



June MLTSS and Duals Integration Workgroup Meeting Summary

On June 23, 2022, the California Department of Health Care Services (DHCS) hosted the June Managed Long-Term Services and Supports (MLTSS) & Duals Integration Workgroup.

The meeting began with Anastasia Dodson, Deputy Director of the Office of Medicare Innovation and Integration (OMII) providing an overview of the California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) and Dual Eligible Special Needs Plans (D-SNPs) policy.

The meeting then transitioned to a panel presentation on Enrollee Advisory Boards and Centers for Medicare & Medicaid Services (CMS) Final Rule. The panel began with Gretchen Nye from the CMS Medicare-Medicaid Coordination Office (MMCO) providing background information on what the CMS Final Rule said about Enrollee Advisory Boards to help establish a context for the presentations and discussions. Additional panelists included Kristine Loomis, IHSS Consumer Advocate and member of the Inland Empire Coordinated Care Initiative (CCI) Stakeholder Advisory Committee; Araceli Garcia, Senior Program Manager for Consumer and Stakeholder Engagement with Blue Shield Promise Health Plan; and Amira Elbeshbeshy, Director of the Health Consumer Center, Legal Aid Society of San Mateo County. The panelists presented on the benefits of enrollee advisory boards, suggestions on how they could be improved, and their importance to beneficiaries and health plans.

Following the panel presentation, the workgroup transitioned to breakout rooms to discuss several questions including what topics should Consumer Advisory Groups discuss in meetings, and who should be included in Consumer Advisory Groups. During the breakout room sessions, each group was given 10 minutes to discuss the questions. The groups were encouraged to share the key takeaways from their discussion when they returned to the larger group. Detailed information about the discussions and key takeaways from each breakout room is included in Appendix A.

For the next portion of the meeting, Anastasia shared information on the Public Health Emergency (PHE) unwinding, including resources for stakeholders to connect with DHCS to learn more. Next, Anastasia reviewed several policies relevant to dual-eligible beneficiaries, including the 2023 transition from Cal MediConnect (CMC) to Exclusively Aligned Enrollment (EAE) D-SNPs, D-SNP Look-alike Transition, and CalAIM



Mandatory Medi-Cal Managed Care for Dual Eligible Beneficiaries. During the question-and-answer period, stakeholders asked questions about EAE and non-EAE D-SNPs and beneficiary education, enrollment questions regarding CMC and Medicare Advantage plans, and crossover claims.

At the end of the presentation, Anastasia covered upcoming topics for upcoming MLTSS & Duals Integration meetings, and shared information about the next workgroup meeting date.

Following each topic section, stakeholders were given the opportunity to ask questions and provide comments. The recording and transcript of the June [MLTSS and Duals Integration Workgroup](#) meeting contain additional information about the presentation and discussion.

The next MLTSS and Duals Integration Workgroup will take place on [Wednesday, July 20th at 10:00 am.](#)

Appendix A: Takeaways from Breakout Discussion Rooms

Discussion Questions:

1. What topics should D-SNP Consumer Advisory Groups discuss (e.g., Health equity, coordination of benefits, etc.)?
2. Who should be included in D-SNP Consumer Advisory Groups (e.g., beneficiaries, caregivers, health plans, advocates, etc.)?
3. How can D-SNP Consumer Advisory Groups empower beneficiaries? How can D-SNP Consumer Advisory Groups address barriers to participation?

Key Takeaways

Summary of Key Takeaways

- Topics for the D-SNP Consumer Advisory Group should focus on educating beneficiaries, plans, and providers so that the beneficiary can receive the best care coordination possible.
- Consumer Advisory Groups should include beneficiaries, care managers, advocates, providers, and representatives from health plans to ensure consistency in education efforts.
- The Consumer Advisory Group can empower beneficiaries by explaining its purpose and goals and by acting on discussion items.

Room 1

- At Consumer Advisory Group meetings, there should be adequate time for open discussion and walk-on discussion items.
- The time and availability of caretakers who are actively caring for a patient need to be considered.

Room 2

- There should be representation from health plans at Consumer Advisory Group meetings, but most seats should be reserved for beneficiaries, caregivers, advocates, and providers.

- Beneficiaries and providers should receive education in the Consumer Advisory Group meetings.

Room 3

- Meetings of the Consumer Advisory Group should include the perspectives and experiences of beneficiaries.
- Educating providers about the best methods of supporting people with various disabilities (developmental and physical) is key.

Room 4

- Data and quality measures should be shared during Consumer Advisory Group meetings.
- In order for the Consumer Advisory Group to be effective, the health plans should be clear about its goals and avoid becoming a forum for venting.

Room 5

- New consumer admission packets should include information about Consumer Advisory Group meetings.
- The health plans should divide Consumer Advisory Group meetings based on the characteristics of the D-SNP enrollment (e.g., beneficiaries over 65, beneficiaries under 65).