

State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

DATE: November 5, 2014 CCT GUIDANCE LETTER #09-08-14-001

TO: California Community Transitions (CCT) Program Director

SUBJECT: Providing CCT Services in Partnership with Medi-Cal Managed Care Health Plans (MCHP) under the Coordinated Care Initiative (CCI)

EFFECTIVE ON: 07/01/2014

PURPOSE

This CCT Guidance Letter (GL) provides:

1. A brief overview of CCI in California,
2. Information on the CCI Long-Term Services and Support (LTSS) products available to managed care beneficiaries living within CCI counties, and
3. A description of the possible interface between the local CCT Service Providers and Medi-Cal MCHPs.

BACKGROUND

The state Medi-Cal program and the federal Medicare program partnered to launch a three-year demonstration project to coordinate care for beneficiaries who are dually eligible for both Medi-Cal and Medicare (dual-eligibles). This project, the Coordinated Care Initiative (CCI), will take place in eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.¹

Under CCI, nearly all Medi-Cal beneficiaries age 21 and older, including dual-eligible beneficiaries, are required to join a Medi-Cal MCHP to receive their Medi-Cal benefits.

¹ CalDuals website: <http://www.calduals.org/>. January 2014.

CCI has two components:

1. **Cal MediConnect:** A voluntary three-year demonstration program for Medicare and Medi-Cal dual eligible beneficiaries will coordinate medical, behavioral health, long-term institutional, and home- and community-based services (HCBS) through a single health plan.
2. **Managed Medi-Cal Long-Term Supports and Services (MLTSS):** In addition to their Medi-Cal MCHP benefits, beneficiaries who choose not to enroll into Cal MediConnect will receive LTSS via Medi-Cal MCHP.

For the purposes identified in this Guidance Letter, we have focused on the long-term care products available under the CCI: Cal MediConnect and MLTSS.

Under CCI, the goal of Cal MediConnect is to improve care coordination for dual eligible beneficiaries and provide high quality care that helps people stay healthy and in their homes for as long as possible. Additionally, shifting services out of institutional settings and into the home and community will help create a person-centered health care system that is also sustainable.

Dual-eligible beneficiaries who opt-out of Cal MediConnect are required to join a Medi-Cal MCHP to receive their Medi-Cal benefits, including LTSS.

The services available through Cal MediConnect include all Medicare benefits, ranging from doctor visits to prescription drugs, all current Medi-Cal Managed Care benefits, and Medi-Cal LTSS.

LTSS benefits include:

- € Short-term and long-term nursing facility care;
- € In-Home Supportive Services (IHSS);
- € Multipurpose Senior Services Program (MSSP);
- € Community-Based Adult Services (CBAS); and
- € Care Plan Options that could include the following home- and community-based plan benefits:
 - In-home and out-of-home respite;
 - Nutritional assessment, counseling, and supplements;
 - Minor home or environmental adaptations, and habilitation, and other services that may be deemed necessary by the Cal MediConnect Plan, including care coordination.

Beneficiaries who are enrolled in the HCBS Waivers listed below are excluded from passive enrollment into Cal MediConnect. If a beneficiary is enrolled in a HCBS Waiver and would like to enroll in Cal MediConnect, he or she must first disenroll from the HCBS Waiver before joining Cal MediConnect.

- € Nursing Facility/Acute Hospital (NF/AH)
- € HIV/AIDS
- € Assisted Living
- € In-Home Operations (IHO)
- € Home and Community-Based Services for the Developmentally Disabled (HCBS-DD)

LONG-TERM SERVICES AND SUPPORTS UNDER CCI: TWO Managed Care Products

Dual-eligible beneficiaries can choose to receive LTSS benefits in one of two ways:

1. Cal MediConnect, or
2. Managed Long-Term Services and Supports (MLTSS).

	CAL MEDICONECT	MLTSS
<p>Eligibility</p> <p>For more information on eligibility exclusions, click the link below:</p> <p>CMC and MLTSS exclusions</p>	<p>A person must be:</p> <ul style="list-style-type: none"> € Fully-eligible for both Medi-Cal and Medicare: <ul style="list-style-type: none"> ○ This includes Medicare Parts A and B; and ○ Full-scope Medi-Cal 	<p>A person can meet any of the following eligibility categories:</p> <ul style="list-style-type: none"> € Dual-eligible beneficiary who opts-out of Cal MediConnect € Partially-eligible beneficiary for both Medi-Cal and Medicare € Fully-eligible beneficiary for Medi-Cal only (ages 21 and older)

	CAL MEDICONNECT	MLTSS
<p>Enrollment</p> <p>For more information on enrollment, click the link below:</p> <p>CalDuals</p>	<p>Passive enrollment for beneficiaries eligible for Cal MediConnect (i.e. full-duals) and who are not otherwise exempt from passive enrollment</p> <p>The state will enroll eligible beneficiaries into Cal MediConnect that combines their Medi-Cal and Medicare benefits unless the beneficiary actively chooses not to join and notifies the state of their choice</p>	<p>Beneficiaries who are eligible for CMC must actively opt-out of Cal MediConnect to keep the same Medicare. However, they are still required to be enrolled in a Medi-Cal Managed Care Plan for their Medi-Cal benefits including MLTSS</p> <p>Beneficiaries who opt-out of Cal MediConnect may choose to remain enrolled in fee for service Medicare, or a Medicare Advantage plan</p> <p>People who are currently enrolled only in a MCHP <u>will now also receive MLTSS through their health plan</u></p>

	CAL MEDICONNECT	MLTSS
<p>Integration</p>	<p>Cal MediConnect will provide enrollees all Medi-Cal and Medicare benefits and services, including medical care, long-term care, and coordination with behavioral health care and social supports</p> <p>Beneficiaries, their family members and other caregivers will be able to participate in care coordination teams that help ensure delivery of the right services at the right time and place</p> <p>Coordinated Medi-Cal and Medicare benefits in one plan. This includes all Medicare Part A, Part B and Part D benefits; and</p>	<p>Beneficiaries will get their Medi-Cal benefits and MLTSS through a Medi-Care MCHP</p> <p>Medi-Cal benefits for which a beneficiary is eligible, may include:</p> <ul style="list-style-type: none"> € IHSS € MSSP € CBAS € Nursing home care € Medically-necessary supplies € Some durable medical equipment, and € Non-medical transportation

	<p>all of the following Medi-Cal benefits:</p> <ul style="list-style-type: none"> € IHSS € MSSP € CBAS € Nursing home care € Medically-necessary supplies € Some durable medical equipment € Non-medical transportation, and € Vision <p>Beneficiaries can choose to stay in regular Medicare, but they will still need to choose a Medi-Cal MCHP</p>	<p>Medi-Cal pays Medicare deductibles and cost sharing, when applicable</p> <p>Medi-Cal benefits will not change</p> <p>All Medi-Cal beneficiaries, including dual-eligible beneficiaries, are required to join a Medi-Cal MCHP to receive their Medi-Cal benefits, including MLTSS</p>
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	CAL MEDICONNECT	MLTSS
HCBS Waiver Eligibility	<p>Not eligible for HCBS waivers, except MSSP, because care is fully-integrated under the plan</p> <p>The IHSS program would become a managed care benefit, but it would remain an entitlement program and current consumers' rights will not change</p>	<p>Only option under which beneficiaries eligible for Cal MediConnect can receive HCBS waiver services, except MSSP</p>

CCT AND MANAGED CARE

CCT transition services will be available to beneficiaries under Cal MediConnect and MLTSS. People's needs and preferences will drive the care they receive regardless of the system under which they receive their Medi-Cal benefits.

In CCI counties, CCT Lead Organizations (LOs) have the option to contract with MCHPs to provide comprehensive transition planning, implementation, and follow-up services to beneficiaries. Since MCHPs are familiarizing themselves with providing MLTSS, as a CCT LO, your organization brings a wealth of knowledge about transition coordination and community-based services and supports available to Medi-Cal beneficiaries living in long-term care institutions who wish to return to the community.

