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SPEAKERS

Mary Russell
Anastasia Dodson
Ken Pham
Kristen Smith
Anna Williams

Mary Russell:

Well, good morning everyone. Welcome to the October Quarterly DHCS CCI Stakeholder Webinar. Today, we have some great presentations planned. The first will be with Anastasia Dodson, Deputy Director in the Office of Medicare Innovation and Integration at DHCS. Our other speakers also include Ken Pham, a Research Analyst at DHCS; Kristen Smith, Chief of Agency Operations, Health, and Community, with Aging and Independent Services of San Diego County; Anna Williams with the Medicare Medicaid Coordination Office with the Centers for Medicare and Medicaid Services. A few meeting management items to note before we begin. All participants will be on mute during the presentations. Please feel free to submit any questions via the chat feature on Zoom. During the Q&A portions of the webinar, if you would like to ask a question or provide comments, please use the 'raise hand' function and we will unmute you.

Mary Russell:

Let's take a quick look at our agenda for today. We will begin with a summary of the January 2023 enrollment changes and have some time for questions. Then we'll spend some time reviewing the September Cal MediConnect Dashboard. Next, we'll hear a presentation from San Diego County on their COVID-19 vaccination campaign. After that, CMS will share an update on the 2022 to 2023 flu shot campaign. Finally, we'll close the meeting with some upcoming DHCS stakeholder workgroups and webinars. At this time, I'll hand it off to Anastasia Dodson to review the summary of the January 2023 enrollment changes. Go ahead, Anastasia.

Anastasia Dodson:

Thank you so much, Mary. Just looking at that agenda, I just want to first say that when we talk about these January 2023 enrollment changes, there's no new policies here. These are the same topics we've been talking about for a number of months, but want to make sure that everybody has heard everything and answer any questions. Then I am really excited for the second half of the meeting talking about the COVID vaccination and flu vaccination campaign updates. Those are so important right now and really looking forward to that part of the discussion. For now though, let's make sure that you all are well aware of what's going on for January 2023 for people who are dually eligible for Medicare and Medi-Cal. Next slide. Okay, first up is our Medi-Medi Plans and Cal MediConnect transition. Next slide. Excuse me. Reminder that beneficiary enrollment in any Medicare Advantage plan, including a D-SNP is always voluntary.

Anastasia Dodson:

Medicare beneficiaries can remain in Medicare Fee-for-Service, original Medicare and don't need to take any action to remain in Medicare Fee-for-Service. Our Medicare Medi-Cal plans or Medi-Medi Plans, they combine Medicare and Medi-Cal benefits into one plan and they're available in seven counties for 2023: Los Angeles, Orange,

Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties. Cal MediConnect members are going to be automatically enrolled in the Medi-Medi Plan that's affiliated with their Cal MediConnect plan and no action is needed by the beneficiary. Next slide.

Anastasia Dodson:

Medi-Medi Plans are similar to the Cal MediConnect approach. We've used a lot of the same plan requirements in these plans. They have high consumer satisfaction on the Cal MediConnect side, so we expect the same will be true as their Medi-Medi Plans. We also have simplified care coordination through these plans to help members access services as well as integrated member materials. These are all requirements in the Medi-Medi Plans. There are Supplemental Benefits and also Community Supports like we have on the Medi-Cal side and Enhanced Care Management all available through these Medi-Medi Plans. The benefit coordination that's done across Medicare and Medi-Cal benefits is important in these plans. There's a unified plan benefit package that integrates Medi-Cal and Medicare benefits covered through managed care. There's a unified process for durable medical equipment, for example, and plan-level integrated appeals. Next slide.

Anastasia Dodson:

So again, this transition is going to be automatic for individuals who are enrolled in Cal MediConnect plans. There will be no gap in coverage. The provider network should be substantially similar. If there are any gaps, there are continuity of care provisions. Health plans have been communicating with their members about these changes and they sent the initial notices by September 30th. There will be subsequent notices as we'll walk through going out in a few weeks. Next slide. The next transition is for D-SNP look-alike plans. Next slide. D-SNP look-alike plans are Medicare Advantage plans that are marketed to dually eligible beneficiaries but not required to provide the same type of care coordination with Medi-Cal benefits as true D-SNPs. Look-alike plans are a type of Medicare Advantage plans that have 80% or more of their members eligible for Medi-Cal. So they mostly serve dual eligible beneficiaries, but look-alike plans do not meet federal and state D-SNP integration requirements. Enrollment in these plans increased in the seven CCI counties in recent years due to various factors. Next slide.

