



# 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

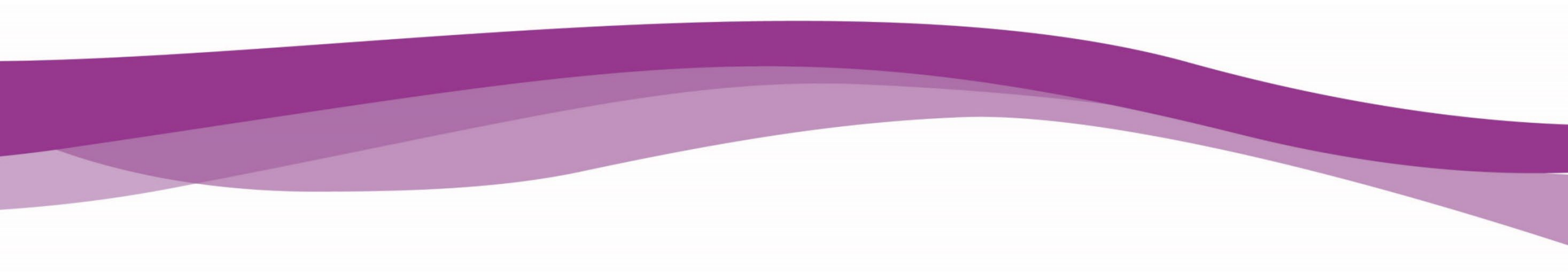
# Agenda

- » Welcome and Introductions
- » Update: Enhanced Care Management (ECM) and Dual Eligible Special Needs Plans (D-SNPs) Policy and Stakeholder Q&A
- » CMS Final Rule on Enrollee Advisory Committees and 2023 D-SNP State Medicaid Agency Contract (SMAC) Language
- » Panel Presentation: Consumer Advisory Groups and Lessons Learned from Cal MediConnect (CMC)
  - » Breakout Room Discussion and Large Group Report Outs
- » Public Health Emergency (PHE) Unwinding
- » Summary: January 2023 Enrollment Changes
- » 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.***

# ECM and D-SNPs



# D-SNP Policy Guide and ECM Policy Guide

» The following policy for ECM and D-SNPs is outlined in both the D-SNP Policy Guide and the ECM Policy Guide which are available on the DHCS website.

- » D-SNP Policy Guide: <https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>
- » ECM Policy Guide: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-Updated-May-2022-v2.pdf>

# Enhanced Care Management and Dual Eligible Beneficiaries

- » Dual Eligible Beneficiaries have high health care and Long-Term Services and Supports (LTSS) needs due to chronic conditions, and benefit from care management across Medicare and Medi-Cal benefits. Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.
- » More than half of dual eligible beneficiaries are in Original Medicare (FFS). Those in some type of Medicare Advantage (MA) plan are in regular MA, D-SNPs, or integrated plans (CMC, PACE, SCAN).
- » Dual eligible beneficiaries are highly represented in ECM Populations of Focus #5 and #6, for at risk and utilizing Long-Term Care (LTC). Since many of these beneficiaries are in Medicare FFS, the Medi-Cal Managed Care Plans (MCPs) would coordinate with Medicare FFS providers.
- » Medicare is primary and pays for care management, particularly for members enrolled in D-SNPs.

# Enhanced Care Management and D-SNP Model of Care

- » Significant overlap across D-SNP model of care and ECM requirements; potential for duplication/confusion for members and care teams, particularly for members in D-SNPs with LTSS needs
- » Over time, DHCS state-specific D-SNP model of care requirements will be more closely aligned with ECM requirements
  - » 2023 EAE D-SNP Model of Care Requirement: Minor updates reflecting intent for D-SNPs to provide sufficient care management so that members that would otherwise qualify for ECM are not adversely impacted, and also for continuity of care
  - » 2024 Model of Care Requirements for All D-SNPs: Additional state-specific requirements for integrating elements of ECM into D-SNP model of care, to be developed collaboratively with stakeholders



