



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

February 4, 2021

California Department of Health Care Services



Agenda

- 10:00 – 10:05 Welcome and Introductions
- 10:05 – 10:15 Review MLTSS and Duals Integration Workgroup Charter
- 10:15 – 10:50 Review CalAIM and Master Plan for Aging, and Review of “Expanding Access to Integrated Care for Dual Eligible Californians Updated Policy”
- 10:50 – 11:30 Discussion About MTLSS and Dual Eligible Special Needs Plan (D-SNP) Policy
- 11:30 – 12:00 Discussion About Workgroup Topics and Other Public Comments
- 12:00 – 12:05 Closing



CalAIM MLTSS and Duals Integration Workgroup Purpose and Charter



Workgroup Purpose and Structure

- Serve as stakeholder collaboration hub for the CalAIM MLTSS and duals effort.
- Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for the Department's transition plan for dual eligibles and the Coordinated Care Initiative (CCI) transition within the CalAIM initiative.
- Open to the public. Charter posted on the DHCS website.

We value our partnership with plans, advocates, beneficiaries, providers, and CMS in developing and implementing this work.



Dual Eligible Beneficiaries

- Individuals eligible for both Medicare and Medicaid (Medi-Cal in California)
- 1.4 million dual eligible beneficiaries in California
- Includes two groups:
 - Individuals eligible for Medicare due to age (65 and older)
 - Individuals eligible for Medicare due to disability



Delivery Systems for Dual Eligible Beneficiaries

- For most dual eligible beneficiaries, Medicare and Medi-Cal operate separately and with different funding streams. This fragmented system lacks incentives to provide these often high-need individuals with person-centered services.
- Nationally, 18 percent of dual eligible individuals report they have a “poor” health status, compared to 6 percent of other Medicare beneficiaries. In addition, dually eligible individuals are more likely to be from systematically and historically disadvantaged populations.
- For dually eligible individuals with high rates of chronic conditions and functional impairments, streamlined access to services across health and long term services and supports (LTSS) systems is critical.
- CalAIM includes several policy changes designed to increase the number of dual eligible individuals in coordinated, aligned care, with incentives to provide care in home and in community-based settings, which may better align with beneficiary care needs and goals.



COVID-19 and Health Disparities

- COVID has had a disproportionate impact on older Californians and people of color.
- DHCS is committed to addressing disparities in health care and continues to align with health equity efforts at the federal level.
- CalAIM proposals recognize opportunities to target social determinants of health and reduce health disparities and inequities.
- This workgroup will recognize the impact of, and lessons learned from, COVID and health disparities.



Initial Policy Issues for Workgroup

- Under CalAIM, DHCS will transition Cal MediConnect (CMC) and the CCI to a statewide MLTSS and D-SNP structure.
- This policy is intended to help meet the statewide goals of improved care integration and person-centered care, under both CalAIM and the California Master Plan for Aging (MPA).
- DHCS is working with health plans, stakeholders, and CMS to transition and expand services statewide.
- Updated “Expanding Access to Integrated Care for Dual Eligible Californians” policy memo.



Initial Workgroup Scope

- How to provide dually eligible beneficiaries with quality, integrated care through D-SNPs, Medi-Cal managed care plans (MCP), and other CalAIM initiatives.
- Opportunities and challenges on how to implement a statewide aligned MLTSS and D-SNP structure.
- Policies related to transitioning to a statewide MLTSS and D-SNP structure, such as model of care contract requirements and consumer protections.
- Leveraging lessons learned from CCI and other integrated care models, including development of integrated member materials, requiring consumers on advisory boards, requiring dementia specialists in care coordination efforts, and coordination of carved-out LTSS benefits.



Initial Meeting Schedule

Meeting	Date/Time (Tentative)
Meeting #1	Thursday, February 4, 10 a.m. - 11:30 a.m.
Meeting #2	Thursday, March 4, 10 a.m. - Noon
Meeting #3	Wednesday, April 7, Noon - 2 p.m.
Meeting #4	Thursday, May 6, 11:30 a.m. - 1:30 p.m.