Anastasia Dodson:

CMS is limiting enrollment into Medicare Advantage plans that are D-SNP look-alikes. For 2023, CMS is not renewing contracts with these plans. We're going to talk about the transition then on the next slide. For 2023, those MA organizations that have D-SNP look-alikes will be transitioning their look-alike members, which is around 140,000 members in California, into another Medicare Advantage plan that's offered by the same Medicare Advantage organization. That could be a true D-SNP or a regular Medicare Advantage plan that members will be automatically transitioned to. This transition is designed to provide continuity of care as well as cost-sharing

protections for dual eligible beneficiaries and also better options for people who are currently enrolled in a look-alike plan. CMS, the federal government that administers Medicare has worked with plans to facilitate the crosswalk enrollment of those members to D-SNPs and other MA plans. We did post that crosswalk list in early October on the DHCS website so that you can see if you want to look by contract and plan benefit package. That information is posted on our website to see where members are being cross walked into. Next slide.

Anastasia Dodson:

Okay. Now we're onto a different topic that is about Medi-Cal managed care for dual eligible beneficiaries, but it is not about any changes in Medicare plans. Next slide. Right now in California, you can see the darker purple along the northern part and coastal areas of California. In those counties, skilled nursing facility services and dual eligible beneficiaries are already enrolled in Medi-Cal managed care plans. Then in the pink counties, which are large Southern California counties as well as Santa Clara and San Mateo, most people who are dually eligible are already enrolled into Medi-Cal managed care. Across those counties, the pink and the purple, that's over 70% of people who are dually eligible are already enrolled in a Medi-Cal managed care plan. In the bluish color, that's in Central Valley, Central California, Sierras, as well as San Francisco, Alameda, Contra Costa, people who are dually eligible for Medicare and Medi-Cal, those folks have the option right now to enroll in a Medi-Cal managed care plan, but starting in January, almost all people who are dually eligible for Medicare and Medi-Cal will be required to enroll in a Medi-Cal managed care plan.

Anastasia Dodson:

So, in those counties that are dark blue on the map, beneficiaries will be receiving information in the mail informing them that they must choose a Medi-Cal plan and they will also be receiving information on what plans, what Medi-Cal plans are available for them to choose. When they choose a Medi-Cal plan, there will be no impact on their Medicare benefits or Medicare providers. We will talk more about that in the next few slides. Okay, next slide. To slightly back up just a sec. Medi-Cal provides benefits through fee-for-service and managed care delivery system. Again, as you saw on that map, in most parts of the state, most Medi-Cal beneficiaries are enrolled in a Medi-Cal managed care plan, including people who are dually eligible. In those 31 counties that we saw with the dark blue, beneficiaries, including those who are dually eligible, will be required to enroll in a Medi-Cal plan. Once again, this is about Medi-Cal managed care plan enrollment and it does not impact Medicare provider access or someone's choice of original Medicare or Medicare Advantage.

Anastasia Dodson:

Medicare providers do not need to be in Medi-Cal plans to continue serving their Medicare dually eligible patients. So just want to repeat that again. Medicare providers do not need to be enrolled in Medi-Cal plans to continue serving their Medicare dual eligible patients. Fact sheets about this and the beneficiary notices are

available on the DHCS webpage for this transition. Next slide. Just repeating again, over 70%, or over one million people who are dually eligible are already enrolled in a Medi-Cal managed care plan. The change for January 2023 will impact about 325,000 dual eligible beneficiaries and they will be required to enroll in a Medi-Cal managed care plan. The list of counties is here on this slide and it matches the counties on that map in the dark blue. You can see many of those counties are in the Central Valley or Sacramento Valley area as well as Imperial County and then three counties in the Bay Area, San Francisco, Alameda, and Contra Costa. Beneficiaries can choose a Medi-Cal plan using the materials that they will receive in Fall of 2022 and in 12 counties, our Medi-Cal matching plan policy applies.

