



Long-Term Care 101

**CalAIM Skilled Nursing Facility (SNF) Carve-In for
Managed Care Plans**

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Agenda

Topics	Time
Welcome and Introductions	10:00 – 10:05 AM
CalAIM Long Term Care Carve-in Background/Overview	10:05 – 10:18 AM
Skilled Nursing Facility Carve-In Policy Requirements	10:18 – 10:38 AM
Member Communications and MCP Data Sharing	10:38 – 10:46 AM
Health Plan of San Mateo: How can MCPs prepare?	10:46 – 10:51 AM
Q&A and Next Steps	10:51 – 10:58 AM

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

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CalAIM: Goals for Managed Long-Term Services and Supports

- » Improved Care Integration
- » Person-Centered Care
- » Leverage 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 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 (CMC), MCPs, LTC facilities, and other support services are required to coordinate care and transitions of care for beneficiaries.

LTC in Managed Care Today: COHS and CCI Counties

MCP	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 in Non-COHS/Non-CCI

- » MCPs are contractually responsible for medically necessary LTC services for two months – the month of admission to an LTC facility and the following month.
- » After the second month, MCPs must disenroll members to Medi-Cal Fee-for-Service (FFS) for beneficiaries who require LTC beyond two months.
 - » 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.

Statewide LTC in 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.
- » Beneficiaries who enter a SNF and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing. This also includes Medi-Cal beneficiaries with other health coverage, including private coverage and Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes.
- » 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.

Long-Term Care (LTC) Services

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LTC Services

- » Long-Term Care is care provided in 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 Disabled (ICF/DD)
 - » ICF/DD-Habilitative;
 - » ICF/DD-Nursing;
 - » Subacute Facility
 - » Pediatric Subacute Facility

LTC Services and Per Diem Rate

- » 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 SNF levels of care, including custodial care, skilled nursing facility care (NF-B, as defined in 22 CCR 51123), intermediate care (NF-A, as defined in 22 CCR 51120).
- » [Additional Information: Medi-Cal Provider Manual: LTC Inclusive and Exclusive Services](#)

LTC Excluded Services

- » Exclusive items are supplies, drugs, equipment or services **not** included in the per diem rate and are separately reimbursable subject to the utilization review controls and limitations of the Medi-Cal program.
 - » Examples:
 - » Durable Medical Equipment
 - » Laboratory services and X-rays
 - » Dental services
- » [Medi-Cal Provider Manual: LTC Inclusive and Exclusive Services](#)

Skilled Nursing Facility (SNF) Carve-In Policy Requirements

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Leave of Absence and Bed Holds

- » MCPs must include as a covered benefit any leave of absence or Bed Hold that a SNF provides in accordance with the requirements of Title 22, California Code of Regulations (CCR), Section 72520 or California's State Medicaid Plan.
- » 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 and Bed Holds (Cont.)

- » 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.

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 an LTC facility at the time of enrollment.
- » To prevent disruptions to care, members must be allowed to stay in the same SNF, as long as:
 - » The facility is licensed by the California Department of Public Health (CDPH);
 - » Meets acceptable quality standards, including the MCP's professional standards; and
 - » The facility and MCP can agree to rates.
- » This CoC protection is **automatic**, meaning the beneficiary does not have to request to stay in their facility.

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, without prior authorization 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 and billed on a medical or institutional claim, the MCP is responsible.
 - » MCPs may choose to cover drugs not covered by Medi-Cal Rx, including of over-the-counter drugs and other therapies otherwise not covered.
- » **Other Services:** CoC provides continued access to the following services (although will require a switch to in-network providers):
 - » Durable Medical Equipment (DME)
 - » Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
 - » Facility Services
 - » Professional Services
 - » Other Ancillary Services and Medical Supplies
 - » Appropriate level of care coordination

Authorizations

» Treatment Authorizations

- » 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 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.

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 Carve-In will not change the administration of the Medi-Cal benefits that are carved out of managed care and will continue to be carved out after January 1, 2023

SNF Carve-In: Plan Readiness

» **SNF Network Readiness**

- » Reviewing SNF availability, and other considerations such as timeliness to placement, utilization patterns, shifts from institution care to home and community-based services


» **Member Materials**

- » MCP website, Member Handbook, Welcome Packet and Call Center support, as well as DHCS notices, Call Center support and websites

» **SNF Data Sharing**

- » Ensuring that MCP has processes to ensure data is shared as needed with contracted providers in a timely and consumable format.

Key SNF Network Readiness Milestones

July 1 – September 1, 2022	MCPs must submit the SNF Readiness Template, attestation, and all associated documentation to DHCS.
 September 30, 2022	DHCS to share preliminary findings with MCPs.
October 14, 2022	MCPs must resubmit an updated SNF Readiness Template if the SNF network was found to be deficient during the preliminary review.
December 16, 2022	DHCS may impose corrective action on MCPs that do not meet readiness requirements. DHCS will provide a Transitional Monitoring Template to MCPs.
April 3, 2023 – Ongoing	MCPs must submit the completed Transitional Monitoring Template for Q1 2023 and each subsequent quarter.

