



# CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

# How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
  - » For example: Mary Russell – Aurrera Health Group

# Agenda

- » Welcome and Introductions
- » January 2023 Transitions: Noticing, Outreach, and Other Resources
- » Update: Long-Term Services and Supports (LTSS) Dashboard
- » Summary of January 2023 Enrollment Changes and 2023 Policy Guide Updates and Stakeholder Q&A
- » Skilled Nursing Facility (SNF) Long-Term Care (LTC) Carve-In and Stakeholder Q&A
- » Upcoming Meetings and Next Steps
- » Appendix A: Public Health Emergency Unwinding
- » Appendix B: LTSS Dashboard Data Sources

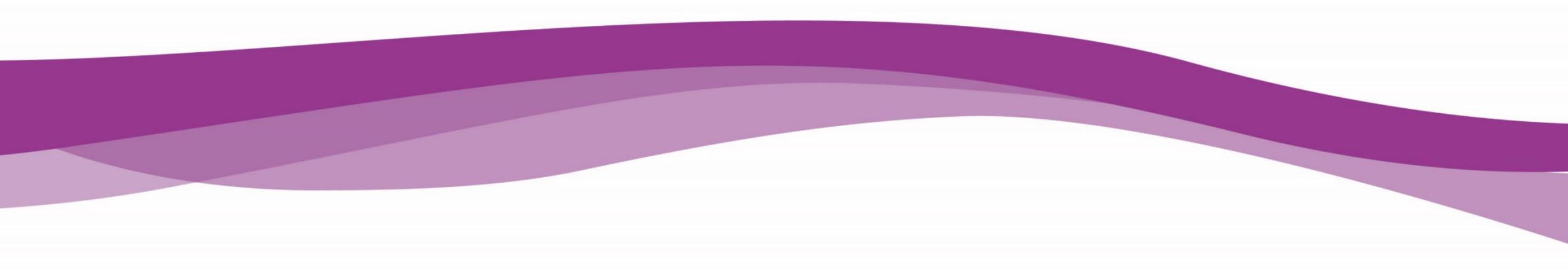
# Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS, and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

# CalAIM MLTSS & Duals Workgroup: 2023 Topics

- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for MLTSS, for all Medi-Cal members
- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for integrated care for dual eligible beneficiaries (both Medicare Advantage and Original Medicare)
- » Flag related DHCS efforts for Medi-Cal members who are older adults or people with disabilities

# **January 2023 Transitions: Noticing, Outreach, and Other Resources**



# Update: Disenrollment Letters

- » In late November, DHCS mailed a [Disenrollment Letter \(DL\)](#) to Cal MediConnect beneficiaries residing in Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties.
- » This letter was sent in **error** and was not part of the outreach plan for the January 1, 2023 transition.
- » **Members were not disenrolled early from their CMC Plan.** All CMC members are still in their CMC Plan until December 31, 2022. Members are still able to receive services and will remain in their current CMC plan until they are transitioned into the Medicare Medi-Cal Plans on January 1, 2023.
- » In early December, Health Care Options conducted an outbound call campaign to all impacted members, letting them know to disregard the notice.

# Updated: Combined Transition Noticing Timeline

## September 2022

D-SNP Look-alike Members will Receive an **Annual Notice of Change (ANOC)** by 9/30  
**COMPLETE**

CMC Members will receive an **ANOC** by 9/30  
**COMPLETE**

## October 2022

**Medicare Annual Enrollment: Opens October 15<sup>th</sup> and closes December 7<sup>th</sup>**

CMC Transition to MMP **90 Day Notice**  
**COMPLETE**

## November 2022

LTC SNF Carve-In **60 Day Notice**  
**COMPLETE**

CalAIM Managed Care Enrollment **60 Day Notice**  
**COMPLETE**

CMC Transition to MMP **45 Day Notice**  
**COMPLETE**

## December 2022

LTC SNF Carve-In **30 Day Notice, Choice Packet\*, and Health Care Plan Confirmation Letters**  
**COMPLETE**

CalAIM Managed Care Enrollment **30 Day Notice, Choice Packet\*, and Health Care Plan Confirmation Letters**  
**COMPLETE**

\* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.

# Updated: Combined Outbound Call Timeline

- » For the CMC to MMP Transition, LTC SNF Carve-In, and CalAIM Managed Care Enrollment, beneficiaries will receive outbound calls in addition to noticing.

## October 2022

**CMC Transition to MMP** calls begin after 90-day notices are sent.

**COMPLETE**

## December 2022

**LTC SNF Carve-In** beneficiaries will receive calls in December.

**ONGOING**

**CalAIM Managed Care Enrollment** beneficiaries who are transitioning from FFS will receive calls in December.

**ONGOING**

# Transition Communications Efforts

- » DHCS has online resources for stakeholders and beneficiaries to keep them informed about the January 2023 enrollment changes. New materials will continue to be posted.
  - » Stay informed by regularly checking the [Integrated Care for Dual Eligible Beneficiaries](#) webpage.
- » In addition to posting resources online, DHCS is also engaging in the following communications efforts:
  - » Health plan communications.
  - » Health Care Options resources and support.
  - » Beneficiary notices and phone calls.
  - » Additional webinars and meetings with local and statewide groups.
  - » Community-based organization and provider engagement.

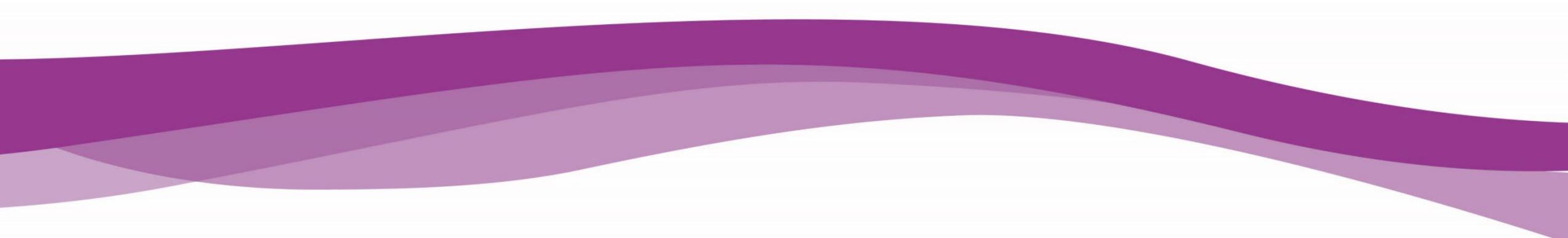
# Other Resources - Duals Ombudsman

- » In 2023, the Cal MediConnect Ombudsman will transition to the Medicare Medi-Cal Ombudsman.
- » Phone number will remain the same: 1-855-501-3077
- » The Medicare Medi-Cal Ombudsman is available to help resolve problems from a neutral standpoint to ensure that beneficiaries receive all medically necessary covered services and information for which plans are contractually responsible.

# Questions?

» Questions about the disenrollment letter or transition notices?

# Update: Long-Term Services and Supports (LTSS) Dashboard

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Karen E. Mark, MD, PhD  
Medical Director  
California Department of Health Care Services

