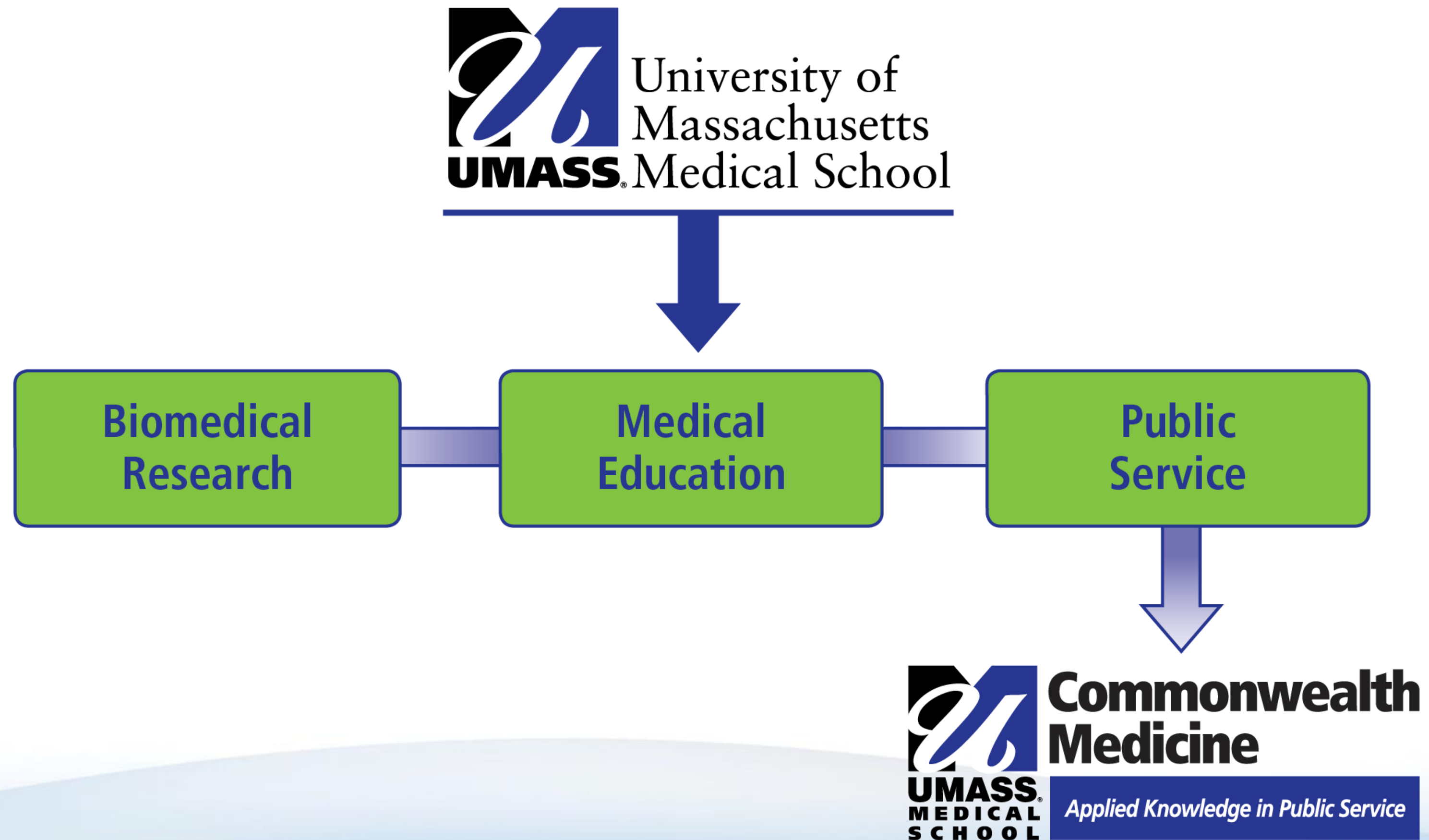
Complex Care Management Model Design

Overview for Managing Long Term Support Services for Complex Populations Summit

October 25, 2016

University of Massachusetts Medical School
UMASS
umassmed.edu

Who We Are



UMASS University of Massachusetts Medical School
umassmed.edu

Essential Steps in Model Design

- Step One: Identify the population
- Step Two: Determine the risk factors
- Step Three: Identify interventions
- Step Four: Develop Plan of Care
- Step Five: Monitor Outcomes
- Step Six: Continuous improvement

