

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

The following is a summary of key takeaways from the August 19, 2021, Managed Long-Term Services and Supports (MLTSS) and Duals Integration Workgroup, including those that presenters and stakeholders shared during the meeting. The meeting focused on a discussion of care management models and best practices for care coordination for dual eligible individuals.

Review of the July MLTSS Workgroup

The first part of the workgroup meeting reviewed key takeaways from the July 15th MLTSS and Duals Integration Stakeholder Workgroup meetings. The Department of Health Care Services (DHCS) released Key Takeaways documents from the July meeting on the [MLTSS and Duals Integration Stakeholder Workgroup website](#).¹

Maya Altman (Health Plan of San Mateo) – July MLTSS & Duals Integration Workgroup Overview and Key Takeaways

Maya Altman, Chief Executive Officer at Health Plan of San Mateo opened the meeting by discussing the July 15 MLTSS Duals workgroup meeting. The July meeting covered the Dual Eligible Special Needs Plan (D-SNP) and Medi-Cal care management models in detail, with an emphasis on the coordination and difference between the two. The presentation by Alexandra Kruse with the Center for Health Care Strategies was revisited, including information on different D-SNP care management models in other states, background information from the D-SNP model of care, care management standards, and key findings around the health risk assessment.

Maya shared the key takeaways from the July breakout room discussions related to important elements of care coordination, how the SMAC can support these elements, and special considerations for care coordination related to specific populations. Many of the key takeaways on care coordination were focused on tailoring the care to the unique member's needs and outcomes and ensuring the beneficiary understands both the role and benefits of the care coordinator. The discussion around special considerations for care coordination included having a diverse staff of care coordinators to work with

¹ Please contact info@calduals.org with any questions, comments, feedback, or clarifications on this document, particularly if you feel you have been inadvertently mischaracterized.

beneficiaries, improving coordination between services, and ensuring the family is included in the care coordination process.

DHCS Policy Updates

DHCS shared updates on the work being done on the D-SNP Model of Care (MOC) and the 2023 State Medicaid Agency Contract (SMAC). Updates on the Trailer Bill Language, the Cal MediConnect (CMC) Enrollment Policy, and the Multipurpose Senior Services Program (MSSP) Transition were also discussed.

DHCS – Key Sections of the MOC and SMAC

Anastasia Dodson, Associate Director for Policy in the Director's Office at DHCS reiterated that DHCS is paying close attention to the various parts of the MOC and SMAC. Specifically, DHCS is looking at the existing CMC requirements, how they fit into the SMAC, and what changes should be made based on feedback that has been received during MLTSS workgroup meetings. The specific areas of focus include the health risk assessment and stratification process, individualized care plan and interdisciplinary care team, transition of care and discharge planning, data sharing, connections to carved-out services, network adequacy, aligned networks, and continuity of care. DHCS shared that the policies around data sharing are iterative and will likely be updated in the coming years, and the network adequacy, aligned networks, and continuity of care policies are new to the SMAC and are designed to help provide transparency to beneficiaries.

DHCS – CalAIM D-SNP Trailer Bill Provisions

Next, Anastasia Dodson discussed final 2021 Health Omnibus Budget Trailer Bill (Assembly Bill 133, Chapter 143, Statutes of 2021) and key provisions, including:

- Medi-Cal Managed Care Plans (MCPs) or subcontracted plans have the option to transition beneficiaries enrolled in an affiliated non-D-SNP Medicare Advantage (MA) plan into an affiliated D-SNP in CCI counties in 2022.
- In CCI counties in 2023, DHCS will require each MCP to operate, or continue to operate, an exclusively aligned D-SNP and execute a State Medicaid Agency Contract (SMAC). DHCS will only contract with a proposed D-SNP that is affiliated with a MCP or a subcontracted delegated health plan or was contracted with DHCS for a D-SNP in CY 2022 in the proposed D-SNP service area.

DHCS also reminded stakeholders of the feasibility study of D-SNPs in non-CCI counties, to be conducted in 2022.

An update was provided on the 2023 SMAC language that DHCS is currently drafting to include requirements for network adequacy, aligned networks, and continuity of care. A draft of the SMAC will be shared for comment in the coming months. Finally, DHCS

reminded participants that in 2026, all MCPs in all counties must stand up a D-SNP, pending the outcome of the feasibility study.

