

Department of Health Care Services November 2021 MLTSS and Duals Integration Workgroup Meeting Summary and Key Takeaways - DRAFT

The following is a summary of key takeaways from the November 18, 2021, Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup, including those that presenters and stakeholders shared during the meeting. The workgroup meeting provided an update on the Cal MediConnect (CMC) transition noticing, an overview of the DHCS outreach and communications strategy for the CalAIM Dual Eligible Special Needs Plan (D-SNP) exclusively aligned enrollment in 2023, and a panel discussion and breakout sessions on promising practices and lessons learned from CMC outreach.

Cal MediConnect Transition Noticing Update

Kerry Branick, Deputy Group Director of Demonstrations, Models, and Analytics for the Centers for Medicare and Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) opened the meeting by presenting the noticing plan and beneficiary testing of notices for the CMC transition in 2023. The Department of Health Care Services (DHCS) and CMS are collaborating to create draft beneficiary notices which will be provided to stakeholders and plans for review and comment. CMS, through a contract with Mathematica, will be testing draft notices directly with beneficiaries in California later this winter. Kerry shared that the specific format for beneficiary testing of notices is still under development and will depend on what the notices look like after receiving stakeholder feedback.

The timeline for the CMC transition noticing plan was also presented. In October 2022, the CMC Plans will send a mailing containing a 90 Day Notice and two inserts (commonly asked questions and a list of health care coverage options at the county level). CMC Plans will also do outbound calls to their members at this time. In November 2022, CMC Plans will send a mailing with a second notice, and the same two inserts as the October mailing. In December 2022, the D-SNP that could be receiving the CMC enrollees for 2023 will send a welcome packet. The welcome packet will include routine information health plans send annually or send to new members. CMS and DHCS are building off of promising practices in CMC and during the CMC transition. After Kerry's presentation, stakeholders were encouraged to ask questions. Several of the discussion questions are summarized below.

Barbra McLendon from Alzheimer's Los Angeles asked what special considerations will be put in place to ensure that family caregivers of people with dementia will receive these communications. Kerry responded that this was a great point and highlighted that it would be good throughout the rest of the call (focused on outreach) to get this perspective and feedback on how to accommodate individuals with dementia, their families, and caregivers.

Kristine Marck at California Medical Association (CMA) asked whether Continuity of Care rights will be spelled out in the notices. Kerry responded that CMS and DHCS are not done finalizing the notices but may propose different options on level of detail and what is communicated in the notice versus in the commonly asked questions. Kerry restated that this is an area CMS is interested in getting stakeholder feedback.

Heather Bates at Transform Health asked about whether funding will be made available to Community-Based Organizations (CBOs) to provide equity and translation services on the notices. Kerry stated that on the CMS side, there are no plans to provide funding in that way. Hilary Haycock from Aurrera Health Group shared that there is some funding for the HICAPs and the Ombudsman but was not sure how widely available that funding will be.

David Kane from Western Center on Law and Poverty asked about how Mathematica's beneficiary testing will include a diverse group of Californians with Medicare and Medi-Cal. Kerry responded that part of the CMS scope of work with Mathematica is to look into this, and that they have started to develop a plan on how this could work including identifying organizations in California that could help facilitate the beneficiary testing. Kerry acknowledged that due to the Public Health Emergency, the testing will likely be done virtually. CMS considering how to reach a wide variety of CMC enrollees to provide that feedback virtually, and to provide appropriate accommodations to ensure they're reaching as many enrollees as possible.

Lisa Hayes from Rolling Start brought up the alternate formats that were mentioned in the CMS presentation and asked who will be responsible for providing the alternate formats (for example: large font, braille, audio). Lisa mentioned that when CMC started, one community that was challenged with the notices was the deaf community. She flagged that any opportunity to get American Sign Language (ASL) videos or something similar would be helpful and asked about who's responsibility this would be. Kerry agreed that this was a

great question, however she was unsure about who would be responsible for this but thought it would likely be on the health plans to do this. Kerry recognized that there would be some efficiencies to having CMS or DHCS handle some of the translations or accommodations and that the timeline for notices would accommodate this. Stephanie Conde from DHCS supported Kerry's response and stated that this would likely be on the health plans since they are mailing the notices, but DHCS and CMS will take back the consideration for it to be a larger effort.

Overview of CMC and D-SNP Outreach for Providers and Partners

Hilary Haycock, President of Aurrera Health Group, introduced the next presenter Cassidy Acosta, Deputy Director of Outreach at Aurrera Health Group, and gave some background on Aurrera Health Group's role supporting DHCS with the Coordinated Care Initiative (CCI) and CMC. Hilary shared that one of the main things Aurrera Health has been working on, on the behalf of DHCS, is supporting outreach efforts in the CCI counties and they will be providing outreach and coordination support through the D-SNP transition.

