



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: Hilary Haycock – Aurrera Health Group

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.
- » The goal of the workgroup is to collaborate with stakeholders on statewide MLTSS and Exclusively Aligned Enrollment Dual Special Needs Plan (D-SNP) enrollment, including the transition of the Coordinated Care Initiative (CCI) and Cal MediConnect (CMC), the D-SNP look-alike transition, and new enrollment in exclusively aligned enrollment D-SNPs.
- » 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.***

Agenda

- 10:00 – 10:05 Welcome and Introductions
- 10:05 – 10:40 CalAIM Section 1115 Waiver Special Terms and Conditions (STCs), and Stakeholder Q&A
- 10:40 – 11:00 2023 Dual Eligible Special Needs Plan (D-SNP) State Medicaid Agency Contract (SMAC), D-SNP Policy Guide, and Stakeholder Q&A
- 11:00 – 11:20 State-Specific Guidance on Continuity of Care and Network Alignment
- 11:20 – 11:30 Next Steps and Upcoming Meeting Topics
- 11:30 Closing

CalAIM Section 1115 Waiver Special Terms and Conditions

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CalAIM 1115 and 1915(b) Waivers

- » DHCS received federal approval from the Centers for Medicare & Medicaid Services (CMS) to authorize the CalAIM Section 1115 and Section 1915(b) waivers through December 31, 2026.
- » For dually eligible beneficiaries, the waivers authorize:
 - » 1915(b): Starting in 2023, dually eligible beneficiaries are mandatorily enrolled in Medi-Cal managed care statewide (except non-Long-Term Care Share of Cost)
 - » 1115: Starting in 2022, DHCS may align dually eligible beneficiary Medi-Cal plan with Medicare plan choice

CalAIM 1115 Waiver STCs

- » CalAIM 1115 waiver federal authority:
 - » Align Medi-Cal plan with Medicare plan choice (when there is an affiliated Medi-Cal plan),
 - » Keep the beneficiary in the affiliated Medi-Cal plan unless and until the beneficiary chooses another Medicare plan or enrolls in Original Medicare,
 - » Immediate Medi-Cal plan disenrollment for urgent/medically necessary beneficiary need.
 - » Beneficiary communications in CCI counties explain the benefits of enrollment in integrated care, and in all counties with Medicaid plan and MA alignment the beneficiary communications explain the opportunities, process, and timing for changing Medicaid plans.
 - » Maintain Medi-Cal continuity of care requirements.
- » Dual beneficiaries may change their Medicare plans once per quarter (Jan-Sept) and following the annual coordinated election period (Oct-Dec).

