

CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
 - For example: Mary Russell – Aurrera Health Group

Agenda

- » Welcome and Introductions
- » Update: Continuous Coverage Unwinding and Stakeholder Q&A
- » Reminders: Medi-Medi Plans and Medi-Cal Matching Plan Policy
- » Update: 2024 State Medicaid Agency Contract (SMAC) Template Finalization
- » DHCS Data on Programs for Dual Eligible Beneficiaries
- » California Collaborative for Long-Term Services and Supports (CCLTSS) CalAIM Listening Session #2 & 3 Report Out

Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS, and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

CalAIM MLTSS & Duals Workgroup: 2023 Topics

- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for MLTSS, for all Medi-Cal members
- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for integrated care for dual eligible beneficiaries (both Medicare Advantage and Original Medicare)
- » Flag related DHCS efforts for Medi-Cal members who are older adults or people with disabilities

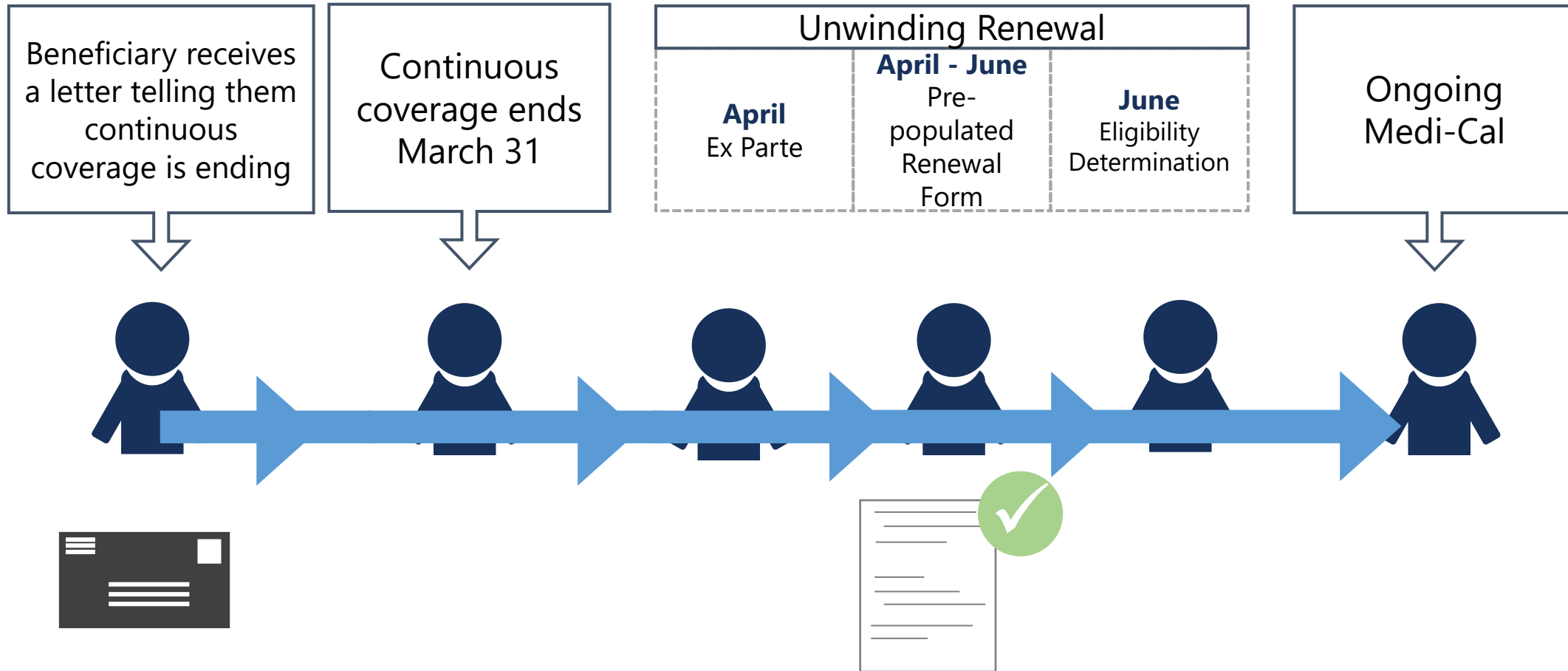
DHCS Medi-Cal Continuous Coverage Unwinding

DHCS Medi-Cal COVID-19 PHE and Continuous Coverage Operational Unwinding Plan

- » The [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) was originally released in May 2022 and last updated January 13, 2023 to incorporate policy changes as a result of the federal Consolidated Appropriations Act of 2023 and corresponding guidance released from CMS.
- » **The plan includes two main components:**
 - **Part 1: Unwinding Medi-Cal Program Flexibilities**
 - Details PHE-related non-eligibility flexibilities obtained during the PHE that DHCS has already made permanent, seeks to make permanent, or will expire at the end of the PHE.
 - **Part 2: Resumption of Normal Medi-Cal Redetermination Operations**
 - Overviews the DHCS guiding principles and implementation approach for redeterminations, retention strategies, federal eligibility flexibilities, outreach, county/system readiness, and data reporting.

