

Strategies for Hiring and Training Care Managers in Integrated Programs Serving Medicare-Medicaid Beneficiaries

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IN BRIEF

Effective care coordination and care management are essential to delivering person-centered, quality care in programs that integrate services for individuals dually eligible for Medicare and Medicaid. The health plan staff responsible for providing these services must have unique qualifications and training to meet members' social service and medical needs. This brief, developed with support from the California HealthCare Foundation and The SCAN Foundation, shares strategies for hiring and training care managers used by five health plans with integrated care programs that may be helpful to other health plans and states.

Health plans and their staff play an important role in programs that integrate care for Medicare-Medicaid beneficiaries and other individuals with high medical and social service needs. Whether these plans operate as part of a Medicaid managed long-term services and supports (MLTSS) program or as Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), or Medicare-Medicaid Plans (MMPs), their underlying goal is to make the navigation of services seamless for members.

Health plan care managers are essential to the success of integrated care programs for Medicare-Medicaid beneficiaries who often have complex needs and tenuous social supports. Care managers may be responsible for performing a variety of tasks, including: (1) conducting assessments; (2) developing care plans; (3) arranging visits to care providers; (4) ensuring medication reconciliation; (5) connecting individuals to social and community supports; and (6) developing a trusting relationship that supports the care team's ability to best serve the individual. Different types of staff may be responsible for some or all of these tasks depending on the health plan and the integrated care product (i.e., FIDE-SNP, MMP, etc.). Health plans with robust care manager training strategies often are more successful in building strong, trusting relationships with their members. These relationships enable health plans to learn more about members' needs and, ultimately, better address them.

With support from the California HealthCare Foundation and The SCAN Foundation, the Center for Health Care Strategies (CHCS) interviewed five health plans operating integrated care products (i.e., D-SNPs, FIDE-SNPs, MMPs, and MLTSS plans) about their strategies for hiring and training care managers. This brief shares these strategies to help other health plans and their state partners build stronger integrated care programs for Medicare-Medicaid beneficiaries. Note that this report uses the term *care manager* to broadly encompass the different titles that health plans give to staff who

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perform both clinical and non-clinical care and service coordination and management functions. Other titles for this position include case manager, care coordinator, and service coordinator.

Methods

Drawing from its work with states and plans and with input from external experts,¹ CHCS selected five health plans to interview based on three criteria: (1) variety of integrated products; (2) years of experience; and (3) geographic diversity. CHCS conducted interviews with staff members from each health plan, ranging from chief executive officers to training managers.²

The five health plans interviewed – Independent Care Health Plan (*iCare*) (Wisconsin); Medica (Minnesota); ‘Ohana Health Plan (Hawaii); Shared Health (Tennessee); and VNSNY CHOICE Health Plans (New York) – offer a range of integrated products, including five MLTSS programs, four D-SNPs, two FIDE-SNPs, and one MMP (see details below). Two of the health plans (*iCare* and Medica) were among the nation’s first integrated models in the mid-1990s. Others, including ‘Ohana and Shared Health, offer perspectives from health plans that have implemented integrated products more recently. The selected health plans operate in widely distributed geographic areas – in urban, as well as rural settings. In particular, ‘Ohana offers unique insight into working with staff spread across remote locations.

Plan (State)	Product Line	Geographic Areas	Year Established	Enrollment
<i>iCare</i> (WI)	D-SNP	Southeastern Wisconsin	2006	5,000
	FIDE-SNP/ MLTSS	4 Counties	2010	800 (440 are dually eligible) ³
Medica (MN)	FIDE-SNP	Statewide	1997	10,000
	MLTSS	Statewide	2005	3,000
‘Ohana (HI)	D-SNP ⁴	Statewide	2008	6,800
	MLTSS	Statewide	2008	3,600 ⁵
Shared Health (TN)	D-SNP	Statewide	2014	4,000
	MLTSS	Statewide	2010	10,000
VNSNY CHOICE (NY)	D-SNP	12 Counties	1998	12,000
	MLTSS	33 Counties	1998	18,000
	MMP	New York City and 7 Counties	2015	18,000 ⁶

Strategies for Care Manager Hiring and Training

Based on interviews with staff in five health plans, CHCS identified the following broad strategies to guide the hiring and training of care managers:

1. Hire diverse staff with strong community connections.
2. Develop tailored training approaches that provide foundational skills, address members' diverse needs, and incorporate state resources.
3. Use multiple training modes tailored to each new hire.
4. Align training programs and staff across integrated care programs.
5. Dedicate staff or departments exclusively to training.
6. Standardize training of delegates while allowing for flexibility.
7. Address new program requirements and issues in ongoing training.
8. Cultivate internal feedback mechanisms through open dialogue and shared learning.

