



Care1st
HEALTH PLAN

Housing with Services Summit

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Care1st Health Plan

Yes, it's all about you!

Care1st Health Plan

- Care1st was created in 1994 by three medical groups & a disproportionate share hospital dedicated to providing health care services to vulnerable populations through State and Federal government programs
- One of the only Traditional and Safety Net provider-owned Health Maintenance Organizations (HMOs) in California
- Awarded contracts for Medicare and Medi-Cal
- Care1st offers 7,000+ provider networks & serves approximately 400,000 members in California and Arizona, and recently expanded into Texas
- NCQA Commendable Accreditation for both Medicare Advantage & Medicaid plans. Ranked as a top Medicaid health plan in CA by Consumer Reports

California Efforts to Coordinate Care

- California is on the forefront of the movement toward coordinated care
 - Seniors and Persons with Disabilities (SPDs) transitioned to Medi-Cal Managed Care Plans in 2012
 - Community-Based Adult Services (CBAS) transitioned to Medi-Cal Managed Plans as a benefit effective 10.2012
 - Coordinated Care Initiative (CCI), including the Duals Demonstration in 8 counties to be launched 4.1.2014
 - Expansion of managed care in rural counties - 2013

Coordinated Care Initiative: Two Parts

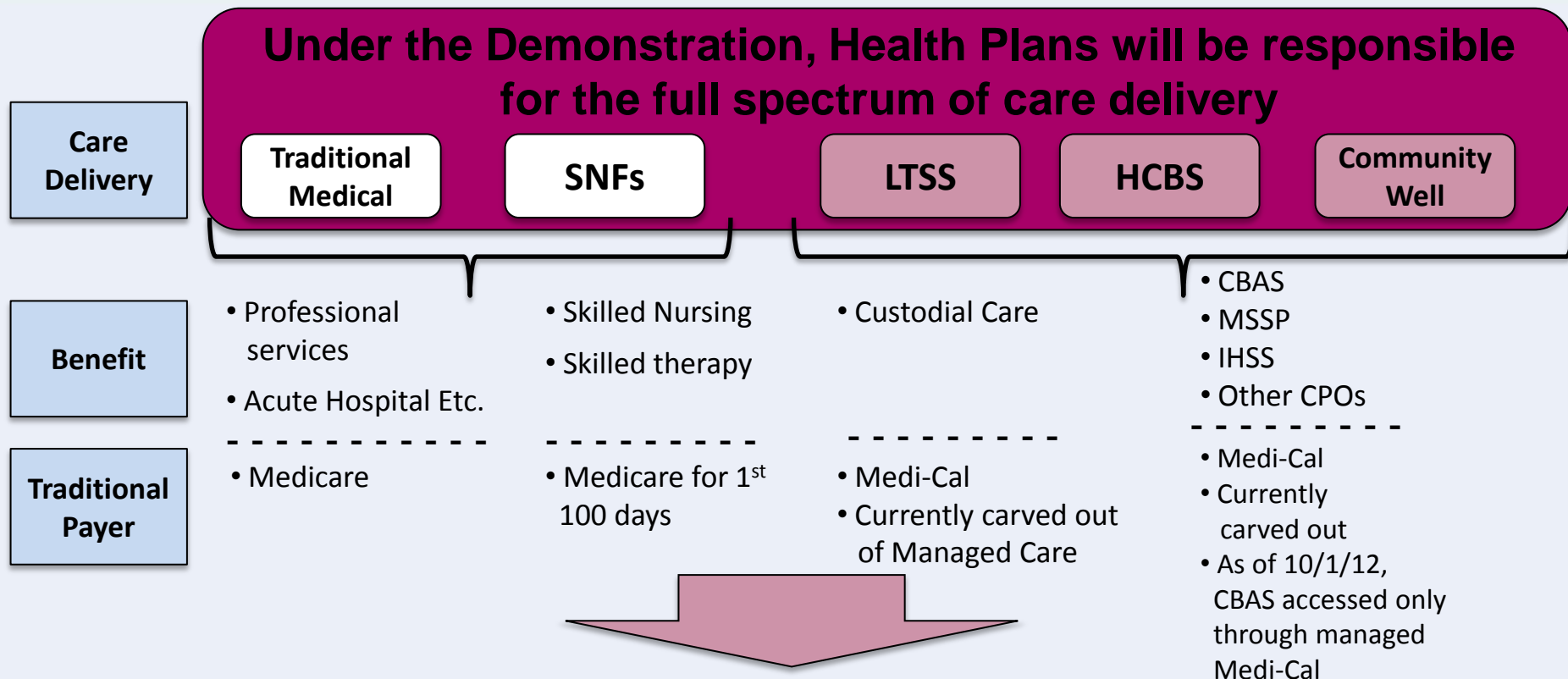
Medi-Cal [Medicaid] Managed Long-Term Services and Supports (MLTSS)

- Medi-Cal beneficiaries in 8 counties, including Duals, will be required to join Medi-Cal managed care plans to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits

Duals Demonstration – Cal MediConnect

- A voluntary three-year demonstration program, initially in 8 counties, for Duals to coordinate medical, behavioral health, long-term institutional, and home and community-based services (HCBS) through a single organized delivery system