Beneficiary Journey

Continuous Coverage Unwinding Period Renewal



DHCS Outreach Campaign

Goals & Objectives

Goals

- » Drive Medi-Cal renewals once the continuous coverage requirement expires
- » Drive Medi-Cal enrollment for newly eligible individuals

Objectives

- » Raise awareness about the need to renew Medi-Cal coverage and encourage enrollees to take the steps needed to do so
- » Raise awareness about new Medi-Cal eligibility
- » Engage the partner network to increase outreach and amplify messaging

Strategic Imperatives

- » Deploy a data-driven integrated communications campaign to raise awareness and drive action among enrollees
- » Equip partners with information and resources that leverage research-based messages
- » Enlist trusted messengers to convey information authentically and credibly
- » Recognize the diversity of the population and reach them in culturally and linguistically appropriate ways



Landing Pages

- » Drive communications to landing pages
 - KeepMediCalCoverage.org and MantengaSuMediCal.org


Important: Are you enrolled in Medi-Cal? Has your contact information changed in the past two years? Give your local county office your updated contact information so you can stay enrolled. [Find your local county office.](#)

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Keep yourself and your family covered.



Helpful Information

- Eligibility
- Enrollment
- DHCS Contacts

Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations hospital visits, mental health care, and more. As COVID-19 becomes less of a threat, California will restart yearly Medicaid eligibility reviews using available information to decide if you or your family member(s) still qualify for coverage. So, if you have Medi-Cal, make sure you take the steps below to get ready to renew.

1 Update your information

Log into your account to make sure Medi-Cal has your current:

- Address
- Phone number
- Email address

> Find where to update your information

2 Sign up for updates

Get general updates about what is happening with Medi-Cal renewals by signing up for email and SMS text messages.

Enter your information:


First Name

Last Name

Email

Mobile Phone

Zip Code



3 Check your mailbox

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in-person, or online, so you don't lose your coverage.

Medi-Cal Members: Keep your coverage. Log on to [your account](#) or contact [your county office](#) to update your information.

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Mantenga su cobertura y la de su familia.



Información Útil

- Eligibilidad
- Inscripción
- Contactos de DHCS

Medi-Cal cubre servicios de salud importantes para usted y su familia, incluyendo visitas al doctor, medicinas, vacunas, visitas al hospital, servicios de salud mental, entre otros. La emergencia de salud pública terminará, las oficinas de Medi-Cal en el estado de California comenzarán la renovación de beneficios de Medi-Cal usando la información disponible para decidir si usted o los miembros de su familia todavía califican para su cobertura. Entonces, si usted tiene Medi-Cal, asegúrese de tomar los pasos necesarios para estar preparados para su renovación.

1 Actualice su información

Entre a su cuenta para asegurarse que la oficina de Medi-Cal tenga su información actualizada:

- Domicilio
- Número de teléfono
- Correo electrónico

> Encuentre donde podrá actualizar su información

2 Regístrese para recibir información

Reciba información sobre lo que está pasando con las renovaciones de Medi-Cal al regístrase por medio de correo electrónico y mensajes de texto.

Entregue su información:

Primer Nombre

Apellido

Correo electrónico

Número de celular

Código postal



3 Revise su correo

Si su información no se puede confirmar electrónicamente, usted posiblemente tendrá que llenar su formulario de renovación. Las oficinas de Medi-Cal le mandarán una carta sobre su elegibilidad de Medi-Cal. Si usted debe mandar su formulario de renovación, entregue su información por correo, en persona, o en línea, para que no pierda su cobertura de Medi-Cal.

How You Can Help



Partner Resources

» Available in 19 threshold languages

- English, Spanish, Arabic, Armenian, Cambodian, Mandarin, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Tagalog, Thai, Ukrainian, Vietnamese
- www.dhcs.ca.gov/toolkits/Pages/Medi-Cal-Continuous-Coverage-Unwinding.aspx



