

Interaction of Waiver Programs with the Coordinated Care Initiative June 3, 2013

A central goal of the Coordinated Care Initiative (CCI) is to help beneficiaries to stay in their homes and communities for as long as possible. To help ensure that beneficiaries receive the support needed to do so, it is important for there to be a shared understanding of how beneficiaries will move through the enrollment system and programs that provide waiver services.

The CCI consists of two distinct parts: 1) eligible beneficiaries with Medicare and Medi-Cal will be passively enrolled with the option not to join Cal MediConnect health plans that combine their Medicare and Medi-Cal benefits; and 2) mandatory enrollment into a managed care plan for managed Medi-Cal long-term service and supports (MLTSS) and home and community based services (HCBS).

This document contains six flow charts to help promote a shared understanding of how various populations may receive certain services under the CCI — either because beneficiaries are currently enrolled in a waiver program or because they are seeking such services. The options vary depending on a number of factors, including if the beneficiary participates in Cal MediConnect. Each flow chart discusses how a beneficiary moves through the CCI in three situations:

- *Beneficiary is “pending enrollment process into CCI”:* The CCI enrollment process will phase in eligible individuals according to birth month. The flow charts are based on the assumption that phase-in process will begin in January 2014 and occur over 12 months for most counties (immediately in San Mateo County). In addition, all eligible beneficiaries enrolled in MSSP will be passively enrolled at the same time in January 2014; this step is being taken as a requirement for rate setting.
- *Beneficiary has “Completed CCI enrollment; Mandatorily enrolled in MLTSS”:* These are individuals who have been through the CCI enrollment process and have been mandatorily enrolled in managed care for the provision of long term services and supports (LTSS). It is important to keep in mind that beneficiaries in the NF/AH and ALW waivers will not be passively enrolled into Cal MediConnect, but will be mandatorily enrolled into Medi-Cal managed care for LTSS. Such beneficiaries may choose to join Cal MediConnect; however, they would be required to disenroll from their waiver to do so. If a waiver slot should open, the beneficiary has the choice to continue to receive services from the Cal MediConnect plan, or they may opt out of Cal MediConnect and join the waiver. All other LTSS would continue to be provided through the Cal MediConnect plan.
- *Beneficiary is “Excluded or exempt from MLTSS or Cal MediConnect”:* These are individuals who are exempt or excluded from the CCI (either mandatory enrollment into

managed care for LTSS or Cal MediConnect). A beneficiary may be exempt from initial enrollment and later be required to go through the enrollment process. (Please see Attachment A.)

Attachments

Attachment A.1-A.2: Participating Populations Charts

Attachment B: Not Enrolled in MSSP: Beneficiary Seeks MSSP

Attachment C: Currently Enrolled in MSSP

Attachment D: Not Enrolled in NF/AH, ALW Waiver: Beneficiary Seeks NF/AH, ALW Waiver

Attachment E: Currently Enrolled in NF/AH, ALW Waiver

Attachment F: Not Enrolled in CCT: Beneficiary Seeks California Community Transitions

Attachment G: Post-Transition: California Community Transitions Beneficiary

Appendix A.1:
Coordinated Care Initiative
Participating Populations Chart for Cal MediConnect

Population in 8 CCI Counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside, and San Bernardino	Duals Demonstration (CA Welfare and Institutions Code Section 14132.275)
Everyone eligible for the demonstration must be a full-benefit dual eligible (member has Medicare Part A and B) ¹	Included
Beneficiaries in rural zip codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Excluded
Beneficiaries under age 21	Excluded
Beneficiaries in the following 1915(c) waivers: Nursing Facility/Acute Hospital Waiver, HIV/AIDS Waiver, Assisted Living Waiver, and In Home Operations Waiver	Excluded
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Excluded
ICF-DD Residents	Excluded
Beneficiaries with end stage renal disease (ESRD) – previous diagnosis	Excluded (except in San Mateo and Orange Counties)
Beneficiaries with ESRD – subsequent diagnosis (If a person is diagnosed with ESRD after enrollment, the person will remain in the demonstration)	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Excluded
American Indian Medi-Cal beneficiaries	Included
Beneficiaries with HIV/AIDS	Included
Program of All-Inclusive Care for the Elderly (PACE) enrollees	Exempt from passive enrollment (may enroll in demo if first disenrolls from PACE)
AIDS Healthcare Foundation enrollees	Exempt from passive enrollment (may enroll in demo if first disenrolls from AHF)
Individuals enrolled in a prepaid health plan that is a non-profit health care service plan with at least 3.5 million enrollees statewide, that owns or operates its own pharmacies and that provides medical services to enrollees in specific geographic regions through an exclusive contract with a single medical group in each specific geographic region in which it operates to provide services to enrollees.	Exempt from passive enrollment (but may voluntarily enroll)
Medicare Advantage and Special Needs Plan members	Exempt from passive enrollment in 2013

