicare providers will require that Medicare

benefits are utilized before Medi-Cal. Quality Assurance will reflect current industry standards to protect consumers but not increase administrative burden of providers. It is envisioned that the consumer will enter the system with counseling on health plan choice, usually based on his/her current providers. Risk assessment will identify/assign the individual to a level of care management within the health plan by intensity of need. Care planning will include the consumer, family, and caregivers as well as the physician. Services will be authorized/referred across the health and social service continuum and monitored on a prescribed schedule. In-home care will be based on need and fulfill the spirit of the Employer of Record legislation.

The organizational structure implemented under HSD begins with County of San Diego staff working in conjunction with community stakeholders to define the continued vision of the program, to assess the quality of implementation to-date, and the need for improvements. Decisions for change are made at the monthly Joint Consumer and Professional Advisory Committee (governing body) and forwarded to the county administration and/or the state for approval. The state relates to the Joint Committee and refers individual health plan requests back to the Committee. Local health plan contracts are negotiated with the California Medical Assistance Commission. HSD County staff supports the activity of the Joint Committee and sub-committees, provides training to eligibility staff and individuals regarding enrollment options, tracks client and service characteristics, etc. Staff reports to the manager of Strategy and Planning Development, who reports to the Director of the Health and Human Services Agency. These elements of the HSD infrastructure, developed over the last five years, appear to

be consistent with the LTCIP vision for a high quality, constantly improving service delivery system.

D. CURRENT STATUS

Section J describes San Diego's accomplishments under Phase I and II Planning Grants. These accomplishments, combined with a larger array of community activities, demonstrate the depth and breadth of commitment by the community and the County Board of Supervisors toward the development and implementation of the LTCIP.

In May 1998, the Board sponsored San Diego's first Aging Summit. One of the four topic areas was Long Term Care. Issues identified for Board action included the need for improved integration and an expanded array of LTC services, with better communication to the public on the availability of those services. Because of these recommendations, in February 1999, the Board approved the county's application for the first state LTCIP planning grant, doubling the required match to demonstrate the County's commitment to the community and the integration of acute and LTC. The County has funded a full-time Long Term Care Integration Project manager since April 1999, reserving grant funds for contracting with an expert consultant.

With the award of the first planning grant in June 1999, the County developed a competitive Request for Proposal (RFP), and contracted with one of the nation's leading experts in LTC integration, Lifemark EverCare. Lifemark EverCare has administered the LTC Integration program in several of Arizona's rural counties for over ten years. Based on success in those counties, Arizona awarded Lifemark EverCare a new contract last year for Maricopa County, which includes much of Arizona's urban population. Based on Lifemark EverCare's success in Arizona, they were awarded one of the contracts to implement the Texas StarPlus program in Houston, managing the acute and long term care needs of 20,000 TANF and ABD Medicaid eligibles. The

newly published audit of the Texas program states that it has been highly successful. This organization brings a depth of knowledge and experience in managed health care for vulnerable populations that has been and will be essential to the implementation of the LTCIP. Lifemark EverCare's established relationships with Healthy San Diego Health Plans assisted in a smooth transition from envisioning a model to exploring a delivery system.

Since April 1999, monthly LTCIP Planning Committee meetings have been at the hub of activity. Thousands of hours have been dedicated to the planning process by community professionals, consumers, and advocates. Many County of San Diego staff have been actively involved. Regional Health and Human Service Agency Managers have shared their knowledge about the special needs of specific populations across the county. The base level of knowledge regarding acute and long term care integration and existing models has been raised dramatically by presentations from national, state and local experts. These presentations to the Planning Committee included in-depth reviews of a Social Health Maintenance Organization (SHMO), Program for All-Inclusive Care for the Elderly (PACE), Oregon State LTC Program, the Arizona LTC Project, and Texas StarPlus. The state Office of Long Term Care staff presented on California's vision as described in the AB 1040 legislation. Members presented on the current trends and issues influencing local industry, including hospitals, skilled nursing facilities, home health care, and personal care at home. Local initiatives presented on a planned PACE model, a second generation SHMO, Improving Access to Healthcare, and Healthy San Diego as a service delivery model. IHSS and Regional Center for

Developmental Disabilities services and funding were explained to the Committee. Members have been able to learn from the successes and failures of other projects.

