



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

September 16, 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

10:00 – 10:05 Welcome and Introductions

10:05 – 10:35 Dual Special Needs Plan (D-SNP) Exclusively Aligned Enrollment Policy Update and Q/A

## **Building Connections to Carved Out Services: Behavioral Health and Long-Term Services and Supports**

10:35 – 10:45 Overview

10:45 – 11:15 Best Practices from Cal MediConnect – Panel

11:15 – 11:40 Breakout Room Discussion

11:40 – 11:55 Breakout Group Report Outs and Reaction Panel

11:55 – 12:00 Future Workgroup Topics and Closing



# **D-SNP Exclusively Aligned Enrollment Policy Update**



# Summary of “Exclusively Aligned Enrollment”

- **Aligned enrollment:**
  - Beneficiary enrolled in D-SNP for Medicare benefits; and
  - Medicaid managed care plan (MCP) for Medicaid benefits; and
  - The D-SNP and MCP are both owned and controlled by the D-SNP parent organization.
- **Exclusively Aligned Enrollment (EAE):**
  - State policy limits a D-SNP's membership to only individuals with aligned enrollment.
- **Non-aligned D-SNP:**
  - D-SNP with members enrolled in MCP(s) not affiliated with the D-SNP.



# DHCS Approach

- All Medi-Cal Managed Care Plans (MCPs) in CCI counties must establish EAE D-SNPs in 2023. DHCS will not approve any new non-aligned D-SNPs in 2023 in those counties, even if the parent organization of the proposed D-SNP is an MCP.
- Medicare choice will drive Medi-Cal plan enrollment at the prime and delegate level.
  - A beneficiary who chooses to enroll in a D-SNP or MA plan must be enrolled in the aligned MCP. If the beneficiary wishes to change their MCP, they must change their D-SNP/MA plan or disenroll to Medicare Fee-for-Service.
  - Only exceptions are if Medicare plan is not affiliated with a full-benefit MCP (certain MA plans, or D-SNPs authorized prior to 2014).



# DHCS Approach (continued)

- Aligns with 2021-22 Budget Trailer Bill provisions, Assembly Bill 133.
- Aligns with current approach used by DHCS-Health Care Options with MCPs for many years.
- Consistent with CalAIM policy documents released 2020-2021.





# 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.



# Exclusively Aligned Enrollment Example

- **Example 1:**
  - Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal “Plan E”
  - Beneficiary chooses to enroll in Medicare D-SNP “Plan F”
  - DHCS will change beneficiary Medi-Cal enrollment to Medi-Cal “Plan F” to match D-SNP “Plan F”
- **Example 2:**
  - Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal “Plan F”
  - Beneficiary chooses to enroll in Medicare D-SNP “Plan F”
  - DHCS takes no further action since Medicare and Medi-Cal plans are aligned
- **Example 3:**
  - Beneficiary already enrolled in Cal MediConnect, automatically transitions to D-SNP and Medi-Cal plan aligned with Cal MediConnect plan.



# Beneficiary Choices in CCI Counties

- Dual eligible beneficiaries have the following choices in CCI counties in 2023:
  - For those already enrolled in Cal MediConnect, automatically transition to the D-SNP and Medi-Cal plan affiliated with their Cal MediConnect plan;
  - Select/remain in Original (FFS) Medicare, and choose any Medi-Cal plan\*;
  - Choose an exclusively aligned D-SNP, with automatic enrollment in affiliated Medi-Cal plan\*;
  - Choose an MA plan (non D-SNP), with automatic enrollment in affiliated Medi-Cal plan\*;
  - If available, choose an MA plan or maintain enrollment in a pre-2014 D-SNP, not affiliated with a Medi-Cal plan, and choose any Medi-Cal plan\*;
  - In certain counties/locations, choose PACE or a FIDE-SNP (SCAN) for both Medicare and Medi-Cal benefits.

\* Medi-Cal plan choices vary by county, model (i.e., County-Organized Health System (COHS), Two-Plan, Geographic Managed Care (GMC)), prime plan(s), and delegates, if any.



# Exclusively Aligned Enrollment (EAE) Opportunities and Benefits

- Similar to Cal MediConnect (CMC) approach
- Financial Incentives
  - One entity financially responsible for both Medicare and Medi-Cal benefits
  - Incentivizes In Lieu of Services (ILOS) 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



## Next Steps on Aligned Enrollment

- Develop detailed enrollment process and beneficiary notices for 2023, in consultation with stakeholders.
- Develop integrated member materials, in consultation with stakeholders.
- Develop 2023 State Medicaid Agency Contract (SMAC), in consultation with stakeholders.
- Local outreach to support Cal MediConnect transition.
- Educate and promote new enrollment in exclusively aligned D-SNPs and affiliated Medi-Cal plans.



