## **ICNF** and Sunshine Care Management Roles and Responsibilities

The following describes potential ICNF care management activities performed in collaboration with ICNF staff and Sunshine. The following document was created by Sunshine Health to clarify roles and responsibilities between ICNF and Sunshine care managers.

## Definitions

**Care Management** – This is the term that ICNF will be using for ICNF-delegated care coordination activities.

Sunshine Case Management – Sunshine Health's Case Management program assists members in achieving optimum health, functional capability, and quality of life through improved management of their disease or condition. Sunshine Care Managers (CMs) are designated staff members that support the Sunshine Case Management program. ICNF Attributed Members who are complex will be assigned a Sunshine Care Manager.

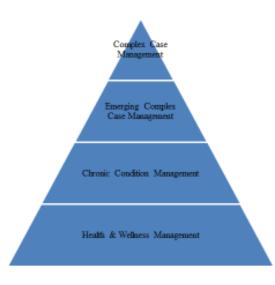
Sunshine Beneficiaries	ICNF roles and responsibilities	Sunshine roles and responsibilities
Attributed members	ICNF receives population stratification report (identifies complex and non-complex members, assigned Sunshine care managers, and member's specific tier level which are used to initiate ICNF care management activities) and responds according to agreed upon ICNF	Sunshine creates and distributes monthly population stratification report to ICNF and identifies complex and non-complex members, assigned Sunshine care managers, and member's specific tier level which are used to initiate Sunshine case management activities.
	processes/procedures (see ICNF Risk Stratification and Care Management)	Sunshine provides the following for all attributed members:  BH and PH claims data
	<ul> <li>ICNF coordinates with Sunshine if client risk/acuity level changes</li> </ul>	<ul><li>Care gaps</li><li>HRS/HRA</li></ul>
	<ul> <li>ICNF follows ICNF protocols and standards of care based on risk level of member, treatment based on applicable clinical guidelines, and coordinates with Sunshine care managers.</li> <li>ICNF completes transitions of care (TOC) activities for all eligible attributed members. Activities include:         <ul> <li>Meet with client on unit before discharge</li> </ul> </li> </ul>	<ul> <li>Care plan</li> <li>Sunshine coordinates with ICNF provider for support with TOC activities:         <ul> <li>Participates/coordinates weekly rounds</li> <li>Collaborates with ICNF providers on connection to physical health and other needed supports</li> </ul> </li> </ul>
	when possible	

Sunshine Beneficiaries	ICNF roles and responsibilities	Sunshine roles and responsibilities
	<ul> <li>Schedule BH appointment within 7 days</li> </ul>	
	<ul> <li>Conduct a medication review and/or</li> </ul>	
	reconciliation	
	<ul> <li>Participate in Weekly Collaborative</li> </ul>	
	Rounds with Sunshine per ICNF Weekly	
	Collaborative Rounds guidance	
	<ul> <li>Coordinate with Sunshine CM as needed</li> </ul>	
	for connection to physical health and	
	other needed supports (transportation	
	assistance, etc.)	
	ICNF provides "case plans" or care plans (if	
	applicable) to Sunshine as completed	
Sunshine case	ICNF provides updated contact information	Constitution and the same
	Upon assignment of new member, ICNF provider     initiates above sall with Supplies CM to discuss.	Sunshine care manager will manage the care  management assessments (Sunshine Health Bisk
management activities for complex members	initiates phone call with Sunshine CM to discuss	management assessments (Sunshine Health Risk
(Tier 1 and some Tier 2	<ul><li>member's care plan and/or case plan.</li><li>ICNF provider communicates any opportunities</li></ul>	Assessment), care plan development and coordinate with the applicable ICNF provider's staff to reduce confusion
members as identified	identified for the member so that the Sunshine	with the member and reduce duplication of activities to
by Sunshine)	staff can also address in the member's person-	support the member's needs.
by sunsimile,	centered care plan.	<ul> <li>Sunshine will attempt to locate the member, based on</li> </ul>
	<ul> <li>Upon receipt of population health results,</li> </ul>	internal processes of at least 3 attempts by phone and
	assigned ICNF provider will review the data	attempts to find the member in the community. If the
	provided by Sunshine to assess the member's	member cannot be reached, the assigned Sunshine care
	current pattern of care.	manager will reach out to the ICNF designated staff to
	<ul> <li>ICNF provider follows-up with member as</li> </ul>	identify any future scheduled appointments and/or
	clinically appropriate and as agreed upon with the	attempt to reach the member and connect the member
	Sunshine CM	to the Sunshine staff.
	ICNF provider participates in Weekly Collaborative	At each contact Sunshine CM assesses member's
	Rounds with Sunshine for CM and UM:	progress, updates progress, and identifies new goals
	<ul> <li>Participants would include UM/CM teams</li> </ul>	(with member's input)
	at Sunshine (Sunshine likely to assign	Sunshine initiates Weekly Collaborative Rounds with
	specific leads for ICNF), ICNF provider,	ICNF provider for CM and UM:
	and ICNF clinical staff	

Sunshine Beneficiaries	ICNF roles and responsibilities	Sunshine roles and responsibilities
	<ul> <li>ICNF initiates contact with Sunshine CM between rounds if warranted based on change in member condition</li> <li>For clients unable to be found by Sunshine, ICNF conducts outreach to complex members and if found, creates linkage to Sunshine CM</li> </ul>	<ul> <li>Participants would include UM/CM teams at Sunshine (Sunshine likely to assign specific leads for ICNF), ICNF provider, and ICNF clinical staff</li> <li>Sunshine initiates contact with ICNF provider between rounds if warranted based on change in member condition</li> </ul>

## **Case Management Stratification Model**





Tier 1 – Complex Case Management: These members require our highest-intensity case management to address consistent, frequent utilization of high levels of care due fragmentation managing multiple chronic conditions.

Tier 2 – Emerging Complex Case Management: These members require support to address a pattern of care suggesting instability and presenting emerging risk of higher levels of member care.

Tier 3 – Chronic Condition Management: These members have prevalent chronic conditions requiring targeted education, medication adherence support, health coaching, and/or other interventions to ensure access to recommended care.

Tier 4 – Health & Wellness Management: These members are overall healthy members who are utilizing self-management techniques to maintain their health status. May require support to close preventive care gaps or to address anticipatory needs, but otherwise have no ongoing coordination or management needs.