



Independence at Home (IAH)

A Community Benefit of SCAN Health Plan





For 45 years,
SCAN has been keeping
seniors & older adults
healthy and independent.

Through our Health Plan
and Independence At Home
(IAH) Community Services



Independence at Home (IAH) Background

- ▶ **Began in 1977**
- ▶ Community service division of SCAN Health Plan
- ▶ Provides Long-term Services and Supports (LTSS) addressing Social Determinants of Health (SDOH) needs in the community
- ▶ We provide free services to the community-at-large—**all** seniors and caregivers are eligible
- ▶ We are not an insurance plan or medical program
- ▶ We are a community social services agency
- ▶ All services are *customized* home and community-based, addressing both health care and social needs

All IAH services are provided at no cost to the community

We believe in keeping older adults healthy and independent by...

- ▶ Delivering education, resources, and/or support, customized to enhance wellness, and foster successful aging at home by older adults and their caregivers.
- ▶ Offering services and resources that support, not supplant local services in order to provide a continuum of care.



1-866-421-1964: *One call does it all!*

It starts with a phone call. Where it ends depends on the client's needs.



Information, Resource &
Referral Line



In-Home Assistance



In-Home Visits



Caregiver
Support



C-MEDS
Medication Safety



Government
Programs



Insights
*Mental health
support*

















Who are we?

► **Highly dedicated, experienced staff:**

- Gerontologists
- Health educators
- Social workers
- Nurses
- Pharmacists
- Mental health professionals
- Public health professionals
- Medical director



IAH Program Availability by County*

Program	Los Angeles	Orange	Riverside	San Bernardino
Community Education & Health Screenings				
Virtual Senior Center				
Insights <i>Short-term behavioral health</i>				
C-MEDS Medication Safety Program				
MSSP <i>Long-term case management – Medi-Cal</i>	<i>Select zip codes</i>			

*Service delivery mode may vary by county

Do you or someone you know need help with...

Q: Does your client need a new walker or wheelchair?

A: We can help navigate their health plan if covered and if not, provide through our community benefit funds.

Q: Does your client need help with taking medications?

A: We can help provide Medication Safety support through C-MEDS program.

Q: Does your client need cleaning services to help maintain their housing?

A: We can help with one-time deep cleaning services.

Q: Does your client feel isolated? In need of socialization?

A: We have a virtual senior center with online community classes.

Q: Does your client need help with transportation to healthcare appointments?

A: We can help with Access Coupons and Taxi vouchers if the client's health plan does not provide.

Q: Does your client have mild- to-moderate depression?

A: Our Insights program provides virtual therapy.



Community Medication, Education,
Data & Safety Program (CMEDS)

C-MEDS

- ▶ C-MEDS is designed to help older adults and their caregivers to better manage medications
- ▶ Services delivered in the person's home* (*currently available virtually or telephonically*)
- ▶ Aims to increase medication safety, improve outcomes and reduce medication-related problems
- ▶ Pharmacist-led team (RN, LVN, Pharmacy Tech)
- ▶ Services in English, Spanish & Tagalog

Things C-MEDS Can Help With....

A client or family who wants....	A client who has...
Training on medication management- for themselves	A history of Emergency room visits/hospitalizations related to medication management (e.g. uncontrolled asthma, shortness of breath, COPD, low/high blood sugar)
A review of their medication list for interactions and side effects	A history of falls that might be related to meds
Teaching on how to manage blood pressure and blood sugar	The appearance of being over-sedated, drowsy, confused
Help with coordination of care between multiple pharmacies, prescribers	An excessive supply of medications
To know about side effects	Swallowing difficulties which might affect medication use (e.g. post stroke)
To understand how medications work	Been recently discharged from the hospital (transition of care)
Help with remembering to take their medications (adherence)	Limited or no access to prescribed medications (re: delivery, cost, etc)
To take the fewest medications possible	Low vision who wants to manage their medications

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Insights (Behavioral Health Program)

Insights *(In-Home Behavioral Health Program)

- ▶ Insights provides seniors and their caregivers with friendly LCSW or LMFT therapists to support them with the challenges related to aging
- ▶ Address most commonly, mild-to-moderate symptoms of depression, anxiety, grief, bereavement, interpersonal conflicts and high stress
- ▶ Services currently provided virtually or telephonically *(*in-home model currently on hold due to COVID*)
- ▶ Modalities Used: CBT, IPT
- ▶ General number of sessions with therapist are from 6-15 (on average)
- ▶ Must identify a barrier to access service elsewhere (e.g. transportation, home-bound, cost, insurance coverage).
- ▶ Therapeutic services in alternate languages (English, Spanish, Korean, Vietnamese)

