

Hospital\Uninsured Care Section 1115 Demonstration Project Waiver Dual Eligible Integration and HCBS Integration Technical Workgroup (TWG) Charter

<p>Purpose</p>	<ol style="list-style-type: none"> 1. Provide technical support to the Department of Health Care Services (DHCS) regarding the development of the 2010, Section 1115 Comprehensive Waiver/Demonstration Project implementation plan for enrollment of Dual Eligible individuals (those eligible for both Medicare and Medi-Cal) in an organized system of care that more fully integrates Medicare and Medi-Cal benefits and financing. 2. Provide technical support regarding the Section 1115 Wavier for ways to provide more effective delivery of Home and Community Based Services (HCBS).
<p>Sponsor</p>	<p>DHCS, Long Term Care Division and Director's Office</p>
<p>Scope</p>	<p>This workgroup will recommend approaches to ensure the successful implementation of A) enrollment of Dual Eligible individuals in an organized system of care that integrates Medicare and Medi-Cal benefits and financing, and B) HCBS integration.</p> <p>The workgroup will evaluate the potential for Dual Eligible integration offered by each of the following options:</p> <ol style="list-style-type: none"> 1. Existing successful models of integration. 2. Methods to leverage and expand existing California infrastructure, such as Special Needs Plans (SNPs), Programs for All Inclusive Care for the Elderly (PACE), and other managed care entities to achieve expanded integration. 3. Models not currently operating in California, such as Fee-for-Service Enhanced Primary Care Case Management (EPCCM) or Administrative Services Organization (ASO) models. 4. Combining Medicare and Medicaid benefits and financing under a "State as Integrated Entity" model. <p>The workgroup will also consider, identify, and evaluate approaches to expand the delivery of more comprehensive HCBS for both Dual Eligibles and other high-need populations.</p> <p>Functions associated with this process will include active participation in meetings, consideration of input from all stakeholders, contributing to group discussions in the subject matter areas, and recommending workable solutions for Dual Eligible care integration and HCBS integration.</p>
<p>Outcomes</p>	<p>By the end of this process, stakeholders will have a clear understanding of:</p> <ul style="list-style-type: none"> • Characteristics of Dual Eligibles in California and the United States, including eligibility, demographics, prevalent medical conditions, and Medicare and Medi-Cal program expenditures • Current DHCS policies and programs for Dual Eligibles and HCBS • Characteristics, such as care standards, operating methods, etc., for existing Dual Eligible integration entities and HCBS programs

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	<ul style="list-style-type: none"> • Successful Dual Eligible and HCBS integration practices in California and other states, and • Recommendations regarding the benefits and challenges of implementing various Dual Eligible and HCBS integration options <p>By the end of this process, DHCS will understand the workgroup participants' views on the following policy questions:</p> <ul style="list-style-type: none"> • What are the essential elements of an organized system of care for Dual Eligibles that integrates benefits and financing • What are the essential elements of an organized system of care that can provide accessible HCBS for high-need beneficiaries – including integrating financing models • How can current care infrastructures in California be leveraged to promote integration of Dual Eligible care and HCBS • What new organizations and partnerships can be developed to promote integration of Dual Eligible care and HCBS
Authority	This workgroup will formulate and present the results of its work to the 1115 Waiver Stakeholder Advisory Committee (SAC).
Membership	Members will be recognized stakeholders/experts in their fields, including but not limited to, beneficiary advocacy organizations, organizations representing Dual Eligible individuals, HCBS service programs, hospitals, community clinics, medical providers, and behavioral health.
Reporting	The leads, or designee, of the workgroup will provide reports to DHCS.
Timeframe	Initial drafts of the meeting outcomes will be completed by June 30, 2010.