¹ This chart does not include partial-benefit dual eligibles; they are excluded from participating in the demonstration.

Appendix A.2:
Coordinated Care Initiative
Participating Populations Chart for
Managed Long Term Services and Supports (MLTSS)

Population: Medi-Cal beneficiaries in Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside, and San Bernardino ²	Long-term services and supports (LTSS) via Mandatory Medi-Cal Managed Care (WIC 14182.16 & 14186.1)
Full-Benefit dual eligibles	Included
Partial-benefit dual eligibles	Included
Medi-Cal-only seniors and persons with disabilities (SPDs)	Included
Medi-Cal-only beneficiaries exempt from managed care due to approved Medical Exemption Request (MER)	Excluded
Beneficiaries in rural Zip Codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Included
Beneficiaries under age 21	Excluded
Beneficiaries in the following 1915(c) waivers: Nursing Facility/Acute Hospital Waiver, HIV/AIDS Waiver, Assisted Living Waiver, and In Home Operations Waiver	Included ³
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Included
ICF-DD Residents	Excluded in Two-Plan/GMC County
Beneficiaries with end stage renal disease (ESRD) – previous diagnosis	Included
Beneficiaries with ESRD – subsequent diagnosis	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Included
Resident of veterans home of California	Excluded
American Indian Medi-Cal beneficiaries ⁴	Included, but may opt out any time
Beneficiaries with HIV/AIDS	Included, but may opt out any time
Program of All-Inclusive Care for the Elderly (PACE) or AIDS Healthcare Foundation enrollees	Exempt

