



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
- » Update: Medicare Medi-Cal Plans
- » Summary of January 2023 Enrollment Changes and Stakeholder Q&A
- » Update: Release of 2023 State Medicaid Agency Contract (SMAC) and CalAIM D-SNP Policy Guide
- » D-SNP Care Coordination Policy Guide Chapter in Practice and Stakeholder Discussion
- » Public Health Emergency (PHE) Unwinding
- » Next Steps and Upcoming Meeting Topics

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.***

Update: Medicare Medi-Cal Plans in California

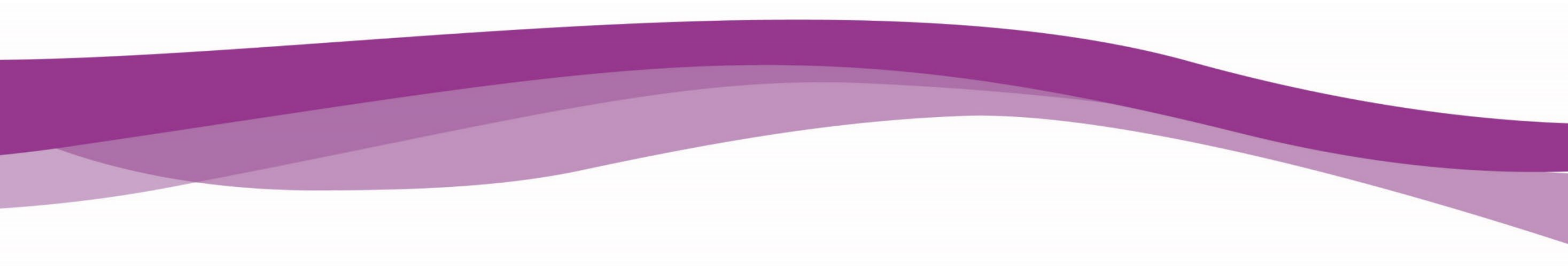
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Anastasia Dodson
Deputy Director
Office of Medicare Innovation and Integration (OMII)
Department of Health Care Services (DHCS)

Medicare Medi-Cal Plans (MMPs) in California

- » 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).
- » The program name will be used by DHCS, Health Care Options (HCO), and in beneficiary notices to refer to EAE D-SNPs.
- » Health plans may use their own marketing name, such as in plan-specific member materials.
- » MMPs are like the Cal MediConnect approach:
 - » One entity is responsible for both Medicare and Medi-Cal benefits.
 - » Simplified care coordination.
 - » Allows plans to better integrate benefits, communication to members, and member materials.

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 D-SNP (or other Medicare Advantage 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.
- » For 2023, beneficiaries already enrolled in Cal MediConnect 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.**
- » 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).

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 Cal MediConnect (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

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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.

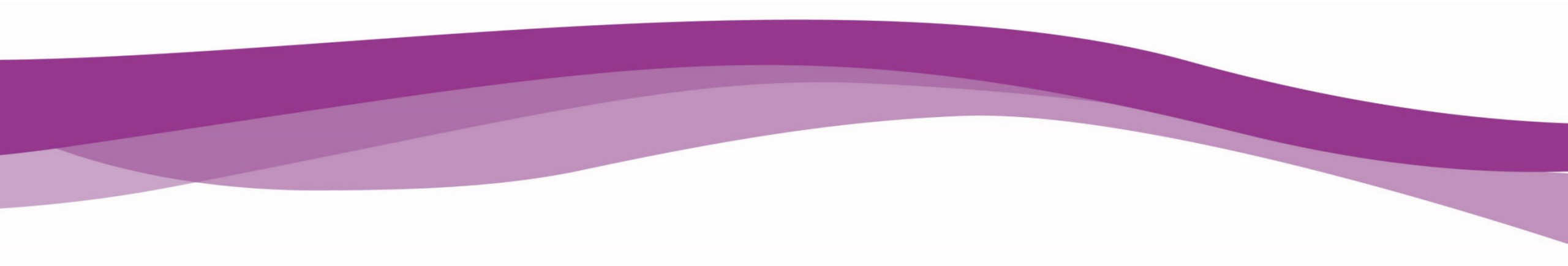
D-SNP Look-Alike Plan Non-Renewal

- » 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

- » 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** affect a beneficiary's current Medicare plan or choice of Medicare 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.
 - » 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 EAE D-SNP transition, D-SNP look-alike transition, or statewide Medi-Cal managed care?