Participation by LTCIP staff and the consultant in local advisory groups and working committees on health issues has raised the visibility/awareness of the project in the professional community. Participants from other initiatives have been recruited to the LTCIP planning process and have brought helpful information, experience, and political knowledge to the process. One of the most valuable outcomes of this collaboration has been the appointment of three active LTCIP stakeholders to the HSD Joint Consumer and Professional Advisory Group. Representing AARP, the AIS Advisory Council, the local Independent Living Center, the IHSS Advisory Council, and the skilled nursing facility industry, these three members are also expanding the breadth of knowledge around the Joint Committee table, and raising LTCIP visibility and value!

The LTCIP web site was developed by AIS and is updated on a regular basis. The web site houses all meeting agenda and minutes since Fall 1999 and is a communication tool for LTCIP members and the public. The progress and activity of San Diego's LTCIP is catalogued on this Web site and is recommended to all who call for background information. A Community Outreach Strategy was implemented this last year to educate the community on the existence and progress of the LTCIP and to recruit additional providers, consumers, and advocates for the planning process. This strategy resulted in doubling the average attendance at the monthly Planning Committee meetings.

In Planning Phase I and II, the most activity and forward movement toward the LTCIP vision has occurred in the workgroups. Phase I Workgroups and tasks were:

- **Health Plans:** surveyed existing Medicare and Medi-Cal plans to document experience with aged and disabled population and LTC services;
- **Provider Network:** built matrix of existing LTC providers/databases, assessed gaps;
- **Scope of Services:** surveyed service availability/access, identified unmet needs;
- **Governance:** explored options for a governing body for LTCIP.

A summary of recommendations from these workgroups, forwarded to the Phase II workgroups, can be found in Section J. Phase II Workgroups and tasks include:

- **Finance/Data:** analyze state-provided data to determine programs and services feasible for LTCIP “pool”; recommend payment adjustment method for providers;
- **Quality Assurance:** survey stakeholders to determine current standards/measures and recommend model for LTCIP;
- **Case Management:** survey existing national models, determine stakeholder requirements, recommend model for LTCIP;
- **Information Technology:** to develop functional IT requirements to support integration across the continuum;
- **Workforce Issues (initiated by stakeholders):** to plan incentives for LTCIP workforce, such as a continuum of recruitment, training, retention as “career ladder”;
- **Governance (continued):** to consider options for governing LTCIP.

At this time, final reports and recommendations from Phase II Workgroups are in the process of being drafted. It should be noted, however, that these will all be “semi-final reports”. The workgroups have determined that final recommendations and details will be completed upon the selection of a service delivery system for LTCIP, sometime during Planning Phase III.

Community presentations on San Diego's LTCIP have been made to the Health Services Advisory Board, Healthy San Diego Joint Professional and Consumer Advisory Committee, staff/consultant for the Improving Access to Healthcare Project, Healthy San Diego Health Plans, Disability Rights Advocates, Disability Commission, San Diego State University School of Gerontology, several counties and many other local organizations. The LTCIP staff and consultant are seeking opportunities for funding to augment the state grant for development activities for LTCIP. Key planning grant activities completed include almost all those listed in the second Planning Grant Scope of Work, with the exception of data analysis. In summary, there has been a great deal of education and communication regarding the challenges and opportunities in improving acute and long term care integration in San Diego. Visibility of the issues has been raised on a community basis. The Planning Committee members have committed the time and energy to develop an understanding of local issues and the solutions that other states and programs have developed. Workgroups have researched detail on specific models and made recommendations on what might work best in San Diego. All these activities have led to support for change to improve the system. San Diego is ready to move forward toward full continuum, at-risk integration of medical, social and supportive services.

D. CURRENT STATUS – SECOND & THIRD YEAR GRANT APPLICANT

San Diego's LTCIP is deeply involved and committed to the full continuum of integrated medical, social, and supportive services to aged and disabled persons throughout the county. This community has participated in a grassroots, bottom-up process and clearly stated that a solution for the current fragmentation of acute and long term care services is in the best interest of every stakeholder. The last two years' process and research have enabled stakeholders to become educated on long term care in general. With a common knowledge base, the stakeholders have moved to researching integration options in other states/programs and examining what might be most applicable in San Diego. Common understanding of trends impacting each local industry's ability to survive helped build trust sufficient to encourage forthright and open discussion. This willingness to trust that a statement of an individual's concerns would be respected by all has allowed the project to identify many specific issues that need to be addressed early in the process. Also, new relationships have developed among consumers, and health and social service providers—from the large health system to the small community-based meal program.

