



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

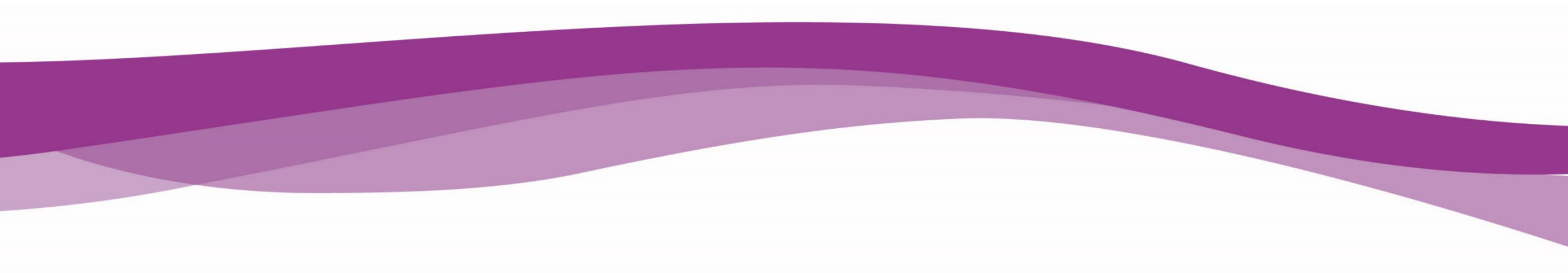
Agenda

- » Welcome and Introductions
- » Summary of January 2023 Enrollment Changes and Stakeholder Q&A
- » 2023 Medi-Cal Matching Plan Scenarios and Stakeholder Q&A
- » Update: 2023 Transition Notices and Stakeholder Q&A
- » Update: Recently Released D-SNP Policy Guide Chapters
- » Update: 2023 SNF LTC Carve-In Transition and Stakeholder Q&A
- » Upcoming Meetings and Next Steps
- » Appendix: Public Health Emergency Unwinding

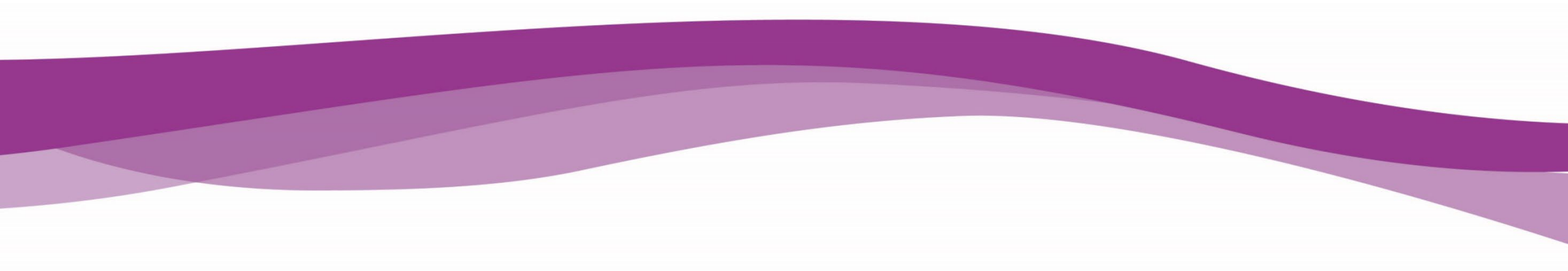
Workgroup Purpose and Structure

- » 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.***

Summary: January 2023 Enrollment Changes



Medi-Medi Plans and Cal MediConnect Transition



Key Policy Reminders

- » Beneficiary enrollment in Medicare Advantage, including a Dual Eligible Special Needs Plan (D-SNP), is voluntary.
- » Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- » Medicare Medi-Cal Plans, or Medi-Medi Plans, combine Medicare and Medi-Cal benefits into one plan. Available in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.
- » Cal MediConnect members will automatically be enrolled in the Medi-Medi plan affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

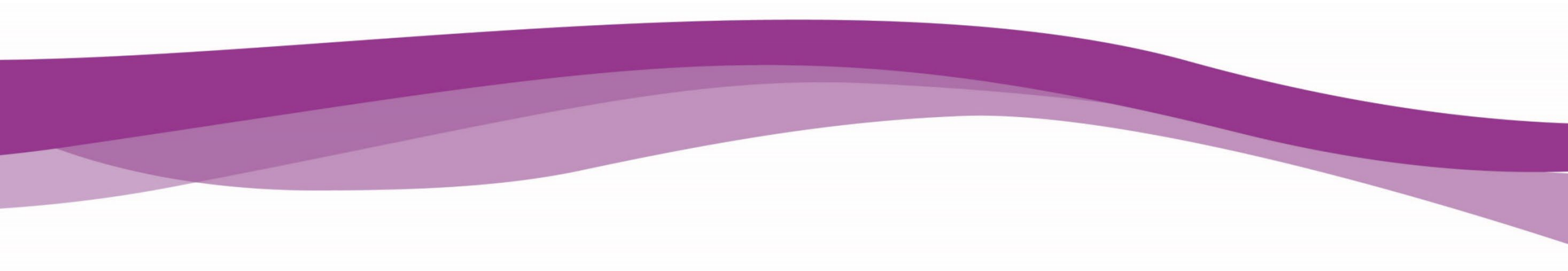
Medi-Medi Plans: Opportunities and Benefits

- » Similar to Cal MediConnect approach – high consumer satisfaction
- » Simplified Care Coordination to help members access services
- » Integrated Member Materials
- » Supplemental Benefits, Community Supports, Enhanced Care Management
- » Benefit Coordination
 - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
 - » Coordinated benefit administration
 - » Unified process/policy for authorizing Durable Medical Equipment (DME)
 - » Enable plan-level integrated appeals
- » Integrated Beneficiary and Provider Communications

2023 Cal MediConnect Transition

- » On **January 1, 2023**, beneficiaries in CMC plans (113,000) will be **automatically** transitioned into Medi-Medi plans operated by the same parent company as the CMC plan.
 - » There will be **no gap in coverage**.
 - » Provider networks should be **substantially similar**.
 - » Continuity of care provisions.
- » Health plans are communicating with members about these changes and sent initial notices by September 30, 2022.