# Questions/Comments

- Feedback/questions/comments on D-SNP exclusively aligned enrollment policy?



# **Medi-Cal Covered Services and Carved Out Benefits for Dually Eligible Beneficiaries**



# Medi-Cal Covered Services and Carved Out Benefits

- Medi-Cal includes some covered services that are delivered through and paid for by Medi-Cal plans (MCP) and some “carved out” benefits that are covered by Medi-Cal but not delivered or paid for by the MCPs.
- Carved out benefits are delivered through non-MCP delivery systems, including counties, waiver programs, and Medi-Cal fee-for-service (FFS).





# Medi-Cal Behavioral Health Services



# Medi-Cal Mental Health Services

- **Covered Services - Medi-Cal Managed Care Plans (MCPs):** Provide mental health services to members with mild-to-moderate impairment of mental, emotional or behavioral functioning (e.g., psychotherapy, psychological testing, outpatient medications, psychiatric consultation).
- **Carve Out - County Mental Health Plans (MHPs):** Medi-Cal members may receive treatment for Serious Mental Illness/Serious Emotional Disturbance through either outpatient services, including day treatment, day rehabilitation, crisis intervention and/or inpatient services (e.g., acute psychiatric inpatient services) through a County mental health plan.



# Medi-Cal Substance Use Disorder (SUD) Services

- **Carve Out – Drug Medi-Cal (DMC) state plan benefit:** Medi-Cal members may receive SUD treatment services (e.g., intensive outpatient services, narcotic treatment program services) through a county-administered fee-for-service system.
- **Carve Out – DMC Organized Delivery System (DMC-ODS):** In counties that opt-in to the DMC-ODS (n=37), Medi-Cal members (96%) may receive DMC state plan benefits plus additional SUD treatment services (e.g., residential SUD treatment services, withdrawal management, case management, recovery services) through a county DMC-ODS health plan.



# Behavioral Health Care Coordination in Cal MediConnect

- **CMC Plan:** Responsible for providing access to all medically necessary behavioral health services currently covered by Medicare and Medicaid, including all Medicare-covered behavioral health services.
  - Medicare covers some behavioral health services that are carved out from Medi-Cal managed care as part of Specialty Mental Health Services, primarily inpatient stays.
  - Members may receive those services through the county behavioral health delivery system, but they are paid for by the CMC plan.
  - Some members will receive some Specialty Mental Health Services paid for by the CMC plan and some paid for by the County mental health plan.



# Long Term Services and Supports



# Long Term Services and Supports (LTSS)

- LTSS are a collection of programs that provide services to individuals covered by Medi-Cal who require assistance with activities of daily living such as bathing, dressing, and eating.
- Some LTSS are Home and Community Based Services (HCBS), and some are institutional Long-Term Care (LTC).
- LTSS carved in to Cal MediConnect include:
  - Long-Term Care (Skilled Nursing Facilities)
  - Community Based Adult Services (CBAS)
  - Until 2022, Multipurpose Senior Services Program (MSSP)
- LTSS carved out of Cal MediConnect include:
  - Most Home and Community Based Waiver Services, including In Home Supportive Services (IHSS)