Update: Release of 2023 State Medicaid Agency Contract (SMAC) and D-SNP Policy Guide

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2023 SMAC Boilerplates

- » All D-SNPs in California must have executed contracts (SMACs) with DHCS. These contracts must meet a number of requirements, including Medicare-Medicaid integration requirements.
- » The 2023 MMP and Non-EAE SMACs have been finalized, and boilerplates are available on the DHCS website:
<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

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 MMPs, 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. Latest edition is current as of July 1, 2022:
<https://www.dhcs.ca.gov/provgovpart/Documents/Duals/DHCS-CalAIM-D-SNP-Policy-Guide-July-2022.pdf>

D-SNP Care Coordination Policy Guide Chapter in Practice

Alzheimer's Los Angeles:

Barbra McLendon, Director, Public Policy & Advocacy

Jennifer Schlesinger, Vice President, Healthcare Services & Professional Training



Best Practices for Dementia Care in CalAIM

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Funding

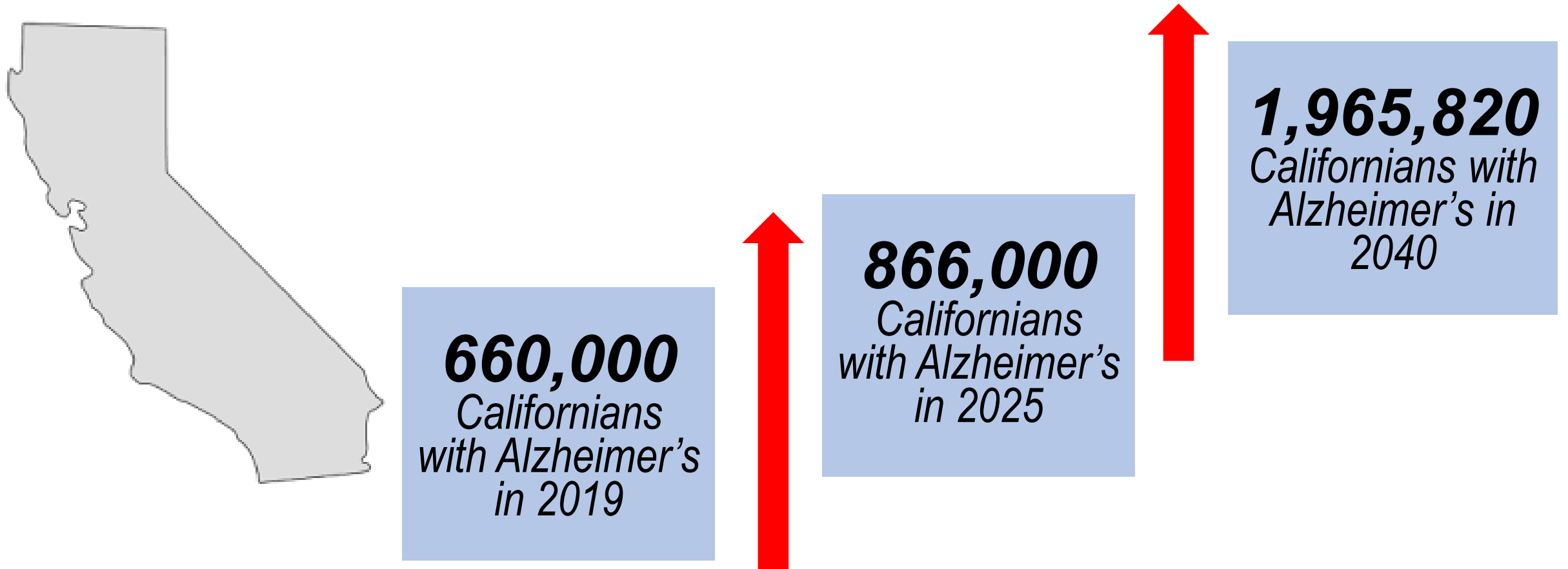
This presentation is supported, in part, by the Hearst Foundation and the Rosalinde and Arthur Gilbert Foundation.



