



**Santa Clara Family  
Health Plan™**

ICT Training – Core Competencies

# Member Rights

Santa Clara Family Health Plan (SCFHP) is dedicated to providing members with quality health services so they remain as independent as possible. SCFHP staff is committed to treating each and every member with dignity and respect, and ensuring that all members are involved in planning for their care and treatment.

All SCFHP members have the following rights:

- To be Treated with Respect
- Protection Against Discrimination
- Access to Information and Assistance
- A Choice of Providers
- Access to Emergency Services
- Privacy of Personal Health Information
- File a Complaint
- Leave the Program

# Member Rights (continued)

Members have the right to know their rights and responsibilities.  
Available resources include:

- Member Handbook or Evidence of Coverage (Annual Notification)
- SCFHP Member and Provider Websites
- SCFHP Provider Manual
- SCFHP Member Newsletters

There is no negative consequence to exercising a right. Members will receive a statement of their rights upon enrollment and a reminder of their rights annually.

# Members Rights – ICT and ICP

The following member rights can be applied to the creation of the member's Interdisciplinary Care Team (ICT) and Interdisciplinary Care Plan (ICP):

- Members can choose their network and doctor
- Members decide composition and level of involvement of ICT and ICP
- Members can choose who can help with their health care decisions, such as family members, friends or others
- A member can choose to disenroll if they are unhappy with SCFHP
- Members have the same rights available to members in Medicare and Medi-Cal plans

# Cultural Competence

## What is Cultural Competence?

- The state of being capable of functioning effectively in the context of cultural differences.
- A set of congruent skills, attitudes, policies, and structures, which come together to enable a system or agency to work effectively in the context of cultural differences.

# Cultural Competency (continued)

SCFHP is focused on the member's individual needs – taking into account their diverse backgrounds and cultures. The following are areas SCFHP focuses on:

- Acceptance and respect for differences
- Continuing self-assessment regarding culture
- Attention to the dynamics of difference
- Ongoing development of cultural knowledge and resources
- Create and apply dynamic and flexible service models to meet the needs of the minority populations

# The Three Pillars of Cultural Competence

1. Language Access Services
2. Culturally Competent Care
3. Organizational Support

SCFHP applies these cultural competence pillars by:

- Encouraging attitudes that value and respect diversity
- Enhancing knowledge and awareness of beliefs, behaviors and preventative health practices
- Developing communication skills for members with diverse language needs, including sign language interpreter services
- Enhancing the ability to address the health needs of Cal MediConnect's diverse population

# Disability Awareness

SCFHP's goal and commitment to disability awareness includes:

- Serving all SCFHP members with compassion and respect
- Ensuring that communications, physical spaces, services, and programs, are accessible to people with special needs, including visual, hearing, cognitive and physical disabilities
- Partnering with member's in managing their health care



# Disability Awareness: Definitions

**Disability** – May be physical, cognitive, mental, sensory, emotional, developmental or some combination of these. A disability may be present from birth or occur during a person's lifetime.

**Functional limitations** – Difficulties with completing a variety of basic or complex activities that are associated with a health problem. For example, vision loss, hearing loss, and inability to move one's legs are functional limitations. Limitations may also be due to mental and behavioral issues.

# Barriers to Access and Care

Disabilities and functional limitations may create barriers to care such as:

- Physical Access - The ability to get into a building or the area where health care services are offered; and the ability to get onto the equipment needed for procedures and testing.
- Communication Access - The ability of the provider and member to communicate and understand the information asked and directions given.
- Program Access - The ability to fully take part in health education, prevention, treatment and other programs offered by the health plan.

The most difficult barriers to overcome are attitudes. The focus should shift on individual's ability rather than on disability.

# Reasons for Accommodations

Functional limitations may create a need for accommodations, such as:

- Physical Accessibility
- Changes to Provider Office Policies
- Accessible Exam or Medical Equipment
- Effective Communication
- Health Education Materials in Alternate Formats

Physical disabilities may be more obvious, but unseen mobility issues are more common. SCFHP has processes in place to work with members who need accommodations.

# Disability Awareness Resources

Information and resources are available on the [Provider Resource page](#) of the Santa Clara Family Health Plan's website.

The following resources can be found under Providers Manuals, Policies and Resources, Provider Trainings, or SPD Training Resources:

- Accommodation Checklist for Seniors with Disabilities
- Communication Tips
- Tips on disability etiquette
- Tips on being an empathetic listener
- Information and contact sheet for interpreter services
- American with Disabilities Act (ADA) Questions and Answers for Health Care Provider - General

*Note that as your particular job requires, you will receive additional training in your work unit on Disability.*

# Americans with Disabilities Act (ADA)

The ADA is an “equal opportunity” law for people with disabilities. Passed in 1990, the ADA states:

*“No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.”*

# The Olmstead Decision

The Supreme Court made the Olmstead Decision in 1999 which states:

Title II of the ADA requires states to place qualified individuals with mental disabilities in community settings, rather than in institutions, whenever treatment professionals determine that such placement is appropriate, the affected persons do not oppose such placement, and the state can reasonably accommodate the placement, taking into account the resources available to the state and the needs of others with disabilities. The Department of Justice regulations implementing Title II of the ADA require public entities to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

# Most Integrated & Least Restrictive Setting

## Key Concepts:

- Least restrictive environment or setting possible means members are treated in an environment and manner that respects individual worth, dignity, privacy, and enhances their personal autonomy.
- The 1986 Mental Health Act requires restrictions on people with mental illnesses be minimal and only what is necessary to enable effective treatment and to ensure protection of members and the public.

# Recovery Model

Santa Clara Family Health Plan considers a member's medical, psychosocial and behavioral needs.

