



Title

Care Management Department Monitoring

Review Procedure

No less than annually and as needed as determined by ongoing monitoring and evaluation of the Care Management (CM) Program, the Director of Care Management will review and ensure compliance with all applicable state and federal laws and regulations. The policy will be reviewed and approved by the Quality Management (QM) Committee.

REVIEW AND APPROVAL HISTORY						
VERSION	AUTHOR	REVIEWED BY	REVIEW DATE	APPROVED BY	APPROVAL DATE	DESCRIPTION OF CHANGE
1.0	Richard Petrucci, MD	Quality Committee	03/28/23	Quality Committee	03/28/23	

General Statement of Policy

SOMOS Your Health LLC (the “MSO”) is a management services organization that has contracted with managed care companies (“MCOs”) to provide certain services on the behalf of the MCO. SOMOS will provide available services to members managed by SOMOS and is not required to provide coverage for benefits not otherwise covered. This policy describes the SOMOS Care Management (CM) Department’s policy for monitoring the Care Management Program in accordance with 18 CRR-NY 505.16 of the New York Codes, Rules, and Regulations and 42 CFR §438.208 of Title 42 of the Code of Federal Regulations.

Contacts/Scope

Policy 101.4 is intended to provide guidance on monitoring of the overall Care Management Program to healthcare providers, SOMOS Care Management Department and to current and future eligible SOMOS managed members. The Chief Medical Officer (CMO) and the Director of Care Management provide oversight of the CM Department’s process for case management.

Glossary/Definitions

Health Risk Assessment: Screening tool to help identify and evaluate health risks and provide individual health promotion interventions.

Individualized Care Plan (ICP)/Individualized case management plan: Plan of care developed by a member and/or a member’s ICT or health plan that includes prioritized goals that considers the patient’s

and caregiver’s goals, preferences and desired level of involvement in the case management plan, time frame for reevaluation, resources to be utilized, including the appropriate level of care, planning for continuity of care including transition of care and transfer between settings and collaborative approaches to be used, including family participation.¹

Procedures

To ensure that Case Management services are provided according to best practice standards, SOMOS develops and implements written policies and procedures, consistent with best practices and that comply with state and federal law as well as SOMOS’s contractual obligations.

SOMOS provides appropriate training and oversight to the CM staff to ensure interactions with members are evidence based and supported by current clinical practice guidelines. CM staffing structure as evidenced in the SOMOS CM Department organizational chart, is reviewed as needed and is dependent upon the services provided by SOMOS as dictated by the population assessment data, health risk assessments, care plans, industry standards and/or State and Federal regulations. Staff ratios are consistent with the organization’s needs, taking into consideration the size of the population and severity of the conditions being managed, and are accommodated by the departmental budget.

SOMOS CM staff consist of both licensed and unlicensed positions and are assigned applicable roles and responsibilities as determined by their license and/or job description. Licensed staff credentials are verified within 90 calendar days of date of hire and are reviewed annually, 60 days prior to the annual hire date anniversary to ensure an active current license and free of any sanctions, complaints and/or restrictions as determined by the State licensure and/or certification board.

- **Licensed Staff**

- *Case Manager*: Licensed Registered Nurse who initiates and coordinates a multidisciplinary team approach to case management with members, health care providers and SOMOS’ CMO or physician designee. Case managers coordinate individual services for members whose needs include ongoing medical care, home health and hospice care, rehabilitation services and preventive services while promoting quality and cost-effective outcomes. The case manager monitors the progress of the implemented plan of care. The case manager serves as a resource throughout the implementation of the plan and makes revisions as appropriate. The case manager also coordinates appropriate educational sessions and encourages the member’s role in self-help.
- *Chief Medical Officer (CMO)*: The governance of the CMO is critical to the Care Management program’s effectiveness. The CMO serves as a resource to determine the medical needs of the Member and clinical appropriateness of treatment based on established evidence-based clinical guidelines and standards.
- *Director of Care Management*: Provides oversight of the Care Management programs and services. Works with the CMO and Medical Directors to meet organization and department goals and developing and tracking measurable outcomes of department services.