The sections that follow describe these strategies and how interviewed plans put them into practice.

1. Hire diverse staff with strong community connections.

The health plans interviewed hire care managers with diverse backgrounds and credentials, including licensed clinical social workers, registered nurses, and non-licensed bachelor's-, associate's-, or high school-level professionals with experience in home health care (Exhibit 1). The plans look for individuals with backgrounds and expertise beyond just medical, including connections to and knowledge of members' communities (e.g., experience with a 211 system⁷). Knowledge of social determinants of health, specifically the impact of housing instability on members' health, and how to connect individuals to housing resources are also critical qualifications.

During the recruitment process, targeted interviewing strategies can help determine a candidate's emotional intelligence and passion for serving the population. *iCare* uses behavioral-based interviewing to evaluate the suitability of a candidate's experiences to a care manager position. For example, rather than asking a potential candidate if she or he has had experience with difficult-to-manage cases, the behavioral-based interview question asks "tell us a time when you successfully managed a specific situation with a difficult challenging case. What did you do and how did you know it was successful?"

'Ohana uses a regional approach in which local managers recruit, interview, and hire new care manager staff, rather than having human resources select candidates. This approach enables the plan to select applicants with a diverse set of skills and connections to the community. In addition, all of 'Ohana's local managers were care managers before being promoted, giving them a better understanding of the skills needed to perform the job. Shared Health emphasizes the importance of hiring staff with hospice or home health backgrounds who have experience going into members' homes. VNSNY CHOICE is a health plan and a home health provider, making it uniquely positioned to recruit care managers from within its ranks. In addition to home care experience, the plan looks for care managers who have a track record of improving member outcomes.

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EXHIBIT 1: Care Manager Qualifications⁸

Plan/State	Product Line	Qualifications
iCare	D-SNP	<ul style="list-style-type: none"> Bachelor’s degree in social service field (required) Certification or licensure in social work in the state of Wisconsin or eligibility for certification and licensure (preferred) Previous managed care experience (preferred) Other preferred qualifications: <ul style="list-style-type: none"> Knowledge and experience with the community Knowledge of social determinants of health Experience as a social worker working for Adult Protection Services, the Bureau of Child Welfare, or in private settings (new graduates with high potential considered, but given a longer orientation and additional mentoring.)
	FIDE-SNP and MLTSS	<ul style="list-style-type: none"> Registered nurse or nurse practitioner licensed in the state of Wisconsin (required) Case manager certification (preferred) At least two years of related health care experience (preferred) Other preferred qualifications: <ul style="list-style-type: none"> Previous home health, managed care or case management experience Previous experience working with persons with older adults in a health care setting General knowledge of Medicaid and Medicare benefits
Medica	FIDE-SNP and MLTSS	<ul style="list-style-type: none"> Registered nurses and licensed clinical social workers (LCSWs) (required) At least one year of home- and community-based experience (preferred)
‘Ohana	D-SNP and MLTSS	<ul style="list-style-type: none"> Registered nurse; licensed clinical social worker; health care professional (i.e., master's degree in social work (non-LCSW), master's degree in gerontology or LPN) or bachelor's degree with strong ties to the community and services (i.e., background with the state processing social services) Experience with the community (strongly preferred)
Shared Health	D-SNP and MLTSS	<ul style="list-style-type: none"> Registered nurse or master's degree in social work
VNSNY CHOICE	D-SNP	<ul style="list-style-type: none"> Registered nurse or master's degree in social work
	MLTSS	<ul style="list-style-type: none"> Experience with LTSS, home- and community-based services, and Medicare-Medicaid enrollees (preferred) Considering new criteria, including demonstrated knowledge of New York State regulations regarding Medicaid, MLTSS, health plans preferred, experience with managed care environments preferred, effective oral, written and inter-personal skills required, efficient with personal computers required. Certification in case management is required.
	MMP	<ul style="list-style-type: none"> Not available

2. Develop tailored training approaches that provide foundational skills, address members' diverse needs, and incorporate state resources.