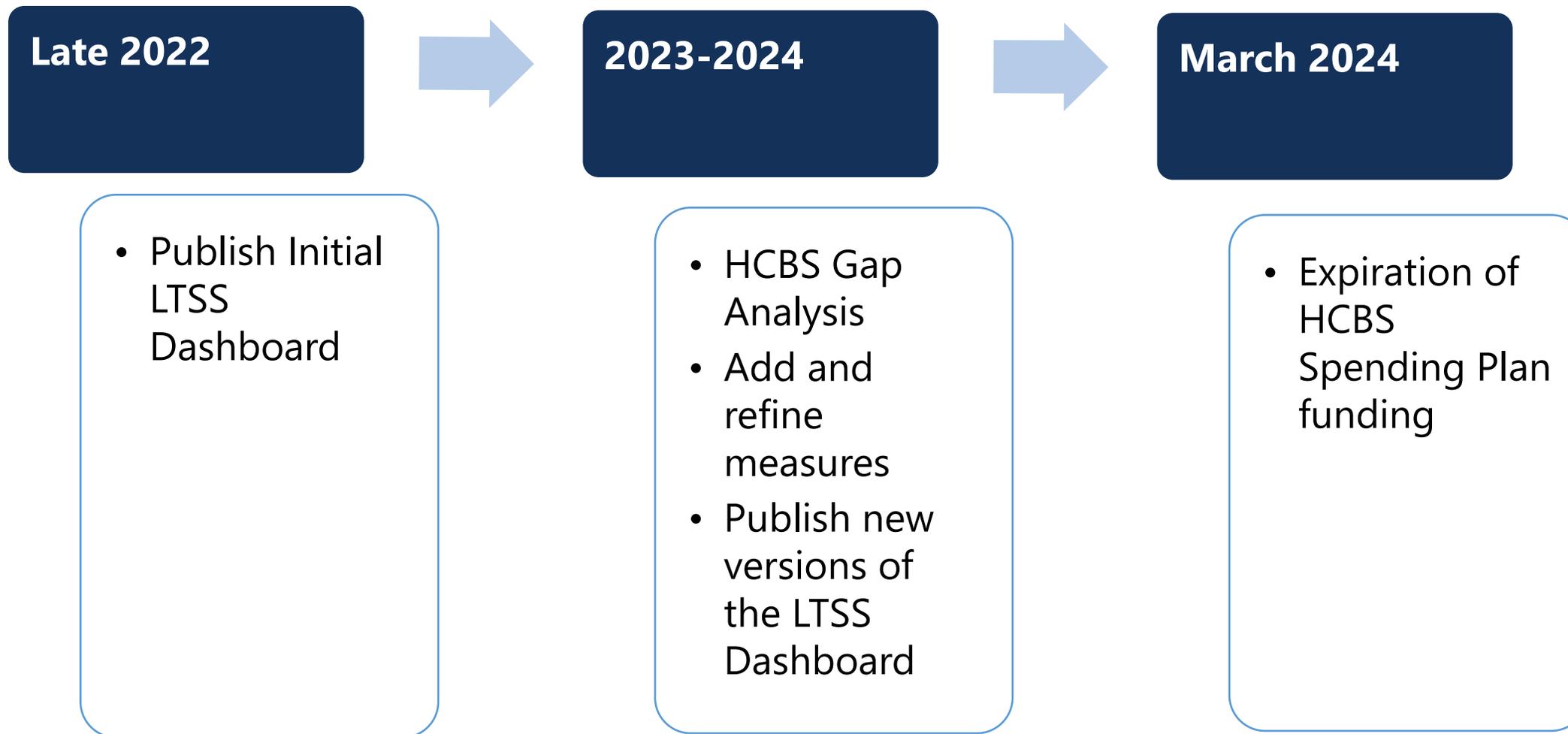
# Background

- » Growing need for long-term services and supports (LTSS) to support older adults and people with disabilities
- » Wide array of LTSS home and community-based services (HCBS)
- » Lack of universal national and state quality standards for HCBS
- » Need for more publicly reported data on the provision of LTSS in California to track and understand progress

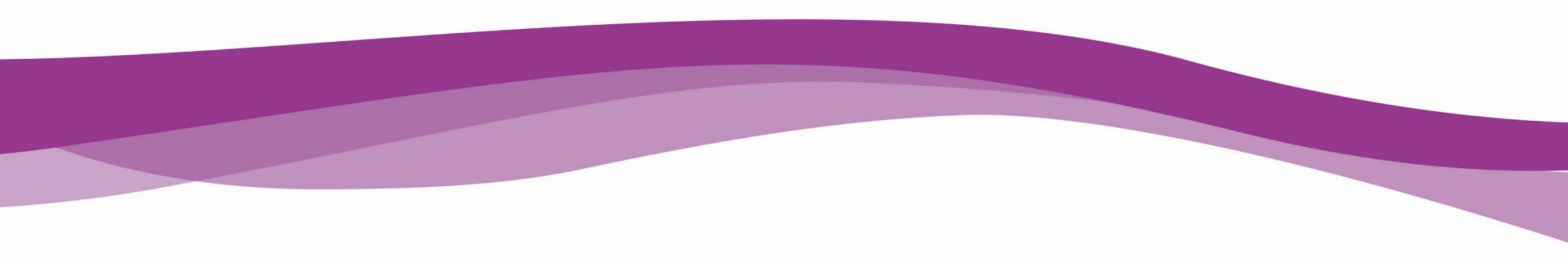
# Initiative Goals

- » **Publish utilization, cost, and quality data** on Medi-Cal LTSS, including long-term care (LTC) and HCBS data
- » **Increase accessibility** to accurate, timely, and meaningful data
- » **Inform regulators, policymakers, advocates, and the public** on efforts to expand, enhance, and improve quality of LTSS in all home, community, and congregate settings

# Initiative Timeline



# **LTSS Dashboard (Initial Release)**



# Initial Release: December 2022

- » LTSS Dashboard website - [LTSS-Dashboard \(ca.gov\)](https://ltss.ca.gov)
  - » Open Data Portal (ODP) link, Measures Specifications, User Guide, Fact Sheet
- » Data from 2017-2021
- » Includes 40 measures related to enrollment and utilization
- » Additional measures to be added on a flow basis
- » Data stratified by age, sex, race/ethnicity, primary language, county of residence, Medi-Cal managed care plan, dual status

# Future Dashboard Releases

- » Enhance data visualization and user interface
- » Add metrics related to quality and cost
- » Money Follows the Person HCBS gap analysis recommendations
- » Continued stakeholder feedback and engagement
- » Email [ltssdashboard@dhcs.ca.gov](mailto:ltssdashboard@dhcs.ca.gov) with feedback, suggestions and questions

# LTSS Dashboard Programs

## Programs Included in the Initial Release

<b>Name</b>	<b>Acronym</b>
<b>Medi-Cal Waiver Program</b>	MCWP
<b>Assisted Living Waiver</b>	ALW
<b>Multipurpose Senior Services Program</b>	MSSP
<b>Community-Based Adult Services</b>	CBAS
<b>Home and Community-Based Alternatives Waiver</b>	HCBA
<b>In-Home Supportive Services</b>	IHSS
<b>Program of All-Inclusive Care for the Elderly</b>	PACE
<b>Long Term Care (Skilled nursing facility, subacute facility, intermediate care facility and/or custodial care facility)</b>	LTC

## Measures in Development – available 2023

<b>California Community Transitions</b>	CCT
<b>Home Health</b>	HH
<b>Self-Determination Program</b>	SDP
<b>Home and Community-Based Services for the Developmentally Disabled</b>	DD

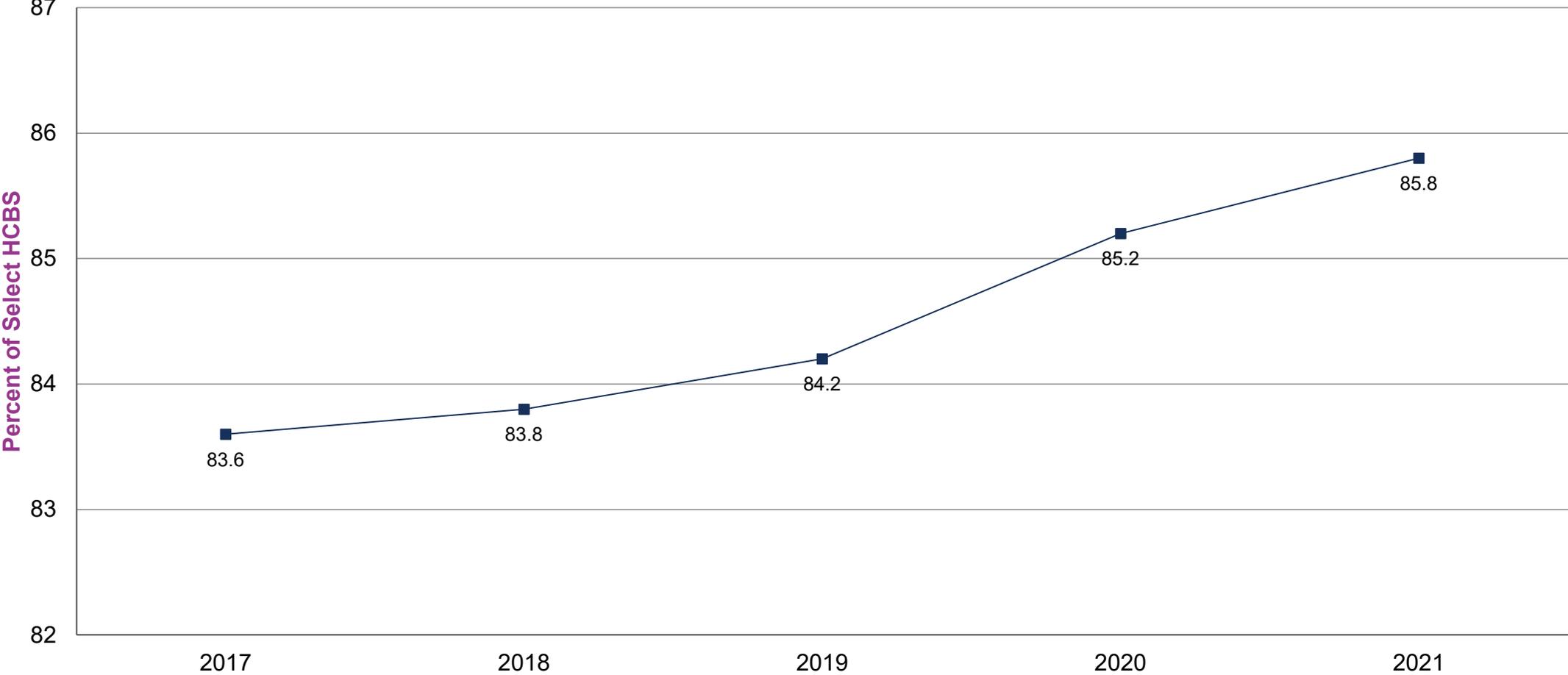
# Differences in LTSS Data by Department