# Access to Enhanced Care Management for Dual Eligible Beneficiaries in 2023 and 2024

- » MCP members in Medicare FFS and MA (non-D-SNP)
  - » ECM provided by their MCP; Member must meet Population of Focus (POF) requirements
- » Non-EAE D-SNP Members
  - » 2023: ECM provided by their MCP, in coordination with D-SNP; Member must meet POF requirements
  - » 2024: ECM-like care management provided by the D-SNP; Individuals enrolled in ECM will stay until they meet graduation requirements (continuity of care); MCP exempt from providing ECM
- » EAE D-SNP Members
  - » ECM-like care management provided by the D-SNP in 2023, with specific requirements to phase in for 2024 (with continuity of care); MCP exempt from providing ECM
- » PACE/FIDE-SNP Members
  - » ECM-like care management already provided in Model of Care

# Timeline: ECM and Dual Eligible Beneficiaries

	2022	2023	2024
<b>Most Dual Eligible MCP Enrollees</b> In MA or Medicare FFS <i>(~1.2M duals in 2023)</i>	<ul style="list-style-type: none"> <li>ECM provided by their MCP</li> <li>Member must meet Population of Focus (POF) requirements</li> </ul>		
<b>Non-EAE D-SNP Enrollees</b> <i>(100-150k? duals in 2023)</i>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>	<ul style="list-style-type: none"> <li>ECM-like care management provided through D-SNP</li> <li>Requirements to be outlined in D-SNP Policy Guide</li> </ul>
<b>EAE D-SNP Enrollees</b> <i>(200-250k? duals in 2023)</i>	<ul style="list-style-type: none"> <li>ECM-like care management provided by Cal MediConnect Plan</li> </ul>	<ul style="list-style-type: none"> <li>ECM-like care management provided by EAE D-SNP and funded by existing Medicare care management</li> </ul>	

# Questions

» Questions on the ECM and D-SNPs Policy?

# **CMS Final Rule: Enrollee Advisory Committees**

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Gretchen Nye

Medicare-Medicaid Coordination Office (MMCO)  
Centers for Medicare & Medicaid Services (CMS)

# Enrollee Participation in Plan Governance

- § 422.107(f) Beginning in 2023, all D-SNPs must establish and maintain one or more enrollee advisory committees for each state in which the D-SNP is offered.
  - The committee must include a reasonable representative sample of individuals enrolled in the D-SNP(s).
  - D-SNPs must use these committees to solicit input on ways to improve access to covered services, coordination of services, and health equity for underserved enrollee populations.
  - Depending on state requirements, D-SNPs may use the same committee to meet the § 438.110 requirement for Medicaid plans to have a member advisory committee when LTSS are covered under a Medicaid managed care plans' contract.

# Existing Technical Assistance-Enrollee Governance

Resources for Integrated Care: Main page for plan member governance can be found here:  
[https://www.resourcesforintegratedcare.com/plan\\_governance/](https://www.resourcesforintegratedcare.com/plan_governance/).

## Written resources:

- Engaging Members In Plan Governance – Resources From The 2020 ICCoP:  
[https://www.resourcesforintegratedcare.com/plan\\_governance/](https://www.resourcesforintegratedcare.com/plan_governance/)
  - Including a Spotlight on participant incentives:  
[https://www.resourcesforintegratedcare.com/participation\\_in\\_governance\\_innovative\\_stipends\\_incentives/](https://www.resourcesforintegratedcare.com/participation_in_governance_innovative_stipends_incentives/)
- Recruiting, Refreshing, And Retaining Council Membership: Tips For Health Plans:  
[https://www.resourcesforintegratedcare.com/recruiting\\_refreshing\\_retaining\\_council\\_membership/](https://www.resourcesforintegratedcare.com/recruiting_refreshing_retaining_council_membership/)

