



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

DATE: December 6, 2013

DUALS PLAN LETTER 13-006

TO: CAL MEDICONNECT DEMONSTRATION SITES

SUBJECT: CARE PLAN OPTION SERVICES

PURPOSE:

The purpose of this Duals Plan Letter (DPL) is to clarify policy and requirements for Care Plan Option (CPO) services and to explain the difference between the Long-Term Services and Supports (LTSS) that a Cal MediConnect plan must offer as part of Medi-Cal and those optional services, CPOs, that a Cal MediConnect plan may offer. If CPO services are offered, they must be provided in accordance with Welfare and Institutions Code Section 14186(b)(6)(B) and 14186.1(c).

BACKGROUND:

In January 2012, Governor Brown announced his intent to enhance health outcomes and enrollee satisfaction for low-income seniors and persons with disabilities through shifting service delivery away from institutional care to home and community-based settings. Governor Brown enacted the Coordinated Care Initiative (CCI) by signing Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012) and SB 1036 (Chapter 45, Statutes of 2012).

A component of the CCI is a three-year Duals Demonstration, known as Cal MediConnect, which will serve enrollees who are both Medi-Cal and Medicare eligible (Duals). It will be implemented in the following eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. Cal MediConnect will combine the full continuum of acute, primary, institutional, and home and community-based Medicare and Medi-Cal services into a benefit package delivered through an organized service delivery system administered by participating Medicare-Medicaid Plans (MMPs).

Under Cal MediConnect, the Department of Health Care Services (DHCS) is allowing additional, optional services known as CPOs. Cal MediConnect plans may offer CPOs out of the monthly payments they receive from the State to provide care to their enrollees. By having the flexibility to offer a wider range of services, Cal MediConnect plans will draw on their history and experience, as well as that of an enrollee's interdisciplinary care team (ICT), to offer CPOs that are aligned with the goals of the Olmstead Act by helping to keep the enrollee safely in his or her own community,

thereby preventing costly and unnecessary hospitalization, or prolonged care in institutional settings. While Cal MediConnect plans may choose to offer CPO services, they must offer to eligible enrollees the programs defined in Welfare and Institutions Code Section 14186.1(b): In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), skilled nursing facility care, Multipurpose Senior Services Program services (MSSP), and subacute facility care.

DEFINITION:

CPO services are a subset of LTSS that may be delivered either under Medi-Cal or an applicable waiver beyond what is required by law. However, whereas certain LTSS and home and community-based services (HCBS) are required to be offered under Medi-Cal, CPO services are optional under the enrollee's Individualized Care Plan (ICP). Specifically, these CPOs are services provided as an option under the ICP and are not intended to replace LTSS that an enrollee has been assessed for, authorized to receive, and that are required under Medi-Cal.

The following CPO services, as specified under the CCI legislation, may be authorized by Cal MediConnect plans:

- Respite care: in home or out-of-home (not to supplant IHSS hours);
- Additional personal care and chore type services beyond those authorized by IHSS. Cal MediConnect plans must notify counties if additional personal care services are provided;
- Habilitation;
- Nutrition: Nutritional assessment, supplements and home delivered meals;
- Home maintenance and minor home or environmental adaptation;
- "Other services" as categorized under the CCI authorizing statute, which could include Personal Emergency Response Systems, assistive technology, in-home skilled nursing care, and other items;
- Supplemental protective supervision;
- In home skilled nursing care and therapies services for chronic conditions;
- Care in licensed residential care facilities;
- Home maintenance and minor home or environmental adaptation;
- Non-medical transportation (beyond the supplemental benefit level); and
- Similar LTSS and HCBS waiver services.

POLICY AND REQUIREMENTS:

DHCS will not increase capitation payments to reimburse CalMediConnect plans for the cost of providing optional CPO services. CPO services shall be paid for by the Cal MediConnect plans using their global capitation rate. However, Cal MediConnect plans will be given flexibility to provide CPO services to enhance an enrollee's care, allowing

enrollees to stay in their own homes safely, and thereby preventing costly and unnecessary hospitalization, or prolonged care in institutional settings.