CalAIM Advocacy

Why it matters for people living with dementia and their family caregivers

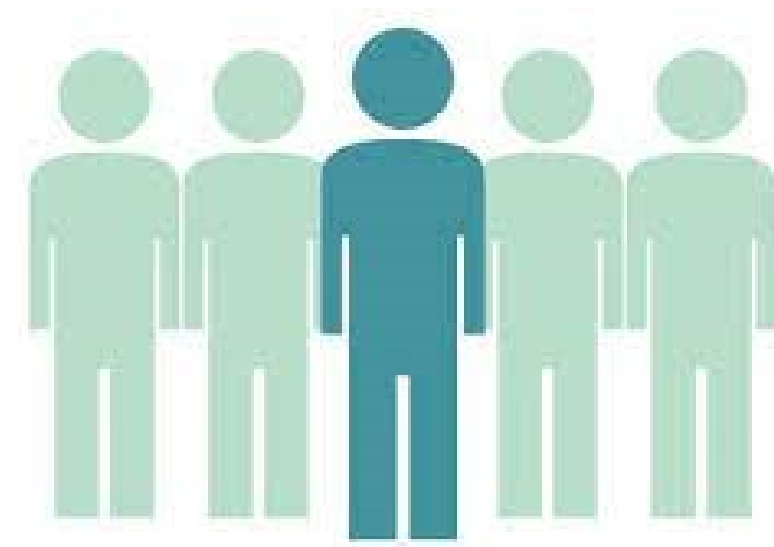
Alzheimer's Prevalence in California



Source: Ross, L, Beld, M, and Yeh, J. (2021). Alzheimer's Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections. Report prepared for the California Department of Public Health, Sacramento, CA at the Institute for Health and Aging, University of California, San Francisco, CA.

Prevalence of Duals with Alzheimer's/Dementia

20% among the dually-eligible population 65+



Prevalence in general population: Over 65 10.7%

SOURCE: February 2022 MedPac MACPAC Dually Eligible Data Book (<https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>)

SOURCE: Alzheimer's Association Facts and Figures 2022

Dementia Screening

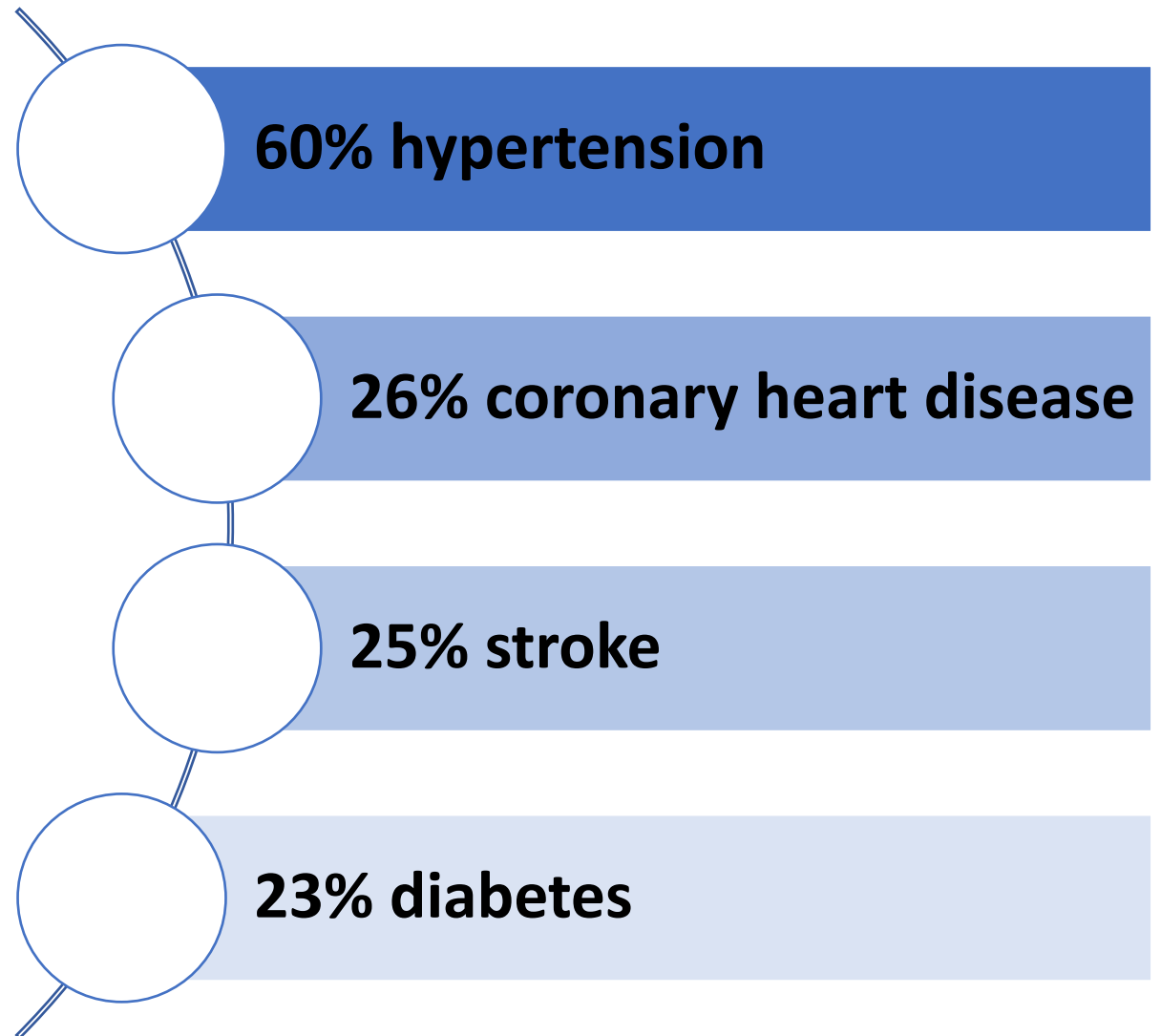
- ✓ Only **1 in 7** older adults receive regular cognitive assessments
- ✓ Only **45%** of people with dementia are told of their diagnosis



