

# In-Home Supportive Services (IHSS): Duals Demonstration Stakeholder Work Group

## **Meeting #2: Thursday, May 17, 2012**

This meeting focused on how care coordination teams (CCTs) could work together with the IHSS program to ensure that dual eligible beneficiaries get access to the services that they need. The first half of the meeting consisted of a panel discussion focused on the successes and challenges that San Mateo County and the Health Plan of San Mateo (HPSM) have faced in coordinating care for beneficiaries. The second half of the meeting featured another panel discussion focusing on in-take and assessment processes that have been used by different health plans and county IHSS programs.

This is one of seven stakeholder work groups organized by California's Department of Health Care Services (DHCS) to gain input on the dual eligibles demonstration. Background information on the work groups and all materials can be found here: [www.calduals.org](http://www.calduals.org).

Key issues raised:

- Communication is key. There needs to be constant communication between all involved stakeholders.
- It is important to be aware of all the strengths and resources that different stakeholders can bring to the table.
- Common/working definitions for “coordinated care,” “case management,” and “person-centered care” are needed to move forward with integration and creating CCTs.
- A clear definition of the assessment for Long Term Supportive Services (LTSS) should be provided and clarity was sought around whether each demonstration health plan would use its own assessment tool.
- The in-take process is a critical step to help the health plans better understand their beneficiaries and their specific needs. In-take assessments also need to address non-medical needs.

### **Review of Last Week's Meeting/Introduction to This Meeting**

Led by Eileen Carroll, Deputy Director, Adult Program Division, DSS, & Margaret Tatar, Chief, Medi-Cal Managed Care Division, DHCS

Eileen Carroll and Margaret Tatar welcomed everyone stating that the purpose of this meeting was to have health plan representatives share their experiences with

coordinating care. By talking about these experiences, these discussions will provide useful insight about how in-take, assessments and coordination occurs in real life.

Panelist Colleen Krygier of San Bernardino County added that this is a good opportunity and time to discuss the benefits and critical nature of IHSS to the duals demonstration. Krygier also stressed that it is important to look to other counties and health plans with experience in coordinating care to learn what works and what does not to help with the implementation of the duals demonstration.

Before starting the first panel, participants asked questions and made comments.

- A caller asked how the May Revise would impact the duals demonstration timeline. Carroll answered by saying that the enrollment date was being pushed back to no sooner than March 2013 but the phase in of the demonstration would still take place during the same time frame.
- A caller asked why there are two separate workgroups for IHSS and Long Term Supports and Services (LTSS). Panelists responded by saying that after the three IHSS meetings have occurred, then this work group will merge with the LTSS work group.

## **Panel on Care Coordination Teams**

### **Moderator: Eileen Carroll, DSS**

Panelists: Mari Baca, Health Plan San Mateo, Fiona Donald, MD, Health Plan San Mateo, Joy Sarraga, San Mateo County Health System, Colleen Krygier, County of San Bernardino, Dept. Of Aging and Adult Services, & Deborah Doctor, Disability Rights California

Eileen Carroll started the panel discussion with the following question: Whom would you want to serve using the CCT approach?

Fiona Donald and Maria Baca described Health Plan of San Mateo's assessment and coordination process. Since 2006, HPSM has used a process to identify beneficiaries' unique needs and preferences and then stratify them accordingly. It is critical, they said, to identify beneficiaries who need and want medical, social, and behavioral coordination. After doing so, these beneficiaries should be referred to a CCT for further evaluation. Baca also suggested that it is helpful to create a user-friendly referral system so that anyone (doctors, individuals, families) can refer a potential beneficiary. Another way to enable easy access to the system is to promote a single toll-free number that anyone can call. Also, a continuation of care program in the hospital discharge setting may support seamless transitions into home care.

Joy Sarraga said social workers play an important role within CCTs because they help beneficiaries navigate the system better. In general, it is important to make sure beneficiaries know all the benefits available to them.

Health Plan of San Mateo attributes its successes at integrating care to focusing on connecting beneficiaries with the services they needed most. It was also helpful that representatives from Health Plan of San Mateo and the County Health System constantly communicated so they were well aware of collective resources.

Colleen Krygier added that IHSS can bring a lot of valuable resources to the table, especially in helping to identify beneficiaries who will reap the most benefit from CCTs. Counties may work with health plans to create lists of vulnerable beneficiaries so that during times of emergency these identified consumers can be contacted to ensure they are okay. San Bernardino implemented a similar system, and it contributed to more coordinated initiatives between health plans and the county.

Deborah Doctor stressed that definitions of fundamental concepts, such as “coordinated care” and “case management,” need concrete definitions. During discussions about CCTs, the need to protect the beneficiaries’ rights to make their own decisions about their caregiver must be remembered. Ms. Doctor said she about the proposed enrollment timeline of March 2013, given the remaining issues that need to be developed.