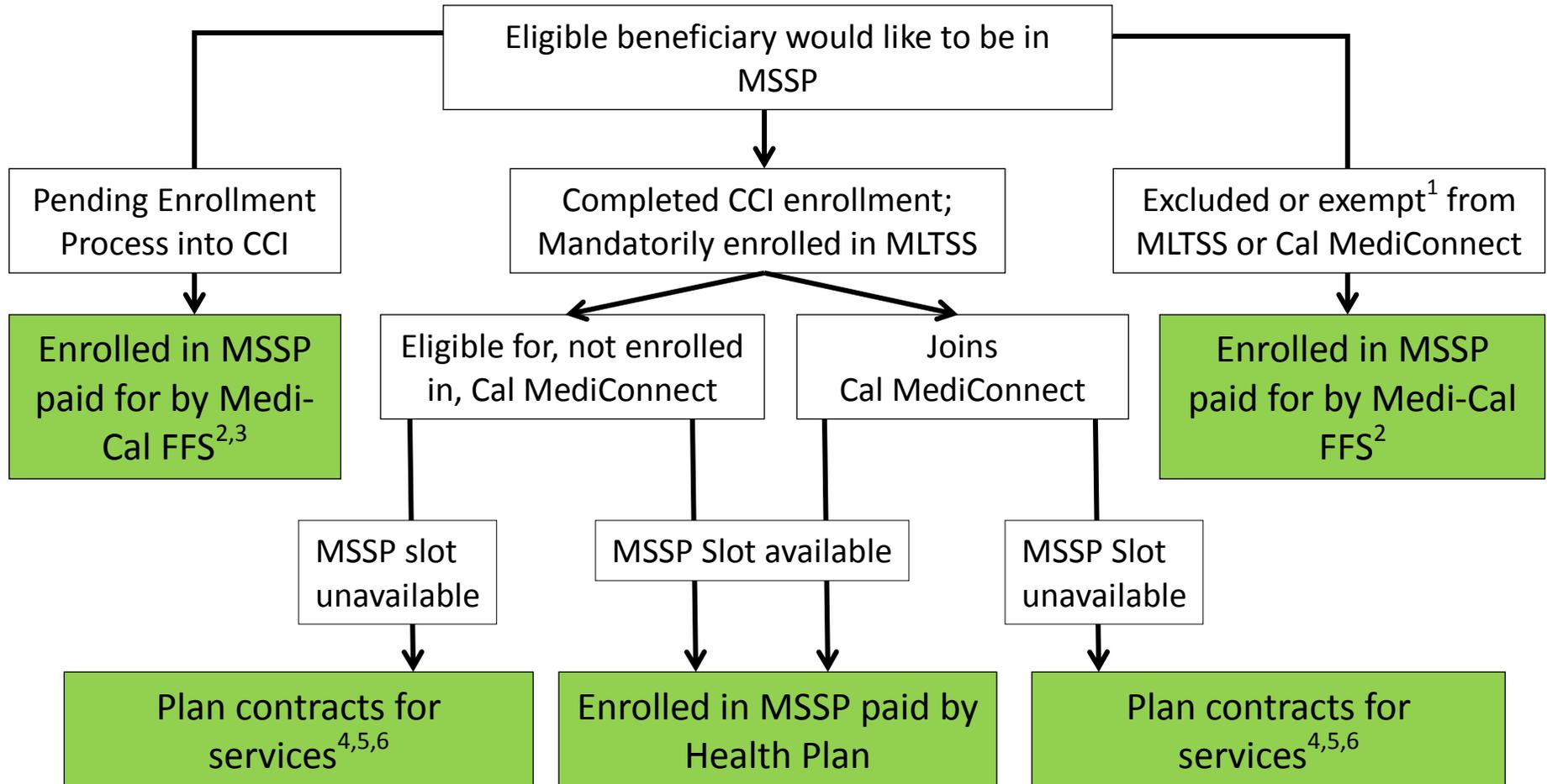
² Includes all dual eligibles and Medi-Cal only SPDs unless otherwise noted.

³ Beneficiaries will remain in the waiver programs and health plans will coordinate services with waiver providers.

⁴ Indian Medi-Cal beneficiaries can access services through Indian Health programs and providers as provided by current law.

