

**Master Plan for Aging**  
**Recommendation Form: Draft/ Place Holder for Integration of LTSS and Health Care using**  
**Dual Special Needs Plans Recommendation**

*To submit your recommendation, fill out as many of the fields below as possible. It is fine to leave some blank. Recommendations can be submitted at [engage@aging.ca.gov](mailto:engage@aging.ca.gov). Initial recommendations are requested to be submitted by December 13, but they may be submitted after this date as well.*

**Issue Statement:** [State the problem your recommendation will address. Insert links to reports where appropriate.] Health and LTSS services are provided in silos and are difficult for consumers and their families to understand and coordinate. This is an issue for all older adults who have both health and functional needs. The is compounded for low income adults eligible for both Medicare and MediCal who may not understand the benefits and use of the delivery system.

**MPA Framework Goal:** [Insert which goal/s from the framework this recommendation addresses. [View MPA Framework here.](#)

Goal 1: Services and Supports. We will live where we choose as we age and have the help we and our families need to do so.

Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

**MPA Framework Objective:** [Insert which objective/s from the framework this recommendation addresses.] Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

**MPA Framework Objective:** [Insert which objective/s from the framework this recommendation addresses.]

**Recommendation:** [Explain your recommendation in one to two sentences.]

CalAIM proposes to require California Managed Care Plans to create Dual Special Needs Plans (DSNPs) by 2023. If DHCS proceeds with this approach we recommend a process to assure that health and LTSS services are fully integrated in these DSNPs and that DHCS these plans to be FIDE SNPS

**Target Population and Numbers:** [Describe groups of Californians impacted by this recommendation, with numbers if available.] 1.4 million Duals

**Detailed Recosmmendation:** [Insert detailed bullet points describing your recommendation.]

- Assure that any CalAim measure to create DSNPS include the ability to fully integrate LTSS and health care services.

**Evidence that supports the recommendation:** [Add links or summaries of research evidence that support the recommendation.]

- **RTI evaluation of Ohio Duals Demonstration**
- **Evaluation of MN MLTSS programs**
- **RTI evaluation of MA Duals Demonstration**

**Examples of local, state or national initiatives that can be used as an example of a best practice:** [Provide any available links and sources.]

- **Local: San Mateo Health Plan**
- **State:**
- **National: CMS Duals Initiative**
- **Other:**

**Implementation:** [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.]

- **State Agencies/Departments:** [action to be taken by Governor or specific state agencies] Provide necessary policy and regulation to support.
- **State Legislature:** [legislation needed to implement recommendation] Legislation as required
- **Local Government:**
- **Federal Government:**
- **Private Sector:** Commercial MediCal Plans
- **Community-Based Organizations:** Community based organizations in Aging Network contact with MediCal Plans
- **Philanthropy: Support and disseminate info on best practices and support evaluation.**
- **Other:**

**Person-Centered Metrics:** Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

- Reduced hospital admits
  - Reduced ER visits
  - Average length of stay in hospitals
- Nursing facility admission and discharge data
  - Average length of stay in nursing facilities
- Success in keeping beneficiaries with higher needs in the community
  - Rates of nursing home days over time to identify increases/decreases

- Percentage of population in nursing facilities by county and plan
- Percentage of beneficiaries receiving MLTSS that are admitted into a nursing facility over 90 days
- [Note: these measures will be challenging because there are factors beyond anyone's control that could lead to an increase in NF utilization, e.g., people who spend down to Medi-Cal or growing elderly population – it would be better to use encounter data to follow what happens to individuals rather than utilization rates (rates/thousands).]
- Evaluation of the member experience
  - Beneficiary self-reporting on % of unmet LTSS needs
    - Follow up phone surveys (like what was done for CMC/CCI evaluation)
    - Focus groups
  - Level of beneficiary satisfaction with integrated care

**Evaluations:** [How will we know that the recommended action is successful once it has been implemented?]

- **Short-term (by 2020): Policy and stakeholder group created.**
- **Mid-term (by 2025): FIDE SNP strategy implemented.**
- **Long-term (by 2030): Initial Evaluation results.**

**Data Sources:** [What existing data can be used to measure success or progress?]:

- Existing data sources: [specify datasets, variables, and data owner/location]
- Suggestions for data collection to evaluate implementation of this goal when no data sources exist:
- CMS Medicare data set and State Medicaid Data set to measure hospital days, ER visits, and SNF care.
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**Potential Costs/Savings:** [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Savings to both Medicare and MediCal from reduced hospital, ED, and institutional LTC services.

**Prioritization:** [How would you prioritize this issue in importance relative to other needs/priorities – e.g., low, medium, high]:

**Name of person(s)/organization submitting recommendation:**

**Email for person(s)/organization submitting recommendation:**

**Date of submission:**