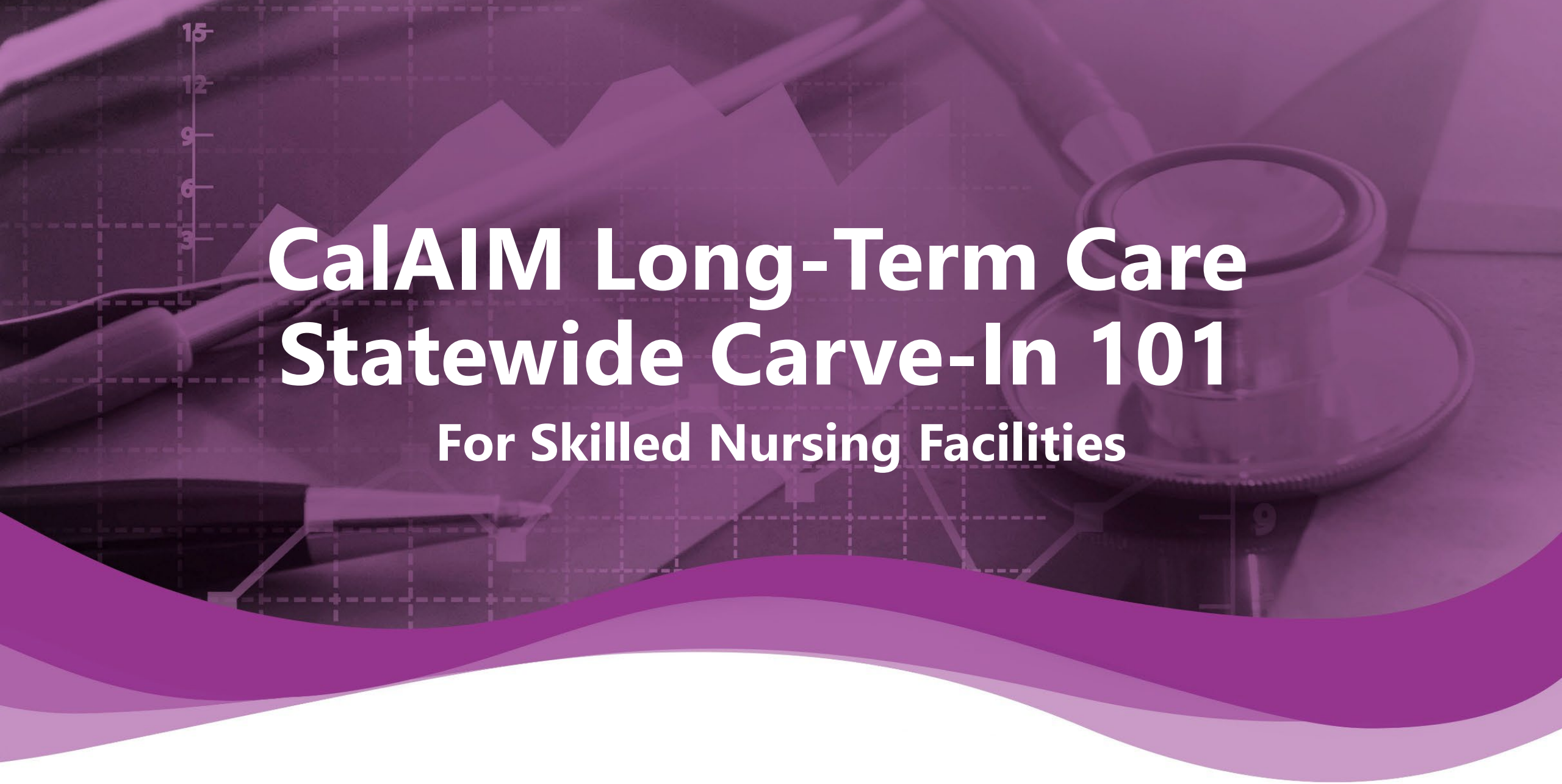


CalAIM Long-Term Care Statewide Carve-In 101

For Skilled Nursing Facilities

DHCS

October 7, 2022

Meeting Management

- This webinar is being recorded.
- Participants are in listen-only mode but can be unmuted during the Q&A discussion. Please use the "Raise Hand" feature and our team will unmute you.
- Please use the “Q&A feature” to submit questions throughout the webinar.

