



L.A. Care
HEALTH PLAN®

For a Healthy Life



L.A. Care Health Plan

CCI Stakeholder Operational Workgroup

Thursday, February 26, 2015

Contents of this presentation is for stakeholder meeting purposes only. Information and PowerPoint slides are not to be distributed without written L.A. Care Health Plan consent.

Welcome and Introductions

Bobbie Wunsch
Facilitator



L.A. Care's Mission

- To provide access to quality health care for Los Angeles County's vulnerable and low income communities and residents and to support the safety net required to achieve that purpose.

Agenda

- Welcome and Introductions
- A Year in Review
- An Update on L.A. Care's Delegated Model
- Integrating MLTSS in the CCI/CMC
- Integrating Stakeholder Feedback
- Q&A
- Future Meetings

L.A. Care CCI/CMC Update

John Wallace

Interim CEO

L.A. Care Health Plan



An Update on L.A. Care's Delegated Model: Delegation 101, Part 2

Lynnette Hutcherson

Sr. Director of Clinical Assurance

L.A. Care Health Plan

&

Rus Billimoria

Sr. Director of Health Services

Preferred IPA



Presentation Goals

To understand:

- 1. Why do we delegate?**
- 2. What is delegation?**
- 3. What activities are delegated?**
- 4. Monitoring delegation**
- 5. Top 5 CMS/DHCS delegation challenges**

Why do we delegate?

- Health Plans may choose to share administrative functions and the responsibilities of providing care to members.
 - Able to meet the needs of a larger population
 - Leverage resources, i.e. PPG UM staff
- Always want the decision-making process and care coordination responsibility to stay closest to the member
- Allows delegates to customize the care coordination to their system and needs of the member (one size doesn't fit all)

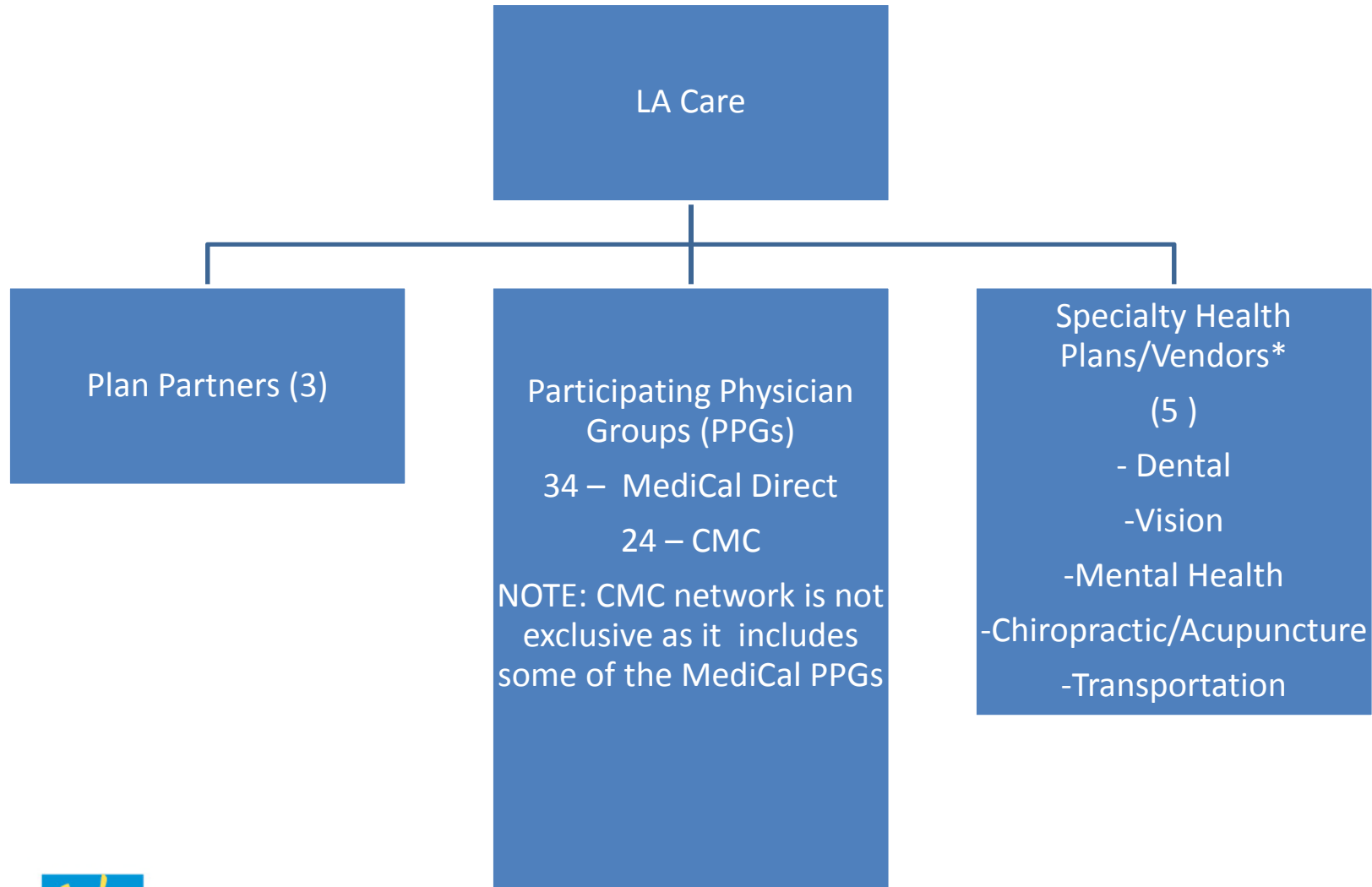
What is Delegation?