Attachment B

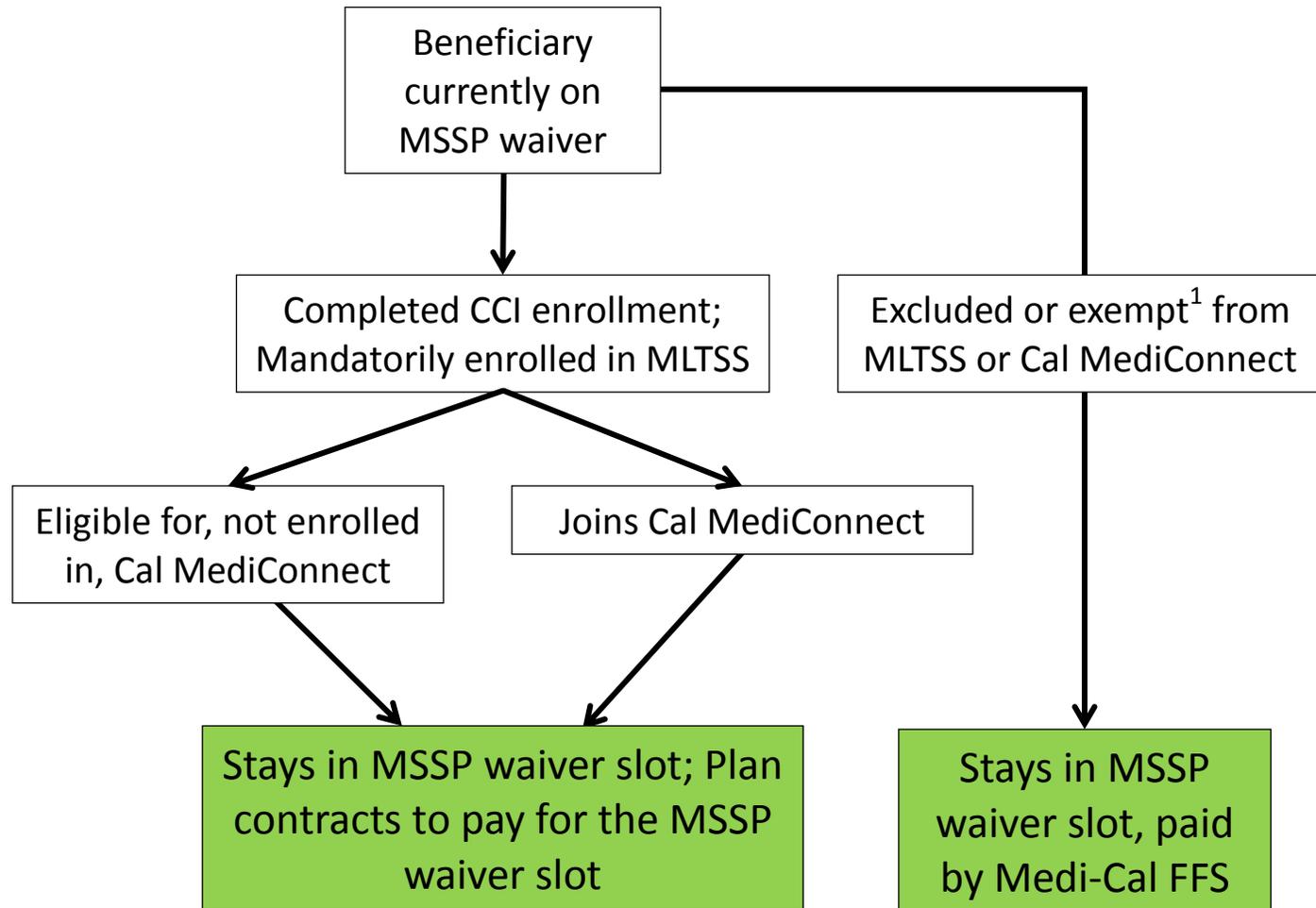
Not Enrolled: Beneficiary Seeks Multipurpose Senior Services Program



1. Please refer to the “Participating Populations Chart” at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>.
2. Waiting list applies if no slot is available.
3. Beneficiary will eventually undergo CCI enrollment process.
4. The plan may choose to do this through MSSP by purchasing services or by working with other providers. NOTE: 19 months after commencement of enrollment, MSSP will become an integrated managed care benefit. (WIC 14186(b)(7)). Beneficiary may be on a waiver waiting list while in Cal MediConnect and retain their position.
5. Plans may provide services consistent with “Policy for Cal MediConnect: Care Plan Option services (CPO services)”.
6. If an MSSP slot becomes available, the plan must purchase it and make the payment to the site.