¹ NCQA CM 3, Element A

- **Unlicensed Staff**
 - *Community Health Worker (CHW)/Health Care Guide (HCG):* Works in collaboration with the Care Management team members, provides support and guidance to members referred to the CM department for case management programs and serves as a team resource for community-based services. Refers members to the case manager as needed, for requests for service and/or information that fall outside of the scope for CHW/HCGs.
 - *Social Worker:* Initiates and coordinates a multidisciplinary team approach to case management with members, health care providers and SOMOS’ CMO or physician designee. Manages Member’s social determinants of health and psychosocial aspects of the Member’s health care and coordinates care with the medical team members. Refers members to the case manager as needed, for requests for service and/or information that fall outside of the scope for CHW/HCGs.
 - *Care Coordinator:* Provides administrative support to the Care Management Team by answering phones, maintaining department files and calendars, ordering, and managing department inventory and supplies.

In accordance with 18 CRR-NY 505.16 of the New York Codes, Rules and Regulations, providers of case management services may include social services agencies, facilities, persons, and groups possessing the capability to provide such services who are approved by the commissioner pursuant to a proposal approved in accordance with subdivision (f) of this section including:

- i. facilities licensed or certified under New York State law or regulation;
- ii. health care or social work professionals licensed or certified in accordance with New York State law;
- iii. State and local governmental agencies; and
- iv. home health agencies certified under New York State law.

Additionally, case managers must have two (2) years’ experience in a substantial number of activities outlined in section (3) of Policy 101.2 Case Management Care Plans and Assessment, including the performance of assessments and development of case management plans. Voluntary or part-time experience which can be verified will be accepted on a pro rata basis. The following may be substituted for this requirement:

- i. One (1) year of case management experience and a degree in a health or human services field; or
- ii. One (1) year of case management experience and an additional year of experience in other activities with the target population; or
- iii. Bachelor's or master's degree which includes a practicum encompassing a substantial number of activities outlined in subdivision (c) of this section, including the performance of assessments and development of case management plans; or
- iv. Meeting the regulatory requirements of a State department for a case manager.

SOMOS develops department policies and desk level procedures that are reviewed and approved on an annual basis and as needed, by a physician (e.g., MD or DO) or by a doctoral-level psychologist (e.g., PhD or PsyD) for any behavioral healthcare programs. Newly hired CM staff receive onboarding training that include, but not limited to, the following topics:

- *Confidentiality:* HIPAA rules and regulations training completed within (insert timeframe) of hire date.
- *Emergencies:* Training to the CM staff on the procedures when interacting with members experiencing an emergency (e.g., Neglect, abuse, threats of self-harm, etc.).
- *CM Resources available:* Evidence based practice and professional standards that support the CM staff interactions with members (e.g., Centers for Disease Control and Prevention [CDC], Agency for Healthcare and Research Quality [AHRQ], Case Management Society of America, Health Belief Mode, etc.).
- *SMART Goal Setting:* Specific, measurable, achievable, relevant, and time-based goals between the CM staff and members.
- *Referral Process:* Process for who can make referrals, when they should be made, how to submit referrals and to whom the referrals can be made to.
- *Cultural Competency & Health Literacy:* Human Resources/Training & Development Department/Culture and Linguistics provides training to the staff related to cultural competence and health literacy when providing health care services.

The Director of Care Management provides oversight and training updates to staff at least annually, and as needed as changes to any evidence-based practice/standards occur. Performance of CM staff are monitored through monthly case audits on randomly selected cases to ensure compliance to program guidelines. Feedback is provided to CM staff in writing, semiannually and include an overview of any audit findings, member and provider feedback/satisfaction, colleague feedback, and highlighting any accomplishments or achievements.

Remediation

The Care Management Program is monitored and evaluated on a continuous basis to ensure compliance with all applicable state and federal laws and regulations. Progress and outcomes of the Care Management Program are reviewed and discussed in the QM Committee on a quarterly basis. The Care Management Program Evaluation is presented annually to the QM Committee and reviewed for approval. Program quality is monitored through monthly case audits on randomly selected cases to ensure compliance to program guidelines. In the event non-compliance is discovered, immediate investigation of the root cause commences and is reported to the Director of Care Management and Chief Medical Officer and shared with the CM Committee. Audit findings are used to share with the individual and is used as a training and guidance for the CM staff.

Documentation/Attachments

Checklists or monitoring tools—If the SOP is overseen with a checklist or some other tool, reference it in the SOP and/or attach it. This may include an ongoing monitoring tool as well as an annual audit tool.

SOMOS Your Health, LLC (“MSO”)
Department Care Management
Policy Number 101.4



Governance

N.Y. Comp, Codes R. & Regs. Tit. 18 § 505.16 (e)(1)(2)
NCQA CM 7, Elements A through F

Whom Do I Contact with Further Questions?

Chief Executive Officer
Chief Compliance Officer
General Counsel