All of this process and research has led to the stakeholders' ability to seriously consider four options, as researched and presented by staff and consultants, as possible service delivery models for LTCIP. Stakeholder information accumulated over the last two years has been accompanied by consumers and providers sitting together and gaining understanding and respect for the views and needs of each other. This common understanding of the issues and mutual respect has culminated in the Planning Committee's ability to objectively deliberate the four service delivery model

options and to reach consensus to explore San Diego's existing Medi-Cal managed care program as a possibility for the LTCIP service delivery system. This consensus was developed by a Planning Committee that is highly informed on the problems, opportunities, and challenges of acute and long term care integration from a national and local perspective.

While a multitude of questions need to be answered, issues need to be addressed, and program design needs to be detailed, progress toward our vision is desired by all stakeholders, as confirmed by the vote to move forward and determine a service delivery system best suited for LTCIP.

E. CONSUMER AND PROVIDER INVOLVEMENT

Over 350 consumers and providers receive LTCIP information on activity and progress each month. Average Planning Committee meeting participation has increased to 70-80 individuals due to the outreach strategy implemented to expand participation. These meetings began in April 1999 and have included: LTC education; development of a Mission Statement and Guiding Principles; acceptance of workgroup recommendations; review and consensus regarding prioritizing exploration of service delivery options, etc. The Web site is constantly updated to provide communication with the community at-large, and between members of the Planning Committee.

There is broad and diverse representation and participation by key stakeholders on the Planning Committee. Participants include: hospitals, physicians, nurses, social workers, rehabilitation services, nursing facilities, home health, home care, ADHC, Regional Center, IHSS, hospice, health plans (both Medicare and Medi-Cal managed care), health systems, AIDS programs, deaf and blind service centers, Minority Council on Aging, Dental Society, Faith community, AARP, Caregiver Resource Center, Meals-On-Wheels, Older American Act programs, Consumer Center for Health Education and Advocacy, professional and domestic union representatives, county regional managers, Social Security Administration, public and private mental health programs, community clinics, Veteran's Administration, ACCESS Center for Disabled Services, and many other important community organizations. AIS is the lead LTCIP agency.

Decisions regarding the development of the LTCIP are forwarded from the Workgroups to the Planning Committee. Based on Committee consensus,

recommendations will be forwarded to the Advisory Group. The Advisory Group determines which recommendations to forward to Dr. Lum for review and submission to the Board of Supervisors for final approval. The LTCIP Project Manager leads and facilitates the Planning Committee activity. The Project Manager reports to the AIS and LTCIP Director, who reports to Dr. Lum, Director, Health and Human Services Agency.

The Advisory Group composition was recommended and approved by the larger Planning Committee and includes over 50% consumers and consumer advocates. Members include 12 consumer/consumer advocates: Consumer Center for Health Education and Advocacy, Nursing Home Ombudsman, ACCESS Center for the Disabled, American Association of Retired Persons, Office of Veterans' Affairs, Minority Council on Aging, AIS, Alliance for the Mentally Ill, IHSS Coalition/Committee, People First San Diego (consumers with developmental disabilities), Deaf/Blind Community Centers, and the AIS Advisory Council. There are 11 provider representatives from: the Health Services Advisory Board, California Association of Health Facilities, SANDAN (association of non-profit social service agencies), United Domestic Workers' Union/SEIU, Healthy San Diego, HHSA Regional Manager, Social Security Administration, Home Care Council, CA Association of Health Plans, the Case Management Society of America, and the County Medical Society.

Workgroup meetings have been pivotal in completing the goals and objectives of each planning phase, but accomplish much more than that. It is at the Workgroup level that new relationships develop, and trust is built as providers and consumers alike are encouraged to honestly state their feelings and opinions as the groups struggle for consensus on items of importance. Final Workgroup recommendations represent many

hours of research, discussion, analysis, and decision-making by a group of individuals who provide and who use services across the continuum.