Anastasia Dodson:

We will not go into great detail on that. We've discussed it in other forums and I believe in this meeting as well, but some people who are already enrolled in a Medicare plan that has a matching Medi-Cal plan will then be automatically enrolled in that matching Medi-Cal plan. Next slide. Why are we doing this transition? We have already some expectations for Medi-Cal plans and incentives for them to coordinate long-term services and supports that are provided through Medi-Cal. We are essentially raising the bar for our Medi-Cal plans as far as their level of coordination for these types of benefits and also coordination for other services that are even with the hospital transitions and skilled nursing facility transitions. But the actual Medi-Cal benefits that can be helpful for people, particularly helpful for those who are dually eligible, bearing in mind that people with Medicare and Medi-Cal, they have their doctor visits and hospitalization covered through Medicare. But on the Medi-Cal side, there's Community-Based Adult Services, which is adult day health services, there's transportation to medical appointments, there's CalAIM Community Supports such as home modifications, medically tailored meals, there's CalAIM Enhanced Care Management.

Anastasia Dodson:

All of these things are through Medi-Cal plans and there's also Long-Term Care, Skilled Nursing Facility care, again through Medi-Cal plans. Having those services coordinated by the Medi-Cal plan can be a great asset. And also, again, the Community Supports and Enhanced Care Management is only available through Medi-Cal managed care plans. So, we really want to make sure that dual eligible beneficiaries in those 31 counties have access to Community Supports, Enhanced Care Management, all these other services. Again, some people are perhaps relatively healthy and may not have chronic conditions where they need these services, but they may in the future and we want to make sure that Medi-Cal plans are available as people are aging and needing any of these types of services, then they'll have a better connection to a health plan that can provide those services. Next slide.

Anastasia Dodson:

Then just a few minutes on some other Medi-Cal changes that you all may be aware

of, but just friendly reminders. Next slide. We have an older adult expansion of Medi-Cal eligibility. Effective May 1st, Medi-Cal full scope coverage became available for individuals age 50 and older regardless of their immigration status. There's still an income limit, but for the immigration status, that is no longer a factor as far as Medi-Cal eligibility for folks age 50 and older for full scope. There's also been a change in the Medi-Cal asset limit. Effective July of 2022, the Medi-Cal asset limit increased to $130,000 for one person and $65,000 for each additional person. That can have a big impact for some people. Medi-Cal income limits still apply, but the previous asset limit, aside from house and other types of assets like that, but the checking account, savings account balance...

Anastasia Dodson:

$2,000 was the previous limit, so going up to $130,000 makes a big difference for people to maintain their income security and also have access to the premium the cost-sharing that Medi-Cal can provide for people with Medicare as well as, again, the long-term services and supports that people can access through Medi-Cal, which is not covered by Medicare. I also want to flag that there are Medicare Savings Programs. The income limits are slightly higher, somewhat different for Medicare Savings Programs, but those can cover either the Part B premiums or co-insurance and Part D assistance as well for people who have incomes within those Medicare Savings Program limits. Again, the asset limit change also applies to those programs. Again, all of these policy changes greatly improve healthcare affordability for low and moderately low-income Californians, older adults. Next slide. We went through those quickly, but hopefully, you have all seen those slides before, but if you haven't, then this is a great opportunity to get your questions answered.

Mary Russell:

Yes. Please feel free to raise a hand if you have a question and you'd like to come off mute or drop it in the chat. We have a few minutes to address questions here before we head into the next section. Okay, I see a hand raised from Susan LaPadula. Susan, go ahead. You should be able to come off mute.

Susan LaPadula:

Thank you, Mary. Good afternoon, Anastasia. Thank you for your presentation. Very well done as always. I have two questions regarding the primary care physician. In a matching plan county, the 12 that are involved, will the PCP remain the same when the beneficiary makes their choice for their Medicare Advantage plan? Then that same question as it applies to the 30% of new county members that will be joining the Medi-Cal Managed Care choices.