Agenda

Topics	Time
Welcome and Introductions	1:00 – 1:05 PM
CalAIM LTC Carve-In Transition Background and Overview	1:05 – 1:13 PM
Skilled Nursing Facility Coverage in Managed Care: Policy Requirements and Implementation Plan and Q&A	1:13 – 1:43 PM
Best Practices from a COHS Plan: Health Plan of San Mateo and Q&A	1:43 – 1:58 PM
Looking Ahead and Closing	1:58 – 2:00 PM

California Advancing and Innovating Medi-Cal (CalAIM): Long-Term Care (LTC) Carve-In

CalAIM: LTC Carve-In

Goal: Make coverage of institutional LTC consistent across all counties and members.

Starting on January 1, 2023:

- **Medi-Cal managed care plans (MCPs) in all counties will cover LTC benefit for following facility types:**
  - **Skilled Nursing Facility (SNF), including a distinct part or unit of a hospital**
- **All Medi-Cal beneficiaries residing in a LTC facility are mandatory to enroll in a MCP for their Medi-Cal covered services.**

Starting on July 1, 2023:

- Medi-Cal managed care plans (MCPs) in all counties will cover LTC benefit for following facility types:
  - Intermediate Care Facility for Developmentally Disabled (ICF-DD);
    - ICF-DD/Habilitative;
    - ICF-DD/Nursing;
  - Subacute Facility; and
  - Pediatric Subacute Facility.

LTC In Managed Care Today: COHS and CCI Counties

- MCPs are contractually responsible for all medically necessary LTC services regardless of the length of stay in a facility.
  - County Organized Health Systems (COHS) counties currently have the full LTC benefit carved in
  - Coordinated Care Initiative (CCI) counties have the LTC benefit for most facilities other than ICF/DD carved in
- In COHS and CCI counties, MCP members requiring long-term stays at nursing facilities continue to stay enrolled in their Plan and do not transition to Fee-For-Service (FFS).
- Cal MediConnect and MCPs are required to coordinate care and transitions of care for beneficiaries.

LTC In Managed Care Today: COHS and CCI Counties

MCP (^ are COHS plans)	Counties (* are CCI counties)
CalOptima^	Orange*
CenCal Health^	Santa Barbara, San Luis Obispo
Central California Alliance for Health^	Santa Cruz, Monterey, Merced
Gold Coast Health Plan^	Ventura
Health Plan of San Mateo^	San Mateo*
Partnership Health Plan^	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo
LA Care Health Plan, Health Net	Los Angeles*
Inland Empire Health Plan, Molina Healthcare	Riverside*, San Bernardino*
Anthem Blue Cross Partnership Plan, Santa Clara Family Health Plan	Santa Clara*
Aetna Better Health, Blue Shield, Community Health Group Partnership Plan, Health Net, Kaiser Permanente, Molina Healthcare, United Healthcare	San Diego*

LTC Today in Non-COHS/Non-CCI

- MCPs are responsible for medically necessary LTC services for two months – the month of a person's admission to an LTC facility and the following month.
- After the second month, MCPs must disenroll the member into Medi-Cal Fee-For-Service (FFS).
  - Until the disenrollment is approved by DHCS, MCPs must provide all medically necessary covered services to the beneficiary.
  - MCPs are also required to coordinate the beneficiary's transfer to the Medi-Cal FFS program upon the effective date of disenrollment.

