

Section 1115 Waiver Implementation Plan

Stakeholder Advisory Committee
May 13, 2010



ABx4 6

-
- The implementation plan
 - Developed in consultation with a stakeholder advisory committee
 - The implementation plan shall specifically address multiple and complex needs of:
 - Seniors and persons with disabilities (SPDs)
 - Dual eligibles
 - Children with special health care needs
 - Persons with behavioral health conditions
-



The Implementation Plan

- Organized by the four principal vulnerable Medi-Cal populations and the programs that serve them in California:
 - Seniors and Persons with Disabilities
 - Children with Special Health Care Needs
 - Persons with Behavioral Health Disorders and/or Substance Abuse Requiring Integration of Care
 - Persons with Dual Medi-Cal and Medicare Eligibility
 - Coverage expansion
 - Hospital Finance
-



Seniors and Persons with Disabilities

- **Goals**

- Improve access to and coordination of the most appropriate, cost effective care for SPDs; improve health outcomes and contain costs
 - Provide SPDs with a choice of organized systems of care through which to receive these services
 - Support and strengthen the local safety net and its integration into organized systems of care
 - Align financial incentives to support providers in delivering the most appropriate care and containing costs
-



Key SPD Program Elements

- Provide seniors and persons with disabilities more organized care
 - Target population is Medicaid-Only beneficiaries
 - Require mandatory enrollment
 - Utilize organized delivery system models
-



Key SPD Program Elements

- County Alternative Option
- Incorporate essential elements of organized delivery systems
 - Medical home provider
 - Care management and member supports
 - Integrated Benefits



Key SPD Program Elements

- Monitoring system performance and outcomes
- Integrate local safety net into organized care delivery models
- Expected benefits



Approaches to Implementation

The plan includes two alternative approaches:

- Mandatory expansion of the SPD population into an existing managed care plan
- Mandatory expansion of the SPD population offering the choice of enrollment into existing managed care plans or a “County Alternative”



Key Performance Standards

Access

- Network Adequacy
- Access to Information
- Physical Accessibility

Note: Applies to both existing managed care plans and alternative options.



Key Performance Standards

Transition

- Outreach and Education
- Phased-In Transition
- Access to Existing Providers
- Assignment



Key Performance Standards

Care Management and Coordination

- Enhanced Definitions of Care Management and Coordination
- Early Identification of a Member's Health Care Needs
- Care Management Assessment
- Cultural Competency Training
- Behavioral Health Coordination
- Coordination with Other Services



Key Performance Standards

Performance Monitoring and Improvement

- Expand Required Performance Measures
- Augmented Audit Effort
- New HEDIS measures
- SPD Representation
- Enhanced Member Satisfaction Survey
- Quality Improvement projects (QIPs)
- Complaint and Grievance Procedures



County Alternative Option

- Provides an additional choice
- Meets unique local needs
- Must meet the requirements for serving SPDs and the chronically ill as applicable to Medicaid managed care plans



Children with Special Health Care Needs

- Potential Implementation Options
 - Enhanced Primary Care Case Management
 - Provider-Based Accountable Care Organization
 - Specialty Health Care Plan
 - Managed Health Care Plan



Implementation Options

- Advancing integration in managed care plans and other organized systems
 - Promote communication, information-sharing, and service integration between managed care providers and mental health and substance use providers
 - Establishing more integrated care
 - Continuing to explore opportunities to develop more integrated delivery models that promote care integration, such as through coverage initiative
-

Dually Eligible

Implementation Objectives

- Create one point of accountability for the delivery, coordination, and management of health care and long-term supports and services
 - Promote improvements in health outcomes
 - Maintain appropriate consumer involvement and safeguards
 - Structure incentives to improve coordination of care
-

Dually Eligible

Implementation Objectives

- Promote the use of home and community based services
 - Align Medicare and Medicaid's services and financing to streamline care and eliminate cost shifting
 - Slow the rate of both Medicare and Medicaid cost growth
-

Dually Eligible

- Explore integration of service in pilots where managed care plans have both Medi-Cal and Medicare contracts
- Continue discussions with the workgroup

Health Care Coverage Initiative

- Preparing for National Health Care Reform
 - Offer enrollment of parents and childless adults up to 200 percent of the federal poverty level
 - Work to align the eligibility, benefits, cost sharing, and immigration status rules for this newly covered population
 - Prepare for seamless enrollment into mandatory Medi-Cal coverage
-



Health Care Coverage Initiative

Program Developments

- Standardize benefits package over time to better align with a benchmark plan
- Assign medical homes
- Participation of public and private providers in provider networks
- Outreach for increased enrollment



Hospital Financing

- Retain key funding features
 - Certified Public Expenditure claiming
 - Continued supplemental payments and DSH replacement funds
 - Safety Net Care Pool to support
 - Coverage Initiative
 - Other indigent care
 - State General Fund relief
 - Expand Safety Net Care Pool resources
 - Increase support for existing purposes
 - Infrastructure investment to prepare for health reform
-

Timeline



WAIVER IMPLEMENTATION TIMELINE

May 2010: Develop plan capacity and readiness assessment		January 2012: Complete enrollment
June 2010: Begin plan capacity and readiness assessments	October 2010: Begin outreach and enrollment campaign	
	November 2010: Execute contract amendments with current plans	
	February 2011: Begin enrollment	
SENIORS AND PERSONS WITH DISABILITIES – ENROLLMENT INTO EXISTING MANAGED CARE PLANS		
June 2010: Publish RFI for County Alternative Option (CAO)	March 2011: Begin CAO capacity and readiness assessment	
August 2010: RFI response due	June 2011: Execute contracts with CAOs / Begin outreach	
September 2010: Release RFA for selected counties	August 2011: Begin CAO enrollment	
November 2010: RFA response due		
SENIORS AND PERSONS WITH DISABILITIES – ENROLLMENT INTO COUNTY ALTERNATIVE OPTIONS		
June 2010: Publish RFI for California Children’s Services (CCS) pilot sites		January 2012: Pilots begin
August 2010: RFI response due		
November 2010: Pilot sites selected		
CHILDREN WITH SPECIAL HEALTH CARE NEEDS		
August 2010: Develop integrated organizational models		January 2012: Pilots begin
	January 2011: Release RFP for integration models	
	March 2011: Initiate discussions with proposers	
	May 2011: Begin contract negotiations	
PERSONS WITH BEHAVIORAL DISORDERS AND/OR SUBSTANCE ABUSE		
September 2010: Secure CMS approval of waiver Special Terms and Conditions		
	January 2011: Release Health Care Coverage Initiative (HCCI) program implementation plan to all counties	
	February 2011: Begin enrollment expansion in existing coverage initiatives	
	July 2011: Begin expansion of HCCI to additional counties	
	September 2011: Begin enrollment in HCCI expansion counties	
HEALTH CARE COVERAGE INITIATIVE		
MAY 2010	JANUARY 2011	JANUARY 2012

Questions

