



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

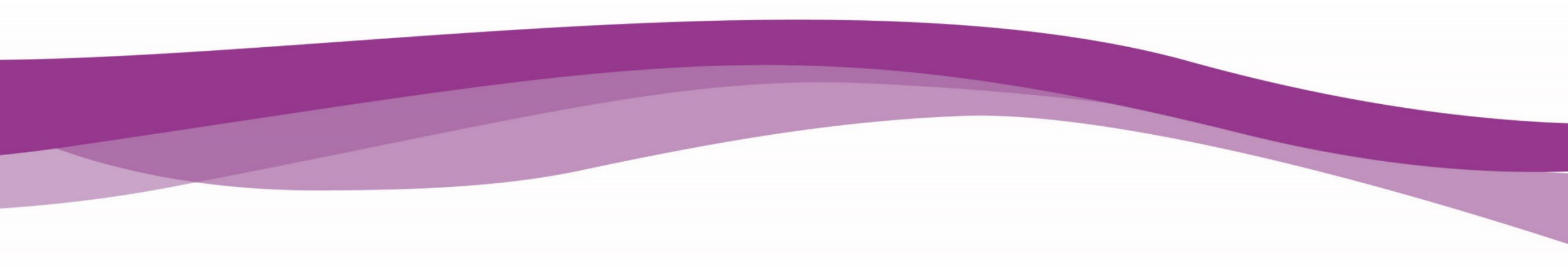
Agenda

- » Welcome and Introductions
- » Summary of January 2023 Enrollment Changes and Stakeholder Q&A
- » Update: Dementia Care Aware and Stakeholder Q&A
- » January 2023 Transitions Impacting Dual Eligible Beneficiaries: Noticing, Monitoring, Timelines, and Stakeholder Q&A
- » Next Steps and Upcoming Meeting Topics
- » Appendix: Public Health Emergency Unwinding

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.***

Summary: January 2023 Enrollment Changes



2023 Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

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Key Policy Reminders

- » Beneficiary enrollment in a Dual Eligible Special Needs Plan (D-SNP) or other Medicare Advantage (MA) plan 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 (MMPs or Medi-Medi Plans) is the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).
- » For 2023, beneficiaries already enrolled in Cal MediConnect (CMC) will automatically be enrolled in the MMP (Medicare D-SNP and Medi-Cal Managed Care Plan, MCP), affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

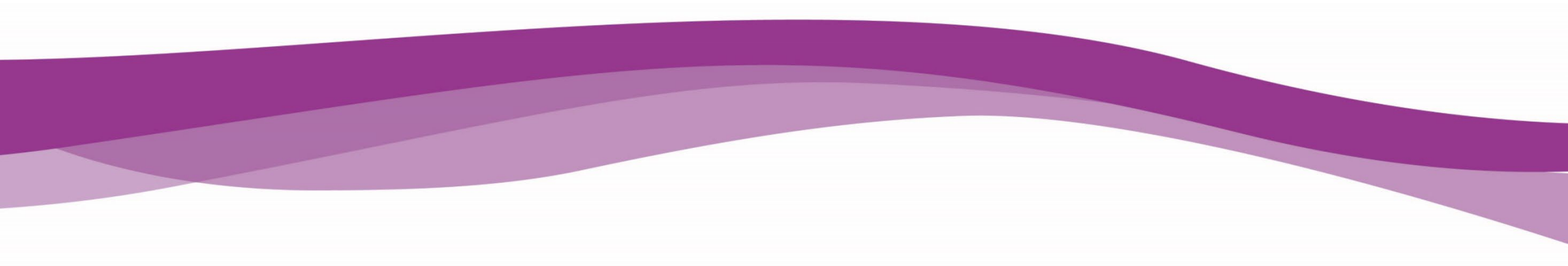
2023 CMC to MMP Transition

- » On **January 1, 2023**, beneficiaries in CMC plans will be **automatically** transitioned into MMPs and MCPs 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 have started to communicate now about these upcoming changes with beneficiaries, upon receiving approval from DHCS and CMS.
- » Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022**.

MMP Opportunities and Benefits

- » Similar to CMC approach
- » Integrated Member Materials are permitted by CMS for MMPs
 - » Materials are created and reviewed by DHCS and CMS
- » Benefit Coordination permitted by CMS
 - » 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
- » Simplified Care Coordination

D-SNP Look-Alike Plan Transition



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.