Non-COHS/Non-CCI Counties

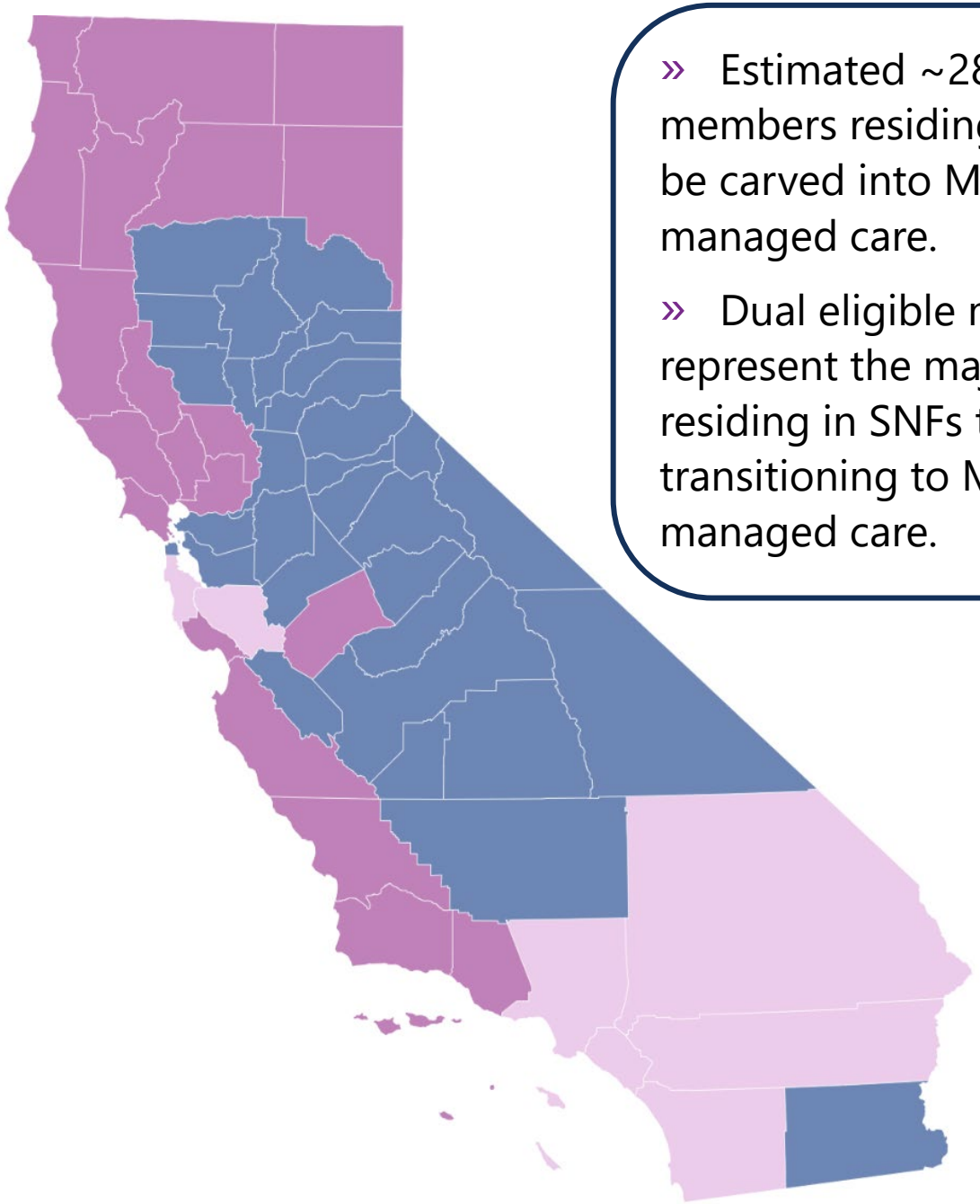
MCP	Counties
Alameda Alliance for Health, Anthem Blue Cross Partnership Plan	Alameda
Anthem Blue Cross Partnership Plan, California Health & Wellness	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba
Anthem Blue Cross Partnership Plan, Contra Costa Health Plan	Contra Costa
Anthem Blue Cross Partnership Plan, CalViva Health	Fresno, Kings, Madera
California Health & Wellness, Molina Healthcare of California Partner Plan	Imperial
Health Net Community Solutions, Kern Family Health Care	Kern
Aetna Better Health of California, Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Kaiser Permanente, Molina Healthcare of California Partner Plan	Sacramento
Anthem Blue Cross Partnership Plan	San Benito
Anthem Blue Cross Partnership Plan, San Francisco Health Plan	San Francisco
Health Net Community Solutions, Health Plan of San Joaquin	San Joaquin, Stanislaus
Anthem Blue Cross Partnership Plan, Health Net Community Solutions	Tulare

