CalAIM Managed Long-Term Services and Supports (MLTSS) and Duals Integration Workgroup

October 13, 2021

California Department of Health Care Services

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.”
- 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, including the transition of the Coordinated Care Initiative (CCI) and Cal MediConnect (CMC).
- 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.***

Agenda

11:00 – 11:05	Welcome and Introductions
11:05 – 11:15	Review Key Takeaways from September 16 Workgroup
11:15 – 10:40	Exclusively Aligned Enrollment Care Coordination Guidance Update and Stakeholder Q/A
11:40 – 11:50	Cal MediConnect (CMC) Transition Noticing Structure Update
11:50 – 12:00	Future Workgroup Topics and Closing

Key Takeaways from the September MLTSS and Duals Integration Stakeholder Workgroup

Tiffany Huyenh-Cho, Senior Staff Attorney, Justice in Aging

September Workgroup Summary

- DHCS provided an update on the D-SNP Exclusively Aligned Enrollment policy and reviewed examples of how this policy will work in different beneficiary scenarios.
- DHCS presented an overview of Medi-Cal covered services and carved out benefits for dual eligible beneficiaries, including Medi-Cal Behavioral Health Services and Long Term Services and Supports (LTSS).
- A panel of presenters (George Scolari – Community Health Group, Edward Mariscal – Health Net, Ryan Uhlenkott – Riverside County) shared best practices for coordinating with carved out benefits in Cal MediConnect.
- Stakeholders participated in breakout discussions.

September Key Takeaways: Promising Practices for Coordinating with Carved Out Benefits

- Ensuring resources, structure, and requirements for coordination are the same for plans and the providers of carved out services.
- Providing necessary information (contact information and resources) to agencies that provide consumer information as well as beneficiaries. Example: Behavioral Health contact sheet.
- Full behavioral health assessments and early dementia detection help identify needs and ensure beneficiaries receive appropriate care. Important to follow through with referrals to carved-out benefits and forming acute hospital partnerships.
- Providing education/training to plan staff, providers, and other service providers on LTSS and Behavioral Health benefits available to members.

September Key Takeaways: Opportunities for Coordinating with Carved Out Benefits

- Standardize approaches in counties with multiple plans to ensure beneficiaries receive the same benefits regardless of which plan they are enrolled in, and create more streamlined communication and coordination between plans, networks, and counties.
- Train case managers to help beneficiaries navigate the system and focus Interdisciplinary Care Team (ICT) meetings and clinical discussions on beneficiary needs.
- Improve collaboration of resource statewide, remove barriers in counties with fewer resources to improve coordination between health plans, and remove barriers to sharing health information to make collaboration between health plans and counties easier.

Update: Exclusively Aligned Enrollment Care Coordination Guidance

Overview of D-SNP Model of Care Requirements

Alexandra Kruse, Associate Director Integrated Care State Programs, Center for Health Care Strategies

CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

D-SNP Care Management Models: A National Lens

Managed Long-Term Services & Supports & Duals Integration Workgroup

October 13, 2021

Agenda

- **Quick Background**
  - » D-SNPs and the Model of Care (MOC)
- **National Lens: Key Findings**
  - » Care Management Standards
  - » Care Planning and Interdisciplinary Care Teams

D-SNP Model of Care Overview

What is a MOC?

- CMS framework for how SNPs will meet needs of target population (i.e., duals)

What does the MOC include?

- The D-SNPs plan to:
  - Assess needs
  - Develop individualized care plans (ICPs)
  - Establish interdisciplinary care teams (ICTs)
  - Coordinate care

Other MOC Requirements

- Quality measurement
- Performance improvement plans
- Health outcome and beneficiary experience monitoring

What are the standard MOC elements?

- Description of the D-SNP's population;
- Plan's approach to care coordination;
- How the MOC is implemented among the D-SNPs provider network (e.g., via the use of clinical practice guidelines or care transition protocols); and
- How quality measurement and performance improvement is conducted.

Source: SNP MOC elements and scoring criteria described in chapter 5 of the Medicare Managed Care Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c05.pdf

D-SNP/MLTSS Care Management Models

- In states with aligned D-SNP/MLTSS programs, the D-SNP care management model can reflect both CMS and State Medicaid Agency requirements.
- States advance their specific care coordination goals by:
  - Using the state Medicaid agency contract (SMAC) to specify D-SNP care coordination requirements, and
  - Identifying care coordination requirements that D-SNPs must specifically address in their MOC submissions to CMS.

> ***"The contract describes what the [D-SNPs] have to do, and the MOC describes how they do it."***
>
> ***– Minnesota State Official***

- In a number of states, state specific requirements are developed incrementally with some level of refinement overtime.

Source: Integrated Care Resource Center, Tip Sheet: Integrating Medicaid Managed Long-Term Services and Supports into D-SNP Models of Care, June 2019. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC-MOC-Tip-Sheet-June-2019.pdf

Key Findings: Care Management Standards

- **States typically develop greater specificity in requirements for D-SNPs on *particular* care coordination elements, including:**
  - » Managing care transitions;
  - » Data requirements and reporting;
  - » Health risk assessment integration and sharing;
  - » Family and other caregiver involvement and assessment; and
  - » Addressing social determinants of health (SDOH).
- **States often:**
  - » Align D-SNP care coordination requirements with Medicaid managed care program goals.
  - » Extend expectations around person-centered care planning to D-SNPs, particularly if any LTSS benefits are capitated.
  - » Require integrated care planning processes across aligned D-SNP and Medicaid plans.