D-SNP Look-Alike Plan Transition



Overview: D-SNP Look-Alike Plans

- » D-SNP “look-alike” plans are MA plans marketed to dually eligible beneficiaries but not required to provide care coordination with Medi-Cal benefits, integrated care, or joint enrollment.
- » Look-alike plans are MA plans with 80% or more of members eligible for Medi-Cal, meaning they mostly serve dual eligible beneficiaries.
- » Look-alike plans do not meet D-SNP integration requirements.
- » Enrollment in look-alike plans increased in CCI counties in recent years, due to plan marketing efforts and limits on D-SNP enrollment in those counties.

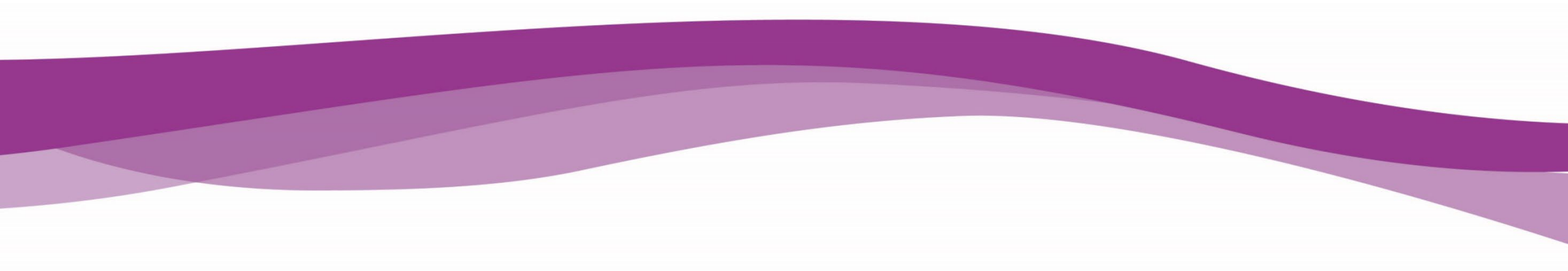
D-SNP Look-Alike Plan Non-Renewal

- » CMS is limiting enrollment into MA plans that are D-SNP look-alike plans.
 - » Starting in 2022, CMS will not enter into contracts with new MA plans that project 80% or more of the plan's enrollment will be entitled to Medicaid.
 - » Starting in 2023, CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more dual eligibles (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals).


D-SNP Look-Alike Transition

- » For 2023, MA organizations will transition D-SNP look-alike members (140,000 in California) into another MA plan (including into a true D-SNP) offered by the same MA organization.
- » The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- » CMS worked with plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.
- » DHCS posted the crosswalk list in early October.


CalAIM Statewide Medi-Cal Managed Care

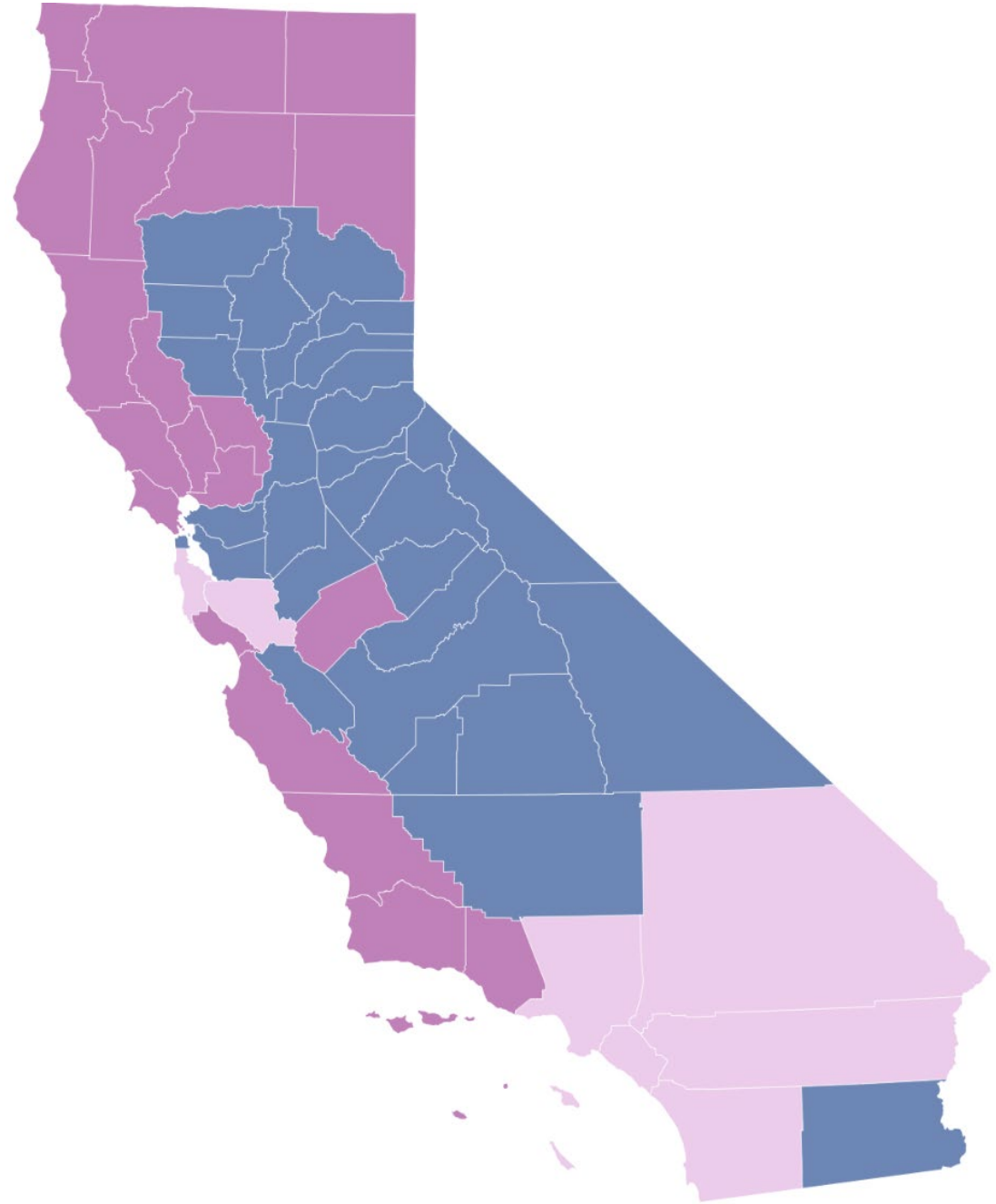


Statewide Medi-Cal Managed Care/Long-Term Care

 COHS Counties with SNF Services and Duals already in Medi-Cal Managed Care

 CCI Counties with SNF Services and Duals already in Medi-Cal Managed Care

 Counties where SNF Services and Duals will be transitioned to Medi-Cal Managed Care starting January 1, 2023