Questions?

CaAIM LTC Background/Overview
LTC Services
SNF Carve-In Policy Requirements

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Member Communications and MCP Data Sharing

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Member Communication and Outreach

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.

Provider Linkage and MCP Assignment


DHCS will be mailing two versions of the LTC SNF Enrollment Notices to members 60-days and 30-days prior to January 1, 2023 driven by member population type:

- » Members not part of the Medi-Cal matching plan policy will receive notices that include the name of the managed care plan the beneficiary will be enrolled in if they do not choose a managed care plan by the default date. DHCS will use an upfront provider linkage process that assigns a member to a MCP that works with their current LTC facility. If their LTC facility does not work with an MCP in their county, a default process will be used.
 - » Members may contact Health Care Options to learn more about their MCP and their choices, if applicable

- » Members that are part of the Medi-Cal matching plan policy will receive notices that include the name of the managed care plan the beneficiary will be enrolled in based on their Medicare Advantage Plan enrollment.
 - » The State has a Medi-Cal matching plan policy in certain counties. This means that if the member joins a Medicare Advantage plan and there is a Medi-Cal plan that matches with that plan, they must choose that Medi-Cal plan. This policy does not change or affect their choice of a Medicare plan.

Final SNF Enrollment Notices will be provided to MCP's in mid-September.

SNF Carve-In Data Sharing to MCPs

Planning Data	Released June 27, 2022	Estimate of population transitioning based on number of beneficiaries residing in LTC facility and in FFS today
 Transition Data	November 2022	Beneficiary-level demographic and claim-level data for each MCPs transitioning population
Standard Ongoing Data Feeds	January 2023	Beneficiaries new to Medi-Cal, or transitioning between plans post-implementation

Questions?

Member Communications
MCP Data Sharing

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SNF Carve-In for MCPs: Lessons Learned from a COHS Plan

September 21, 2022

Stephanie Mahler, RN, Clinical Network Liaison

**April Watson, MPH, RD, Interim Provider Services
Director**



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?

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Next Steps

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Upcoming SNF Carve-In Webinars

Topic	Audience	Date and Time
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

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

» Forthcoming

- » All Plan Letter
- » Frequently Asked Questions (FAQs)

» Questions? Contact info@calduals.org

» 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>

Thank you!

Appendix

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Public Health Emergency (PHE) Unwinding

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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.

SNF Carve-In: Additional Information

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LTC in Non-COHS/Non-CCI

- » MCPs are responsible for 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.

LTC in Non-COHS/Non-CCI, Continued

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

LTC in Non-COHS/Non-CCI, Continued

MCP	Counties
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

Contacts on LTC Member Notices

For Medi-Cal Questions:	For questions about why Medi-Cal is changing:			To learn more about health plan and provider choices:
<p>DHCS Medi-Cal Helpline: Helps people and providers with questions or to report a problem.</p> <p>1-800-541-5555</p>	<p>DHCS Ombudsman Office: Helps people with Medi-Cal use their benefits and know their rights and responsibilities</p> <p>1-888-452-8609 (TTY State Relay: 711)</p> <p>MMCDOmbudsmanOffice@dhcs.ca.gov</p>	<p>Medicare Medi-Cal Ombudsman Program: The Medicare Medi-Cal Ombudsman helps people with complaints and issues.</p> <p>1-855-501-3077</p>	<p>Long-Term Care Ombudsman: The Long-Term Care Ombudsman helps people who reside in a LTC facility with complaints and with knowing their rights and responsibilities.</p> <p>1-800-231-4024</p>	<p>Health Care Options: Helps people learn about managed care options and make a managed care plan choice.</p> <p>1-800-430-4263 (TTY 1-800-430-7077)</p>

DHCS Resources: LTC

- » Medi-Cal Provider Manual: Leave of Absence, Bed Hold, and Room and Board
 - » <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/leave.pdf>
- » FFS per diem rates for SNFs, intermediate care facilities, subacute, pediatric subacute:
 - » <https://www.dhcs.ca.gov/services/medi-cal/Pages/LTCRU.aspx>
 - » <https://www.dhcs.ca.gov/services/medi-cal/Pages/AB1629/LTCAB1629.aspx>
- » Integrated Care for Dual Eligible Beneficiaries
 - » <https://www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx>
- » Medi-Cal Matching Plan Policy for Duals
 - » <https://www.dhcs.ca.gov/provgovpart/Pages/Medi-Cal-Matching-Plan-Policy-for-Duals.aspx>
- » CalAIM MLTSS and Duals Workgroup
 - » <https://www.dhcs.ca.gov/provgovpart/Pages/MLTSS-Workgroup.aspx>