- » Most DHCS LTSS dashboard measures report the annual number of certified eligible Medi-Cal beneficiaries who used LTSS services within a year
- » The Department of Social Services (CDSS) reports monthly counts of In-Home Supportive Services [\(IHSS\) recipients/consumers](#). The California Department of Aging (CDA) reports monthly Community-Based Adult Services [\(CBAS\) Medi-Cal participants](#).
- » DHCS' annual utilization / enrollment counts of IHSS and CBAS participants are larger than CDSS/CDA's monthly counts because of data source differences and new enrollment or program attrition over time.

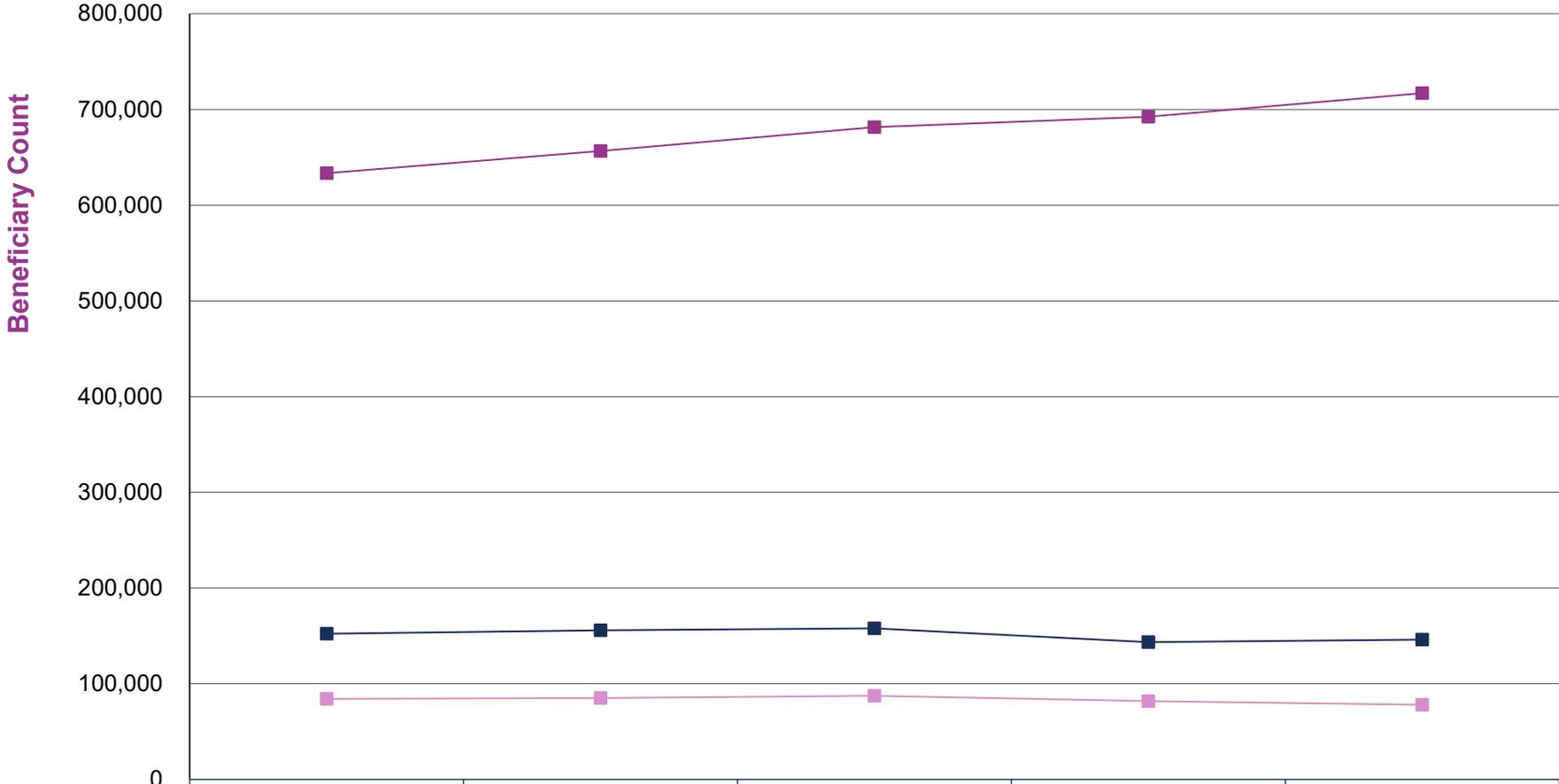
# Key Findings

- » The dashboard shows that California continues to have a strong rate of LTSS “rebalancing,” otherwise known as HCBS utilization compared to overall LTSS use
- » In 2021, 85 percent of Medi-Cal beneficiaries that used LTSS services used HCBS; only approximately 15 percent of LTSS beneficiaries stayed in a LTC facility but did not use HCBS
- » The dashboard also shows an increase in HCBS utilization each year, as well as a decline in average monthly census and overall use of LTC facilities in 2020 and 2021, likely due to the impact of the COVID-19 pandemic
- » The population utilizing HCBS is more likely to be people of color and those whose primary language is not English, compared to the population utilizing LTC

# Percent of LTSS Beneficiaries Who Used Select HCBS Over Time



# Select HCBS and All LTC - Number of Medi-Cal Beneficiaries Per Year



	2017	2018	2019	2020	2021
Select HCBS - Count	633,569	656,708	681,503	692,360	716,965
LTC Beneficiaries - Count	152,088	155,823	157,851	143,413	145,903
LTC Beneficiaries - Monthly Average Count	84,144	85,121	87,282	81,780	78,086

# Race/Ethnicity, Select HCBS and All LTC beneficiaries, 2021

Race/Ethnicity	Percent of Select HCBS Beneficiaries	Percent of LTC Beneficiaries
American Indian/Alaskan Native	0.4%	0.4%
Asian/Pacific Islander	21.2%	9.7%
Black/African American	13.5%	10.3%
Hispanic	29.3%	21.0%
Other	4.1%	8.5%
Unknown	2.8%	12.7%
White	28.7%	37.4%
Total	100.0%	100.0%

# Primary Language, Select HCBS and LTC beneficiaries, 2021

Primary Spoken Language	Percent of Select HCBS Beneficiaries	Percent of LTC Beneficiaries
American Sign Language	0.1%	0.0%
Arabic	1.1%	0.2%
Armenian	5.4%	0.8%
Cambodian	0.8%	0.1%
Chinese - Cantonese	4.0%	1.3%
Chinese - Mandarin	2.1%	0.7%
Chinese - Other	0.2%	0.1%
English	53.5%	78.7%
Farsi	2.0%	0.6%
Hmong	0.4%	0.0%
Korean	1.9%	1.1%
Other	2.5%	0.8%
Russian	2.3%	0.5%
Spanish	18.1%	11.2%
Tagalog	1.5%	0.7%
Unknown	0.2%	1.7%
Vietnamese	4.1%	1.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

