

THREE LTCIP STRATEGIES

	Capitated	Voluntary	Resources for Planning & Development	Benefits	Major Known Challenges
NETWORK OF CARE	No	Yes	Administration on Aging (3 years) CA Dept. of Aging (3 years)	Integrated info system Improved communication & linkages Potential LTCIP database <ul style="list-style-type: none"> - I & A & resource tool - Intake w/ risk screening - Central client database w/ care plan - Service authorization & invoicing 	Costs Keeping info current Not a new system of care No care coordination No flexibility of existing regulations
PHYSICIAN STRATEGY	No	Yes	CA Endowment (1 year planning grant) Additional foundation and/or federal support?...TBD	Improves FFS model Chronic care mgmt Coordination across health & social services CMS supporting like demos Engages MDs in designing model	Not enough specialty physicians Competes w/ HSD+ for MDs No funding/regulation flexibility Does not allow for creativity in meeting individualized needs
HEALTHY SAN DIEGO PLUS (HSD+)	Yes	Yes	State OLTC (grant support over last 5 years) Additional State funding/support?...TBD	Integrated Medicare and Medi-Cal capitated rates Substitution of home & community based care for unnecessary hospital, ER and NH use Paradigm shift to chronic care mgmt Avoids financial risk to County Controls quality thru HSD structure Responds to Olmstead decision Responds to stakeholders desire to fix "broken system" Generates community partnerships with MDs, CBOs and consumers	Federal/State waivers/amendments Co. Medical Society's opposition to managed care Actual or perceived insufficient funding Lack of participation by provider networks IHSS admin \$\$ could be affected in 3-4 years