

Proposal prepared for:

XYZ HEALTH PLAN



Updated May 14, 2018

**ABOUT THE SOUTHERN MAINE AGENCY ON AGING**

Since its founding in 1973, the Southern Maine Agency on Aging (SMAA) has provided residents of York and Cumberland counties of Maine with resources and assistance to address the issues and concerns of aging. The Agency staff of 120 and corps of more than 600 volunteers serve 25,000 people each year. SMAA’s many programs and services are designed to help meet our mission of improving the quality of life of older adults, adults with disabilities and the people who care for them.

SMAA is the largest of the five Agencies on Aging serving Maine. Agency services are designed to foster independence by increasing client awareness and understanding of available public benefits, encouraging client-directed options, supporting family caregivers, and promoting an active and healthy lifestyle as people age. Services include: Meals on Wheels, Medicare and insurance counseling, Adult Day Centers for people living with dementia, classes and support for family caregivers, money management support, fall prevention programs, and a group of 16 social workers who offer information and connect clients to resources and assistance to help address their needs.

**BACKGROUND UNDERSTANDING**

XYZ Health Plan intends to launch an ACO in which the medical and the social determinants of health will be addressed for a select group of dual-eligible patients on XYZ Health Plan. These patients will suffer from chronic diseases (COPD/CHF) and are high risk for expensive medical interventions including hospital admissions, ER Use, long-term care and high volume medical visits. XYZ health Plan has demonstrated positive outcomes through their ibis™ program which is built using their patented artificial intelligence platform with expanded capabilities through a care management team. XYZ health Plan proposes to include SMAA in the ACO Team to support management of the social determinants of health. SMAA would assist in securing the resources needed by these patients for nutrition, finances, housing, care-giving, and transportation among other things. SMAA is a trusted resource in the community and possesses the expertise to support patients with such needs.

XYZ health Plan also proposes to leverage SMAA’s physical facilities to provide education programs for patients and allow for in-person physician consultations with patients in a non-medical setting. SMAA has a number of facilities that could accommodate both types of interactions.

**MANAGING THE SOCIAL DETERMINANTS OF HEALTH**

**COMMUNITY CONNECTIONS RESOURCE SERVICE**

For patients who are complex, struggling to manage their conditions while living a quality life in the community, and are at high risk of ER utilization and hospital admissions we offer a person-centered risk mitigation intervention. This intervention mitigates risks by addressing the social and economic determinants of health, and subsequently reduces 30-day readmission rates through a comprehensive @Home Risk Assessment and the creation and activation of a Community Resource Plan. This assessment consists of a health and safety review and is conducted by SMAA’s Community Resource Specialist. The review identifies specific barriers that are preventing thriving in the community, reviews benefit eligibility, assesses the support needs of the caregiver, and educates the patient on advance directives. This intervention offers one-on-one help in understanding and accessing necessary services and service delivery options through a person-centered planning process. In home face-to-face counseling sessions and telephone follow-up by SMAA’s Community Resource Specialist are specifically geared toward identifying and removing social and economic barriers that are detrimental to the health and well-being of the patient. Once referred, the patient is seen within 3-5 business days and the "@Home Risk Assessment" and “Community Resource Connection Plan” (CRCP) are developed. The patient is followed to allow for activation of the plan as needed. The CRCP and progress are shared with the patient/caregiver and the ibis Team. The Provision of Simply Delivered for ME Medically oriented meals may be a recommended component of the CRCP as well as evidence based programs related to falls risk and disease self-management.

**PRICING COMMUNITY CONNECTIONS RESOURCE SERVICE**

***Intervention Pathway for High Risk Patients with Chronic Disease***

* In-person visit by SMAA Community Resource Specialist to facilitate a @home risk assessment and associated Community Connections Care Plan. Care Plan shared with patient, caregiver and ibis Team. SMAA recommends timeline for activation. (Avg. 5 hours expected per patient)
* SMAA activates the CRCP addressing the patients’ needs around the social determinants of health. The agreed upon average annual number of hours per patient are 12 with patients receiving more or less based on need. SMAA facilitates referrals and connections for the patient, helps link them to resources and assists in completing applications for assistance, conducts motivational interviews encouraging the patient to participate in improving their social determinants of health. SMAA is available for in-home visits if needed.