CalAIM Statewide Medi-Cal Managed Care

- » The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or beneficiary aid code.
- » **CalAIM:** January 2023, dual eligible beneficiaries in 31 counties will transition into Medi-Cal managed care enrollment.
- » **Medi-Cal managed care plan does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage.**
- » **Medicare providers do NOT need to be in Medi-Cal plans.**
- » **Fact sheets and Notices are available on DHCS [webpage](#).**

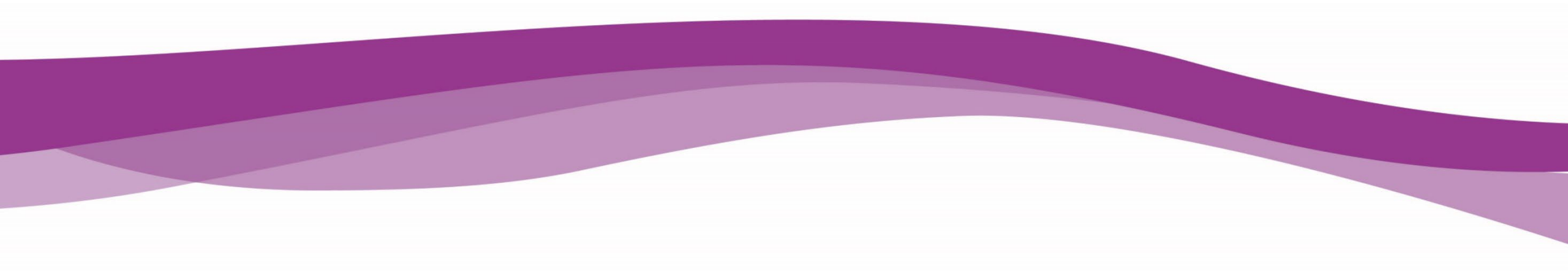
Medi-Cal Managed Care for Dual Eligible Beneficiaries

- » Currently over 70 percent, more than 1.1 million, dual eligible beneficiaries are enrolled in Medi-Cal managed care.
- » Starting January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care.
- » Key Impacted Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba.
- » Beneficiaries can choose a Medi-Cal plan using materials they will receive in fall 2022. In 12 counties, Medi-Cal matching plan policy applies.

Medi-Cal Managed Care Benefits for Dual Eligible Beneficiaries

- » Medi-Cal Plans coordinate Long-Term Services and Supports
- » Medi-Cal managed care plan benefits helpful for dual eligible beneficiaries include:
 - » Community Based Adult Services (CBAS)
 - » Transportation to medical appointments
 - » CalAIM Community Supports, such as home modifications, medically tailored meals, etc.
 - » CalAIM Enhanced Care Management (ECM)
 - » Long-Term Care (LTC; skilled nursing facility care)

Other Medi-Cal Changes



Medi-Cal Changes in 2022

- » **Older Adult Expansion:** Effective May 1, 2022, Medi-Cal Expansion for individuals aged 50 and older, regardless of immigration status. [OlderAdultExpansion \(ca.gov\)](#)
- » **Medi-Cal Asset Limit Increase:** Effective July 1, 2022, the Medi-Cal asset limit increased to \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). Medi-Cal income limits still apply. [Asset Limit Changes \(ca.gov\)](#)
- » Asset limit increase also applies to [Medicare Savings Programs](#).

Questions

- » Questions on Medicare Medi-Cal Plans, or January 2023 Medi-Cal transitions?

2023 Medi-Cal Matching Plan Policy Scenarios

A decorative graphic consisting of several overlapping, wavy, horizontal bands of purple and lavender colors, spanning the width of the slide below the title.

Stephanie Conde
Branch Chief
Managed Care Operations Division
Department of Health Care Services

Aligned Enrollment, or Medi-Cal Matching Plan Policy

- » Dual eligible beneficiaries who are enrolled in a Medicare Advantage (MA) plan must be enrolled in a matching Medi-Cal managed care plan (MCP) **if one 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 Bernadino, San Diego, San Francisco, Santa Clara, and Stanislaus.
- » In all other non-COHS counties aside from the 12 counties there is **no** Medi-Cal matching plan policy.

Matching Plan Policy: Primary and Delegate Plans

- » **Primary Plan:** MCPs with direct contracts with DHCS to provide Medi-Cal services. Primary Plans are responsible for ensuring that delegate health plans and provider groups are, and continue to be, in compliance with all applicable Medi-Cal, State and federal laws, and contractual requirements. The Primary Plan is responsible for enrolling beneficiaries into subcontracted or delegate plans.
- » **Delegate Plan:** Subcontractors with MCPs that provide Medi-Cal services. DHCS does not enroll beneficiaries into subcontracted or delegate plans. That enrollment process is the responsibility of the primary plan.

2023 Medi-Cal Matching Plan Policy

- » In the 12 “Medi-Cal matching plan” counties, Medicare plan choice determines Medi-Cal plan enrollment.
- » For all 12 “Medi-Cal matching plan” counties, aligned enrollment occurs at the Medi-Cal prime level.
- » In the following counties, aligned enrollment extends to the Medi-Cal delegate level for matching Medicare Advantage plans, including Medicare Medi-Cal Plans (MMPs).
 - » Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara

Scenario 1: Original Medicare and Any Medi-Cal Plan

Scenario

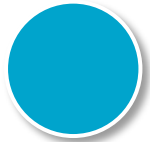
Beneficiary Enrolled in:



Original
Medicare FFS

When a full benefit dual eligible is in Original Medicare FFS, they can choose any Medi-Cal MCP.

Beneficiary Choice



Medi-Cal
MCP Plan A



Medi-Cal
MCP Plan B



Medi-Cal
MCP Plan C

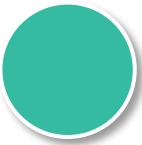
DHCS Medi-Cal Matching Plan Policy Process

No DHCS Matching Plan Policy Process.

Scenario 2: Request to Change Medi-Cal Plan

Scenario

Beneficiary Enrolled in:



Medicare
Advantage
Plan A



Medi-Cal MCP
Plan A

Beneficiary Choice:



Medicare
Advantage
Plan A



Medi-Cal MCP
Plan B

If a full benefit dual eligible is currently enrolled in a Medi-Cal MCP that matches their MA but wants to change their Medi-Cal MCP to one that does not match their MA, the enrollment is not allowed.