CalAIM and Master Plan for Aging – Summary and Background



CalAIM Goals

- Identify and manage member risk and need through whole person care approaches and addressing social determinants of health.
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.



CaAIM Overview

- Comprehensive framework for the upcoming waiver renewals that encompasses a broader delivery system, and program and payment reform across the Medi-Cal program. Includes initiatives and reforms for:
 - Medi-Cal Managed Care, including Enhanced Care Management (ECM) and In Lieu of Services (ILOS)
 - Behavioral Health
 - Dual Eligible Beneficiaries and MLTSS
 - Dental
 - Other County Programs
- Additional information available on DHCS CaAIM webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>



CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS)

In February 2021, DHCS intends to release several draft documents pertaining to Medi-Cal managed care plan (MCP) responsibilities for ECM and ILOS.

- These documents will be released as drafts for public comment and then as finals in spring 2021.
- Stay tuned for more information.



CalAIM Goals for Long Term Services and Supports

- Improved Care Integration.
- Person-Centered Care.
- Leverage California's Robust Array of Home and Community-Based Services (HCBS).
- Build on Lessons and Success of CMC and CCI.
- Support Governor's Master Plan for Aging.
- Build a Multi-Year Roadmap to integrate CalAIM MLTSS, D-SNP, and ILOS policy, the Master Plan for Aging, and all of HCBS, to expand and better link those HCBS to Medi-Cal managed care and D-SNP plans.



Mandatory Medi-Cal Managed Care & MLTSS

- **2022**
 - Mandatory Medi-Cal fee-for-service (FFS) enrollment for share of cost beneficiaries, excluding long-term care share of cost
 - Multipurpose Senior Services Program (MSSP) carved-out in CCI counties
- **2023**
 - Mandatory statewide long-term care benefit carve-in (includes long-term care share of cost populations)
 - Mandatory statewide Medi-Cal managed care enrollment for all dual eligible beneficiaries, except share of cost or restricted scope

Year	Policy Change
2022	<ul style="list-style-type: none"> • Voluntary ILOS in all Medi-Cal MCPs and CMC plans. • January 1: MSSP carved-out of managed care in CCI counties. • CMS will not enter into contracts with look-alike Medicare Advantage (MA) plans. • December 31: Discontinue CMC and CCI.
2023	<ul style="list-style-type: none"> • January 1: Statewide mandatory enrollment of full- and partial-benefit dual eligible beneficiaries into MCPs for Medi-Cal benefits, including dual and non-dual eligible LTC residents. • January 1: Statewide integration of LTC into Medi-Cal managed care, in conjunction with the shift of non-dual eligible Medi-Cal populations into Medi-Cal managed care. • January 1: CMC plans transition to integrated D-SNP/MCPs. Aligned enrollment begins in CCI counties and MCPs in those counties must stand up D-SNPs. All CMC members crosswalked to matching D-SNP and MCPs, subject to CMS and state requirements. • CMS will not renew contracts with look-alike MA plans, in most cases.
2025	<ul style="list-style-type: none"> • Aligned enrollment begins in non-CCI counties. All MCPs required to begin operating D-SNPs (voluntary enrollment for dual eligibles' Medicare benefit).
2027	<ul style="list-style-type: none"> • Implement MLTSS statewide in Medi-Cal managed care.



Master Plan for Aging

- Recognizing that California's over-65 population is projected to grow to 8.6 million by 2030, Governor Newsom issued an [executive order](#) calling for the development of a Master Plan for Aging.
- Mission: Person-centered, data-driven, 10-year California Master Plan for Aging, including a state plan, local blueprint, and best practices toolkit.
- The Governor released the Master Plan for Aging on January 6, 2021, with more than 130 initiatives under five bold goals.