Delegation occurs when the organization gives another entity the authority to carry out a function that it would otherwise perform. This authority includes the right to decide what to do and how to do it, within the parameters agreed on by the organization and the other entity.

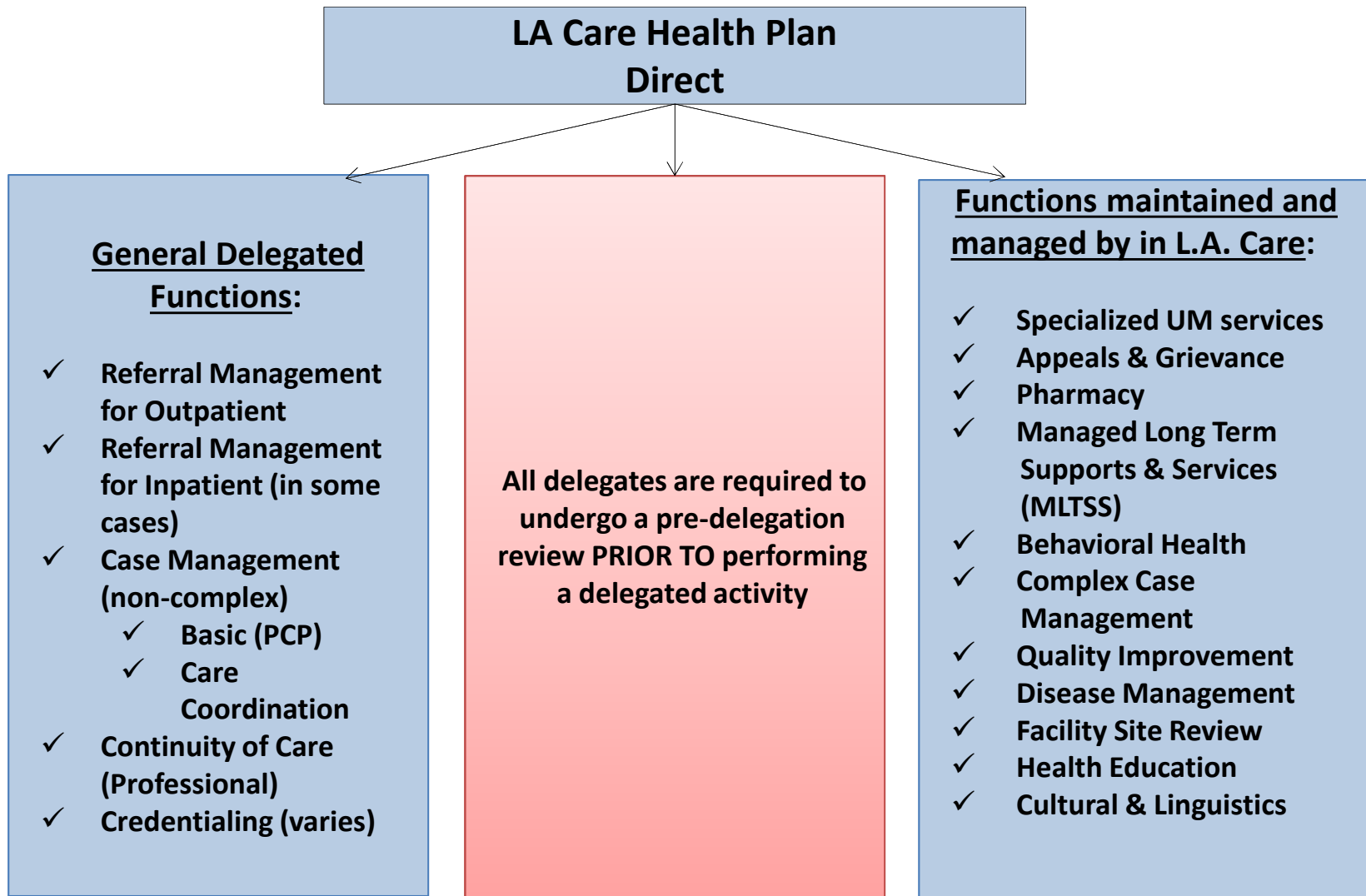
NCQA requires:

- ✓ **Delegation Agreement** - A mutual agreement between the delegating organization and its delegate that is performing specific functions related to its own and NCQA standards.
- ✓ **Oversight and Monitoring** - The organization must oversee the delegate to ensure that the delegate is properly performing the functions. The organization may reclaim the responsibility for delegated functions at any time.

L.A. CARE DELEGATED MODEL



Delegated Activities



**Formulary Management*

*** Coordinate w/L.A. Care*

Monitoring Delegation

Monitoring and oversight activities include:

- ✓ Reviewing PPG delegated activity reports, i.e. referrals, denials, denial letters
- ✓ Providing performance feedback
- ✓ Auditing process related to protecting member's rights, i.e. denial letters, member communications
- ✓ Performing annual and focus process audits

Top CMS and DHCS Delegation Challenges

- Lack of a clear delegation oversight program
- Member/beneficiary protection issues—
 - Member letters not clear in communication, including preferred language, reading level or content
 - Members are not given their appeal rights
- Lack of documentation to support care
- Untimely process of organization determinations
- Lack of delegate training



L.A.Care, CMC Stakeholder Operational Workgroup

Rus Billimoria, MBBS, MPH, CPHQ

Senior Director Health Services

Continuity of Care (COC) Statistics

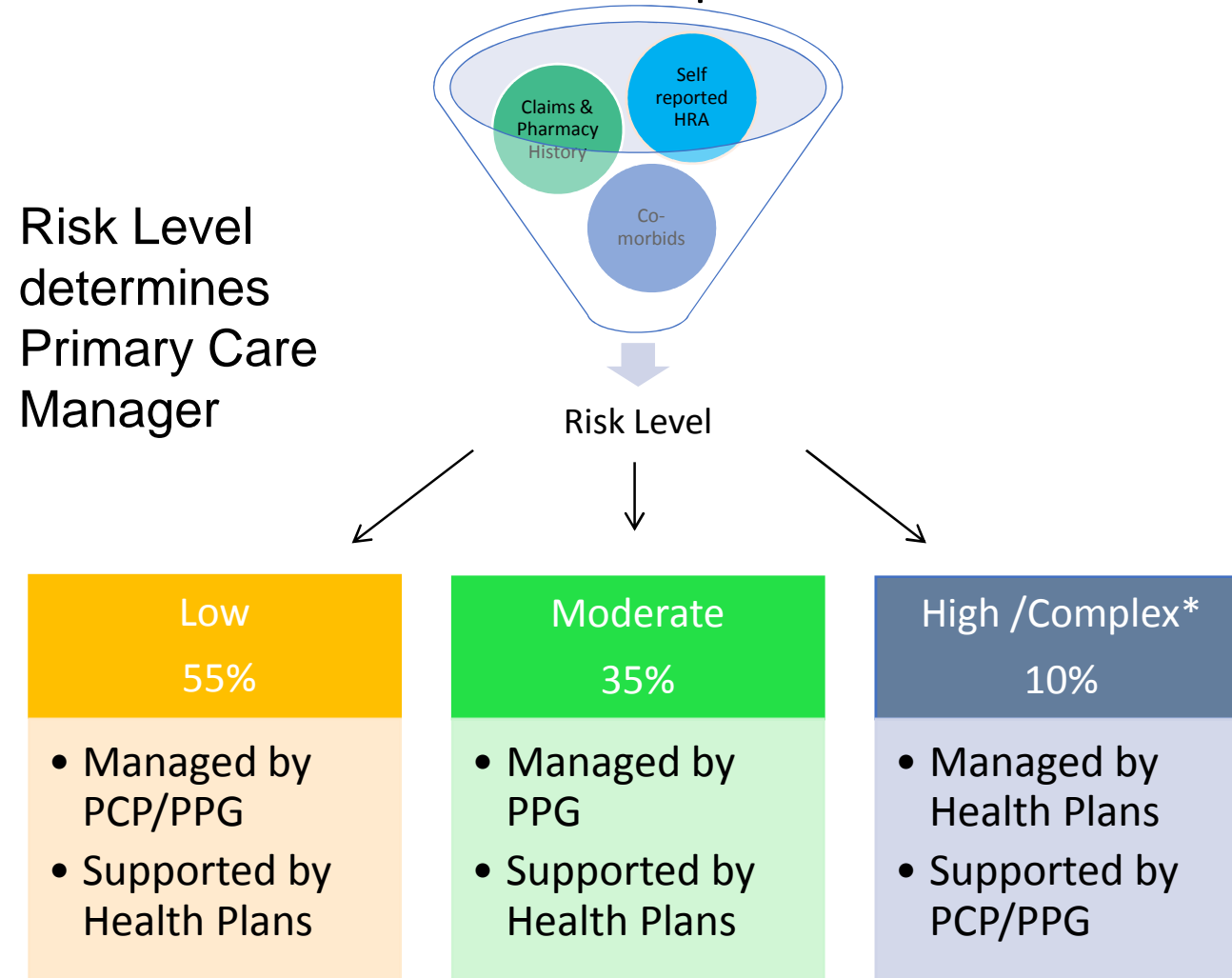
7/21/2014 - 2/24/2015

- Total members requesting COC = 103
- Total COC requests=130 (some members have multiple physician requests)
- Total request for Specialist care = 92
- Total request for Continuity with out of network Primary Care = 48
- Physicians not accepting COC terms = 34
- Physicians not responding = 10
- Physicians accepting COC members = 86
- Members disenrolled = 41 (39%)

Continuity of care Activities

- Ensure a smooth transition to in network PCP and Specialist.
- Maintaining a log of all Letters of Agreement completed with LOA expiration date.
- Sending 30 Day Notification of Authorization of Services to Member upon upcoming expiration of LOA with non-contracted provider.
- Creating authorization for patient to continue specialty care or primary care within network.
- Coordination with our Case Management team to help member transition to care in network.

Care Coordination: Roles & Responsibilities



***For Health Net Only: High/ Complex cases will be managed by Preferred and Supported by Health Plan**

Some Challenges and Areas of Improvement