Some of the health plans interviewed use vendor-developed training curricula, while others create courses internally, based upon the unique structures of their programs and the ethnic, cultural, and religious characteristics of their members (Exhibit 2). Plans operating under a larger corporate structure supplement materials from their parent organization with approaches and resources tailored to their local needs. In addition to training required by states (e.g., on uniform assessment tools/systems), some health plans incorporate additional resources (e.g., on special populations) offered by state Medicaid, mental health, or other agencies.

VNSNY CHOICE's MLTSS care manager training program uses materials supplied by its care management system vendor. The training uses 16 standard modules developed by the Case Management Society of America to provide foundational learning on care coordination.⁹ The plan supplements these materials with additional content specific to its members (i.e., VNSNY CHOICE serves a large Asian community in New York City). VNSNY CHOICE's MLTSS care managers are also offered training on advanced illness, population health management, and behavioral health provided by the New York Department of Mental Health. This is in addition to training on the Uniform Assessment System, which is required by New York State.

Care manager staff across all of *iCare's* products use an online system, Relias Learning, to provide the foundational skills and modules of training. Staff in *iCare's* FIDE-SNP/MLTSS plan receive annual training on the state of Wisconsin's Resource Allocation Decision Method, which guides the allocation of long-term services and supports to achieve person-centered outcomes. *iCare* also offers trainings on specialized topics (e.g., dementia care) developed by the state, some of which are available through YouTube. 'Ohana has its own training program, but its corporate parent, WellCare Health Insurance of Arizona, also administers standardized web-based training to all employees on topics such as HIPAA¹⁰ compliance.

What is the Structure of Care Manager Training?

The plans interviewed have a variety of training structures tailored to their organizational needs. *iCare's* training curriculum for FIDE-SNP/MLTSS care managers has three components: (1) readiness; (2) proficiency; and (3) ongoing training. The readiness phase starts with a two-week, 20-hour, classroom-based orientation on the FIDE-SNP/MLTSS model. New staff are paired with mentors and shadow their activities as a care manager (i.e., home visits, assessments, and clinic visits). After two-to-three months of shadowing, the proficiency phase's classroom-based learning begins, diving deeper into theories behind care management. For example, *iCare* trains care managers to use motivational interviewing to identify members' readiness for change. Trainees take a comprehension test at the beginning and end of their 90-day probationary period. Additional training on areas identified for improvement may be provided as necessary.

'Ohana's one-week, in-person training covers its care management systems and details key concepts, including:

- What is managed care?/What does the managed care plan do?
- How does the managed care plan interface with service delivery at the community level?
- What is a care manager?
- What is the interplay between Medicare and Medicaid?
- What are implications of Medicare rules for Medicare-Medicaid enrollees?
- What is third-party liability?

EXHIBIT 2: Overview of Common Training Curriculum Topics¹¹

Curriculum Topics	Plan				
	iCare ^a	Medica ^b	'Ohana	Shared Health ^c	VNSNY CHOICE
<i>Plan and Community Requirements/Resources</i>					
Community resources	X	X	X	X	X
Coordination of services/benefits across programs/agencies	X	X	X	X	X
Plan benefits	X	X	X	X	X
<i>Patient Engagement</i>					
Hard-to-reach/engage populations	X	X	X		X
Motivational interviewing	X	X	X		
<i>Social Determinants and Other Care Plan Needs</i>					
Care manager safety during in-home visits	X	X		X	X
Development of care management plans	X	X	X		X
Domestic violence	X				X
End-of-life planning	X	X	X		X
Housing instability	X				X
Poverty	X				X
Substance abuse	X	X			X
Trauma-informed care	X				

^a Training for care managers in iCare's D-SNP product does not cover care managers' safety during home visits or trauma-informed care.

^b Medica's care manager training also covers state/legislative/contract changes that impact its programs, mental health/dementia, transportation, and other health related topics (e.g., medication adherence).

^c Shared Health's also trains new care managers on diversity, exercise, and fall prevention. Ongoing care manager training covers additional topics including, Alzheimer's disease, disaster preparedness, traumatic brain injury, adult protective services, and local housing authority and senior housing representatives.

