

## **Written Protocols to Strengthen Relationships and Improve Coordination Between Single Entry Point Agencies (SEPs) and Regional Care Collaborative Organizations (RCCOs)**

### **Intent**

The protocols are designed to be bi-directional and collaborative. They are relevant to the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may be useful to the Accountable Care Collaborative (ACC) Program as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

### **Process**

- Facilitate a meeting between a small number of SEP and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, and ways to work together to better serve their shared clients.
- Prepare a preliminary draft of protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

### **Elements**

The purpose of the protocols is to assist collaboration between SEPs and RCCOs to better serve their shared Medicare-Medicaid enrollees and Medicaid clients. These protocols foster the SEP and RCCO common aims of (1) improving health outcomes for individuals, (2) improving client experience through enhanced coordination and quality of care, and (3) decreasing unnecessary and duplicative services and resulting costs.

SEP and RCCO core activities include (1) identification of shared clients, (2) understanding coordination responsibilities, (3) prioritization of shared clients, (4) contact and communication, and (5) mutually agreed upon support functions.

### Identification of Shared Clients

The following process will occur monthly with the SEP Administrator and the RCCO Contract Manager or designee serving as the points of contact:

- The Statewide Data and Analytics Contractor (SDAC) will provide each RCCO with a list of individuals currently enrolled in the RCCO who also receive home and community-based services (HCBS).
- To be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the SDAC will provide a list to each RCCO that includes only the minimally necessary information for each individual: (1) Medicaid identification number, (2) last name, (3) first name, (4) date of birth, (5) county of residence, and (6) primary care medical provider (PCMP) if one is linked to the individual.
- Each RCCO Contract Manager or designee will sort the list by county and forward the list to the appropriate SEP Administrator based on the SEP's county service area.

### Understanding Coordination Responsibilities

- SEPs will continue to fulfill their contractual responsibilities for clients which include, but are not limited to: functional assessment; facilitation of home modifications and other waiver-based services; and client transition support.
- RCCOs will continue to fulfill their contractual responsibilities for clients, which include, but may not be limited to, activities such as transportation coordination; attendance at primary care or specialist visits with clients as requested and appropriate; referrals to sources of housing, food, and dental care; system navigation support for clients with behavioral and physical health conditions; establishment of care plans for goals clients would like to achieve; connection between clients and medical homes; support of clients in active engagement with care teams; and other client support as needed.

### Prioritization of Shared Clients

- Regularly, but not less than quarterly, SEPs and RCCOs will prioritize shared clients based on each organization's knowledge of and experience with the clients.
- SEPs and RCCOs will schedule meetings to ensure that they organize coordination activities for the top tiers of individual clients appearing on each organization's priority list.

### Contact and Communication

- As the client expresses choices in navigating service needs through the SEP, RCCO, or both, SEPs and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination needs; determine which organization fulfills the majority of those care

coordination needs; identify the appropriate primary care coordination manager; have additional conversations and engage other resources as needed (e.g., client's family members, PCMP, behavioral health provider).

- SEPs and RCCOs will use data analysis and client feedback as appropriate to identify trends or types of situations where coordinated care management works well and does not work well; such consideration may include examining trends in health conditions, the number of comorbidities, emergency room visit frequency, or prior authorization requests.
- SEPs and RCCOs will utilize these discussions and trends to streamline care coordination activities in a way that maximizes client outcomes and permits the care management team to apply resources effectively and efficiently.
- SEPs and RCCOs will consider assigning care managers from both organizations to shared clients in a way that facilitates conversations and activities between SEP and RCCO care managers and with the individual clients.

#### Mutually Agreed Upon Support Functions

- SEPs and RCCOs will continue to explore additional ways to support each other and the clients they serve.
- Such collaboration activities may include but not be limited to RCCO notification of SEPs when shared clients are hospitalized, SEPs assisting RCCOs in finding and/or connecting shared clients with a primary care medical home, and either SEPs or RCCOs referring clients not currently enrolled in but who may benefit from SEP or RCCO services.

#### **Timeline**

SEPs and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (October-November 2012).
- Present protocols in preliminary draft form to the Demonstration's Advisory Subcommittee (December 2012).
- Conduct preliminary testing and make any necessary adjustments (January-May 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (June 2013).
- Recommend protocols to the Department (July 2013).

- Implement protocols (August 2013).
- Assess protocols quarterly (October 2013 and thereafter).