## Video:

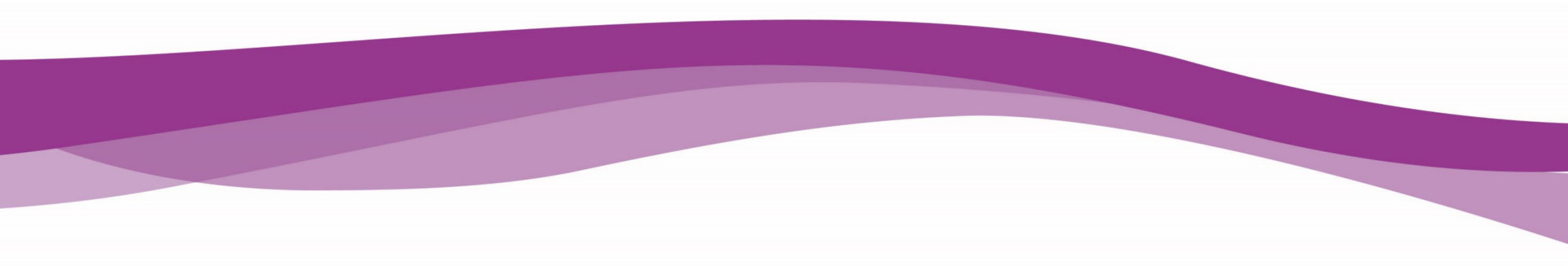
- Listening To The Voices Of Dually Eligible Beneficiaries: Successful Member Advisory Councils:  
[https://www.resourcesforintegratedcare.com/listening\\_to\\_voices\\_of\\_dually\\_eligible\\_beneficiaries/](https://www.resourcesforintegratedcare.com/listening_to_voices_of_dually_eligible_beneficiaries/)

# Existing Technical Assistance-Enrollee Governance (cont'd)

## Webinars:

- Engaging Members In Plan Governance During COVID-19: A Panel Discussion (2020):  
[https://www.resourcesforintegratedcare.com/plan\\_governance\\_during\\_covid-19\\_panel\\_discussion/](https://www.resourcesforintegratedcare.com/plan_governance_during_covid-19_panel_discussion/)
- Successfully Engaging Members In Plan Governance (2019):  
[https://www.resourcesforintegratedcare.com/successfully\\_engaging\\_members\\_in\\_plan\\_governance/](https://www.resourcesforintegratedcare.com/successfully_engaging_members_in_plan_governance/)
- Recruiting Members And Supporting Participation In Plan Governance (2019)  
[https://www.resourcesforintegratedcare.com/recruiting\\_members\\_and\\_supporting\\_participation\\_in\\_plan\\_governance/](https://www.resourcesforintegratedcare.com/recruiting_members_and_supporting_participation_in_plan_governance/)
- Gathering And Using Member Feedback In Plan Governance (2019):  
[https://www.resourcesforintegratedcare.com/gathering\\_and\\_using\\_member\\_feedback\\_in\\_plan\\_governance/](https://www.resourcesforintegratedcare.com/gathering_and_using_member_feedback_in_plan_governance/)

# **2023 State Medicaid Agency Contract (SMAC) Language on Consumer Participation in Governance Boards**





# SMAC Language: Consumer Participation in Governance Boards

- » A. D-SNP Contractor shall ensure consumer participation in governance boards that will provide regular feedback to D-SNP Contractor's governing board on issues of plan management and Member care. D-SNP Contractor shall ensure that the committee:
  - » 1) Meets at least quarterly throughout the plan year.
  - » 2) Is comprised of Members, Member's family members, and other caregivers that reflect the diversity of the D-SNP population, including individuals with disabilities.
- » B. D-SNP Contractor is responsible for reporting their committee charter and membership to CMS, and DHCS annually through its DHCS contract manager. CMS and DHCS reserve the right to review and approve Enrollee membership. D-SNP Contractor can engage D-SNP enrollees in existing committees.

