

## I-SNP FAQ

Frequently asked questions about UCare's Institutional Special Needs Plans: Advocate Plus, Advocate Choice

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**1. Q: What is I-SNP?**

**A:** I-SNP is a type of Medicare Advantage coordinated care plan specifically designed to meet the needs of individuals living in a Long Term Care facility or Assisted Living facility and require an institutional level of care.

**2. Q: Who is it for?**

**A:** Those considered “frail” with multiple chronic conditions that would benefit from care delivered by a team specializing in primary care for complex elders. The care model provides a care coordinator for all members and supports ongoing monitoring of the individual to identify changing health needs and ensuring a timely response.

**3. Q: Who is eligible for the I-SNP?**

**A:** I-SNP requires the person to be eligible for Medicare A & B, live in and/or be deemed as needing an institutional level of care, and reside in a contracted facility.

**4. Q: Can someone be on Medicaid?**

**A:** No. A person cannot be on Medicaid or have Elderly Waiver Services.

**5. Q: How is the ‘institutional level of care’ determined?**

**A:** For a person residing in a long-term care facility for at least the past 90 days, facility records or physician attestation can verify their qualifying level of care status. For a person not currently residing in a long-term care facility, UCare will arrange an assessment conducted by Lutheran Social Services that will determine if someone meets the qualifying level of care status.

**6. Q: What facilities are I-SNP delegates contracted with?**

**A:** Please contact UCare Sales for an up to date list. UCare Sales Team: 612-676-6821, or 1-877-671-1054; TTY users call 612-676-6810, or 1-800-688-2534, toll free.

**7. Q: What type of care services would be provided to the person?**

**A:** The facility staff where the individual resides provides day to day care.

The Primary Care Team (a Nurse Practitioner/Physician Assistant/Physician and Care Coordinator) provides both on-site medical services and care coordination.

A person could expect to complete a Health Risk Assessment, undergo a physician examination and develop an Individualized Care Plan in the first few months of being enrolled. The person would experience regular visits offering preventive, medical, and mental health services as well as support to achieve their unique health goals. When there are changes in their condition, the I-SNP care coordinator communicates information to key stakeholders, facilitates family conferences and manages necessary transitions.

**8. Q: What happens when a person has a change in condition?**

**A:** Facility staff will be able to identify changes in the member's condition early, quickly communicating these findings with the care coordinator. The care coordinator works to understand the person's needs and finds ways to provide as much care on-site as the person's place of residence will allow. If a higher level of care is needed, the care coordinator can also coordinate a transition to the location of these heightened services whether it be to a skilled nursing facility, ER or hospital.

**9. Q: What is the impact on the daily operations of a care facility, either long term care or assisted living?**

**A:**The care coordinator is a key point of contact for regular interactions and timely responses to questions or concerns. The care coordinator will be available to staff and involve them in the care delivered.

**10.Q: As a Specialty Provider or Facility Staff Member, how will I know who to contact with questions or provide input to care?**

**A:** The assigned Primary Care Team will provide information as to who and how best to contact a member of the team.

**11.Q: Do Specialists (i.e. Cardiologists, Neurologists, etc.) need to be available at the facility in which the person resides?**

**A:** The goal is to provide as much care as possible within the person's residence. However if this is not feasible, the person may visit physicians off-site or a video or telephonic consultation may be offered.

**12. Q: How can Facility Staff or a Provider assist someone who is interested in I-SNP?**

**A:** Facility Staff can direct the person to brochures that are available in the facility, contacting the facility social worker or discussing the interest with the on-site facility Primary Care Team. Providers can notify the UCare Sales Team of the interest by calling 612-676-6821, or 1-877-671-1054; TTY users call 612-676-6810, or 1-800-688-2534, toll free.

**13. Q: When can someone enroll?**

**A:** People may enroll anytime throughout the year with a start date the 1<sup>st</sup> of the month after enrollment is completed.

**14. Q: What if the person doesn't like the plan?**

**A:** Given the continuous contact they will have with the Primary Care Team and the Facility Staff, it is anticipated that any dissatisfaction will be identified early and responded to. There will also be an opportunity to share these concerns through the annual member satisfaction survey. However, if the person desires, they may disenroll at anytime.