

Care1st Presentation

Slide 1: Title Slide

HCBS Advisory Workgroup

Sacramento, September 30, 2015

Health Plan Recommendations to Improve SNF Repatriation Process and CA Community Transitions

Slide 2: Care1st Health Plan

- Care1st was created in 1994 by three medical groups & a disproportionate share hospital dedicated to providing health care services to vulnerable populations through State and Federal government programs
- One of the only Traditional and Safety Net provider-owned Health Maintenance Organizations (HMOs) in California
- Awarded contracts for Medicare and Medi-Cal / Medicaid
- Care1st offers 7,000+ provider networks & serves approximately 700,000 members in California and Arizona
- NCQA Commendable Accreditation. Ranked as a top Medicaid health plan in California by Consumer Reports

Slide 3: Transition of Care Management – Comparison of Custodial Care: Before & After CCI

- Visual demonstration on the transition of care before and after the CCI/Cal MediConnect

Slide 4: Care1st CCT Providers

- Relationships and/or contracts with the following CA Community Transitions (CCT) providers:
 - Los Angeles County
 - Libertana
 - The Care Connection
 - Independent Living Center of Southern California (ILCSC)
 - San Diego County
 - Libertana

Slide 5: Care1st Results per CCT Provider – Los Angeles

- Total Referrals
 - Libertana: 232
 - TCC: 18
 - ILCSC: 10
- Los Angeles total Referrals: 266
- Completed transitions: 8 (one disenrolled from Care1st)
- Waiting for placement: 14

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Slide 6: Care1st Results per CCT Provider – San Diego

- Libertana
 - Referrals: 38
- Completed transitions: 4
 - 2 placed in Orange County Assisted Living Facility
- Waiting placement: 5 (more difficult to find housing in SD)

Slide 7: How Care1st Identifies Potential Candidates for CCT

- Review of MDS Section “Q”
- Case Management Activities, including Interdisciplinary Care Team (ICT) meetings
- LTC Facility visits by Contracted Physician Group, UM Staff and LTSS Department
- CCT referrals direct from SNFs

Slide 8: Care1st Staff Involved in CCT Process

- CCI Medical Director
- Social Workers in both Los Angeles & San Diego work closely with CCT vendors and have bi-weekly Case Conference Calls to discuss potential candidates & where they are in the process
- LTSS Department Team conducts LTC Facility Visits

Slide 9: Communication

- Health Plan & CCT Vendors
 - Social Services Department:
 - Social Workers in both Los Angeles & San Diego work closely with CCT vendors and have bi-weekly Case Conference Calls to discuss potential candidates & where they are in the process
 - LTSS Department Team
 - Conduct LTC Facility Visits & meet with members 1:1
 - Observe members who appear to be independent & those who ask to move home and/or back to the community
 - Refer potential candidates to Social Services Department

Slide 10: Communication (continued)

- Health Plan & Network Providers
 - Education - conduct trainings re: CCT
 - Request Network Providers to refer potential candidates to Social Services Department
 - Social Workers follow-up with CCT Vendors
- Health Plan & LTC Facility
 - Communicate with LTC facility & Attending Physicians
 - For Medi-Cal Only members with Medicare FFS, we try to contact the Medicare Provider

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Slide 11: Housing is Critical to CCT Success

- Develop partnerships with Affordable Housing owners & Property Management companies
- Partner with Housing Authorities to obtain access to Section 8 vouchers
- Partner with organizations providing housing-related activities & services to create “service-enriched” affordable housing
- Partner with Board & Care Homes that accept SSI

Slide 12: CCT Challenges

- Member Choice
 - They control where they want to move
 - Out-of-county – need more time to coordinate from county to county
- Length of time to actually move members. Perhaps financial & clinical eligibility assessments could be completed simultaneously while finding housing.
- Family members oftentimes do not want member to move. We need to provide family caregiver support, i.e., respite, to reduce caregiver burnout, etc.

Slide 13: CCT Challenges (continued)

- Difficulty in coordinating care or repatriating members that have part B only or FFS full duals
- Difficulty in coordinating care or repatriating members that are in LTC facilities that do not have a contract with Care1st. In order to get LTC facilities to work with us to repatriate members, they want to know that we will send them new members (Medicare). Plan would not refer new members with non-contracted LTC facilities.

Slide 14: Thank You!

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