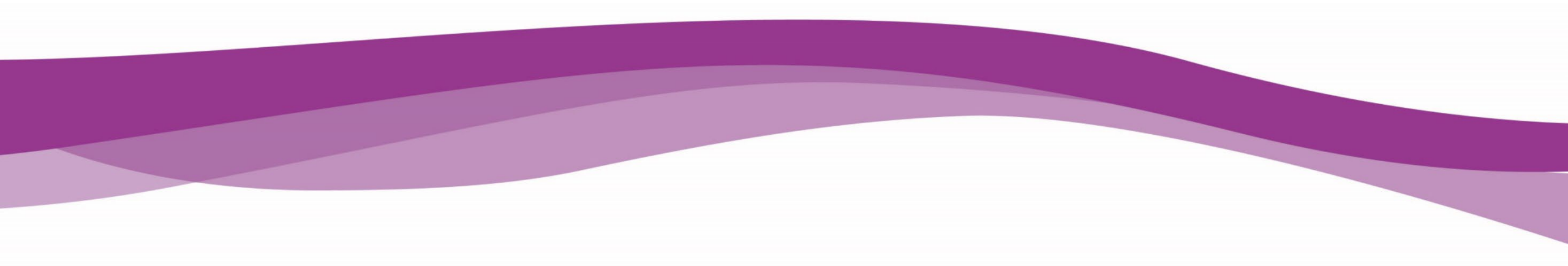
D-SNP Look-Alike Plan Non-Renewal

- » 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

- » CMS will permit an MA organization to transition its D-SNP look-alike membership into another MA plan or plans (including into a D-SNP) offered by the same MA organization, or another MA organization that shares the same parent organization as the 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 will work with D-SNP look-alike plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.

CalAIM Statewide Medi-Cal Managed Care



CalAIM Statewide Medi-Cal Managed Care

- » The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or the aid code for which the beneficiary is determined to qualify.
- » **CalAIM:** January 2022/January 2023, select aid code groups and populations will transition into Medi-Cal managed care enrollment or FFS enrollment.
- » Medi-Cal managed care will not impact a beneficiary's choice of Original Medicare, or their Medicare Advantage plan.

Medi-Cal Managed Care for Dual Eligible Beneficiaries

- » Currently over 70 percent (over 1.1 million) of dual eligible beneficiaries statewide are enrolled in a Medi-Cal managed care plan.
- » Starting January 2023, about 22 percent (about 325,000) of dual eligible beneficiaries will be newly enrolled in a Medi-Cal managed care plan.
 - » 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.
 - » Beneficiaries not enrolled in a Medicare Advantage plan, or without a matching Medi-Cal plan, can choose a Medi-Cal plan using materials they will receive in fall 2022.

Medi-Cal Managed Care Benefits for Dual Eligible Beneficiaries

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

Questions

- » Questions on 2023 CMC to MMP transition, D-SNP look-alike transition, or statewide Medi-Cal managed care?

Dementia Care Aware Update

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

SB 48: Medi-Cal: Annual cognitive health assessment

- » SB 48 establishes an annual cognitive health assessment as a Medi-Cal benefit for beneficiaries age 65 and older if they are otherwise ineligible for a similar assessment as part of the Medicare Annual Wellness Visit.
- » Effective July 1, 2022, Medi-Cal providers are eligible to receive payment for this Medi-Cal benefit, for Medi-Cal-only beneficiaries, if they:
 - » Complete cognitive health assessment training, as approved DHCS (Dementia Care Aware training)
 - » Use one of the validated tools recommended by DHCS

Training Launched in July at DementiaCareAware.org

Dashboard Admin News

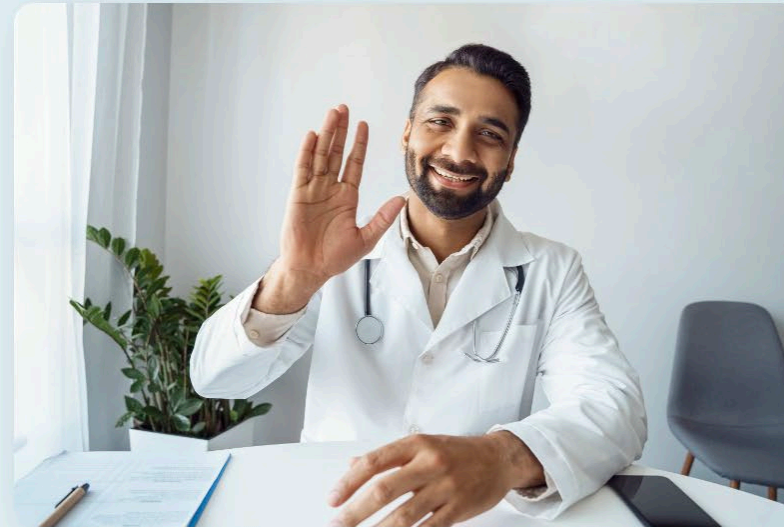


Welcome to Dementia Care Aware



Welcome!


Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*Dementia Care Aware: The Basics*" course. Select Start in the "Dementia Care Aware: The Basics" block below to begin.



Inside the training course


Modules must be completed in order.

