CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Department of Health Care Services
California Advancing and Innovating Medi-Cal (CalAIM)

TITLE: CalAIM Intermediate Care Facility for Developmentally Disabled (ICF/DD) Carve-In Office Hours

DATE: Friday, September 8, 2023, 10:00AM to 11:00AM

NUMBER OF SPEAKERS: 6

FILE DURATION: 56 minutes

SPEAKERS

Kristal Vardaman
Bambi Cisneros
Dana Durham
Caroline Castaneda
Stephanie Conde
Phil Nguyen

Kristal Vardaman:

Everyone is joined, so good morning everyone. I'm Kristal Vardaman I'd like to thank you for joining today's webinar, CalAIM Intermediate Care Facility for the Developmentally Disabled, ICF/DD, Homes Carve-In Office Hours. This webinar today is the second in a series of educational webinars, about the Carve-In. A recording of today's webinar, including the PowerPoint slides, the meeting materials will be available on the DHCS ICF/DD LTC Carve-In webpage and you can find a link to that website in the Zoom chat. Next slide please. We'd ask now that you take a moment to add your organization's name to your Zoom name so that it appears as your name plus your organization. To do that, please first click on the participant's icon at the bottom of the window, hover over your name and the participant's list on the right side of the Zoom window and then select rename from the dropdown menu. You can then enter your name and add your organization as you would like it to appear. Next slide please.

Kristal Vardaman:

Before we begin the meeting, I just want to go over a few meeting management items. Again, this webinar is being recorded. The recording and slides will be posted to the website. Participants are in listen only mode for now, but can be unmuted during the Q and A discussion and we'll discuss how we'll be running the Q and A discussion today following the initial presentations. And during the presentations, please use the chat feature to submit any of your questions. You can type them into the chat during the presentation or the Q and A session and our team will be monitoring them. Next slide please. We've got some great presenters for today's webinar and we'll be starting off with Bambi Cisneros, who's Assistant Deputy Director of the Healthcare Delivery Systems Division at DHCS. Then we'll have Caroline Castaneda, who's Deputy Director of the Waiver and Rates Division at the Department of Developmental Services. And then Dana Durham, the Division Chief of the Managed Care Quality and Monitoring Division at DHCS. So I'll turn now to Bambi to share more about today's session.

Bambi Cisneros:

Thank you, Kristal. Good morning, everyone and happy Friday. Thank you for your time in joining our office hours today. So, before we get into some of the slides, we want to share and have that open forum, wanted to briefly review the purpose of our office hour sessions. So, these office hour sessions are really intended to supplement the educational webinar series that DHCS and DDS are hosting to provide deep dives on specific Carve-In policies and best practices to support implementation. And unlike the webinars, where the majority of the time is devoted to presentations, our office hour sessions are really forums for Homes, Regional Centers and managed care plans to discuss questions with both Departments, DHCS and DDS. And the questions that we'll cover during today's session really derived from the questions that you had all submitted in advance of the webinar and past webinars where we didn't have the opportunity to address.

Bambi Cisneros:

And so then we will also have time for open Q and A, and so you'll see here that we'll primarily be focused on your questions that we've received related to network readiness, continuity of care, authorizations and leaves of absences and bed holds. We do have other topics that we will have queued up for future sessions such as credentialing and billing and payment, and we'll cover that in more in depth and upcoming webinars. And then of course there will be another office hour session where we can address questions on other topic areas as well. And so with that we can go to the agenda for today's webinar, and so what we'll do is for those who have not joined us on our other educational webinars, we will provide an introduction of what the CalAIM ICF/DD Carve-In is, give an overview on the key policies for this Carve-In as it transitions to managed care, and then we'll go through the stakeholder questions and then wrap-up with next steps.

Bambi Cisneros:

So, a little bit of a formal presentation at the front just for level setting and then an open forum throughout the presentation. And so, we can get started with the next few slides, so to talk about the overview of the CalAIM ICF/DD Carve-In. Go to next slide please. So, the ICF/DD Carve-In will be effective on January 1st, 2024 wherein all managed care plans statewide will become responsible for the full long-term care benefit, and so today they are already covering the skilled nursing facility benefit that happened on January 1st, 2023. And on January 1, 2024, we will be carving in or transitioning into managed care services that are provided in the Home types that are listed on the slide here. So the ICF/DDs, ICF/DD-H for Habilitative and ICF/DD-N, so the Nursing types.

Bambi Cisneros:

Wanted to also note that ICF/DD CNC, which is Continuous Nursing Care Homes, are not part of this Carve-In. And so what this Carve-In means is that all Medi-Cal beneficiaries that are in Fee-for-Service that are currently residing in these ICF/DD Homes will be mandatorily enrolled into a Medi-Cal managed care plan for their Medi-Cal covered services, and then as of that date, so as of January 1, the Medi-Cal managed care plans will become the payer for these services rather than Fee-for-Service. Going to next slide please.

Bambi Cisneros:

So our goals for the Carve-In, really the intent of doing this is to standardize benefits and coverage under managed care across the state, with the idea being that if you have a standardization of benefits, members will have that same experience should they move to a different county, so the same benefits package, an easier administration for the state as well to oversee the benefits statewide. And so our goals of course ultimately is that the transition to managed care would be as seamless as possible and what that means is that members would not experience any disruptions in access to care or services. And so, there are some existing infrastructure in place today for ICF/DD individuals, that pertains to their relationships with the Regional Centers and the ICF/DD Whole model, which we'll talk about in later slides, and so wanted to highlight

that those infrastructures will stay the same.