Master Plan for Aging: Five Bold Goals for 2030

- Goal 1: Housing for All Ages and Stages
- Goal 2: Health Reimagined
- Goal 3: Inclusion & Equity, Not Isolation
- Goal 4: Caregiving That Works
- Goal 5: Affording Aging



Master Plan for Aging: Health Reimagined

- Strategy A: Bridging Health Care with Home
- Strategy B: Health Care as We Age
- Strategy C: Lifelong Healthy Aging
- Strategy D: Geriatrics Care Expansion
- Strategy E: Dementia in Focus
- Strategy F: Nursing Home Innovation



Key Medi-Cal Components in Master Plan for Aging

- Increase access to LTSS and integrated care for dual eligible beneficiaries through statewide MLTSS and D-SNP structure.
- Expand access to home and community-based services for people receiving Medi-Cal via CalAIM, through ECM and ILOS.
- Apply for Money Follows the Person federal funding to develop a Medi-Cal Home and Community Based Services Roadmap.
- Expand telehealth access in multiple Medi-Cal delivery systems.
- Invest in a coordinated approach to Alzheimer's and related dementias.
- Highlight the value of palliative care, and promote care wishes.
- Explore additional value-based payment methodology changes for skilled nursing facilities.



Master Plan for Aging (cont'd)

- Explore “Housing for Health” options.
- Develop options to include family caregivers in home and community assessments.
- Include older adult behavioral health needs and geri-expertise in Behavioral Health Task Force planning.
- Modernize Medicare Savings Program Enrollment.
- Establish a new Office of Medicare Innovation and Integration.
- Plan and develop innovative models to increase access to long-term services and supports for people receiving Medicare only.
- Advocate with the new federal Administration to create a universal Long-Term Services and Supports benefit and assess opportunities for federal/state partnership.



Federal Grant for Home and Community-Based Services (HCBS) Roadmap

- DHCS is developing a grant proposal through Money Follows the Person to accelerate LTSS system transformation design and implementation as well as expand HCBS capacity.
 - DHCS proposal is to fund a gap analysis and multi-year roadmap to identify and close existing gaps within California's HCBS and MLTSS programs and provider networks.
- DHCS will host a webinar on February 17 (11a.m. to 1p.m.) to present a detailed outline of the gap analysis and finalize public input.
- DHCS plans to submit the proposal to CMS by March 31, 2021.
- More information at: www.dhcs.ca.gov/services/ltc/Pages/-MFP-Supplemental-Funding-Opportunity.aspx



Expanding Access to Integrated Care for Dual Eligible Californians



Dual Special Needs Plan Definition

- D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligibles. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, the Department of Health Care Services (DHCS), in California. DHCS can choose whether to contract with specific D-SNPs.



D-SNP Definition

- How is a D-SNP different than a CMC plan?
 - CMC plans coordinate dual eligible member Medicare and Medi-Cal benefits under a single health plan and single contract.
 - D-SNPs include Medicare benefits and coordinate with Medi-Cal benefits. D-SNPs have separate contracts with CMS and DHCS.
 - Currently, dual eligible beneficiaries can enroll in D-SNPs without enrolling in the corresponding Medi-Cal MCP.



Aligned Enrollment

- **Vision:** Dual eligible beneficiaries will receive integrated and coordinated care through aligned D-SNPs and Medi-Cal MCPs.
 - Under aligned enrollment, the same plan provides the member both Medicare and Medi-Cal benefits. This will allow for care coordination as well as align program and financial incentives.
 - Aligned enrollment applies to individuals transitioning from CMC, and individuals not already enrolled in CMC but newly enrolling in D-SNPs:
 - Effective in 2023, in seven CCI counties, and no later than 2025 in remaining counties.



Aligned Enrollment (cont'd)

- In 2023, CMC members will transition to aligned MCPs and D-SNPs operated by the same parent organization as their CMC plan, to continue coordination across both Medicare and Medi-Cal.
- Beneficiaries already in a non-aligned D-SNP when aligned enrollment is effective may stay in their current D-SNP; new enrollment into non-aligned D-SNPs will not be permitted after aligned enrollment is effective.
- In 2025, all Medi-Cal health plans in non-CCI counties will be required to operate D-SNPs in all service areas they operate as a Medi-Cal MCP.



Medicare Managed Care Enrollment

- Medicare managed care enrollment is not mandatory.
- Individuals in Medicare FFS will not be passively enrolled into Medicare managed care.
- Individuals already enrolled in a Medicare MCP will remain enrolled in that MA or D-SNP plan (except for individuals in “look-alike” plans, which will be described shortly).