Statewide LTC

COHS Counties with Long-Term Care Carved-in to Medi-Cal Managed Care

CCI Counties with Long-Term Care Carved-in to Medi-Cal Managed Care

Counties where Long-Term Care will be carved-in to Medi-Cal Managed Care starting January 1, 2023



- Estimated ~28,000 members residing in SNFs will be carved into Medi-Cal managed care.
- Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

Statewide LTC Managed Care Starting in 2023

- Effective January 1, 2023, the LTC benefit for Skilled Nursing Facilities (SNF) will be carved-in to Medi-Cal managed care statewide.
  - Members residing in ICF/DDs, ICF/DD-H, ICF/DD-N, Subacute, or Pediatric Subacute will not be required to transition to managed care until July 1, 2023.
- Some of the carved-in LTC services are currently within the scope of Medi-Cal managed care plans in COHS (22) and CCI (7) counties, but for the other plan model types in the remaining 31 counties LTC services will be new to managed care.

SNF Carve-In Goals

- Standardize SNF services coverage under managed care statewide
- Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility
- Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in SNFs

What is Changing?

- All Medi-Cal only and dual eligible beneficiaries in Medi-Cal FFS residing in a SNF on January 1, 2023 will be enrolled in a Medi-Cal MCP effective January 1, 2023 or February 1, 2023.
- Beneficiaries who enter a SNF facility and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing.
- This will include most Medi-Cal beneficiaries:
  - Medi-Cal only beneficiaries
  - Dual eligible beneficiaries – eligible for Medicare and Medi-Cal
  - Medi-Cal beneficiaries with other health coverage, including private coverage
  - Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes

- This transition to managed care will increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in LTC facilities.

Skilled Nursing Facility (SNF) Coverage in Managed Care: Policy Requirements and Implementation Plan

Continuity of Care – SNF Services

- MCPs must provide Continuity of Care (CoC) for all medically necessary LTC services at non-contracting LTC facilities for members residing in a SNF at the time of enrollment.
- To prevent disruptions in care, members must be allowed to stay in their current SNF residence, as long as:
  - The facility is licensed by the California Department of Public Health (CDPH);
  - The facility meets acceptable quality standards, including the MCP's professional standards; and
  - The facility and MCP must agree to work together.
- This continuity of care protection applies to all SNF residents transitioning on January 1, 2023 and lasts for 12 months.
  - After 12 months, members may request an additional 12 months of continuity of care.
- This continuity of care protection is **automatic**, meaning the beneficiary does not have to request to stay in their facility.
- If member is unable to access continuity of care as requested, the MCP must provide the member with a written notice of action of an adverse benefit determination and find alternative placement.

Continuity of Care – Providers

- Under CoC, members may continue seeing their out-of-network Medi-Cal providers for up to 12 months.
  - The member, authorized representative, or provider contacts the new MCP to make the request.
  - The member can validate that the member has seen the provider for least one non-emergency visit in the prior 12 months.
  - The provider meets the MCP's professional standards and has no disqualifying quality of care issues.
  - The provider is willing to work with the MCP (i.e., agree on payment and/or rates).
- Dual eligible members may continue seeing their existing Medicare providers, those Medicare providers do not change and do not have to be in the Medi-Cal MCP provider network.
- Members entering managed care residing in a SNF after June 30, 2023 **will not** receive automatic CoC and must request CoC. This follows the standard process outlined in APL 18-008.

Continuity of Care – Other Services

- **Prescription Drugs:** Maintenance of current drug therapy, including non-formulary drugs, until the member is evaluated or re-evaluated by a Network Provider.
  - Claim type determines the financial responsibility for prescription drugs.
    - If drugs are dispensed by a pharmacy and billing on a pharmacy claim, they are carved out and covered by Medi-Cal Rx.
    - If drugs are furnished by the SNF or provider and billed on a medical or institutional claim, the MCP is responsible.
  - MCPs may choose to cover drugs not covered by Medi-Cal Rx, inclusive of over-the-counter drugs and other therapies otherwise not covered.