- Proactive- Members are called but they are pushing back and do not want to be called
- Unable to reach members due to information
- Member communications- Issues with member letters:
 - Clarity of language
 - Difficult to understand
- Members may not understand program benefits

Member Preliminary Care Plan (ICP) Sample

CASE NUMBER: CF220001
CASE MGR: Eula Shorter
CARE COORDINATOR: Cindy Gregos

Notes Letters

Patient CM Status Diagnosis HRA Clinical ICT Info **Care Plan** Documents Attachments Appt Mgmt To Do Preventative Svcs Calendar Notes FAX

CARE PLAN Create New Care Plan

Date Identified:	Target Date:	Achieved Date:	Priority:	Issue:	Measurable Goals:	Intervention:	Barriers:	Long Term Needs:
02/04/2015	02/04/2016		High	DIABETES MELLITUS (DM)	Understanding of diabetes managements including diet, controlled blood sugars and improved levels of hA1c. No sign or symptoms of infections.	Instruct member to monitor blood sugars and discuss any signs or symptoms of hypo and hyperglycemia with the case manager. Instruct member to maintain blood glucose and glycosolated hemoglobin levels within defined target ranges. Request member keep a log of blood sugar readings and take this log to all doctor's appointments and also discuss with cm on each telephone conversation. Request member perform daily assessment of feet for signs or symptoms of infection.	No barriers identified member agreed to work on projected goals	Blood glucose control
02/04/2015	02/04/2016		Low	HYPERLIPIDEMIA	Member will be able to identify modifiable cardiovascular risk factors such as elevated serum lipids, sedentary lifestyle, and hypertension.	Explain the rationale for a diet restricting sodium, saturated fat, and cholesterol intake.	No barriers identified member agreed to work on projected goals	Medication and doctor appointment compliance.
02/04/2015	02/04/2016		Low	ANXIETY	Member uses effective coping mechanisms. Member maintains desired level of role function and problem solving.	Assist member in recognizing symptoms of increasing anxiety; explore alternatives to use to prevent the anxiety from immobilizing him/her. Teach member to limit use of central nervous system stimulants (e. G. Caffeine and nicotine). Refer patient for psychiatric management of anxiety that becomes disabling for an extended period.	No barriers identified member agreed to work on projected goals	Reduction in episodes of anxiety attacks