SOURCE: Alzheimer's Association Facts and Figures 2019, Special Report "Alzheimer's in the Primary Care Setting: Connecting Patients with Physicians", p. 63.

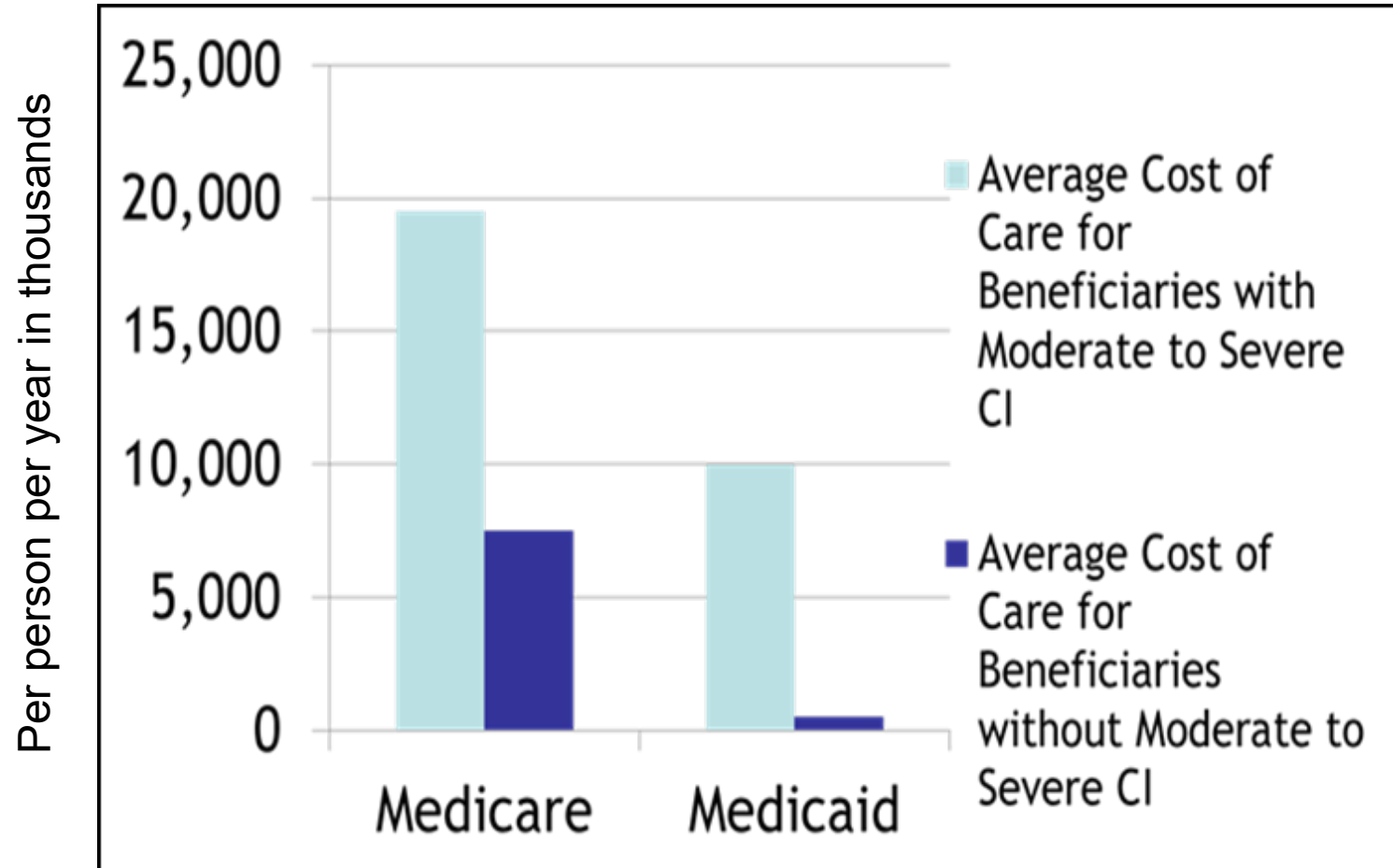
SOURCE: Alzheimer's Association Facts and Figures, 2015, Special Report "Disclosing a Diagnosis of Alzheimer's Disease", p. 62.