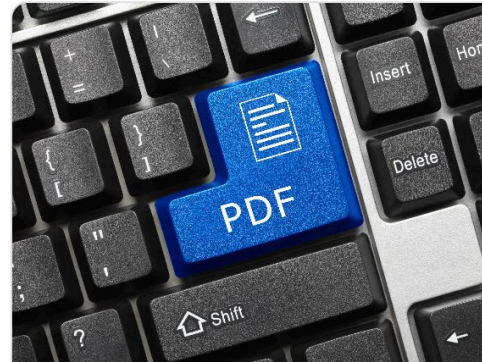
My courses Teaching 0 Enrolled 1



Dementia Care Aware: The Basics

66% Resume ▶

 3 modules



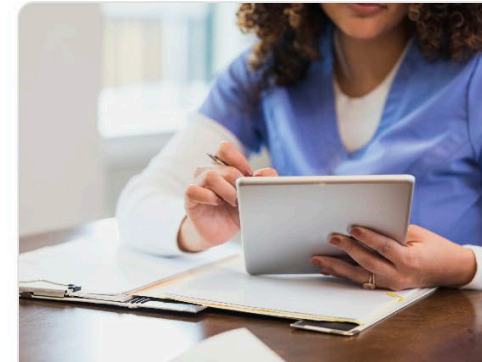
Introductory Information

🕒 1 min

This module includes information on the overall DCA program and learning objectives. It also includes the required disclaimers and disclosures along with UCSF contact information. Select Start to view this document. The training module will unlock after you open the pdf file.

Completed ✓

1 section



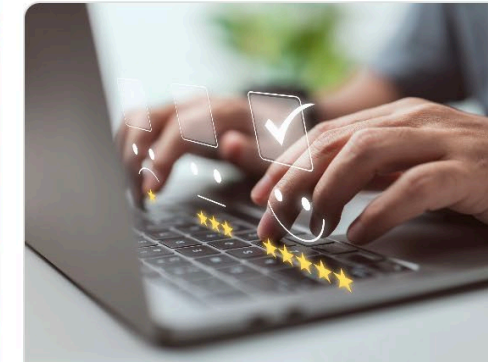
Dementia Care Aware: The Basics

🕒 1 hr, 30 min

This module teaches you how to conduct a brief, annual Cognitive Health Assessment (CHA) with your patients. It includes information on why the assessment is important, the three-step process for administering the CHA, and options for next steps if the screen is positive. Select Start to begin.

0% Resume ▶

1 section



Course Evaluation

🕒 3 min

This is the course evaluation survey. If you'd like to receive continuing education credits for this training, this evaluation is required. Select Start to complete the survey.

Locked 🔒

1 section

Dementia Care Aware Training

- » Case based and interactive
- » Addresses key Medi-Cal populations
 - » Non-English speaking
 - » Co-morbid substance use disorder
 - » Co-morbid serious mental illness
 - » People with disabilities
 - » Older adults experiencing homelessness
- » Addresses how to do the assessment over the phone, asynchronously, and by other team members

Cognitive Health Assessment is designed for PCPs

- » Includes initial assessments that are
 - » Free to use
 - » Quick to administer
 - » Easy to score
 - » Validated in primary care
 - » Available in multiple languages
- » Assessments can be done by different members of the health care team
- » Assessments can be done longitudinally over multiple visits

The Cognitive Health Assessment: Annual assessment for patients 65+

For all patients 65+ without a dementia diagnosis already

CHA allows you

- 1) to have **improved awareness of cognitive and functional symptoms** that could be dementia and
- 2) to **start a brain health plan** for all older adults.

The CHA is:
3 steps,
head to toe

1. **Head** (Cognition)
2. **Arms** (Function)
3. **Legs** (Support System)

in 15 min
in any language*



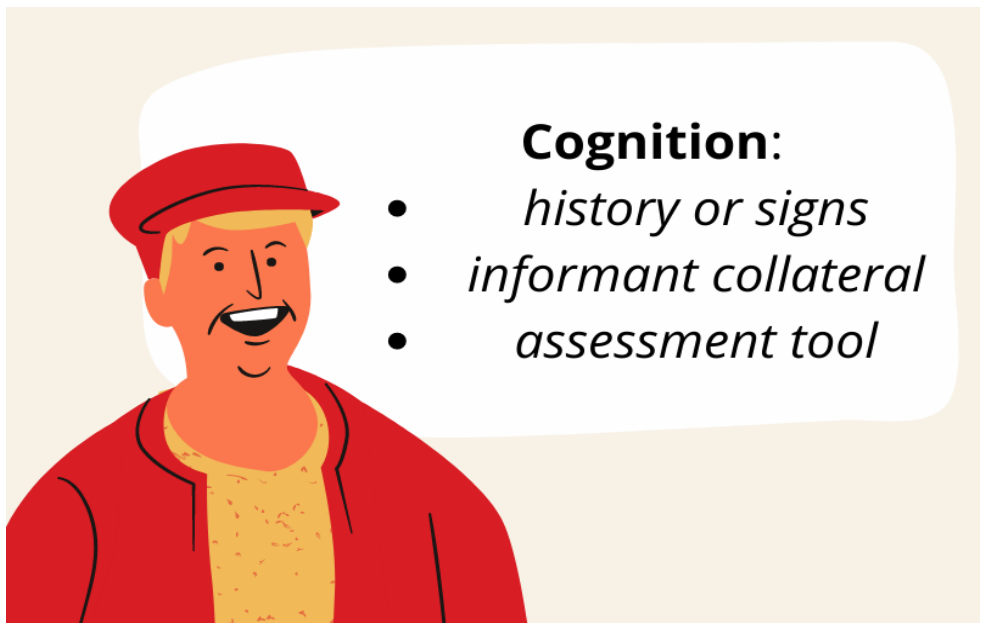
- Cognition:**
- history or signs
 - informant collateral assessment tool

- Function:**
- history or signs
 - informant collateral assessment tool

- Support system:**
- Is there a caregiver or support person?

