

October 12, 2001

DRAFT FOR COMMENT

CONTRACTOR MINIMUM SCOPE OF SERVICES FOR LTCIP

System Vision

- a continuum of health and social services for the aged, blind, and disabled
- all acute and long term care services are accessed via a single point of entry
- care coordination (case management) arranges for community-based care to prevent the need for higher acuity care when possible/desired by the consumer
- a single “care plan” is the basis for all provider services
- capitation+additional waiver \$\$ for those consumers who are “SNF certifiable”
- use existing network and compensate fairly

Options for Generic “Front End” Activities

AIS/County could provide:

- web-based information and assistance database for all community health and social services, including credentials/maps to providers (GeoAccess), w/dial-in
- 24 hour emergency case manager line
- eligibility with initial, unbiased risk screen
- health education, self-care management, fitness, consumer empowerment specifically for aged and disabled population
- link to community “specialty” provider network for non-medical services

Care Coordination/Case Management

- can be provided by the contractor
- can be subcontracted
- must be integrated with system to link acute and long term care services
- will work with primary doctor to coordinate all services

Scope of Member Services: Two Tiered

1. non SNF-certifiable: regular Medi-Cal scope of acute and primary care services and “substitute”* services + adult day health care, hospice, in-home support, system to identify individuals with changing/increasing risk levels.

*Health Plans can choose to pay for other services under cap rate to prevent acute utilization.

2. SNF-certifiable: all services needed from #1+ availability (directly or through sub-contract) of:

- Home modification, repairs, maintenance
- Translation/communication/emergency response devices
- Home health/personal and respite care above regular Medi-Cal scope
- Counselling
- Money Management
- Adult day care

- Emergency moves/temporary shelter
- Nutrition
- Assistive devices
- Legal assistance
- Transportation
- Dental services not covered by Medi-Cal

The contractor may sub-contract for the scope of services, but will be responsible for inclusion of member in care plan development, monitoring member outcome, quality of care, and control over expenditures. One of the sub-contractors for in-home support must be the Public Authority (once in place). A formal coordination process must be in place for mental health services with San Diego Mental Health Services; dental care with Denti-Cal providers; Regional Center???

Administrative Rate

Local LTCIP staff will work with potential contractors and state staff to build an appropriate set of assumptions for reimbursement for plan administration. These assumptions will build upon who does the “front end” activities described above, and what is appropriate to move from state to local administration responsibilities and costs. Health Plan input is desired regarding these assumptions/costs.

Network Options

1. Contractor provides all acute, primary, and long term care services.
2. Contractor provides all acute and primary services and sub-contracts for all long term care services.
3. Other options???

Timeline

On October 4, 2002, the state Managed Care Division will begin to work on the federal waiver renewal for the state 1915 (b) waiver that authorized Healthy San Diego. Therefore, a decision on the part of health plans to participate will need to be made before that date.