Anastasia Dodson:

Mm-hmm. Thank you, Susan. I'm going to start with your second question. For people who have Medicare and are enrolling into a Medi-Cal plan, that does not impact their Medicare primary care providers, primary care physician in any way. They can still

keep seeing their same Medicare providers, so there's no impact there. Your first question, I think I heard you say about, what happens if someone joins a Medicare Advantage plan? In that case, if someone has original Fee-for-Service Medicare and they join a Medicare Advantage plan, then yes, their providers may change. It may be that the provider they're seeing or they could be in a different Medicare Advantage plan and then they choose another plan. They could be choosing a Medi-Medi Plan, they could be choosing regular MA plan, they could choose another D-SNP or their CSNPs. When someone is considering joining a Medicare Advantage plan, they can look at the provider network and see what physicians, hospitals, clinics are in that plan provider network. So that's…

Susan LaPadula:

May I also expand on the primary care physician element? It would be similar to what we do now today when we renew our health insurance, correct? We go out and we take a look at the providers. What will happen to those that do not, timely, make a choice and then the Department will place them into a plan in February, on February 1st instead of the January 1st date.

Anastasia Dodson:

We're talking about two different policies and two different issues. Around Medicare and Medicare plan choices, those are January 1st effective. The Department of Health Care Services, we are working with CMS for people who are already enrolled in a Cal MediConnect plan and they will be automatically enrolled into the Medi-Medi Plan that is the same plan organization as their Cal MediConnect plan. We do not expect there will be very much, if any, provider transition with that automatic transition for those members because plans, providers, generally, they want to keep continuity for patients. For the Medi-Medi Plan, the Cal MediConnect transition, we do not expect much provider transition and there are continuity of care provisions.

Susan LaPadula:

That's excellent. That helps me a lot. The February 1st date is only in those counties that are going to have the Medi-Medi Plans, if I followed your explanation.

Anastasia Dodson:

No, sorry. No. I think February 1st, you may be thinking of Medi-Cal plan enrollment for people who do not choose a Medi-Cal plan in time to have that Medi-Cal plan effective January 1st. So just thinking back to the map, this is for the folks here in those 31 counties irrespective of what Medicare plan they have except for in the matching plan counties. But basically, if someone is already in a Medicare Advantage plan, choosing a Medi-Cal plan won't change their Medicare plan. Or maybe to say it backwards, someone who's choosing a Medi-Cal plan will, if they're in original Fee-for-Service Medicare, they will stay in original Medicare. Choosing a Medi-Cal plan doesn't change someone's Medicare at all.

Susan LaPadula:

And if we follow that scenario through the Medi-Cal plan, will that be coming with a PCP already chosen?

Anastasia Dodson:

No. No.

Susan LaPadula:

Okay.

Anastasia Dodson:

Yes, because people who are dually eligible for Medicare and Medi-Cal, their PCP is through Medicare, so they do not need a PCP through Medi-Cal. It can be confusing if they have a PCP through Medi-Cal.

Susan LaPadula:

Yes, yes.

Anastasia Dodson:

Their PCP is through Medicare.

Susan LaPadula:

Excellent. That really helps, Anastasia. Thank you so much.

Mary Russell:

Thank you for the question, Susan. I also wanted to flag, I wonder if that February date is jumping out at you because I know that was also discussed during the MLTSS call last week, the presentation from Bambi Cisneros regarding the SNF transition. Just feel free to ping us on email if you have additional questions there if we can provide those materials.

Susan LaPadula:

Thank you, Mary. Thank you so much.

Mary Russell:

All right. Any other questions? I'm looking for raised hands or any questions coming in through the chat. I don't see any at this time. Oh, great, question from Tiffany. Tiffany, you should be able to come off mute now.

Tiffany Huyenh-Cho:

Thank you. Tiffany from Justice in Aging. Just to follow up on the PCP plan assignment for duals that are now enrolling into the Medi-Cal plans. I know there was an APL on that, I think it was 14-015 on this. Will that be updated or will that still be controlling?

Anastasia Dodson:

We will take a look. We do have many, many conversations with our Medi-Cal plans and messaging to them that they do not need to be chasing down dual eligible beneficiaries to get their PCP, that... So yeah, we're looking at the APLs to make sure if anything needs to be updated, but dual eligibles don't need a PCP on the Medi-Cal side.

Tiffany Huyenh-Cho:

Great, thank you.

Mary Russell:

Thanks, Tiffany. Thank you, Anastasia. So, with that, I think we will transition to our next section of the presentation and we will shift over to Ken now, Ken Pham, the Research Data Analyst with DHCS. Ken, thank you for joining today and feel free to jump in.