Attachment C

Currently Enrolled: Multipurpose Senior Services Program



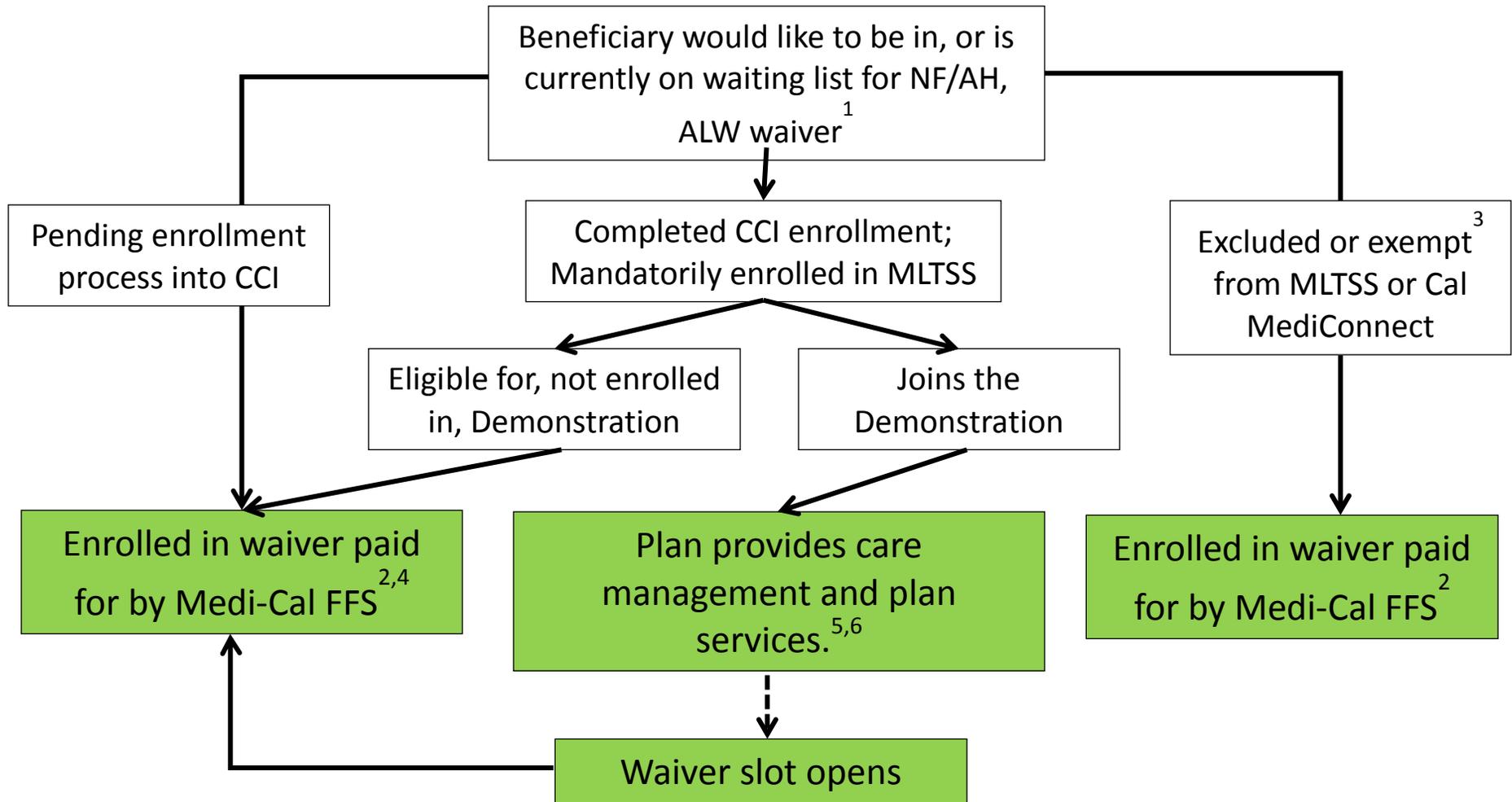
1. Please refer to the "Participating Populations Chart" at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>

NOTE: All MSSP program enrollees are enrolled in the first month of passive enrollment.

NOTE: 19 months after commencement of enrollment, MSSP will become an integrated managed care benefit. (WIC 14186(b)(7))