People with Dementia Have Multiple Co- Existing Conditions



Source: Bynum JP. Characteristics, Costs, and Health Service Use for Medicare Beneficiaries with a Dementia Diagnosis: Report 1. Dartmouth Institute for Health Policy and Clinical Care (2009).

Rising Healthcare Costs for Alzheimer's/Dementia



Alzheimer's Association. 2015 Alzheimer's Disease Facts and Figures. Bynum, J. (2011) Unpublished data from the Medicare Current Beneficiary Survey for 2008.

Importance of Caregivers

- Caregivers are the backbone of our long-term services and supports system
- Caregivers enable members with dementia to remain at home
- 25% of caregivers are also members¹
- Impact of caregiving on caregivers

¹ Ceresti Health www.ceresti.com



CalAIM Stakeholder Process

- ✓ Public comment opportunities
 - ✓ Shared best practices from Dementia Cal MediConnect Project
- ✓ CalAIM Stakeholder groups
 - ✓ MLTSS
 - ✓ Population Health Management
 - ✓ Enhanced Care Management
- ✓ Technical assistance



Dementia Requirements in the CalAIM Policy Guide

Pages 5 & 21

HRA identifies populations that may need **additional screening or services**, including people living with ADRD

Pages 5-6 & 22

ICP makes referrals to **CBOs** serving members with ADRD

Pages 6 & 22

When there are documented dementia care needs, irrespective of a diagnosis, **ICT must include caregiver and trained Dementia Care Specialist**