Ken Pham:

Thank you. Yes. Again, this is Ken. I'm under the Data Reporting Unit under DMAT. This is the September CMC Dashboard. Next page, please. The September CMC Dashboard, was just posted, and you can find it here at DHCS website under ‘documents.’ Next page. Okay. So, figure one, this is the statewide enrollment in CMC and a decrease from 113,000 members in April of 2021, to about 112,000 in March of 2022. Next page. Okay, this is figure eight, it shows the percentage of members with a Health Risk Assessment, HRA, completed within 90 days of enrollment… an increase from 95% in second quarter of 2021 to 96% in first quarter of 2022. Next. Okay, this is figure 12 which shows the percentage of members with an ICP and was completed within 90 days of enrollment. That has increased from 82% in the second quarter of 2021 to 84% in the first quarter of 2022. Next page. And last page, figure 24 shows the rate of CMC members seeking care in the emergency room for behavioral health services. Utilization was higher in 2021 compared to 2020. However, utilization has decreased from 17.2 visits per 10,000 member months in first quarter of 2021 to 13 visits in quarter four of 2021. Does anybody have questions?

Mary Russell:

Thanks so much, Ken. Yes, happy to take questions in the chat. Appreciate your update on that data. We can also provide the link in the chat so people can view the

dashboard. I think we'll start to tee it up for Kristen to jump in next. Again, we can take questions at the end, but we will transition to Kristen now with San Diego County. Go ahead, Kristen. Thanks for joining today.

Kristen Smith:

Morning or afternoon now, right? I'm Kristen Smith. I'm with Aging and Independence Services, which is part of the county of San Diego's Health and Human Services Agency. We can go to the next slide. Some of you are familiar with us. We bring together many different programs into one organization. We serve as the federally designated AAA, Area Agency on Aging, doing Older Americans Act programs. Then we also have another mix of local and state programs, really running the gamut from programs for independent up to very dependent folks. Many of you are very familiar with IHSS. Then we also have the care management program, MSSP, which has gone back and forth of being carved in and carved out, currently carved out with the health plans. And importantly, AIS is part of the county's Health and Human Services Agency, which includes our sister department's public health services and medical care services. Let's go to our next slide.

Kristen Smith:

San Diego is very large, and we've got about 700,000 folks who are age 60 and over, which means they're qualified for our Older Americans Act programs. Among dual eligibles, I believe we have about 70,000-75,000. Let's go to our next slide. We do a mix of programs and community initiatives. Our Aging Roadmap is a broad framework that encompasses all of the county's programs and initiatives and community partnerships related to aging. The goal is to create supportive and inclusive communities where everyone has the opportunity to thrive. Let's go to our next slide. We have a long history of prioritizing community engagement and working with partners to achieve mutual goals. Many of our partners are recognized by the county as official Live Well San Diego partners, meaning that we're all working towards that greater vision where all residents have an opportunity to live healthy, safe, and thriving lives.

Kristen Smith:

Currently, my team at AIS coordinates over 12 committees comprised of county staff and community members, including senior service providers, older adults, caregivers. We have a caregiver coalition, a fall prevention task force, and teams focused on aging and transportation, and another one on aging and housing. This is in addition to our participation on committees led by others such as Healthy San Diego, which is the consortium of seven Medi-Cal health plans here. So, for that, we have a Health Plan AIS Workgroup and I also participate in the Cal MediConnect Advisory Committee. Then I participate in several other Healthy San Diego committees. So I say all of this just to share the environment that we had pre-COVID and the base that we were starting from when we went into 2020. Let's go to our next slide.

Kristen Smith:

In early 2020 when we were seeing that COVID was going to become a big problem, the county's Live Well team worked with the county's emergency operations and with public health to establish an outreach framework for COVID-19. Our community partners from AIS to all of the other departments within HHSA were divided into sectors to ensure that the various groups would receive tailored support to respond to and prevent the spread of COVID. Using that sector framework, the county provides information on the rapidly evolving situation, tailoring the local, the state, and the national guidance towards those different sectors. At first, we had a long-term care and an older adult sector as one, but we soon split it into two. The older adult and disability sector included over 258 senior service providers that specifically subscribed to our listserv and then we also did e-blasts to over 6,000 stakeholders from all of those other 12 coalitions that I talked about. So some people would get the information in different routes.