Attachment D

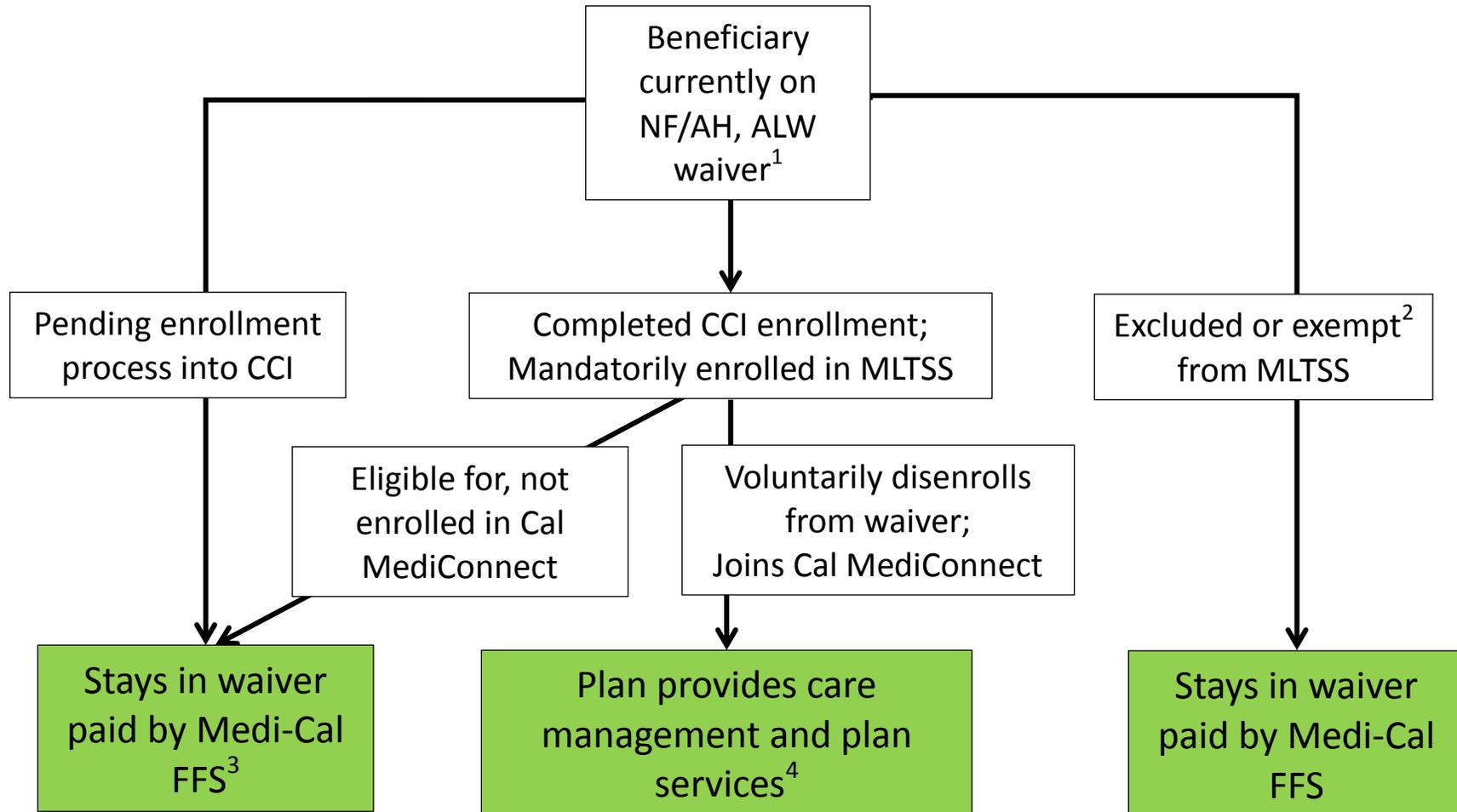
Not Enrolled: Beneficiary Seeks NF/AH, ALW Waiver



1. NF/AH: Nursing Facility/Acute Hospital ALW; Assisted Living Waiver. NOTE: The In-Home Operations Waiver continues to be closet to new enrollees.
2. Waiting list applies if no slot available.
3. Please refer to the "Participating Populations Chart" at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>
4. Beneficiary will eventually undergo CCI enrollment process.
5. Beneficiary may be on a waiver waiting list while in Cal MediConnect and retain their position. If a waiver slot opens, beneficiary may choose to either stay in Cal MediConnect, or disenroll and join the waiver.
6. Plans may provide services consistent with "Policy for Cal MediConnect: Care Plan Option services (CPO services)

