CalAIM Skilled Nursing Facility (SNF) Carve-In: Promising Practices for Contracting

DHCS

November 4, 2022

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Agenda

Topics	Time
Welcome and Introductions	1:00 – 1:05 PM
CalAIM LTC Carve-In Transition Background and Overview	1:05 – 1:15 PM
SNF Carve-In Promising Practices: Overview, LTSS Liaison, Panel Discussion, and Q&A	1:15 – 1:40 PM
SNF Carve-In Promising Practices: LOA and Bed Holds, Panel Discussion, and Q&A	1:40 – 1:58 PM
Next Steps & Closing	1:58 – 2:00 PM

California Advancing and Innovating Medi-Cal (CalAIM): Long-Term Care (LTC) Carve-In

CalAIM: LTC Carve-In

Goal: Make coverage of institutional LTC consistent across all counties and members.

Starting on January 1, 2023:

» **Medi-Cal managed care plans (MCPs) in <u>all</u> counties will cover LTC benefit for following facility types:**

    » **Skilled Nursing Facility (SNF), including a distinct part or unit of a hospital**

» **All Medi-Cal beneficiaries residing in a LTC facility are mandatory to enroll in a MCP for their Medi-Cal covered services.**

Starting on July 1, 2023:

» Medi-Cal managed care plans (MCPs) in <u>all</u> counties will cover LTC benefit for following facility types:

    » Intermediate Care Facility (ICF).

        » Intermediate Care Facility for Developmentally Disabled (ICF-DD);

        » ICF-DD/Habilitative;

        » ICF-DD/Nursing;

    » Subacute Facility; and

    » Pediatric Subacute Facility.

LTC In Managed Care Today: COHS and CCI Counties

» MCPs are contractually responsible for all medically necessary LTC services regardless of the length of stay in a facility.

  » County Organized Health Systems (COHS) counties currently have the full LTC benefit carved in.

  » Coordinated Care Initiative (CCI) counties have the LTC benefit for most facilities other than ICF/DD carved in.

» In COHS and CCI counties, MCP members requiring long-term stays at nursing facilities continue to stay enrolled in their Plan and do not transition to Fee-For-Service (FFS).

» Cal MediConnect plans and MCPs are required to coordinate care and transitions of care for beneficiaries.

LTC In Managed Care Today: COHS and CCI Counties

MCP (^ are COHS plans)	Counties (* are CCI counties)
CalOptima^	Orange*
CenCal Health^	Santa Barbara, San Luis Obispo
Central California Alliance for Health^	Santa Cruz, Monterey, Merced
Gold Coast Health Plan^	Ventura
Health Plan of San Mateo^	San Mateo*
Partnership Health Plan^	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo
LA Care Health Plan, Health Net	Los Angeles*
Inland Empire Health Plan, Molina Healthcare	Riverside*, San Bernardino*
Anthem Blue Cross Partnership Plan, Santa Clara Family Health Plan	Santa Clara*
Aetna Better Health, Blue Shield, Community Health Group Partnership Plan, Health Net, Kaiser Permanente, Molina Healthcare, United Healthcare	San Diego*

LTC Today in Non-COHS/Non-CCI

» MCPs are responsible for medically necessary LTC services for two months – the month of a person's admission to an LTC facility and the following month.

» After the second month, MCPs must disenroll the member into Medi-Cal Fee-For-Service (FFS).

  » Until the disenrollment is approved by DHCS, MCPs must provide all medically necessary covered services to the beneficiary.

  » MCPs are also required to coordinate the beneficiary's transfer to the Medi-Cal FFS program upon the effective date of disenrollment.
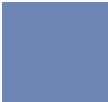
Non-COHS/Non-CCI Counties

