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

DATE: March 9, 2015

DUALS PLAN LETTER 15-001
SUPERSEDES DUALS PLAN LETTER 13-004

TO: CAL MEDICONNECT MEDICARE-MEDICAID PLANS

SUBJECT: INTERDISCIPLINARY CARE TEAM AND INDIVIDUAL CARE PLAN
REQUIREMENTS FOR MEDICARE-MEDICAID PLANS

PURPOSE:
The purpose of this Duals Plan Letter (DPL) is to clarify requirements for
Interdisciplinary Care Teams (ICT) and Individual Care Plans (Care Plan) for Medicare-
Medicaid Plans (MMPs) participating in the Duals Demonstration Project, referred to as
Cal MediConnect, and serving beneficiaries who are eligible for both Medicare and
Medi-Cal (dual-eligible beneficiaries).

This DPL sets forth requirements coordinated by MMPs directly and are not applicable
to medical care plans established by primary care providers. This DPL supersedes DPL
13-004.

BACKGROUND:
In January 2012, Governor Brown announced his intent to enhance health outcomes
and beneficiary satisfaction for low-income Seniors and Persons with Disabilities by
shifting service delivery away from institutional care to home and community-based
settings. To implement this goal, the Legislature passed and Governor Brown signed
Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of
2012), and SB 94 (Chapter 37, Statutes of 2013) which authorized the implementation
of the Coordinated Care Initiative (CCI).

One component of CCI is Cal MediConnect. Cal MediConnect's model of care includes
person-centered care coordination supported by ICTs. MMPs must establish an ICT
when a dual-eligible beneficiary demonstrates a need for one. MMPs are not required
to establish an ICT if the beneficiary does not demonstrate a need for one, unless it is
requested by the beneficiary. All Cal MediConnect dual-eligible beneficiaries have the
right to request and be provided with an ICT. ICTs are customized and periodically
updated to meet the goals and needs of the beneficiary and thus are not provided under
a fixed structure.

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POLICY AND REQUIREMENTS:

A. Care Plans

1. Should a dual-eligible beneficiary demonstrate the need for a Care Plan, MMPs are required to develop a plan and engage the dual-eligible beneficiary and/or his or her representative(s) in its design. The Care Plan is the responsibility of the MMP and is separate and distinct from the medical care plan the primary care provider creates, establishes, and maintains.

   a. The need for a Care Plan may be identified by MMPs through interactions with dual-eligible beneficiaries (e.g. when conducting Health Risk Assessments [HRAs]), stratifying beneficiaries into lower and higher-risk categories (e.g. through the HRA risk-stratification process), and any other appropriate interactions.

2. Dual-eligible beneficiaries or their authorized representative must have the opportunity to review and sign the Care Plan and any of its amendments. MMPs must provide dual-eligible beneficiaries with copies of the Care Plan and any of its amendments. The Care Plan must be made available in alternative formats and in a beneficiary's preferred written or spoken language.

3. A Care Plan must include:

   a. The dual-eligible beneficiary's goals, preferences, choices, and abilities;

   b. Measurable objectives and timetables to meet medical, behavioral health, and long term support needs as determined through the HRA, In-Home Supportive Services (IHSS) assessment results, Multipurpose Senior Services Program (MSSP), and Community-Based Adult Services (CBAS) records, behavioral health utilization, other data, self and provider referrals, and input from members of the ICT, as appropriate; and

   c. Coordination of carved-out and linked services, and referral to appropriate community resources and other agencies, when appropriate.

   MMPs must reassess and update Care Plans at least annually or if a significant change in a beneficiary's condition occurs.

B. ICTs

MMPs are required to offer ICTs to dual-eligible beneficiaries when a need is demonstrated, or if a dual-eligible beneficiary, or beneficiary-authorized representative, family member and/or caregiver, requests one. ICTs must be comprised of professionals appropriate for the needs, preferences, and abilities of the beneficiary. ICTs must ensure the integration of the beneficiary's medical care and Long Term Services and Supports (LTSS) and the coordination of behavioral health services. Dual-eligible beneficiaries may request the exclusion of any ICT member. A Dual-eligible beneficiary or his or her provider may contact the MMP to request an ICT and Care Plan. MMPs must include information about the ICT and Care Plan in their new member welcome packets.