DHCS Medi-Cal Matching Plan Policy Process

Outcome

- This enrollment is not allowed. The beneficiary must change their MA plan first.
- If the beneficiary submits a choice form, the beneficiary will receive a letter from HCO explaining that their Medi-Cal plan choice could not be processed. The letter will include a choice form so that the beneficiary can make a new choice. Additionally, outbound calls will follow to assist the beneficiary.
- If the beneficiary calls HCO to choose a new Medi-Cal MCP, HCO will explain to the beneficiary that they must change their MA plan first.



Medicare
Advantage
Plan A

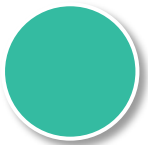


Medi-Cal
MCP
Plan A

Scenario 3: Request to Change Medicare Plan

Scenario

Beneficiary Enrolled in:

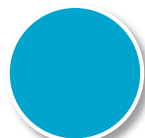


Medicare
Advantage
Plan A



Medi-Cal MCP
Plan A

Beneficiary Choice:



Medicare
Advantage
Plan B



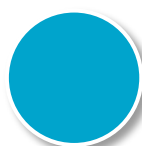
Medi-Cal MCP
Plan A

When a full benefit dual eligible changes their MA that no longer aligns with the Medi-Cal MCP.

DHCS Medi-Cal Matching Plan Policy Process

Outcomes

If there is a matching Medi-Cal MCP to the Medicare Advantage plan choice, then the beneficiary will be automatically enrolled into the matching Medi-Cal MCP. The beneficiary will receive a letter from HCO explaining enrollment in matching Medi-Cal plan.



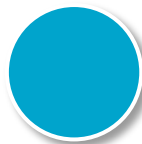
Medicare
Advantage
Plan B



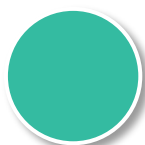
Medi-Cal
MCP
Plan B

OR

If there is no matching Medi-Cal MCP to the Medicare Advantage plan choice, no action is taken, and beneficiary is allowed to be in mis-aligned MA/Medi-Cal MCP plans.



Medicare
Advantage
Plan B



Medi-Cal
MCP Plan A

Scenario 4: Medicare Beneficiaries Newly Eligible for Medi-Cal

Scenario

Beneficiary Enrolled in:



Medicare
Advantage
Plan A

Beneficiary Newly Eligible
for Medi-Cal MCP

When a full benefit dual eligible enrolled in an MA plan chooses a Medi-Cal MCP for the first time and there is a Medi-Cal MCP that matches with that MA plan, they must choose that Medi-Cal plan.

DHCS Medi-Cal Matching Plan Policy Process

Outcome

Beneficiary is automatically enrolled into the matching Medi-Cal MCP.



Medicare
Advantage
Plan A

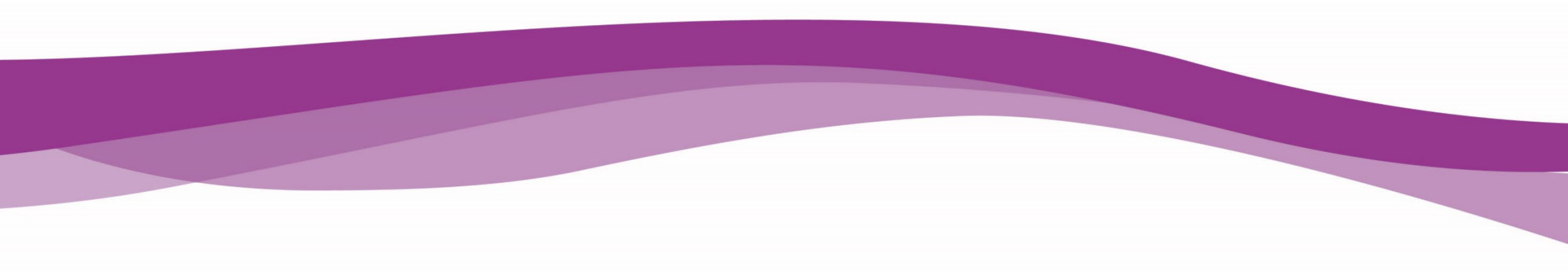


Medi-Cal
MCP
Plan A

Questions

» Questions on 2023 Medi-Cal Matching Plan Policy Scenarios?

January 2023 Transition Notices



January 2023 Transitions Impacting Dual Eligible Beneficiaries

Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

- » Seven CCI Counties: Impacts dual eligible beneficiaries in the seven Coordinated Care Initiative (CCI) counties

D-SNP Look-Alike Transition

- » Statewide: Impacts beneficiaries currently in D-SNP look-alike plans

CalAIM Medi-Cal Managed Care Enrollment

- » Statewide: Impacts most dual eligible beneficiaries currently in Fee-for-Service Medi-Cal

Long Term Care (LTC) Skilled Nursing Facility (SNF) Carve-In Transition

- » Statewide: Impacts beneficiaries (including dual eligible beneficiaries) in LTC SNFs

Combined Transition Noticing Timeline

September 2022

D-SNP Look-alike Members will Receive an **Annual Notice of Change (ANOC)** by 9/30

CMC Members will receive an **ANOC** by 9/30

October 2022

Medicare Annual Enrollment: Opens October 15th and closes December 7th)

CMC Transition to MMP **90 Day Notice**

November 2022

LTC SNF Carve-In **60 Day Notice**

CalAIM Managed Care Enrollment **60 Day Notice**

CMC Transition to MMP **45 Day Notice**

December 2022

LTC SNF Carve-In **30 Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

CalAIM Managed Care Enrollment **30 Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.

Combined Outbound Call Timeline

- » For the CMC to MMP Transition, LTC SNF Carve-In, and CalAIM Managed Care Enrollment, beneficiaries will receive outbound calls in addition to noticing.

October 2022

CMC Transition to MMP calls begin after 90-day notices are sent.

December 2022

LTC SNF Carve-In beneficiaries will receive calls in December.

CalAIM Managed Care Enrollment beneficiaries who are transitioning from FFS will receive calls in December.

Timeline:

D-SNP Look-alike Transition

- » Transition Date: January 1, 2023
- » Noticing:
 - » **September 2022:** The Medicare Advantage plans receiving look-alike members will send members an Annual Notice of Change (ANOC) which will be received by September 30. An ANOC is sent by Medicare Advantage plans to members to announce important changes in coverage, cost, and more that will be effective January 2023.
- » Note: Approximately 150,000 beneficiaries statewide will receive an ANOC from their D-SNP look-alike. The majority of these beneficiaries are in the seven CCI counties.

