

Duals Demonstration Outreach and Education Effort Draft Only

The federal Centers for Medicare & Medicaid Services (CMS) is working with the Department of Health Care Services (DHCS) to establish demonstration projects in certain California counties to promote coordination of care and enhance the quality of home- and community-based services (HCBS) among Medicare and Medi-Cal enrollees, also called dual eligible beneficiaries. The state has proposed to implement a passive enrollment process in these counties starting no sooner than March 2013. The enrollment process will be phased in over 12 months. Educating beneficiaries and providers about the pending changes and their enrollment options will be essential to ensuring that people can make an informed and accurate choice about their participation in the demonstration.

The current Medi-Cal and Medicare systems have operated separately since their inception. Further, there are silos within each of these systems. Through this demonstration program, California aims to create a fully integrated and fully coordinated system of care. A central goal of the State's education and outreach efforts will be to educate beneficiaries and their families about the benefits of a coordinated delivery system. Similarly, the State aims to educate providers about the benefits of practicing and caring for their patients/clients in a coordinated delivery system.

DHCS intends to design overarching outreach and education efforts for beneficiaries and providers and hire a contractor to implement various education and outreach efforts. DHCS' approach will work in cooperation with demonstration health plans and leverage existing knowledge and community-based organizations, including, but not limited to, local Health Insurance, Counseling and Advocacy Program (HICAP) agencies, Area Agencies on Aging (AAA), Independent Living Centers, Aging and Disability Resource Centers (ADRC), Caregiver Resource Centers, and Health Consumer Centers, as well as local senior centers and county agencies.

Based on stakeholder feedback, this document describes potential activities that could be undertaken to engage providers and beneficiaries. In all instances, close attention will be paid to cultural competency and the development of accessible materials, including available alternative formats. Further iterations of this document will eventually serve as the statement of work to be executed by the contractor.

Beneficiary Outreach & Communications Effort

Based on stakeholder feedback, the following list discusses potential efforts to engage beneficiaries.

1. **Landscape assessment.** An initial step will be collecting an inventory of assets, resources and partnership opportunities within: DHCS, other departments of the California Health and Human Services Agency, CMS, community-based organizations and demonstration health plans.

This assessment will begin with interviews with at least the following:

- Health plan executives
- County officials
- HICAP managers
- Centers for Independent Living managers
- Case management and enrollment staff from managed care plans
- Leaders of key consumer advocacy organizations
- Dual eligible beneficiaries
- Nursing homes

2. **Establish an Advisory Group.** Based on the interviews, an advisory group would be established to inform the Department's implementation of the outreach and education effort. This advisory group will provide general advice communicating the required information regarding enrollment notifications and education materials.
3. **Update Medi-Cal booklet.** "What Are My Medi-Cal Choices?" should be updated for the new program and include a county-specific insert. The booklet shall conform to the new enrollment policy and provide additional information that explains the benefits of improved care coordination and enhanced HCBS available only through Medi-Cal managed care plans. Time and funding permitting, an online, interactive version of this booklet could be created for beneficiaries and their advocates to access.
4. **Pre-enrollment notification materials.** Develop a pre-enrollment notification packet, for DHCS approval, containing materials written at no higher than a sixth-grade reading level and translated into the 12 threshold languages (as required for each county) in print, audio (such as CD/DVD), and web-based formats. The packet when prepared for mailing should appear as professional and official as possible to avoid it being confused for commercial advertising.
 - a. All materials will be tested on focus groups with dual eligible beneficiaries.
 - b. All materials should be informed by accurate data on dual eligible demographics. Materials may include realistic scenarios that allow beneficiaries to compare their own situation.
 - c. As part of this work, the contractor will prepare all key letters that will be mailed to beneficiaries to help them interact with the demonstration.
5. **Toolkit Development.** Develop a "toolkit" of training materials to educate DHCS and health plan staff, beneficiaries, and advocate groups in the use and application of the materials distributed in the notification packet. The toolkit should be available to download online. The contractor will work with DHCS to make provisions to mail documents to low-income beneficiaries with no Internet access. The toolkit will include a series of fact sheets that explain policy issues, such as the enrollment policy, changes to long-term supports and services, and other topics, as needed.

6. **Call-center staff training.** Develop materials to train call center staff so they are familiar with choice packets and prepared to answer questions.
7. **User-friendly website.** Maintain a consumer friendly website through which beneficiaries and their advocates can access relevant information.
8. **Multimedia public presentation.** Develop a multimedia presentation that clearly communicates the care coordination and enhanced HCBS benefits of enrolling dual eligible beneficiaries in managed care plans.
9. **County-specific communication effort.** Disseminate information using a broad range of media, though earned and paid opportunities (if funds are available for the latter.) This could include public service announcements in newspapers, on TV and radio, and information flyers posted in appropriate settings to reach dual eligible beneficiaries and their caregivers. Efforts must include ethnic media. The effort should explain clearly: 1) who are dual eligible beneficiaries; 2) how they might be affected – mention specific benefits and choices; 3) what integrated care is; and 4) and include a toll-free number for more information.
10. **County-specific presentations.** Hold town hall meetings as needed for dual eligible beneficiaries in each county using the DHCS-approved presentation materials. The meeting locations will be determined by DHCS, health plan, and patient advocacy group program experts to be most effective in contacting the largest number of dual eligible beneficiaries. The meetings will review upcoming program changes, how to choose and enroll in a demonstration health plan, the benefits of improved care coordination and enhanced HCBS available only through demonstration health plans. The presentations schedule will be developed in conjunction with DHCS.
11. **County-specific webinars.** Develop and conduct a Webinar training series for advocates/intermediaries in each demonstration county. Webinars for beneficiaries and their families should be developed.
12. **Speakers Bureau.** Maintain a speakers bureau and respond to public speaking requests using a protocol developed with DHCS. This will include trained staff presenters and an organized cadre of external partners.
13. **CBO and Provider Coordination.** Support and help organize existing communication channels available through local Area Agencies on Aging (AAA) and other community-based organizations. Examples include:
 - Meals on Wheels Programs
 - Para-transit agencies
 - Senior Centers, Senior Centers without Walls