Insights Treatment Phase: Evidenced-Based Models of Care



▶ Cognitive Behavioral Therapy (CBT)

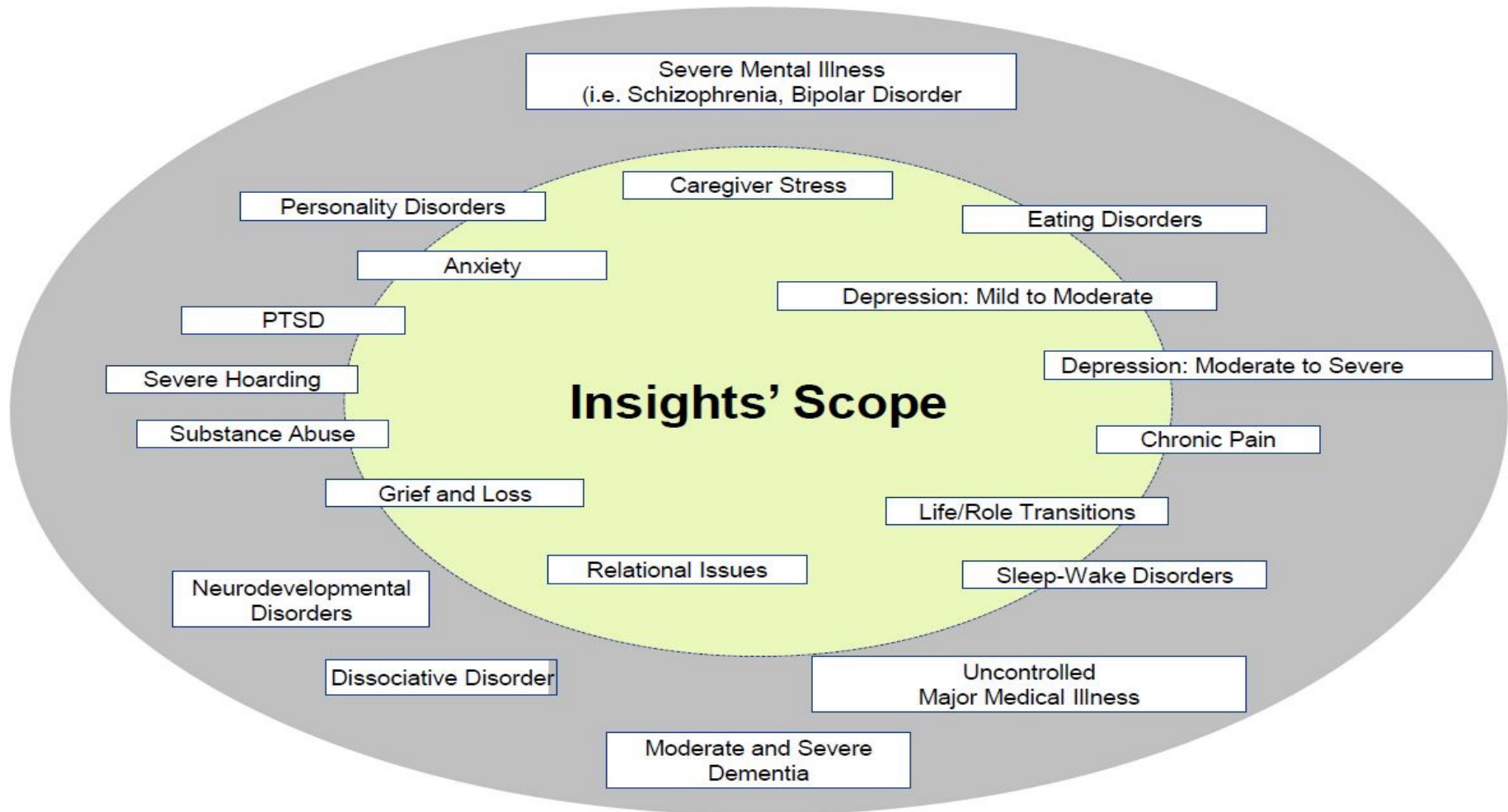
- Maladaptive thoughts & beliefs
- Behavioral activation
- Problem Solving
- Relaxation



Interpersonal Psychotherapy (IPT)

- Grief and loss
- Interpersonal Disputes
- Role Transitions

Who Insights Serves





Community Health Promotion

Community Health Promotion

- ▶ IAH offers a variety of community education to increase awareness of health issues and health promotion resources
- ▶ Includes range of virtual lectures, workshops, and other activities
- ▶ Services delivered in multiple languages
- ▶ Program designed to connect underserved people with the information and tools needed to improve health & quality of life
- ▶ All community health promotion activities delivered to the community at no cost