Timeline:

CMC to MMP Transition

- » Transition Date: January 1, 2023
- » Noticing Plan:
 - » **September 2022:** CMC Plans will send members an ANOC which will be received by September 30.
 - » **October 2022:** CMC Plans send a mailing containing a 90-day notice and two inserts: Notice of Additional Information (NOAI) which includes commonly asked questions, and a list of other integrated health care coverage options (including available MMPs).
 - » Plans will make outbound calls after 90-day notices are sent.
 - » **November 2022:** CMC Plans will send a mailing with a second notice 45 days in advance of the transition along with the NOAI.

Transition Notices

[The Future of Cal MediConnect](#) – How will I be notified?



[Services](#) [Individuals](#) [Providers & Partners](#) [Laws & Regulations](#) [Data & Statistics](#) [Forms & Publications](#) [Search](#)

How will I be notified?

Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022**.

90 Day Notice

CMC Plans in the seven counties will send a mailing containing a 90 Day notice and two inserts: commonly asked questions, referred to as the Notice of Additional Information (NOAI) and a list of other integrated health care coverage options (including integrated D-SNPs and PACE). Plans will make outbound calls.

- [90 Day Notice \(All Counties except San Mateo\)](#)
- [90 Day Notice \(San Mateo County\)](#)
- [CMC NOAI \(San Mateo County\)](#)
- [CMC NOAI \(Orange County\)](#)
- [CMC NOAI \(All Counties except San Mateo and Orange\)](#)

45 Day Notice

In November 2022, CMC Plans will send a notice 45 days in advance of the transition, along with the NOAI.

- [45 Day Notice](#)
- [45 Day Notice \(San Mateo County\)](#)

Timeline: CalAIM Managed Care Enrollment for Dual Eligible Beneficiaries

» Transition Date: January 1, 2023

» Noticing:

» **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.

» **Late November 2022:** Choice packets will be mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.

» Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal, under the same parent organization if there is a matching plan.

» **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.

» Note: The majority of dual eligible beneficiaries are already enrolled in a Medi-Cal MCP. In January 2023, about 22 percent (about 325,000) of dual eligible beneficiaries will be newly enrolled in a Medi-Cal MCP.

Timeline:

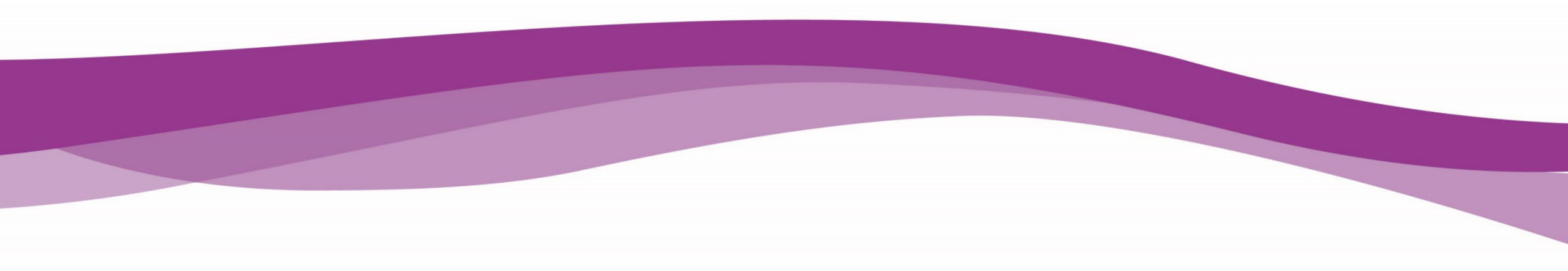
LTC SNF Carve-In Transition

- » Transition Date: January 1, 2023
- » Noticing:
 - » **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.
 - » **Late November 2022:** Choice Packets mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.
 - » Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal plan, under the same parent organization, if there is a matching plan.
 - » **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.

Questions

» Questions on 2023 Transition Notices?

Update: Recently Released 2023 D-SNP Policy Guide Chapter



2023 D-SNP Policy Guide

- » The CalAIM D-SNP Policy Guide is intended to serve as a resource for all D-SNPs in California, beginning in contract year 2023, by providing additional details to supplement the 2023 State Medicaid Agency Contract (SMAC).
- » The Policy Guide provisions that apply to all D-SNPs, and those that apply only to MMPs, are indicated at the beginning of each section.
- » The provisions of this Policy Guide are part of the DHCS SMAC requirements for 2023.
- » Updates will be published as guidance is added. Latest edition is current as of October 5, 2022: <https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>

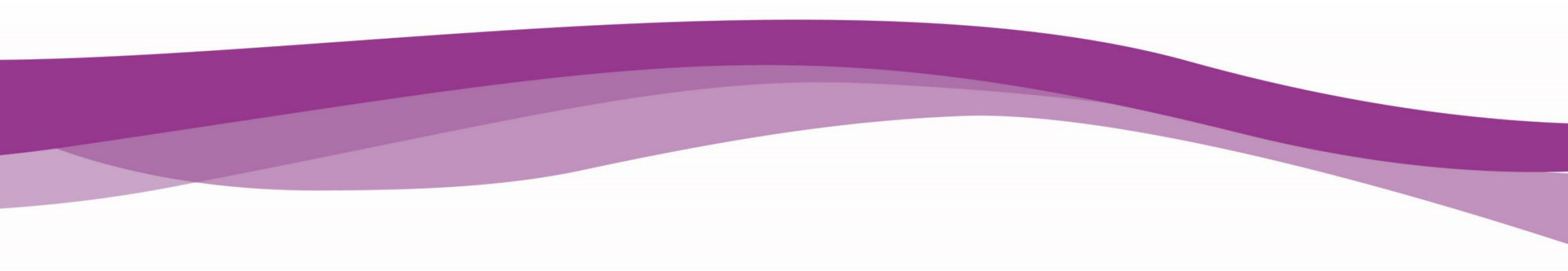
Information Sharing

- » The Information Sharing chapter has been added to the [2023 CalAIM D-SNP Policy Guide](#).
- » The goal of the information sharing policy is for the D-SNP contractor, either directly or through contracted providers or other entities, to timely notify the Member's Medi-Cal Managed Care Plan (MCP) of hospital and SNF admissions, particularly if the MCP is a different organization than the D-SNP.