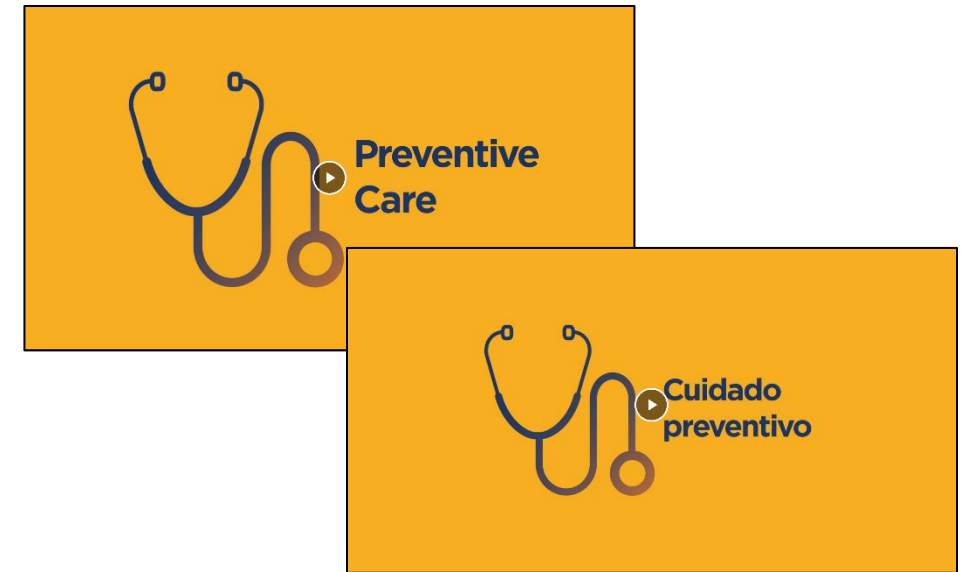
Outreach Materials

- Script for call center staff
- Emails and Text messages
- Flyer/Insert snippets
- Interactive voice response--scripted messages
- Messaging and FAQs
- Social media posts
- Website text
- Coming Soon:
 - New tailored resources for groups including: In-Home Supportive Services recipients, tribal communities, providers, schools, senior centers



Videos

- » "Take Care" and "Keep Covered" :30s, :15s, :06s videos
 - Available online in English and Spanish
 - Additional 17 threshold languages coming soon
- » How-To informational video
 - Step-by-step explanation of the renewal process



Downloadable Assets

- » English and Spanish print materials have been shipped to all 58 counties and 200 ambassadors who completed a survey in February
- » If you have not yet ordered print materials, fill out this survey: <https://www.surveymonkey.com/r/BRTMBNQ>

Medi-Cal Beneficiaries:

Take action to keep your Medi-Cal

Your local county office will mail you a letter about your Medi-Cal coverage.



The letter will tell you if:

Your county needs information from you to renew your Medi-Cal

or

Your Medi-Cal was renewed automatically



If you get a renewal form, please fill it out and return it right away.



Check that your local county office has your updated information, including your name, current address, email address, and phone number.

For more details and to learn how to update your contact information, visit [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org)

 **Medi-Cal**



Keep yourself and your family covered.



Make sure your information is up to date.

Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care, and more. So, if you have Medi-Cal, make sure you renew it when it's time.

Update your contact information

Report any new changes to your name, address, phone number, and email address, so your county can contact you.

Check your mail

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online, so you don't lose your coverage.

Create or check your online account

You can sign up to receive alerts on your case. Create or log into your account to get these alerts. You may submit renewals or requested information online.

Complete your renewal form (if you get one)

If you received a renewal form, submit your information by mail, phone, in person, or online to help avoid a gap in your coverage.

