C- 3 SERVICE INTEGRATION & SYSTEMS COORDINATION

In July 2013, ALTC was announced as a Lead Health Home for Area 7. ALTC developed a robust network of Health Home Care Coordination Agencies to include Federally Qualified Health Clinics, Mental Health, Chemical Dependency and Long Term Supports & Services. As of June 2015, ALTC has served over 600 Dual Beneficiaries and State data has demonstrated a 5% reduction in Medicare spending. The current funding of the Duals Program is undetermined, but ALTC is hopeful to continue to provide the program and produce results that show improved health outcomes followed by spending reductions.

Currently ALTC is working on multiple strategies to better integrate long-term services and supports with formal healthcare delivery systems. As noted, ALTC is a Lead Health Home serving the Duals beneficiaries as well as providing Care Coordination for five Managed Care entities. ALTC has used its expertise in chronic care management to help in the formation of the Health Home Project.

ALTC continues to participate with the Greater Columbia Community of Health formation. Currently ALTC's Director is a member of the Governing Board and Program Managers are members of the Leadership Council. Through this process, ALTC has been able to demonstrate the importance of Long-Term Support & Services integration with formal healthcare delivery systems as we are an organization with years of experience with community-based delivery of services.

Lastly, ALTC is entering a formal partnership with Signal Health in Yakima County. Signal Health will provide a Medicare Advantage Plan beginning January 1, 2016, and there is current contract negotiation for ALTC to provide Information and Referral services to their beneficiaries. This will make ALTC a member of their Health Network and allow their beneficiaries to access our services, while bringing in a new funding stream for ALTC.

The challenges to implementation for all of the efforts are relatively the same:

1. **Funding** – Currently the Health Home Duals Program has not been funded past December 31, 2016, at which time Health Homes and their infrastructure will be dismantled. ALTC is hopeful that, at the very least, we can continue to provide Health Home type services for the Apple Health populations through the Managed Care Organizations. Additionally, at this time ALTC participates in both the Greater Columbia Community of Health and the Signal Health team with no additional funding. ALTC see these types of partnerships as the future of health care and long term care integration so has, at this time, been able to take on the financial risk. However, this will not be able to continue indefinitely.

2. **Visibility –** The integration of health care and long term care has provided visibility for community-based organizations that we have not previously attained. However, there is

a need to continue to promote our services and how these can be integrated. This has moved ALTC forward in its self-promotion and visibility within the healthcare community.

GOAL:
ALTC will remain a leader in our region in service integration and system coordination.

OBJECTIVES:

- ALTC will advocate for continuity of the Health Home Care Coordination through legislative advocacy for continuation of dual eligible clients in Health Homes, and continued contracting with Managed Care for Care Coordination Services for Medicaid eligible health home clients.
  December 2016 and ongoing.

- ALTC will actively participate in the Greater Columbia Community of Health (Accountable Community of Health) via attending the Leadership Council and Governing Board meetings.
  December 2016 and ongoing.

- ALTC will continue to work with hospitals in developing and growing the care transitions program throughout our region.
  December 2016 and ongoing.