Information Sharing: Hospital Admissions and Skilled Nursing Facilities (SNFs)

- » The D-SNP Contractor will require their contracted hospitals and SNFs to use a secure process approved by DHCS, to inform the D-SNP and the Member's MCP of any hospital or SNF admission for all Members within a specified amount of time.
 - » **Hospital Admission, Discharge or Transfer:** The D-SNP and the MCP must be notified immediately prior to, or at the time of Member discharge or transfer.
 - » **SNF Admission, Discharge or Transfer:** The D-SNP and the MCP must be notified within 48 hours of admission and at the time of Member discharge or transfer.

2023 CalAIM Skilled Nursing Facility Long-Term Care Carve-In



Outline

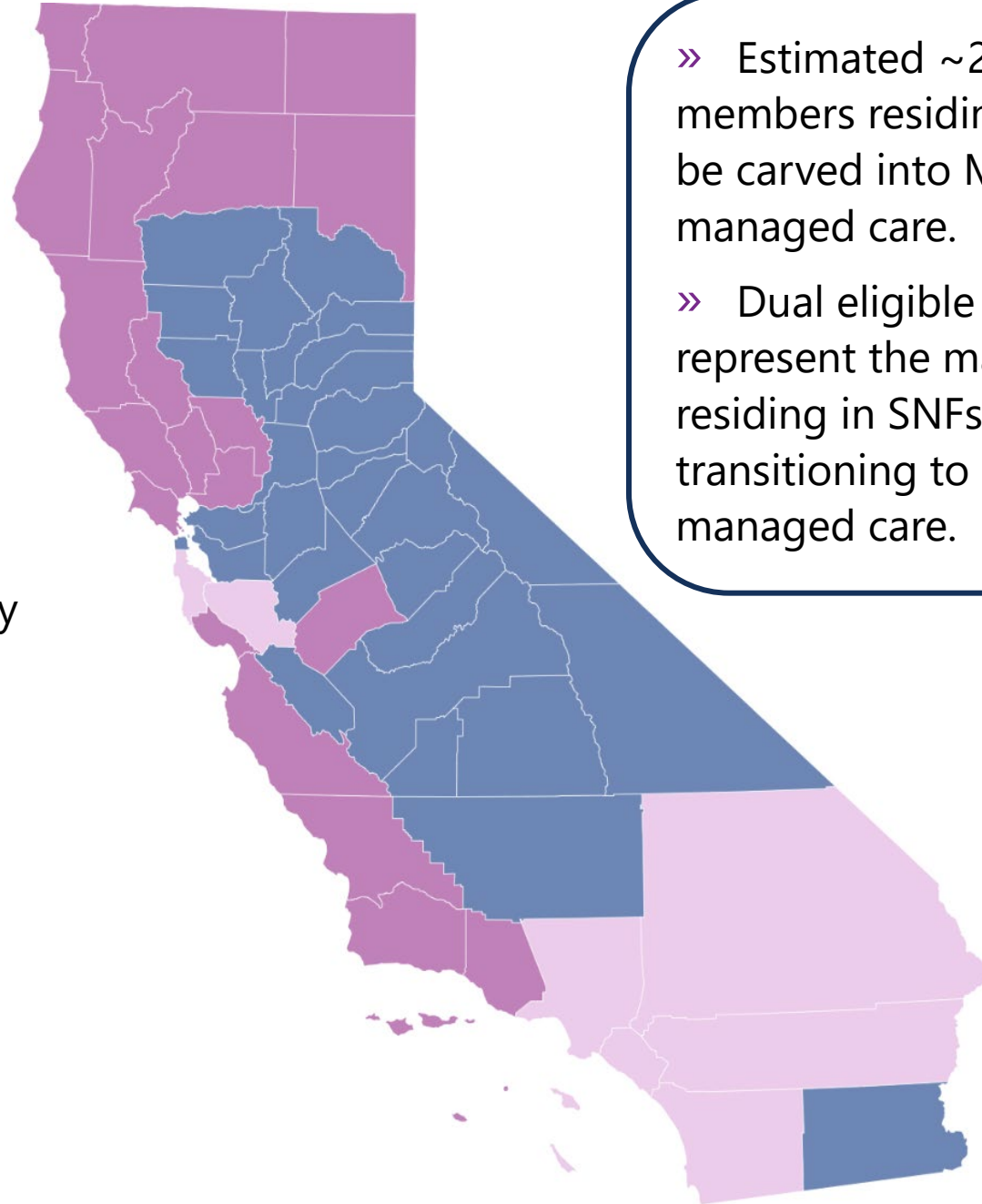
- » CalAIM SNF LTC Carve-In Goals
- » LTC Workgroup Summary and Next Steps
- » All-Plan Letter 22-018 and Next Steps
- » Q&A
- » Resources and Contact Information

CalAIM Skilled Nursing Facility (SNF) Long-Term Care (LTC) Carve-In Goals

- » Standardize SNF services coverage under managed care statewide.
- » Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- » Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in SNFs.

Statewide LTC

-  Counties with SNF Services currently Carved-in to Medi-Cal Managed Care
-  CCI Counties with SNF Services currently Carved-in to Medi-Cal Managed Care
-  Counties where SNF Services will be carved-in to Medi-Cal Managed Care starting January 1, 2023



- » Estimated ~28,000 members residing in SNFs will be carved into Medi-Cal managed care.
- » Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

Non-COHS/Non-CCI Counties

MCP	Counties
Alameda Alliance for Health, Anthem Blue Cross Partnership Plan	Alameda
Anthem Blue Cross Partnership Plan, California Health & Wellness	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba
Anthem Blue Cross Partnership Plan, Contra Costa Health Plan	Contra Costa
Anthem Blue Cross Partnership Plan, CalViva Health	Fresno, Kings, Madera
California Health & Wellness, Molina Healthcare of California Partner Plan	Imperial
Health Net Community Solutions, Kern Family Health Care	Kern
Aetna Better Health of California, Anthem Blue Cross Partnership Plan, Health Net Community Solutions, Kaiser Permanente, Molina Healthcare of California Partner Plan	Sacramento
Anthem Blue Cross Partnership Plan	San Benito
Anthem Blue Cross Partnership Plan, San Francisco Health Plan	San Francisco
Health Net Community Solutions, Health Plan of San Joaquin	San Joaquin, Stanislaus
Anthem Blue Cross Partnership Plan, Health Net Community Solutions	Tulare

What is Changing?