**You should be able to find a combination of tools to do an assessment for patients in any language.*

The Cognitive Health Assessment: Start with the head



History or signs can come in many forms. You should move forward with an assessment tool if:

- 1) Patient or informant discloses a new cognitive symptom, including behavior and motor symptoms.
- 2) You notice a sign of cognitive decline, *e.g. the 10 warning signs*.
- 3) A question:
 - 1) The Medi-Cal Staying Healthy Assessment for Seniors #20. *Do you or others think that you are having trouble remembering things?* **OR**
 - 2) Screen all 65+: *During the past few years, have you noticed any changes in your mental abilities? (analogous to AWV)*

Collateral can come from a caregiver, friend, or other person (like community social service provider) who would have knowledge of the person's abilities. Consider one of the steps:

- 1) Ask the informant: *During the past few years, have you noticed {PATIENT} has had any changes in their mental abilities?*
- 2) Have them do an AD-8 or IQCODE

If there is NO informant, it is worth doing a cognitive assessment tool.

**If any concern or sign
OR NO INFORMANT**

If any concern or sign

Assessment tool: Tools that are useful for all educational backgrounds and languages.

- Mini-cog
- GP-Cog

The Cognitive Health Assessment: Move down to the arms

Functional decline, when present with cognitive decline, may indicate the person has dementia. You need to verify with an informant if available.



Cognition:

- *history or signs*
- *informant collateral assessment tool*

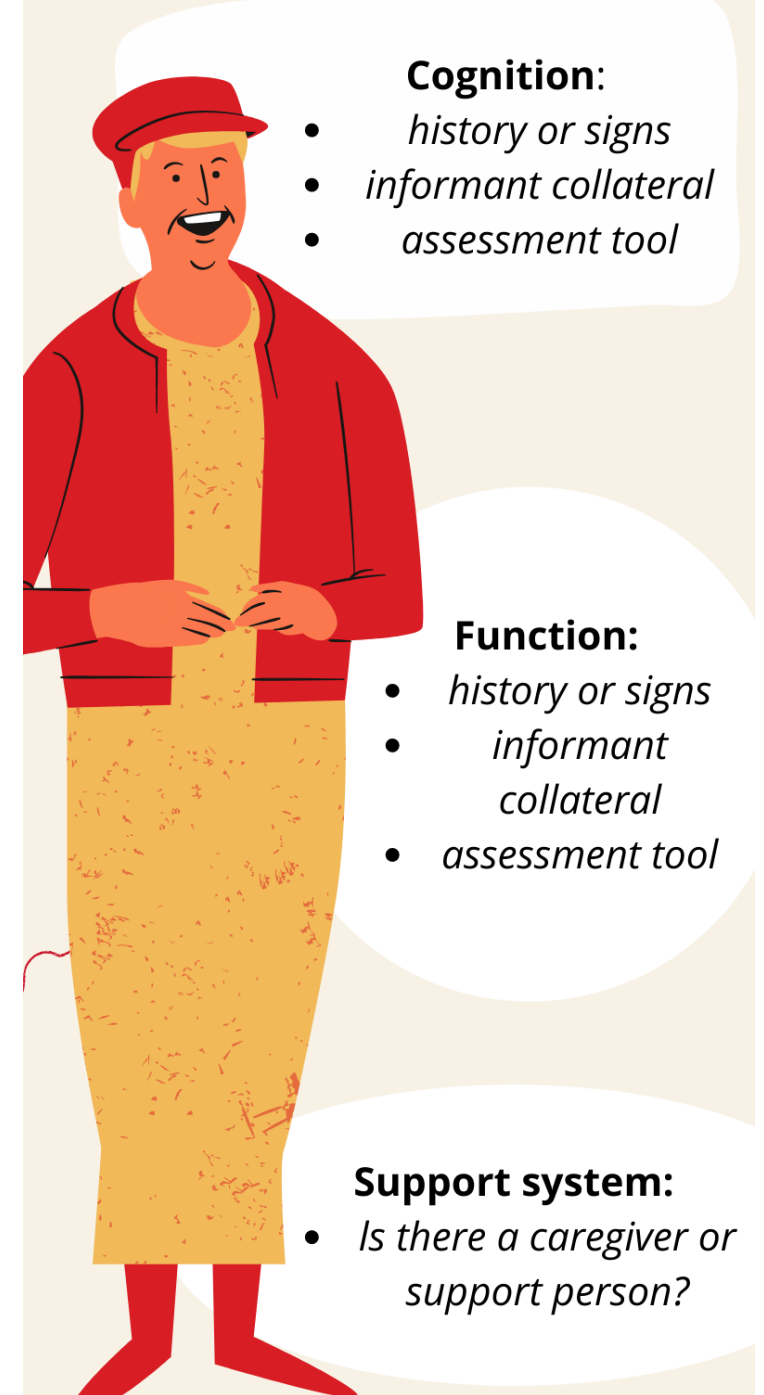
Function:

- *history or signs*
- *informant collateral assessment tool*

- **History or signs:**
 - History examples: Patient asks for more help with daily tasks, reports difficulty paying bills
 - You notice they have difficulty with self-care, unexplained weight loss, or poor hygiene
- **Informant collateral: Need to get if available.**
 - How does the patient perform their daily tasks and has this changed in the last few years? Who assists?
 - Use the FAQ
- **Assessment Tool: Use one of these.**
 - Use the informant part of the GP-COG
 - Use an ADL, IADL questionnaire
 - Katz IADLs
 - Lawton ADLs

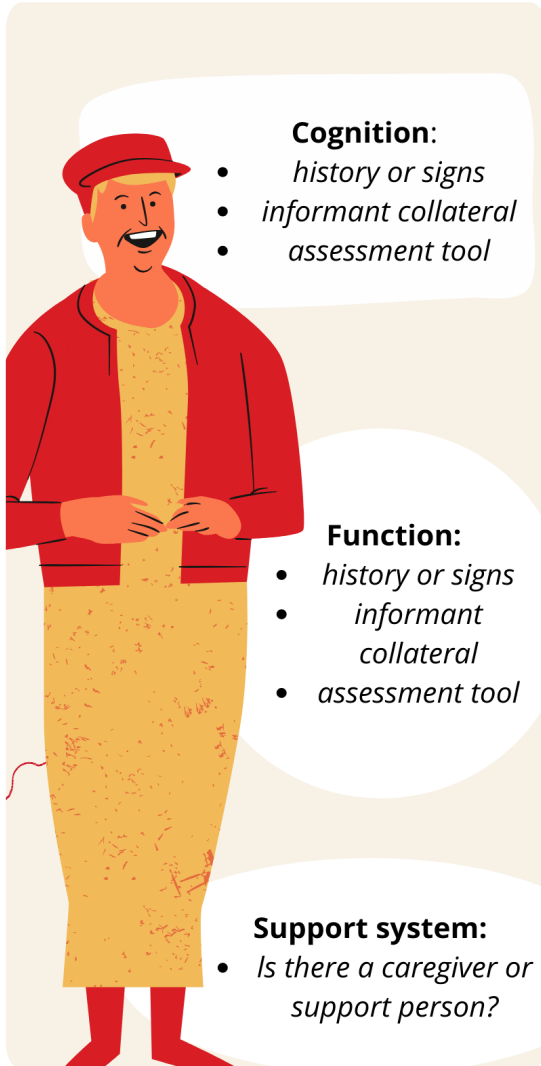
The Cognitive Health Assessment: The legs are the support

- Ascertain if the person has a support system:
 - Do they have a regular caregiver/care partner that is informal or formal?
 - Does someone help them regularly with tasks?
 - Do they have someone they are in regular contact with that they can rely on if something comes up?
- Document the care partner/caregiver's information.



Now what?

Tip: Addressing cognitive and functional symptoms or findings that may be dementia should be a reason to schedule visits to focus on this. Diagnosis takes time.



+screen

NEXT →

1. Screen for mental health conditions and substance use.
2. Schedule a more in-depth assessment of symptoms and next steps in evaluation (sleep apnea, meds, etc).
3. Order labs (HIV, RPR, b12, TSH) and head imaging if <6 months of symptoms, etc.
4. Arrange for referral soon if motor findings or concerning behavioral symptoms.

+screen

NEXT →

Refer for support.

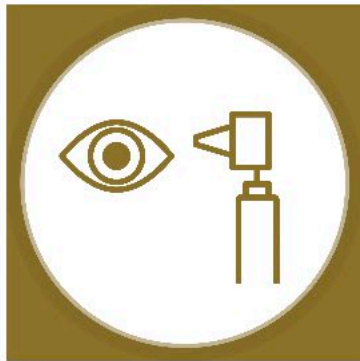
1. Referral for caregiver support, e.g. In Home Supportive Services, if not in place or inadequate support.
2. Referral for money management services, meal delivery, safety, etc.

NEXT →

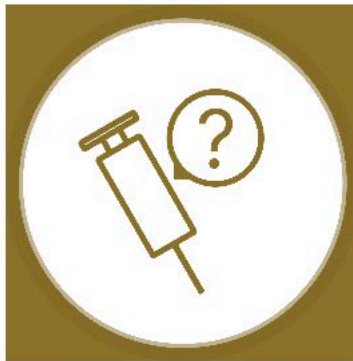
1. Document the caregiver or care partner's information.
2. If known, document a surrogate decision maker.
3. Arrange for a future visit with time to assess the caregiver's health and make referrals to caregiver resources.