Continuity of Care – Other Services (Contd)

- **Other Services:** CoC provides continued access to the following services, although could require a switch to in-network providers.
  - Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
  - Facility Services
  - Professional Services
  - Select Ancillary Services
  - Appropriate level of care coordination

CoC: How can SNFs prepare?

- SNFs and MCPs are required to prepare and engage ahead of the transition to discuss continuity of care policies and procedures.
  - For medical supplies, transportation, or other Medi-Cal benefits not included in the per diem rate, SNFs and MCPs should work together to proactively identify where facilities may be using providers or vendors not in network with the MCP so that MCP can proactively transfer members to in-network providers as soon as possible and helping to ensure that all members have “day one” coverage of essential supplies and benefits.
- MCPs may require the submission of evidence and documentation associated with TARs for members. SNFs should obtain an understanding of MCP policies and procedures.
- DHCS will continue to provide member level data to MCPs monthly through the “Plan Data Feed” file exchange to appropriately ensure CoC for members.

Leave of Absence and Bed Holds

- A Leave of Absence (LOA) and Bed Holds are periods of time when a member may leave their facility while retaining the ability to return, and the facility will continue to receive some payment.
- Nursing facility residents, in accordance with their care plan, may take a short LOA from the facility either for an inpatient hospital stay or for therapeutic leave (e.g., family visits).
  - When a recipient residing in a nursing facility is admitted to an acute care hospital, providers must bill Bed Hold days.

Leave of Absence

- Allowable LOA length of time per calendar year:
  - 73 days per calendar year for developmentally disabled patients,
  - 30 days for patients in certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic program approved and certified by a local mental health director
  - 18 days for all other patients, with up to 12 days of additional days of leave per year approved in increments of up to two consecutive days. Additional days must follow individual care plan and appropriate to physician and mental well-being of the patient. At least five days of inpatient care must be provided between each approved leave of absence.
- LOA payment is not made if a member is discharged during the LOA or discharged within 24 hours after returning to the SNF.
- LOAs and Bed Hold Medi-Cal requirements are in Title 22, CCR, Sections 51535 and 51535.1
- Medi-Cal Provider Manual: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/leave.pdf)

Leave of Absence and Bed Holds (Contd)

- MCPs must allow members to return to the same SNF where a member previously resided under the LOA and Bed Hold policies.
- MCPs must ensure the SNF notifies members or authorized representative in writing about their right to a Bed Hold provision.
- Members must receive transition assistance and care coordination if there is an exception or a SNF fails to comply with regulations.
- MCPs should address any SNF denials of Bed Holds with the SNFs to ensure appropriate member access.
- MCPs must ensure that SNFs notify members of their right to bed holds in writing upon admission to SNF, and upon transfer to hospital.

Leave of Absence and Bed Holds: How can SNFs prepare?

- MCPs have Utilization Management (UM) policies and procedures in place to support the receipt, review, and approval or denial of authorizations for LOAs and Bed Holds.
- SNFs should work closely with the UM and/or LTSS liaisons at the MCP to ensure the appropriate documentation is provided to obtain approvals for LOAs and Bed Hold authorizations, as needed. MCPs may require prior authorization for LOAs and Bed Holds.
- Timely and accurate authorization submissions are critical to ensure member care access.

- For residents in a nursing facility (NF-A or NF-B) that are admitted to an acute care hospital, MCPs will provide a **Bed Hold authorization** for period of **seven days** when a member is admitted to acute care.
- Claims for Bed Holds will be denied if a member's stay in a hospital will be longer than seven days.

Authorizations

- **Treatment Authorizations Requests (TARs)**
  - MCPs must maintain continuity of care for members in a SNF facility by recognizing any treatment authorization requests for SNF facility services made by DHCS for the member enrolled into the MCP.
  - MCPs are responsible for all other approved TARs for services in a SNF exclusive of the SNF per diem rate for a period of 90 days after enrollment in the MCP, or until the the MCP is able to reassess the Member and authorize and connect the Member to medically necessary services
- **Service Authorizations**
  - Prior authorization requests for Members who are transitioning from an acute care hospital must be considered expedited, requiring a response time no greater than 72 hours, including weekends.

