

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

**Model of Care Score: 95.00%**

**3-Year Approval**

**January 1, 2015 to December 31, 2017**

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**Target Population**

Independent Health Medicare Family Choice (HMO-SNP), an Institutional Special Needs Plan (I-SNP) is a joint venture between Independent Health Association Inc., and Family Choice of New York (FCNY). The target population includes: individuals who have lived in a participating nursing facility for at least 90 days, or are reasonably expected to be a permanent resident and meet the NY State criteria for institutional level care and those living in assisted living facilities who meet the NY State criteria for institutional level of care.

More than 80 percent of FCNY members are White, 79 percent are female and 14 percent are 90 years or older. The most common diagnoses among members are dysphagia, difficulty walking, congestive heart failure (CHF), atrial fibrillation and hypertension. Ninety five percent of members reside in nursing facilities (NF) and 71 percent are Medicaid recipients. The ISNP population is composed primarily of frail elders who have multiple chronic conditions and need assistance with activities of daily living (ADLs).

**Provider Network**

The FCNY provider network includes the following practitioners: hematologists, primary care physicians (PCP), mid-level practitioners (MLP), social workers, cardiologists, physical therapists, endocrinologists, podiatrists and speech therapists. FCNY also has NFs and assisted living facilities with staff experienced in caring for frail populations. FCNY contracts with its network nursing facility organizations for on-site physical, occupational (PT, OT) and speech therapy services and home health agencies to provide therapy services to members in assisted living facilities. Members also have access to behavioral health providers including psychiatrists, psychologists or psychiatric nurse practitioners (NP).

**Care Management and Coordination**

The FCNY MLP conducts health risk assessments (HRA) in person either in the nursing home or assisted living facility. The initial HRA is completed within 90 working days of activation of the member's benefits. When a member experiences a transition, an HRA is conducted within two working days of readmission to the nursing home or assisted living facility from the acute or

psych hospital. An annual HRA is conducted within 365 days of the last HRA. The HRA score is based on the member's diagnoses, co-morbidities, medications and ADL and instrumental ADL status. Findings are communicated verbally by the MLP to the member or their family during monthly phone calls and whenever there is a major change in the member's condition.

The FCNY individual plan of care (ICP) is composed of the entire contents of the member's FCNY Electronic Health Record (EHR). FCNY clinicians (MLPs and social workers) and Utilization Management staff (RNs, utilization coordinators and UM clerk) make entries into the ICP on an on-going basis, as it is a living document that changes and adapts with changes to the member's health or functional status. Input from the member or family/responsible party is included whenever possible and documented. The PCP reviews the ICP at least every six months and whenever there is a major change in the member's condition.

The member's interdisciplinary care team (ICT) uses HRA information to identify care and interventions that may help improve or maintain the member's medical, functional or psychological status. The ICT includes but is not limited to the member's PCP, the FCNY MLP (NP or physician assistant), the FCNY social worker, the member and/or responsible party, the NF staff and any specialty providers involved in the member's care (PT, OT or speech therapist, mental health professional, specialty physicians). The composition of the member's ICT is designed to provide expertise to effectively address all these areas of need in order to maintain the highest quality of life, dignity and comfort for each 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 beneficiary needs.

For more information about this health plan refer to the Special Needs Plan's website at: <https://www.independenthealth.com/IndividualsFamilies/Medicare/2014MedicarePlans/FamilyChoiceHMOSNP.aspx>.