

# CMFI: Care Coordination – CCA Model and CY23 Enhancements

April 2023

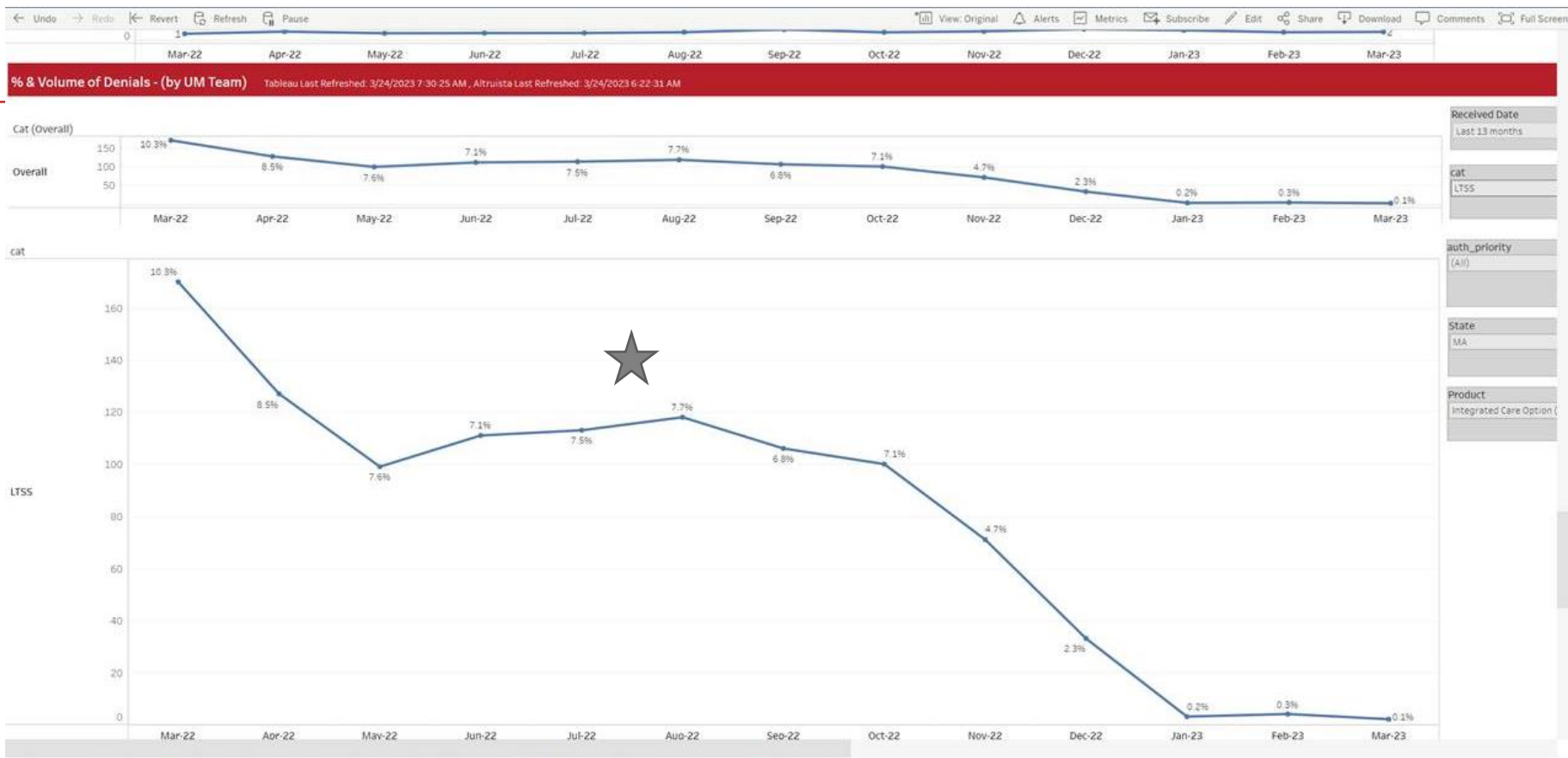


# What is a Care Partner?

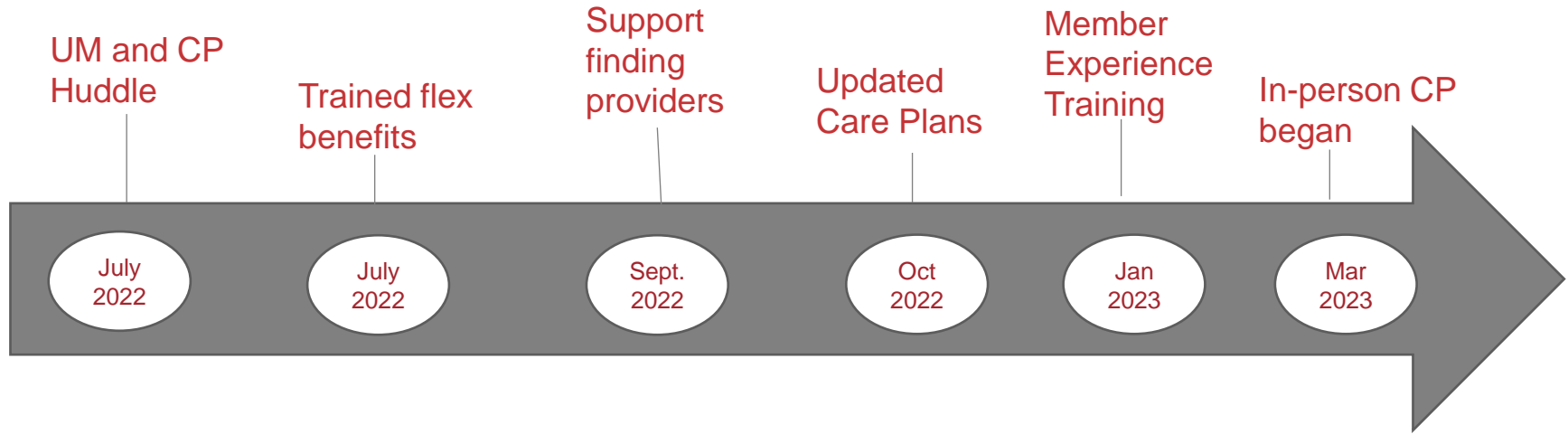
- The Care Partner, aka Care Coordinator, is a member's primary point of contact at CCA
- They have ongoing training in:
  - Massachusetts community resources
  - Active listening
  - Motivational interviewing
  - Recovery principles
  - Independent Living Principles
  - Physical and behavioral health concerns
  - Removing barriers in the health system
- The Care Partner is responsible for assisting the member with their care planning

## Aspects already in alignment with CMFI

- Auditing all UM denials weekly to ensure care plan, comprehensive assessment and UM/CP conference
- Offering virtual ICT to members and their care team
  - Pilot in July 2022, now across the CG in February 2023
- Rolling out the option for in-person care coordination now
  - Less than 20% of ICO members have agreed to in-person care coordination
- Submitted Key Performance Indicators
- Training by EOHHS on Care Coordinator
- LTSS denial case conference between Care partner and UM began in July
  - Has decreased LTSS denials month over month: 0.1% in March '23



# Recent Enhancements to CCA's Model



## Flexible Benefits

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- The Care Coordinator meets with UM to provide oversight on all flex benefits
- Flexible Benefits measurement began in May 2022
- Top items:
  - Home Health Aide
  - Continuous Glucose Monitor
  - DME
    - Weatherproof cover for scooter
    - DolphinCare Integrated Bed system
    - Air purifier
    - Sit to stand frame/table system

