



Promise Health Plan

POLICY & PROCEDURE Medical Services

Policy Title: Care Coordination

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Department Head:

Date:

Medical Services/P&T Committee:

Date:

P&P Committee:

Date:

Department(s):

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PURPOSE:

To ensure that all medically necessary covered benefits are provided to enrollees and are provided in a manner that is sensitive to the beneficiary's functional and cognitive needs, language and culture, and allow for involvement of the beneficiary and caregivers (as permitted by the beneficiary).

To ensure that the care setting is appropriate to the beneficiary's needs, with a preference for the home and the community.

To provide coordination of services and access to acute and long-term services for dual eligible beneficiaries.

To identify and expedite care coordination needs for new enrollees identified as having high risk issues through the Health Risk Assessment process.

POLICY:

Blue Shield Promise shall always promote a system that is both sustainable and person and family-centered by providing eligible beneficiaries with timely access to appropriate, coordinated health care services and community resources that enable them to attain or maintain personal health.

Medical Home – a medical home is a health care setting that fosters partnerships among patients, families or representatives, primary care practitioners, specialists, ancillary providers, and all others involved in the provision of quality care and service.

Blue Shield Promise Health Plan focuses on improving coordination of care through identified points of contact. It ensures that a member's information is maintained and care is accessible, continuous, comprehensive, and culturally competent. The PCP is a gatekeeper for the member

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in providing their clinical care and medical needs and appropriately coordinating care. The PCP works with the Medical Group, Case Manager and Health Plan to coordinate care needs appropriately.

- The PCP leads a team of individuals who take responsibility for ongoing care of the member.
- The PCP provides ready access to assure timely preventive, acute, or chronic illness treatment in the most appropriate setting.
- The PCP is accountable for providing quality and safety by use of evidence based medicine, decision support tools, and continuous quality improvement.

Blue Shield Promise measures the member satisfaction with the PCP through member satisfaction surveys.

Care shall be person centered and shall accommodate and support self direction.

Person Centered Care

Blue Shield Promise shall ensure that all medically necessary covered benefits are provided to enrollees and are provided in a manner that is sensitive to the beneficiary's functional and cognitive needs, language and culture, allows for involvement of the beneficiary and caregivers (as permitted by the beneficiary), and is in a care setting appropriate to the beneficiary's needs, with a preference for the home and the community.

Self Directed Care:

Enrollees shall continue to have the choice to direct their care. In accordance with Welfare and Institutions Code Section 14186(b)(5), participants will:

1. Decide whether, how and what long-term services and supports to receive to maintain independence and quality of life, as authorized by a physician or other appropriate medical professional, if the participant is an IHSS recipient, and within state rules.
2. Select their health care providers in the Participating Plan network (or as allowed for by continuity of care provisions) and control care planning and coordination with their health care providers.
3. Have access to services that are culturally, linguistically, and operationally sensitive to meet their needs, and that improve their health outcomes, enhance independence, and promote living in home and community settings.
4. Be able to hire, fire, and supervise their IHSS provider, as currently allowed in California's IHSS Program.

Blue Shield Promise's Role in Care Coordination:

Blue Shield Promise shall coordinate LTSS benefits across health care settings and improve the continuity of care across acute care, long term care, behavioral health, including mental health and substance abuse disorder services, and home and community based service settings using a

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person centered approach, in an effort to improve the quality of care of dual eligible beneficiaries.

Blue Shield Promise shall maximize the ability of eligible beneficiaries to remain in their homes and communities with appropriate services and supports in lieu of institutional care.

Blue Shield Promise shall not limit the availability of and access to home and community based services, and to necessary and appropriate behavioral health services, including mental health and substance abuse disorder services.

Blue Shield Promise shall ensure that medically necessary covered services are provided to beneficiaries in the least restrictive community setting, and in accordance with the enrollee's wishes and Individual Care Plan.

