DHCS California Department of HealthCareServices

Aurrera HealthGroup

May MLTSS and Duals Integration Workgroup Meeting

Summary and Key Takeaways - DRAFT

The following is a summary of key takeaways from the May 6, 2021, MLTSS and Duals Integration Workgroup, including those that panelists and stakeholders shared during the meeting. The meeting focused on dementia care and enrollment topics related to Cal MediConnect (CMC).

Dementia Care

The first half of the workgroup meeting focused on dementia care and related care coordination. The Department of Health Care Services (DHCS) began the meeting by sharing information about dementia care and CalAIM. Alzheimer's Los Angeles and Molina Healthcare then presented. The dementia care portion of the meeting concluded with a stakeholder discussion, which was led by several expert panelists. Below are the key takeaways.

DHCS

Anastasia Dodson, Associate Director of Policy, opened the meeting by reiterating the purpose of the workgroup and the importance of collaborating with stakeholders to get their feedback on the CalAIM initiative. She shared that DHCS is thinking about the various ways that it can recognize and build off the significant dementia-related work done under CMC. DHCS will consider how it can incorporate this work and new efforts related to dementia care into Medicare programs for both dual eligible individuals and other older adults.

Dana Durham, Branch Chief of the Managed Care Quality and Monitoring Division, shared that DHCS intends to incorporate lessons learned and promising practices identified through CMC work into CalAIM, including looking at the possibility of Dual Eligible Special Needs Plans (D-SNPs) incorporating the use of dementia care specialists and potentially tying dementia care to Enhanced Care Management (ECM), In Lieu of Services (ILOS), population health management, and Medi-Cal performance measures. DHCS concluded by sharing that there will be future opportunities for stakeholders to provide feedback on these areas and other parts of CalAIM.

Alzheimer's Los Angeles

Jennifer Schlesinger, Associate Vice President of Healthcare Services and Community Education at Alzheimer's Los Angeles, discussed how CalAIM can incorporate the lessons learned from

CMC and bring the ideas of the Master Plan on Aging (MPA) to fruition. She shared many promising practices related to supporting individuals living with dementia, provided information on identifying those who are at high risk for dementia, ways to support caregivers, and to address health inequities in the population.

- **Caregivers and Care Pathway** – Increase the focus on caregivers and prioritize identifying caregivers in a patient's electronic health record. It is also important to engage caregivers, assess their needs, and offer support for any unmet needs.
- **Coordination and Technical Assistance** – Increase coordination between the healthcare system and community-based organizations (CBOs). It is important to provide health plans with technical assistance on the best ways to identify and support individuals with cognitive issues.
- **Dementia Care Specialists and Training** – Provide specialized training to care managers and dementia care specialists to give them the ability to screen members for dementia, identify caregivers, develop specialized care plans, and support individuals with dementia and their caregivers with referrals to CBOs. Establish training programs that exist beyond the initial training of dementia care specialists to combat staff churn. Embed dementia care specialists into care teams.
- **Initial Health Assessment** – Initial assessments should include at least one question centered on cognition to help with early detection and to act as a trigger for a diagnostic assessment. The initial assessment should ensure that the individual has a caregiver.
- **Risk Stratification** –Individuals who already have a diagnosis of dementia should be high-risk stratified based on coexisting conditions, utilization, and the availability of caregiver resources and be engaged in care management services.
- **D-SNP Considerations** – DHCS can add language to their contracts with D-SNPs related to dementia care and assessment, for example:
    - Require that the health risk assessment include a cognitive screening trigger question and mandate that plans employ dementia care specialists and identify caregivers, as in CMC plans.
    - Integrate the tools and related processes necessary to operationalize screening for cognitive impairment, identify and support caregivers, and the ways plans will use dementia care specialists.
    - Require that high risk members with ECM be assigned dementia care specialists and define specific ECM benefits for individuals with dementia, including the identification of and support for caregivers.

- Stipulate that plans have processes in place to connect with local Alzheimer's organizations and CBOs in order to provide referrals for disease education, caregiver education, and support.
- Connect caregivers with ILOS through workflows.

Molina Healthcare

Megan Dankmyer, Associate Vice President of Case Management with Molina Healthcare, discussed their dementia model of care and promising practices from their experience as a CMC plan.

- **Training** – Molina initially focused on training case management and other health care services staff on dementia-related topics and then trained a subset of case managers as dementia care specialists. They worked with Alzheimer's Los Angeles to acquire a dementia-related training bundle to allow for ongoing staff training and to help train new staff.
- **Cognitive Screening** – Molina added a validated screening tool to their clinical system for staff to use to screen for dementia. They then worked with Alzheimer's Los Angeles on a letter designed to notify a member's primary care physician of the screening tool's score to ensure that the member would receive any relevant dementia diagnostic evaluations.
- **Caregiver Screening** – Molina ensured that their staff screened caregivers for stress and burnout. The health plan added a validated caregiver self-report questionnaire to its clinical system, began adding identified caregivers into the clinical system, and engaged them throughout the care planning process.
- **Dementia Model of Care** – A key part of Molina's dementia model of care is linking members and caregivers to internal and external resources such as Alzheimer's associations, long-term services and supports (LTSS), and relevant CBOs. They found that creating a closed feedback loop with the external agencies they refer to, when possible, was helpful for their case managers. Further, Molina piloted numerous data reports and agreements with vendors to help increase the identification of members who might need dementia-related assistance or referrals. Molina noted that they have embedded the various dementia-related trainings, screening tools, and referral work into their processes and workflows across the board to ensure its now part of what they do for all members at risk of or living with dementia.