## Overview of the Care Coordinator Role: Finding New Provider

Member services will mail a list of available providers to the member and the team admin support calls the member a few days later to go over the list. That is an improvement in the last 6 months or so, when the member would only get the list

The admin support is on the team, attends the huddles and works at the discretion of the care partner to help members with non-clinical concerns to decrease the time it takes for members to get answers or assistance

# Overview of Care Coordinator Role: Care Plan

- Began adding the member's own words to the care plan in the fall
- April 2023
  - New Comprehensive Assessment strengthens the care plan discussion
  - Updated the wording on the care plan to be more member-centric
  - Removed services that are no longer active
- Proposed for late 2023/early 2024
  - Reformatting the headings to remove repetitive dates
  - Improve who is responsible for goals (member, care partner)



# Overview of the Care Coordinator Role: Care Partner Empowerment

- Reviewed and updated the Care Partner training to include concepts from CMFI
  - The Care Partner primary role is to help the member navigate their health care
  - The Care Partner advocates for the member for services they need but may not meet exact medical necessity criteria
  - The Care Partner role in helping member file denial appeals has improved

# New Processes Developed to Support CMFI

- Role in UM / What can the Care Coordinator Authorize
  - Utilization Management and the Care Partners had team building and process review meetings since May 2021
  - UM contacts the Care Partner before any LTSS/DME/PCA denial for the teams to discuss if there is more info that would support approving the request
  - Care Partner encouraged to advocate for member's need in documentation and with UM to prevent denials, where possible
- Advocacy
  - Use of flexible benefits