Authorizations: How can SNFs prepare?

- MCPs have UM policies and procedures in place to support the receipt, review, and approval or denial of authorizations. As SNFs continue working and/or establish new partnerships with MCPs, a few steps to support the managed care operations around authorizations:

- ❑ Attend MCP specific trainings on LTC authorizations
- ❑ Clarity on MCP form or process for submitting a referral for authorizations
- ❑ Member eligibility validation steps
- ❑ Provision of acceptable clinical documentation and evidence, as needed
- ❑ Understanding of placement criteria for an appropriate level of care evaluation
- ❑ Detailed and clear documentation to ensure comprehensive initial submission to MCP
- ❑ Obtaining clarity on the length of time of different types of authorization approvals
- ❑ Understanding reauthorizations process when an authorization termination date is approaching

Authorizations (Contd)

- Any decisions delayed beyond the time limits is considered a denial and must be immediately processed as such.
  - **Routine authorizations:**
    - MCPs have **5 working days** to determine a decision. If additional information is required, an extension may be granted for a period of 14 calendar days.
  - **Expedited authorizations:**
    - MCPs must provide a notice no later than **72 hours** after receipt of the request for services. An extension may be granted for up to 14 calendar days if member requests extension or additional information is needed and serves in the member's best interest.

Care Management and Care Coordination

- MCPs are required to provide care coordination to support members.
- Care coordination is scaled to member needs, but for those in LTC it would likely include:
  - Comprehensive assessment of the member's condition
  - Determination of available benefits and resources
  - Development and implementation of a Care Management Plan (CMP) with performance goals, monitoring and follow-up
- MCPs also must assess for and provide additional care coordination services if medically necessary:
  - Enhanced Care Management (ECM) and Community Supports
  - Complex Care Management
  - The SNF LTC Carve-In will not change the administration of the Medi-Cal benefits are carved out of managed care and will continue to be carved out after January 1, 2023

Care Management and Care Coordination: How can SNFs prepare?

- MCPs must implement a Population Health Management (PHM) Program that ensures all Medi-Cal managed care Members, including those using SNF services, have access to a comprehensive set of services based on their needs and preferences across the continuum of care, including Basic Population Health Management (BPHM), care management programs, and Community Supports.
  - The PHM Service will begin in January 2023 and MCPs will be rolling out in a phased approach.

- ❑ Identification of an MCP representative (e.g., LTSS Liaison) to coordinate care and provide care management together on behalf of the member
- ❑ Obtain an understanding of MCP policies and procedures around Enhanced Care Management, Community Supports, and other care management services to connect them with the Medi-Cal managed benefits and services available

Member Communications

DHCS Member Noticing Plan

- **LTC 60 Day and 30 day Notice**
  - Explains the following:
    - LTC benefit changes
    - Transition to Medi-Cal Managed Care
    - Information on Managed Care Plans
    - Information on health plan options
    - Information on Continuity of Care
    - Information on what members need to do next
    - Who to contact if they have any questions

- **Notice of Additional Information (NOAI)**
  - Included in both mailings
  - FAQ format that includes additional information about the LTC changes

SNF Carve-In Member Communication and Outreach Timeline

November 2022

- LTC Member Notice and NOAI in hand by 11/1/2022 (60 Day Notice)
- Choice Packets will be mailed by the end of November 2022*

**Choice Packets will only be mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.*

December 2022

- LTC Member Notice and NOAI in hand by 12/1/2022 (30 Day Notice)
- Health Care Options Member Outbound Call Campaign Begins

January 2023

- SNF Carve-In Live
- Health Care Options Member Outbound Call Campaign Cont.

Questions?

SNF Coverage in Managed Care: Policy Requirements and Implementation Plan

Member Communications

Best Practices from a COHS Plan: Health Plan San Mateo

October 7, 2022

Stephanie Mahler, RN, Clinical Network Liaison

April Watson, MPH, RD, Interim Provider Services Director

HealthPlan OF SAN MATEO
Healthy is for everyone

Objective

- **Share and discuss key lessons learned/best practices from CCI/COHS county experience with transitioning SNFs to managed care**

Keystones

- **SNF/LTC Liaison Role**
- **Payment changes, including quality incentives**
- **Nursing Facility Collaborative**

Questions?