After the key sections of the MOC and SMAC and the Trailer Bill Provisions were presented, stakeholders were encouraged to ask DHCS questions. Many of the discussion questions that were asked are highlighted below.

- Tatiana Fassieux with the California Health Advocates asked what happens if a client does not want to enroll in a D-SNP. DHCS reminded stakeholders that enrollment into any Medicare Advantage plan is always voluntary and optional.
- Janet Vadakkumcherry with the Health Center Partners of Southern California asked about the potential ramifications of the reduction in the number of MCPs that will be occurring in Geographic Managed Care (GMC) counties, the impact on beneficiary choice, and the unintended consequences relating to access and network adequacy. DHCS acknowledged with concern and noted it is an issue they are tracking closely.
- On the topic of noticing, Peter Hansel with CalPACE asked if notices to duals about Medicare choices and aligned enrollment will include information about PACE which is another Medicare or Medi-Cal choice. DHCS clarified that the PACE option will not be introduced to individuals already enrolled in a CMC, but it will be offered to newly eligible Medi-Cal or Medicare beneficiaries.
- Mauricio Leal with FirstSource Health Plans and Healthcare Services asked what strategies will be used to educate members on D-SNP plans. DHCS stated they are looking to the advocates for suggestions about how to best approach to notify beneficiaries about the transition and noted there will be more conversation in the future. Tatiana Fassieux with the California Health Advocates offered support in providing Medicare beneficiary education.
- Carole Wilkins asked about the state's Home and Community Based Services (HCBS) spending plan and the incentives for Medi-Cal managed care plans to address homelessness. DHCS notes they are still awaiting feedback from CMS on their HCBS spending plan and emphasized the Administration's dedication to homelessness and housing issues in California.
- Tatiana Fassieux with the California Health Advocates asked about the coordination of care management when a dual is seeking emergency or planned care from out-of-state providers, especially on an emergency basis. Kerry Branick with CMS responded by sharing CMS has finalized a rule earlier this month that will require state Medicaid provider enrollment systems to allow enrollment of all Medicare providers serving dually eligible individuals, even if the provider or supplier is out of state- for processing cost-sharing claims. CMS hopes that will help mitigate some of the balance billing noted earlier.

DHCS – Cal MediConnect Enrollment Policy Update

Stephanie Conde, Branch Chief, Managed Care Operations with DHCS provided an update on the CMC Enrollment Policy. DHCS finalized their policy decision and will be implementing a four-to-six-month Special Deeming Period for CMC beneficiaries that will allow for longer enrollment in a CMC plan and allow for a seamless transition to D-SNPs for September 1 through December 31, 2022. The final two-month deeming period will be July 2022 through the end of August 2022. CMC members who lose their CMC eligibility effective October 2022 or later would remain enrolled in their Medicare-Medicaid Plan (MMP) through the end of the demonstration via an extended deeming period. At the end of the CMC Enrollment Policy Update, stakeholders asked the following question.

- Janine Angel with Health Net asked if there has been a decision on the last enrollment date for a CMC plan, and DHCS stated they are very close to releasing the final policy decision, with a target release date of September.

DHCS – Multipurpose Senior Services Program (MSSP) Transition

Joseph Billingsley, Branch Chief, Integrated Systems of Care with DHCS provided the final update on DHCS policy. DHCS shared the noticing policy, with an emphasis on the 30-, 60-, and 90-day notice procedures. As part of the noticing stakeholder process, DHCS has solicited and reviewed the stakeholder feedback on the noticing policies. In addition, DHCS released the member handbook at the end of July 2021 and intends to share draft contracts during quarter three of 2021. Finally, DHCS reminded participants of the post-transition requirements that will be in place for two weeks from January 3, 2022, through January 17, 2022. More specific details on the reporting template will be shared when available. During the final question and answer section of the workgroup meeting, the following question was asked.

- Tiffany Huyenh-Cho with Justice in Aging asked what the post-transition MSSP monitoring plan will entail, and DHCS clarified the monitoring plan is still being developed with the plans and more information will be released in September or October.

This concludes the key takeaways from the August 19th MLTSS and Duals Workgroup. The next meeting is scheduled for Thursday, September 16, 2021.