# Demographics, Select HCBS and all LTC Beneficiaries, 2021

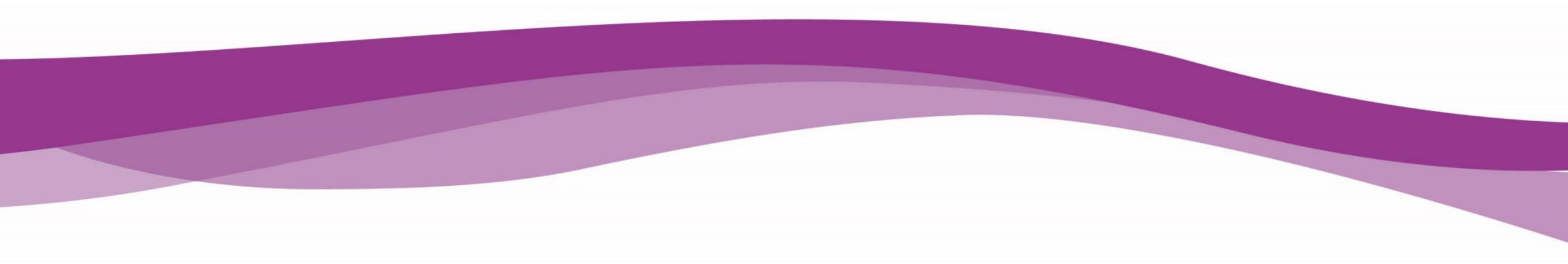
Demographic	Percent of Select HCBS Beneficiaries	Percent of LTC Beneficiaries
Age 65+	57.0%	66.0%
Age < 65	43.0%	34.0%
Female	59.0%	53.0%
Male	41.0%	47.0%
Dually Eligible for Medicare	69.0%	74.0%
Not Dually Eligible for Medicare	31.0%	26.0%

# Questions

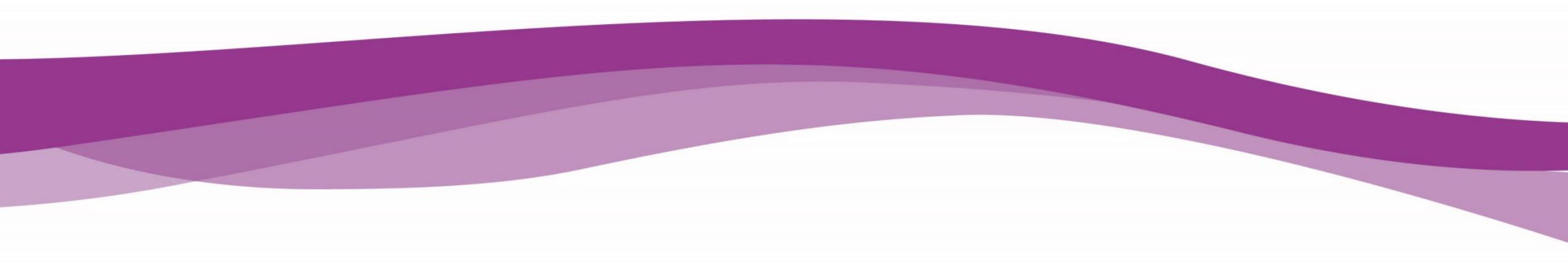
» Questions on the LTSS Dashboard?

*LTSS Dashboard related data sources and dashboard can be found in Appendix B of the presentation*

# Summary: January 2023 Enrollment Changes



# Medi-Medi Plans and Cal MediConnect Transition

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# Key Policy Reminders

- » Beneficiary enrollment in Medicare Advantage, including a Dual Eligible Special Needs Plan (D-SNP), is voluntary.
- » Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- » Medicare Medi-Cal Plans, or Medi-Medi Plans, combine Medicare and Medi-Cal benefits into one plan. Available in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.
- » Cal MediConnect members will automatically be enrolled in the Medi-Medi plan affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

# Medi-Medi Plans: Opportunities and Benefits

- » Similar to Cal MediConnect approach – high consumer satisfaction
- » Simplified Care Coordination to help members access services
- » Integrated Member Materials
- » Supplemental Benefits, Community Supports, Enhanced Care Management
- » Benefit Coordination
  - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
  - » Coordinated benefit administration
  - » Unified process/policy for authorizing Durable Medical Equipment (DME)
  - » Enable plan-level integrated appeals
- » Integrated Beneficiary and Provider Communications

# 2023 Cal MediConnect Transition

- » On **January 1, 2023**, beneficiaries in CMC plans (113,000) will be **automatically** transitioned into Medi-Medi plans operated by the same parent company as the CMC plan.
  - » There will be **no gap in coverage**.
  - » Provider networks should be **substantially similar**.
  - » Continuity of care provisions.
- » Health plans are communicating with members about these changes and sent initial notices by September 30, 2022.
- » Stay informed by checking the [Future of Cal MediConnect](#) webpage often.

# MMP Integrated Materials

- » MMPs will send beneficiaries the following integrated materials:
  - » **Member Handbook:** Provides a comprehensive overview of what the plan covers, how much enrollees pay, enrollee rights, and more.
  - » **Annual Notice of Change (ANOC):** Includes an explanation of the change from a CMC plan to an integrated D-SNPs, any changes in coverage, costs, and more, that will be effective in January 2023.
  - » **Member ID Card:** A single card used to access Medicare and Medi-Cal services.
  - » **Summary of Benefits:** A high level overview of the plan.
  - » **Provider and Pharmacy Directory:** Information on in-network providers and pharmacies.
  - » **List of Covered Drugs (Formulary):** A description of the drugs the plan covers.

# Cal MediConnect to Medi-Cal Rx Transition: Overview

- » With the transition of CMC to Medicare Medi-Cal Plans as of January 1, 2023, DHCS is transitioning the Medi-Cal pharmacy benefit for former CMC members to Medi-Cal Rx, since CMC members were not included in the initial Medi-Cal Rx transition.
- » This change should have minimal impact for CMC members, since almost all of their pharmacy benefits are covered under Medicare Part D, to be administered by the Medicare Medi-Cal Plan.
- » CMC members were not transitioned into Medi-Cal Rx in 2022.
- » The January 2023 transition is specific to CMC and does not impact PACE or SCAN members, nor is it a change in overall Medi-Cal Rx policies.

# Cal MediConnect to Medi-Cal Rx Transition: DHCS Pharmacy Benefits Division

## » Education and Outreach

- » A 45-day alert has been published for Prescribers and Pharmacies reminding them of the CMC Transition.
- » Medi-Cal Rx will support pharmacy providers and prescribers during this transition by offering educational opportunities and resources. Resources can be found on the Medi-Cal Rx website: <https://medi-calrx.dhcs.ca.gov/home/>
- » The Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, will provide assistance to beneficiaries, providers, and pharmacies.
- » For other questions, email Medi-Cal Rx Education & Outreach at [MediCalRxEducationOutreach@magellanhealth.com](mailto:MediCalRxEducationOutreach@magellanhealth.com).

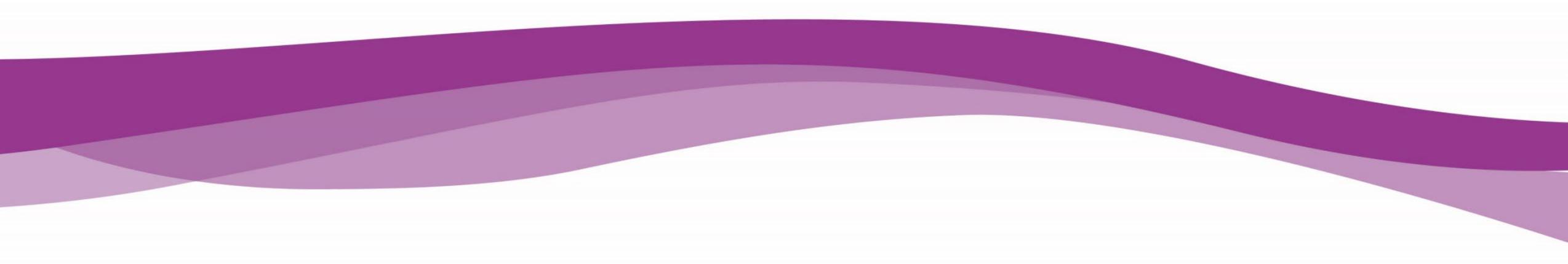
# Cal MediConnect to Medi-Cal Rx Transition: What Providers Need to Know

- » For impacted beneficiaries, drug coverage will continue to be processed through Part D and coordination of benefits under Medicare Part B and Medi-Cal. Pharmacy benefits for Medi-Cal will be processed through Medi-Cal Rx as the payor of last resort for drugs/products that are **specifically** excluded from Medicare Part D.
- » Medi-Cal Rx will publish an updated Billing Tips Guide providing coordination of benefits billing information, as well as claim processing information for other healthcare coverage.