Stakeholder Discussion

The discussion session began with three expert stakeholders: Susan DeMarois with the Alzheimer's Association, Debbie Toth with Choice in Aging, and Dr. Zia Agha with West Health. Following these experts, the workgroup opened the discussion to the broader stakeholder group.

- **Alzheimer's Association** – Susan DeMarois stressed that through CalAIM, DHCS has opportunities to address dementia-related disparities in communities of color and to create a population health management strategy that helps ensure interventions earlier in the progression of disease. It is important for CalAIM to focus on screening, early detection, and diagnosis, which better enables providers and plans to provide important treatments and services to members with cognitive impairment. Susan shared that DHCS can look to successful models of care that build off of ECM, such as CMS-funded CMMI initiatives and California's ACEs Aware initiative, to understand promising practices related to screening, detection, diagnosis, care planning, and provider training.
- **Choice in Aging** – Debbie Toth shared information about the Alzheimer's Day Care Resource Center (ADCRC), which offer support and interventions for individuals in mid- to late- stages of Alzheimer's disease and their family/caregivers. Debbie shared that ADCRCs are a great example of a program that Medi-Cal can fund to support people with dementia and their caregivers, while reducing costs by limiting hospital and nursing admissions.
- **West Health** – Dr. Zia Agha spoke about bringing dementia care to the system level and focused on the geriatric emergency department (GED) model. GEDs are specifically designed to provide services and better care to individuals with dementia and cognitive impairment. Staff are trained to understand and identify risk factors related to dementia and to understand things like how drugs can have different effects on people with dementia. GEDs provide cognitive screenings to patients as well as referrals and community resources for patients and caregivers.
- **Other discussion and Q & A:**
    - Marty Lynch (LifeLong Medical Care) expressed concern that many health plans have not fully thought through the best ways to provide care for the older population in general and wondered how CalAIM, including ECM and ILOS can support populations such as dual eligible individuals and seniors with dementia.
    - Tatiana Fassieux (HICAP) suggested DHCS consider C-SNPs along with D-SNPs to provide better care for individuals with dementia.

- Stakeholders asked several questions related to the funding of ADCRCs and how to find the centers.
  - Debbie Toth, Choice in Aging, addressed these questions by sharing some of the funding sources of ADCRCs (Medi-Cal, grants, private pay, etc.) and shared that those interested can find the remaining centers on the California Department of Aging's website. She also listed different centers and their locations.
- DHCS underscored that they will hold plans accountable for assessing and identifying individuals with cognitive issues through CalAIM outside of ECM, including through population health management.
- Robert Sessler (Contra Costa Health Plan) asked about lessons learned through CMC about how individuals with dementia can get adequate personal care for In-Home Support Services (IHSS) when they are unable to self-manage or self-direct their IHSS care provider.
  - Megan Dankmyer, Molina, shared that these scenarios were easier to address while the health plans managed IHSS and became more difficult when IHSS was carved out of CMC. In some instances, members can give the plan consent to communicate and work with IHSS caregivers. Molina has also worked with the local public authority to identify caregivers for members.
  - Dr. Debra Cherry, Alzheimer's Los Angeles, shared that individuals may struggle managing IHSS caregivers in later stages of the disease and emphasized the importance of working with individuals to identify caregivers and surrogate decision makers early to help avoid issues later.

Enrollment Topics

The second half of the workgroup meeting focused on enrollment topics and included discussion on the Cal MediConnect enrollment moratorium and the current matching plan policy. Below are key takeaways from this portion of the meeting.

Cal MediConnect Enrollment Moratorium

DHCS presented on the CMC enrollment moratorium and asked workgroup members whether DHCS should reduce the enrollment moratorium by one to two months. Members of the workgroup were interested in timing and language in the noticing for beneficiaries, whether

members will have the ability to enroll in other Medicare products, the role of Health Care Options (HCO) and brokers, and D-SNP deeming periods.

- Amber Christ (Justice in Aging) brought up the short amount of time a CMC member may be enrolled in a CMC plan if they enroll in September and receive a 90-day disenrollment notice prior to the end of CMC.
- The Centers for Medicare and Medicaid Services (CMS) clarified that, unlike CMC where members can enroll and disenroll in a CMC plan monthly, D-SNPs have special election periods once per quarter for the first three quarters of the year. The last quarter of the year is annual open enrollment. Jane Ogle (California Health Policy Strategies) expressed support for continuous enrollment periods for dual eligible individuals available in CMC.
- Janine Angel (Health Net) expressed support for robust education for HCO and enrollment brokers to ensure beneficiaries understand the CMC to D-SNP transition.

Current Matching Plan Policy

DHCS presented on the existing “matching plan” policy and asked workgroup members for clarifying questions and feedback on whether Medicare should drive Medi-Cal choice based on beneficiary experience.

- Workgroup members asked several clarifying questions, including around the definition of a “prime plan” and what the policy is for geographic areas with limited choice/non-matching plans.
- DHCS clarified the matching plan policy for delegated or subcontracted health plans, noting that the 2023 aligned enrollment policy is still under development.
- Workgroup members expressed concern about geographic areas where there are limited D-SNPs.