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

Statewide LTC

COHS Counties with SNF Services currently carved-in 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
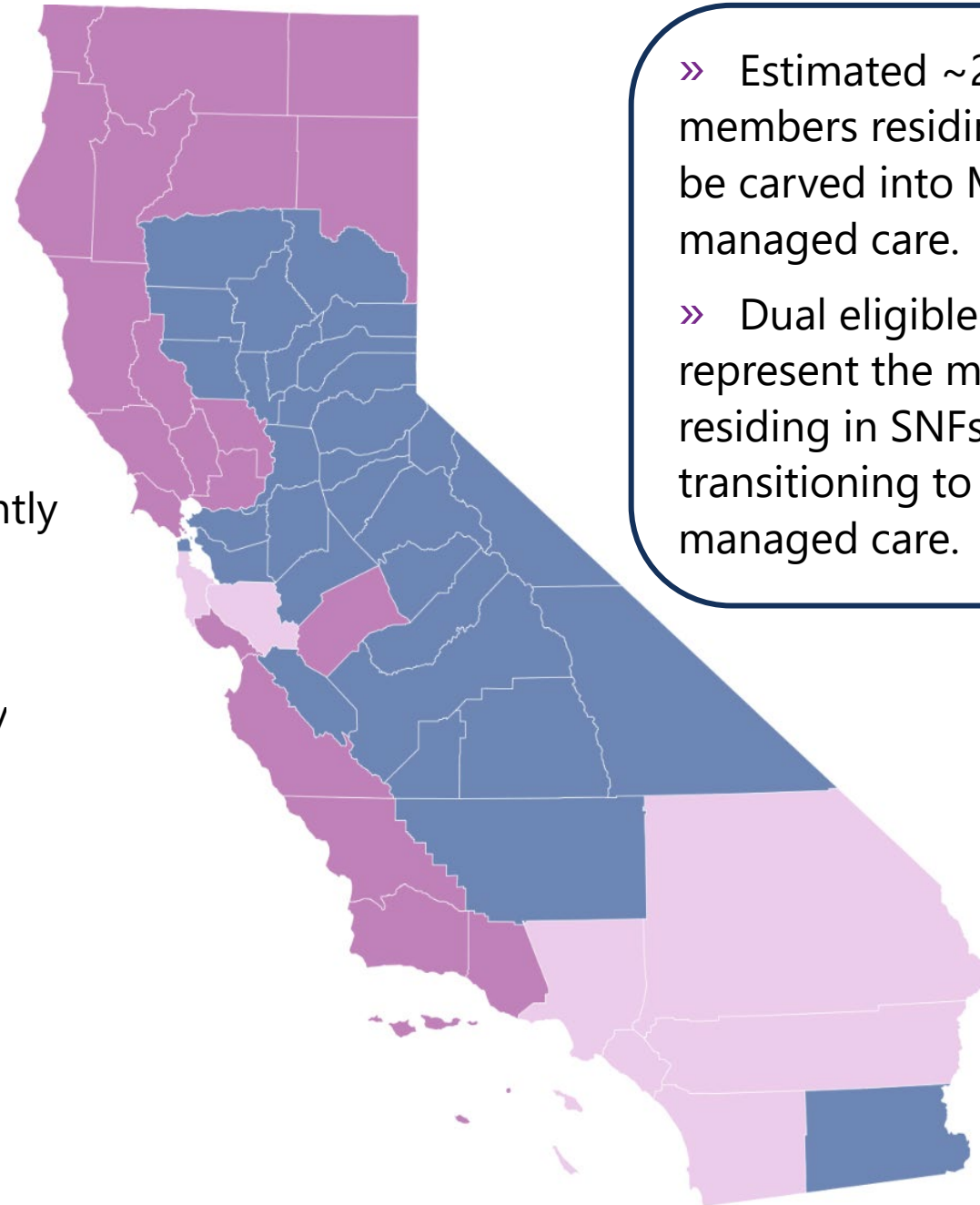
» Estimated ~28,000 members residing in SNFs will be carved into Medi-Cal managed care.

» Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

CalAIM LTC Carve-In: What is Changing?

» All Medi-Cal only and dual eligible beneficiaries in Medi-Cal FFS residing in a SNF on January 1, 2023 will be enrolled in a Medi-Cal MCP effective either January 1, 2023 or February 1, 2023.

» Beneficiaries who enter a SNF 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

SNF 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.

Skilled Nursing Facility Long-Term Care Carve-In Policy: APL 22-018

SNF Carve-In APL Structure

» SNF APL Topics:
  - » Benefits
  - » Network Readiness
  - » Leaves of Absence (LOA) or Bed Holds
  - » Continuity of Care (CoC)
  - » Treatment Authorizations
  - » Facility Payment
  - » Population Health Management (PHM)
  - » Policies and Procedures

Continuity of Care (CoC): 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.

» 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.
  » After 12 months, members may request an additional 12 months of continuity of care.

» 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 find alternative placement.