Provider Outreach & Communications Effort

State will coordinate efforts to engage and educate providers about the demonstration leading up to and throughout implementation. This work already has begun through the stakeholder work group focusing on provider outreach and engagement. For purposes of this effort, provider is defined broadly. While there will be a focus on supporting physicians, there is a need to include a range of providers, including IHSS workers, hospitals, nursing homes, and others.

Future activities may include:

1. **Landscape assessment.** An initial step will be to identify key groups of providers in each county that need targeted education materials. This may include primary care providers, specialists, hospitals, mental health specialists, and safety-net social service providers.

This early assessment will include a survey of the following groups:

- Physicians
 - Groups
 - Specialty physician societies
 - County Medical Societies
 - Ethnic medical societies
 - Any other opportunities to speak with independent physicians
 - Hospitals
 - Private
 - County Public Hospitals
 - Community clinic associations
 - Nursing Homes/Skilled nursing facilities
 - IHSS Workers and their Unions
 - Ancillary provider groups
 - Case management and enrollment staff from managed care plans
2. **Grassroots education of providers.** Meet with providers individually and in small groups as needed to help them understand the program. The contractor will be expected to have the capacity to meet provider-by-provider as needed to reach out to independent providers, utilizing opportunities through large gatherings where possible.
 3. **Education Effort for Medical Societies and Physician Groups:** Outreach efforts should be developed in concert with and targeted to: the California Medical Association (CMA) state-level and county affiliates; physician groups, ethnic and specialty medical societies, and local hospitals associations. This outreach will provide education about the duals demonstration, address questions and identify opportunities and challenges for implementation. Working with ethnic medical societies will be particularly important to reach beneficiaries from specific cultural and linguistic minority communities.

4. **Disseminating beneficiary notices to medical offices.** Develop an effort for disseminating to physicians and other community providers the notices that beneficiaries receive. Consider opportunities to develop physician targeted notices. This will be particularly important to reach out to beneficiaries who are currently receiving care in nursing facilities or other care facilities.
5. **Toolkit Development.** Develop a “toolkit” of training materials to educate DHCS and health plan staff and providers on the proposed changes, including the use and application of materials distributed in beneficiary notification packets. The toolkit should be available to download online and also for order in alternative formats. The toolkit would include a series of fact sheets that explain policy issues, such as the enrollment policy, long-term supports and services, and other topics as needed.
6. **Speakers Bureau.** The Contractor will maintain a speakers bureau and respond to public speaking requests using a protocol developed with DHCS. This will include trained staff presenters and an organized cadre of external partners, including providers.
7. **User-friendly website.** Maintain a consumer-friendly website through which providers can access relevant information.
8. **Multimedia public presentation.** Develop a multimedia presentation that communicates the providers’ roles in the integrated demonstration health plans.
9. **County-specific communication effort.** The education effort will use a broad range of media, including public service announcements in newspapers, on TV and radio. The effort will highlight the benefits of a coordinated care system to medical groups and other providers to understand changes in the current system that will have lasting, positive impacts on health care. This effort will include responding quickly to misinformation that maybe circulating.

In addition, the contractor will work with demonstration plans to build relationships and help community leaders understand the demonstration as well as assist the plan in understanding the needs of local community.

10. **County-specific presentations.** Hold town hall meetings for providers organized with DHCS in each county using the DHCS-approved presentation materials. These meetings will review policy changes and the benefits of improved care coordination and enhanced HCBS available under the demonstration. Presentations will be conducted on a schedule developed with DHCS.

Overall

Additional over-arching activities may include:

Media Effort

Consider doing the following:

- *Earned Media*: Hold press events to create greater visibility.
 - *Public Service Announcements*: Develop public service announcements and partner with community organizations.
 - *Social Media*: Develop innovative ways to leverage social media through use of blog postings, videos and online interactive engagement opportunities.
 - *Paid Media*: Consider cost-effective options that reach the appropriate audience.
- **Train the trainer program**. Develop a training program with toolkits and information designed to support local organizations that can train their staff to assist beneficiaries and providers. Potential sites could be: health plan call centers, community-based organizations, such as Centers for Independent Living or Aging and Disability Resource Centers, physician offices, community clinics, county behavioral health agencies, public authorities and county IHSS departments.
- **Outreach through Benefits Counselors and Legal Advocates**. The contractor will assist the state in assessing and developing a plan for outreach and support (financial, only if funding is available) to build the capacity of benefits counselors, legal advocates and other community organizations that provide education about the duals demonstration, address questions, and identify opportunities and challenges for implementation. In addition, the contractor will build support community organizations that target specific cultural and linguistic minority communities.
- **Create a Meeting Structure for County Leaders**. The contractor should create the infrastructure to support and then facilitate leadership meetings in each demonstration county for representatives of all major areas of interest—including but not limited to hospitals, physicians, county health/mental/DPSS leaders, advocates. The goal will be for each local group to become self-sustaining.