# Cal MediConnect to Medi-Cal Rx Transition: What Pharmacy Providers Need to Know

- » For Part B coinsurance billing, pharmacy providers need to populate "44444" in the Other Payer ID field for claims that do not automatically cross over.
- » Emergency Fills will be available during this transition, according to current policy.
- » Refer to the [MediCal Rx NCPDP Payer Specification Sheet](#) for details related to the Other Payer Amount Paid (OPAP) or Other Payer Patient Responsibility (OPPR) for secondary claims billed.

# **D-SNP Look-Alike Plan Transition**

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# Overview: D-SNP Look-Alike Plans

- » D-SNP “look-alike” plans are MA plans marketed to dually eligible beneficiaries but not required to provide care coordination with Medi-Cal benefits, integrated care, or joint enrollment.
- » Look-alike plans are MA plans with 80% or more of members eligible for Medi-Cal, meaning they mostly serve dual eligible beneficiaries.
- » Look-alike plans do not meet D-SNP integration requirements.
- » Enrollment in look-alike plans increased in CCI counties in recent years, due to plan marketing efforts and limits on D-SNP enrollment in those counties.

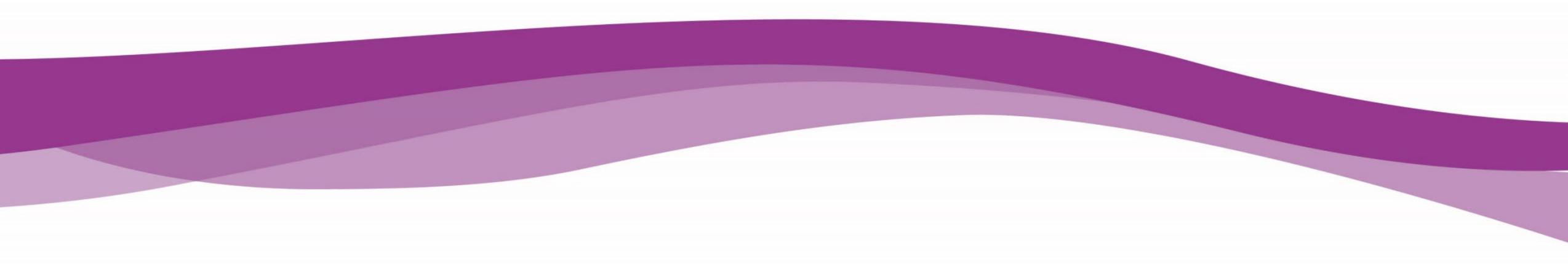
# D-SNP Look-Alike Plan Non-Renewal

- » CMS is limiting enrollment into MA plans that are D-SNP look-alike plans.
  - » Starting in 2022, CMS will not enter into contracts with new MA plans that project 80% or more of the plan's enrollment will be entitled to Medicaid.
  - » Starting in 2023, CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more dual eligibles (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals).

# D-SNP Look-Alike Transition

- » For 2023, MA organizations will transition D-SNP look-alike members (140,000 in California) into another MA plan (including into a true D-SNP) offered by the same MA organization.
- » The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- » CMS worked with plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.
- » DHCS posted the crosswalk list in early October.

# CalAIM Statewide Medi-Cal Managed Care





# Medi-Cal Managed Care for Dual Eligible Beneficiaries

- » Currently over 70 percent, more than 1.1 million, dual eligible beneficiaries are enrolled in Medi-Cal managed care.
- » Starting January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care.
- » Key Impacted Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba.
- » Beneficiaries can choose a Medi-Cal plan using materials they will receive in fall 2022. In 12 counties, Medi-Cal matching plan policy applies.

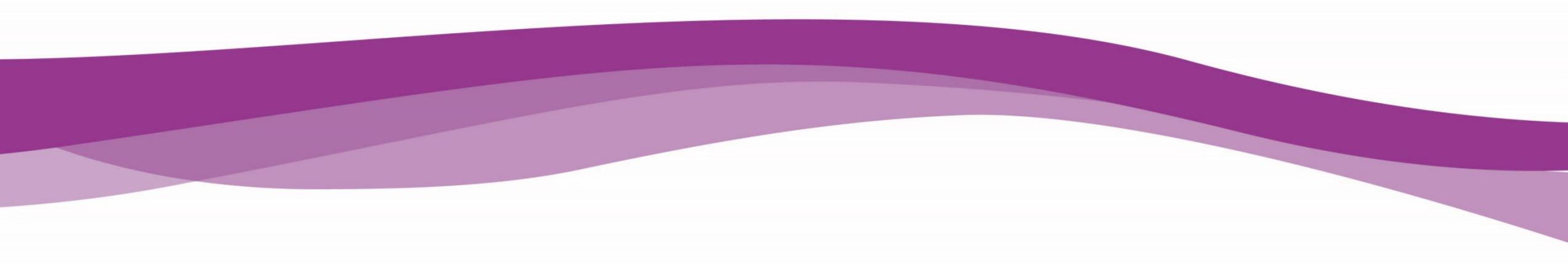
# Medi-Cal Managed Care Benefits for Dual Eligible Beneficiaries

- » Medi-Cal Plans coordinate Long-Term Services and Supports
- » Medi-Cal managed care plan benefits helpful for dual eligible beneficiaries include:
  - » Community Based Adult Services (CBAS)
  - » Transportation to medical appointments
  - » CalAIM Community Supports, such as home modifications, medically tailored meals, etc.
  - » CalAIM Enhanced Care Management (ECM)
  - » Long-Term Care (LTC; skilled nursing facility care)

# Outreach Materials

- » Outreach materials in many languages are available on the [CalAIM Medi-Cal Managed Care Enrollment for Dually Eligible Beneficiaries in 2023](#) page.
  - » Medi-Cal Managed Care Changes: Provider and Beneficiary Fact Sheets
  - » Medi-Cal Managed Care Enrollment Presentation Slides

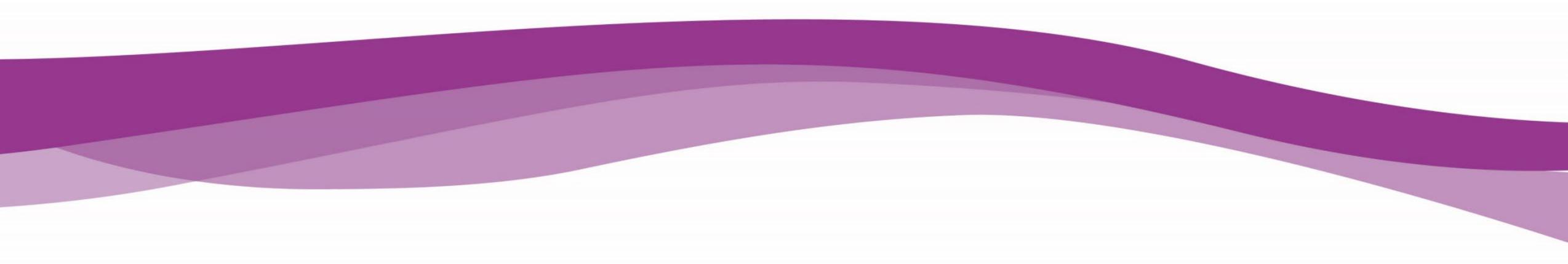
# Other Medi-Cal Changes

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# Medi-Cal Changes in 2022

- » **Older Adult Expansion:** Effective May 1, 2022, Medi-Cal Expansion for individuals aged 50 and older, regardless of immigration status. [OlderAdultExpansion \(ca.gov\)](#)
- » **Medi-Cal Asset Limit Increase:** Effective July 1, 2022, the Medi-Cal asset limit increased to \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). Medi-Cal income limits still apply. [Asset Limit Changes \(ca.gov\)](#)
- » Asset limit increase also applies to [Medicare Savings Programs](#).

# **Recently Released 2023 CalAIM D-SNP Policy Guide Chapters**

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# 2023 CalAIM D-SNP Policy Guide

- » DHCS is finalizing the 2023 D-SNP Policy Guide for MMPs and Non-EAE D-SNPs.
- » The Policy Guide provisions that apply to all D-SNPs, and those that apply only to MMPs, are indicated at the beginning of each section.
  - » The provisions of this Policy Guide are part of the DHCS SMAC requirements for 2023.