1. ICT Functions

The ICT must facilitate care management, including HRA, care planning, authorization of services, and transitional care issues. The ICT must work closely with the dual-eligible beneficiary to stabilize medical conditions, increase compliance with Care Plans, maintain functional status, and meet Care Plan goals. ICT functions must include, at a minimum:

a. Develop and implement a Care Plan in participation with the beneficiary and/or caregiver;

b. Conduct ICT meetings periodically and at the beneficiary's request;

c. Manage communication and information flow regarding referrals, transitions, and care delivered outside the primary care site;

d. Maintain a call line or other mechanism for the beneficiary's inquiries and input;

e. Maintain a process for referring the beneficiary to other agencies, such as LTSS or behavioral health agencies, as appropriate;

f. Maintain a mechanism for beneficiary complaints and grievances; and

g. Use secure email, fax, web portals, or written correspondence when communicating with beneficiaries. When communicating with the beneficiary, the ICT must take his or her needs (e.g. communication, cognitive, or other barriers) into account.

2. Composition of the ICT

The ICT must function in a person-centered manner in order to address the dual-eligible beneficiary's preferences and needs, including language and cultural needs. The ICT must include the appropriate professionals to address the beneficiary's medical, behavioral, and LTSS care. The beneficiary has the primary decision-making role in identifying his or her needs, preferences, and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful.

a. The ICT must be led by professionally knowledgeable and credentialed personnel, and at a minimum must be comprised of the following members:

   i. Beneficiary: The dual-eligible beneficiary and/or his or her authorized representative;

   ii. Family member and/or caregiver, as approved by the beneficiary;

   iii. If receiving IHSS, the County IHSS social worker;

   iv. Care coordinator: A person employed or contracted by the MMP who is a licensed medical professional or who is overseen by a licensed medical professional. The care coordinator is accountable for providing care coordination services that include assessing appropriate referrals and timely two-way transmission of useful member information, obtaining reliable and timely information about services other than those provided by the primary care provider, assisting in the development and maintenance of the Care Plan, participating in the initial HRA, and supporting safe transitions in care for beneficiaries moving between settings; and

   v. Primary care provider: A physician or non-physician medical practitioner under the supervision of a physician, who is responsible for supervising, coordinating, and providing initial and primary care to patients, initiating referrals, and maintaining the continuity of patient care. Note that if a specialist is serving as the beneficiary's primary care provider, he or she must be a member of the ICT.

b. The ICT must include the individuals listed above under (B)(2)(a) and must also include individuals or providers who are actively involved in

the care of the beneficiary, if approved by the beneficiary, and when appropriate. For example:

    i.   Hospital discharge planner;

    ii.   Nurse;

    iii.   Social worker;

    iv.   Nursing facility representative;

    v.   Specialized providers, such as physician specialists, pharmacists, physical therapists, and occupational therapists;

    vi.   If receiving IHSS, the IHSS provider, if authorized by the beneficiary;

    vii.   If participating in CBAS, the CBAS provider;

    viii.   If enrolled in the MSSP waiver program, MSSP care manager;

    ix.   Behavioral health service provider; and/or

    x.   Other professionals, as appropriate.

For purposes of the ICT, the MMP is not required to compensate any individuals who are not directly employed by, or contracted with, the MMP.

3. Communication with the ICT

    a. The MMP must support multiple levels of interdisciplinary communication and coordination, such as individual consultations among providers, county agencies, and beneficiaries;

    b. The MMP will have a documented process for coordinating the exchange of information among all ICT members, including when a change in ICT membership occurs; and

    c. The MMP must have procedures for notifying the ICT of a beneficiary's admission to a hospital (psychiatric or acute) or skilled nursing facility and coordinating a discharge plan.

4. Competencies of the ICT

    a. The MMP must provide training for ICT members, and potential ICT members, prior to their participation on a care team and on an annual basis on the following topics:

        i. Person-centered planning processes;

        ii. Cultural competence;

        iii. Accessibility and accommodations;

        iv. Independent living and recovery and wellness principles; and

        v. LTSS programs, eligibility for these services, and program limitations.

    b. The MMP is required to make training opportunities available to IHSS providers if the beneficiary requests that the provider participate.

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 Sarah C. Brooks

Sarah C. Brooks, Chief
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