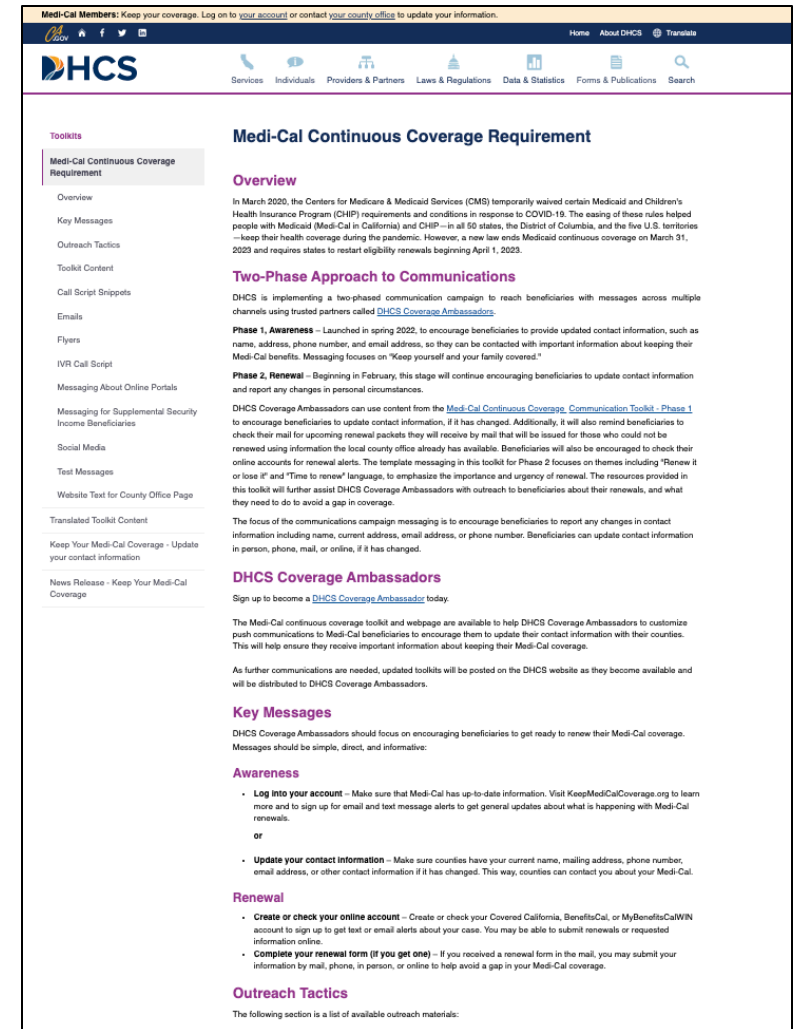


For more details and to learn how to update your contact information, visit [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org)

 **Medi-Cal**

Become a Coverage Ambassador

- » Check the [stakeholder resource page](#) for up-to-date content and resources
- » Become a DHCS Coverage Ambassador (in English and Spanish)
 - Currently, we have 1700+ DHCS Coverage Ambassadors signed up to help DHCS spread the word on the Continuous Coverage Unwinding Efforts
 - DHCS developed FAQs for our Coverage Ambassadors to assist with outreach efforts
 - [Sign up here](#)



Questions?



Reminders: Medi-Medi Plans and Medi-Cal Matching Plan Policy

Medi-Medi Plans



Medi-Medi Plans

- » Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to dual eligible members. Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits for their members.
 - Medi-Medi Plans is the California-specific name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).
- » As of January 1, 2023, Medi-Medi plans are available in the following counties:
 - Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara
- » Starting January 1, 2024, Medi-Medi Plans will be newly available for voluntary enrollment in five additional counties:
 - Fresno, Kings, Madera, Sacramento, and Tulare
- » To enroll, a beneficiary can contact their Medi-Cal plan or 1-800-MEDICARE.
 - Medi-Medi Plans in the expansion counties can be selected starting in the fall during Medicare Open Enrollment (October 15 – December 7, 2023).

Update: Medi-Cal Matching Plan Policy



Update: Medi-Cal Matching Plan Policy

- » 2023: In 12 counties, dual eligible beneficiaries who are enrolled in a MA plan must be enrolled in the matching Medi-Cal managed care plan **if a matching plan is available.**
 - Medicare is the lead plan.
 - The 12 "[Medi-Cal Matching Plan](#)" counties are: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus.
- » **2024: DHCS is updating the Medi-Cal Matching Plan County logic to add Kings, Madera, and Tulare counties.**

Questions?



Update: 2024 State Medicaid Agency Contract Template Finalization

Overview: State Medicaid Agency Contract (SMAC)

- » Medi-Medi Plans are also known as Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plans (D-SNPs).
 - D-SNPs without an aligned Medi-Cal plan are Non-EAE D-SNPs.
- » All D-SNPs must have a SMAC with DHCS, to outline care coordination and other D-SNP responsibilities.
- » For Contract Year 2024, DHCS will use the SMAC to require that all EAE D-SNPs:
 - (a) establish Medicare Advantage (MA) contracts (H contracts) that only include one or more D-SNPs within the state; and
 - (b) integrate certain materials and notices for members.
- » A separate MA H contract provides greater transparency for quality measures for D-SNPs.

Overview: 2024 EAE and Non-EAE SMAC Templates

- » DHCS has separate SMAC templates for EAE and non-EAE D-SNPs.
- » Key changes for 2024 D-SNP requirements are focused on Care Coordination requirements (Enhanced Care Management (ECM)-like Services, Palliative Care, and Dementia Care requirements in the D-SNP Models of Care) and coordination with Medi-Cal Dental Benefits.
- » DHCS shared drafts of the 2024 EAE and Non-EAE SMAC templates with plans, advocates, and other stakeholders for written review in March.
- » The 2024 SMAC boilerplates have been posted:
[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

2024 EAE versus Non-EAE SMAC Sections

Section	EAE	Non-EAE
Care Coordination and Integration	✓	✓
Information Sharing	✓	✓
Integrated Materials	✓	
Supplemental Benefits	✓	
Quality and Data Reporting	✓	✓
Consumer Participation in Governance Boards	✓	✓
Provider Network Reporting Requirements	✓	✓
Continuity of Care	✓	✓
Medicare Encounter Data Reporting	✓	✓
Integrated Appeals and Grievances	✓	

**Note: This table does not cover every section of the SMAC*

2024 SMAC and D-SNP Policy Guide

- » Similar to 2023, the 2024 EAE and Non-EAE SMACs will refer to the 2024 CalAIM D-SNP Policy Guide.
- » The 2024 Policy Guide contains multiple chapters with detailed operational requirements and instructions for D-SNPs. D-SNPs will be held to the requirements referenced within the Policy Guide.
 - Chapter 1, Care Coordination, was released in January 2023
 - Chapter 2, Integrated Materials, was released in June 2023
 - Other chapters will be released on a rolling basis from Summer to early Fall 2023
 - The Policy Guide is available on the DHCS website:
<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

Questions?



