

## CMSP Pilot Project Grant - RFP Summary

### BACKGROUND

In California indigent health care is county responsibility. Rural counties can contract with the state. In 2005 the State sub-contracted with Anthem Blue Cross to administer the program.

CMSP members are: medically indigent county residents, ages 21-64, with income less 200% FPL.

CMSP coverage is: medically necessary inpatient, outpatient, vision, dental, and prescription drug.

Anthem team of registered nurses and social workers does “telephonic” care management.

- Contact members to set “specific goals”.
- Identify members with health conditions that are potentially disabling.

State works with the county welfare departments to initiate applications for state disability.

### CMSP LOCAL HEALTH CONNECTIONS PILOT PROJECT

This project will test effectiveness of providing local-level services and support to designated CMSP enrollees and likely CMSP enrollees who have complex medical and/or social conditions.

#### Goals

- Promote timely delivery of medical and support services
- Improve health outcomes
- Link the target population to other resources and support, and
- Improve the overall cost-effectiveness of expenditures

#### Two Project Tracks and two Funding Rounds

##### Planning Grants

- Requires demonstrated capacity to bring local stakeholders together **AND** the desire to develop an implementation plan.
- Up to \$40,000 per project
- **Approximately** 10 grants in 2010 and none in 2011

##### Implementation Grants

- Grants to support concrete, implementation plans that address the goals and objectives
- Requires demonstrated bringing together stakeholders **AND** experience in one or more of the following areas:
  - Care management
  - Continuity of care planning
  - Service linkage promotion or integration
  - Disease management; and
  - Disability advocacy or outreach.
- Up to \$150,000 per year per project for up to 3 years (round 1) or 2 years (round 2).
- **Approximately** 2 grant in 2011 and **approximately** 6-7 in 2011

**Awardees are required to provide 20% match (cash or in-kind)**

#### Target Populations

One or more of the following

1. CMSP enrollees with complex health conditions receiving inpatient care or recently discharged.
2. Uninsured, but likely CMSP enrollees, receiving inpatient care
3. Enrollees with complex conditions **AND** housing or transportation challenges to medical care
4. CMSP enrollees with disability who “fail to cooperate” in completing disability application

Projects may further narrow the focus to one or more of the following:

1. Homeless adults;
2. Adults with chronic disease; and/or
3. Adults in need of pain management support.

**Required Components for Implementation Grants** (Planning Grant Projects shall develop a **plan** that addresses all of the requirements)

#### **Component 1: Local-level Care Management**

1. Data system capacity sufficient to document and track the services
2. Care management interventions tailored to meet individual member's needs and respect member's role as a decision maker in planning.
3. Interventions designed to best serve the member, improve quality and cost effectiveness, ensure coordination of care, and not duplicate other services.
4. Projects have capacity to meet with members in community locations (e.g. physicians' offices, hospitals, county departments, homeless shelters, or members' homes)
5. Participate in telephonic case conferences on specific members' issues.

#### **Component 2: Continuity of Care**

1. Provide evidence of current leadership in existing county-wide or regional initiatives that facilitate linkages across the continuum of care
2. Provide evidence of experience promoting safe, effective hospital discharges for patients and reducing hospital readmissions.

#### **Component 3: Linkages to Enabling Services**

1. Assist engaged CMSP members or likely CMSP enrollees in obtaining nutritional support, housing, transportation, legal assistance, and income assistance.
2. Plan for developing an effective working relationship with the county welfare department to help facilitate applications and reapplications to CMSP and MediCal (when appropriate).

#### **Component 4: Disease Management**

1. Incorporate disease management strategies to halt or decrease the severity of the condition of the CMSP member or likely CMSP enrollee.

#### **Component 5: Disability Advocacy and Outreach**

1. Have ability to assist or guide members through Federal or State Disability application.
2. Have ability to follow up where CMSP members fail to cooperate with disability application

#### **TIMELINE**

##### **Round 1**

- **Mar.5, 2010 Round 1 Applications Due**
- Apr. 29, 2010 Round 1 Awards Announced
- July 1, 2010 Projects Begin
- Dec. 31, 2010 Planning Phase Projects End

##### **Round 2** (pending final determination)

- Dec. 17, 2010 Round 2 Request for Proposals (RFP) Released
- Feb. 28, 2011 Round 2 Applications Due
- July 1, 2011 Round 2 Implementation Projects Begin