Best Practices from a COHS County: Health Plan San Mateo

Next Steps

Resources

- All Plan Letter: APL 22-018 Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
- Forthcoming
  - Frequently Asked Questions (FAQs)
  - CalAIM SNF LTC Carve-In Resources for MCPs

- https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx

SNF Carve-In Webinars

Topic	Audience	Date and Time
CalAIM LTC SNF Carve-In 101 for MCPs	MCPs	September 21, 2022, 10am –11am
CalAIM LTC Statewide Carve-In 101 for SNFs	SNFs	October 7, 2022, 1pm – 2pm
Promising Practices for Contracting	SNFs and MCPs	November 4, 2022, 1pm – 2pm
LTC Billing and Payment Rules	SNFs and MCPs	December 2, 2022, 1pm– 2pm
Best Practices for Care Transitions	SNFs and MCPs	January 2023 – TBD
Best Practices for Care Management	SNFs and MCPs	February 2023 – TBD

Materials from previous webinars and information on upcoming public webinars and registration details can be found at: https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx

Resources and Contact Information

- Questions? Contact info@calduals.org
- Additional resources may be found in the Appendix slides

- DHCS Resources
  - Long-Term Care Carve-In Transition: https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx
  - CalAIM: https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx
  - Integrated Care for Dual Eligible Beneficiaries: https://www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx

Thank you!

Appendix

Appendix A: Public Health Emergency (PHE) Unwinding

Public Health Emergency (PHE) Unwinding

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a ***DHCS Coverage Ambassador!***
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

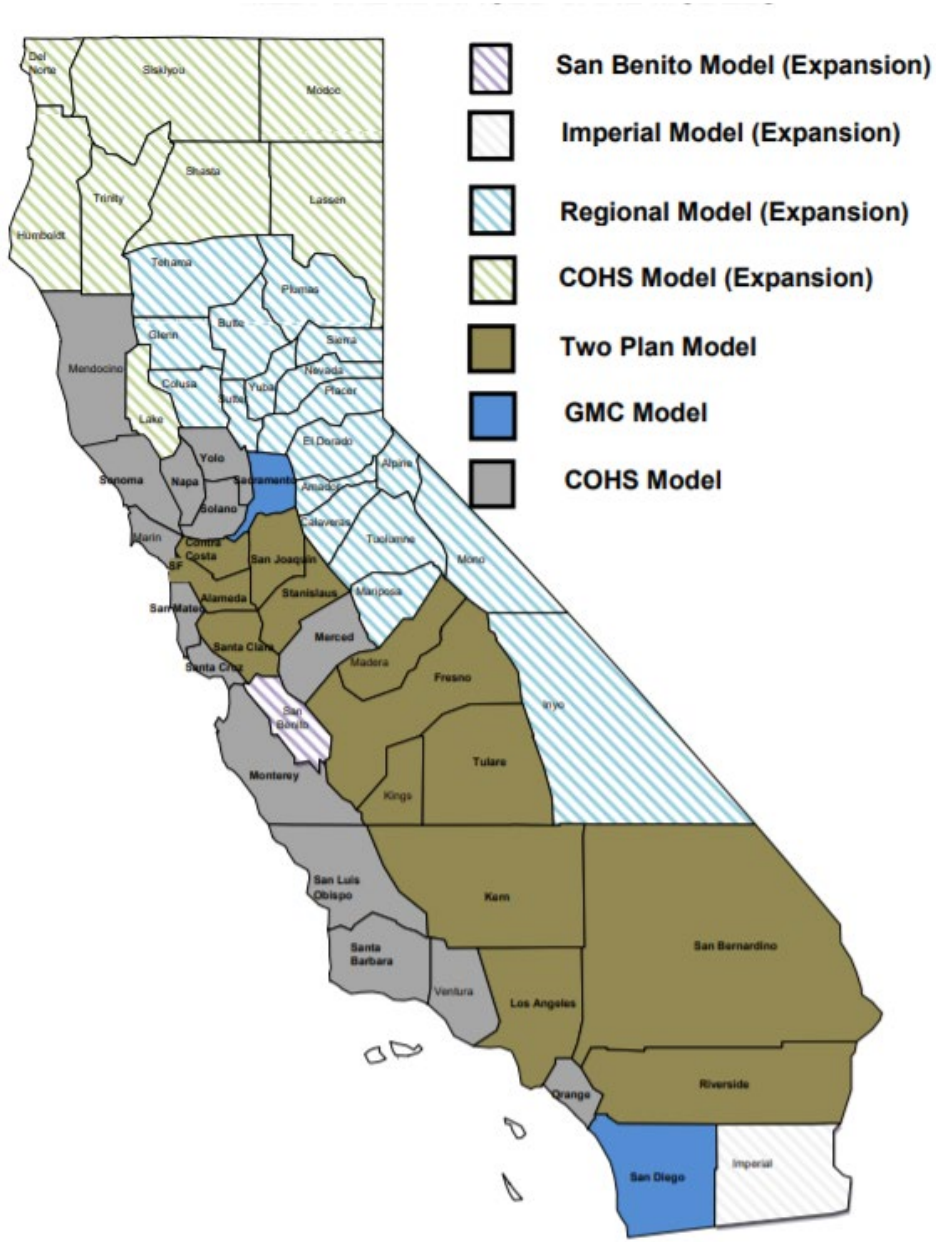
DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Appendix B: Medi-Cal: Population, Delivery System, and Payment Processes