# Recently Released 2023 D-SNP Policy Guide Chapters

» DHCS released additional chapters of the 2023 D-SNP Policy Guide which are available here:

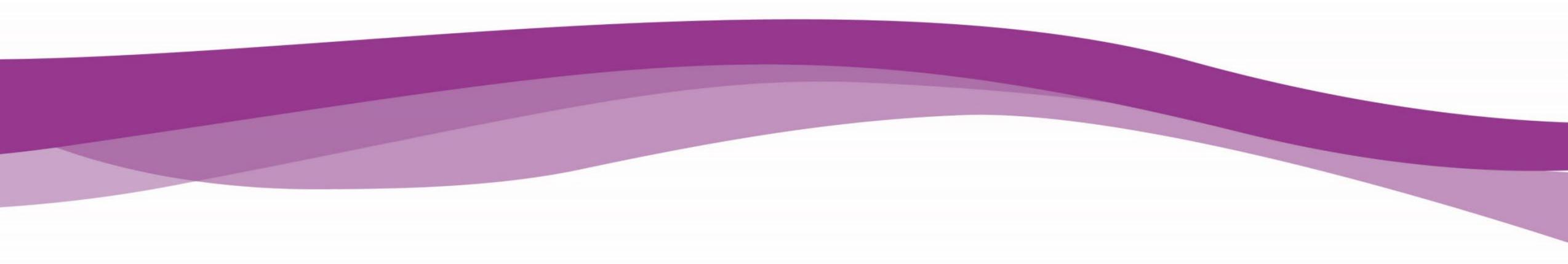
<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

- » Network Guidance (EAE D-SNPs)
- » Integrated Appeals and Grievances (EAE D-SNPs)

# Questions

- » Questions on Medicare Medi-Cal Plans, other January 2023 transitions, or the 2023 D-SNP Policy Guide?

# California Advancing and Innovating Medi-Cal (CalAIM): Long-Term Care (LTC) Carve-In

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# CalAIM Long-Term Care Skilled Nursing Facility Carve-In Overview

- » Effective January 1, 2023, Medi-Cal managed care plans (MCPs) in all counties will cover the LTC benefit for Skilled Nursing Facility (SNF), including a distinct part or unit of a hospital
- » All Medi-Cal beneficiaries residing in a LTC facility are mandatory to enroll in a MCP for their Medi-Cal covered services.

## SNF Carve-In Goals

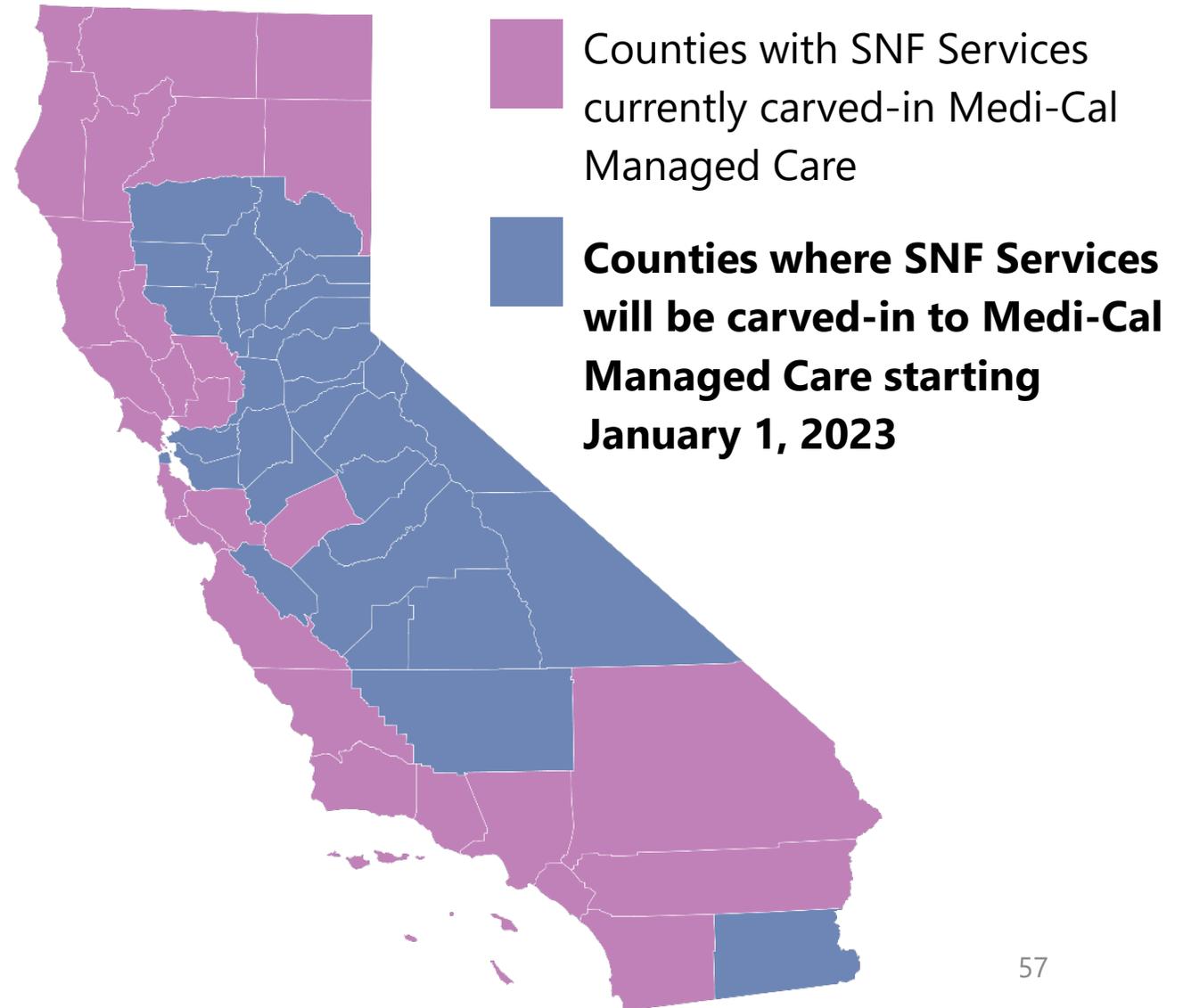
- » Standardize SNF services coverage under managed care statewide.
- » Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- » Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in SNFs.

# CaAIM LTC Carve-In: What is Changing?

- » All Medi-Cal only and dual eligible beneficiaries in Medi-Cal FFS residing in a SNF on January 1, 2023 will be enrolled in a Medi-Cal MCP effective either January 1, 2023 or February 1, 2023.
- » Beneficiaries who enter a SNF and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing.
- » This will include most Medi-Cal beneficiaries:
  - » Medi-Cal only beneficiaries
  - » Dual eligible beneficiaries – eligible for Medicare and Medi-Cal
  - » Medi-Cal beneficiaries with other health coverage, including private coverage
  - » Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes

# Statewide Skilled Nursing Facility Carve-In

- » Estimated ~28,000 members residing in SNFs will be carved into Medi-Cal managed care.
- » Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.



# SNF Carve-In: Key Activities & Updates

- » SNF LTC Workgroup convened seven times from December 2021 through September 2022 resulting in the finalization of [APL 22-018](#) Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of members to Managed Care.
- » DHCS shared detailed member data with MCPs in November 2022, including utilization data and TAR information. MCPs and SNFs are required to coordinate with each other to share data to facilitate a seamless transition for members and help ensure day one coverage.
- » Members and their authorized representatives (ARs) received the 60-day SNF LTC Carve-In member notice and Notice of Additional Information (NOAI) in early November, and 30-day member notices on December 1, 2022.
- » Member Choice Packets were mailed at the end of November.
  - » Choice Packets were only mailed to members not part of the Medi-Cal matching plan policy.
- » Health Care Options member outbound call campaign started in December.
- » MCP and SNF outreach, communications, and contract negotiations are ongoing.
- » FAQs are available on the [DHCS LTC Carve-In webpage](#) and Resources for MCPs are forthcoming.

# SNF LTC Carve-In Resources for MCPs: Promising Practices

- » The CalAIM SNF LTC Carve-In Resources for MCPs is informed by the LTC Carve-In Workgroup, which shares promising practices and model contract language to support plan readiness.