Attachment E

Currently Enrolled: NF/AH, ALW Waiver



1. NF/AH: Nursing Facility/Acute Hospital; ALW: Assisted Living Waiver

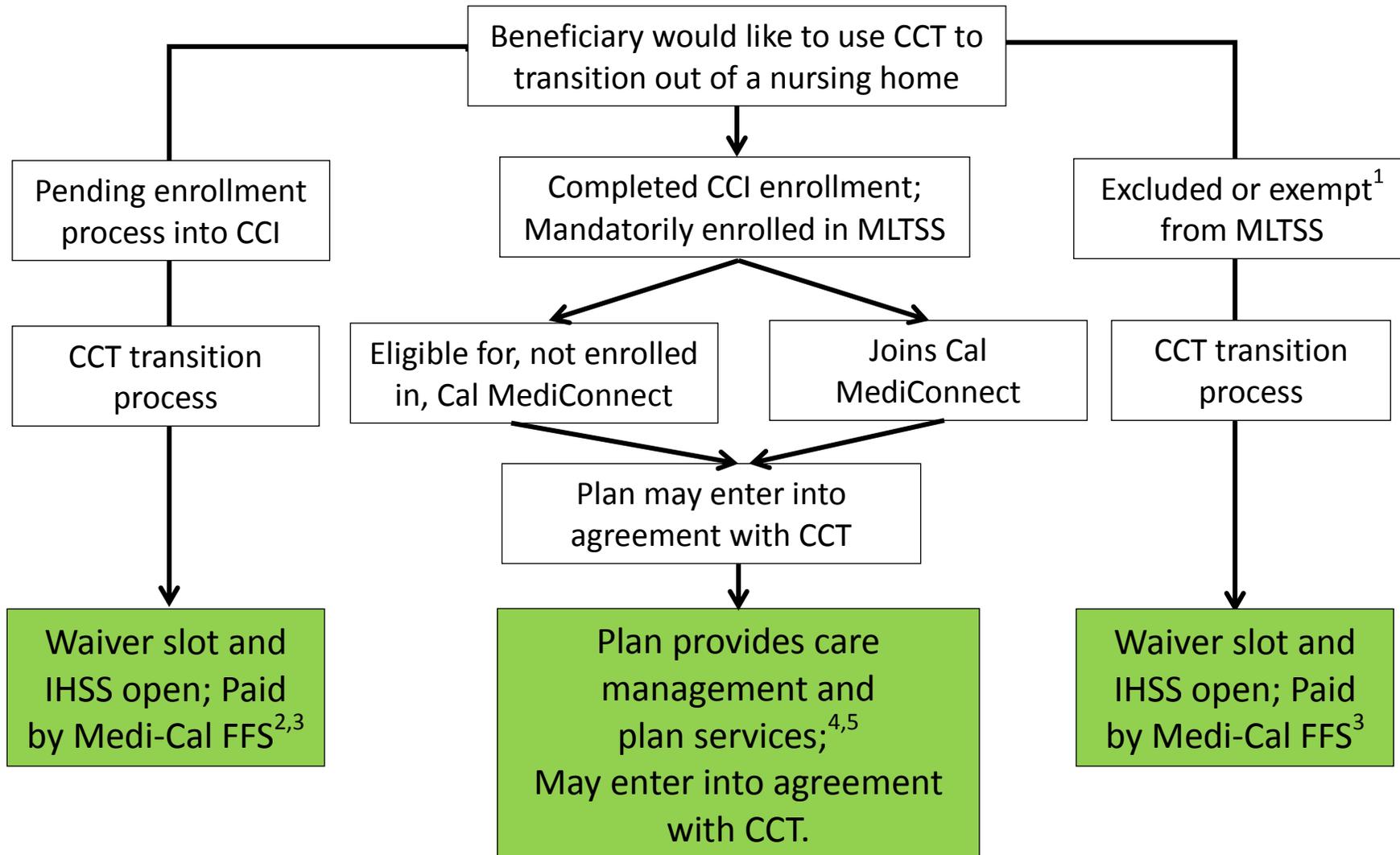
2. Please refer to the "Participating Populations Chart" at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>

