

The Community Care Settings Pilot (CCSP) is a collaborative partnership between the Health Plan of San Mateo, two contracted community-based organizations (CBOs) - Institute on Aging (IOA) and Brilliant Corners (BC) - as well as the San Mateo County Health System and Housing Authority. Initiated by the health plan and launched in 2014, the partnership focuses on its most vulnerable members currently residing in skilled nursing facilities (SNFs) or at risk for placement. Partners collaborate to move eligible members into the community, or to avoid SNF placement altogether by providing care coordination, housing, and other needed services to improve desired results.

RESULTS

- Increased member satisfaction: 85 percent report maintained or improved quality of life; 90 percent are willing to recommend CCSP service to others.
- Decreased costs: 50 percent lower per member costs over a six-month period.
- Community-focused: 88 percent of members in CCSP remain in the community.

INSPIRATION

The Health Plan of San Mateo became increasingly concerned with the high costs of SNFs. Amplifying their concern, the largest SNF provider in the county announced potential closure. This led the health plan to explore relocation options for their members, and they struggled to find capacity inside the county or affordable options in neighboring counties.

The health plan then considered options to safely transition members to the community. Believing that a significant portion of this population could successfully transition, the health plan conceptualized this program to both reduce costs and mitigate unnecessary SNF use for its members.

HEALTH PLAN OF SAN MATEO:

"We aim to improve members' quality of life and health outcomes while delivering operational and financial benefits to our community's system of care."

ORGANIZATIONS INVOLVED

The health plan initiated the partnership through a Request for Proposals process, which sought CBOs with experience in care coordination and housing services. IOA and BC were selected.

INSTITUTE ON AGING:

"We believed in our potential as a partner for the health plan, given our history of providing services to individuals in the community with complex needs."

Over time, additional partners were added, including the San Mateo County Health System and Housing Authority. Other collaborating agencies include Meals on Wheels and the Alzheimer's Association.

PARTNERSHIP STRUCTURE

CCSP is built on a contractual, shared services model that includes an agreement between CBO partners and IOA. Contracts are reviewed, amended, and renewed annually and include expectations for services provided, communication, reporting, and outcomes. CCSP also has an incorporated operating governance body, seeking input from the multiple stakeholders involved.

MODEL DESIGN

Through joint efforts, eligible members are identified. These efforts primarily include targeting SNFs and CBOs to help identify members that might benefit from the services provided by CCSP, and other sources, such as the health plan's case management notes or case rounds at an acute hospital.

Once identified, potential members go through a prioritization and eligibility process established by the health plan that assesses level of care needed and caregiver support. Once enrolled a thorough bio-psychosocial assessment informs the development of an individualized care plan. The core care team - which consists of clinical and administrative staff from the health plan, IOA, BC, and other key CBOs - reviews the care plan twice a month. It is then the primary responsibility of IOA and BC to secure the right housing option and connect the client with additional needed services.

Communication between IOA and the health plan is critical while coordinating care, especially for authorizations or issues with medical needs. Post-case conferences allow for active management to transition back to the health plan. Quarterly, each partner reports data that highlights quality, cost savings, efficiency, and satisfaction.

FUNDING MECHANISM

CCSP primarily utilizes existing funding streams to address member needs, such as using health plan reimbursable funds, Section 8/Housing Choice vouchers, and California Community Transitions waivers. The health plan also invested internal funds to cover additional needs. Services provided by the CBOs are paid for by the health plan through a hybrid structure: fee-for-services and through an incentive program for each CBO, which holds them accountable to achieve annual targets related to quality, costs, and efficiency.

HEALTH PLAN MEMBER:

"This is a big change from where I used to live - a two-year stay in a nursing home. This feels like freedom."

LESSONS LEARNED

- There is value and a greater likelihood for success in achieving goals when starting out with a small population that is known to have consistently high costs of care.
- The needs of the individual should drive the care plan. Innovative solutions should be employed, such as conducting home modifications or providing a temporary rent subsidy to address the remaining gaps.
- Waivers, benefits, and other funding streams should be leveraged. All partners must adopt a "whatever it takes" mindset to achieve the goals for the program and for each individual member. The incentive payment program for the CBOs is an example of how each of the partners has taken on risk in the partnership to achieve the shared goals.

FUTURE

To achieve future growth of CCSP, the partners are pursuing additional sustainable sources of revenue. This includes consistent efforts to identify and utilize available waiver sources, advocating to the state on behalf of programs like Cal MediConnect and the Coordinated Care Initiative, and considering alternative paths for funding such as development or participation in new, overlapping programs. CCSP is also looking to expand by engaging new partners, particularly hospitals, recognizing an opportunity to move upstream and reduce acute inpatient stays that are costly to the hospital and potentially harmful to an individual's health.