



## October MLTSS and Duals Integration Workgroup Meeting Summary and Key Takeaways - DRAFT

The following is a summary of key takeaways from the October 13, 2021, Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup, including those that presenters and stakeholders shared during the meeting. The meeting reviewed the September 16<sup>th</sup> MLTSS and Duals Integration Workgroup and provided updates on the Dual Eligible Special Needs Plan (D-SNP) Exclusively Aligned Enrollment (EAE) Care Coordination Guidance and Cal MediConnect Transition Noticing Structure.

### **Review of the September MLTSS & Duals Integration Workgroup**

The first part of the meeting reviewed key takeaways from the September 16<sup>th</sup> MLTSS and Duals Integration Stakeholder Workgroup. The Department of Health Care Services (DHCS) released Key Takeaways documents from the September meeting on the [MLTSS and Duals Integration Stakeholder Workgroup website](#).<sup>1</sup>

### **Tiffany Huyenh-Cho (Justice in Aging) – September MLTSS & Duals Integration Workgroup Overview and Key Takeaways**

Tiffany Huyenh-Cho, Senior Staff Attorney at Justice in Aging, opened the meeting by discussing the September 16<sup>th</sup> MLTSS Duals workgroup. The September meeting began with a presentation from DHCS on the D-SNP EAE policy and examples of how it would work in different scenarios for beneficiaries. The majority of the meeting focused on coordinating with carved out benefits in Cal MediConnect. DHCS presented an overview of Medi-Cal covered services and carved out benefits for dual eligible individuals, then transitioned to a panel discussion focused on sharing best practices for coordinating with carved out benefits in Cal MediConnect. The panelists were George Scolari (Community Health Group), Edward Mariscal (Health Net), and Ryan Uhlenkott (Riverside County). Following the panel presentations, the meeting went into breakout room sessions and then concluded with report outs and reactions from panelists.

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<sup>1</sup> Please contact [info@calduals.org](mailto:info@calduals.org) with any questions, comments, feedback, or clarifications on this document, particularly if you feel you have been inadvertently mischaracterized.

Tiffany shared the key takeaways from the breakout room discussions related to promising practices and opportunities for coordinating with carved out benefits. The promising practices shared by stakeholders included: ensuring plans and providers of carved out services have the same resources, structure, and requirements for coordination; providing contact information/resources to agencies and consumer information to beneficiaries (e.g., behavioral health contact sheet); conducting full behavioral health assessments and early dementia detection to identify beneficiary needs; and providing education/training to health plan staff and providers on carved out benefits. The discussion around opportunities included stakeholder suggestions to: standardize the approach in counties with multiple plans (to ensure beneficiaries receive the same benefits regardless of their plan); create more streamlined communication between health plans, networks, and counties; train case managers to help beneficiaries navigate the system (focused on Interdisciplinary Care Teams (ICTs) meetings); and improve the collaboration of resources statewide including by removing barriers to sharing health information between counties and health plans.

### **Overview of D-SNP Model of Care Requirements**

Alexandra (Alex) Kruse, Associate Director of Integrated Care State Programs at the Center for Health Care Strategies, presented an overview of the D-SNP Model of Care (MOC) requirements from a national perspective.

Alex began by sharing background information on the D-SNP MOC, including how, in states with aligned D-SNP/MLTSS programs, D-SNP care management models can reflect both Centers for Medicare and Medicaid Services (CMS) and State Medicaid Agency Contract (SMAC) requirements. States can advance their care coordination goals by using their SMAC to specify care coordination requirements for D-SNPs and by identifying the care coordination requirements D-SNPs must address in their MOC submission to CMS.

Alex provided a deeper dive into some of the key findings on care management standards across different states and explained that typically there is greater specificity that states require for D-SNPs on some particular elements of care coordination, such as: managing care transitions; data requirements and reporting; health risk assessment (HRA) integration and sharing; family and other caregiver involvement and assessment; and addressing social determinants of health. Finally, Alex discussed the different D-SNP requirements for Individualized Care Plans (ICPs) and ICTs.