# **Overview of Best Practices from Cal MediConnect - Panel**



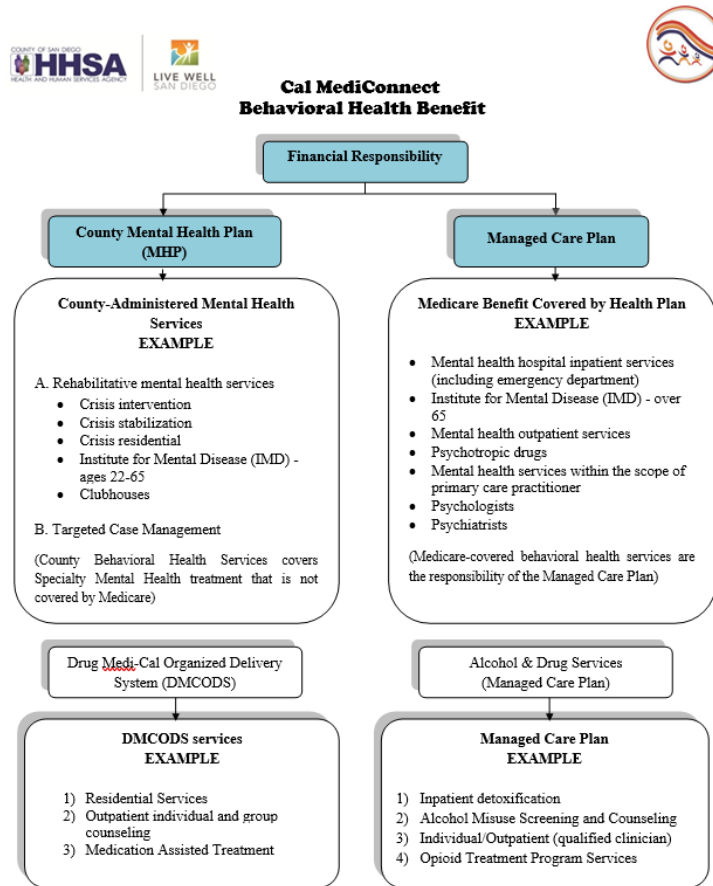
# **George Scolari**

**Behavioral Health and Community Services  
Administrator, Community Health Group**





# CMC Behavioral Health Quick Guide



Disclaimer: This Matrix is intended to demonstrate how County Behavioral Health Services and our local health plans will collaborate to provide coordinated care. It is not a definitive list of covered services.

## Cal MediConnect Behavioral Health Quick Guide

Health Plan	Inpatient/Outpatient Authorization	Member Services Transportation/Pharmacy etc.
Blue Shield CA Promise Health Plan	Beacon Health Options (855) 321-2211	(800) 605-2556
Community Health Group	Behavioral Health Services (800) 404-3332	(888) 244-4430
Health Net	Managed Health Network (MHN) (888) 426-0030	(855) 464-3572
Molina Healthcare	Molina Healthcare (888) 665-4621	(888) 665-4621

(\*Cal MediConnect beneficiaries can access a County Behavioral Health program directly.)  
(\*For emergencies call 911 or the Access & Crisis Line at (888) 724-7240)

**The Cal MediConnect Program**  
A program for Medicare & Medi-Cal (Dual Eligible) beneficiaries to receive coordinated medical, behavioral health, long-term institutional, and home and community-based services through a single organized delivery system.

**Cal MediConnect Health Plan**  
The Cal MediConnect Health Plan is responsible to reimburse approved medically necessary behavioral health services provided by licensed mental health professionals. This includes inpatient psychiatric hospitals and Intensive Outpatient Programs. The Cal MediConnect Health Plans will reimburse County Behavioral Health Services providers for Medicare covered services.

**San Diego County Mental Health Plan (MHP)**  
The MHP is responsible to cover approved medically necessary behavioral health services which are not reimbursable by Medicare. Services include crisis intervention, crisis stabilization, crisis residential, Institute for Mental Disease (IMD) (22-65 years old) and clubhouses.

**Consumer Center for Health Education & Advocacy**  
The Consumer Center for Health Education & Advocacy helps beneficiaries understand how to use physical and behavioral health services. If there is a problem getting necessary care through a managed care plan, members and providers should first contact the plan's customer service department. In most cases, the health plan will resolve the issue. Occasionally, a plan member may feel his/her needs are not being met and may need a third party to help break down a barrier. The Consumer Center works closely with the health plans to figure out where the barrier is and how to resolve the problem. The Consumer Center for Health Education & Advocacy number is: (877) 734-3258.