1. Blue Shield Promise has care coordination and management activities that reflect a person centered, outcome based approach. Specifically, this care coordination will:
 - a. Follow the beneficiary's direction about the level of involvement of his or her caregivers or medical providers;
 - b. Span medical and Long Term Support and Services (LTSS) care systems, with a focus on transition between service locations;
 - c. Consider behavioral health needs and coordinate with county services, as appropriate;
 - d. Develop individualized care plans with enrollees;
 - e. Be performed by nurses, social workers, primary care providers. If appropriate, other medical professionals and health care coordination, as applicable;
 - f. Ensure access to appropriate community resources and monitor skilled nursing utilization, with a focus on providing services in the least restrictive setting and transitions between the facilities and community.
2. Blue Shield Promise shall establish a process to monitor and audit care coordination that includes, at a minimum:
 - a. Documenting and preserving evaluations and reports for the care coordination program; and
 - b. Communicating care coordination results and subsequent improvements to Blue Shield Promise's advisory boards and/or stakeholders, when such disclosures are allowed and consistent with confidentiality regulations, policies, and procedures.

Blue Shield Promise shall facilitate timely and thorough service coordination between the plan, the enrollee's primary care provider, and other providers (e.g., behavioral health providers, non-emergency medical transportation, durable medical equipment repair, dental providers, LTSS, etc.)

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Blue Shield Promise’s policies and procedures for coordinating care in nursing facilities and subacute care facilities comply with California Coordinated Care Initiative (CCI) Care Coordination Standards.

Definitions:

Long Term Services & Supports (LTSS) – a wide variety of services and supports that help eligible beneficiaries meet their daily needs for assistance and improve the quality of their lives. As described in California Welfare and Institutions Code Section 14186.1 Medi-Cal covered LTSS includes all of the following:

- a. In-Home Supportive Services (IHSS) provided pursuant to Article 7 of California Welfare and Institutions Code (commencing with Section 12300) of Chapter 3, and Sections 14132.95, 14132.952, and 14132.956)
- b. Community Based Adult Services (CBAS)
- c. Multipurpose Senior Services Program (MSSP) services
- d. Skilled nursing facility services and subacute care services.

In-Home Supportive Services Program (IHSS) – assistance provided to individuals 65 and over, disabled, or blind so that they can remain safely in their own homes.

Multipurpose Senior Service Program (MSSP) – provides Home and Community Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement.

Community Based Adult Services (CBAS) Program – a new community based program that provides medical and social services to individuals with special health care needs. It replaces the Adult Day Health Care (ADHC) benefit.

Coordinated Care Initiative (CCI) – A state legislative package (SB 1008, Chapter 33, Statutes of 2012, and SB 1036, Chapter 45 Statutes of 2012 and AB 1471, Chapter 439 statutes of 2012 and AB 1468, Chapter 438, Statutes of 2012) that established the Demonstration project to provide coordinated health care through Medi-Cal managed care plans,

CCI also calls for the integration of long term services and supports (LTSS); mental health services; and substance use disorder treatment services.

Provider – a primary care provider, specialist, LTSS provider, behavioral healthcare provider, etc.

PROCEDURE:

The Utilization Management Department provides Case Management services to the member, where a Case Manager (Nurse) is assigned to the member to coordinate care and services.

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- The Case Manager works with the provider or medical group to fast track authorizations, assist in arranging care, and assure the coordination of the member's benefits (Medicare and Medicaid).
- The Case Manager will also refer the member to appropriate Disease Management Programs available to help the member learn about their medical problems, learn self care strategies and identify opportunities to improve health outcomes. Blue Shield Promise measures the satisfaction with Case Management and Disease Management services through member satisfaction surveys that measure member quality of life improvements.
- The Plan Case Manager coordinates the member's care with all external providers such as IHSS worker, IHSS social worker, MSSP provider, CBAS, Long Term Care Facility, contracted Behavioral Health Provider and County Mental Health.
- The central driver of the care planning process is that it must be person-centered. This means that the member has a primary role in making decisions regarding his/her needs and what support services are most helpful. This process parallels the current role the member has with regards to IHSS, where the member "hires and fires" the IHSS worker.

Services and supports (LTSS) and home and community based services (HCBS).

