



Master•Care
Senior Care • Health Care • Managed Care



What is Master•Care?

Managed Services Organization (MSO)

Created expressly to deliver
the very best **Enhanced Care Management**
and **Community Supports** under CalAIM.

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**BTW – All portrait images from this point forward
are Master•Care patients.**

CaAIM Goals



Social Determinants of Health to Reduce Health Care Consumption

- Housing / Housing Deposits / Sustaining
- Meals / Healthy Food
- Sobriety / Behavioral Health
- Making Home Safe / Home Modification
- Respite / Day Habitation / Personal Care
- Transitional Services: Recup. Care / STPHH
- **Nursing Facility Transition / Diversion to Assisted Living**

Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #1

- 39-year-old mother
 - SUD / Hepatic Encephalopathy / Wants Liver Transplant List
 - Cannot Manage Meds
 - Homeless / In Acute Care / Multiple E.D. visits
 - No Home to Transition to...
 - **NFD to Assisted Living**
- Address SDOH (Med Mgmt / Healthy Food)

ECM Referral to Assure Transition is Successful



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #1

- 39-year-old mother
 - SUD / Hepatic Encephalopathy / Wants Liver Transplant List
 - Cannot Manage Meds
 - No Home to Transition to...
 - NFD to Assisted Living
 - Address SDOH (Med Mgmt / Healthy Food)
- ECM Referral to Assure Transition is Successful*



Cross-Collaboration – Member #1

- CS Service

- ✓ NFD to A.L. (Needed small active community)
- ✓ SUCCESS – Now, TOO HEALTHY for Transplant
- ✓ SUCCESS – Reunited with 7-year-old Son
- ✓ WILL LIKELY GRADUATE!

- ECM (PoF)

- ✓ Adult Homeless
- ✓ Adult At-Risk Avoidable E.D./Hosp
- ✓ SMI / SUD
- ✓ Adult At-Risk of Institutionalization

- ECM Service(s)

- ✓ Coordinate PCP, Nephrology
- ✓ Coordinate Dentist, OB-GYN
- ✓ SUCCESS – Reunited with 7-year-old Son
- ✓ Court / Custody Issues
- ✓ SSDI Submission for Income



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #2

- 59-year-old man
- Russian Speaking
- Post CVA
- Living in SNF for 2+ years

Wants to Transition Home...

- **ECM** (Care Plan to Return Home after EAA)
- **Address Need for Home Modification**

CS Referral to EAA Provider for Grab Bar Installation



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #2

- 59-year-old man

SNF Russian Speaking



Wants to Transition Home...

- **ECM** (Care Plan to Return Home after EAA)
- Address Need for Home Modification

CS Referral to EAA Provider for Grab Bar Installation

Cross-Collaboration – Member #2

Address SDOH to Reduce Health Care Consumption

- **ECM (PoF)**

- ✓ **Nursing Facility Resident Willing to Transition to Community**

- **ECM Service(s)**

- ✓ **Referral to EAA Provider *Lifewise***
 - ✓ **Assessment / Home Assessment**



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #3:

- 86-year-old woman
- Dementia
- Social Security Income only
- Cannot Shop, Cook, Dress, Bathe
- Family can no longer care for her
- Home no longer safe / no longer supported

NFD to Assisted Living (Memory Care)

- Address SDOH (ADLs & Med Mgmt)