# Panel Presentations on Consumer Advisory Groups and Best Practices from Cal MediConnect for the D-SNP Transition

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Panelists:

Kristine Loomis, IHSS Consumer Advocate, Member of Inland Empire CCI Stakeholder Advisory Committee  
Araceli Garcia, Senior Program Manager Consumer & Stakeholder Engagement, Blue Shield Promise  
Amira Elbeshbeshy, Director, Health Consumer Center, Legal Aid Society of San Mateo County

# Kristine Loomis, IHSS Consumer Advocate

- Has lived experience learning to live with and manage chronic illness and adapt to physical disability, poverty, crossing educational rehabilitation, and employment barriers.
- Has trained and collaborated with social workers and numerous care providers, both live-in and day/shift workers.
- Has helped to improve and preserve services for seniors and persons with disabilities.
- Founding member and/or current member of seven boards/committees, including the IE CCI Stakeholder Advisory Committee.



# Participation in Consumer Advisory Board

- » Member of the Inland Empire CCI Stakeholder Advisory Committee
  - » The advisory committee serves as a forum to advise participating health plans on developing, implementing, and operating the CCI in Riverside and San Bernardino Counties.
- » Key takeaways from participating in a Consumer Advisory Board
  - » Primary concerns for consumers: case management, continuity of care, IHSS, and transportation
  - » What has worked and what needs improvement



Promise Health Plan



## MEMBER ADVISORY COMMITTEE BEST PRACTICES

Araceli Garcia, Sr. Program Manager Consumer and Stakeholder Engagement

June 23, 2022

# BLUE SHIELD PROMISE HEALTH PLAN MEMBER ADVISORY COMMITTEE

## What sets us apart

“Our goal is to create a healthcare system that is worthy of our family and friends and sustainably affordable for everyone.”

### Present



- Prep meeting
- Pre established meeting schedule
- Zoom tips
- Hands on support

### Engaged



- Internal prep meeting
- Presentation guidelines
- Clear on the ask
- Limit internal guests
- Interpretation services

### Feedback/ Actionable Items



- Solicit feedback
- Open forum
- Recap slide

- **Paul Markovich**  
President & Chief Executive Officer



**Human. Honest. Courageous.**

**“ Blue Shield Promise always has my best interests at heart. You take the time to listen to me and understand my needs. Your integrity and attention to detail helps me take care of my health, and I’m proud to be a part of the Promise family.”**

- Blue Shield Promise member



# Amira Elbeshbeshy

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Director, Health Consumer Center  
Legal Aid Society of San Mateo County



# *What works*

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- Review of the data to learn about grievance trends, disparity trends, language trends, etc.
- Opportunity to learn about any program changes, implementation, and issues or concerns with the changes. E.g., pharmacy carve-out, dental integration.
- Presents an opportunity for broader discussion about how various Medi-Cal programs are running because so many different agencies are present on the call, including Health Plan, IHSS, HSA, and HCU.
- Provides additional resources and support for soliciting feedback not just at the quarterly meetings, but through email at any time.

# *What might help*

- Clearer goals and a mission statement for the purpose of the advisory committee.
- Create more opportunity for committee members to effect change, for example workgroups or subcommittees.
- Dedicated time on the agenda for member input, suggestions, and questions.

# Breakout Room Discussions

- » Breakout room sessions will be 15-minutes long.
- » Participants will be automatically placed in breakout rooms.
- » Each breakout room will be staffed with a note taker who will help to pose questions and take notes on the discussion.
- » Each breakout room will need to choose one participant who will report out to the larger group when the breakout session concludes.
- » We will have as many groups report out verbally as time allows, which is why written feedback is so important!