Continuity of Care (CoC): Providers and Other Services

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).
- Members entering managed care residing in a SNF after June 30, 2023 **will not** receive automatic CoC and must request CoC. This follows the standard process outlined in APL 18-008.

Other Services:

» Maintenance of current drug therapy, including non-formulary drugs, until the member is evaluated or re-evaluated by a Network Provider. MCPs may choose to cover drugs not covered by Medi-Cal Rx, inclusive of over-the-counter drugs and other therapies otherwise not covered.

» CoC provides continued access to: Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), Facility Services, Professional Services, Select Ancillary Services, and appropriate level of care coordination.

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.
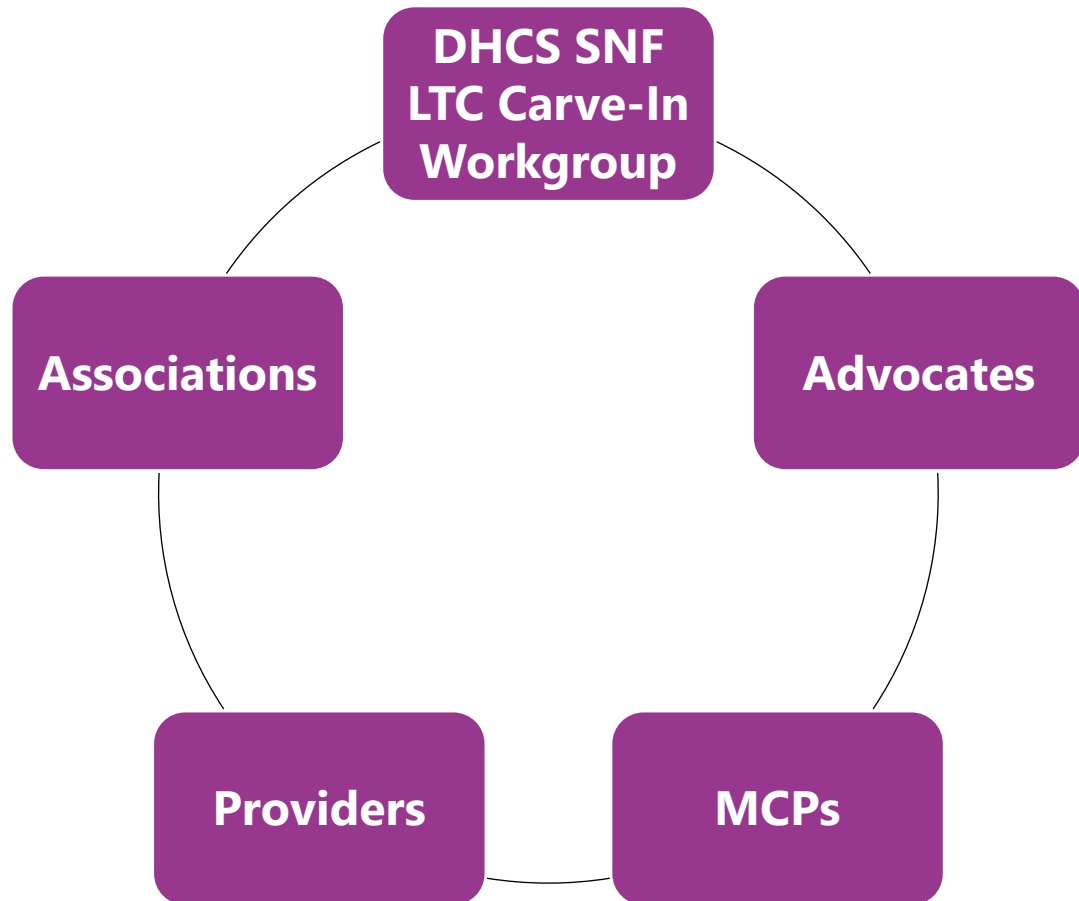
Care Management and Care Coordination

» 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
  » 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 LTC 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 Promising Practices

SNF LTC Carve-In Promising Practices

Circle diagram with nodes: DHCS SNF LTC Carve-In Workgroup, Advocates, MCPs, Providers, Associations

» Prioritizing stakeholder engagement to support MCP and provider readiness.

» Identifying challenges and best practices to better inform and prepare counties for the statewide CalAIM LTC Carve-In.

» Leveraging experience from counties where LTC is currently carved in to Medi-Cal managed care.