DHCS Data on Programs for Dual Eligible Beneficiaries

DHCS Data on Duals Eligible Beneficiaries

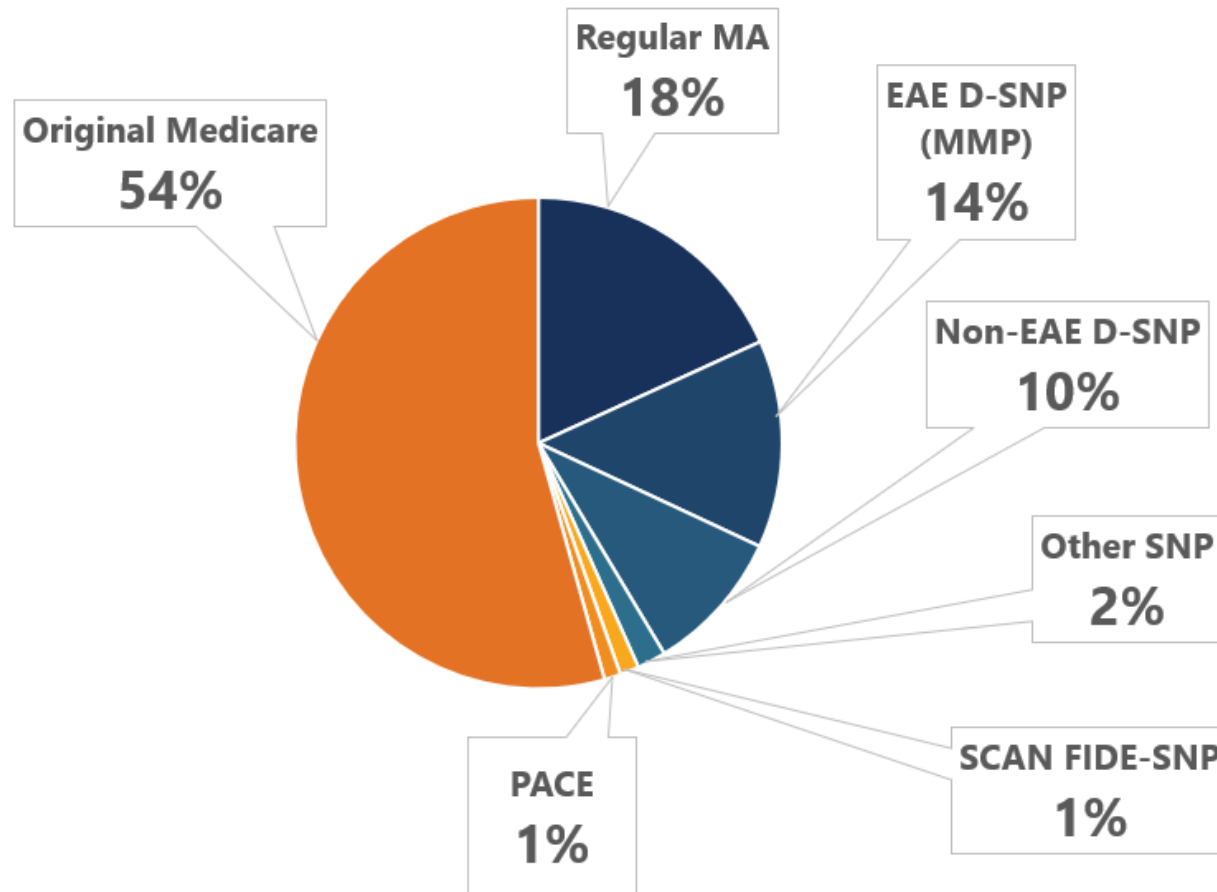
- » DHCS publishes data on a variety of topics. Some of this data is available on the CalHHS Open Data Portal, and other data is available in published reports, such as the Cal MediConnect Dashboard.
 - [CalHHS Open Data Portal](#)
 - [Cal MediConnect/D-SNP Dashboard](#)
- » Stakeholders have requested additional information about CalAIM's impact on dual eligible beneficiaries.
- » DHCS is still receiving and compiling certain CalAIM data, to be available later this year.

