healthfirst
Health Insurance for New Yorkers

Provider Alert

Provider Alert: Model of Care

Special Needs Plan (SNP) Model of Care

What is a Special Needs Plan?

Congress created the Special Needs Plan (SNP) in the Medicare Modernization Act (MMA) of 2003 as a new type of Medicare managed care plan focused on certain vulnerable groups of Medicare beneficiaries.

Three (3) types of SNP exist, each designed for a specific group:

- C-SNP — for individuals with severe or chronic conditions
- I-SNP — for individuals who are institutionalized or eligible for nursing home care
- D-SNP — for dual-eligible individuals

What is Model of Care Delivery for SNPs?

SNP Model of Care delivery methodology provides primary, specialty, and acute care services, as well as Medicaid Long Term Care services (under certain plans), through an Interdisciplinary Care Team (ICT) approach.

The Model of Care strives to meet the specialized needs of its members and to optimize their health outcomes by using evidence-based practices with an appropriate network of providers and specialists.

Healthfirst Special Needs Plans are:

- Life Improvement Plan (LIP) – D-SNP
- CompleteCare – Fully Integrated D-SNP with LTC services

How Do They Work?

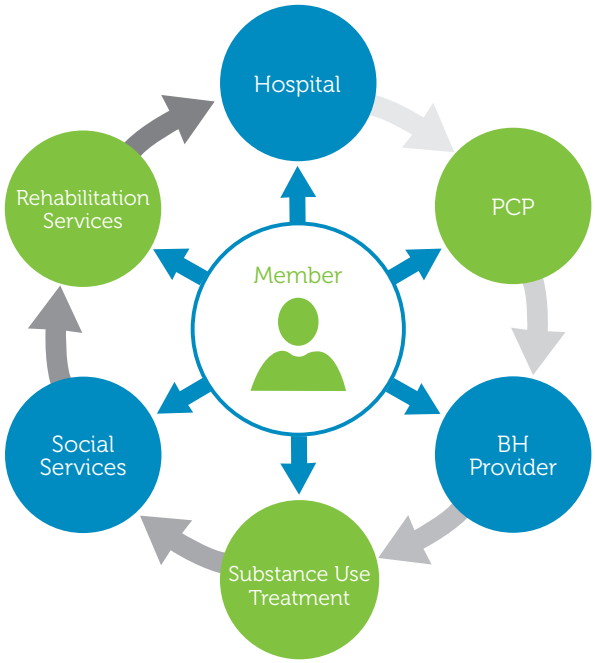
SNPs improve care for beneficiaries with special needs through interdisciplinary coordination and continuity of care, referred to as a "Model of Care" (MOC).

Healthfirst's Model of Care supports service delivery for members through facilitation of access to needed resources and quality care, including:

- Coordination of care through a central point of contact
- The member's PCP, in collaboration with a Healthfirst Care Manager or the Care Management team care
- Monitoring transitions through the timely coordination of care plans to ensure vulnerable SNP populations do not receive fragmented care, thereby reducing readmissions
- Preventive Health, Medical, Mental Health, Social Services, and added-value services

The Core Team may include:

- Member
- Healthfirst Care Manager (telephonic)
- Healthfirst Care Coordinator (telephonic)
- Healthfirst Behavioral Health Care Manager
- Primary Care Provider (PCP)
- Primary Behavioral Health Clinician
- Therapist (as indicated)



Other Potential Team Members:

- Specialty Care Physicians
- Home Care Nurses
- Residence Managers
- Social Workers
- Peers
- Other Caregivers
- Family and Community Supports

The Interdisciplinary Care Team (ICT/IDT)

The ICT/IDT is the group of caregivers that takes part in the development and implementation of a comprehensive Individualized Care Plan (ICP) or Person-Centered Service Plan (PCSP) for each member. Members of the team could be PCPs, RNs, behavioral health professionals, home care aides, specialists, therapists, family members, and anyone who is involved in performing duties to manage the member's care.

The ICT/IDT should work together and communicate with each other to ensure the member's ICP is effective. Membership of this team is defined by a Healthfirst Care Manager, based on the member's initial and ongoing health assessments and on conversations with the member and the member's PCP.

The ICT/IDT approach—to provide each member with an individualized comprehensive care plan—maximizes the member's functional potential and quality of life.

The ICT/IDT ensures integration of the member's medical, behavioral health, community-based or facility-based long-term services and supports (LTSS), and social needs.

The estimated time to conduct an ICT/IDT meeting will vary based on the member's needs, but it is expected to be between 30 and 60 minutes.

The ICT/IDT will be based on a member's specific preferences and needs, and will deliver services with respect to linguistic and cultural competence, and dignity.

Fully Integrated Duals Advantage (FIDA): AbsoluteCare Plan

Healthfirst AbsoluteCare FIDA members have an ICT/IDT consisting of the following team members:

- AbsoluteCare member and/or an authorized representative, family member, or a member's friend
- Primary Care Provider (PCP) or a designee with clinical experience from the PCP's practice who has knowledge of the member's needs
- AbsoluteCare FIDA MMP RN Care Manager – leads IDT and is responsible for ensuring provision of care services
- Behavioral Health Professional, if there is one, or a designee with clinical experience from the professional's behavioral health practice who has knowledge of the member's needs
- Member's Home Care Aide(s) or a designee with clinical experience from the home care agency who has knowledge of the member's needs
- Member's Nursing Facility Representative who is a clinical professional, if member is receiving nursing facility care
- The RN who completed the member's assessment, if approved by the member or designee
- Other providers, either as requested by the member or designee or as recommended by the IDT

ICT/IDT Responsibilities

Each IDT member is responsible for:

- Actively participating in the ICT/IDT service planning and care management process
- Attending meetings, whether in person or by means of real-time, two-way communication (telephone or videoconference)
- Regularly informing the ICT/IDT of the medical, functional, and psychosocial conditions of the member
- Remaining alert to pertinent input from other team members and caregivers
- Documenting changes in a member's condition in the Person-Centered Service Plan (PCSP) or Individualized Care Plan (ICP)
- The ICT/IDT as a whole is responsible for making coverage determinations as part of service planning
- After the first ICT/IDT meeting, the team must convene routinely, but not more than six months from the previous meeting
- These meetings may occur more frequently, since the ICT/IDT must reconvene after a reassessment due to a qualifying trigger event (hospitalization, change in health status, etc.)
- ICT/IDT participants must operate within their professional scope of practice appropriate for responding to and meeting the member's needs and complying with the state and federal licensure and credentialing requirements
- When it is required that a care decision be made by a provider with a certain licensure and/or certification, the ultimate decision always rests with the appropriately licensed or certified treating participants of the ICT/IDT