**$36 per hour**

Minimum Resource Hour Commitment: **900 Hours Annually**

$36 \* 900 hours = **$32,400 annually/$2,700 monthly**

**Average number of patients @ 12 hours annually: 900 hrs./12hrs pp = 75 patients**

Data exchange, reporting and process training: **$2,500 annually**

***Note: SIMPLY DELIVERED MEALS and evidence-based programs are additional***

**SIMPLY DELIVERED MEALS: SMAA’s Home-Based Meal Program**

SMAA has a long history of providing meals via the Meals on Wheels Program in York and Cumberland Counties. This background has enabled us to develop the Simply Delivered Meal Program to support the healthcare community. Meals have been developed to meet specific healthcare criteria to include heart healthy (low sodium, low cholesterol), diabetic friendly, renal friendly, pureed and gluten free. Vegetarian and regular meals are also available. The meals are nutritionally balanced and provide 33% of daily caloric requirements. They are cooked in a USDA Approved Kitchen with ingredients often sourced in Maine. The meals are flash frozen to maintain freshness and can be easily heated in the microwave or oven.

SMAA has provided post-discharge meals in a pilot study with MaineHealth in a care transitions program. This pilot demonstrated a return on investment of 387% as a result of providing 7 meals post-discharge to patients at high risk for readmission with a reduction in 30-day readmission rate of 16% compared with patients receiving care transitions only. This was observed in a two-year study involving 622 patients from Maine Medical Center. Meals may be provided to patients based on dietary requirements as patients are assessed for Meals on Wheels. Patients who do not qualify for Meals on Wheels may continue to receive Simply Delivered Meals.

*“Simply Delivered meals were the absolute*

*best thing anyone could have offered. It really*

*helped my wife and I get back on our feet and*

*really felt the meals helped us focus on getting*

*healthier. Thank you.”*



*“You don’t know how much*

*these meals have meant to us.*

*We are proud people and this*

*Has been humbling for us. This*

*service was a life saver for me*

*and my wife while she was*

*regaining her strength and*

*mobility”*

**PRICING SIMPLY DELIVERED MEALS**

**$7.00 per meal: $49.00 for 7** for patients who are not eligible for Meals on Wheels or have not yet had eligibility established. Meals delivered directly to the patient’s home.

**$5.00 per meal: $35 for 7** for patients who are eligible for Meals on Wheels but may be placed on a “wait list”

**$3.50 suggested donation for Meals on Wheels once the patient is receiving meals**

**PRICING USE OF COMMUNITY SPACE**

* Large conference room at SMAA Location or Adult Day Centers for Educational Seminars:

**$50 per hour**

* Small conference room at SMAA Location or Adult Day Centers for Physician Consultations:

**$35 per hour**

**PRICING EVIDENCE-BASED PROGRAMS**

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| **Tai Chi for Health and Balance** | **Nationally recognized evidence-based program developed by Dr. Paul Lam for the Arthritis Foundation,** **8 wks., 1 hr. 2x/week, can graduate to 2 additional 8 wk. programs (16 hours total)*** Participants learn slow fluid movements that can be done seated or standing
* Program prevents falls by improving balance, flexibility, and strength, reduces arthritis pain
 | **-$200 per person for program (16 classes, 8 weeks, 2x per week)****- Pts. may sign up for scheduled classes in the community** |
| **Matter of Balance** | **Nationally recognized evidence-based program,** **8 wks., 2 hr. classes per week (16 hours total)*** Improve balance, flexibility and strength
* Reduce the fear of falling
* Set goals for increasing activity
* Make changes to reduce falls at home
* Ideal for retiree programs
 | **-$200 per person (8 classes 1x per week x 2 hours ea.)** **-Pts. may sign up for scheduled classes in the community**   |
| **Living Well Chronic Disease or Pain Self- Mgmt** | **Developed by Stanford Medicine, Steps to Healthier Living -- evidence based, 6 wks., 2.5 hrs., 1x/week (15 hours total)*** Techniques to deal with problems such as frustration, fatigue, isolation, poor sleep
* Appropriate exercise for maintaining and improving strength, flexibility, endurance
* Appropriate use of medicine
* Communicating effectively with family, friends, health professionals
* Nutrition, pacing activity, rest, evaluating new treatments
 | **-$200 per person** **(6 classes 1x per week x 2.5 hrs ea.)****-Pts. may sign up for scheduled classes in the community**  |

**Thank you for your Consideration**

**CONTACT INFORMATION**

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