Medicare Delivery System Enrollment for Dual Eligibles



Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (April 2023)

Note: Data is preliminary



- » Original Medicare – 54%
- » Regular MA – 18%
- » EAE D-SNP (MMP) – 14%
- » Non-EAE D-SNP – 10%
- » Other SNP – 2%
- » SCAN FIDE-SNP – 1%
- » PACE – 1%

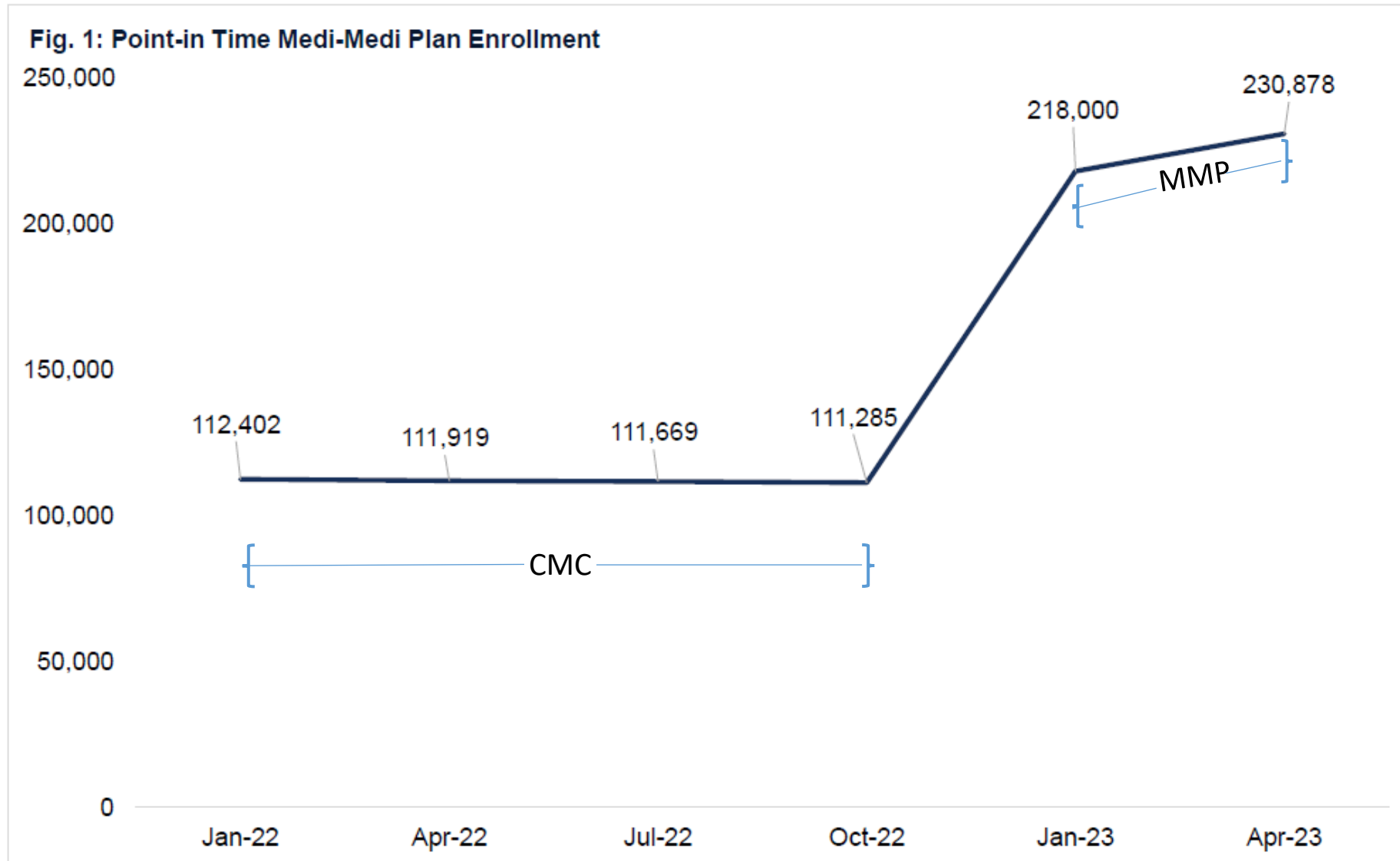
Cal MediConnect/D-SNP Dashboard Report



Cal MediConnect/D-SNP Dashboard Report

- » For many years, DHCS has published a quarterly report of enrollment, demographics, and quality measures on the Cal MediConnect demonstration.
- » Over the next 9 months, DHCS is transitioning the Cal MediConnect Dashboard to a D-SNP Dashboard.
- » For the coming months, there will be a combined Cal MediConnect and D-SNP Dashboard, with data being released about Cal MediConnect Plans and D-SNPs, due to data lag for reporting.