Related State Policies

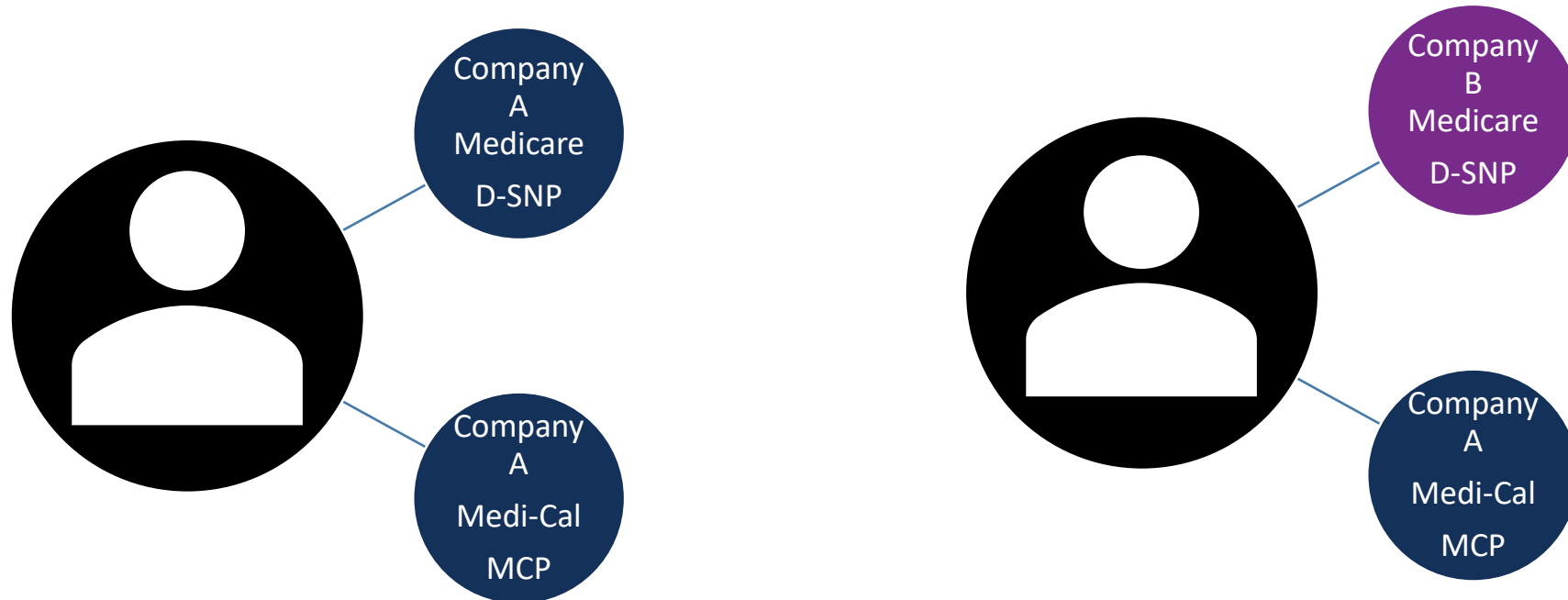
- » In 2022 and ongoing, in 12 “matching plan” counties, Medicare plan choice determines Medi-Cal plan at the prime level.
 - » Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus counties.
- » In 2023 going forward, in CCI counties, Medi-Cal plan alignment with Medicare choice extends to delegates with full-risk for all Medi-Cal managed care benefits.

Aligned Enrollment, or Matching Plan Policy

- » Medicare is the lead plan.
- » Dual eligible beneficiaries who are enrolled in a Medicare product must be enrolled in a matching Medi-Cal managed care **plan if one is available.**

Aligned Enrollment

- » If a dual eligible beneficiary chooses to receive their Medicare benefits in a D-SNP plan, they must receive their Medi-Cal benefits from an aligned Medi-Cal managed care plan (MCP) operated by the same parent company.



Stakeholder Discussion and Feedback

- » Any questions/comments/feedback on the aligned enrollment policy or the CalAIM 1115 Waiver STCs?

2023 Dual Eligible Special Needs Plan (D-SNP) State Medicaid Agency Contract (SMAC) and Policy Guide

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Overview: 2023 SMAC and Policy Guide

- » 2022 D-SNP SMAC templates posted on DHCS website
- » 2023 D-SNP SMAC templates currently in development
- » Different SMAC provisions for Exclusively Aligned Enrollment (EAE) D-SNPs vs. non-EAE D-SNPs
- » EAE D-SNP Policy Guide provides more details to accompany as specific guidance is finalized by DHCS
 - » This approach is similar to the ECM/Community Supports program guides that have been issued by DHCS
 - » Chapter 1: Care Coordination was released December 30, 2021

Overview: 2023 EAE and Non-EAE SMAC Templates

Previous Section		Category	EAE	Non-EAE
Exhibit A, Attachment 1	1	Care Management	References additional guidance coming in policy guide for: <ul style="list-style-type: none"> Care coordination (released 12/21) (1, A) Info sharing (1, C) References integrated materials and single member services phone number (1, D)	References additional guidance coming in policy guide for info sharing policy letter. (1, D)
	<New>	Quality and Data Reporting	New language added	Not included
	<New>	Consumer Participation in Governance Boards	New language added	Not included
Exhibit A, Attachment 1	2	All Plan and Policy Letters	References to APLs to be updated.	References to APLs to be updated.

Overview: 2023 EAE and Non-EAE SMAC Templates (Cont.)