Since February 2001, the Healthy San Diego Health Plans have met bi-weekly with LTCIP staff, consultants, and the Finance/Data Workgroup Chair to explore the feasibility of using the Healthy San Diego model as a service delivery system for acute and long term care integration. Initial feasibility discussions to-date have focussed on health plan expansion of services (to include social and support services), and populations (to include aged and disabled as mandatory enrollees).

E. CONSUMER AND PROVIDER INVOLVEMENT – SECOND & THIRD YEAR

GRANT

San Diego's LTCIP involvement by local community groups, providers and consumers to obtain their input is evidenced by the 20 Planning Committee meetings, and dozens of workgroup meetings posted by agenda and minutes on the web site and available upon request. It was recognized early on that the inclusion of consumers and providers in all decisions moving toward acute and long term care integration would strengthen the process and the product. The decision-making process described above begins at the Planning Committee level, assigns tasks to workgroups consisting of broad stakeholder participation, with consumer agreement being the litmus test for recommendations that represent a true solution to current system problems. This process has strengthened San Diego's grassroots effort as consumers also become aware of the administrative burdens currently enforced upon many providers with little benefit accruing to consumers. Workgroup members have all agreed to examine requirements to be made upon LTCIP service delivery system providers for the value brought to consumers. These Workgroup recommendations are then presented to the broad Planning Committee membership for approval. Because of the greater numbers and experiences represented by this larger group, recommendations may be changed/improved to respond to more issues. Once approved, all recommendations are then forwarded to the Advisory Group, with over 50% consumer/consumer advocate representation, for approval before being forwarded to County of San Diego Health and Human Services Agency (HHS) Director and the Board of Supervisors.

Workgroup recommendations thus far have consisted of Phase I Final Reports and Recommendations, which were approved by the Planning Committee and the Advisory Group. The latter group referred the recommendations to the appropriate workgroup in Planning Phase II for further planning and development. The Advisory Group provided input to the staff and consultants regarding the drafting of the Concept Paper on Options for the LTCIP Service Delivery Model. That document was revised based on input and distributed to over 350 LTCIP stakeholders by mail and presented at a Planning Committee Meeting (December 2000) for discussion and input by the larger group within the next 30 days. Having received feedback from some 20-25 stakeholders, a presentation was held regarding the Concept Paper and identified issues. After honest and open discussion, and identification of additional issues to be addressed through the planning process, consensus was reached by the entire group to proceed with exploring the Healthy San Diego model as an option to implement a service delivery system for LTCIP. Several weeks after that meeting, the Advisory Group met and unanimously ratified that recommendation, which has been forwarded to the HHS Director, and will be forwarded to the Board of Supervisors on March 20, 2001. This process clearly demonstrates the integral involvement of all stakeholders in the LTCIP planning and decision-making process.

F. OVERVIEW OF THE GOALS AND OBJECTIVES

The overall goal of the Long Term Care Integration Project is to develop a plan for an integrated service delivery system for elderly and disabled persons, that provides a continuum of health, social and supportive services; pools associated funding; is consumer driven and responsive; expands access to care; decreases fragmentation and duplication, and improves quality of care and cost effectiveness.

The aim of the third planning phase is to continue to build upon the outcomes achieved in the first two planning phases and to further the development of a plan to integrate acute and long term care services in San Diego County. This section provides a concise overview of what the LOG expects to achieve in the third planning phase relative to long term care integration planning. Upon conclusion of the third planning grant, the LOG should be well positioned to submit a detailed development plan to the Board of Supervisors (BOS) for consideration and approval. Once approved by the BOS, the LOG will be ready to forward the plan to the State OLTC for approval and submit a proposal to the State for a \$150,000 development grant. The development plan shall include the following recommendations for a long term care integration model:

- a governance structure to administer and operate the LTCIP
- target population for LTCI
- services, programs and funding for integration
- delivery system model
- capitation rate methodology for the target population
- data reporting and information technology requirements
- quality assurance program model
- case management and single point of entry model