- » All Medi-Cal only and dual eligible beneficiaries in Medi-Cal Fee-for-Service (FFS) residing in a SNF on January 1, 2023 will be enrolled in a Medi-Cal Managed Care Plan (MCP) effective either January 1, 2023 or February 1, 2023.
- » Beneficiaries who enter a SNF facility and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing.
- » This will include most Medi-Cal beneficiaries:
 - » Medi-Cal only beneficiaries
 - » Dual-eligible beneficiaries – eligible for Medicare and Medi-Cal
 - » Medi-Cal beneficiaries with other health coverage, including private coverage
 - » Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes

» This transition to managed care will increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in LTC facilities.

SNF Carve-In APL Overview

APL 22-018: Skilled Nursing Facilities - Long Term Care Benefit Standardization and Transition of Members to Managed Care

The bottom half of the slide features a decorative graphic consisting of several overlapping, wavy lines in various shades of purple, creating a modern, abstract background.

SNF Carve-In APL Structure

» SNF APL Topics:

- » Benefits
- » Network Readiness
- » Leaves of Absence or Bed Holds
- » Continuity of Care
- » Treatment Authorizations
- » Facility Payment
- » Population Health Management
- » Policies and Procedures

Member Protections:

Continuity of Care – SNF Services

- » MCPs must provide Continuity of Care (CoC) for all medically necessary LTC services at non-contracting LTC facilities for members residing in a SNF at the time of enrollment.
- » Inclusive services for LTC facilities include all supplies, drugs, equipment and services necessary to provide a designated level of care. Other inclusive items include:
 - » Personal hygiene items
 - » Therapy services
- » [Additional Information: Medi-Cal Provider Manual: LTC Inclusive and Exclusive Services](#)

Member Protections:

Continuity of Care – SNF Services Continued

- » To prevent disruptions in care, members must be allowed to stay in their current SNF residence, as long as:
 - » The facility is licensed by the California Department of Public Health (CDPH);
 - » The facility meets acceptable quality standards, including the MCP's professional standards; and
 - » The facility and MCP must agree to work together.
- » This continuity of care protection applies to all SNF residents transitioning on January 1, 2023 and lasts for 12 months.
- » This continuity of care protection is **automatic**, meaning the beneficiary does not have to request to stay in their facility.
 - » If member is unable to access continuity of care as requested, the MCP must provide the member with a written notice of action of an adverse benefit determination and final alternative placement.

Member Protections: Continuity of Care – Providers

- » Under CoC, members may continue seeing their out-of-network Medi-Cal providers for up to 12 months.
 - » The member, authorized representative, or provider contacts the new MCP to make the request
 - » The member can validate that the member has seen the provider for least one non-emergency visit in the prior 12 months
 - » The provider meets the MCP's professional standards and has no disqualifying quality of care issues.
 - » The provider is willing to work with the MCP (i.e., agree on payment and/or rates)
- » Dual eligible members may continue seeing their existing Medicare providers, those Medicare providers do not change and do not have to be in the Medi-Cal MCP provider network.
- » Members enrolling in Medi-Cal managed care residing in a SNF after June 30, 2023 **will not** receive automatic CoC and must request CoC.

Member Protections:

Continuity of Care – Other Services

- » **Prescription Drugs:** Maintenance of current drug therapy, including non-formulary drugs, without prior authorization until the member is evaluated or re-evaluated by a Network Provider.
 - » If drugs are dispensed by a pharmacy and billing on a pharmacy claim, they are carved out and covered by Medi-Cal Rx.
 - » If drugs are furnished by the SNF and billed on a medical or institutional claim, the MCP is responsible.
 - » MCPs may choose to cover drugs not covered by Medi-Cal Rx, including of over-the-counter drugs and other therapies otherwise not covered.
- » **Other Services:** CoC provides continued access to the following services, although could require a switch to in-network providers.
 - » Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
 - » Facility Services
 - » Professional Services
 - » Select Ancillary Services
 - » Appropriate level of care coordination

Member Protections:

Leave of Absence and Bed Holds

- » A Leave of Absence (LOA) and Bed Holds are periods of time when a member may leave their facility while retaining the ability to return, and the facility will continue to receive some payment.
- » Nursing facility residents, in accordance with their care plan, may take a short LOA from the facility either for an inpatient hospital stay or for therapeutic leave (e.g., family visits).
 - » When a recipient residing in a nursing facility is admitted to an acute care hospital providers must bill Bed Hold days.
- » MCPs must include as a covered benefit any leave of absence or Bed Hold that a SNF provides in accordance with the requirements of Title 22, California Code of Regulations (CCR), Section 72520 or California's State Medicaid Plan.

Member Protections: Leave of Absence and Bed Holds Continued

- » MCPs must allow members to return to the same SNF where a member previously resided under the LOA and Bed Hold policies.
- » MCPs must ensure the SNF notifies members or authorized representative in writing about their right to a Bed Hold provision.
- » Members must receive transition assistance and care coordination if there is an exception or a SNF fails to comply with regulations.
- » MCPs should address any SNF denials of Bed Holds with the SNFs to ensure appropriate member access.
- » MCPs must ensure that SNFs notify members of their right to bed holds in writing upon admission to SNF, and upon transfer to hospital.

Authorizations

» Treatment Authorizations Requests (TARs)

- » MCPs must maintain continuity of care for members in a SNF facility by recognizing any treatment authorization requests for SNF facility services made by DHCS for the member enrolled into the MCP.
- » MCPs are responsible for all other approved TARs for services in a SNF exclusive of the SNF per diem rate for a period of 90 days after enrollment in the MCP, or until the MCP is able to reassess the Member and authorize and connect the Member to medically necessary services

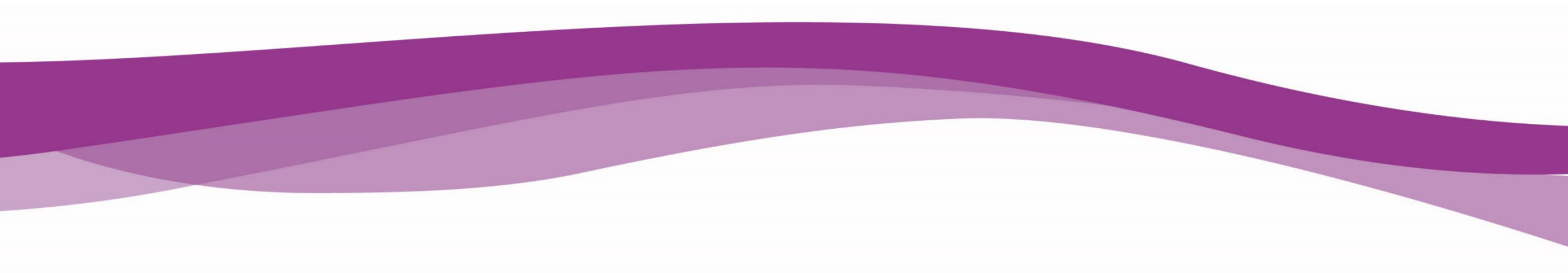
» Service Authorizations

- » Prior authorization requests for Members who are transitioning from an acute care hospital must be considered expedited, requiring a response time no greater than 72 hours, including weekends.

