Independent Care Health Plan, INC. H2237
Dual-Eligible (Medicaid Subset Zero-Cost Sharing) Special Needs Plan

Model of Care Score: 90.00%
3-Year Approval **January 1, 2012 – December 31, 2014**

Target Population

Independent Care Health Plan (*i*Care) operates as a Medicaid subset for the *i*Care Family Care Partnership (FCP) program. The health plan covers Kenosha, Milwaukee and Racine County residents who are age 18 and above for three target groups who are functionally eligible at a nursing home level of care (as determined by the Wisconsin Long-Term Care (LTC) Functional Screen). The target groups are: adults with physical and/or developmental disabilities and frail elders.

Provider Network

*i*Care determines the required provider/service mix based on the needs of the target populations. Services for *i*Care members include a broad provider network with physician services, inpatient hospital, outpatient services, urgent and emergency care, laboratory, x-ray, pharmacy, vision care, mental health care services, home health agency services, skilled nursing facility services, hospice care, transportation and all other mandatory benefits under the Wisconsin Medicaid program. Due to the complex medical and behavioral health needs of members, *i*Care contracts with several regional delivery systems that include a wide variety of physicians and other providers who specialize in geriatric care, mental health, and rehabilitative and palliative care. A variety of sub-acute care services are available and facilitated by the care management team in consultation with attending physicians. Multiple options exist for home and facility-based hospice and respite care. As a Part D sponsor with a contracted pharmacy benefit manager (PBM), *i*Care offers a standard LTC pharmacy network contract to all LTC pharmacies operating in the service area or through another LTC pharmacy that can serve that facility.

Care Management and Coordination

*i*Care completes a comprehensive assessment of each member's health and psychosocial status within 60 days of enrollment, and every six months thereafter. These assessments are performed to establish a baseline of the member's current status and are utilized to establish an individualized plan of care (ICP). Thereafter, member status updates and care plan reviews are completed every 6 months or sooner with a significant change of condition.

iCare provides care management to each and every one of its FCP Dual SNP enrollees. The plan assigns every SNP member to an interdisciplinary care team (ICT). Each member's care team consists of a care manager (an individual with a social services background), an RN and a nurse practitioner. The ICT encourages the active involvement of the member's informal supports in the development of the member-centered plan. (MCP). The ICT, member, providers and any

informal supports, jointly participate in the development of the MCP, based on the comprehensive assessment.

For members with cognitive disabilities, the ICT ensures that family members, friends and other informal supports assist in conveying the member's preferences in the development of the MCP. The ICT also provides assistance as requested or needed to members in exercising their choices about where to live, with whom to live, work, daily routine and services.

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.icare-wi.org