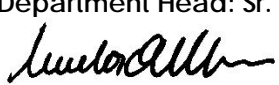



Policy Title: Managed Long Term Supports and Services Care Coordination		POLICY #: 10.2.27	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 10/14	Effective Date 5/19	Revision Date 12/18, 3/22
Department Head: Sr. Director, UM 			Date: 10/22
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 10/22

PURPOSE

To define the process for coordinating Managed Long-Term Services and Supports in accordance with the provisions outlined in ALL PLAN LETTER 14-010.

DEFINITIONS:

Coordinated Care Initiative:

The Coordinated Care Initiative (CCI) is an umbrella program that went into effect April 1, 2014, with the intent to enhance health outcomes and member satisfaction for low-income SPDs and those dually eligible for both Medicare and Medi-Cal (dual –eligibles) by shifting service delivery away from institutional care to home and community-based settings. The CCI encompasses following changes as they pertain to Long Term Supports and Services:

- Mandatory member enrollment in Medi-Cal managed care for their Medi-Cal benefits
- Integration of Long-Term Services and Supports (LTSS) into the Medi-Cal managed care benefit package now referred to as Managed Long-Term Services and Supports

Managed Long Term Services and Supports (MLTSS)

MLTSS include the following:

- In-Home Supportive Services (IHSS) – personal care for people who need help to live safely at home.
- Community Based Adult Services (CBAS) – adult day health care provided at special centers. This service is currently available through the health plan. Has been effective since 10/2012
- Multipurpose Senior Services Program (MSSP) – provides social and health care coordination services for people 65 and older. Health Plans will work with MSSP providers to provide this service.
- Nursing home care – long term care provided in a facility.

Risk Stratification:

Risk Stratification is a mechanism that is designed to stratify newly enrolled members into high or low-risk groups. For those purposes of the APL 14-010, the risk stratification applies the following populations receiving MLTSS services

- Cal MediConnect Opt-outs
- Full and partial Benefit Dual-eligibles who are excluded from Cal-MediConnect
- Medi-Cal only Seniors and Person with Disabilities (SPD)

An individual may be deemed as high-risk if the individual has been authorized to receive the following:

- In-Home Supportive Services (IHSS) greater than or equal to 195 hours per month
- Community Based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP) Services

Historical Medi-Cal Fee for Service (FFS) Claims Data

Historical claims paid data electronically transmitted to the Plan by the Department of Health Care Services (DHCS). This electronic file contains member specific historical fee-for-service utilization data, for the most recent 12 months prior to DHCS sending it. The file submission will occur no sooner than 60 days prior to the beginning of new member coverage. Blue Shield of California Promise (Blue Shield Promise) has selected specific encounter/claims data criteria to include MLTSS services to classify the member to a high risk stratification level.

Health Risk Assessment (HRA) Applies to Medi-Cal only SPD members

A standardized self-reported screening tool conducted with each SPD member upon enrollment to identify further assessment of needs that may include, but are not limited to: chronic conditions, disabilities, functional impairments, long-term services and supports (LTSS), medically necessary items and services, dementia, cognitive and mental status, and the capacity to make informed decisions. It is the basis for developing the enrollee's individual care plan (ICP).

Individual Care Plan (ICP)

The ICP is a summary of needs and service options identified in the assessment process and based on the individual needs and wishes of the member. The ICP describes a course of action developed for members outlining personally defined outcomes in the most inclusive community setting. Individual ICPs are re-evaluated at a minimum at least annually or upon significant change in a member's condition or services. Elements of the ICP include:

- Member goals and preferences
- Measurable objectives and timetables to meet physical, and behavioral health, functional, and LTSS needs
- Coordination of carved-out and linked services, and referrals to appropriate resources and other agencies when appropriate.

Interdisciplinary Care Team (IDCT) Applies to Medi-Cal only SPD members

The IDCT is comprised of a group of health care and other qualified professionals from diverse fields who work in a coordinated approach toward a common goal for the patient. The IDCT is intended for high-risk members who have been identified as such and have a need or needs that are demonstrated and in accordance with the member's ICP as a result of the HRA assessment categories, or a change in condition of member that results in placing him/her at risk. The IDCT is geared to the individuality of the member with the focus of promoting optimal outcomes through the alignment of community programs, coordination of the member's medical care, and LTSS. The involvement of the member and caregiver(s) is an integral part of the IDCT design and process.

POLICY

I. Risk Stratification – Non SPD

- a. Blue Shield Promise Health Plan will comply with new requirements of APL 14-010 as they apply to Risk- stratification mechanisms and algorithms for the following Non-SPD populations:

- i. Cal MediConnect opt-outs
 - ii. Full benefit dual-eligibles who are excluded from Cal MediConnect
 - iii. Partial benefit dual-eligibles
- b. The risk stratification is a mechanism or algorithm that is utilized by Blue Shield Promise to classify members at high risk or low risk at the time of a member's enrollment into the Plan by using historic fee-for-service utilization data supplied by DHCS. For purposes of classifying the above mentioned populations into a high or low risk category, the stratification will be specific to member utilization of MLTSS services as the indicator for high risk.
- c. For members that identified to have accessed these services, Blue Shield Promise will request a copy of any assessment(s) conducted on the member's behalf by the MLTSS providers to include IHSS, MSSP, CBAS, and LTC-SNF
- d. The MLTSS assessment(s) will be reviewed by Blue Shield Promise to determine if any further coordination of services for the member is appropriate such as:
 - i. Referrals that would assist the member in obtaining appropriate community resources and carved-out and linked services that fall outside of the scope of responsibility of the Plan
 - 1. Examples of these referrals may include but not limited to the following:
 - a. Transportation needs
 - b. Personal care
 - c. Housing
 - d. Home delivered meals
 - e. Behavioral health
 - ii. Treatment needs related to the member's current health status
 - iii. Facilitating communication among the member's LTSS and other providers to include mental health and substance abuse.
 - iv. Facilitating communication among the member's LTSS and other providers to include mental health and substance abuse.
 - v. The need for providing other activities or services that would benefit in helping the member in optimizing their health status, such as health education, self-management skills or other modalities to meet personal goals.
 - vi. Transitioning care to an alternate level of care or different provider(s)
- e. A copy of each assessment will be electronically retained and complied by Blue Shield Promise as part of the member's profile.
- f. Any referrals or coordination of service activities that were conducted as a result of the assessment findings will be documented and retained in the member profile.
- g. This data will be available and re-assessed at time intervals appropriate to the member's condition and service needs.
- h. Member receiving MLTSS services will undergo a re-assessment at a minimum, at least annually.

II. Health Risk Assessment and Risk Stratification – SPD Only

- a. Blue Shield Promise Health Plan will comply with the new requirements of APL 14-010 in addition to the established requirements set forth in PL 14-005 as they apply to Health Risk Assessment for the following populations:
 - i. Medi-Cal only Seniors and Persons with Disabilities over the age of 21, (SPD).
 - 1. Please refer to the following policies and supporting documents for further detail as they apply to PL 14-005.

- a. P&P 10.2.100.2 titled "Seniors and Persons with Disabilities Health Risk Stratification and Assessment"
- b. As the result of the Risk Stratification and HRA process an ICP will be developed to include the integration of MLTSS services.
 - i. For members that are identified to be receiving MLTSS (IHSS, MSSP, CBAS, LTC) services prior to or at the time of enrollment, Blue Shield of California Promise will request a copy any assessment conducted by these providers.
 - ii. The MLTSS ICPs/assessments will be reviewed and integrated into the member's overall ICP developed by the Plan.
 - iii. Re-evaluation of the ICP will be conducted at least annually or upon a significant change in a member's condition.
- c. An IDCT will be offered to high-risk SPD members as a result of:
 - i. Demonstrated need through the HRA process
 - ii. Need of care coordination
 - iii. Require community resources
 - iv. The member request one
- d. The IDCT process will be held in accordance with Blue Shield Promise Health Plan P&P 10.2.100.30 Titled "Interdisciplinary Care Team (IDCT) for Medi-Cal only Seniors and Persons with Disabilities over the age of 21

III. Communication:

Upon completion of the HRA process the HRA Summary, and Individualized Care Plan generated for the High-Risk Members is mailed to the member's PCP for review and follow-up as needed

IV. Competencies of the Interdisciplinary Care Team

- a. An annual training will be conducted for ICT members, and potential ICT members, prior to their participation on a care team and on an annual basis on the following topics:
 - b. Person-centered planning processes;
 - c. Cultural competence;
 - d. Accessibility and accommodations;
 - e. Independent living and recovery and wellness principles; and
 - f. LTSS programs, eligibility for these services, and program limitations.
- g. Training opportunities will be available to IHSS providers if the beneficiary request that the provider participate in the ICT

V. Plan Reporting Requirements

Beginning at the implementation of MLTSS as it applies to each Blue Shield Promise affected County and quarterly thereafter, Blue Shield Promise shall report to Medi-Cal Managed Care Division 135 after the end of each quarter, at a minimum:

- a. The number of newly enrolled MLTSS members during the quarter who have been determined to be at higher risk and lower risk by means of the risk stratification mechanism or algorithm.
- b. The number of newly enrolled Medi-Cal only SPD during the quarter in each risk category who were successfully contacted (plan received phone or mailed response) during the previous quarter and by what method.
- c. The number of newly enrolled Medi-Cal only SPD members during the quarter who were successfully contacted who completed the risk assessment survey (answered all questions) and the number who declined the risk assessment survey.

- d. The number of newly enrolled Medi-Cal only SPD during the previous quarter who completed the risk assessment survey and who were then determined to be in a different risk category (higher or lower) than was established for those members by the Plan during the risk stratification process.
- e. The number of newly-enrolled Medi-Cal only SPD members during the quarter who had an ICP completed.
- f. The number of newly-enrolled Medi-Cal only SPD members during the quarter who had an ICDT created.
- g. The data will be submitted in the format specified by DHCS and in accordance with the requirement calendar accounting for the varied dates of each county to: pmmp.monitoring@dhcs.ca.gov

REFERENCES

P&P 10.2.100.2 titled "Seniors and Persons with Disabilities Health Risk Stratification and Assessment"

P&P 10.2.100.30 titled "Interdisciplinary Care Team for Medi-Cal Only Seniors and Persons with Disabilities

Medi-Cal Risk Stratification Tool for SPD Members

Medi-Cal SPD Health Risk Assessment Survey

APL 17-012

APL 14-005