

**H2323 Fidelis SecureCare of Michigan
Institutional (Institutional Equivalent Living in the Community) Special Needs Plan**

Model of Care Score: 70.00%

1-Year Approval

January 1, 2015 to December 31, 2015

Target Population

The Fidelis SecureCare of Michigan (Fidelis) Institutional SNP (I-SNP) offers health plan benefits and supportive services to institutionally qualified members who meet I-SNP eligibility requirements and reside in community residential settings including homes, adult foster care and group home settings, assisted living (AL) and independent living (IL) communities in its licensed service area. The Fidelis service area includes the following Michigan counties, Allegan, Bay, Genesee, Kalamazoo, Kent, Muskegon, Saginaw, Wayne, Oakland, Macomb, Washtenaw and Jackson. The Fidelis I-SNP has 427 members, of whom 68 percent are female. The average age of all members is 77 years. The top five chronic conditions include, dementia (48 percent), congestive heart failure (42 percent), vascular diseases (42 percent), chronic obstructive pulmonary disease (38 percent) and diabetes (37 percent).

Members satisfy institutional eligibility requirements on the basis of needing extensive or complete assistance with one or more of the following activities of daily living, bed mobility, transfers, toilet use or eating; severely impaired decision making or a memory problem and sometimes/rarely/never being able to make oneself understood.

Provider Network

Fidelis' provider network includes medical care, mental health and social services. Fidelis ensures members have access to providers with geriatric expertise, including general practice, family practice, internal medicine and geriatricians. Fidelis specialty providers include neurology, cardiology, pulmonology, endocrinology, renal services, rheumatology, orthopedics, behavioral health and psychiatry. Emphasis has been given to disciplines frequently used by members which include podiatrists, wound care specialists, infusion therapy companies and outpatient clinics offering blood transfusion and/or hydrations services.

Fidelis addresses members' diagnostic and treatment administration needs by providing access to laboratory, radiology, outpatient and other specialty clinics. Fidelis contracts with vision, hearing, dental, transportation and escort providers. Finally, the network includes the skilled nursing homes where Fidelis members receive rehabilitative care including nursing, therapy and pharmacy services.

Care Management and Coordination

All members receive an initial, in-person health risk assessment (HRA) performed by a primary care provider (PCP) or midlevel clinician within 90 days of enrollment. Review of medical record information is the first step in the initial comprehensive evaluation process, and it includes a review of laboratory and other diagnostic results. Relevant information is extracted and documented on the HRA tool. The caregivers in the member's residence are consulted regarding the condition and overall status of new members and the clinician performs a thorough systems review and physical exam of new members and documents all findings on the HRA. The clinician reviews all findings and records the diagnoses affecting a member along with the associated treatment plan and assigned health risk level. Members are assigned as low risk, moderate risk or high risk. Risk level influences the frequency of scheduled monitoring visits and outreach calls. The most frail and vulnerable receive the highest intensity follow-up.

An individualized care plan (ICP) discussion takes place between the clinician completing the assessment and the Fidelis care manager (CM) in order to determine care goals and establish advance directives. The ICP also includes HRA results, specific services and benefits, add-on benefits and additional services for vulnerable individuals. The ICP is reviewed by the interdisciplinary care team (ICT) as well as the member and family. Within one year of the last HRA, members receive a comprehensive re-evaluation by a Fidelis employed nurse practitioner or contracted PCP/midlevel clinician. Risk level is reassessed and the existing ICP is updated. The updated ICP is reviewed with members and caregivers as well as the ICT.

The ICT is comprised of the following health plan resources and members, Fidelis medical director, health services director, care coordination director, pharmacy director, social worker, CM and quality management and appeals director. Other practitioners involved in the member's care may be asked to participate in ICT meetings. These practitioners may include but are not limited to, PCP/midlevel practitioners, medical specialists, nursing facility nurses, therapists, nutritionists, social workers or chaplains.

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:

<http://www.fidelissc.com/>