H5703 South Country Health Alliance
Dual-Eligible (Dual Eligible Subset-Medicare Zero Cost Sharing) Special Needs Plan

Model of Care Score: 90.00 %

3-Year Approval **January 1, 2015 – December 31, 2017**

Target Population

South Country Health Alliance is a county-based health plan providing services in twelve rural Minnesota counties. AbilityCare is the Dual Eligible special needs plan (SNP) as a part of South Country Health Alliance. AbilityCare is a county-based health plan providing services in twelve rural Minnesota counties. The average age of members enrolled in AbilityCare is 50 years old. AbilityCare's population is approximately 56 percent female and 44 percent male. Of the members enrolled in AbilityCare, 45 percent are living in the community, 46 percent are living in the community with home and community based services, and 9 percent are institutionalized. Ninety-nine percent of members are Caucasian and English speaking. Care Coordination services are designed to ensure access to and integration of the delivery of all Medicare and Medicaid preventive, acute, post-acute, rehabilitative, and mental health, including home care and waiver services.

Provider Network

South Country's provider network includes over 85 community and referral/tertiary hospitals, 7,800 licensed physicians of which 1,550 are primary care physicians (PCP), 47 skilled nursing facilities, 115+ home health care providers, 100 durable and specialty equipment providers, 450+ mental health and chemical dependency providers and facilities, a state-wide pharmacy network and a dental network with over 1,500 practice locations. While the South Country provider network was created to meet the complete spectrum of medical and social needs of our members, it also includes subsets of specialized providers that are focused on the unique needs of our elderly and disabled populations.

Care Management and Coordination

The health risk assessment tool (HRAT) used by South Country is called the Long-Term Care Consultation (LTCC) developed by the state of Minnesota. South Country will be transitioning throughout 2015 to a new state tool called MNChoices which is web-based. South Country also utilizes a shortened HRA tool. The HRAT includes the member's health status including diagnosis and condition specific issues, hearing, visual and communication needs, preferences or limitations, supports and services based on the member's strengths, needs, choices and preferences in life domain areas, cultural and linguistic needs, preferences, or limitations, caregiver resources and involvement, documentation of clinical history and medications,

activities of daily living (ADLs) and instrumental ADLs (IADLs), mental health/cognitive functioning, nutritional health, self-preservation and safety and life planning activities. The assessments are completed within 30 days of enrollment and annually, thereafter. Re-assessments may be performed in between when a member has a change in health status.

The interdisciplinary care team (ICT) membership is based upon identification of the member's needs through the Individualized Care Plan (ICP) and through member's preferences. However, the core members of the ICT are the care coordinator, member's primary care provider (PCP), health services department team, community care connector, responsible party, residential providers, and case manager. Care coordinators develop and lead the ICT at the county or agency level to ensure that members have access to both a registered nurse and a social worker. The participation of the member is encouraged and meetings are held quarterly by phone or face-to-face.

South Country's Comprehensive ICP includes the following elements: identification of health and safety concerns and the development of long and short term goals, barriers for achieving the goals; follow-up and ongoing communication with the member; member's personal goals and any community relationships and support; discussing with the member alternative actions when goals are not met; specifically tailored services, prevention and early intervention services; accommodate the specific cultural and linguistic needs of the member; member plans including emergency preparedness plan, community-wide disaster plan, essential services back-up plan, self-management plan, personal risk management plan; and advance directive planning assistance. The ICP is developed within 30 days of the HRAT and reviewed and updated quarterly by phone or face-to-face meetings or when there is a change in health status. The ICP is shared with 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 member needs.

For more information about this health plan refer to the Special Needs Plan's website at: www.mnscha.org