CCT LOs will continue to bill the state fee-for-service reimbursement system for pre-transition home set-up and post-transition services. Since MCHPs are at full risk for institutional long-term care, IHSS, MSSP, and CBAS; CCT LOs will need to coordinate HCBS and person-centered planning with MCHP case managers in CCI counties. Depending on a CCT participant's eligibility in Medi-Cal or Medicare, the MCHP will be responsible for more than just the MLTSS portion of the participant's care plan. Building relationships and entering into contracts with MCHPs will assist CCT LOs utilizing MCHP Registered Nurses for the medical assessment and signoff for the CCT participant transition. To identify which MCHP a potential CCT enrollee is enrolled, the CCT LO must check Medi-Cal Eligibility Data System (MEDS) through the Automated Eligibility Verification System (AEVS) for the beneficiary's Health Care Plan (HCP) code and Health Care Plan status code (HCP-STAT). See attached data dictionary.

RESOURCES

For more information and to sign-up for regular updates on the CCI, please visit:
<http://www.calduals.org/>

QUESTIONS

If you have any questions regarding this Guidance Letter, please contact Michael Luu at: Michael.Luu@dhcs.ca.gov

Sincerely,

(Original signed by)

Rebecca Schupp, Chief
Long-Term Services and Support Operations Branch
Long-Term Care Division

Attachment A
CCI Demonstration Counties

CCI Counties and Plans

County	Plan Type	Primary Contracted Plans	Current HCP # (for MLTSS)	Cal MediConnect HCP #
01=Alameda	Two-plan	Alameda Alliance for Health	300	808
		Anthem Blue	340	809
19=Los Angeles	Two-plan	L.A. Care	304	800
		Health Net	352	801
30=Orange	COHS	CalOptima	506	802
36=San Bernardino	Two-plan	Inland Empire Health Plan	306	812
		Molina Health Care	356	813
37=San Diego	GMC	Care 1 st	167	803
		Community Health Group	029	804
		Health Net	68	805
		Molina Health	131	806
		Kaiser Permanente	079	N/A
41=San Mateo	COHS	Health Plan of San Mateo	503	807
43=Santa Clara	Two-plan	Anthem Blue Cross	345	814
		Santa Clara Family Health Plan	309	815
33=Riverside	Two-plan	Inland Empire Health Plan	305	810
		Molina Health Care	355	811

Attachment B

Health Care Plan Status Codes and Descriptions

HCP Status Codes	HCP Status Descriptions
[blank]	Disenrollment occurred in prior month - no capitation paid
0	Voluntary disenrollment / no capitation paid (May also result from the retroactive disenrollment of a recipient in hold status / no capitation recovery)
1	Active enrollment, capitation paid (if Managed Care)
4	Pending enrollment
5	Enrollment held due to hold on recipients Medi-Cal eligibility status - No capitation paid
9	Mandatory disenrollment, no capitation paid. (May also result from the retroactive disenrollment of a recipient in hold status / no capitation recovery)
10	Voluntary disenrollment after capitation paid / recovery required. (The result of a retroactive disenrollment from an active HCP status)
19	Mandatory disenrollment after capitation paid - recovery required. (The result of a retroactive disenrollment from an active HCP status)
40	Voluntary disenrollment occurred before enrollment became effective / no capitation paid
49	Mandatory disenrollment occurred before enrollment became effective / no capitation paid
51	Enrollment activated from held status - supplemental capitation to be paid at end of the current month
55	Enrollment held - Potential HCP enrollee with Uncertified SOC - No capitation paid
59	Enrollment held due to change of recipient's status other than hold on Medi-Cal Eligibility (e.g. ZIP code, county code, aid code or OHC code Not covered by plan) / no capitation paid
P4	Enrollment application accepted - no capitation paid
S0	Voluntary disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active HCP status)
S1	Active enrollment - supplemental capitation paid for individual released from hold status
S9	Mandatory disenrollment after capitation paid - recovery processed (The result of a retroactive disenrollment from an active HCP status)
14	UNKNOWN
15	UNKNOWN
S5	UNKNOWN