LTCCC Finance & Public Policy Workgroup

DATE: October 17, 2013

TIME: 3:30 – 5:00 p.m.

LOCATION: 1650 Mission Street, 5th Floor, Golden Gate Conference Room.

ATTENDEES: Noelle Simmons (HSA, Co-Chair), Donna Calame (IHSS Public Authority, Co-Chair), Michael Wiley (Controller's Office), Jennifer Tsuda (Controller's Office), Mark Burns (IHSS Consortium), Dan Kaplan (HSA), Megan Elliott (IHSS), Jessica Kinard (Mayor's Office) and Fanny Lapitan (DAAS).

MEETING NOTES

1. **Welcome and Introductions**

2. **Discussion of Controller's FY 13-14 LTC Analysis**

   The proposed project is an analysis of the utilization of select community-based Long Term Care (LTC) services (labeled "stabilizing services") and a comparison to DPH's existing data set (CCMS) on emergency and urgent health care utilization. The goal is to identify cross-system patterns and determine fiscal and policy implications for the upcoming CCI/Managed Care system.

   The theory is that those who use Urgent/Emergent Care services will not show up in the group who use LTC services. It would not be used to show causation but maybe a correlation. It would be helpful to just know where people are. The analysis would also not just look at the High Users of Multiple System (HUMS) population but the entire CCMS population. The reporting period to be used would depend on the database or data resource available.

   It is unclear if DPH will be willing to work with the workgroup in sharing their data. They may also limit information they share for policy research. Data can also possibly be collected from the health plans, APS, and others outside of CCMS.

   The listed services on the MediConnect Guidebook that should go into managed care are different from the list of recommended services on the LTCI Report. Managed care may expand to other services (not just the mandated services) if there are some savings. Under managed care, the idea is to be able to do wrap-around services. Care coordination, per CCI, is a concept that people are developing to bridge the chasm between the medical and social services with a multi-disciplinary team.

Mike and Jennifer should talk to Diana Jensen to get general information on the best database to collect from.

The analysis will include the following Stabilizing Services (programs going into Managed Care):

- IHSS – Data can be collected from CMIPS II. It would have client information, hours served, and demographics. Best contact person is Megan Elliott.

- CBAS – Data can be collected from SFGetCare (RTZ). It's also worth asking SFHP for CBAS data. DAAS contracts with IOA conduct the assessments for the CBAS participants. Joanne Holland is the best contact person from RTZ. SFGetCare is also the database for the Office on the Aging, DAAS Intake, Community Living Fund (CLF), Diversion and Community Integration Program (DCIP), and San Francisco Transitional Care Program (SFTCP). DAAS Integrated database would be the best source to capture data that may not show up in the IHSS database.

- MSSP – Data can be collected from MSSPCare (also RTZ). Best contact person is Dustin Harper.

- Nursing Facilities – Data can be collected from Medi-Cal Eligibility Database System (MEDS). HSA has access. It would have information for clients on SSI, SSDI, Medi-Cal. The best person to contact is Hugh Wang. CMIPS II and MEDS interface. Annie Chan Mak from Medi-Cal is also a good person to contact. Dan Kelly is the expert on the agreement with the State around getting data from MEDS.

The analysis will include Urgent/Emergent services data:

- APS – Data can be collected from AACTS and Jill Nielsen is the best contact person.

- CCMS – Maria X. Martinez is the best contact person.

LTC users are defined to be those using one or more services under the listed services in the LTCI Plan's Appendix D. It's questionable if clients receiving services for Nutrition only are also considered part of the LTC population. However, the analysis may not need to define high user at this time. It would be good to find out who are receiving IHSS and if they are utilizing other services on the menu.

Nutrition and Transportation may also be good to look since the City spends a lot of money on these services. However, Mark suggested doing Nutrition and Transportation later on to find out overlapping, after the initial data analysis is done on the top three services (IHSS, CBAS, MSSP). Nursing facilities will not be included for now.

3. Frequency of Future Meetings

a. November 21, 3:30 to 5 p.m. – will be kept on the calendar until further notice.
b. As needed – if LTCCC assigns work and if the Controller's Office need to meet about the analysis.

Donna reported that there was a report from Sacramento about the star ratings of the managed care organizations and that each needed to have 3 stars. However, there are talks that the whole CCI might collapse. The work for this workgroup in San Francisco is to try to see how to integrate even if CCI goes forward or not.

One of the components of CCI is a Statewide Authority that overrides every county. The Statewide Authority would take over agreements and would be responsible for negotiations. This would happen even if CCI doesn't go forward. This would have an impact on the cost of IHSS. The detail of how this Authority will work is still unclear.