Care Management and Care Coordination

- » MCPs are required to provide care coordination to support members.
- » Care coordination is scaled to member needs, but for those in LTC it would likely include:
 - » Comprehensive assessment of the member's condition,
 - » Determination of available benefits and resources, and
 - » Development and implementation of a Care Management Plan (CMP) with performance goals, monitoring and follow-up.
- » MCPs also must assess for and provide additional care coordination services if medically necessary:
 - » Enhanced Care Management (ECM) and Community Supports
 - » Complex Care Management
 - » The SNF Carve-In will not change the administration of the Medi-Cal benefits are carved out of managed care and will continue to be carved out after January 1, 2023.

SNF LTC Carve-In Current State and Next Steps



SNF Carve-In: Plan Readiness

» **SNF Network Readiness**

- » Reviewing SNF availability, and other considerations such as timeliness to placement, utilization patterns, shifts from institution care to home and community-based services

» **Member Materials**

- » MCP website, Member Handbook, Welcome Packet and Call Center support, as well as DHCS notices, Call Center support and websites

» **SNF Data Sharing**

- » Ensuring that MCP has processes to ensure data is shared as needed with contracted providers in a timely and consumable format.

SNF Carve-In Member Communications

November 2022

LTC Member Notice and NOAI in hand by 11/1/2022 (60 Day Notice)

Choice Packets will be mailed by end of November.

*Choice Packets will only be mailed to beneficiaries not part of the Medi-Cal matching plan policy.

December 2022

LTC Member Notice and NOAI in hand by 12/1/2022 (30 Day Notice)

Health Care Options Member Outbound Call Campaign Begins

January 2023

SNF Carve-In Live

Health Care Options Member Outbound Call Campaign Continues

February 2023

Health Care Options Member Outbound Call Campaign Ends

SNF LTC Carve-In Current State and Next Steps

- » [APL 22-0018](#) was released September 30, 2022 to MCPs.
- » Ongoing stakeholder engagement on LTC Carve-In will continue in Monthly MLTSS & Duals Integration Stakeholder Workgroups, and MCP weekly calls.
- » Monthly educational webinars open to the public began October 7, 2022 and will continue through early 2023. Advance registration is required.
- » Other SNF LTC Carve-In documents to be released include FAQs, and California Advancing and Innovating Medi-Cal Skilled Nursing Facility: Long-Term Care Carve-In Resources for MCPs.
- » ICF/DD Workgroup has relaunched to focus on issues specific to this population and help shape the proposed July 1, 2023, carve-in of these facilities and homes.

SNF Carve-In Webinars

Topic	Audience	Date and Time
CalAIM LTC SNF Carve-In 101 for MCPs	MCPs	September 21, 2022, 10am –11am
CalAIM LTC Statewide Carve-In 101 for SNFs	SNFs	October 7, 2022, 1pm – 2pm
Promising Practices for Contracting	SNFs and MCPs	November 4, 2022, 1pm – 2pm
LTC Billing and Payment Rules	SNFs and MCPs	December 2, 2022, 1pm– 2pm
Best Practices for Care Transitions	SNFs and MCPs	January 2023 – TBD
Best Practices for Care Management	SNFs and MCPs	February 2023 – TBD

Materials on previous webinars and information on upcoming public webinars and registration details can be found at: <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx>

Resources and Contact Information

» Forthcoming

- » Frequently Asked Questions (FAQs)
- » CalAIM SNF LTC Carve-In Resources for MCPs
- » Member Notices

» Questions? Contact info@calduals.org

» DHCS Resources

- » Long-Term Care Carve-In Transition: <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx>
- » CalAIM: <https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

Thank you!

Questions?



Upcoming MLTSS & Duals Workgroup Meeting Topics

The bottom half of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. These bands create a sense of movement and depth, extending across the entire width of the slide.

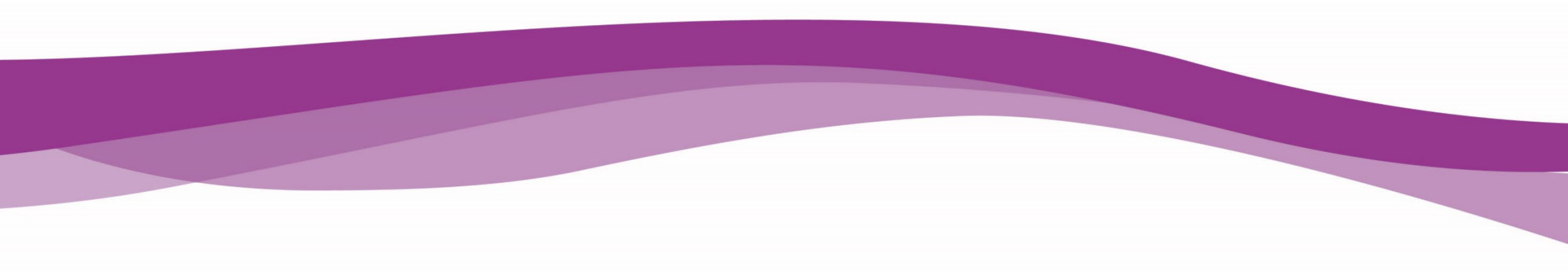
Potential Meeting Topics

- » Local examples and discussion of integrated care
- » January 2023 CalAIM transitions status
- » Crossover billing
- » MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- » Updates to 2024 State Medicaid Agency Contract (SMAC)
- » Strategies to improve health equity
- » Long Term Services and Supports (LTSS) Dashboard updates
- » Assisted Living/Assisted Living for Memory Care
- » CalAIM Housing Supports

Next Steps

- » Next Quarterly CCI Stakeholder Webinar: **Wednesday, October 26th at noon**
- » Next SNF LTC Carve-In Webinar: **Friday, November 4th at 1:00 P.M.**
- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, November 17th at 10:00 A.M.**

Appendix A: Public Health Emergency (PHE) Unwinding



Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a ***DHCS Coverage Ambassador!***
 - » [Download the Outreach Toolkit](#) on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.