Brain health is whole person health

- Knowing if there may be cognitive concerns steers your care for all other conditions.
- You can start a brain health plan at the very earliest signs, in addition to treating any medical or psychiatric causes of symptoms.



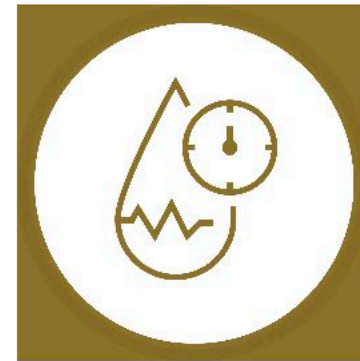
Hearing
and vision.



Review
medications.



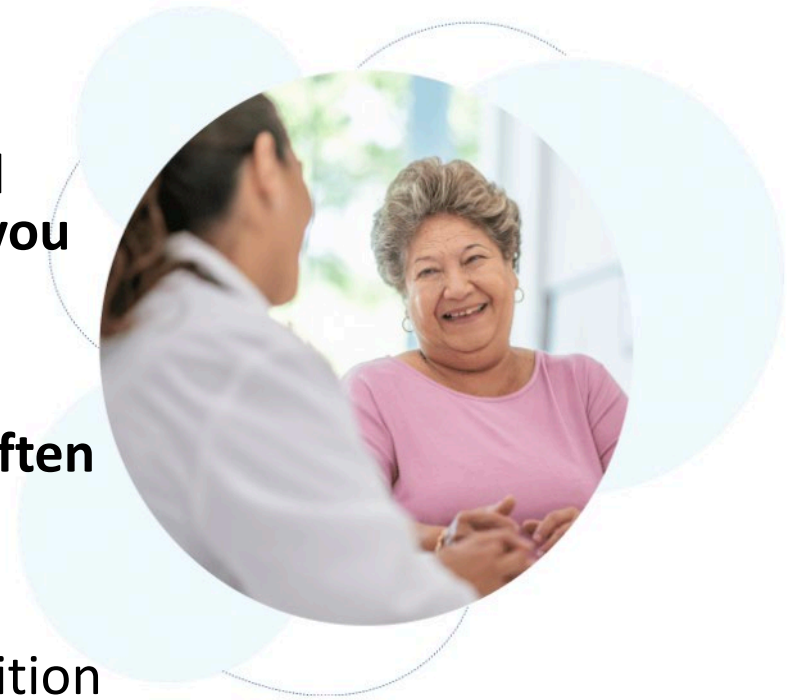
Social and
physical activity



Manage BP and
diabetes.

Mrs. Pérez: A quick example

- Mrs. Pérez is 72 years old and came to her appointment with her daughter who lives with her, Ana.
- You discuss the agenda for the appointment together and you add that you'd like to review her brain health. You ask, **“Do you think you are having more trouble remembering things?”**
- **She notes that she has forgotten to pick up her grandson more often as she loses track of time.**
- **You document a positive symptom** and move on to a test of cognition and function.



Mrs. Pérez: A quick example

RESULTS OF THE GPCOG TEST

Testing date: 3 June 2022

Patient name: Mrs. Perez

Date of birth: 1 March 1950

Score = 4 (**positive screen**)

Part 1: Cognitive assessment of the patient.

For Mrs. Pérez, it was not normal. Continue...

INFORMANT INTERVIEW

The score for this section is: 4

ASSESSMENT

Score = 4 (**negative screen**)

No significant cognitive impairment. Further testing not necessary. Follow-up in 12 months.

Part 2: Functional information from an informant.

For Mrs. Pérez, Ana's answers indicated she was normal.
Finished.

Mrs. Pérez: A quick example

- You have a conversation about her support:
 - "It's really nice that I had the chance to meet Ana today. Are there ways in which she supports you in your day-to-day life?"
 - *We support each other, go grocery shopping together and she helps me keep track of our bills.*
 - "Does she help with coordinating your medical care?"
 - *She comes to appointments to support me, but I make my appointments and follow-up on my own.*
 - "Is there anyone else who helps you any of these things?"
 - *Not really.*
 - "Do you have a health care agent—someone you have designated to make health care decisions for you if you can't speak for yourself, like on an advance directive?"
 - *No, I haven't appointed anyone like that.*
 - May I document Ana's information in the chart as a contact for you?
 - *Yes.*

Disclosure

“Thank you for taking the time with me today to review your brain health and involving Ana in this visit.

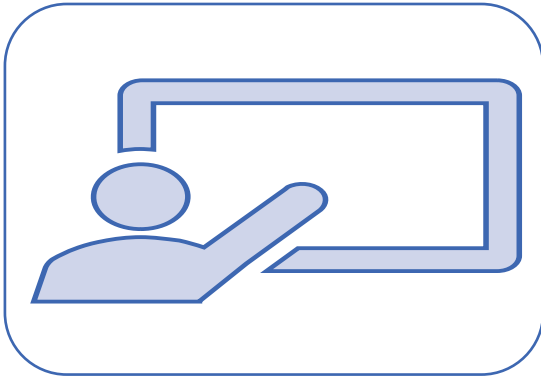
You mentioned that you have been forgetting to pick up your grandson more often. When we did that brief test, you had some difficulty, though Ana’s report of how you are doing day to day does not suggest you have a serious problem at this time.

