Catholic Special Needs Plan, LLC, H1777
Institutional (Facility) and Institutional Equivalent (Living in the Community) Special Needs Plan

Model of Care Score: 89.38%
3-Year Approval **January 1, 2013 – December 31, 2015**

Target Population

Catholic Special Needs Plan targets the frail, chronically ill, and long stay nursing home residents. The members live in the plan's service area and reside in one of the contracted nursing homes for the institutional special needs plans (I-SNP) or in the community (IE-SNP). These members are frail and elderly, disabled, chronically ill and at end-of-life. Three percent are under the age of 65 and more than 54% are over 85 years. Seventy-seven percent are female, with an average age of 86, and 80 for males. The racial and ethnic makeup is Caucasian, 70%, African American, 19%, Hispanic, 8% and 3% other. Ninety-seven percent of the members have Medicaid. Authorized representatives make decisions about health and financial matters for more than 75% of the members. Family involvement varies from very involved to no involvement at all. Members' diagnoses include diabetes, cardiovascular, behavioral health and chronic obstructive pulmonary disease (COPD), pneumonia and stroke.

Provider Network

Catholic Special Needs Plan ensures an adequate provider network with specialized expertise with the geriatric population including medical specialists like cardiologists, pulmonologists, clinical pharmacists and facilities such as hospitals and behavioral health facilities, ambulatory clinics, and durable medical equipment (DME) providers. With the help of the interdisciplinary care team (ICT), the Plan identifies providers that are essential to treating the member in place versus providers in the community. If a non-contracted provider is needed for specific care of a member, provider relations will outreach and negotiate a rate for the care episode.

Care Management and Coordination

The Plan utilizes a standardized, primary screening and assessment of health status tool which forms the foundation of the comprehensive health risk assessment (HRA) for the frail, chronically ill member residing in a nursing home. Once completed by a registered nurse (RN), results from the assessment give a multidimensional view of the patient's functional capacities, and includes data obtained from medical records as well as a face-to-face interview with the member, thus including the member in the assessment process. The HRA is reviewed by the care manager within 90 days of admission, quarterly, and when there is a significant change in the member's condition and shared with the entire ICT. Elements assessed in the HRA include but are not limited to: active diagnoses, health conditions, medications, functional status, cognitive patterns and swallowing and nutritional status.

The ICT in the nursing facility is composed of a team of primary, ancillary and specialty providers that work together to meet the needs of the member. This includes but is not limited to care managers, nurses, social workers, a dietician, restorative health specialists, occupational and speech therapists, behavioral and/or mental health specialists, pastoral care, and the member's primary care physician either in person, by phone or by final review of the ICT's recommendations. Comprehensive care plan meetings are held quarterly and when there is a significant change in health status.

The individualized plan of care (ICP) is developed based upon risk assessment data and clinical assessments by all disciplines, and is based upon the specialized needs of the member, incorporating the member's goals of care as well as his/her functional, medical and psychosocial needs. The care manager discusses the plan of care with the member or their authorized representative at the time of initial, monthly, and quarterly assessments, and whenever the member experiences a significant change in condition. As a resident of the nursing home, the Plan member has ongoing access to all members of the ICT.

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 beneficiary needs.

For more information about this health plan refer to the Special Needs Plan's website at: https://www.archcare.org/health-plans/archcare-advantage