In response to Doctor’s concerns, Margaret Tatar asked the panelists from San Mateo County and HPSM to talk about their assessment process and how they defined specific vocabulary in their pilot programs. This information is clearly outlined in Health Plan of San Mateo’s model of care. Fiona Donald also stressed the importance of bringing together an interdisciplinary team consisting of the beneficiary, the family, IHSS, and the health plan to discuss the needs of the beneficiary

Moderators Eileen Carroll and Margaret Tatar summarized the first panel by acknowledging that San Mateo is a unique county with significant experience in coordinating care between health plans and the county health department. As other counties begin developing their care coordination teams, the process used in San Mateo can be used as a model.

The panelists were then asked to provide critical recommendations for stakeholders to keep in mind as they begin working towards creating a more integrated health delivery system:

- Representatives from San Mateo stated that communication is key. It is important to communicate well with all the involved stakeholders, and to host regular and ad hoc meetings consistently.
- Colleen Krygier noted the importance of building on existing community structures and organizations, such as the Area Agency on Aging, that provide services to dual eligible beneficiaries. However, the need for these services has been on the rise, and there are not enough resources to keep these organizations viable.

- Deborah Doctor expressed concern about how experiences from San Mateo can translate to a much larger county like Los Angeles.

## Questions

During the question and comment period, the following points were made:

- There needs to be further discussion about how non-medical issues are going to be integrated into the CCTs
- One participant asked about the challenges that San Mateo faced while coordinating care between the health plan and the county health department. Representatives from San Mateo said that the biggest challenge was communicating with staff and changing mindsets about interdisciplinary work groups. This was an ongoing challenge for them. It is important to have conversations with all stakeholders so ensure that everyone is aware of the strengths and resources that different organizations have to offer.
- The duals demonstration will not affect the regional centers. These services will be integrated into CCTs.

## Panel on Coordinating the In-take Process of IHSS and Managed Care Plans

**Moderator: Margaret Tatar, DHCS**

Panelists: Martha Jazo-Bajet, Community Health Group, Colleen Krygier, County of San Bernardino, Dept. Of Aging and Adult Services, Deborah Miller, Molina HealthCare, Michelle Rousey, IHSS Consumer, Alameda County, & Ellen Schmeding, County of San Diego, Dept. Of Health and Human Services

Panelists responded to the following questions presented by Margaret Tatar.

### **What is the assessment process and how will this process evaluate relative risks?**

- Colleen Krygier: If there is a beneficiary with a high level of need, but IHSS is not able to provide all the necessary services/hours that is needed, health plans need to step in and work with the beneficiary to ensure that their needs are met and they are safe.
- Deborah Miller: For each beneficiary, Molina conducts an over-the-phone screening, and based off the information received from this initial screening, the health plan may perform a more comprehensive assessment. These assessment tools are culturally and linguistically appropriate. Molina staff also looks beyond medical needs, soliciting information about whether or not the beneficiary has a support system, whether or not they are aware of their available benefits, etc.
- Martha Jazo-Bajet: The risk-assessment process at Community Health Group is similar to the one that Molina uses. The in-take process is key because it allows the health plan to get a better sense of the beneficiary and their specific needs. It is also important to have an assessment that looks at non-medical needs.

- Michelle Rousey: It is important to educate the consumer about their all of their available benefits.

### **What do the systems do to ensure that the consumers' needs are met?**

- Ellen Schmeding: IHSS is supposed to be consumer-directed. It is the job of an IHSS staff member to listen to the beneficiaries, assess their needs and understand their capabilities.
- Colleen Krygier: IHSS provides services to a diverse group of individuals. Many beneficiaries have capacity issues to it is important to also engage families or other support systems.
- Martha Jazo-Bajet: Community Health Group (CHG) uses a model of care. Calls are made to beneficiaries to ensure that they understand the implications of being a member of CHG. CHG staff also occasionally accompany a beneficiary on visits to see their primary care physician.
- Deborah Miller: It is critical to have the support and consent from the beneficiary.
- Michelle Rousey: She and other consumers are concerned that under the demonstration, their ability to hire/fire their provider will be jeopardized.

### **What are some of the main barriers that need more focus as the demonstration moves forward?**

- Colleen Krygier: Community-based services have been eroded over the past few years, and they have insufficient resources and capacity to meet their current demand.
- Ellen Schmeding: Health plans and counties need more time to address the required objectives. It is also important to address feelings of fear and uncertainty surrounding this demonstration.
- Martha Jazo-Bajet: Address data-sharing barriers. Health plans will need quick access to information so they can address their consumers' needs. Redefining roles and responsibilities under the demonstration will be important.
- Michelle Rousey: Health plans and counties should also communicate with community establishments, like housing and transportation providers, so that the CCI adequately addresses a comprehensive list of services to contribute to the health, safety and well being of consumers.

### **Questions**

During the question and comment period, the following points were made:

- Consumers have concerns about the health plans accessing their sensitive data.
- Some health plans are working on creating a portal system so that all consumers' information would be in one place. Consumers would have access to these portals.

### **Wrap-up and Next Steps**

The final IHSS Coordination work group meeting will be held on Thursday, June 14th from 2-4 pm at the California Department of Social Services.