Kristen Smith:

Then we would hold telebriefings. We had tailored website pages and then the same for the long-term care sector. We used this for things like tailoring guidance on masks or at the SNFs or how to cohort your patients and then these regular telebriefings. The long-term care telebriefings continue to this day and they still have dozens of participants on each one. We continue to use that. Let's go to our next slide. When we first started this sector approach with long-term care facilities, you see this slide. You don't have to worry about understanding the details on it. The point is that it was really complicated. We were trying to get one list of, okay, which are the SNFs? How many assisted livings do we have? What about adult residential facilities? There's different licensing agencies for different ones. We had some good starting points and we basically collected everything from everywhere, made a giant Excel list that really helped and we continue to maintain that and we get updates from the agencies. So having that basic list allowed us to move forward and make sure we were doing thorough outreach. Let's go to our next slide.

Kristen Smith:

Once vaccines came out, as you know, people living in long-term care facilities, both the skilled nursing facilities and assisted living, RCFEs, Residential Care Facilities for the Elderly, they were high-priority places. The pharmacies originally had government funding from the federal government to partner with those facilities and they did a lot of initial on-site vaccinations. Due to the large number of facilities in the county, the county worked to fill the gaps. So, we partnered with county Cal Fire and with Champions for Health and with others to provide onsite vaccinations. We set up a healthcare provider status team and we'd do proactive outreach to the facilities to see if they had already received anything from the pharmacy initiative, and if not, we would send someone there. That continues to this day for doing boosters. Let's go to our next slide.

Kristen Smith:

Going back to January 2021, the county became one of the first in the state to open a mass vaccination site. This is a picture of one at the Padres Stadium. Of course, as among the first eligible, many older adults were indeed able to go there, but other older adults had some barriers to overcome. Let's go to our next slide. Our Aging Roadmap community team on transportation, they created a Ride Well Guide. We already had one, but they adapted it for older adults that cataloged the existing transportation options and explained how to use popular ride share services and also all of the different non-profit volunteer ride services are listed in there that some had closed down because of the pandemic. This guide, updated for COVID, had the up to the, I wouldn't say minute, but up to the month information on what was available. This was really crucial for people who relied on public transit. Let's go to our next slide.

Kristen Smith:

To further tailor that for the vaccine sites, we partnered with 211 and 211 could help a senior find what was the best ride for them if they could take MTS, the bus system or if they should call FACT, which is an organization funded by SANDAG to get more specialized help. Also, you'll see on here the dot point on the Medi-Cal transportation services. That was started out with us going back and forth with our Healthy San Diego partners to figure out what would be appropriate to put on this flyer. And within probably a week of going back and forth, we got this out to the community to share information with the broader community about what was available for transportation to vaccine sites. Let's go to our next slide. Even better than having 20 people from one apartment complex try to take the bus five miles to a site would be if we could get the vaccines to come to their apartment complex.

Kristen Smith:

We basically used the same system that we had set up for the SNFs and the assisted livings, but we got our list of low-income apartment complexes from HHSA's Housing and Community Development Services. We had our outreach team, my team that normally does elder abuse presentations and overviews of AIS services. They called 215 locations and said, "Hey, have your residents been able to get vaccinated yet? Would it help you if we sent a pod there?" What that looked like was usually, one of our local fire stations going there and setting up outside in the parking lot, sometimes in the lobby, and vaccinating people on site. They would do a little publicity ahead of time. The apartment staff would go up to the rooms and say, "Hey, they're here. You want to come downstairs? You can get your shot." I don't have the exact numbers on how many we vaccinated through that. Some sites had just 10, 15 people and some sites had dozens, so 500 is a very conservative number there. Let's go to our next slide.

Kristen Smith:

Most of this is happening concurrently. We get the long-term care facilities, they're going first, the mass vaccination sites set up, and then we're filling in the gaps with the transportation and with the low-income apartment complexes. By February, we were looking at, "Well, what about the homebound, the people who can't even get down to the lobby in the apartment complex or don't live in an apartment complex and live in a single family home? So we started with our own clients here in MSSP and IHSS and a couple others and we amended some contracts real quick with local healthcare providers to do the in-home vaccinations. We worked out the kinks with our own clients and then we worked with 211. We developed a screening protocol. 211 would figure out, okay, does this person, could they get by with just getting transportation to a site or do they really need it in home?" If they did, and it was self-attestation and they could be of any age, disabled, older, whatever the situation was, and 211 would fill out a screening. It would be a Smartsheet. It would come over to the county, to our staff.