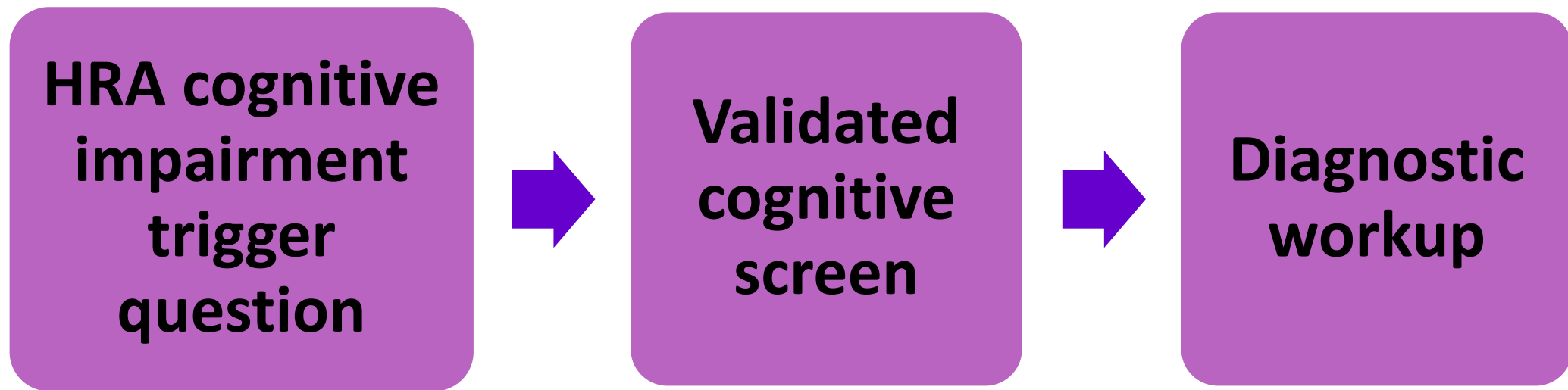
Pages 6 & 22

Dementia Care Specialists receive **training**



Operationalization: Best Practices, Tools, and Resources

HRA Identification of Populations Needing Additional Screening or Services, Including People with ADRD



ICP Referrals to CBOs Serving Members with ADRD

- ✓ Disease education
- ✓ Caregiver training
- ✓ Resources for people who wander
- ✓ Psychosocial support

When there are documented dementia care needs (irrespective of a diagnosis), ICT must include caregiver and trained Dementia Care Specialist

Caregiver

- ✓ Identification of family/friend caregiver
- ✓ *Tool For Identifying An Informal or Family Caregiver*
- ✓ Documentation of family/friend caregiver

TOOL FOR IDENTIFYING AN INFORMAL OR FAMILY CAREGIVER

"I am going to ask you some questions to help me get a better idea of who assists with [MEMBER]. I would like to know if there is a partner, family member, friend or neighbor* who helps out. In some families there is one person who helps with care, and in other families, there are many people."

Note to care manager: An informal or family caregiver is likely to be the person, or persons, who provide the most help when needed. Keep in mind that not all people identify with the term "caregiver;" ask families what terminology they prefer using. It is also important to identify the person who is recognized to make care decisions on behalf of the member, often referred to as the authorized representative.

The questions/prompts below will help you identify the member's authorized representative and/or the person(s) assisting with the most hands-on care. Questions/prompts are not all-inclusive, but serve to facilitate conversation.

(1) Identify the authorized representative

Name: _____ Relationship: _____

Contact information: _____

(2) Does someone live with the member? _____

If so, name and relationship: _____

(3) If the member lives alone, how often does someone visit the home [if at all]? _____

Who is most likely to visit the member? Name and relationship: _____

If questions below are asked directly to the member, consider saying, "If you needed help with any of the following, who would you ask?"

Type of assistance provided	Name and relationship of person who provides assistance	No assistance provided
(4a) ADL assistance (e.g., bathing, dressing, toileting, eating/feeding)		
(4b) IADL assistance (e.g., meals, housekeeping, laundry, telephone, shopping, finances)		
(4c) Medication administration (e.g., oral, inhaled, or injectable)		
(4d) Medical procedures/treatments (e.g., changing wound dressing)		
(4e) Supervision and safety		
(4f) Coordination of medical care (e.g., scheduling medical appointments, transportation)		

[Adapted from Centers for Medicare and Medicaid Services "Care Tool; Acute Care," 2008 and prepared by Alzheimer's Greater Los Angeles]

Based on your conversation, identify the person who provides the most hands-on care:

Name: _____

Relationship to member: _____

Contact information: _____

* Definition of informal or family caregiver adapted from United Hospital Fund "Next Steps in Care; Assessing Family Caregivers," 2013.

A Best Practice

Caregivers with unmet needs and with high levels of stress may be unable to contribute to the ICT

- ✓ Validated caregiver assessment
- ✓ Caregiver support



When there are documented dementia care needs (irrespective of a diagnosis), ICT must include caregiver and trained Dementia Care Specialist

Dementia Care Specialists

- ✓ Who are your DCSs?
- ✓ Are there enough DCSs on staff?
- ✓ Are DCSs using Best Practice Care Plans?