# Behavioral Health Plan Coordination Contact Card



## Behavioral Health Plan Coordination Card

	Blue Shield CA Promise Health Plan	Community Health Group	Health Net	Molina Healthcare
Customer Service	1-855-905-3825	1-888-244-4430	1-855-464-3572	1-888-665-4627
Website	<a href="http://www.blueshieldca.com/promise">www.blueshieldca.com/promise</a>	<a href="http://www.Chgsd.com">www.Chgsd.com</a>	<a href="http://www.HealthNet.com">www.HealthNet.com</a>	<a href="http://www.MolinaHealthcare.com">www.MolinaHealthcare.com</a>
Provider Website	<a href="https://promise.blueshieldca.com/ca/bh_mcr_srch?version=2019&amp;lob=cmc">https://promise.blueshieldca.com/ca/bh_mcr_srch?version=2019&amp;lob=cmc</a>	<a href="http://www.chgsd.com/providerServices.aspx">http://www.chgsd.com/providerServices.aspx</a>	<a href="https://www.healthnet.com/portal/provider/home.ndo">https://www.healthnet.com/portal/provider/home.ndo</a>	<a href="http://www.MolinaHealthcare.com/providers">www.MolinaHealthcare.com/providers</a>
24-Hour Nurse Line	1-855-905-3825	1-800-647-6966	1-855-464-3572	1-888-275-8750
Pharmacy Line <i>(formulary available online)</i>	1-855-699-5557	1-800-788-2949	1-855-464-3572	1-855-665-4627
Transportation	1-877-433-2178	1-800-224-7766	1-855-464-3572	1-888-665-4627
Behavioral Health Services	1-855-321-2211 Fax (866) 422-3413	1-800-404-3332 Fax (877) 862-7603	1-855-464-3572 Fax (855) 854-0020	1-855-665-4627 Fax (562) 499-6105
Behavioral Health Data Contact	<b>Siddharth Iyer</b> <a href="mailto:Siddharth.Iyer@blueshieldca.com">Siddharth.Iyer@blueshieldca.com</a>	<b>Tatsani Inkhamfong Flora</b> (619) 498-6439 <a href="mailto:Tinkha@chgsd.com">Tinkha@chgsd.com</a>	<b>Armando Robledo</b> (818) 676-7586 <a href="mailto:Armando.X.Robledo@Healthnet.com">Armando.X.Robledo@Healthnet.com</a>	<b>Ramesh Kapalavai</b> (888) 562-5442 ext. 121335 <a href="mailto:Ramesh.Kapalavai@MolinaHealthcare.com">Ramesh.Kapalavai@MolinaHealthcare.com</a>
Behavioral Health Claims Contact & Address	Beacon Health Option Attn: Brink Hartman (714) 715-0534 PO Box 1862 Hicksville, NY, 11802-1862	Community Health Group Attn: George Scolari (800) 404-3332 2420 Fenton Street, #100 Chula Vista, CA. 91914	MHN Attn: Der Lee (916) 935-0123 P.O. Box 14621 Lexington, KY 40512-4621	Molina Healthcare Attn: Megan Dankmyer 888-562-5442, ext. 125671 P.O. Box 22702 Long Beach, CA 90801
Health Plan Primary Liaison	<b>David Bond</b> (619) 719-4510 <a href="mailto:David.Bond@blueshieldca.com">David.Bond@blueshieldca.com</a>	<b>George Scolari</b> (800) 404-3332 <a href="mailto:gscola@chgsd.com">gscola@chgsd.com</a>	<b>Kathleen Lang</b> (760) 679-5406 <a href="mailto:Klang@cahealthwellness.com">Klang@cahealthwellness.com</a>	<b>Lily Wang</b> (858) 974-1737 <a href="mailto:Lilly.Wang@MolinaHealthcare.com">Lilly.Wang@MolinaHealthcare.com</a>



# **Edward Mariscal**

**Director, Public Programs & Long-Term  
Services and Supports, Health Net**



# Health Net Empowered Living Program

September 16, 2021

*Why we're in business*

## OUR PURPOSE

Transforming the health of the community, one person at a time

*What we do*

## OUR MISSION

Better health outcomes at lower costs

*What we represent*

## OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

*What drives our activity*

## OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.




We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

# Access to Care – Health Plan Benefits & CBOs

-  The Role of Member Services vs the Role of Public Program Specialists
  - CMC Member Welcome Calls
  - HRA Completion
-  Partnership with Care Management & Population Health
  - Leverage relationships with LTSS providers
  - Leverage relationships with CBOs
-  Health Net Empowered Living Program (HELP) Referral
  - Warm hand-off to services & supports

# Health Net Empowered Living Program

## Health Net Empowered Living Program (H.E.L.P.) Referral Reason

Must check one of the boxes below:

<input type="checkbox"/> <b><u>Community Based Adult Services (CBAS)</u></b> <p>Is a facility-based program that provides skilled nursing, social services, physical and occupational therapies, personal care, family/care giver training and support, meals and transportation. Some communities may not have a CBAS program.</p> <p><b>Eligibility example:</b></p> <ul style="list-style-type: none"> <li>• Medi-Cal beneficiary must be <b>18 years of age or older</b></li> <li>• Certified or certifiable for placement in a nursing facility</li> <li>• Nursing Facility Level of Care A (NF-A) or above</li> </ul> <p><b>Required Documentation:</b></p> <input type="checkbox"/> Physician order for Skilled Nursing (SNF) or Nursing Facility (NF)	<input type="checkbox"/> <b><u>Multi-purpose Senior Services Program (MSSP)</u></b> <p>Is an intensive case management program that provides both social and health care management services such as housing assistance, chore and personal care assistance, protective supervision, care management, respite care, transportation, meal services, and social services</p> <p><b>Eligibility example:</b></p> <ul style="list-style-type: none"> <li>• Medi-Cal beneficiary must be <b>65 years of age or older</b></li> <li>• Certified or certifiable for placement in a nursing facility</li> <li>• Nursing Facility Level of Care A (NF-A) or above</li> </ul> <p><b>Required Documentation</b></p> <input type="checkbox"/> ADL check list (from HRA)
<input type="checkbox"/> <b><u>In- Home Supportive Services (IHSS)</u></b> <p>Is a State program that provides in-home care to seniors and persons with disabilities allowing them to remain safely in their homes.</p> <p><b>Eligibility example:</b></p> <ul style="list-style-type: none"> <li>• Medi-Cal beneficiary must be, either:</li> <li>• Disabled by Social Security standards and/or legally blind</li> <li>• California resident and a U.S. citizen/legal resident</li> <li>• Must have a permanent residence</li> </ul> <p><b>Required Documentation:</b></p> <input type="checkbox"/> SOC 873 Form- must be signed by a Licensed Health Care Professional <input type="checkbox"/> ADL check list (from HRA)	<input type="checkbox"/> <b><u>Home and Community-Based Services (HCBS)</u></b> <p>Provides assistance to Medi-Cal beneficiaries to receive available resources in their community that are not managed care benefits such as:</p> <ul style="list-style-type: none"> <li>• Housing assistance services</li> <li>• Home delivered meals programs ( e.g., Meals on Wheels)</li> <li>• Minor home modifications</li> <li>• Access to transportation</li> <li>• Caregiver support program</li> </ul> <p><b>Please provide a brief description of unmet need below:</b></p> <hr/> <hr/>
<input type="checkbox"/> <b><u>Connect the Needs Program</u></b> <p>Is a Health Net-specific program for members with complex, unmet LTSS needs. The purpose of the program is to connect members with multiple services available in the community to meet their psycho, social, medical needs and prevent un-necessary hospitalization and institutionalization.</p> <p><b>Required Documentation:</b> <input type="checkbox"/> ADL check list (from HRA) <input type="checkbox"/> Current Treatment Plan</p> <p>Please provide a brief description of reason for referral: _____</p> <hr/>	



Provided to Medical Groups/PPGs, LTSS Providers, Case Management

- Annual Training/Education on supports available
- Access to Public Programs via email, phone, fax



Public Program Specialists follows through warm hand-off



Public Program Specialists initiate Care Plan Options



Allows for opportunity to connect to Community Based Supports



# **Ryan Uhlenkott**

**Deputy Director, Public Social Services,  
Riverside County**





# Examples of Collaborative Care

- Between Inland Empire Health Plan (IEHP), Molina Healthcare, and Riverside County DPSS:
  - Coordinated Client Care meetings, either initiated by the Health Plan or by IHSS staff
  - Multi-disciplinary team participation by our Health Plans regarding housing unstable clients and/or in our Elder Abuse Forensic Center
  - Dedicated online portal for submission of IHSS applications, including an expedited enrollment process for members
  - Identification of clients who would benefit from Intensive Case Management and assignment to that IHSS unit
  - The ability to check the status of client or provider submitted tickets to our IHSS Helping Others Manage Efficiently (HOME) call center line, especially regarding change assessments





# Breakout Room Discussions

- Breakout room sessions will be 20-minutes long.
- Participants will be automatically placed in breakout rooms.
- Each breakout room will be staffed with a notetaker who will help to pose the 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 the written feedback is so important!



# Discussion Questions

- What are promising practices and opportunities from CMC to improve coordination of *behavioral health* benefits?
  - Pick your top three to share with the broader group.
- What are promising practices and opportunities from CMC to improve coordination of *LTSS* benefits?
  - Pick your top three to share with the broader group.

**Choose one person who will put both top three promising practices/opportunities in the chat and share with the broader group.**



# **Breakout Group Report Outs**



# Panel Reaction

- What are your reactions to the breakout group feedback?
- How can we further address any barriers that were discussed?



# 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: **Wednesday, October 13, at 10 a.m.**
- Quarterly CCI Stakeholder Webinar: **Thursday, September 30 at 11 a.m.**