» **Care Management**



» **Outreach & Communications**



» **Long-Term Services & Supports (LTSS) Liaison**



» **Leave of Absences & Bed Holds**



» **Prompt Claims & Payment**



» **Clean Claims**

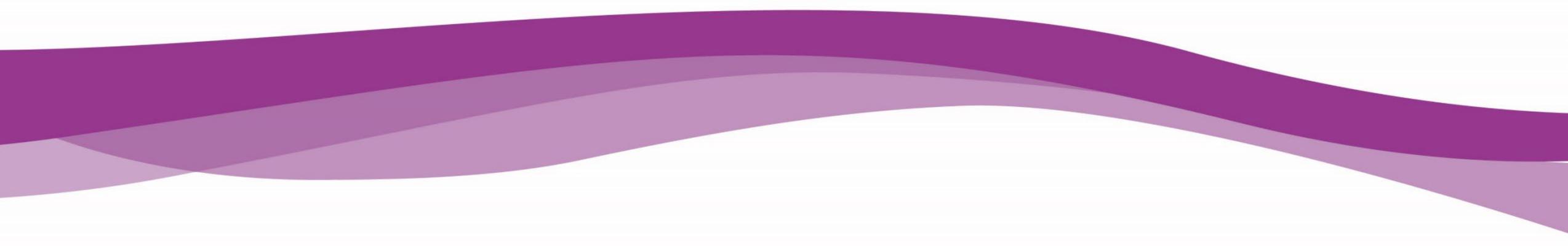
# Resources and Contact Information

Questions? Please contact [info@calduals.org](mailto:info@calduals.org)

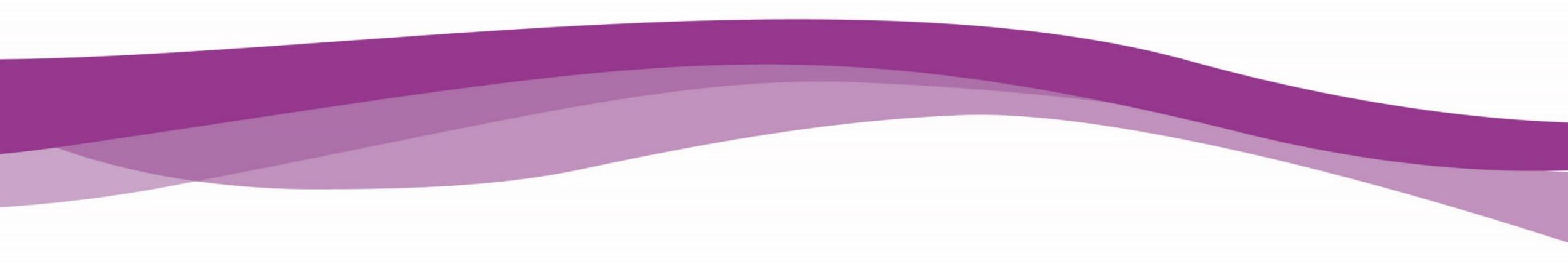
- » SNF LTC Carve-In Frequently Asked Questions (FAQs) available under Key Documents here: <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx>
- » [APL 22-018](#) Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of members to Managed Care

**Thank you!**

# Questions?

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# **Upcoming MLTSS & Duals Workgroup Meeting Topics**

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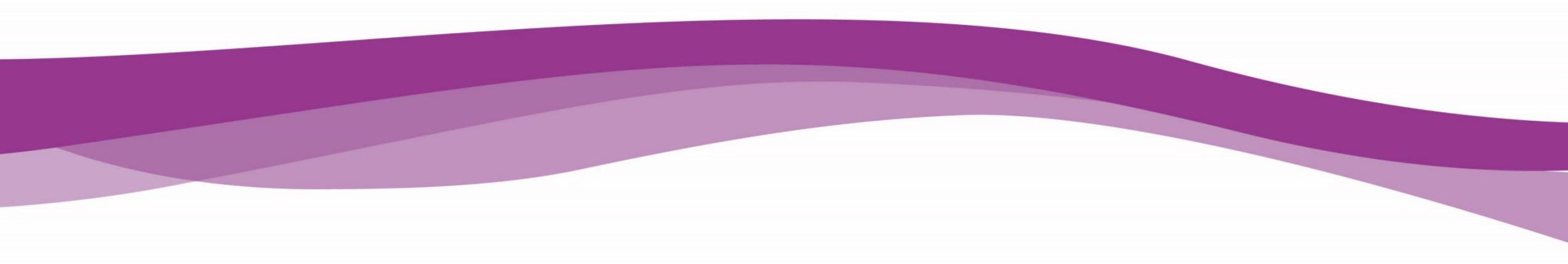
# Potential Meeting Topics

- » January 2023 CalAIM transitions status and monitoring
- » Local examples and discussion of MLTSS and integrated care
- » Updates to 2024 State Medicaid Agency Contract (SMAC) and D-SNP Policy Guide
- » Crossover billing
- » MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- » Strategies to improve health equity
- » Assisted Living/Assisted Living for Memory Care
- » CalAIM Housing Supports

# Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting:  
**Thursday, January 19<sup>th</sup> at 10:00 A.M.**

# **Appendix A: Public Health Emergency (PHE) Unwinding**



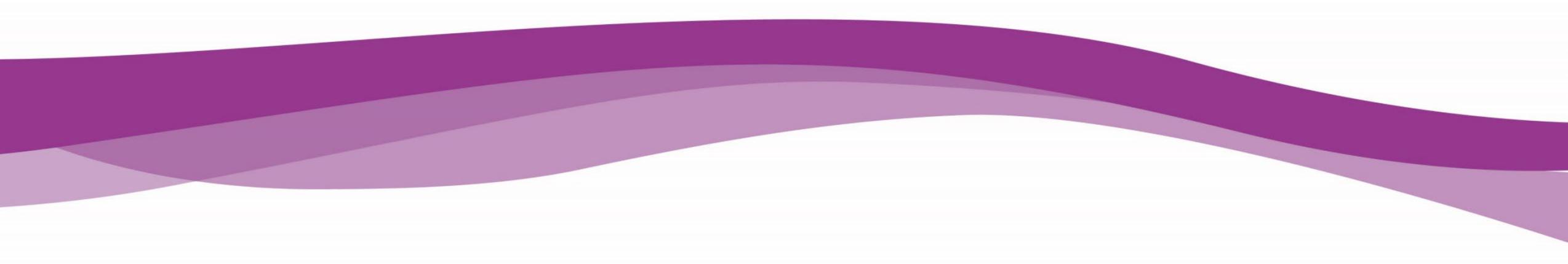
# Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - » Become a ***DHCS Coverage Ambassador!***
  - » [Download the Outreach Toolkit](#) on the [DHCS Coverage Ambassador webpage](#)
  - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

# DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

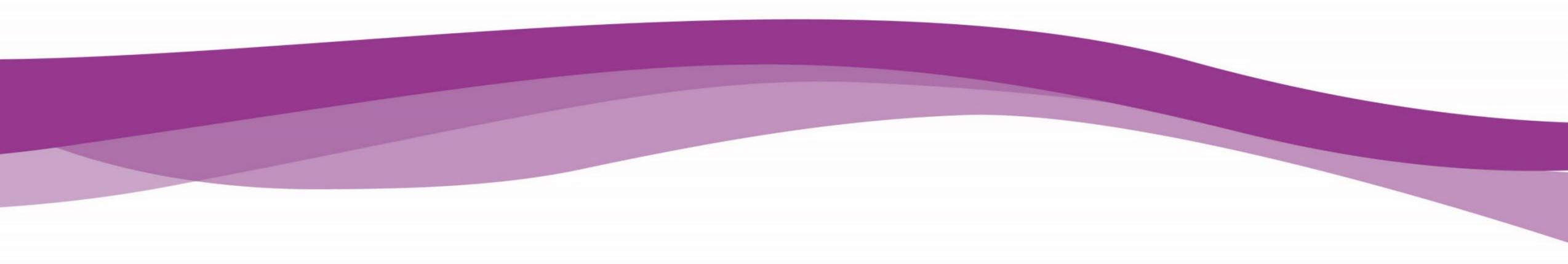
# APPENDIX



# RELATED DATA SOURCES AND DASHBOARDS

- » California Department of Aging – Data Dashboard on Aging, <https://letsgethealthy.ca.gov/mpa-data-dashboard-for-aging/>
- » The SCAN Foundation and AARP – LTSS State Scorecard, <http://www.longtermscorecard.org/>
- » California Department of Developmental Services – Caseload and Regional Center Data, <https://www.dds.ca.gov/transparency/facts-stats/>
- » California Department of Health Care Services – Dashboard Initiative, <https://www.dhcs.ca.gov/provgovpart/Pages/DHCSDashboardInitiative.aspx>
- » California Department of Health Care Services – Cal MediConnect Dashboard, [https://www.dhcs.ca.gov/Pages/Cal\\_MediConnectDashboard.aspx](https://www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx)
- » California Department of Social Services – IHSS Program Data, <https://www.cdss.ca.gov/inforesources/ihss/program-data>
- » California Health and Human Services, Open Data Portal – Long-Term Care Facilities Annual Utilization Data, <https://data.chhs.ca.gov/dataset/long-term-care-facilities-annual-utilization-data>