~~ECM Referral~~ **DECLINED – D-SNP**



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

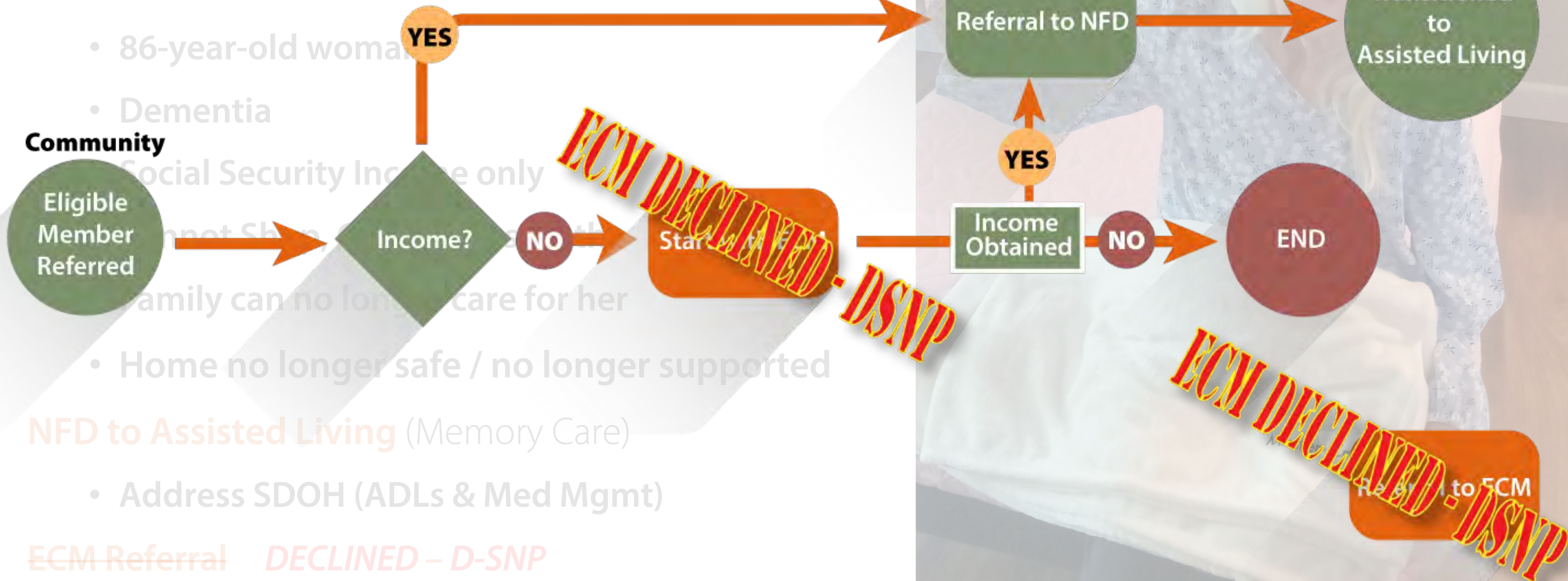
Member #3:

- 86-year-old woman
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- Family can no longer care for her
- Home no longer safe / no longer supported

NFD to Assisted Living (Memory Care)

- Address SDOH (ADLs & Med Mgmt)

ECM Referral *DECLINED – D-SNP*



Cross-Collaboration – Member #3

- **CS Service**

- ✓ NFT to A.L. (Memory Care)

- ~~ECM (PoF)~~

- ✓ Adult At-Risk Avoidable ED / Ho p
- ✓ Adult At-Risk for Institutionalization

ECM DECLINED - DSNP

In-Person ECM is more successful for older Members in Assisted Living.

Often Older Members will not answer a phone call / cannot hear

Telehealth cannot:

See the Member

- a) Clothes Clean
- b) Hygiene
- c) Eyes Bright

Assess the Environment

- a) Smell of Healthy Food / Savory Soup
- b) Residents Engaged
- c) Rooms filled with sunlight
- d) Rooms clean, free of clutter, free of odors



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #4

- 79-year-old man / Veteran
- Hemiplegia and Hemiparesis / affect left side
- Previous SUD
- History of Falls
- Living in SNF for 3+ years / Wants to see Granddaughter
- Needs bathing assistance, food prep, Med. Mgmt

NFT to Assisted Living

Referral for ECM (once transitioned)

- No PCP



Goals of CalAIM

Address SDOH to Reduce Health Care Consumption

Member #4

- 79-year-old man / Veteran
- Hemiplegia and Hemiparesis / affect left side
- Previous SUD

Eligible Member Referred

History of Falls
Living in SNF for
Granddaughter



NO

Start with ECM

Income Obtained

NO

END

YES

Referral to NFD

Transitioned to Assisted Living

YES

Referral to ECM

- Needs bathing assistance, food prep, Med. Mgmt

NFT to Assisted Living

Referral for ECM (once transitioned)

- No PCP

Cross-Collaboration – Member #4

Address SDOH to Reduce Health Care Consumption

- **CS Service**

- ✓ **NFT to A.L.**
(Needed larger active community)
- ✓ **SUCCESS** – feels comfortable to invite 4-year-old Granddaughter
- ✓ **SUCCESS** – First time has not felt depressed in 3 years