While much progress has been made toward readiness of these plan elements during Planning Phase II, work is just beginning on exploring options for a service delivery system for LTCIP in San Diego. The proposed goals and objectives of Planning Grant III will focus on the identification of a service delivery system and will be accomplished with input and involvement of all key stakeholder groups through the organizational structure employed in Planning Phase I and II. Once a service delivery model is selected, much work will be needed to build health plan capacity for the target population and for the expanded set of services, i.e. social and supportive services. Recommendations from Planning Phase II Workgroups will require modification and finalization based on the identified service delivery model. This will require reconvening Phase II Workgroups and writing specific language to include in a contract for health plan designation in regards to quality assurance standards and measures, care management minimum requirements, and information and technology minimum requirements and protections. Staff will pursue other funding to finalize feasibility of programs and services to be included within LTCIP. Funding will also be sought for Dr. Kronick's study on payment adjustment based on disability. The Planning Committee will be continued as a regular forum for provider and consumer input and decision-making, and improved collaboration and coordination between providers on an on-going basis. Education and capacity building with small community-based organizations has also been identified by the Planning Committee as an important activity before LTCIP implementation.

In order to develop a long term care integration plan for San Diego County, the following objectives must be achieved in Planning Phase III:

- Within the decision-making structure described above, identify a service delivery system for the Long Term Care Integration Project in San Diego that allows implementation of the community vision as much as possible.
- Define the expected client pathway through the envisioned service delivery system.
- Complete feasibility and payment adjustment studies upon which to base the LTCIP financial decisions regarding programs and services to be included.
- Describe the governance, case management, quality assurance and consumer protections, information and technology support as these items will be implemented within the identified service delivery system.
- Develop a comprehensive development plan for acute and long term care integration that is a compilation of the LOG's outcomes, findings and recommendations to forward to the state in the form of a Development Grant.

F. OVERVIEW OF THE GOALS AND OBJECTIVES – SECOND & THIRD YEAR

GRANT APPLICANT

The goals for Planning Phase II were:

1. Develop and maintain an administrative organizational structure that facilitates on-going participation and involvement of key stakeholder groups in the LTCIP planning process.
2. Increase awareness and understanding of San Diego's LTCIP to insure broad participation of consumers, providers, and key stakeholder groups in the planning process.
3. Select a governance structure to administer San Diego County's LTCIP.
4. Develop a case management model that supports integration across the continuum of care and includes a single point of entry to insure easy access to care and services.
5. Determine the financial feasibility of the proposed LTCIP for San Diego County.
6. Determine consumer protection and quality assurance standards and requirements for the LTCIP.
7. Identify the information and technology requirements needed to support an LTCIP delivery system.

Attention to Goals #1 and #2 early in Planning Phase II resulted in increased stakeholder participation and input by a broader array of consumers and providers during this current planning phase. The recruitment of core workgroup members was a significant move to procure additional local subject experts to provide leadership within the workgroups and the Planning Committee (more detail on workgroup membership in

Section J). Workgroup deliverables for Planning Phase II have already been met for the most part, with two exceptions. One is that the Finance/Data Workgroup did not receive state data files until the end of December 2000, so the key activities for that group are behind schedule. It will also be necessary to find additional funding to assist this workgroup with the feasibility and payment adjustment studies desired by the larger Planning Committee to insure the financial viability of the LTCIP over time. The second exception to completion of Planning Phase II Goals is that all workgroups have produced overall recommendations for essential elements for quality assurance, care management, information and technology, and governance. However, final and specific recommendations are dependent upon selection of a service delivery model, a process which has just started.

Planning Phase III will focus on identifying and developing the service delivery system to most closely match the vision of LTCIP stakeholders. These goals embody the logical progression from the initial process of developing relationships and vision to the current activity of identifying and fleshing out the service delivery system for LTCIP. The investment of the stakeholders to-date will be employed in moving this activity forward through Planning Committee discussions on system development within a selected service delivery system. Planning Phase III goals as listed above will complement and continue the work of Planning Phase I and II by building upon workgroup recommendations for administration, care management, information and technology, and quality assurance and building those recommendations into detailed business applications.

Planning Phase III should thus result in a Development Plan which identifies all the necessary elements to initialize a local LTCIP:

- A description of the planned target population, and the services and programs to be integrated and how;;
- A description of the client pathway, need identification, and service brokerage plan;
- A detailed description of the service delivery system and its characteristics and governance structure;
- A description of the care management and quality assurance plans, including standards and measures;
- A description of the management information system that will be used for reporting and tracking data; and
- A description of how the new system will improve health and social services delivery to the elderly and disabled in San Diego.

