

From the Desk of Claude Thau

Care Coordination In LTCi Policies

Care Coordination makes expert geriatric care managers and/or nurses available to help the care recipient and family. It can be of inestimable value.

Prior to meeting with the care recipient, the care coordinator often meets with the care recipient's family members or doctors in order to learn about the care recipient, her history, her surroundings and support systems, the consistency or inconsistency of symptoms, etc. Care coordinators then meet face-to-face with the care recipient to assess the care recipient's needs.

The care coordinator is responsible for creating a Plan of Care, customized to the care recipient and reflective of the support system available to the care recipient. The goal is to create a plan that the care recipient (if capable), the care recipient's family and the care recipient's doctor all agree reflects the client's needs and preferences. The Plan of Care identifies the necessary care services, including frequency, and can provide more details. The care coordinator creates a comprehensive Plan of Care without consideration of whether services are covered by LTCi or not. (It is the insurer's responsibility to determine whether a claim is paid. If part of the Plan of Care is not covered by insurance, the care recipient or family might decide not to implement that part of the Plan of Care.) Insurers will not reimburse costs of services that are not part of the Plan of Care, however with "cash alternative" or indemnity contracts, the family receives benefits that can be used in any way they wish.

Care coordinators can provide a list of potential commercial caregivers and sometimes can provide access to price discounts available (see later section on Provider Discounts).

Some people are concerned about care coordination because "care management" has a negative "gatekeeper" connotation in the acute health insurance industry. Indeed, a care coordinator may submit a report that indicates that an insured person does not satisfy claims triggers. To the degree that an inappropriate claim is not paid, policyholders benefit because they have less risk of a rate increase. But the focus of care co-ordination is helping clients and their families. Many people, including the author, have had phenomenally wonderful experiences with care coordinators.

The care coordinator monitors the care and the possibly changing needs of the care recipient, providing recertification of the need at least once each year (as required by HIPAA) and helping the family to anticipate the care recipient's needs. Care coordinators can provide valuable insight to help families reach agreement on care strategies and to help non-caregivers and caregivers understand the stress they and their other family members feel.

Care coordinator can be provided from three types of providers (LTCi policies generally do not provide more than two of these alternatives):

- Insurance company employees who are remotely located. In this case, the "face-to-face" services are not provided.
- Independent third parties who are contracted through networks that contract with the insurers. The care coordinators are selected, guided and paid by their network, not by the insurer.
- Someone selected by the family.

Company employees receive a lot of praise for their services, but it is generally preferable to have independent providers who can be present on-the-spot. Philosophically, people may be concerned that a company employee is more intent on saving money than on maximizing quality of care. The author has heard that concern expressed in general, but has **never** heard a complaint that a company care coordinator demonstrated a conflict of interest.

Some people strongly prefer that the claimant be able to select a care coordinator of his choice. However, there is a risk that fraudulent reports regarding care recipients' needs could be filed by unscrupulous care coordinators (consider the fraudulent doctors' reports in automobile accident claims). As long as the insurer is contracting with independent care coordination third parties, the client's interests should be well-served.

Some insurers provide incentives to encourage claimants to use the insurer's care coordinators. These can include liberalizing the elimination period, providing caregiver training, home modification or other services mentioned in this section, determining home care benefits on a monthly basis (rather than daily basis), etc.

Care coordination services are most commonly involved in home care claims to assure safety and quality care, but might be helpful with any type of claim.

Some LTCi policies cover unlimited care coordination in addition to other covered expenses. Others may have an annual limit in addition to other expenses, in which case other care coordination services might be covered within the daily or monthly limit.

Many claimants who could afford to pay for care coordination privately would not do so because they don't understand the value of the services. So having even a minimum amount of services paid by the LTCi policy can have great value. After having experienced the value of care coordination, the family might continue to contract for such services even if they have to pay for it themselves.

I have personally engaged care coordinators twice, paying out of pocket for uninsured situations. In my opinion, they are angels sent by the Lord to walk the Earth to help those of us in need. I cannot exaggerate the value of their services in two very different circumstances. Just thinking about either one of them brings tears to my eyes.

I think it is best if a carrier uses independent care coordinators and contracts with a care coordination firm, rather than directly with the care coordinators. That way the coordinators are trained, managed and paid by an independent care-providing agency. If an insurer uses such an organization, I am comfortable even if they do not allow people to use the care coordinator of their choice. Policyholders should contact the insurer for a replacement if they are not comfortable with the first one who is assigned (seemingly an unlikely event).

The [Connecticut Partnership for LTC](#) has a nice web-site explanation.

Links to Care Co-ordination entities:

- LifePlans' Family Caring Network (Marc Cohen; Anne Ingoldsby): <https://www.lifeplansinc.com/Clinical-Network-Call-Center/>.
- CHCS (Gary Jacobs, Jeannine Hosking, et. al.): http://www.chcsservices.com/our_services/care_coord.asp
- Long-Term Care Group (Mike Mayer, Kelly Jo Lundgren): <http://www.ltcg.com/our-services/assessments/>
- Long-Term Care Solutions (Anne Harrington): <https://www.longtermsol.com/solutions/field-assessors/>
- Connecticut Community Care, Inc. (Care Management Associates, was Bea Arneson and Heidi): <https://ctcommunitycare.org/what-we-do>
- LivHome (Steve Barham, local care co-ordination in SoCal): <https://www.livhome.com/care-management/>
- Dimensions in Managed Care (Sandy Mandell): https://www.dimensionsinc.us/Care_Coordination.cfm
- Senior Direction (Mary Shapiro): <http://www.seniordirection.net/>
- Informed Elder Care Decisions (Bob O'Toole): <http://www.elderlifepanning.com/>

Genworth describes Care Coordination in the following documents. Genworth is a great proponent of care coordination, including unlimited care coordination in its policy. However, their practices differ from what the CS/PC forms and past communications had suggested. After the first on-site visit, care coordination services are generally rendered remotely, which is similar to MetLife and JH practices. Note some links are NOT approved to be used with the public.

- [Care Coordination Benefit](#)
- [Claims Clarify](#)

Mutual of Omaha describes Care Coordination [here](#).

Older PowerPoint Presentations on Care Coordination

- [The Care Connection Services and Savings](#)
- [Care Coordination](#)