Integrating MLTSS

Beau Hennemann

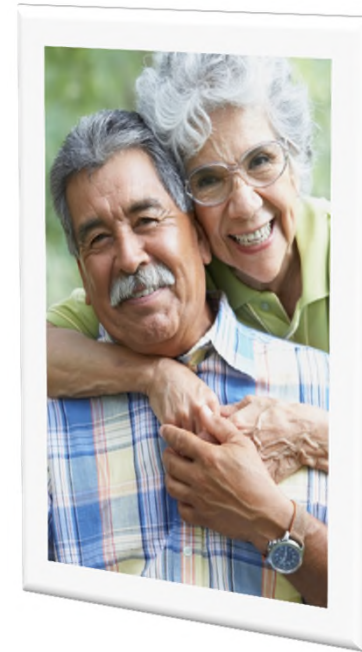
Manager of Home and Community Based Services

L.A. Care Health Plan



Agenda

- MLTSS Overview
- MLTSS Implementation
- Improving Care Coordination
- Care Plan Options



What is MLTSS?

Managed Long Term Services and Supports (MLTSS) refers to a wide range of services that support people living safely in the community in the most appropriate setting. MLTSS services covered under the California Care Initiative (CCI) include:

- ✓ **IHSS:** In Home Supportive Services
- ✓ **MSSP:** Multipurpose Senior Services Program
- ✓ **CBAS:** Community Based Adult Services
(aka Adult Day Health Care)
- ✓ **LTC:** Long Term Care (on-going nursing home placement)



MLTSS Department Philosophy

Our Vision

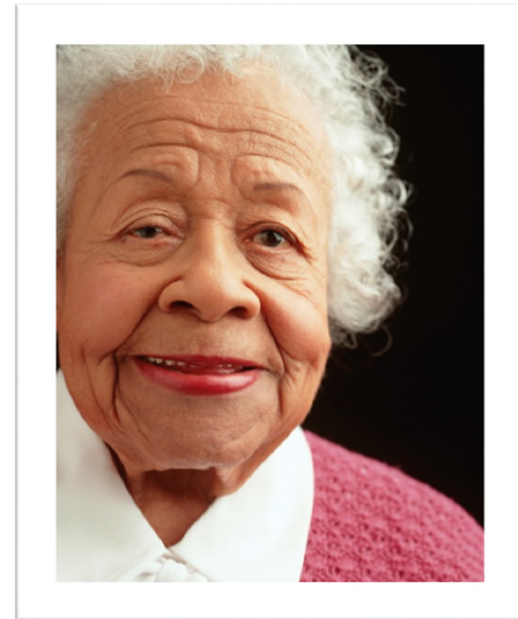
A coordinated service delivery system that improves the well-being of members and helps them remain living safely at home or another setting of their choice.

Our Goals

- Provide a member-centered approach
- Improve health outcomes and member experience
- Work collaboratively with current providers
- Create a seamless transition for members

MLTSS Team Overview

- CBAS Nurses and Coordinators
- LTC Nurses and Coordinators
- IHSS Service Coordinators
- MSSP Service Coordinators
- MLTSS Nurse Specialist
- MLTSS Social Workers
- Community Services Staff
- MLTSS Administration



2014 Focus: Program Implementation

Achievements include:

- Department fully staffed
- Developing/refining processes and workflows
- Transition of social work function to MLTSS
- Implementation of MLTSS services
- Development MLTSS reporting/tracking methods
- Creation of outreach materials
- On-going training for staff, providers and CBOs

IHSS Implementation

- About 60,000* L.A. Care members receiving IHSS
- Referral process established with DPSS
 - For new applications and reassessments
 - Over 900 L.A. Care referrals made to IHSS
- Relationships with DPSS Liaisons to resolve issues
- IHSS Coordinator participation in ICTs
- Coordinators working with provider groups to assist members needing help with IHSS forms
- Using HRA to identify need for service/reassessment