Kristen Smith:

We would go through it, clean it, call the people, and then send lists over, divide it into lists for the different vaccinators, which was an ever-changing thing. We would have zip codes and be like, "Okay. Tri-City's serving these zip codes right now, and oh, now they can't do it, so now, Champions for Health will go in," and it's still going today. AIS has transferred the program over to Public Health Immunization Department. I just got the numbers this week for this presentation and they're up to over 3,300 in-home doses that have been provided and they're working on boosters now. Let's go to our next slide. As you know, and I'm sure all of you also, everything was moving very fast and we just really wanted to make sure we're reaching everyone. California Department of Aging released some funding that became available in January of this year and for older adults who had been missed with vaccination outreach, to let them know about it and where they could get it and to bring down the barriers.

Kristen Smith:

What we did is we did two things: we looked at the socioeconomic variables in different neighborhoods and regions and at the vaccination rates. So using those two things, we figured out an equitable way to allocate resources to the different regions and then community health workers with contractors in those regions did intensive outreach and assistance just from the period of January through June when we had that funding. You can see here they did quite a few, facilitated a lot of doses getting out there for older adults. Let's go to our next slide. Through all of this, I don't think our lessons learned are rocket science. It's just how do you really put them into action. We knew it was very important to keep in touch with the community, so that sector approach, having an email for people to email us with questions and then we could hear, "What are the gaps in knowledge?" Having the telebriefings, we could hear, "What are the current issues?"

Kristen Smith:

Quite often, the community was a step ahead of us saying like, "Hey, we really want to bring vaccines to our senior living communities, can you help us?" So then we quickly mobilized to see if we could do that. So really building on those existing partnerships so that we could fill those gaps and address those barriers. And of course, using that equity lens is really important, not giving the same thing to every region, but tailoring the services so that we're meeting the specific needs of individuals. Let's go to our next slide.

Kristen Smith:

Now as we go forward, we're integrating vaccine outreach and other COVID-19 education into our work at Aging and Independent Services and also into the work of HHSA as a whole. As I said, the Homebound Vaccine program has been integrated into public health services. Vaccines are now happening at the community clinics, the public health clinics, and of course at pharmacies. I just got my bivalent booster the other day. We're continuing to use that sector approach. We're actually broadening it. We're working on right now changing our covid.ais email to something more general so that we can use this same sector approach for future issues. So that is it and I now have time for questions.

Mary Russell:

Thank you so much, Kristen. This was so informative and so interesting. Thank you for joining today, for sharing all this. We do have a couple of minutes for questions if anyone would like to raise a hand or drop a question in the chat. I'll give everyone a minute to process. We can also take questions at the end as well, so if you-

Kristen Smith:

All righty.

Mary Russell:

... are still formulating their questions, feel free to drop it in the chat and we will circle back to it. Thanks so much, Kristen.

Kristen Smith:

Sure.

Mary Russell:

Now we will transition to Anna Williams from CMS to talk about the flu prevention and vaccination among duals. Thanks, Anna.

Anna Williams:

Thanks, Mary. As Mary mentioned, I'm going to go over CMS-wide initiatives and also

highlight some of the work that the Medicare Medicaid Coordination Office is doing to promote flu prevention among dually eligible beneficiaries. Next slide please. There are some unique challenges we're all facing with this year's flu season. There are myriad challenges related to the ongoing COVID-19 pandemic. It continues to touch so many aspects of life and healthcare, and flu prevention is not an exception. This year's flu strain is also expected to be more severe than in years past, creating an even greater need to encourage flu prevention this season. Co-administration of all recommended vaccines is the best clinical practice. It increases the probability that a person will be up to date on all recommended vaccines. It's also an important part of immunization practices if a healthcare provider is unclear on whether a patient will return for additional doses of vaccines. While both flu and COVID-19 vaccines can be given at the same time, people should follow the recommended schedule for vaccines and talk with their provider to better understand any questions or concerns they may have. Next slide.