3. Beneficiary will eventually undergo CCI enrollment process.

4. Plans may provide services consistent with "Policy for Cal MediConnect: Care Plan Option services (CPO services)".

Attachment F

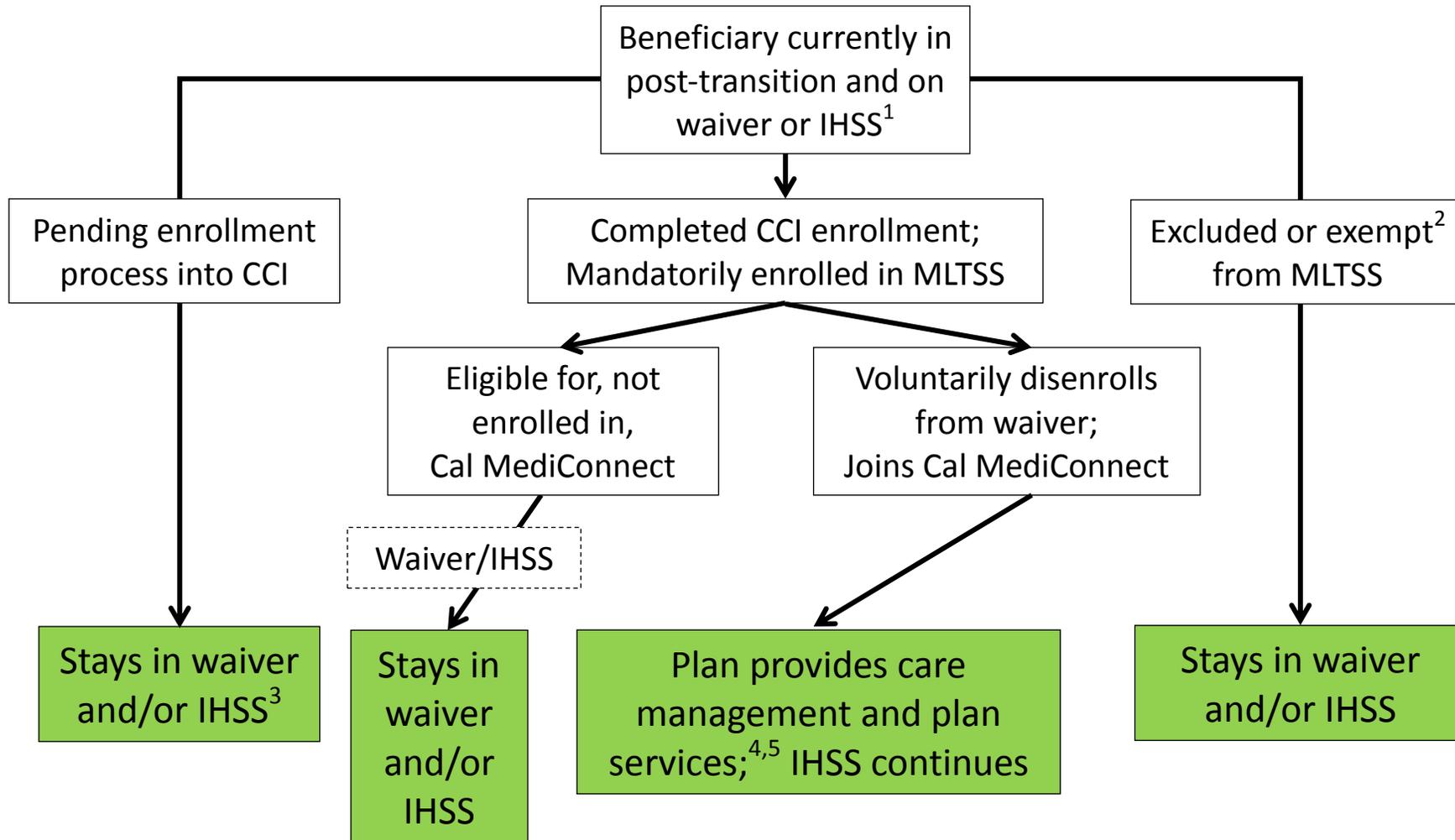
Not Enrolled: Beneficiary Seeks California Community Transitions (CCT)



1. Please refer to the "Participating Populations Chart" at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>
2. Beneficiary will eventually undergo CCI enrollment process.
3. Waiting list applies if there is no slot available.
4. Beneficiary may be on a waiver waiting list while in Cal MediConnect and retain their position. If a waiver slot opens, beneficiary may choose to either stay in Cal MediConnect, or disenroll and join the waiver.
5. Plans may provide services consistent with "Policy for Cal MediConnect: Care Plan Option services (CPO services)".

Attachment G

Post-Transition: California Community Transitions (CCT) Beneficiary



1. These persons have completed their transition home and are in their 365-day window for completing a safe transition.
2. Please refer to the "Participating Populations Chart" at <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>
3. Beneficiary will eventually undergo CCI enrollment process.
4. Beneficiary may be on a waiver waiting list while in Cal MediConnect and retain their position. If a waiver slot opens, beneficiary may choose to either stay in Cal MediConnect, or disenroll and join the waiver.
5. Plans may provide services consistent with "Policy for Cal MediConnect: Care Plan Option services (CPO services)".