- MLTSS Coordinators are responsible for ensuring coordination of LTSS Services. This includes members residing in senior affordable housing that have on-service coordinators, the Service Coordinators will be invited to be part of the plan's ICT, to assist with conducting in-home assessments, provide ongoing monitoring of member's health and functional status, and to provide assistance with care transitions.
- Blue Shield Promise goal is for the MLTSS Coordinator to develop a strong relationship with the member so they feel confident we will provide them with the appropriate information and services that are consistent with the member's wishes.

Coordination of Care for newly enrolled members identified to have high-risk condition or needs

- In the event that a member is identified to have a condition or need that requires timely and thorough service coordination to maintain his/her personal health, the Care Coordination Team to include the MLTSS Coordinator and MLTSS Nurse shall make the necessary arrangements in an expedited fashion.
- Depending on the level of medical needs, the member may be assigned to the following:
 - Primary Care Providers
 - Complex Care Manager for extensive, intense case management,
 - Ambulatory Care Manager for Care Coordination
 - Social Worker
 - Specialty Care provider

Coordination between Blue Shield Promise and Long-Term Support Services (LTSS):

Blue Shield Promise shall coordinate the following services with LTSS:

1. Transitions between service locations

2. Specialty care referrals
3. Services requiring prior authorization
4. Mental health services
5. Transportation
6. Emergency care
7. After hour calls
8. Transition of care
9. Case management, discharge planning, coordination of care for members in Emergency Room and Acute Inpatient hospital in/out of network
10. Disenrollment and change of Health Plan
11. Palliative Care
12. Hospice Care

Coordination between Blue Shield Promise and In-Home Supportive Service (IHSS):

1. Blue Shield Promise shall ensure access to, provision of, and payment for IHSS for individuals who meet the eligibility criteria for IHSS.
2. Blue Shield Promise shall maintain enrollee's right to be the employer, to select, engage, direct, supervise, schedule, and terminate IHSS providers.
3. Blue Shield Promise shall assume all financial liability for payment of IHSS services for enrollees receiving services under this Demonstration.
4. Blue Shield Promise and counties shall coordinate to facilitate IHSS participation on the Interdisciplinary Care Team (ICT), as needed unless the enrollee objects, that shall include county IHSS social workers, enrollees and their representatives, the plan, and may include IHSS providers and others as applicable for individual care plan development.
5. Blue Shield Promise and counties shall develop a detailed plan regarding the coordination and integration of IHSS which shall include, but not limited to, provision of intake activities and redeterminations by IHSS social workers using the current IHSS Assessment process and allocation of IHSS hours according to Hourly Task Guidelines.
6. Blue Shield Promise shall also include a framework for referrals to IHSS, coordination for a change of condition, discharge planning, joint reassessments, and the interdisciplinary care team (ICT).

In accordance with W&I Code, Section 14186.35, participating County shall Perform but not limited to the following:

1. Assess, approve, and authorize each IHSS recipient's initial and continuing need for services. Assessment shall be shared with the plan and ICT.
2. Enroll IHSS providers, conduct provider orientation, and retain enrollment documentation, consistent with state law.
3. Conduct criminal background checks on all potential providers of IHSS and exclude providers consistent with statutory provisions.

Multipurpose Senior Services Program (MSSP) on site services:

Blue Shield Promise shall coordinate with the MSSP for the following services:

1. CBAS/Support Center
 - a. Community based programs that provide non-medical care to meet the needs of adults with disabilities; a variety of social, psychosocial, and related support services in a protective setting, necessary to reach a therapeutic goal.
2. Housing Assistance
 - a. May include provision of physician adaptations and assistive devices, emergency assistance in situations that demand relocation, temporary lodging expenses in particular situations, and assistance to restore utility services.
3. Chore and Personal Care Assistance
 - a. Services are provided by individuals to elderly persons who need outside help to maintain independent living. Chore is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Personal Care provides assistance to maintain bodily hygiene, personal safety and activities of daily living.
4. Protective Supervision
 - a. Insures provision of supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency.
5. Case Management
 - a. Assists clients in gaining access to needed waiver and other local services regardless of the funding source. Care managers are responsible for ongoing monitoring of the provision of services included in the client's plan of care. Additionally, care managers initiate and oversee the process of assessment and reassessment of a client's level of care and the monthly review of plans of care.
6. Respite
 - a. Includes the supervision and care of a client while the family or other individuals who normally provide full-time care take short-term relief or respite which allows them to continue as caretakers.
7. Transportation
 - a. Provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation.
8. Meal Services
 - a. Includes meals served in congregate settings or meals delivered to clients who are homebound, unable to prepare their own meals and have no caretaker at home to prepare meals for them.
9. Social Services
 - a. Includes social reassurance/friendly visiting, individual or group counseling, and money management.
10. Communications Services
 - a. Includes translation and interpretive services and the provision of emergency response systems.