Exhibit B
County of San Diego Health and Human Services Agency
Aging & Independence Services
March 15, 2001

G. GRANT GOALS AND OBJECTIVES

The limited resources available through this Planning Grant will be applied to three overall goals during Planning Phase III: identification of a service delivery system for the LTCIP, finalizing Planning Phase II Workgroup recommendations once the specifications for a LTCIP service delivery system are determined, and preparing a Development Plan to submit to the Board of Supervisors and the Office of Long Term Care in Spring 2002. The objectives include the specific key activities to be accomplished to meet these goals. The Planning Grant goals are in support of, and building blocks for, the larger overall goal of implementation of a full health and social service continuum, at-risk, and capitated to the County of San Diego for all aged and disabled persons on Medi-Cal during Implementation Phase I.

These goals are currently of pivotal importance. San Diego LTCIP stakeholders have a shared vision, but no identified service delivery system to implement that vision. Six workgroups have excellent recommendations on all the key elements of acute and long term care integration, but no service delivery system identified within which to build specific requirements for the envisioned elements, such as for care management, quality assurance, governance,

information and technology. Once the feasibility of a selected service delivery model is determined, activity to complete the description of specific standards and measures for these elements. Once that detail is completed, a Development Plan that will be developed and submitted for approval to the County of San Diego Board of Supervisors. This Development Plan will meet the criteria for funding from the state Office of Long Term Care for a Development Grant.

Exhibit BB
County of San Diego Health and Human Services Agency
Aging & Independence Services
March 15, 2001

H. SCOPE OF WORK

Goal Number: 1	Goal: Within the established decision making structure of San Diego's LTCIP, identify a service delivery system that most fully allows for the realization and implementation of the LOG's "vision" of acute and LTC integration.		
Key Activities	Describe How This Activity Meets and Supports the Goal/Objective	Measurable Outcome(s)	Methods of Evaluating Key Activities and Measurable Outcome(s)
1. Contract for expert help in identifying the best service delivery system option.	1. Provides the resource to assist in identifying potential options, exploring feasibility of same, and guiding LOG to best decision.	1. Contract in place with appropriate scope of work for FY 2001-2002.	1. Copy of contract forwarded to State Office of Long Term Care.
2. Continue to involve Planning Committee (LOG) membership in identifying service delivery system.	2. Facilitates key stakeholder commitment, input, and buy-in to decision regarding best service delivery model.	2. Consensus on recommendation forwarded to the Advisory Group.	2. Documentation of Planning Committee participation, agendas, meeting minutes.

Goal Number: 1	Goal: Within the established decision making structure of San Diego's LTCIP, identify a service delivery system that most fully allows for the realization and implementation of the LOG's "vision" of acute and LTC integration.		
Key Activities	Describe How This Activity Meets and Supports the Goal/Objective	Measurable Outcome(s)	Methods of Evaluating Key Activities and Measurable Outcome(s)
3. Establish a Health Plan Workgroup.	3. The local health plans are sophisticated providers of Medi-Cal managed care and can assist LTCIP in exploring the feasibility of service delivery models.	3. Formal recommendation on the feasibility of service delivery models forwarded to staff and the Planning Committee.	3. Documented feasibility recommendations.
4. Select a recommended service delivery system based on stakeholder and consultant research and review of available options.	4. Forwards the rationale for selection of one service delivery system as the best option to match the vision of the stakeholders.	4. Formal recommendation forwarded to the LOG (Planning Committee) for consideration and approval and forwarding to the Advisory Group.	4. Documented review and approval of the recommended service delivery system presentation at a regular Planning Committee meeting.

Goal Number: 2	Goal: Finalize Workgroup recommendations from Planning Phase II based on selection of a service delivery system.		
Key Activities	Describe How This Activity Meets and Supports the Goal/Objective	Measurable Outcome(s)	Methods of Evaluating Key Activities and Measurable Outcome(s)
1. Re-convene Phase II workgroups at least once to finalize recommendations for the identified LTCIP service delivery system.	1. Governance, Case Management, Quality Assurance, and Information Technology, and Finance/Data recommendations will be specific for the development of the identified service delivery system.	1. Formal report and revised recommendations will be reviewed and approved at a regular Planning Committee meeting to forward to the Advisory Group.	1. Documentation of report and final recommendations from Phase II Workgroups for Planning Committee/ Advisory Group approval.

