

Universal Care, INC., H0838
Chronic or Disabling Condition (Dementia) Special Needs Plan

Model of Care Score: 81.25%

2-Year Approval

January 1, 2014 – December 31, 2015

Target Population

Brand New Day (BND) operates as a Chronic Care Special Needs Plan (C-SNP) for individuals with dementia. Brand New Day focuses on dementia care within five counties in Southern California: Kern, Los Angeles, Orange, San Bernardino and Riverside. These counties represent a total service area of 18 million individuals. With the exception of Orange County, the counties being served by BND are generally low income counties with a mixture of some very high income and many very low income persons. The diet of those at or under the poverty level tends to lead them into obesity, cardiovascular diseases and diabetes. The population in these counties tends to seek primary care from emergency rooms instead of getting routine preventive care from primary care providers. Chronic obstructive pulmonary disorder tends to be high in these counties.

Provider Network

Brand New Day has a special network of providers with expertise in dementia care. The plan assigns a designated primary care provider (PCP) to all members who enroll. BND requires each PCP to have documented experience treating dementia patients and each provider must agree to comply with: the BND Dementia Model of Care, the BND American Diabetes Association (ADA) treatment guidelines and the BND Dementia Care Management Matrix. Additional support for members who require it comes from other specialties within the provider network. The network consists of: nurse complex case managers, health coaches (assigned to all members within 30 days of enrollment on the plan), hospitals and skilled nursing facilities.

The plan's matrix of providers includes practitioners and providers in other specialties that treat members with complex conditions who require additional medical services. Other providers utilized consist of: nutritionists, exercise counselors, community support groups, behavioral health providers, palliative care physicians, durable medical equipment (DME) and pharmacies. In addition, BND contracts with other specialists on an as needed basis for members who require further assistance

Care Management and Coordination

BND assigns a registered nurse complex case manager (RN CCM) to each member upon enrollment. Enrollment staff schedules a first appointment for the member with the RN CCM. During the first (telephone) meeting, the RN CCM conducts an initial intake which includes completing the health risk assessment (HRA). The RN CCM and member complete the initial HRA together and jointly develop the first individual care plan (ICP) during the telephone intake meeting. The member's intake includes an assessment of his/her support system and living situation.

The RN CCM acts as facilitator for the interdisciplinary care team (ICT) and accepts responsibility for sharing and coordinating with the ICT members. The RN CCM ensures input from ICT members gets incorporated into the ICP in a timely manner. The composition of the ICT takes into account the medical condition of each member and consists of a core team that includes: the RN CCM, health coaches, social services experts, pharmacists, field intervention nurses and the member. Other specialties are added to the ICT on an as needed basis, in accordance with the unique needs of the member.

The member is the key stakeholder in the ICT (or caregiver/health coach representing the member if he/she does not or cannot participate). The BND member's assigned health coach strives to involve the member in the ICT meetings by telephone. The case manager contacts the member regularly to discuss the care plan and consider the member's individual needs based on his/her condition. The case manager and member discuss plans for meeting care goals. A member actively participates in the development of the ICP based on his/her physical and/or psychosocial capabilities and indicates whether he/she agrees with the care plan.

This MOC summary is intended to provide a broad overview of the SNP's MOC. Although the full extent of any MOC cannot be conveyed in a short summary, this summary provides the reader with a general overview of how the SNP addresses member needs.

For more information about this health plan refer to the Special Needs Plan's website at:

www.brandnewdayhmo.com