# Discussion Questions

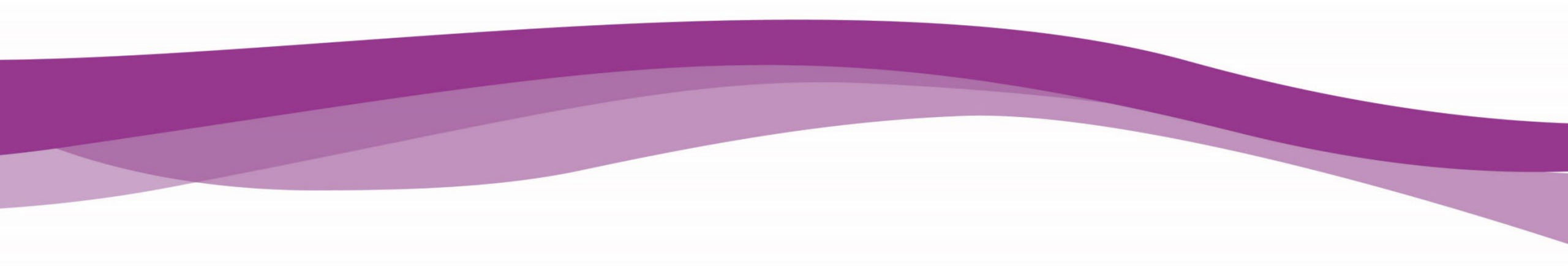
- » What topics should D-SNP Consumer Advisory Groups discuss (e.g., Health equity, coordination of benefits, etc.)?
- » Who should be included in D-SNP Consumer Advisory Groups (e.g., beneficiaries, caregivers, health plans, advocates, etc.)?
- » How can D-SNP Consumer Advisory Groups empower beneficiaries? How can D-SNP Consumer Advisory Groups address barriers to participation?

**\*Choose one person who will write feedback in the chat and share with the broader group.**

# Breakout Room Report-Outs

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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.



# Summary: January 2023 Enrollment Changes

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

# **2023 Cal MediConnect (CMC) to Exclusively Aligned Enrollment (EAE) D-SNP 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 Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

# D-SNP Definition

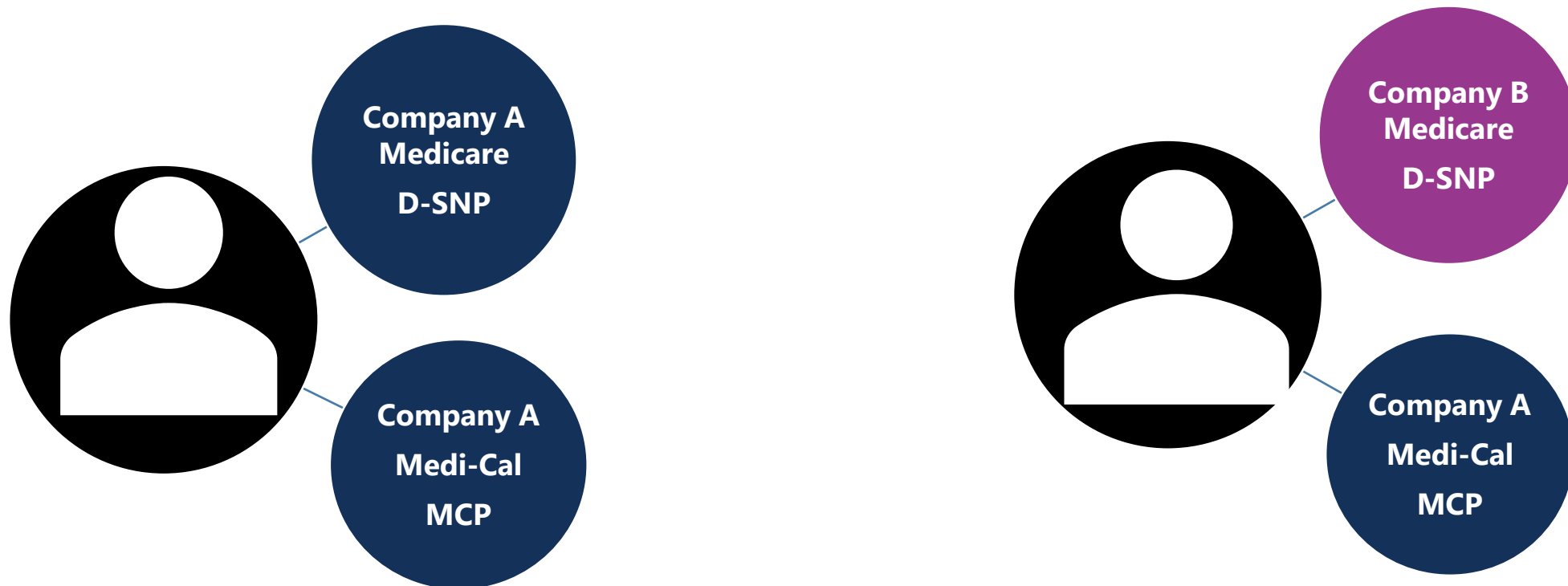
- » D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligible beneficiaries.
- » D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
- » DHCS can choose whether to contract with specific D-SNPs.
- » How is a D-SNP different than a Cal MediConnect (CMC) plan?
  - » CMC plans coordinate Medicare and Medi-Cal benefits under a single health plan and single contract.
  - » D-SNPs include Medicare benefits and coordinate with Medi-Cal benefits. D-SNPs have separate contracts with CMS and DHCS.

