



Human Services

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Coordinated Care Collaborative

Overview: The Coordinated Care Collaborative is a collaboration with Managed Care Plans (MCPs) that enables the County and the MCPs to improve outcomes for mutual clients.

Challenge: In-Home Supportive Services (IHSS), a Medi-Cal benefit, provides home and personal care services to eligible seniors and persons with disabilities; as of 3/31/19, there were approximately 32,122 individuals receiving IHSS in San Bernardino County. The Coordinated Care Initiative (CCI) was implemented in 2012 in seven California counties to ensure low-income seniors and persons with disabilities who qualify for both Medicare and Medi-Cal, often referred to as 'dual eligibles', receive optimal case management services. The Cal MediConnect program is a component of CCI, which combines participants' Medi-Cal and Medicare benefits under one MCP to better coordinate health care delivery. As of December 2018, 14,656 persons were enrolled in Cal MediConnect in San Bernardino County. In July 2017, Senate Bill 90 eliminated the CCI rule of providing IHSS as a managed care benefit; therefore, San Bernardino County is no longer statutorily required to participate in care coordination or exchange data with the MCPs, Inland Empire Health Plan (IEHP) and Molina Healthcare of California. This, however, resulted in challenge for the County to find sustainable ways of continuing to meet the needs of its IHSS population in effective collaboration with partner agencies.

Solution: Recognizing the necessity for continued collaboration with the MCPs, the San Bernardino County Department of Aging and Adult Services (DAAS) initiated the Coordinated Care Collaborative in January 2017 as a voluntary initiative to continue to work with the MCPs to address issues related to fragmented service delivery and coordinate care beyond CCI. As part of the Coordinated Care Collaborative, DAAS renewed its Memoranda of Understanding (MOU) with IEHP and Molina in January 2018 in order to continue sharing data; the MOUs are effective through December 2022. Care Coordination Teams (CCTs) were required by CCI and made available to Cal MediConnect recipients

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who have a higher risk and more complex health care needs. The collaboration included various entities involved in the client's care, including the IHSS Social Worker. As part of the Coordinated Care Collaborative, IHSS Social Workers continue to participate in CCTs and ensure changes in the client's health impacting their level of need for IHSS are properly assessed. DAAS and each of the MCPs have established liaisons to funnel communication that arises as a result of coordinating care. The DAAS and MCP liaisons communicate with each other for general operational questions and to discuss the specific needs of mutual clients. Necessary consents to exchange information are obtained. The Coordinated Care Collaborative enables DAAS to contact the MCPs to assist with Health Care Certification which IHSS applicants are required to obtain from their licensed health care professionals as a regulatory condition for receiving IHSS. Similarly, the MCPs contact DAAS to inquire about specific clients to ensure they are receiving the appropriate services. This strong partnership and effective collaboration strengthens efforts to coordinate care.

Innovation: San Bernardino has worked with Riverside County and the MCPs since the inception of CCI. However, the Coordinated Care Collaborative is unique due to the strong relationships and rapport that DAAS has built with the MCPs and outcomes achieved.

Results: As a result of the Coordinated Care Collaborative, there were a total of 51 CCTs involving the participation of an IHSS Social Worker in 2018. In addition, there were 265 total MCP referrals for IHSS and 32 beneficiaries who had total IHSS service hours increased due to information received from the MCPs resulting in the reassessment of beneficiaries' IHSS authorized hours. The Coordinated Care Collaborative enables IHSS beneficiaries to access services more smoothly due to improved communication. The agencies are able to provide better coordination of services for IHSS beneficiaries ensuring they are receiving the care they need, avoiding unnecessary institutionalization and remaining safely in their homes.

Replicability: The Coordinated Care Collaborative can be replicated by other counties by entering into a MOU with the MCPs in their geographical areas. Having a MOU in place with the MCPs should be a best practice, as this close partnership and effective collaboration strengthens efforts to coordinate care for vulnerable IHSS beneficiaries.

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