I will make note of this and I have some suggestions to support your brain health. I appreciate that you also gave me information about how you and Ana support each other and I have made sure her contact information is in the chart.

We will also follow-up on this every year or whenever you notice any new symptoms”.

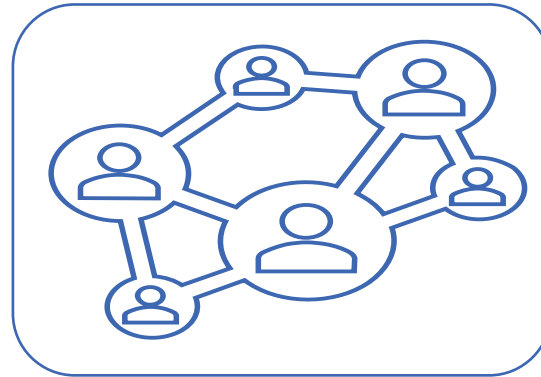
Dementia Care Aware

Activities March 2022 – March 2024



Training

- Cognitive Health Assessment
- Additional key topics relevant to Medi-Cal patients and providers: monthly webinars, additional modules for CME, podcasts.



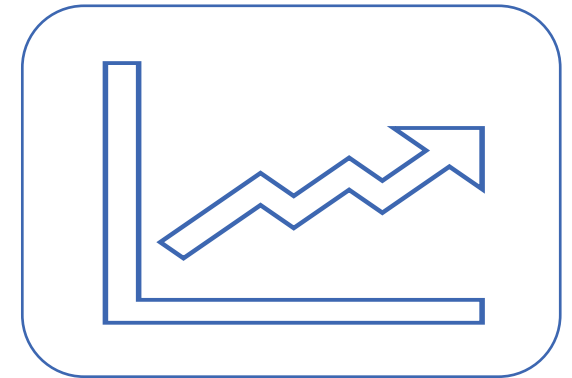
Outreach to providers in all 58 counties

- In-person
- Virtual outreach and media campaigns



Practice Support (starting Fall/Winter 2022)

- Website with practice management resources
- Resources for social and legal services connection
- Warmline for clinicians
- ECHO conferences (virtual teaching conferences)
- Hands-on coaching



Evaluation of Impact

- Uptake and usefulness of training
- Improved detection and diagnosis
- Improved care

Mrs. Pérez: Documentation

- History: Reported more forgetting to pick up her grandson
- Exam: GP-COG part 1 4/9 (positive) and part 2 4/6 (negative)
 - Informant: daughter, Ana
 - Interpretation: negative screen for dementia at this time
- Support system: *Ana last name, daughter, contact information*
 - Does not have health care agent designated
- GP-COG result disclosed to patient, plan for annual screening and brain health plan

**Many thanks to Dr. Anna Chodos
and the entire UCSF team!**

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Questions?

January 2023 Transitions Impacting Dual Eligible Beneficiaries: Noticing, Monitoring, and Timelines

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January 2023 Transitions Impacting Dual Eligible Beneficiaries

Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

- » Seven CCI Counties: Impacts dual eligible beneficiaries in the seven Coordinated Care Initiative (CCI) counties

D-SNP Look-Alike Transition

- » Statewide: Impacts beneficiaries currently in D-SNP look-alike plans

CalAIM Medi-Cal Managed Care Enrollment

- » Statewide: Impacts most dual eligible beneficiaries currently in Fee-for-Service Medi-Cal

Long Term Care (LTC) Skilled Nursing Facility (SNF) Carve-In Transition

- » Statewide: Impacts beneficiaries (including dual eligible beneficiaries) in LTC SNFs

Stakeholder Feedback on Notices for January 2023 Transitions

- » DHCS received feedback from advocates, plans, and stakeholder partners on the CMC to MMPs transition notices, LTC SNF Carve-In transition notices, and CalAIM Medi-Cal Managed Care Enrollment notices.
- » Beneficiary testing was done for the CMC to MMP transition notices, and relevant text was incorporated into other transition notices.
- » Beneficiary notices for upcoming January 2023 transitions are final.

Beneficiary Feedback on Cal MediConnect Transition Notices

- » Notices contained the necessary information
- » Respondents understood that they could automatically enroll in the D-SNP without taking further action
- » Noted that prescription drug coverage was important
- » Jargon was confusing (e.g., program names, “network”)
- » Many respondents noted their care coordinator as a resource they would reach out to with questions
- » Members noted that they were satisfied with their current plan

Combined Transition Noticing Timeline

September 2022

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

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

October 2022

CMC Transition to MMP **90 Day Notice**

November 2022

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

CalAIM Managed Care Enrollment **60 Day Notice**

CMC Transition to MMP **45 Day Notice**

December 2022

Medicare Annual Enrollment: Opens October 15th and closes December 7th)

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

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

* 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.