Key Findings: Care Planning and Interdisciplinary Care Teams

- **States with an aligned D-SNP/MLTSS model often require:**
  - » Comprehensive care plans that include Medicare and Medicaid service planning information
    - Exact content and format varies by state, enrollee risk level, and often by plan
  - » Sharing of care plan with an enrollee's primary care provider (PCP)
    - When benefit carve-outs exist, states require sharing with relevant Medicaid providers (e.g., fee-for-service LTSS providers in Oregon).
  - » Specifying requirements for interdisciplinary care team (ICT) composition and participation
  - » Specifying frequency of care manager and enrollee contacts
  - » Inclusion of state-specific elements in care plans, including requirements for person-centered care planning

Future Exclusively Aligned Enrollment D-SNP Care Coordination Requirements in California

Steps Taken to Develop Care Coordination Requirements

- DHCS has reviewed and evaluated current contract language to inform 2023 SMACs:
  - Cal MediConnect
  - CMS D-SNP MOC requirements
  - 2022 CA SMAC (as well as SMACs from other states)
  - Medi-Cal

- We have received plan and stakeholder feedback regarding the following policy areas in this process:
  - HRA/Risk Stratification
  - Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT)
  - Care Transitions/Discharge Planning
  - ICT Training
  - High Need Populations

Future Care Coordination Requirements

- DHCS, in coordination with CMS, will release high-level guidance in late 2021
- Care Coordination:
    - Health Risk Assessment & Risk Stratification
    - Individualized Care Plan & Interdisciplinary Care Team
    - Transitions of Care & Discharge Planning
  - Provider Network Guidance
    - Per the health omnibus budget trailer bill (AB 133): *(e) Beginning in contract year 2023, the department shall include requirements for network adequacy, aligned networks, and continuity of care in the SMAC. The requirements shall be developed in consultation with affected stakeholders.*
  - Draft SMAC for review in early 2022

Summary of Care Coordination Requirements for 2023 EAE D-SNPs

- Health Risk Assessment (HRA) and Risk Stratification
  - Must address/account for BOTH Medicare and Medi-Cal needs and benefits, including data from the Medi-Cal managed care plan.
  - This includes any Long-Term Services and Supports (LTSS) needs, including In-Home Supportive Services (IHSS).
  - Must address populations of focus that may need additional screening or services specific to that population, such as those with Alzheimer’s disease and related dementias.

Summary of Care Coordination Requirements for 2023 EAE D-SNPs

- Individualized Care Plans (ICPs)
  - The ICP must identify needed Medicare AND Medi-Cal benefits.
  - The ICP must identify member needs that are covered by the Medi-Cal plan AND services that are carved out of Medi-Cal managed care, including:
    - Long-term Services and Supports, including 1915c waiver programs and community providers;
    - Medi-Cal providers; and
    - County mental health and substance use disorder providers
  - The ICP must include how the D-SNP will facilitate access and document referrals to needed Medi-Cal benefits.

Summary of Care Coordination Requirements for 2023 EAE D-SNPs

- Interdisciplinary Care Teams (ICTs)
  - The ICT should include any relevant providers, such as primary care, LTSS, Behavioral Health, and others
  - Populations of focus should directly inform the composition of the ICT
    - If the member has dementia care needs identified, the ICT must include a trained dementia care specialist, to be defined by the California Department of Health Care Services, and the member’s caregiver.

Summary of Care Coordination Requirements for 2023 EAE D-SNPs

- Care Transitions
  - D-SNP care managers must be trained to identify and understand the full spectrum of long term services and supports, including home- and community-based services and long term institutional care, and must participate in ICTs and serve as liaisons for the LTSS provider community.

Stakeholder Discussion and Feedback

- Any questions/comments/feedback on the exclusively aligned D-SNP care coordination guidance?

Update: Cal MediConnect Transition Noticing Structure

Stephanie Conde, Branch Chief Managed Care Operations Division, DHCS

Proposed Noticing Plan for CMC Transition

- Plan for beneficiary notices for CMC members transitioning to aligned D-SNP/MCP effective 1/1/2023.
- Beneficiaries will “lift and shift” from the CMC plan to the aligned MCP operated by the same organization as their CMC product (CMS/DHCS-led transition).

CMC Transition Noticing Plan

- Noticing Plan (combined Medi-Cal/Medicare messaging):
  - **October 2022**: CMC Plans will send the tailored non-renewal 90 Day Notice with a Notice of Additional Information (NOAI) and complete outbound calls in early October 2022.
  - **November 2022**: Plans will send an integrated 45 Day Notice and a NOAI.
  - **December 2022/early January 2023**: Receiving D-SNPs and Medi-Cal MCPs will send integrated materials.
  - Medi-Cal Choice Packets will not be sent to these beneficiaries.

Topics for Upcoming Meetings

Future topics may include, but not limited to:

- Beneficiary communications and integrated member materials
- Cal MediConnect Transition process and status
- 2023 SMAC
- Care coordination
- Data sharing
- Quality reporting
- Outreach to support Cal MediConnect to D-SNP transition
- Outreach to promote new enrollment in exclusively aligned D-SNPs and affiliated Medi-Cal plans

Next Steps

- Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, November 18, at 10 a.m.**
- Next CCI Stakeholder Webinar coming up on **Thursday, December 9, at 11:00am.**