- **ECM (PoF)**

- ✓ **Nursing Facility Resident**

- **ECM Service(s)**

- ✓ **Coordinate PCP**
- ✓ **Coordinate Dentist, Podiatry**
- ✓ **Monitor Fall Risk**



NFTD Avg Costs/Savings

- **CS Service**

- ✓ NFTD to Assisted Living

ECM (Typical PoF)

- ✓ Adult At-Risk Avoidable E.D. / Hosp
- ✓ Adult At-Risk for Institutionalization
- ✓ SNF Resident willing to move to Community

Avg Cost of SNF:

\$11,700 / mo

CS PMPM: Avg Rates:

\$460.74 / mo

CS Wrap: Avg Rates:

\$5,062.22 / mo

Total CS Cost:

\$5,522.96 / mo

Avg Savings (CS Alone):

\$6,177.04 / mo

ECM Avg Rate:

\$402.37 / mo

Avg Savings (CS & ECM):

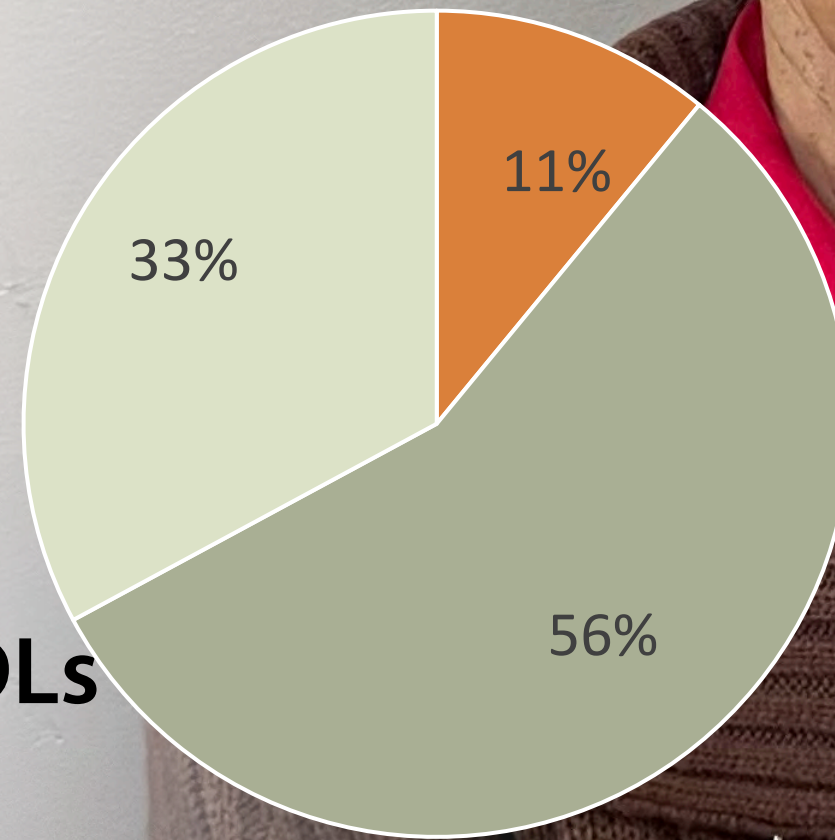
\$5,774.67 / mo



Where Recuperative Care Fits In

MASTER•CARE MODEL

- **Subcontract**
- **Delivered at Licensed RCFE (Assisted Living)**
- **Can accept:**
 - **Incontinence**
 - **Ambulation Issues / Walkers / Wheelchairs**
 - **Medication Mgmt Needs**
 - **Requiring Assistance with ADLs**



■ ACUTE CARE ■ SNF ■ COMMUNITY

Why is Master•Care Successful?

Decades of Private Pay Experience

- Senior Housing
- Senior Care
- In-Home Personal Care
- Transitional Care
- Geriatric Management
- Senior Placement

CalAIM Provider since Day 1 ECM & Community Supports

+1600 Enrolled Patients (All Services)

+450 Transitioned to Assisted Living



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Thank You

Questions? Ask your Local Field Care Navigator
855.836.6355

Notification@MasterCarePlan.com