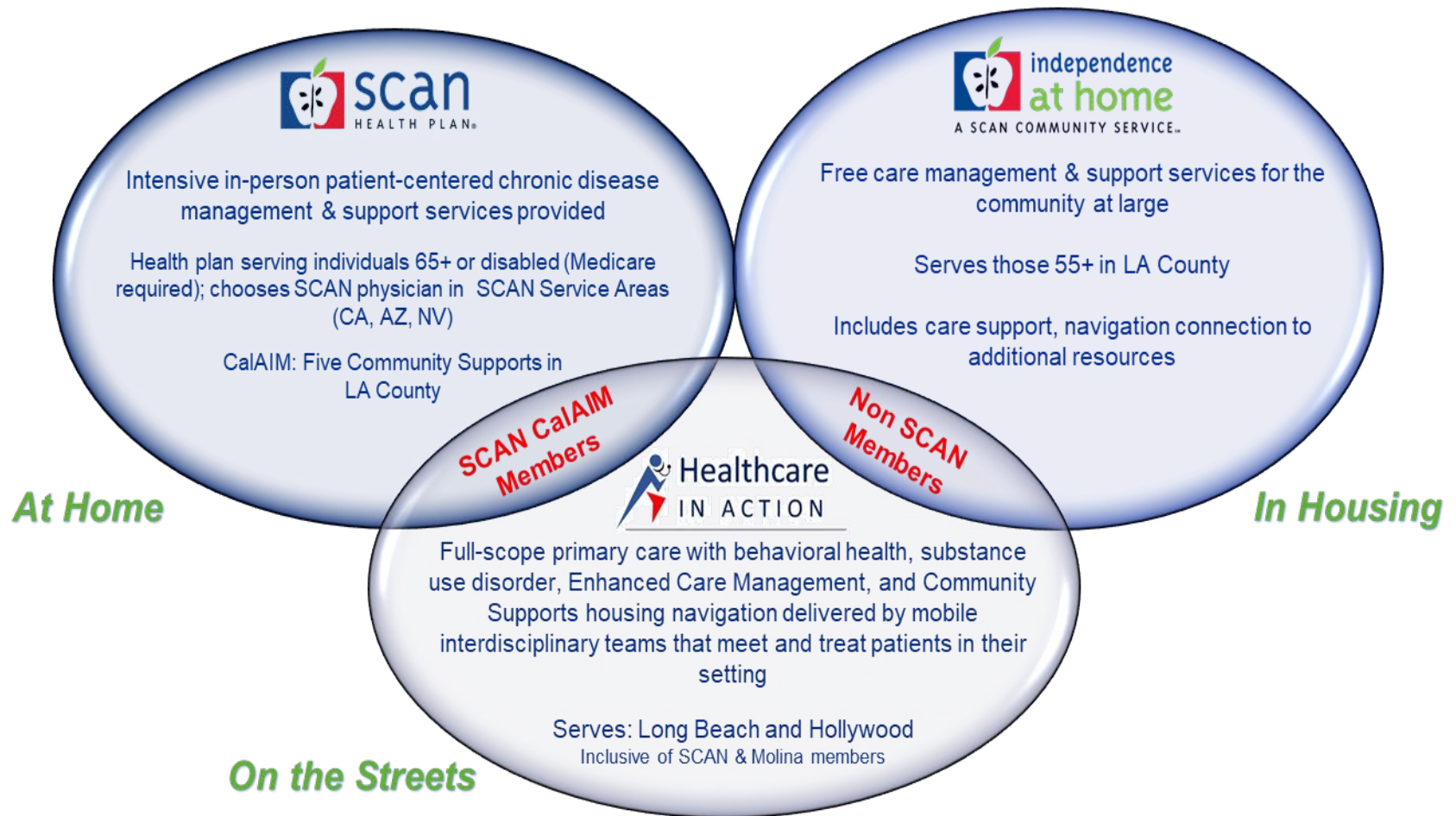
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SCAN Homeless Services (2022)

Keeping Older Adults *experiencing housing insecurity* healthy and independent

SCAN's Safety Net for Older Adults Experiencing Housing Instability

Bringing services to where they are...



Tailored Support

- ✓ Provide Gap Support of Care Plan (if already established); Model 2 and 3 with full tailored Care Management.
- ✓ Triage and assessment services to identify the client's vulnerabilities and needs.
- ✓ Create a targeted, individualized care plan that is developed alongside and in support of the service provide and client.
- ✓ If experiencing homelessness, coordinate with SPA leads and verifies the client is connected to the CES and has a completed VI - SPDAP score for possible housing opportunities. Coordinate closely with CES providers/SPA leads, and PSH providers.
- ✓ No Wrong Door: All client referrals will be assessed for appropriateness to all internal SCAN homeless services (IAH Community Benefit, HCS Health Services, HIA Mobile Medical Outreach) and referred accordingly.