“Recovery is an individual's journey of healing and transformation to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential.” (U.S. Department of Health and Human Services, 2005b, p.4, as cited in NASW, 2005)



# Independent Living

The key concepts of independent living are choice, autonomy, and control.

Individuals with disabilities have the following rights:

- Live with dignity and with appropriate support in their own homes
- Fully participate in their communities
- Control and make decisions about their lives

# Types of Accommodations for Physical Accessibility

Physical accessibility may require accommodations for the following :

- Building Entrance
- Restrooms
- Parking Lots
- Doors, Doorways and Hallways
- Waiting Areas and Reception Desk
- Drinking Fountains and Water Coolers
- Elevators
- Posted Signs
- Telephones
- Forms and Documents

# Types of Accommodations for Communication Accessibility

To help you better communicate with members who are deaf or hard-of-hearing, learn about and use resource or services such as:

- Assistive Listening Devices or Amplification Technologies
- Augmentative and Alternative Communication Devices
- Audio Recordings
- Captioning
- Qualified American Sign Language (ASL) Interpreters
- Qualified Readers
- Relay Service
- Speech Reading
- Video Relay

# Types of Accommodations for Communication Accessibility (continued)

Speech disabilities may be developmental or a result of illness or injury.  
Members with speech disabilities may use:

- Their Own Voice
- Letter Board
- Pen and Paper
- Augmentative and Alternative Communication Devices

# Long Term Services & Supports (LTSS)

**Coordinated Care Initiative (CCI)  
MLTSS Programs & Benefits**  
Transitions Medi-Cal beneficiaries to a Medi-Cal Managed Care Plan to receive benefits including designated LTSS. Creates Cal MediConnect as an option for Medicare and Medi-Cal beneficiaries to have their benefits coordinated under managed care with additional services.

**Multipurpose Senior Services Program (MSSP)**  
A social and health care management program that links to and can purchase needed services.

**Long Term Care**  
Residential long-term custodial or skilled care provided in a skilled nursing facility

**Community-Based Adult Services (CBAS)**  
Facility-based day program providing skilled care, social services, therapies, nutrition and socialization

**In Home Supportive Services (IHSS)** State program administered by County Social Services Agency providing in-home care. Most providers are family or friends and recipients self-direct their care.

**Community-Based Programs and Services**  
LTSS that supplement Medi-Cal benefits. They are available at no cost or purchased by plans as care plan option services under CMC

**Examples Include:**  
Food Access & Nutrition  
Caregiver Support  
Social Day Care/Respite  
On Lok  
Community Case Management  
Community Transitions Program  
Independent Living Center  
Transportation  
Legal Assistance  
Volunteer Support  
Housing Placement & Referral  
Non-Medical Personal Care  
Home Modifications

**Home & Community - Based Waiver Programs**  
Important waiver programs in CA. Recipients cannot enroll in both Cal MediConnect & waiver programs. Waiver participants are exempt from passive enrollment in Cal MediConnect

**Examples Include:**  
- Home & Community-Based Alternatives Waiver  
- HIV/AIDS  
- Assisted Living

# LTSS Benefits – MSSSP and LTC

## Multipurpose Senior Services Program (MSSSP)

**Intensive case management that provides the following:**

- Social and Health care management
- Linkage to available community services and resources
- Purchase of additional needs or services to remain at home.

**Eligibility:**

- 65 years of age or older
- Resident of Santa Clara County
- Eligible for Medi-Cal & enrolled in managed care plan
- Certified for SNF placement

## Long Term Care (LTC)

- Custodial Care (not skilled) in Skilled Nursing Facility (SNF)
  - SNF is not a level of care, it is a location.
- A LTC Utilization Nurse reviews for clinical criteria
- If a member can be transitioned, a LTC Case Manager will be assigned
  - They will assist with discharge/transition back to the community
  - Do post discharge transition of care (TOC) call
  - Assist with case coordination for one month

# LTSS Benefit - CBAS

## Community Based Adult Services (CBAS)

Facility-based program to restore or maintain optimal capacity for self-care and delay or prevent institutionalization in long-term care facilities. There are five facilities contracted in Santa Clara County. Provides services 4-5 days per week for at least 4 hours per day.

### **Facility provides an individualized plan of care that may include:**

- Skilled Nursing Care
- Physical and/or Occupational Therapies
- Social Services
- Personal Care
- Meals
- Transportation
- Family/Caregiver Training and Support.

### **Eligibility:**

- 18 yrs of age or older
- Meet one of the following requirements:
  - “Nursing Facility Level of Care A’ (NF-A)
  - Moderate to severe cognitive impairment
  - Mild to moderate cognitive disability or brain injury and needs assistance with specific ADL’s or supports
  - Chronic Mental illness
  - Developmental disability.

# In-Home Supportive Services (IHSS)

IHSS is a state program that provides in-home care to seniors and persons with disabilities allowing them to remain safely in their homes. Beneficiaries self-direct their care by hiring, supervising and if necessary terminating their caregiver. The majority ( 70%) of IHSS providers are family or friends but an independent IHSS provider registry is available for those who need it.

## Eligibility:

- Live in their own home
- Receive or be eligible for SSI or Medi-Cal benefits
- 65 years of age or older, legally blind, or disabled by Social Security standards.
- Submit a healthcare certification form from a licensed health care professional indicating they need assistance to live at home.

## Services:

- Domestic & Related Services: Housecleaning/Chores, Meal Preparation and Clean-Up, Laundry, Grocery Shopping
- Personal Care Services: Bathing/Grooming, Dressing, Feeding
- Paramedical Services: Administration of Medication, Puncturing Skin, Range of Motion Exercises
- Other Services: Protective Supervision and Transportation





**Santa Clara Family  
Health Plan™**

Questions?