Independent Health Association, INC. H3362
Institutional (Facility) and Institutional Equivalent (Living in the Community)
Special Needs Plan

Model of Care Score: 98.75%
3-Year Approval **January 1, 2012 – December 31, 2014**

Target Population

Independent Health's Medicare Advantage Family Choice of New York (FCNY) operates an institutional special needs plan (I-SNP). Independent Health enrolls individuals who live 90 days or more in a participating nursing facility or are reasonably expected to be a permanent resident, and meet the New York State criteria for institutional level care. Almost half of all members enrolled in FCNY who live in nursing homes are 85 years or older. Relatively few residents are younger than 65 years of age. Most of the members are women (72%), many of whom are without a spouse (60% widowed) with only a small group of family members and friends for support. In order to be an I-SNP member, individuals living in the community must meet the State of New York criteria for institutional level care. This means they must have a score of 4 or more on the Self-Annual Assessment of Members (SAAM) tool used by the State of New York.

Provider Network

Independent Health Association (IHA) maintains a network that specializes in the needs of the I-SNP membership. The FCNY chief medical officer and medical director are board certified as Geriatricians. The medical directors and associate medical directors are also experienced nursing facility medical directors and practicing physicians who specialize in the care of nursing home residents. FCNY nurse practitioners are trained in the delivery of care to frail individuals as well as in the structure and care delivery processes unique to nursing facilities. Additionally, all FCNY social workers have experience in delivering services to nursing facility residents. Network nursing facilities are credentialed by IHA. IHA's network of specialists provide services for all FCNY members.

Care Management and Coordination

FCNY uses a health risk assessment (HRA) tool that utilizes software to identify the member's risk level and predict their care needs over time and setting. The HRA provides an objective numerical assessment of the frailty of an individual member. The scoring is based on the member's diagnoses, co-morbidities, medications and activities of daily living status. FCNY uses the HRA to create an individual care plan (ICP) for all members.

FCNY clinicians (nurse practitioners and social workers) and utilization management staff (registered nurses and care coordinators) make entries into the ICP in real-time and on an on-going basis. This makes the ICP a living document that changes and adapts as the member's health or functional status changes. IHA also includes input from the member or their

family/responsible party, specifically in the advance directives, contacts, family communication notes and other sections of the ICP as appropriate. The primary care physician reviews the members' ICP at least every six months and whenever there is a major change in the member's condition. The nurse practitioner documents the PCP's review and requested changes or additions in their visit notes.

IHA establishes a "core team" of experts to manage the interdisciplinary care team (ICT) for all members enrolled in the I-SNP and surrounds them with the support of caregivers and network professionals to provide an integrated care experience for members. The ICT consists of: registered nurse care managers, PCPs, social workers, the member, caregivers and any other specialists deemed necessary based on the individual needs of the member.

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**nyhealth.com