# Exclusively Aligned Enrollment (EAE)

- » EAE is a state policy that limits a D-SNP's membership to only individuals with aligned enrollment.
  - » All beneficiaries enrolled in a D-SNP are also enrolled in a matching Medi-Cal plan.
  - » D-SNPs will only be allowed to enroll new members who are in their aligned MCP.
  - » Ensures beneficiaries receive more integrated and coordinated care.
- » EAE is like the CMC approach:
  - » One entity is responsible for both Medicare and Medi-Cal benefits.
  - » Simplifies care coordination.
  - » Allows plans to better integrate benefits, communication to members, and member materials.

# Aligned Enrollment

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



# EAE D-SNPs in 2023

## » EAE D-SNP Policy in 2023:

- » In 2023, Medi-Cal plans in CCI counties will be required to establish EAE D-SNPs, and duals may choose to enroll in those plans, among other options.
- » Cal MediConnect beneficiaries will automatically transition to EAE D-SNPs and matching Medi-Cal MCPs on January 1, 2023. The Cal MediConnect demonstration will end on December 31, 2022.
- » Non-CCI counties will have EAE D-SNPs and matching Medi-Cal MCPs no later than 2026.

# 2023 CMC to EAE D-SNP Transition

- » CCI and Cal MediConnect will continue until **December 31, 2022**.
- » On **January 1, 2023**, beneficiaries in CMC plans will be **automatically** transitioned into exclusively aligned D-SNPs 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**.
- » Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022**.



# EAE Opportunities and Benefits

- » Similar to Cal MediConnect (CMC) approach
- » Financial Incentives
  - » One entity financially responsible for both Medicare and Medi-Cal benefits
  - » Incentivizes Community Supports for dually eligible beneficiaries
- » Integrated Member Materials permitted by 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 permitted by CMS
- » Simplified Care Coordination