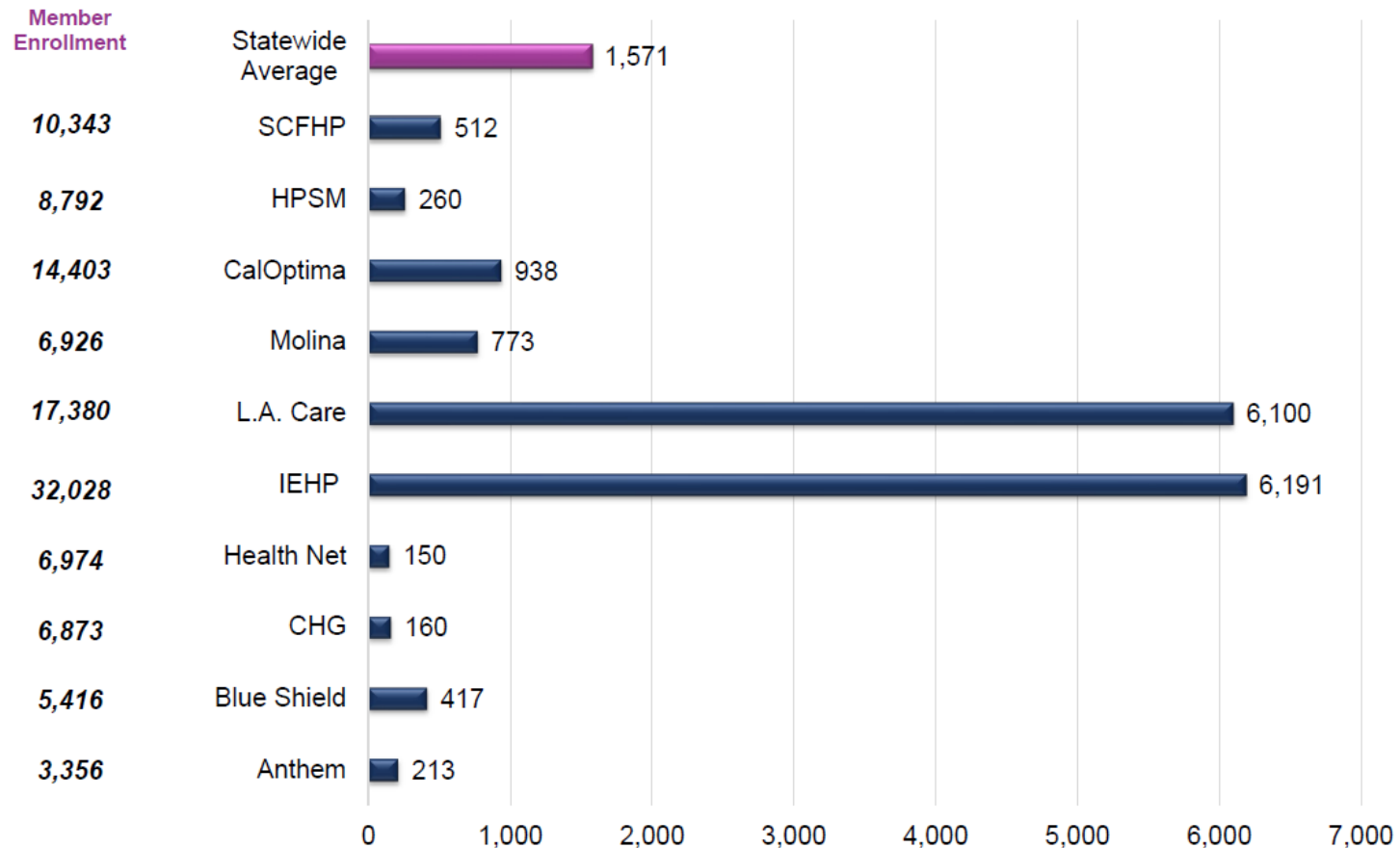
Cal MediConnect to Medi-Medi Plan Transition



Cal MediConnect/D-SNP Dashboard Data (CMC 2022 Data)

Grievance Figure 21: Count of "Other" Grievances (01/2022-12/2022) See metric summary for additional information

Fig. 21: Annual Count of "Other" Grievances



Cal MediConnect/D-SNP Dashboard Data (CMC 2022 Data)



Cal MediConnect/D-SNP Dashboard Data (CMC 2022 Data)



D-SNP Deeming Periods

Overview: Medicare Deeming Periods

- » **Deeming periods:** D-SNP Contractor is required to maintain enrollment for Members for at least a three-month deeming period following notification of the Member having lost Medi-Cal eligibility. This requirement does not preclude D-SNP Contractor from offering a longer deeming period.
 - Medicare allows D-SNPs to voluntarily allow members to remain enrolled in plans for up to six months.
- » Per state and federal regulations, D-SNP deeming periods must be between 3 and 6 months.
- » DHCS has collected information from D-SNPs about their deeming periods and will post this information on DHCS website to support continuous coverage and access to care.