Goal Number: 3	Goal: Build a detailed development plan for the Long Term Care Integration Project which meets with the approval of the stakeholders, the Board of Supervisors, and the criteria for the State Office of Long Term Care Development Grant funding of \$150,000.		
Key Activities	Describe How This Activity Meets and Supports the Goal/Objective	Measurable Outcome(s)	Methods of Evaluating Key Activities and Measurable Outcome(s)
1. Based on the selected service delivery option and workgroup recommendations re: specified element details of that system, respond to State Office of Long Term Care Development Grant Request for Application.	1. Uses grant resources to move closer to full LTCI by preparing a viable, stakeholder supported plan to move to implementation of LTCIP, incorporating all stakeholder process and content to-date.	1. Development Plan presented to/approved by Planning Committee, Advisory Group, Board of Supervisors.	1. Documentation of agendas, meeting minutes and member participation in discussion of Development Plan during Planning Committee, Advisory Group, and Board of Supervisors meetings.

I. OVERVIEW OF EXPECTED ACHIEVEMENT (TIMELINE): GANTT CHART

Goal #	Key Activities	Start	Finish	2001						2002					
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Goal 1.	Within the established decision-making structure of San Diego's LTCIP, identify a service delivery system that most fully allows for the implementation of the LOG'' vision for acute and LTC integration.														
	1. Contract in place with expert consultant.	7/01	9/01												
	2. Planning Committee involved in identifying best service delivery system.	9/01	12/01												
	3. Select optimal service delivery system based on stakeholder research and review of available options.	12/01	1/02												
Goal 2.	Finalize workgroup recommendations for Planning Phase II based on the selection of a service delivery system.														
	1. Re-convene Phase II workgroups at least once to tailor final recommendations to identified service delivery system.	12/01	2/02												

Goal #	Key Activities	Start	Finish	2001						2002					
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Goal 3.	Build a detailed development plan for the LTCIP which meets with the approval of stakeholders, the board of supervisors, and meets the criteria for the state office of long term care development grant funding of \$150,000.														
	1. Respond to OLTC Development Grant Request for Application based on chosen service delivery system, detailed elements defined by Phase II workgroups.	2/02	4/02												
	1. Establish a Health Plan Workgroup.														
	State OLTC Reports:														
	1. Six month Progress Report		1/02							X					
	2. Final Progress Report		6/02							X					

J. ACTIVITIES COMPLETED IN PRIOR PLANNING GRANT PERIODS

The proposed activities for the third planning grant period, as outlined in the Scope of Work section of this proposal, will build upon the key activities and outcomes of the first and second planning grant periods as described in this section. The recommendations and measurable outcomes of the previous planning grants are pivotal to the development of a plan to integrate long term care services in San Diego County. The Final Report from Planning Grant I and the six-month progress report from Planning Grant II, recently submitted to the State Office of Long Term Care, provide additional detail on activities accomplished to-date.

The focus of the initial planning phase was on the development of an administrative structure and process to accomplish the goals, objectives and key activities outlined in the first planning grant. To that end, a broad-based grassroots community-planning process was implemented. An Advisory Group, Planning Committee and four self-directed workgroups were established to accomplish the specific scope of work and, more importantly, to ensure broad consumer and stakeholder involvement in the planning and development process. Specific roles and functions and desirable outcomes for the Advisory Group, Planning Committee and four workgroups were established and members were recruited. A mission statement and set of guiding principles were developed and approved by members of the Planning Committee. This document adds more specificity to San Diego's broad vision for long

term care integration and serves as an additional guide for decision making for the committees and workgroups. In Planning Phase I, six goals were established and completed almost entirely with excellent result:

1. Form an active LOG that is representative of the consumers, providers, advocates and other interested parties to guide the LTCIP planning process.

Result: Planning Committee formed with over 235 consumers, providers, advocates and key stakeholders. Monthly meetings provide an opportunity for key stakeholder education, input, and workgroup updates. A 23 member Advisory Group was established by consensus of Planning Committee comprised of over 50 percent consumers/consumer representatives.