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.

December 2022

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

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

Timeline:

D-SNP Look-alike Transition

- » Transition Date: January 1, 2023
- » Noticing:
 - » **September 2022:** The Medicare Advantage plans receiving look-alike members will send members an Annual Notice of Change (ANOC) which will be received by September 30. An ANOC is sent by Medicare Advantage plans to members to announce important changes in coverage, cost, and more that will be effective January 2023.
- » Note: Approximately 141,300 beneficiaries statewide will receive an ANOC from their D-SNP look-alike. The majority of these beneficiaries are in the seven CCI counties.

Timeline: CMC to MMP Transition

- » Transition Date: January 1, 2023
- » Noticing Plan:
 - » **September 2022:** CMC Plans will send members an ANOC which will be received by September 30.
 - » **October 2022:** CMC Plans send a mailing containing a 90-day notice and two inserts: Notice of Additional Information (NOAI) which includes commonly asked questions, and a list of other integrated health care coverage options (including available MMPs).
 - » Plans will make outbound calls after 90-day notices are sent.
 - » **November 2022:** CMC Plans will send a mailing with a second notice 45 days in advance of the transition along with the NOAI.

Timeline:

CalAIM Managed Care Enrollment for Dual Eligible Beneficiaries

- » Transition Date: January 1, 2023
- » Noticing:
 - » **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.
 - » **Late November 2022:** Choice packets will be mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.
 - » Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal, under the same parent organization if there is a matching plan.
 - » **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.
- » Note: The majority of dual eligible beneficiaries are already enrolled in a Medi-Cal MCP. In January 2023, about 22 percent (about 325,000) of dual eligible beneficiaries will be newly enrolled in a Medi-Cal MCP.

Timeline: LTC SNF Carve-In Transition

- » Transition Date: January 1, 2023
- » Noticing:
 - » **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.
 - » **Late November 2022:** Choice Packets mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.
 - » Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties 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.
 - » **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.

DHCS Monitoring of Transitions

- » Post Transitional Monitoring for LTC SNF Carve-In, Medi-Cal Managed Care Enrollment, and CMC Transition:
 - » DHCS will require daily check-in reporting with the MCPs to monitor any access to care or technical issues.
 - » DHCS will provide reporting dates and share the reporting template to MCPs in Quarter 4, which will include the specific reporting requirements.
 - » Additional post transition monitoring will occur through the D-SNP SMAC reporting requirements, which will be released soon.
 - » **For the LTC SNF Carve-In:** DHCS will require MCPs to report on a quarterly basis starting in 2023 through the Secure File Transfer Protocol (SFTP) site in order to monitor any access to care or technical issues. This reporting will be done via a reporting excel template that the Plans fill out and submit.

Questions

- » Questions on noticing, timelines, or monitoring of the January 2023 transitions impacting dual eligible beneficiaries?

Upcoming Meeting Topics

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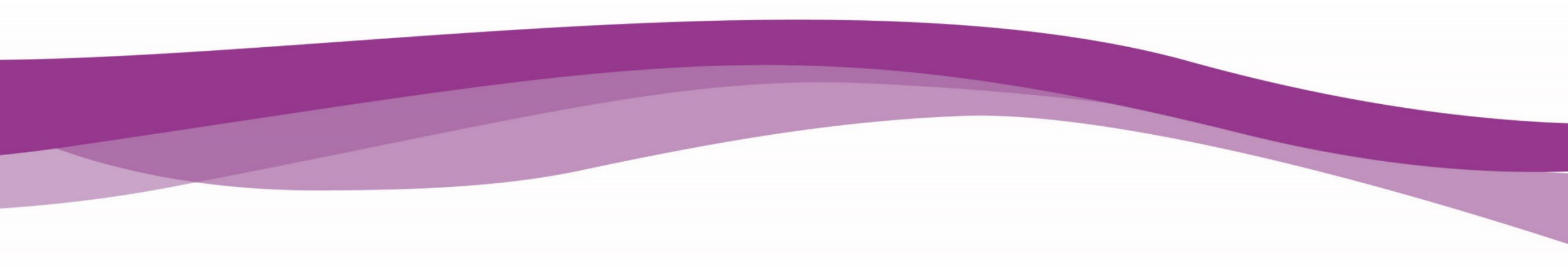
Potential Meeting Topics

- » Local examples and discussion of integrated care
- » Crossover claims and balance billing
- » Beneficiary communications and integrated member materials
- » Cal MediConnect transition process and status, and outreach updates
- » Quality measures and reporting for dually eligible individuals
- » Provider-Plan information sharing for hospital/SNF admissions
- » MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- » Updates to 2023 and 2024 State Medicaid Agency Contract (SMAC)
- » Care Management for Alzheimer's and related dementias
- » Strategies to improve health equity
- » Long Term Services and Supports (LTSS) Dashboard updates

Closing

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, September 22nd at 10 AM.**

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.