Health Plan Deeming Periods

D-SNP Parent Organization	Length of Deeming Period in 2023 (in months)
Alignment Healthcare	6 months
Blue Shield of California	6 months
Centene Corporation (Health Net and WellCare of California, Inc.)	6 months
Chinese Hospital Association	3 months
Elevance Health (Anthem Blue Cross and Anthem Blue Cross Partnership)	3 months
Humana Insurance (Arcadian Health Plan)	6 months
Inland Empire Health Plan	3 months
Kaiser Foundation	4 months
LA Care	3 months
Molina Healthcare	6 months
Orange County Health Authority (d.b.a CalOptima Health)	6 months
Santa Clara Family Health Plan	3 months
United Healthcare	6 months

Questions?





CalAIM LTSS Listening Sessions: Lessons Learned

April – May, 2023

Mariya Kalina

Executive Director

California Collaborative for Long-Term
Services & Supports (CCLTSS)

Mariya@CCLTSS.org



*Listening Sessions are funded by the California
Health Care Foundation*

Best Practice

#1

Managed Care Plan Representatives are Allies

MCPs are integral in advocating for and assisting CBOs in navigating the many complexities of CalAIM.

Recommendations for CBOs:

- *Recognize and acknowledge the process of participating in CalAIM is conditional and will evolve overtime.*
- *Modify ECM program/services and interventions to serve your community.*
- *Negotiate with health plans to identify common ground. Plans have as much incentive as CBOs do in the success of CalAIM.*

Best Practice

2

Make the Connection – Engage in Existing Communication Channels

Each ECM county service area is serviced by a Providing Access and Transforming Health Collaborative (PATH Collaborative).

Recommendations for CBOs:

- *Attend PATH Collaborative meetings to develop relationships and to help MCPs understand your commitment and willingness to engage.*
- *Be active participants in integrating into the health care delivery system by working alongside the state and MCPs.*
- *Leverage extended community-care hubs (networks of CBOs) to gain experience with ECM/CS while undergoing the credentialing and application process.*

Best Practice

3

Use State Resources

DHCS has many resources available and has made significant financial investments with the CalAIM Incentive Payment Program (IPP) and PATH funding to assist CBOs with the process of engaging and participating with CalAIM.

Recommendations for CBOs:

- *Advocate for and communicate any changes to the state as well as your MCPs.*
- *Educate the state and health care partners about the needs of your communities.*

Challenge

1

Policy Guides and Regulations are Not Interpreted and Implemented the Same

Current policy guide and regulations are subjective and open to interpretation, leading to differences in policy translation across the regions and among providers and MCPs.

Inconsistent messaging has resulted in hesitancy and slower engagement with CalAIM from smaller CBOs.

Recommendation:

Consistency across policy guides and regulations would be helpful in easing the transition and coordination.

Challenge

2

Attestations and Certifications –A Chicken or Egg Problem

Many CBOs are struggling to navigate the order of steps they need to take to access PATH funding and subsequently become fully integrated as CalAIM providers.

Many cannot complete the certification process because they are unable to access PATH funding without attestations.

Recommendation:

Clarity and guidance on which processes should be completed first would be beneficial.

Challenge

3

Need for Accurate Data Collection

Standardized data collection has been slow, and the lack of consistent data flow has resulted in difficulty accessing and extracting best practices.

Recommendation:

Develop pathways and strategies for standardized data collection. The need for accurate data collection will be vital to help equitably identify people who need CalAIM benefits and services to ultimately help improve health outcomes of older adults and people with disabilities and meet the goals of the Master Plan for Aging (MPA).

Challenge

4

Lack of Data to Support Outreach and Enrollment

ECM providers are challenged with obtaining the timely, comprehensive data and information necessary to identify eligible members and the services already offered and available to those members, creating a challenge with outreach and enrollment.

Recommendation:

Use existing local community networks, in partnership with MCPs, to conduct better outreach to those that may be eligible for ECM services.

Upcoming Sessions

**Subject to change*

June 29 | 10 – 11 am

LTC Carve-In & Community Transitions

July 27 | 10 – 11 am

Outreach Strategies

August 31 | 10 – 11 am

Leveraging Funding



Sign-up to join CalAIM Listening Sessions
by scanning the QR code or visiting:

<http://bit.ly/CalAIMListening>

Resources

» Below are resources shared and mentioned during the listening session:

- [Transformation and Innovation: Advancing Health for California's Older Adults](#)
- [Healthy Aging in California – ITUP Policy Toolkit](#)
- [Engaging with CalAIM: Quick Links for Community-Based Organizations](#)
- [DHCS PATH Collaborative Planning and Implementation](#)

Questions?



Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, August 31st at 1:00 PM**