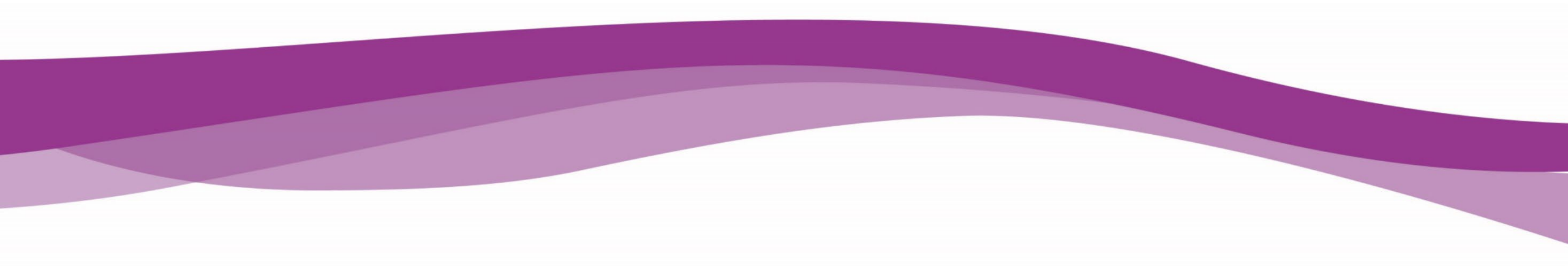
# Integrated Care Coordination & Materials

- » Enrollment in the Medi-Cal MCP owned by the same parent organization will allow similar integration and care coordination as members in CCI counties saw in Cal MediConnect.
  - » For example, integrated member materials and coordination across Medicare and Medi-Cal benefits and services.
- » Integrated materials are a benefit of EAE D-SNPs, DHCS is working closely with CMS on their development. For example, members will have one health plan card and one number to call for both Medicare and Medi-Cal benefits.

# Benefits of the Transition to EAE D-SNPs

- » Matching Medicare and Medi-Cal plans will help beneficiaries with all their health care needs and will coordinate benefits and care, including medical and home and community-based services, DME, and prescriptions. This coordination will be similar to what is done in CMC.
- » Beneficiaries will continue to have access to a provider network through their matching D-SNP and MCP, which will include similar providers they see today, or the matching plans will help them find a new doctor they like.
- » Beneficiaries will not pay a plan premium or deductible when they receive services from a provider in their health plan's network.
- » If a beneficiary's provider is not currently in the network, there will be a continuity of care period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

# **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 Mandatory Statewide Medi-Cal Managed Care for Dual Eligible Beneficiaries**





# CalAIM Mandatory Medi-Cal Managed Care

## Background

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.

## Goals

January 2022/January 2023, select aid code groups and populations will transition into mandatory managed care enrollment or mandatory FFS enrollment.

## Benefits

- Mandatory managed care enrollment will **standardize and reduce the complexity of the varying models of care delivery** in California.
- Medi-Cal MCPs can **provide more coordinated and integrated care and provide beneficiaries with a network of primary care providers and specialists.**
- DHCS can move to a regional rate setting process to **reduce excessive administrative work.**

# Timeline: Mandatory Medi-Cal Managed Care

Mandatory Managed Care Enrollment	Implementation
Phase I	January 2022
Phase II	January 2023

## Phase I

- » The populations/aid code groups transitioned to managed care are: Trafficking and Crime Victims Assistance Program (dual and non-dual), Breast and Cervical Cancer Treatment Program (non-dual), individuals granted accelerated enrollment, beneficiaries with other health care coverage\* (non-dual), beneficiaries living in rural zip codes (non-dual).
- » The populations/aid code groups transitioned to FFS are: those covered under the Omnibus Budget Reconciliation Act (OBRA) in Napa, Solano, and Yolo counties and share of cost (dual and non-dual) beneficiaries in county organized health systems and Coordinated Care Initiative counties.

## Phase II

- » All dual populations/aid code groups, except share of cost or restricted scope, will be mandatory Medi-Cal managed care on 1/1/2023. Individuals in long term care (dual and non-dual) will also be mandatory in Medi-Cal managed care.

# Questions

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

# 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: **Wednesday, July 20<sup>th</sup> at 10 AM.**
- » Next CCI Stakeholder Webinar: **Wednesday, July 27<sup>th</sup> at noon.**