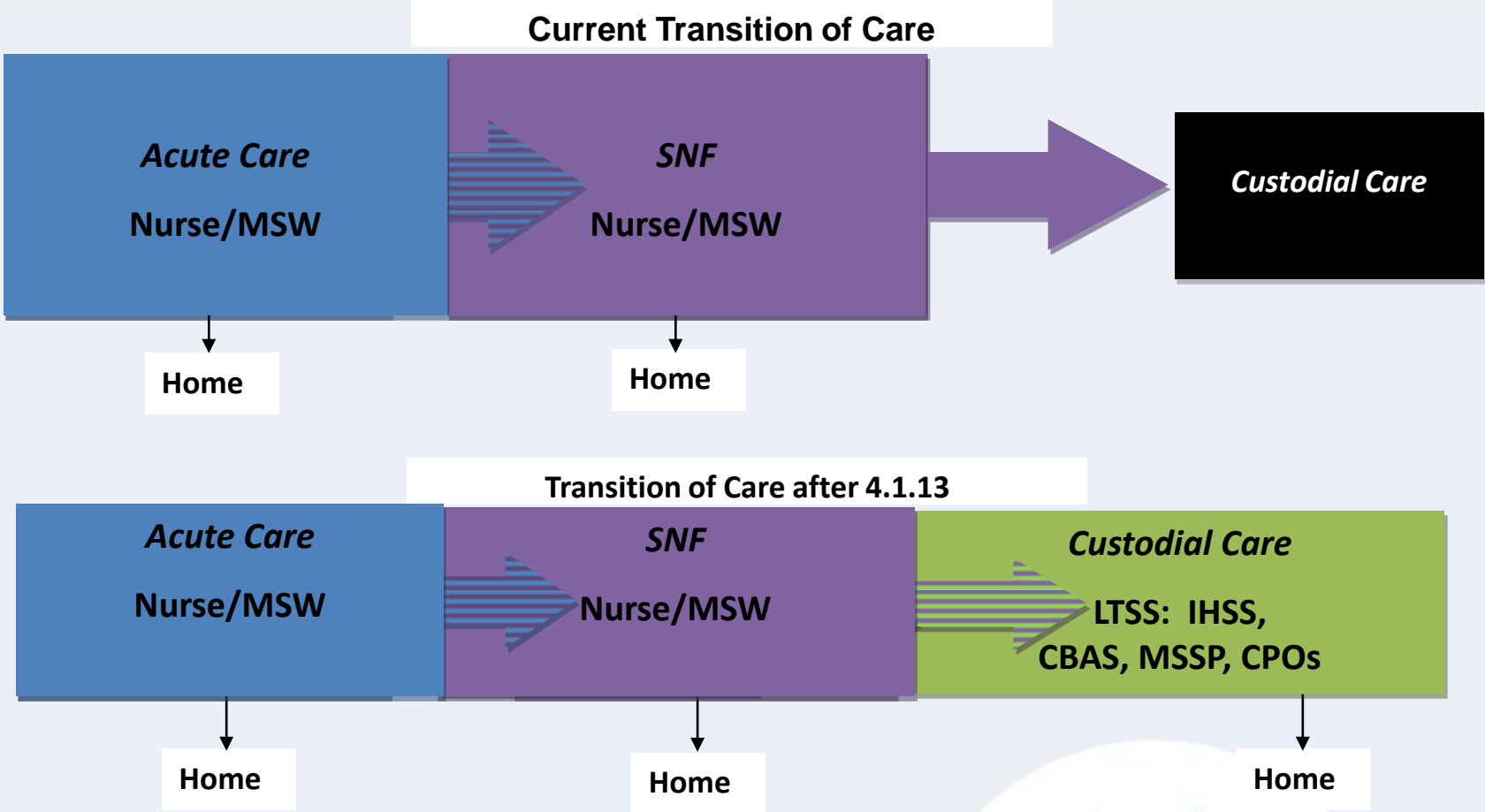
Care Delivery Spectrum



Inter-disciplinary Care Teams (ICT) provide one point of accountability for delivery, coordination, and management of benefits and services. Comprised of Member and Caregivers, Primary Care Physician (PCP), Nurse, Behavioral Health Clinician, Pharmacist, Case Manager, Social Worker and Care Navigator.

Transition of Care Management

Comparison of Custodial Care: Before and After CCI



Coordinated Care Initiative Goals

- Empower people to achieve their health goals
- Help people stay in their homes – and stay out of the hospital and nursing homes
- Improve care coordination across all health care and social services
- Bend the healthcare cost curve

Benefits of Managed Care

Managed Care brings coordinated care to California's highest-need populations:

- Dual eligible beneficiaries
- Medi-Cal seniors and persons with disabilities (SPDs)

The current fragmented delivery of care leads to:

- Beneficiary confusion
- Poor care coordination
- Inappropriate utilization
- Unnecessary costs

A person-Centered approach, delivered in a Managed Care environment, aims to improve the coordination of care, minimize beneficiary confusion, and ensure that the best care is delivered in the most appropriate setting

What is the capacity of your housing setting to offer residents health-related and independence-supporting services/ long-term services & supports?

Potential Partnership Opportunities

Opportunity for Housing Service Coordinators to play a role in assisting Managed Health Plans to:

- Conduct resident assessments, e.g., Health Risk Assessments re: ADLs/IADLs, etc.
- Monitor residents' health status and functionability
- Alert health care providers when there is a change in health/physical condition
- Assist with Care Transitions from hospital to home

Emerging Service Coordination Trends

- **Service coordination in ALL elderly housing options**
- Community-based service coordination will expand and be location-driven
- QA oversight & outcome measures required
- Increased college program options in social work to include service coordination
- Varied and tiered models of service coordination
- Electronic reporting
- **Collaborations and coordination with managed health plans**

Things to Consider

- Philosophy of care of housing provider regarding acceptable vulnerability levels of residents, allowed health-related and independence-supporting services, and appropriate service delivery strategies
- Number & mix of older residents with physical and cognitive limitations, health problems, and demographic risk factors
- Physical environment (size, condition, common area space, dining area, commercial kitchen, space for therapeutic activities)

Thank you!

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