### **Future EAE D-SNP Care Coordination Requirements in California**

Anastasia Dodson, Deputy Director of the Office of Medicare Innovation and Integration at DHCS, provided updates on the D-SNP EAE and care coordination requirements in California. Anastasia began by sharing the steps DHCS has taken to develop care coordination requirements and provided an update on the stakeholder feedback that has been shared in various policy areas thus far. Following this update, Anastasia provided an overview of the future care coordination requirements for the 2023 EAE D-SNPs. The 2023 SMAC requirements also include the language from the final 2021 Health Omnibus Budget Trailer Bill (AB 133) language around provider network guidance. After Anastasia's presentation, stakeholders were encouraged to ask questions. Several of the discussion questions asked are summarized below.

Susan Lapadula from Inter County Medical Reimbursement Specialists (ICMRS) asked if DHCS can edit the SMAC to require that health plans automate crossover payments from Medicare and Medi-Cal. DHCS responded that they will look into this. Susan asked a follow up question on how Veterans Benefits, specifically for Skilled Nursing Facilities (SNFs), will be discussed in the SMAC. DHCS noted that Veterans are carved out of the Coordinated Care Initiative (CCI).

Barbra McLendon from Alzheimer's Los Angeles was glad to see the inclusion of a trained dementia specialist as a requirement for ICT when appropriate.

### **Cal MediConnect Transition Noticing Structure**

Stephanie Conde, Branch Chief of the Managed Care Operations Division at DHCS, provided an update on the proposed noticing plan for the Cal MediConnect transition. The plan will be to combine Medi-Cal and Medicare messaging, and not to send beneficiaries a Medi-Cal choice packet. In October 2022, Cal MediConnect plans will send a tailored non-renewal 90 Day Notice with a Notice of Additional Information (NOAI) and complete outbound calls that month. In November 2022, health plans will send an integrated 45 Day Notice and an NOAI. In December 2022/early January 2023, the receiving D-SNPs and Medi-Cal Managed Care Plans (MCPs) will send integrated materials. Examples of what may be included in the integrated materials are the following: pharmacy directory, provider directory, a summary of benefits, evidence of coverage, formulary, member ID card, Low-Income Subsidy (LIS) Rider, and information on how to choose a Primary Care Provider. After the update on the noticing plan, stakeholders were encouraged to ask DHCS questions. Several of the discussion questions are highlighted below.

Karli Holkko from WelbeHealth asked if DHCS could expand on what it means that the notices will not include options and if this means beneficiaries will not see other options such as Program of All-inclusive Care for the Elderly (PACE) or Senior Care Action Network (SCAN). DHCS shared that there will be choices listed in earlier notices but that beneficiaries will just not receive the Medi-Cal choice packet. DHCS and CMS are currently working on reviewing the notices, which will also be sent for beneficiary testing. Karli asked a follow up question on whether beneficiaries will need to request an enrollment packet or reach out to DHCS Health Care Options (HCO) if they want to make a switch. DHCS confirmed that beneficiaries will need to reach out to HCO if they want to make a switch.

David Kane from Western Center on Law and Poverty asked how the mailings will be easily identifiable as official and trustworthy for beneficiaries who receive a lot of health-related mail. DHCS responded that this was part of the reason that the notices would be coming from a beneficiary's Cal MediConnect plan.

Jan Spencley from San Diegans for Healthcare Coverage asked to confirm that the notices discussed would only go out to beneficiaries enrolled in a Cal MediConnect plan. DHCS confirmed that this is correct.

Tiffany Huyenh-Cho from Justice in Aging asked if plans would make multiple outbound calls for the October 2022 notice if they do not reach the enrollee on the first try. DHCS shared that Cal MediConnect plans will make multiple calls if they do not reach the enrollee on the first attempt.

This concludes the key takeaways from the October 13th MLTSS and Duals Workgroup. The next meeting is scheduled for Thursday, November 18, 2021.