Anna Williams:

This fall, the Medicare Medicaid Coordination Office, or MMCO, partnered with states and MMPs to provide direct beneficiary outreach. Postcards have been sent to all Cal MediConnect members in 15 different languages, large print and in braille. Cal MediConnect plans shared addresses and preferred languages and numbers so that they could send the postcards out with the most up to date information available. You can find the postcard and other resources at the link you see here on this slide. There are also two examples, one in English and one in Korean up on the slide as well. MMCO and DHCS are also engaging with all of the Cal MediConnect plans throughout October to understand the barriers these plans are facing, the strategies to address those barriers and any best practices or unique ways that plans are engaging with members and others in the community to encourage flu prevention. Next slide please.

Anna Williams:

There are many ways that you can be involved in this season's flu prevention effort. We encourage you all to spread the word around flu prevention all season long, including during the National Influenza Vaccination Week, which will take place December 5th through 9th. We're sharing some resources and tools on the next few slides that can help you and your organization to engage in these efforts. Next slide please. We have quite a few resources specific to the dually eligible population and they're available through Resources for Integrated Care. I've included many of these on this slide and these are all links. You can look into the slides and click through and find them or you can access them through the Resources for Integrated Care website. I'll highlight just a few of these. There's a new webinar from this September on Promising Practices for Promoting Equitable and Culturally Competent Vaccinations for Dually Eligible Beneficiaries. I'd encourage you to check that webinar out if you haven't had a chance to already. There's also an article from earlier this year on Promising Practices for Improving Vaccination Rates in California. Next slide please.

Anna Williams:

There are also a number of resources through CMS more broadly, both for beneficiaries and for other partners. For beneficiaries, this includes a video on the importance of flu prevention, a webpage on preventing and screening services, and information on Medicare coverage. There's a flu landing page for partners that will be updated throughout the flu season. I encourage you to check back at that website regularly for any updates. CMS also has many outreach and media materials, including a social media toolkit that can be used throughout the season and especially during the National Influenza Vaccination Week in December. There's also a flu vaccination partner toolkit with a lot of the good resources. I'd encourage you all to take a look at these resources and explore the best ways for you and your organization to engage in this year's flu prevention efforts. When we all work together, we really do have the best chance of making a meaningful impact to fight flu this year. Thanks in advance for your engagement around this year's flu prevention effort. And with that, I will turn it back to Mary.

Mary Russell:

Thanks so much, Anna. Really appreciate all these resources as well. As a reminder, these slides will be circulated and posted on the DHCS site so people can check out these links, but please feel free to raise a hand or drop a question in the chat if there are any questions for Anna or CMS. All right. A quiet group today. All right, well, I think we'll jump to the next slide where we wanted to just share a little bit about upcoming DHCS Stakeholder Workgroups and Webinars. Anastasia, do you want to cover this one?

Anastasia Dodson:

Sure, Mary. Thank you again. The information from San Diego and CMS on these vaccination efforts is so, so important. So really, again, so much appreciation to you all for your work and collaboration and to the folks in the audience as well for all the work that you're doing. Thank you. We do have many upcoming workgroups and webinars. Next slide. We have our monthly MLTSS and Duals Integration Plan Workgroup coming up in November, and then another one in December. We will continue talking about those January transitions, but we do have other topics as well. For example, the 2024 state Medicaid agency contract, the provisions that DHCS will be holding D-SNP plans accountable for in 2024… it’s already time to put those ideas into words and on paper there, as well as crossover billing and some of the other topics that have come up, back to Susan's questions earlier in the slide. So we'll keep working with all of you on those topics. Then we have of course, webpages galore with lots of materials. Next slide.

Anastasia Dodson:

Then the Skilled Nursing Facility Carve-In, that is also coming January 1st as far as the effective date and so there's webinars on the Long-Term Care Carve-In page that

you can register for. We have a lot of good information there, lots of details, and we appreciate the partnership that you all are providing on that transition. Next slide. We do have an integrated care for dual eligibles website. Lots and lots of links on that page. We try to make it a hub with links to a page on the matching plan policy or D-SNP contracts and the policy guide, the future of Cal MediConnect, and of course, the info@calduals.org is a great way to send any questions and they get routed to the right people within DHCS. Thank you, Mary.

Mary Russell:

Thanks so much, Anastasia. Just as a reminder, we've included some links in the chat for upcoming workgroups and additional resources. We look forward to your participation in the next Managed Long-Term Services and Supports and Duals Integration Workgroup on Thursday, November 17th. Please feel free to reach out with any questions to the info@calduals.org inbox and we look forward to seeing you soon. Thanks, everyone. Have a good day.