Medi-Cal Managed Care Models

- All counties have Medi-Cal MCPs, but the plan models differ by county.
- Some counties have one Medi-Cal MCP, others have two, and some have several.
- Additional information about which Medi-Cal MCPs operate within your county can be found on the Managed Care Model Map from the DHCS website.
- Additional information about managed care models can be found on the Managed Care Models Fact Sheet from the DHCS website.



Appendix C: CalAIM and SNF Carve-In Additional Information

CalAIM: Overview and Goals

- California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by DHCS to improve the quality of life and health outcomes by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

1) Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
2) Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.
3) Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility

CalAIM: Goals for Managed Long-Term Services and Supports

- Improved Care Integration
- Person-Centered Care
- Leverage California's Robust Array of Home and Community-Based Services (HCBS)
- Build on Lessons and Success of Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI)
- Support Governor's Master Plan for Aging
- Build a Multi-Year Roadmap to integrate CalAIM Managed Long-Term Services and Supports (MLTSS), Dual Eligible Special Needs Plan (D-SNP), and Community Supports policy, the Master Plan for Aging, and all HCBS, to expand and link HCBS to Medi-Cal managed care and D-SNP plans

LTC and the LTC Provider Network

- Long-Term Care is care provided by a skilled nursing facility, intermediate care facility, or subacute facility
  - Skilled Nursing Facility (SNF), including a distinct part or unit of a hospital
  - Intermediate Care Facility for Developmentally Disables (ICF/DD)
    - ICF/DD-Habilitative;
    - ICF/DD-Nursing;
  - Subacute Facility
    - Pediatric Subacute Facility
- Rates for LTC facilities include all supplies, drugs, equipment and services necessary to provide a designated level of care. Other inclusive items include:
  - Personal hygiene items
  - Therapy services
- MCPs are obligated to pay for all medically necessary SNF levels of care, including custodial care, skilled nursing facility care, and intermediate care (as defined in 22 CCR 51123 and 22 CCR 51120).

Carved Out Services

- Some Medi-Cal benefits are not covered by the MCPs:
  - If drugs are dispensed by a pharmacy and billed on a pharmacy claim, they are carved out and covered by Medi-Cal Rx.
    - Most prescriptions for dual eligibles are covered by Medicare
  - Specialty Mental Health Care is covered by county mental health plans; however, No Wrong Door does apply.
    - This coverage may vary by county.
  - Dental benefits are covered by specialized dental managed care plans or by Medi-Cal fee-for-service.
  - Substance Use Disorder (SUD) treatment.