Cassidy began by sharing background information on the CMC Outreach that Aurrera Health has supported DHCS on in previous years, including outreach to beneficiaries, advocates and other professionals, and providers. Through this work, there were many successful strategies developed including strengthening relationships with community stakeholders (one example is through local, county-based communications workgroups), creating accessible outreach materials for beneficiaries and tailored materials for providers, and ensuring that stakeholder participation and feedback is encouraged throughout material development.

For the 2023 CMC transition and new D-SNP enrollment, Cassidy shared some of the proposed provider and partner outreach goals which build off of the successful strategies from CMC outreach. They outlined the audiences of focus for these outreach efforts (primarily with providers and CBOs), and the proposed outreach activities (including presentations, town halls, communications workgroups, beneficiary outreach, and more). Cassidy provided additional information on some of the proposed provider and partner outreach materials such as slide decks, tailored FAQs, fact sheets, and contact sheets. After Cassidy's presentation, stakeholders were encouraged to ask questions. Several of the discussion questions are summarized below.

Peter Hansel at CalPACE asked about whether information about PACE can be incorporated into outreach materials. Hilary responded that PACE is being included in the notices for the CMC transition as an option and is happy to include information on PACE in outreach materials.

Barbra McLendon from Alzheimer's Los Angeles commented that if short newsletter articles on outreach can be provided, they can incorporate those into their organization's communications. Hilary responded that is a great suggestion, and Aurrera Health is happy to support the creation of such content.

Susan LaPadula from Inter County Medical Reimbursement Specialists (ICMRS) asked about beneficiaries with Veteran's Affairs (VA) benefits. Anastasia responded that DHCS is looking at continuing the policy for beneficiaries in CalVet facilities which are not part of CMC already. However, beneficiaries with VA benefits writ large are not excluded from enrollment into exclusively aligned D-SNPs.

Panel - Local Community Outreach: Previous and Future Efforts

Next, the workgroup heard from a panel of experts. The workgroup panel included the following local community outreach organizations:

- Stephanie Fajuri, Senior Program Manager and Staff Attorney with the Center for Health Care Rights
- Jack Dailey, CMC Ombudsman, Health Consumer Alliance Coordinator, and Director of Policy and Training at Legal Aid Society of San Diego
- Maria Wahab, Manager, Member Outreach and Education at CalOptima

Stephanie Fajuri opened the panel by providing background on the Center for Health Care Rights Los Angeles County Health Insurance Counseling and Advocacy Program (HICAP). Stephanie introduced strategies that Los Angeles County has implemented to serve its ethnically and linguistically diverse population, including hiring bilingual staff and offering phone services in a variety of languages. She discussed the importance of the HICAP program's ability to offer non-biased Medicare information and provide dual-eligible individuals information about all coverage options. When working with dual-eligible individuals, Stephanie explained the importance of helping the beneficiary understand how to use their benefits and how benefits work together.

Several of the outreach promising practices Stephanie shared include creating messages that reach dual eligible individuals where they are and utilizing public modes

of communications when possible (i.e., TV and radio). Monthly newsletters were also encouraged due to the potential reach and low cost. Stephanie discussed the importance of including local leaders such as elected officials, the county board of supervisors, and city council members in the outreach and messaging campaigns and encouraging the leaders to share the information with their constituents. In pre-pandemic outreach, in-person events at local community centers and senior centers worked well when reaching out to dual eligible individuals and caregivers that may not have internet access or may not be computer literate. Finally, Stephanie shared the role of the Personal Assistance Services Council (PASC) in Los Angeles County. PASC hosts both telephone town halls and webinars to help keep In-Home Supportive Services (IHSS) providers and beneficiaries engaged.

Jack Dailey shared the role of the CMC Ombuds in educating dual eligible individuals and CMC beneficiaries about the CMC benefits, plans, and enrollment processes. Jack discussed his experience of reaching dual eligible individuals through trusted CBOs and gave examples of how the Legal Aid Society of San Diego has been able to reach beneficiaries quickly and efficiently. When sharing promising practices on outreach efforts, Jack reiterated the idea of having linguistically and ethnically representative staff. He expanded on this to add the benefit of employing local people in CBOs to help beneficiaries feel more comfortable and to know where to go when they have questions. Jack also highlighted the importance of making presentations, materials, and messages relevant to the local community. Finally, Jack voiced the importance of partnerships with local organizations and caregivers, particularly during the COVID-19 Public Health Emergency. He noted his appreciation for Federally Qualified Health Centers (FQHCs) and connections that frontline and referral staff have made to support dual eligible individuals and their ability to access benefits.

Maria Wahab shared CalOptima Health Plan's CMC outreach, marketing, and advertising campaigns. She began by explaining CalOptima's role as the only CMC program in Orange County and how the health plan is preparing for the CMC transition throughout 2022. In CalOptima's transition outreach campaign, education is offered to members, providers, and the community as a whole. Maria noted CalOptima's outreach team attended community events, senior centers, health fairs, and faith-based fairs to reach members of the community before the COVID-19 Public Health Emergency. Maria described the CMC member recognition events that CalOptima hosted at senior centers, inspired by a similar program at Health Plan of San Mateo. The goal of the member recognition events is to highlight CMC services in a less formal setting.