3. Use multiple training modes tailored to each new hire.

To train care managers with different learning styles, the health plans interviewed offer classroom-based instruction and hands-on, experience-based training, as well as computer-based and in-person training (Exhibit 3). While computer-based training may be more convenient, the opportunity for dialogue that occurs during in-person training provides more dynamic learning opportunities, allowing staff to work through issues collaboratively. Most health plans interviewed use interactive training to give new staff exposure to the range of scenarios they will encounter.

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VNSNY CHOICE uses a combination of e-learning, webinars, and didactic training methods, but prefers e-learning because of its efficiency, accessibility, and ease of updating content. Orientation is offered monthly, with new staff often beginning the online modules prior to orientation. VNSNY CHOICE is currently analyzing data on its MLTSS members to tailor training materials to address reasons for member readmissions, grievances, and other population-specific topics and concerns.

Medica uses an electronic and paper-based manual as the foundation for its care manager training in conjunction with an intensive mentoring program. Care managers are paired with a seasoned mentor with whom they conduct home visits. New hires observe their mentor, and, at each individual's pace, begin taking the lead during home visits under mentor supervision. Webinar trainings on specific topics and guest speakers complement the mentorship. Most of Medica's staff work remotely, making the webinars an efficient mode of training.

EXHIBIT 3: Modes of Training Delivery

Training Mode	Plan and Product Line							
	iCare		Medica		'Ohana	Shared Health		VNSNY CHOICE
	MLTSS and FIDE-SNP	D-SNP	MLTSS	FIDE-SNP	MLTSS and D-SNP	D-SNP	MLTSS	MLTSS, D-SNP, and MMP
Classroom learning	X	X	X	X	X	X	X	
Field-based training/Skills labs	X		X	X			X	X
Manuals	X		X	X				
Presentations/Slides	X	X	X	X	X		X	
Web-based resources/E-learning	X	X	X	X		X		X
Shadowing/Mentoring	X	X	X	X	X		X	
Guest speakers/Specialists	X	X	X	X	X			
Member handbook	X	X	X	X	X			

4. Align training programs and staff across integrated care programs.

All of the interviewed health plans operate integrated care programs in multiple product lines. Some health plans use different care managers and training strategies across programs, while others use the same staff and training approach for more than one program (Exhibit 4). Aligning training efforts can simplify a health plan's administrative functions. One of the plans interviewed favors a single-staff structure to facilitate smooth member transitions between products. Using the same staff across programs requires training on the distinctions between services available to address the specific needs of members in different programs.

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‘Ohana saw opportunities to be more member-centric and improve the experience of members transitioning between its MLTSS and D-SNP programs. Subsequently, ‘Ohana now uses the same care managers across both programs, allowing staff and members to maintain established relationships. iCare uses the same training and staff for its MLTSS plan and FIDE-SNP, but different staff and training approach for its D-SNP. Shared Health is also interested in using the same care manager staff across its MLTSS and D-SNP products, but differences in state contract staffing ratios across the programs have prevented this approach. The plan is working with the state of Tennessee to explore the ability to align staffing and training across products.

EXHIBIT 4: Health Plan Training Programs by Integrated Program Model

Plan	Product Line	Training Approach
iCare	MLTSS	One shared training program with same staff across products
	FIDE-SNP	
	D-SNP	One training program and set of staff
Medica	FIDE-SNP	One training program and set of staff with differences in benefits and processes highlighted
	MLTSS	
‘Ohana	D-SNP	One shared training program with same staff across products
	MLTSS	
Shared Health	D-SNP	One training program and set of staff
	MLTSS	One training program and set of staff
VNSNY CHOICE	D-SNP	One training program and set of staff
	MLTSS	One training program and set of staff
	MMP	Elements of training based upon MLTSS/D-SNP approach but tailored for MMP. For instance, its care management system has been tailored for the MMP and thus has subsequently tailored trainings.

5. Dedicate staff or departments exclusively to training.

Most of the health plans interviewed have full-time staff who are responsible for developing and updating care manager training materials and conducting trainings. Some of the plans said that promoting former care managers to serve as trainers brings valuable on-the-ground experience and understanding of members to the role. Full-time trainers are a good resource for care managers, particularly those who work remotely and do not have day-to-day access to peers. Additionally, plans reported that full-time trainers are crucial to ensuring that training approaches and materials are continually adapted to address identified areas of improvement and incorporate the latest best practices.

iCare created a lead care manager-educator position for its D-SNP. This employee spends half his time on staff orientation and the other half on ongoing staff training. iCare also hired a full-time person for curriculum development and training for its MLTSS plan/FIDE-SNP since the plan

had previously found it difficult for staff to split their time between training and managing caseloads.