CPO services are an important resource for Cal MediConnect plans to use when responding to changes in an enrollee's physical or behavioral health, and particularly for those in immediate need. The Cal MediConnect program assumes that systems for evaluating a need for existing programs are, by and large, an accurate reflection of enrollee need for IHSS, MSSP, or CBAS. As such, CPO services are not to be added to an ICP without due consideration of the existing assessment. At the same time, CPO services will provide an invaluable service when there is a sudden change in enrollee status. ICTs will have direct, ongoing contact with enrollees and may have the ability to be more responsive to sudden changes in health and social status that otherwise may have resulted in a period of institutionalization. The level and duration of CPO services will be determined through the health risk assessment and subsequent ICP.

Enrollees joining CalMediConnect will be able to retain their position on, or be added to, an HCBS waiver waiting list. If an HCBS waiver position opens up, the enrollee has the option to:

- Choose to stay in the Cal MediConnect plan for CPO services as offered by the plan; or,
- Opt out of Cal MediConnect and join the HCBS waiver. If he or she does choose to join the HCBS waiver, he or she will continue to receive non-waiver LTSS through a Medi-Cal managed care health plan. Additionally, institutional deeming rules will continue to apply to those who would be otherwise eligible for nursing facility care.

Cal MediConnect Plan Approach to CPO Services

As a requirement for participating in Cal MediConnect, and with regard to CPO services only, Cal MediConnect plans will:

- Coordinate such services for enrollees who need them;
- Refer enrollees to community providers to deliver services and to work with those providers according to an enrollee's needs;
- Develop an ICP that includes the enrollee's input into the services to be provided (for enrollees requiring such a plan); and,
- Be authorized to deliver CPO services to enrollees at the Cal MediConnect plan's discretion. Cal MediConnect plans will have the financial incentive to provide these CPO services; however, they are not required to offer CPO services.

Since CPO services are not part of covered Medi-Cal benefits today, these services are not subject to Medi-Cal (or other applicable) grievance and appeals processes. To ensure consumer protections are in place, Cal MediConnect plans will develop comprehensive, internal procedures to record and address complaints as part of developing an ICP that is person-centered, and when applicable, will account for personal preference of services to be provided. These procedures will include a requirement to compile and report those complaints to DHCS.

This approach creates a flexible structure where the Cal MediConnect plan can offer services beyond those traditionally covered by Medicare and Medi-Cal, and can work with service providers to provide person-centered care planning.

Readiness and Compliance

The provision of CPO services will be a new function for Cal MediConnect plans. As such, the DHCS will require that Cal MediConnect plans take a number of steps to prepare for implementation. More specifically, for the services discussed in this DPL, a Cal MediConnect plan must create:

- Policies and procedures that guide the Cal MediConnect plan's care coordinators, ICTs, and primary care physicians in assessing the appropriate authorization of these services, in addition to the required LTSS, including, but not limited to, assessment tools and reassessment cycles;
- Policies and procedures to identify enrollees that may need CPO services, and to refer enrollees to community-based organizations and other entities that provide these services, such as California Community Transitions Organizations, Area Agencies on Aging, Independent Living Centers, or Aging and Disability Resource Centers, where available;
- A training curriculum and program for Cal MediConnect plan staff that provides an orientation for all staff on the Americans with Disabilities Act, the Olmstead Decision, CPO services issues, and detailed training on community and county HCBS that maybe available; and,
- Establish and maintain a grievance system under which enrollees may submit their grievances to the CalMediConnect plan (Health and Safety Code Section 1368).

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If you have any questions regarding this DPL, please contact Sarah Brooks at sarah.brooks@dhcs.ca.gov or (916) 552-9373.

Sincerely,

Original Signed by Margaret Tatar

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