Smart Policy Works

CASE STUDY

Turning care coordinators into public benefits pros

As states move their Medicaid programs to managed care, managed care organizations are expected to support their members not just as care coordinators but also as benefit navigators and connectors to supports. SPW worked with one Medicaid MCO whose care coordinators were having frequent contact with their members but could not answer many of their questions.

These staff lacked the fundamental knowledge of the public benefits that members used – or could use – to thrive in the community. The MCO was committed to addressing medical, behavioral, social, and long-term care needs and enhancing quality of care outcomes; and the state was holding it accountable for dozens of distinct quality measures. The MCO, however, was faced with a very competitive Medicaid landscape with multiple MCOs needing qualified care coordinators to fulfill their staffing requirements. The MCO was struggling with staff retention, making it more difficult to keep experienced staff.

The MCO approached us about quickly bringing care coordinators up to speed so that they could become a key resource and referral source to assist customers.

Public benefits programs are not simple

Even insurers with vision are finding themselves in the middle of a quagmire of overlapping and sometimes conflicting population groups, eligibilities, and needs. Many Medicaid recipients rely on one of several forms of disability income from the Social Security Administration, and on SNAP and other food resources to meet their nutritional needs. Maintaining secure housing is a continual stressor in the lives of many Medicaid recipients. Resolving public benefits and housing issues can take time. During this time, individuals are often in crisis and in need of immediate assistance. This MCO's staff could attest to the frequency with which plan members turned to them for help with related, overlapping, and confusing benefits issues.

While SPW has worked with public benefits programs for two decades, both from a policy analysis and advocacy standpoint, and as trainers for federal and other government agencies, this project called for rapid-fire synthesis across multiple public programs – income support, housing, healthcare, work incentives, and food aid.

The SPW curriculum

This project drew deeply on our understanding of public benefits and our training skills, including the ability to translate complex topics into understandable concepts. The customized curriculum we developed for this MCO consisted of seven trainings, with each course repeated twice, training up to 40 participants. An introductory slide broke the ice by asking participants "I think these benefits programs are A) easy to understand, B) challenging to understand, but not rocket science, or C) rocket science?"

Day 1. Social Security – Make sure they understand the huge difference between Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSSI), the definition of disability, and key elements of

work history, asset limits, waiting periods, relationship to healthcare benefits, appeal, overpayments, and common issues with checks.

Day 2. Medicare and Medicaid – Convey who qualifies for Aid to the Aged, Blind, or Disabled (AABD), AllKids, Family Care, I-CHIP, the Health Benefits for Workers with Disabilities program, Medicaid (with spenddown), and programs available under the state's Medicaid waivers, including 1619b – and the then still-operating Illinois Preexisting Condition Insurance Pool, or IPXP – and how to effectively connect people to these programs.

Day 3. Employment and work incentives – Make clear that people with disabilities can and do work; Medicaid does not necessarily end if a member takes a job. But the rules for SSDI and SSI when you go back to work are completely different. Demonstrate how they can refer a client to programs that support people in returning to the workforce.

Day 4. Food and housing assistance – Explain the purpose of the supplemental nutrition program and how to apply, including household composition, categorical eligibility, income tests, expedited benefits, changes, redeterminations, and appeals. Find time to go over housing-related issues like heating assistance (LIHEAP) and emergency service.

Each course covered which agencies were responsible for each program, taking participants through application procedures, documentation requirements, appeals processes, and referral resources.

In addition – and perhaps just as valuable – we provided them "insider tips" for supporting members going through the process, like "Get to the Social Security office 15 minutes before it opens," "Avoid the first third of the month if possible" and "Never assume the office already has it in their records."

At the end, participants worked on quizzes, games ("Name that benefit program!") and case scenarios that required them to lay out a plan for supporting and assisting the simulated Medicaid beneficiaries – presenting real-life situations of people and their benefits – and then sharing the plan with teammates in an actionable way.

Empowering care coordinators to impact social determinants

More than 30% of this unit's staff were responsible for direct care coordination. Without this crash course, they would not have been in a position to give accurate guidance when directing members on how to access additional programs and services, or how to deal with benefits issues and barriers that they encountered – possibly causing members to miss out on potentially vital programs. While few nowadays would deny the importance of addressing social determinants of health, the reality is that – as in this case – it has to start from a place of care coordinators knowing the programs and supports that members use and depend on.

Facing similar issues? Contact us for a consultation

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