# Training

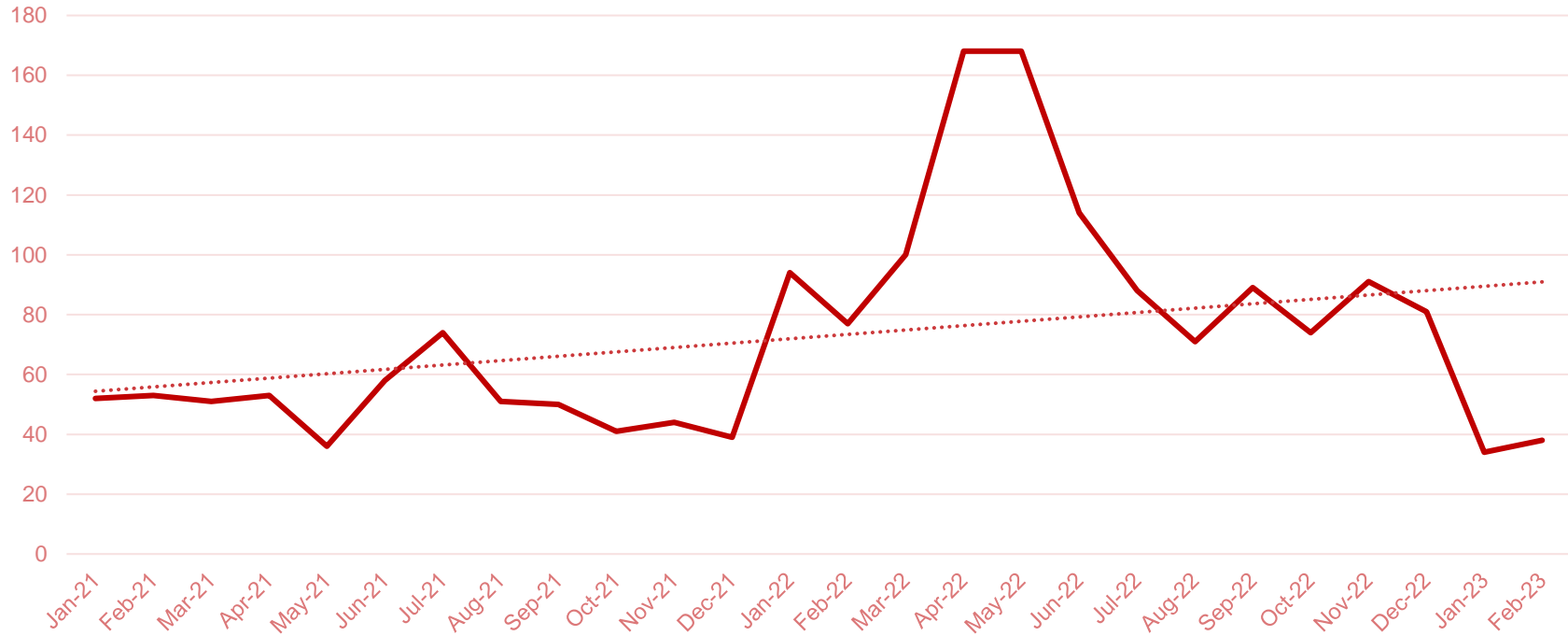
- For care team staff to listen better, hear what the member is saying
  - Updated Active Listening training was to retrain staff to listen to the member and answer what they are asking, not planning an answer while the member is talking
  - Videos from 4 members discussing their experience with the care team and their expectations of the care partner. This is to better develop empathy for our staff
- For care team to individualize member's care
  - Flexible benefit training to reinforce the expectations that the care partners must review the member's specific care plan to determine if a service request can meet member's needs
    - Care partner works closely with Utilization Management team to ensure items that benefit the member are not denied
  - Unconscious bias training 1Q 23

## How Does CCA Ensure Quality Care

- Clinical managers listen to at least 5 care partner/member calls per month to evaluate:
  - Tone
  - Respectfulness
  - Helpful
  - Clinical assessment
  - Clearly outline next steps for member
  - Appropriate follow up
- Clinical managers do a documentation review for any member grievance
- Monitor care plan completion, comprehensive assessment timeliness, percentage of members outreach every 90 days

# Improvement in Member Complaints

ICO Compliants about CP



## Member Examples

- 63-year-old member with dementia had 82 hours of PCA and the request for a supportive home care aide was deemed duplicative. Using the flexible benefit criteria of allowing the member to continue independent living in the least restrictive setting, CCA authorized 40 hours per week of supportive HCA in May 2022.
  - Member is still residing in her own home 11 months later
- 56-year-old member with diabetes with neurologic complications, not on insulin. To be eligible for a continuous glucose monitor, a person must be on insulin. The doctor wanted finger sticks 3 x day due to low blood sugar. Due to pain member was not able to do that. Care team met with the PCP and UM to approve CGM.

# Discussion / Questions

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