2. Determine which services, programs and funding are recommended for integration.

Result: Scope of Services Workgroup was established and developed a matrix of recommended services for integration, used to conduct a community needs assessment and to inventory available long term care services in a comprehensive directory. Identified service gaps.

3. Work with the LOG and OLTC to develop the data set needed for actuarial analysis.

Result: State unable to provide data for analysis during Planning Phase I.

4. Assess the options for ongoing governance of the LTCIP.

Result: A Governance Workgroup was formed and met regularly without identifying a recommended governance option during Planning Phase I.

5. Assess the capacity of the long term care provider network in San Diego County.

Result: A Provider Network Workgroup was formed and surveyed provider capacity and availability for the long term care provider network.

6. Establish linkages with health plans that currently provide primary and acute care services to the long term care population.

Result: Health Plan Workgroup was formed, surveyed health plans and delivery systems regarding lessons learned, initiatives to improve acute and LTC.

In Planning Phase II, San Diego expanded its stakeholder group, has focused on more community education, and is working toward defining essential elements of LTCIP system design, such as the governance structure, care management model, quality assurance, and information technology. While most workgroups have already developed “best in class” recommendations for their element, specific language to be built into the LTCIP business plan has had to wait pending a decision selecting a service delivery model. Currently, workgroups are finishing their “semi-final” reports, while staff and consultants pursue service delivery model options in the order of priority as established by Planning Committee consensus. Planning Grant II goals include:

1. Enlarge and maintain the organizational structure of the planning process.

Result to-date: Successfully completed with doubled participation.

2. Increase awareness and visibility of LTCIP ensure broad participation.

Result to-date: Successfully completed.

3. Select a governance structure.

Result to-date: Recommendations on essential elements of governing body.

4. Develop a case management model.

Result to-date: Recommendations on essential elements of case management approved by Planning Committee on March 1, 2001.

5. Determine financial feasibility of proposed LTCIP.

Result to-date: Activity is behind schedule due to state data files being received December 2000.

6. Determine Quality Assurance model for LTCIP.

Result to-date: Industry standards identified and put in matrix form. Recommendations for essential Quality Assurance standards approved by Planning Committee on March 1, 2001.

7. Identify information and technology requirements to support LTCIP.

Result to-date: Essential elements recommended and approved by the Planning Committee on March 1, 2001.

The core workgroup members recruited to provide leadership for the above tasks, speak to the level of expertise and commitment of San Diego's stakeholders. The Case Management Workgroup was chaired by the Seniors' Program Manager for Sharp Health System. She also has been awarded a million-dollar grant from the California Healthcare Foundation to study the effect of community-based case management on managed care costs and outcomes. A representative of the Board of the Case Management Society of America, and practicing case managers in mental health, Alzheimer's Disease, MSSP, joined consumers to detail optimal case management.

The Finance/Data Workgroup is chaired by an expert consultant who provided much of the data analysis for the Improving Access to Healthcare Initiative. She is assisted by Dr. Richard Kronick of UCSD and the Chief Financial Officer of HHSA, with

other fiscally-oriented consumers and providers. The Quality Assurance Workgroup is chaired by the Utilization Manager of the San Diego Veteran's Administration. Others working in this group include the Medical Director of Universal Care, and the Quality Management Nurse of County Medical Services. The Information and Technology Workgroup is chaired by one of the key members of the County of San Diego IAR design team, and includes a liaison of the county's IT contractor, Lifemark EverCare's LAN Administrator and Senior Data Officer, a consumer retired from the Army where he built information systems, and other IT experts.

The Governance Workgroup includes Chief Executives from community-based organizations, had a presentation by a nationally known expert on governance, and is in the process of exploring the Healthy San Diego governing body more fully. The stakeholder-initiated Workforce Issues Workgroup includes members of San Diego's Nurses Now! Program, members of the Workforce Coalition who just received a state grant for caregiver recruitment and training, and a representative of the local Workforce Partnership. These workgroups and their activity during the second Planning Grant have advanced both the level of knowledge and trust and issues are discussed and resolved through group process. It is estimated that the number of hours invested in workgroup and sub-group meetings is approximately 1000 for this Planning Phase alone. Agenda and minutes from these meetings are available on San Diego's LTCIP Web site: www.co.san-diego.ca.us/cnty/cntydepts/health/ais/ltc.