Previous Section		Category	EAE	Non-EAE
Exhibit A, Attachment 1	3	Coverage Area and Eligible Beneficiaries	References full benefit duals.	References full benefit duals.
Exhibit A, Attachment 1	4	Certification and Enrollment Reporting	References additional guidance to come.	
Exhibit A, Attachment 1	5	Member Billing Prohibitions	Pending further discussion	
Exhibit A, Attachment 1	6	Provider Network Reporting Requirements	References additional guidance coming in policy guide for: network reporting, network adequacy, aligned network standards, and continuity of care.	References additional guidance coming in policy guide for network reporting. Moving annual Medi-Cal plan network reporting requirements to the plan letter.

CalAIM D-SNP Policy Guide

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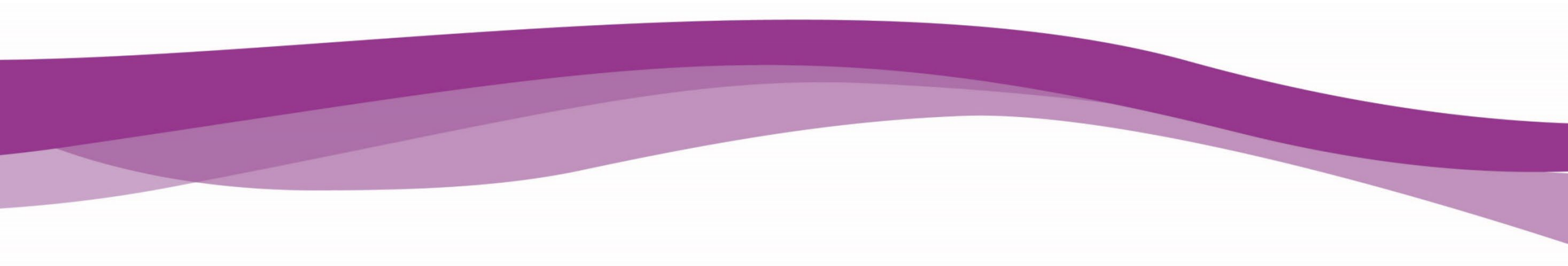
CalAIM D-SNP Policy Guide

- » The D-SNP Policy Guide has been added to the DHCS website here: <https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>
- » Policy Guide apply to all D-SNPs, with specific provisions for EAE D-SNPs indicated as needed.
- » The D-SNP policy guide currently includes care coordination section, which is based on Cal MediConnect requirements, plus additional changes from stakeholder feedback.
- » Care Coordination section will be used by EAE D-SNPs in developing their care coordination policies and procedures. DHCS will be adding subsequent chapters to this policy guide in 2022.

Stakeholder Discussion and Feedback

- » Any questions/comments/feedback on the D-SNP SMAC or D-SNP Policy Guide?

State-Specific Guidance on Continuity of Care and Network Alignment

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Continuity of Care and Network Alignment

» Continuity of Care:

- » DHCS intends to use the same continuity of care requirements implemented in Cal MediConnect for D-SNP EAE contracts.
- » D-SNP Policy Guide will include specific requirements.
- » Further discussion at future stakeholder meetings.

» Network Requirements:

- » CMS sets Medicare network requirements.
- » DHCS intends to measure and set policy on D-SNP and Medi-Cal network alignment. DHCS policy is in addition to any federal requirements.
- » D-SNP and Medi-Cal network alignment will support beneficiary transitions from Medi-Cal only to dual eligibility/D-SNP enrollment.
- » Further discussion at future stakeholder meetings.

Stakeholder Discussion and Feedback

- » Any questions/comments/feedback on the general approach for continuity of care and network alignment?

Topics for Upcoming Meetings

Future topics may include, but not limited to:

- » Beneficiary communications and integrated member materials
- » Continuity of Care and Network Requirements
- » Quality reporting
- » Information sharing
- » Updates to 2023 State Medicaid Agency Contract (SMAC)
- » Cal MediConnect transition process and status

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, February 24 at 10 a.m.**
- » Next CCI Stakeholder Webinar: **Thursday, March 17 at 11 a.m.**