6. Standardize training of delegates while allowing for flexibility.

Health plans may contract with a third-party organization to provide care management services. Health plans can provide their own structured training materials, but also allow contracted entities the flexibility to tailor trainings and systems to their organizational processes and culture.

Medica contracts with more than 60 entities throughout Minnesota to supply approximately 400 care managers. To ensure compliance with contract requirements, the plan conducts an audit of the delegate entity's structure and systems before the delegate's staff begin managing plan members. Medica requires delegate entities to train staff with the manual and tools it provides, but allows delegates to supplement this training with additional material to adapt to the organization's and staff's needs. In addition, Medica also offers delegates an annual care management basics training. The plan's clinical liaison team is also available to delegate staff to answer care management process and policy questions and provide individualized training as needed. The plan's trainers conduct annual care plan chart audits and reviews to ensure that delegates are complying with contractual training requirements. Delegate entities may use their own documentation systems, but are required to use the plan's forms. If delegate entities have forms similar to Medica's, the plan allows the delegates to use their own forms after Medica reviews and approves them.

Quality Measurement and Training Evaluation

The health plans interviewed are identifying ways to evaluate the effectiveness of their training programs and return-on-investment for different approaches. *iCare* considers its investment in training as critical to attaining its goals of providing high-quality, cost-effective care within a capitated payment system. *iCare* is reviewing both financial data and member outcomes measures to assess its training approach. VNSNY CHOICE is enhancing its quality dashboard by linking care manager training to member outcomes. The plan will evaluate care managers yearly based on measures of their member panels' outcomes, such as incidents of falls and medication adherence.

7. Address new program requirements and issues in ongoing training.

All interviewed health plans have mechanisms to ensure that staff receive timely information regarding program and policy changes, and industry best practices. Webinars and newsletters are commonly used to inform staff of new information. Storing these resources on a shared drive or intranet allows staff to view them at their convenience.

For its D-SNP, *iCare* uses its intranet to share ideas and trends, and for staff to ask questions of colleagues. For its FIDE-SNP/MLTSS product, *iCare* distributes a bi-weekly newsletter and uses team meetings to inform staff about new policies. VNSNY CHOICE intends to tailor ongoing care manager training to address issues identified by reviewing member outcomes. The state of New

York holds monthly training webinars for care managers on topics such as performance-based improvement strategies and improving the customer experience. VNSNY CHOICE is creating a mechanism to bring together health plans to discuss best practices that arise in the monthly state-led webinars.

‘Ohana’s corporate company, WellCare Health Insurance of Arizona, offers a resource called WellCare University that provides ongoing information and training supports, as well as re-certification requirement information. This supplements ‘Ohana’s efforts to keep care managers up-to-date on critical topics, such as domestic violence, that are often identified and addressed during weekly in-person staff meetings.

8. Cultivate internal feedback mechanisms through open dialogue and shared learning.

The health plans interviewed emphasized the need to create a culture that promotes open dialogue among care managers and their supervisors using both formal and informal structures to share and solicit information.

Interviewees stressed that cultivating a creative environment that supports “no-blame” idea sharing is essential for continued quality improvement.

iCare uses several mechanisms to encourage self-assessment, feedback, and dialogue. The plan issues care manager report cards that track progress toward meeting quality goals. Care managers and their supervisors use the report cards to review their assessment/care plan completion rates, areas where they are strong, and areas where they need improvement and/or assistance. *iCare*'s weekly grand rounds offer a less structure mechanism for dialogue. During the sessions, staff review profiles of members who have been hospitalized for more than a week and help develop a multidisciplinary approach to care transitions. The interdisciplinary perspectives of grand rounds provide ongoing, cross-discipline learning opportunities for staff.

Shared Health’s “Beefs and Bravos” offers a periodic opportunity for health plan staff to get together and share what is and is not working in its care management efforts and explore organizational improvements. Even more simply, *iCare* groups care managers in quadrants of cubicles, which helps create a collegial atmosphere conducive to sharing. Staff are encouraged to ask questions of one another, helping new hires to feel welcome and existing staff to continually learn from each other.