** Includes members assigned to Plan Partners*

MSSP Implementation

- Over 1,050* members receiving MSSP services through contracts with six MSSP providers
- L.A. Care bi-weekly calls held with MSSP providers
- Processes established for referrals, data sharing, payment, reporting, and care coordination
- Multiple issues with MSSP transition resolved
- Successful L.A. Care referrals made to MSSP
- L.A. Care coordinating with MSSPs for waitlisted members

** Includes members assigned to Plan Partners*



Community Based Adult Services Overview

- Over 8,000* members receiving CBAS services
- L.A. Care contracted with over 150 CBAS centers
- L.A. Care authorizes CBAS services
- Survey of CBAS providers completed to identify and update CBAS members' primary care physicians
- Also assisting members impacted by CBAS closures

** Includes members assigned to Plan Partners*



LTC Implementation

- About 3,000 L.A. Care Members receive LTC services at over 400 Los Angeles Nursing Facilities
- “SNFist” network established
- MLTSS team providing authorizations
- Continual system improvements underway



Community Based Services

MLTSS Social Workers and Community Services staff work with members to access supportive services:

- Independent Living Centers
- Regional Centers
- Area Agencies on Aging Programs
- HCBS Waiver Programs
- PACE
- Housing Programs
- Transportation Programs

Member need identified through Health Risk Assessments, Case Management referrals, and member and provider requests

2015 Focus: Program Enhancements & Improved Coordination

- IHSS coordination to larger population
- Member needs identified through:
 - HRA trigger lists
 - Staff/PPG education and coordination
 - Enhanced use of MLTSS data
- MLTSS Social Work Team in place
- More MLTSS involvement in Interdisciplinary Care:
 - DPSS Case Workers
 - IHSS Homecare Workers
 - MSSP providers
 - CBAS providers



2015 Focus: Program Enhancements & Improved Coordination Cont'd

- MLTSS staff participation in providers' care teams
- Members identified for nursing facility transitions
- Strong relationships with MLTSS providers
- Care coordination with community-based organizations
- Coordination and services for non-CMC dual eligible members
- Care Plan Options for CMC members
- MSSP Waiver transition planning

Care Plan Options (CPOs)

Cal MediConnect plans may offer additional, optional services known as Care Plan Options or CPO

- CPO services may be provided in addition to, not instead of, required benefits
- CPO services vary depending on needs of member
- CPO services authorized only when all other plan benefits and free community services are exhausted

Why CPO Services are Important?

CPO services are designed to:

- Enhance a member's care
- Help a member to stay at home safely
- Prevent unnecessary hospitalizations
- Prevent prolonged care in institutional settings
- Allow L.A. Care to respond more quickly to changes in a member's physical or behavioral health
- Provide additional tools to address a member's care needs

What are CPO Services?

CPO services include, but are not limited to:

- Respite care: in home or out-of-home
- Supplemental personal care and chore services (above and beyond authorized IHSS hours)
- Habilitation: training to persons with disabilities to meet their daily living needs
- Supplemental protective services/supervision
- Nutrition assessments, supplements, home-delivered meals

CPO Services Cont'd

- In-home skilled nursing care and therapy for chronic conditions
- Home maintenance and minor home adaptation
- Personal Emergency Response Systems and assistive technology
- Non-medical transportation (above and beyond the supplemental benefit)
- Other services offered by community-based organizations

Eligibility for CPO Services

To be eligible for CPO services, an individual must:

- Be a Cal MediConnect member
- Complete a Health Risk Assessment (HRA)
- Be assigned to an Interdisciplinary Care Team
- Have an Individual Care Plan that supports the need for CPO services
- Have exhausted free community resources (CPO is always the service of “last resort”)
- Receive MLTSS Department approval once further assessment is complete

Current Status of CPO

L.A. Care is preparing for CPO launch in March:

- CPO provider network (50 vendors) in place
- Workflows, policies and procedures established
- Assessment tools, complaint process and payment mechanisms in place
- Piloting cases to solidify processes

MLTSS Contact Information

MLTSS Department : 855-427-1223

MLTSS Fax: 213-438-4877

MLTSS E-Mail: mltss@lacare.org

Please Note: member PHI should be submitted in secured email

Responding to Stakeholder Inquiries

Gretchen Brown

Sr. Director of Medicare Operations

L.A. Care Health Plan



Questions and Answers



Future Meetings

Bobbie Wunsch
Facilitator