Medicaid Focused Complex Care Management

- Medicaid Administrative activity
- Focused on a defined population of medically complex individuals requiring skilled interventions
- Involves the facilitation of Medicaid funded long term services and supports (LTSS) to enable individuals to remain in the community and avoid institutionalization

University of Massachusetts
UMASS. Medical School
umassmed.edu

Goals

- Provide LTSS benefit coordination of Medicaid State Plan services
- Streamline and simplify the prior authorization (PA) process by establishing a single point of entry to Medicaid LTSS
- Ensure that Medicaid is the payer of last resort for services by coordinating the LTSS needs of Individuals with those available from other insurance or other payers
  - including services provided by state/local agencies

Program Eligibility

- All individuals who require continuous skilled nursing services
- No age requirement
- Individuals must
  - Require a nurse visit of > 2 continuous hours of nursing services in the home
  - Have certain categories of Medicaid insurance

Member Characteristics

- Typical Primary Diagnoses:
  - Cerebral Palsy
  - Congenital Malformations
  - Neuromuscular Disease
  - Neurologic Disorders
  - Genetic Disorders
  - Trauma
- Age Range:
  - 0-97 years old
- Other:
  - Severe Developmental Delays
  - Guardianship Issues
  - School Issues
  - End of Life Issues

Process

- Step One: Referral to program
- Step Two: Telephone Screening
- Step Three: Comprehensive in-person assessment completed by RN
- Step Four: Develop Service Record (AKA Plan of Care)
- Step Five: Monitor Individual and Utilization Regularly
- Step Six: Adjust Service Record as needed

Single Point of Entry

- Once services authorized, nurse care manager becomes the primary contact for the Individual/Caregiver for ongoing LTSS needs and any issues that may arise
- Nurse care manager is responsive to Individual's ongoing needs
  - Quick authorization of increased services during acute illness
  - Assist Individual/Caregiver to locate nurse providers
  - Referral to other state/local agencies
  - Connection to benefits support, including assistance with premium payments and other insurers
  - Attendance at hospital and facility discharge planning meetings to facilitate discharge
- Ongoing support through telephone calls and annual in-person reassessments (or more frequently if needed)

UMASS University of Massachusetts Medical School
umassmed.edu

Single Point of Entry (cont.)

- Nurse care manager works in collaboration with Allied Health professionals
  - Occupational Therapists, Pharmacists, Physical Therapists, Rehabilitation Counselors, Respiratory Therapists, Social Workers, Speech Therapists
- Allied Health professionals provide ongoing support, including:
  - Clinical knowledge and decision making for other LTSS authorizations
    - Durable Medical Equipment, Orthotics & Prosthetics, Oxygen/Respiratory Equipment & Supplies, Therapy Services
  - Functional assessment for personal care services, home and community accessibility and other LTSS needs
  - Identification of communication needs
  - Collaboration with other community providers to identify and coordinate other support needs

Outcomes

- Member Survey
  - 2014 Surveyed a sampling of individuals in the program for at least 6 months (N-667)
  - Response rate 45.3%
  - Survey designed to assess perceptions across number of areas including needs assessment, communication with and coordination of services, interaction with allied health specialists and overall perceptions of the care approach.

University of Massachusetts UMASS. Medical School
umassmed.edu

- 91% overall satisfaction with care coordination
- Majority indicated assessment process which drives nursing authorization is thorough and clear
- 89% report the care coordination has resulted in having a positive impact on a person's life
- 83% report it would be at least "somewhat difficult" to stay at home without this support

- Cost Avoidance
  - FY 04-16 > $84M

University of Massachusetts
UMASS. Medical School
umassmed.edu

Contact Information

Karen S. Williams, MSW

Senior Director

Disability and Community Services

UMASS Medical School

333 South Street

Shrewsbury, MA 01545

(508)856-7693

karen.williams@umassmed.edu

University of Massachusetts Medical School

UMASS

umassmed.edu

Questions