Promising Practices Topics

Care Management

Outreach and Communications

Long-Term Services and Supports (LTSS) Liaison

Leave of Absence and Bed Holds

Care Management: Service Authorization Criteria

» MCPs new to covering LTC are not experienced with the LTC authorization criteria and are required to build existing requirements into their utilization management policies and procedures.

» MCPs are required to adopt a person-centered approach that should consider input and evidence of medical need for a particular LTC level of care from members, their responsible family members/guardians, or authorized representatives. The plan of care should include evidence of care needs from treating physicians, home caregivers, and/or family members.

Promising Practices:

» Include the MCP/facility contract references to the guiding statutes and regulations.

» Within 30 days of a member's transition to new care or back home, conduct a minimum of 3 attempts to confirm the member's needs are being met in the new setting.

» MCP should share with facilities the SNF member placement acceptance criteria that helps ensure equitable placement of members at the appropriate level of care.

Care Management: Service Authorization Timeline

» Transitioning to an appropriate level of care without delay is important for optimal patient outcomes and helps avoid unnecessary hospital costs.

Promising Practice: MCPs and facilities may use contracts or policies and procedures to ensure clarity and smooth authorization processes, including:
  » Easily understandable and readily available descriptions of the authorization request process and timeframe for LTC services.
  » Ensuring staff at facilities understand timing and processes to request a reauthorization for a resident whose existing authorization is nearing the end date.
  » Developing clear, specific, and available MCP escalation contacts for facilities and and/or members to escalate concerns when there are authorization delays.
  » Creating and sharing retroactive authorization policies that allow providers more time to submit authorization requests.

Outreach and Communications

» **Proactive Integrated Transition Planning**

  » MCPs and SNF and/or facilities must meet ahead of the transition to conduct joint planning for the transition.

Promising Practice:

» Identify any potential continuity of care issues for Medi-Cal benefits not included in the per-diem rate, including medical supplies and transportation to ensure members have day-one coverage.

» MCPs and SNFs should understand how the MCP may use Enhanced Care Management, Community Supports, or other care management services for members who may be able to transition to the community.

Outreach and Communications

» Internal Knowledge Building by MCPs

  » Build internal capacity and familiarity ahead of the transition.

» Innovative Communications

  » Develop communication channels between MCPs and facilities.

» MCPs are required to ensure their providers and facilities have received training regarding the SNF LTC Carve-In requirements

Promising Practice:

» Ensure key MCP staff (call center, billing, care management, etc.) understand the LTC benefit and the SNF population.

» Designate LTC-specific points of contacts for SNFs and/or facilities

LTSS Liaison

» Facilities have reported challenges finding plan staff who understand long-term care issues

Promising Practice: MCPs to establish and formalize an LTSS Liaison role (single point of contact MCP for SNFs).

» Potential roles and responsibilities of the LTSS Liaison:

  » Support the facilitation of member care transitions.

  » Trained by MCP to understand the spectrum of Medi-Cal LTSS, including home and community-based services and long-term institutional care, including payment and coverage rules.

  » Serve in both a provider representative and care coordination representative role.

LTSS Liaison
Panel Discussion

» **Ed Mariscal, Director of Public Programs and LTSS, Health Net**

» **Mark Hansen, Administrator, Rialto Post Acute (San Bernardino County)**

LTSS Liaison: Panel Discussion Questions

MCP

» How are staff identified for the LTSS liaison role? What department do they reside in (Utilization Management, Care Management, Provider Relations, others?)

» What has been the most challenging in operationalizing the LTSS liaison role? How have you overcome that?

» How have you prepared your LTSS liaison role to fulfill their roles in supporting SNFs? What does their training look like?

Provider

» How has the LTSS liaison been the most critical and helpful for you and your staff in supporting residents? What are the top three ways your contact at the MCP has helped support your residents?

» What trainings or learning collaborative convenings with your contracted MCPs have been the most helpful?