# **Recently Released 2023 CalAIM D-SNP Policy Guide Chapters**

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# 2023 CalAIM D-SNP Policy Guide

- » DHCS is finalizing the 2023 D-SNP Policy Guide for MMPs and Non-EAE D-SNPs.
- » The Policy Guide provisions that apply to all D-SNPs, and those that apply only to MMPs, are indicated at the beginning of each section.
  - » The provisions of this Policy Guide are part of the DHCS SMAC requirements for 2023.

# Recently Released 2023 D-SNP Policy Guide Chapters

» DHCS released additional chapters of the 2023 D-SNP Policy Guide which are available here:

<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

- » Network Guidance for MMPs
- » Integrated Appeals and Grievances for MMPs

# DHCS D-SNP Contract and Policy Guide Website

<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

**Important** Are you enrolled in Medi-Cal? Has your contact information changed in the past two years? Give your local county office your updated contact information so you can stay enrolled. [Find your local county office.](#)

CA.gov Home About DHCS Translate

Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

## Dual Special Needs Plans Contract and Policy Guide

[Return to Integrated Care for Dual Eligible Beneficiaries](#)

[Return to Dual Special Needs Plans in California](#)

Dual Special Needs Plans (D-SNPs) are Medicare Advantage (MA) plans that provide specialized care to beneficiaries dually eligible for Medicare and Medi-Cal, and offer care coordination and wrap-around services. All D-SNPs in California must have executed contracts with the Department of Health Care Services (DHCS), the state Medicaid agency. These contracts, referred to as the "State Medicaid Agency Contract" (SMAC) or MIPPA contract, must meet a number of requirements, including Medicare-Medicaid integration requirements. DHCS is developing two SMAC templates for contract year 2023; the first for exclusively aligned enrollment (EAE) D-SNPs, and the second for non-EAE D-SNPs. DHCS maintains the authority to contract or not to contract with D-SNPs.

As part of the CalAIM initiative, DHCS is leveraging the lessons and success of the Cal MediConnect (CMC) Financial Alignment Initiative to launch EAE D-SNPs, effective January 1, 2023, in the seven counties where CMC was implemented: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. EAE D-SNPs are D-SNPs where enrollment is limited to D-SNP members who are also enrolled in the affiliated Medi-Cal managed care plan.

### Contract Year 2023 D-SNP Policy Guide

The CalAIM D-SNP Policy Guide is intended to serve as a resource for all D-SNPs in California, beginning in contract year 2023, by providing additional details to supplement the 2023 SMAC. The Policy Guide provisions that apply to all D-SNPs, and those that apply only to EAE D-SNPs, are indicated at the beginning of each section. The provisions of this Policy Guide will be part of the DHCS SMAC requirements for 2023. Updates will be published as guidance is added. This latest edition is current as of December 8, 2022.

- [D-SNP Policy Guide \(2023\)](#)
- Supplemental Materials
  - [2023 Network Guidance for EAE D-SNPs – Taxonomy Crosswalk \(March 2022\)](#)
  - [2023 Network Guidance for EAE D-SNPs – Template](#)
  - [2023 Integrated Appeals and Grievances – Requirement Comparison Table](#)

### Contract Year 2024 D-SNP Policy Guide

For Contract Year 2024, DHCS will use the SMAC to require that all D-SNPs in California with EAE: (a) establish Medicare Advantage (MA) contracts (H contracts) that only include one or more D-SNPs within the state; and (b) integrate certain materials and notices for members. Please note that D-SNPs with EAE includes the state's Fully Integrated D-SNP, effective January 1, 2024. DHCS also notes that MA organizations implementing this policy should also include their non-EAE D-SNPs in the same H contract as their EAE D-SNP.

- [Notice of Requirement for State Specific D-SNP Only H Contract for 2024](#)

**New:**

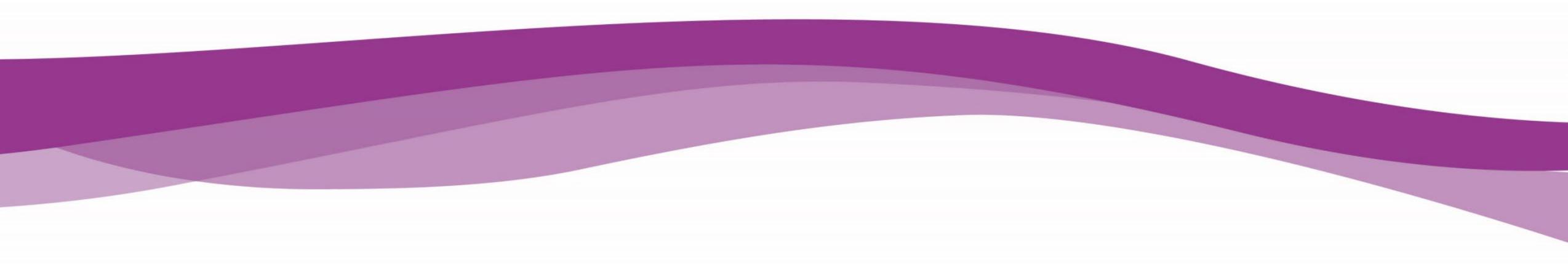
Updated 2023 Policy Guide



Supplemental Materials



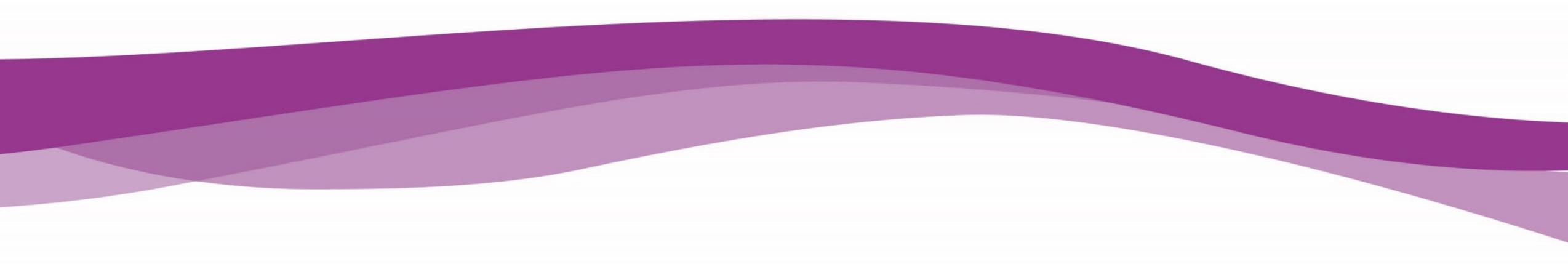
# **2023 D-SNP Policy Guide: Network Guidance for MMPs**

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# Network Guidance for MMPs

- » Network Guidance is for **MMPs** starting January 1, 2023. Requirements have been developed per federal and state network requirements.
  - » DHCS has developed these requirements in consultation with stakeholders and **health** plans
  - » The goal of aligned networks is to ensure continuity of access to providers across Medi-Cal and Medicare.
- » For contract year 2023, DHCS intends to solicit information from EAE D-SNPs about the extent to which their networks are aligned and will be providing subsequent guidance on aligned network requirements for 2024.

# **2023 D-SNP Policy Guide: Integrated Appeals and Grievances for MMPs**



# Integrated Appeals and Grievances

- » The intent of this state-specific guidance is to ensure integrated processes for grievances, organization determinations, and reconsiderations for Enrollees in MMPs starting in 2023.
- » The process for 2023 MMPs is detailed within the Policy Guide chapter and the comparison table, which has previously been reviewed with stakeholders and health plans and is available on the DHCS website.