Identify the Problem	<p>PROBLEM: Sundowning (more confusion/restlessness in late afternoon/evening)</p> <p>GOAL/EXPECTED OUTCOME: To reduce and better manage sundowning behavior</p>
Explore	<p>ASSESS FURTHER:</p> <p>Understand the possible triggers of the problem:</p> <ul style="list-style-type: none"> • Does the person feel fatigued? • Is the person in a room that is very dark and might have shadows? • Is there a lot of noise in the environment? • Is the person hungry? • Is the person asked to do a complex activity late in the day? <p>Understand the possible meaning of the problem to the person with Alzheimer's:</p> <ul style="list-style-type: none"> • Does the person feel frightened? • Is the person experiencing anxiety from too much stimulation or noise? <p>Understand the possible meaning of the problem to the caregiver:</p> <ul style="list-style-type: none"> • Does the caregiver feel frustrated? • Is the caregiver tired?
Adjust Problem solve with interventions and actions	<p>TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:</p> <ul style="list-style-type: none"> • Increase illumination in the home before the sundowning behavior occurs • Make evening hours less busy (schedule things earlier in the day) • Encourage exercise and activity throughout the day • Distract the person with an enjoyable food or activity • Plan an earlier dinner • Lower the noise level • Reassure the person where he/she is and that he/she is safe • Use a calm, gentle, and reassuring voice <p>CLINICAL SUPPORT:</p> <ul style="list-style-type: none"> • Refer to PCP to evaluate possible medication reactions/interactions or other medical concerns • If non-pharmacological approaches prove unsuccessful, refer to PCP for medications, targeted to specific behaviors, as clinically indicated <p>CAREGIVER SUPPORT AND COMMUNITY RESOURCES:</p> <ul style="list-style-type: none"> • Listen empathically to caregiver and evaluate for level of distress • Refer to CBAS for structured daily activities • Refer to Alzheimer's Los Angeles for support groups, disease education, and care consultation <ul style="list-style-type: none"> ○ ALZ Direct Connect® referral ○ Provide Helpline #: 844.HELP.ALZ 844-435-7259 ○ Website: www.alzheimersla.org • Send literature: <ul style="list-style-type: none"> ○ Caregiver Tip Sheet – "Sundowning" (English and Spanish) <p>FOLLOW UP:</p> <ul style="list-style-type: none"> • Schedule a phone call with caregiver to discuss outcomes and provide additional support

Dementia Care Specialist Training

- ✓ Frequency of training
- ✓ Alzheimer's LA to offer live/virtual DCS training in fall 2022



Tools and Resources

www.alzheimersla.org/for-professionals/dementia-capable-health-systems

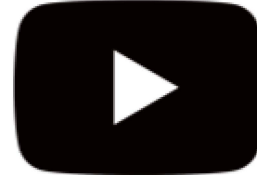


Questions



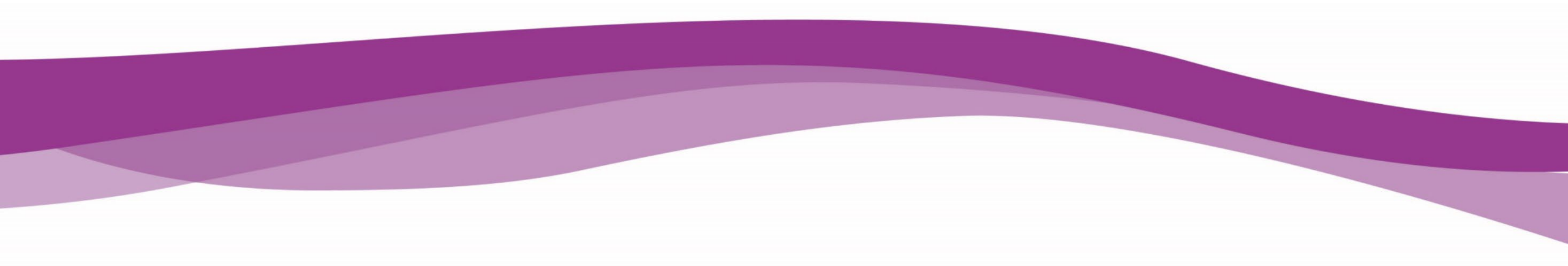
Alzheimer's LOS ANGELES

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AlzheimersLA.org



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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.

Upcoming Meeting Topics

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Potential Meeting Topics

- » Local examples and discussion of integrated care
- » Community Supports for Seniors and Persons with Disabilities
- » 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, August 18th at 10 AM.**
- » Next CCI Stakeholder Webinar: **Wednesday, July 27th at noon.**