Community Based Adult Services:

Blue Shield Promise Health Plan shall arrange for and approve unbundled CBAS core and additional CBAS services for eligible adult members.

- a. Professional Nursing Services
- b. Personal Care Services
- c. Social Services
- d. Therapeutic Activities
- e. One a Day Nutrition/Dietary Services

Other CBAS additional services:

- a. Physical Therapy
- b. Occupational Therapy
- c. Speech and language pathology services
- d. Mental Health Services
- e. Transportation Services

Home and Community Based Services (HCBS)

1. Blue Shield Promise shall cover these services for enrollees in order to enhance a member's care, allowing them to stay in their own homes safely and preventing institutionalization.
2. Blue Shield Promise may provide additional personal care services, in addition to IHSS, for members already receiving IHSS, or who are pending a county assessment for IHSS.
3. Blue Shield Promise shall have the discretion to provide additional HCBS, including but not limited to:
 - a. Supplemental personal care services
 - b. Supplemental chore
 - c. Supplemental protective supervision
 - d. In home skilled nursing care and therapies services for chronic conditions
 - e. Respite care (in home or out-of-home)
 - f. Nutritional supplements and home delivered meals
 - g. Care in licensed residential care facilities
 - h. Home maintenance and minor home or environmental adaption
 - i. Medical equipment operating expenses and Personal Emergency Response System (PERS)
 - j. Non-medical transportation
 - k. Non-emergency medical transportation

Nursing Facility/Subacute Nursing Facility:

In the event that a nursing facility or subacute nursing facility should lose its license or go out of business due to an expected or unexpected closure. Blue Shield Promise shall facilitate the arrangements in a timely manner to an alternate facility that can meet the needs of the enrollee. Blue Shield Promise has a contracted network of skilled facilities. The enrollee and/or enrollee's

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representative shall be contacted by the Blue Shield Promise Case Manager to discuss the transfer.

Prior to performing this outreach, a skilled needs assessment shall be performed by the Case Manager. This will include review of medical record documentation based on the enrollee's most current available medical information. Based on the review findings, the skilled level of care and the most appropriate setting to benefit the member shall be established.

A list of nursing facilities shall be reviewed and discussed with the caregiver to select based on the enrollee's preferences. Upon selection, facility shall be contacted and arrangement shall be made for the transfer.

Monitoring and Auditing Care Coordination:

Monitoring and auditing of care coordination may include, but is not limited to, the following activities:

- a. Medication reconciliation audits
- b. Primary care provider follow-up after discharge monitoring
- c. Post discharge assessment
- d. Readmissions tracking
- e. HEDIS follow-up after admission for mental health
- f. Member and provider satisfaction surveys

Results of care coordination monitoring and auditing findings, including evaluation and measurement of effectiveness of the care coordination program are reported to the Blue Shield Promise Medical Services Committee and LTSS Advisory Committee annually. Identification of interventions, where necessary, will assure that the coordination efforts are meeting performance expectations to achieve the quality of care goals specified by the beneficiaries' individual care plans. Disclosures regarding care coordination results are consistent with Blue Shield Promise's confidentiality regulations, policies and procedures.

Care coordination evaluations and reports will be preserved by filing all documentation in a manner that is secure and accessible to the appropriate individuals involved in the provision of care coordination and also individuals responsible for conducting care coordination monitoring and auditing.

REFERENCES/AUTHORITIES:

1. CMS-CA MOU for Medicare-Medicaid Enrollees
2. Welfare and Institutions Code 14182.17(d)(2)(I)(4)
3. CA Bridge to Reform Demonstration Waiver, Special Terms and Conditions