Maria echoed the importance of targeted outreach and education to engage providers, community stakeholders, and CBOs. Among the promising practices for provider outreach were the monthly health network forums, the quarterly joint operation meetings with each of the eleven delegated health networks, as well as distributing provider updates, newsletters, and emails. Finally, Maria introduced the marketing retention campaign using direct mailers and promotional items. This campaign has been shown to increase calls to the CalOptima customer service department with questions about benefits and how to access them.

Report Outs and Discussion after Breakout Rooms

After the panel presentation concluded, the workgroup transitioned into six breakout rooms to discuss promising practices for beneficiary outreach for the CMC to D-SNP transition in 2023, and what materials, supports, and events would be the most helpful for outreach. One representative from each breakout room shared the top three promising practices that were discussed with the larger group once the breakout rooms concluded. Appendix A includes notes from the breakout rooms.

The last portion of the meeting was spent sharing breakout room report-outs and reactions from the panelist. Below are the takeaways from the report out and panel reaction.

Group Report Outs

Hilary Haycock began by welcoming participants back from the breakout rooms and asked for volunteers to share what their rooms discussed. The following participants shared their promising practices for beneficiary outreach for the CMC to D-SNP transition in 2023.

Lisa Hayes with Rolling Start shared that her discussion group agreed in-person meetings are the best way to share outreach information with beneficiaries and providers. When reaching out to providers, scheduling meetings around their availability and offering attendance incentives (i.e., raffles, meals) works well.

Anastasia Dodson from DHCS shared for her breakout room which discussed offering prerecorded videos for busy providers, working directly with caregivers especially for beneficiaries with cognitive impairments, and working with nursing homes at the plan and state level.

Jan Spencley from San Diegans for Healthcare Coverage shared the practice of using trusted partners to educate and create targeted messages for beneficiaries. Jan also highlighted the importance of using messages that are not biased when working with a diverse population of dual eligible individuals, and writing messages in plain, simple language that are easy to understand.

Finally, Hilary Haycock shared that one promising practice her group discussed was providing clear, easy-to-understand materials. The group also discussed, holding training sessions for social workers and CBOs on benefits and including peers as a resource to help beneficiaries understand their options.

Panelist Reaction

After the breakout room report-outs, the panel reacted to what they heard during their breakout room sessions and in the group report outs.

Jack Dailey was encouraged to hear feedback from a dementia care provider that participated in his breakout room discussion. He noted beneficiaries with dementia are an important population to consider when developing outreach strategies. When engaging with the dual eligible population, Jack agreed that the whole family and/or caregivers had to be involved in the education and outreach programs.

Stephanie Fajuri reacted to a discussion in her breakout room about aggressive and potentially non-compliant marketing conducted by Medicare brokers. Stephanie suggested that beneficiaries and caregivers should contact the Senior Medicare Patrol (SMP) when aggressive or misleading marketing practices occur. She encouraged education and outreach to help beneficiaries understand what marketing strategies are allowed and who to contact if they believe they are being misled.

After the panel reaction, Hilary Haycock provided closing comments to the workgroup.

This concludes the key takeaways from the November 18th MLTSS and Duals Workgroup. The next meeting is scheduled for Thursday, January 20, 2022.

Appendix A: Key Takeaways from Breakout Rooms

Discussion Question: What are some promising practices for the provider (including LTSS, CBOs, etc.) and beneficiary outreach for the CMC to D-SNP Transition in 2023?

Room 1

1. Support peer-to-peer outreach.
2. Target materials for caregivers and ensuring materials are easy to read.
3. Include social workers who work directly with beneficiaries in trainings provided by CBOs.
4. Develop county contact sheets for beneficiaries and providers.

Room 2

1. Create and distribute pre-recorded videos for providers to watch on their own time.
2. Ensure caregivers receive necessary and urgent information.
3. Partner with and providing outreach to nursing homes.

Room 3

1. Work with brokers to ensure they have good messaging and attempt to keep open communication with the broker community so incidents of negative broker activity can be addressed.
2. Partner with hospitals, pharmacies, service providers, and other providers where beneficiaries seek care. Support and leverage these relationships to get information to beneficiaries.
3. Develop consistent messaging across all entities who are doing outreach and education so that beneficiaries have clear and consistent information to make informed decisions.

Room 4

1. Be considerate of physicians' schedules and appropriately tailor messages and events to allow physicians to participate.
2. Educate medical groups and providers.
3. Hold in-person townhalls for consumer and beneficiary outreach when possible.
4. Consider raffles as part of virtual events to increase attendance.

Room 5

1. Use trusted providers to provide education in the community.
2. Create messages and outreach strategies that are tailored to the population that is being served.

3. Keep messages free from bias.

Room 6

1. Ensure the outreach materials are literacy tested and easy to understand.
2. Have a diverse, bilingual staff to serve the community.
3. Hold town halls and engage in discussion with the community, even if it is over Zoom.