D-SNP Crosswalk and Automatic Enrollment

- **Crosswalk Enrollment**

- Transition duals from the CMC plan into the aligned D-SNP and MCP operated by the same parent company.
- Transition dual eligibles from a D-SNP that is no longer available into another comparable D-SNP. For example, if the Medi-Cal reprocurement changes which D-SNPs provide aligned enrollment.
- Existing, recent Health Risk Assessments (HRA) and care plans will transition with crosswalk members.
- DHCS will be working closely with CMS and health plans on the technical transition process.

- **Automatic Enrollment**

- DHCS will allow D-SNPs to pursue approval from CMS and DHCS to enroll existing MCP members into the D-SNP when they become newly eligible for Medicare due to age or disability, unless the member chooses otherwise.



Look-Alike Plans

- D-SNP “look-alike” plans are MA plans that are designed and marketed to dually eligible beneficiaries.
 - Unlike actual D-SNPs, they do not have the same requirement to provide care coordination with Medicaid benefits.
 - CMS has begun identifying look-alike plans as MA plans with 80% or more of enrollees eligible for Medicaid, meaning they mostly serve likely dual eligible beneficiaries.
- Look-alike plans circumvent D-SNP integration requirements.
- Enrollment in look-alike plans increased in CCI counties because California was able to limit D-SNP enrollment to only duals ineligible for CMC in the demonstration service areas, while look-alike plans do not have that limitation.



Look-Alike Plans

- CMS will limit enrollment into MA plans that are D-SNP look-alike plans.
 - 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 2022.
 - CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more enrollees who are entitled to Medicaid (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals) starting in 2023.
 - Beginning in 2022, DHCS will allow early crosswalk of some look-alike plan enrollees for plans with MCP contracts.



Transitions & Enrollment Policies

- D-SNPs without Medi-Cal Contracts in Service Area
 - Duals enrolled in a non-aligned D-SNP (without a matching MCP) will be able to stay in that D-SNP.
 - The D-SNP will not be allowed to enroll new members after aligned enrollment takes effect in the county.
- Delegated MCPs
 - DHCS will work with CMS to find a path for MCPs without a direct contract with DHCS to participate in aligned enrollment.
- Marketing/Brokers
 - Require D-SNPs to target marketing to MCP enrollees.
 - Enhance training for brokers on integrated care, health plan navigation, and cultural responsiveness.



D-SNP Integration Requirements

- Requirements to phase in starting in 2023:
 - Integrated member materials
 - Include dementia specialists for care coordination
 - Coordination with carved-out LTSS benefits
 - Consumer involvement in existing D-SNP governance structure
 - DHCS/CMS contract management teams
 - As possible, DHCS and CMS audit coordination



D-SNP Data Sharing Requirements

- Beginning in 2021, D-SNPs have new data sharing requirements for hospital and skilled nursing facility (SNF) admissions, for at least one group of high-risk full-benefit dual eligible individuals.
 - DHCS policy requires D-SNPs to share hospital and SNF admissions data for all full dual eligible beneficiaries with DHCS on a monthly basis.
 - DHCS will use the data collected and work with stakeholders to develop an updated data sharing policy for 2023 in alignment with other CalAIM integration policies.



Discussion Questions

- Which areas of the policy need further clarification?
- Which policy areas need further policy development?



MLTSS and Duals Integration Workgroup Topics Discussion



Feedback on Upcoming Agenda Topics

- Proposed topics include:
 - Aligned enrollment policies, including lead plan policy.
 - SMAC contract provisions in 2022 and 2023.
 - SMAC Model of Care policies and intersection with Enhanced Care Management and In Lieu of Services.
 - Beneficiary communication and member materials, and beneficiary and community engagement.
 - LTC carve-in.



Discussion Questions

- What additional items would workgroup members like to cover in the next five months?
- Which areas are the highest priority to discuss at future meetings?
- Please limit comments to two minutes.



Closing and Next Steps

- DHCS will seek input about lead plan for aligned enrollment
- Next meeting: Thursday, March 4, at 10 a.m.