**Department of Health Care Services**
**Proposed Trailer Bill Language**

**809 Coordinated Care Initiative**
**May Revision Update**

# FACT SHEET

The 2012 May Revision proposes several changes to the Coordinated Care Initiative that reflect stakeholder comments and concerns. This fact sheet describes changes made to the trailer bill language (TBL) that would implement the Coordinated Care Initiative.

The Governor's Budget proposed the Coordinated Care Initiative (CCI) to enhance health outcomes and beneficiary satisfaction for Medi-Cal beneficiaries, while achieving substantial savings by moving service delivery away from institutional care and into the home and community. A three-year demonstration to integrate care for dual eligible Medicare and Medi-Cal beneficiaries is a critical component of this larger Initiative.

The revisions to the TBL address stakeholders' concerns and make overall clarifications, adjustments, and improvements to the proposed Initiative.

Please see these additional fact sheets describing the Coordinated Care Initiative:

- Long-Term Supports and Services TBL Fact Sheet (March 26, 2012)
- Fact Sheet on the Coordinated Care Initiative Legislation (February 2012)

## Changes to the Coordinated Care Initiative

### Scope and Size

The revised TBL:

- Adjusts the implementation date from January 2013 to calendar year 2013. The May Revision assumes an initial enrollment effective date no sooner than March 1, 2013. The Administration will continue to work with stakeholders to develop further details regarding the structure of the enrollment phase-in. In addition, the Administration is exploring enrollment beginning June 1 if that enrollment can be phased in over 12 months rather than previous federal guidance that would have required implementation within the calendar year.

- Reduces the number of demonstration counties from 10 to 8.

- Aligns implementation of mandatory Medi-Cal managed care for dual eligibles for their Medi-Cal benefits with the county phase-in schedule for the dual demonstration project.

### Population Exclusions

The revised TBL:

- Excludes beneficiaries enrolled in small 1915(c) home- and community-based waivers from the demonstration, and exempts these beneficiaries from the requirement to enroll in Medi-Cal managed care to access waiver services.

- Makes definitions consistent for populations excluded from mandatory Medi-Cal managed care and the provisions defining Long-Term Services and Supports as managed care benefits.

**Multipurpose Senior Services Program (MSSP)**
The revised TBL updates the Multipurpose Senior Services Program (MSSP) provisions in the demonstration and Initiative, to provide a transitional year in 2014, and a transition plan for integration in 2015.

**Interagency Collaboration**
The revised TBL provides authority for an Interagency Agreement between the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) for health plan oversight and monitoring.

**Quality Monitoring**
The revised TBL provides additional quality measurement and reporting by the DHCS, as well as a joint report prepared by DHCS and DMHC on the results of health plan quality monitoring.

**Rate Setting**
The revised TBL includes an amendment that would make rate-setting consistent across all health plans with similar populations to those included in the Initiative.

**Behavioral Health Coordination**
The revised TBL adds legislative intent for shared financial accountability for behavioral health services between health plans and county mental health and alcohol and other drug agencies. This language aims to promote seamless and coordinated access to necessary behavioral health services.

**In-Home Supportive Services**
The revised TBL:

- Provides authority for In Home Supportive Services (IHSS) data sharing between health plans, counties, and Public Authorities.

- Clarifies that IHSS appeal rights will remain as currently established.

- Requires that the IHSS individual provider mode must be a choice provided by at least one health plan in each of the demonstration counties.

- Specifies that if health plans authorize additional hours beyond those authorized by the county, the costs will be borne strictly by the health plan.

- In addition to assessments, specifies additional county administrative activities.