Questions?
Promising Practices: LTSS Liaisons

Leave of Absence and Bed Holds
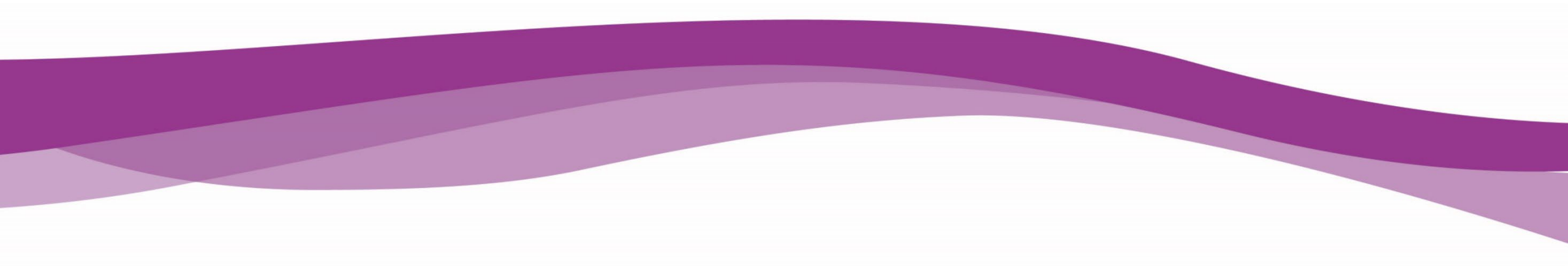
Leave of Absence and Bed Holds

» 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.

  » MCPs must ensure that SNFs notify members of their right to bed holds in writing upon admission to SNF, and upon transfer to hospital 22 CCR §72520(b)

» 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.

Leave of Absence and Bed Holds Requirements

» 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.

Leave of Absence and Bed Holds

» Allowable LOA length of time per calendar year:

  » 73 days per calendar year for developmentally disabled patients.

  » 30 days for patients in certified special treatment program for mentally disordered persons, or patients in a mental health therapeutic program approved and certified by a local mental health director.

  » 18 days for all other patients, with up to 12 days of additional days of leave per year approved in increments of up to two consecutive days. Additional days must follow individual care plan and appropriate to physician and mental well-being of the patient. At least five days of inpatient care must be provided between each approved leave of absence.

» LOA payment is not made if a member is discharged during the LOA or discharged within 24 hours after returning to the SNF.

» LOAs and Bed Hold Medi-Cal requirements are in Title 22, CCR, Sections 51535 and 51535.1

Leave of Absence and Bed Holds: How can SNFs prepare?

» MCPs may have Utilization Management (UM) policies and procedures in place to support the receipt, review, and approval or denial of authorizations for LOAs and Bed Holds.

» SNFs should work closely with the UM and/or LTSS liaisons at the MCP to ensure the appropriate documentation is provided to obtain approvals for LOAs and Bed Hold authorizations, as needed. MCPs may require prior authorization for LOAs and Bed Holds.

» Timely and accurate authorization submissions are critical to ensure member care access.

» For residents in a nursing facility (NF-A or NF-B) that are admitted to an acute care hospital, MCPs will cover a **Bed Holds** for period of **seven days** when a member is admitted to acute care.

  » Claims for Bed Holds will be denied if a member's stay in a hospital will be longer than seven days.

Leave of Absence and Bed Holds

» MCP and facility should communicate often about how to timely and accurately request authorizations, if needed.

» MCPs and facilities should be in communication regarding a change in a member's status and work together to ensure a member's needs are met before, during, and after an LOA.

» MCP must ensure internal plan staff have specific knowledge regarding the LOA and bed hold LTC-specific benefit.

Promising Practice:

Include MCP authorization policies for bed holds and leave of absences, if any, in the provider/MCP contract.

Leave of Absence and Bed Holds Panel Discussion

- » **Ed Mariscal, Director of Public Programs and LTSS, Health Net**

- » **Mark Hansen, Administrator, Rialto Post Acute (San Bernardino County)**

Leave of Absence and Bed Holds: Panel Discussion Questions

» What has been the most challenging in ensuring members may appropriately exercise their LOAs and Bed Hold rights and protections? How have you overcome that?

» What are the promising practices to highlight around LOAs and Bed Holds?

Questions?

Promising Practices:
Leave of Absence and Bed Holds

Next Steps

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 from 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

Questions? Please contact info@calduals.org

» [APL 22-018](#) Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of members to Managed Care

» Forthcoming

    » CalAIM SNF LTC Carve-In Resources for MCPs

    » Frequently Asked Questions (FAQs)

» 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

    » Integrated Care for Dual Eligible Beneficiaries: https://www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx

Thank you!

Appendix

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.