Keeping Geographically Remote Staff Engaged

‘Ohana works to keep all staff connected, with particular focus on keeping remote staff engaged in the organization and in touch with their peers. Staff on two of Hawaii’s smaller islands use dial-in numbers to join the plan’s weekly staff meetings. The plan gathers all of its care managers for an annual, two-day training and team-building retreat. ‘Ohana supports opportunities for remote care managers to fly into the plan’s main office on Oahu a few times a year.

Innovations in Care Manager Training and Supports Used by Shared Health and the State of Tennessee

Following are additional innovations in care manager training and supports used by Shared Health, headquartered in Chattanooga, Tennessee, and the state of Tennessee:

- **Care Manager Support Center:** Shared Health’s care manager support center is staffed with member associates, each of whom support between 12-14 care managers in completing administrative and follow-up tasks. As a result, care managers have more time to spend with members. Training care managers is also more focused on care management functions since it does not need to cover so many administrative tasks. Providing this type of support may help improve care manager retention rates as it allows these front-line staff to focus on what they are passionate about.
- **Personal Safety Training and Support:** As health plans move away from telephonic care coordination, it is critical to train staff to identify potential threats to their personal safety while visiting individuals in their home. Shared Health provides safety training to care managers who will be conducting in-home visits to its members. Each of Shared Health’s care managers are provided safety bags containing an emergency blanket, flashlight, and other supplies. An external vendor is used to teach basic self-defense to staff.
- **Ongoing State Provided Training:** To train geographically widespread health plan staff on its MLTSS level of care assessment tool, the state of Tennessee uses both webinars and a web-based training that is available 24/7. In addition, the state’s monthly newsletter highlights training issues identified for improvement. A call center/help desk logs calls from care managers, which informs the issues in the newsletter.¹²

Conclusion

With the right support and training, care managers can build strong relationships with health plan members and help them achieve their personal goals. Health plans with staff that are closely connected to the community are better able to tailor approaches and maximize available resources and supports. Health plans can partner with state agencies to benefit from state experience and expertise and learn from other health plans when developing care manager trainings and ongoing learning opportunities. There is no “one size fits all” approach to training staff. Striking a balance between formal training structures and a culture of shared learning promotes team building and an environment of continued quality improvement. The health plan training strategies identified in this brief provide approaches that other health plans can incorporate into their care manager training practices.

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ENDNOTES

- ¹ Alice Lind, Manager, Grants and Program Development, Washington Health Care Authority and Jim Verdier, Senior Fellow, Mathematica Policy Research provided input on plans to interview.
- ² Interviews used a standardized discussion guide reviewed by staff at the California HealthCare Foundation, The SCAN Foundation, and the Health Plan of San Mateo. The Health Plan of San Mateo was selected based on knowledge of its efforts to revamp its training approach.
- ³ The Family Care Partnership program combines the features of a FIDE-SNP and MLTSS product.
- ⁴ 'Ohana's D-SNP functions similarly to a FIDE-SNP.
- ⁵ 'Ohana's MLTSS plan enrollment figure may include some enrollees that are also in the D-SNP.
- ⁶ Projected enrollment.
- ⁷ The 211 system is a nationwide program of community-based call centers providing confidential information and online resources for people in need. These call centers connect individuals with local social service organizations to access: (1) housing; (2) food; (3) family/legal support; (4) health and mental health services; and (5) employment/income support.
- ⁸ Exhibit 1 is not an exhaustive list of all preferred or required qualifications across plans.
- ⁹ The Case Management Society of America's (CMSA) Career and Knowledge Pathways (CKP) training program consists of 16 course modules that correlate the component of the CMSA Standards of Practice for Case Management. See: <http://www.cmsa.org/Individual/Education/CareerandKnowledgePathways/tabid/832/Default.aspx>.
- ¹⁰ Health Insurance Portability and Accountability Act of 1996 which outlines security rules for sharing healthcare information.
- ¹¹ Exhibit 2 is not an exhaustive list of all topics covered in initial and ongoing care manager training.
- ¹² C. Ingram, A. Lind, and B. Ensslin. Uniform Assessment Practices in Medicaid Managed Long-Term Services and Supports Programs. Center for Health Care Strategies, September 2013. Available at: http://www.chcs.org/media/Uniform_Assessment_in_MLTSS_9-6-13_FINAL.pdf.