Resource Navigation

- ▶ IAH's toll-free intake line staffed by expertly trained Resource Navigators
- ▶ Provide information, assistance and referral on caregiver and senior community-based services
- ▶ Assesses eligibility for programs
- ▶ English, Spanish & Tagalog phone services (+ language line available)
- ▶ For more information or to make referrals, call **1-866-421-1964** or email: communityoutreach@scanhealthplan.com

Questions?



Contact Information

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Multipurpose Senior Services Program (MSSP)

MSSP Eligibility Criteria

- ▶ Age 65 and over
- ▶ Reside in contracted MSSP site's service area
- ▶ Medi-Cal with an appropriate aid-code, as defined by California Department of Aging (CDA)
- ▶ Must require physical assistance with two or more ADL needs (e.g., dressing, bathing, eating, mobility, etc.)
- ▶ Appropriate for care management services
 - Willing to participate in monthly care management calls and quarterly home visits

MSSP Catchment Area – Independence at Home

(More detail available by zip code, will cross-refer to other MSSP sites)

- ▶ Artesia
- ▶ Avalon
- ▶ Bellflower
- ▶ Carson
- ▶ Cerritos
- ▶ Compton
- ▶ Culver City
- ▶ Downey
- ▶ El Segundo
- ▶ Gardena
- ▶ Harbor City
- ▶ Hawaiian Gardens
- ▶ Hawthorne
- ▶ Hermosa Beach
- ▶ Inglewood
- ▶ Lakewood
- ▶ Lawndale
- ▶ Lennox
- ▶ Lomita
- ▶ Long Beach
- ▶ Los Angeles
- ▶ Lynwood
- ▶ Manhattan Beach
- ▶ Marina Del Rey
- ▶ Norwalk
- ▶ Palos Verdes Estates
- ▶ Palos Verdes Peninsula
- ▶ Paramount
- ▶ Playa del Rey
- ▶ Playa Vista
- ▶ Rancho Palos Verdes
- ▶ Rolling Hills
- ▶ Rolling Hills Estates
- ▶ Redondo Beach
- ▶ San Pedro
- ▶ Santa Monica
- ▶ Signal Hill
- ▶ Southgate
- ▶ Torrance
- ▶ Venice
- ▶ Westchester
- ▶ Wilmington

Multipurpose Senior Services Program

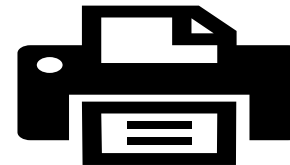
- ▶ Since its launch in 1977, MSSP has provided long-term care management services that enable older adults (65+) to age with dignity, in their own homes and communities.
- ▶ Medi-Cal Contract Program
- ▶ Services delivered in-person, virtually, or telephonically including:
 - Comprehensive assessments
 - Care planning
 - Service coordination
- ▶ MSSP provides advocacy for those who might otherwise have no voice
- ▶ Each enrolled client is linked to a Care Planner
- ▶ Interpreter services available – Language is not a barrier

IAH Care Management Programs

Eligibility Criteria	Homeless Services	MSSP (Multi Purpose Senior Services)
Client Type	Older Adult (experiencing / at risk of homelessness) & their Caregivers	Older Adult, stably housed.
Age	≥ 55	≥ 65
Geography	LA County	Specific zip codes in LA County
Health	None	Must require Physical assistance with at least 2 ADLs; Nursing home eligible per certification by RN
Financial	No requirements	Medi-Cal eligible with an approved aid-code
Language	English & Spanish speaking staff; Language line for others	English, Korean, Spanish & Tagalog speaking staff; Language line for others
Service Delivery	Short-term program (months vs years); Contact frequency dependent upon acuity (Weekly or monthly); Hybrid: in person and virtual	Long-term Program (years vs. months); Minimum monthly contact; Must consent to home visits (eventually).
Appropriate for care management	Yes	Yes
Referrals via Resource line	No. Service provider referrals come through program staff	Yes; Homeless Client and Specialized language referrals come through program staff referral.

Referral Sources

- APS
- ADHC/CBAS Centers
- Care/Case Managers
- Caregivers
- Family Members
- Friends
- Health Department
- Health Plans
- Home Health Agencies
- Hospitals
- Nutrition Programs
- Physician's Offices
- RSC/Senior Buildings
- SNF
- Self
- Senior Centers
- Social Service Agencies



Referral Reasons

- ▶ Assistance with Chores and Personal Care
- ▶ Benefit Navigation
- ▶ DME and Safety Equipment
- ▶ Fall Risk Assessment
- ▶ Financial Management
- ▶ Home Delivered Meals
- ▶ Respite
- ▶ Transportation