Bambi Cisneros:

Really our intent was to preserve the Lanterman Act protections that are in place today, as well as the roles and responsibilities of the Regional Centers. Go to next slide please. As I had mentioned, the Carve-In that's going to be effective January 1st, 2024 is going to be statewide. That means today that ICF/DD Homes are covered in the COHS counties where it's depicted in orange here on this map, and so when the transition happens in managed care in January, the residents of the ICF/DD Home types, in the Non-COHS counties, who are typically receiving these services through Medi-Cal Fee-for-Service, will be the ones carving into managed care, and so those are the parts of the state here that's shaded in blue. And so, we do have pulled data at a point in time and we have estimated that there's about 4,500 individuals that are residing in ICF/DD Homes that's going to be transitioned into Medi-Cal managed care. And so, with those introductory slides, I will now turn it over to Caroline from the Department of Developmental Services to talk briefly about the Regional Center's role.

Caroline Castaneda:

Thank you, Bambi. As you may know, Regional Centers provide lifelong services and supports to people with developmental disabilities so that they can live independent and fulfilled lives in their community. And under the Carve-In, Regional Centers will continue to fulfill those roles as noted in the Lanterman Act and in this slide. And we'd really like to emphasize that enrollment into a managed care plan for an individual, will not change their relationship with the Regional Center. They will continue to access Regional Center services and go through the Individual Program Plan process, same as they do today. So with that, I'll pass it on to Dana to discuss the Carve In's key policies.

Dana Durham:

Thank you so much Caroline. I'm going to provide just an overview of the key policy requirements that are the focus of today's session. Next slide please. So, starting on January 1st, managed care plans are responsible for authorizing covered medically necessary ICF/DD services and that includes the ICF/DD Home Services as well as professional services, ancillary services and NEMT or non-emergency medical transportation and nonmedical transportation. DHCS has developed a series of policy documents to guide how the managed care plans deliver services under the Carve-In and those are providing standardized rules for managed care plans in terms of service delivery and ensuring that there is consistent and seamless benefits that are offered to ICF/DD members. And seamless meaning that whatever county you are or wherever you are in Medi-Cal, that you have the same experience.

Dana Durham:

Beginning in October 2022, DHCS began convening an ICF/DD Carve-In Workgroup and that was comprised of representatives from ICF/DD Homes, managed care plans and Regional Centers, and the Workgroup really was instrumental in giving us guidance as we develop the policy documents. And so over the course of this brief presentation,

we'll discuss the key policy requirements that are covered in the policy documents. Next slide please. So DHCS has released several policy guidance documents to support the implementation of the Carve-In and the APL released provides requirements to all managed care plans for that Long-Term Care ICF/DD Carve-In. So, the APL or our All Plan Letter, is available on the ICF/DD Long-Term Care webpage and on the dedicated DHCS Managed Care Plan All Plan Letter page. Those are a lot of words. Additionally, the DHCS has released Model Contract Language and that the goal of that Model Contract Language is to ensure that MCPs or managed care plans are using standardized contract language that accurately reflects operations and service delivery.

Dana Durham:

So managed care plans are required to incorporate the MCL standard terms and conditions. And what I mean by MCL is, Model Contract Language, provided by DHCS into their own terms when developing contracts with the ICF/DD Home providers. The APL and the Model Contract Language can be found on the ICF/DD Carve-In webpage and forthcoming resources will be available after the publication. Additional resources are coming up in the fall including a Policy Guide and Frequently Asked Questions. There's the link on the slide deck, so just to make sure that everyone who's here has the link to be able to get to that webpage. Next slide please.

Dana Durham:

So as far as network readiness and contracting, managed care plans are required to maintain an adequate network of ICF/DD, ICF/DD-H and ICF/DD-N I-Homes, licensed and certified by the California Department of Public Health and report contracting status at the time of network submission. Guidance on network readiness has been previously shared with the managed care plans and the requirements are different for ICF/DDs versus ICF/DD-H and -Ns, so just to briefly summarize, managed care plans must attempt to contract with all CDPH enrolled in licensed ICF/DD Homes where a member resides. They must also attempt to contract with ICF, all ICF/DD-H and all ICF/DD-N Homes within the county where a member resides.

Dana Durham:

However, in managed care plans must contract with a minimum of one ICF/DD Home within California while prioritizing Homes within the county and at least one ICF/DD-H and one ICF/DD-N within their county. They must also contract with ICF/DD-Hs and ICF/DD-Ns where a member resides. So, if there are no Homes within the members' county, the managed care plan must contract with the eligible ICF/DD-H and ICF/DD-Ns within the managed care plan's state region, and managed care plans are required to incorporate the language from the model contract in addition to their contract language to make sure that there's consistency across all plans. Next slide please.

Dana Durham:

So, we're going to talk a little bit about continuity of care and that means that when someone is at a particular place, they have the right as mandated by the Lanterman Act to choose their own living arrangements, which is very important. So, in alignment with

the Lanterman Act, the goal of the Carve-In is to maintain members' current ICF/DD Home arrangement as chosen by the member. We establish continuity of care requirements for managed care plans to ensure the ICF/DD Homes for at least 12 months while the managed care works to bring ICF/DD Homes into network. So, what that means is before the ICF/DD Home is a part of the managed care plans network, they will operate out of network and the member can still stay at that place where that contracting is happening.

Dana Durham:

And so, the protection is available to all members who are in ICF/DD Homes, and it requires no action from the member or the representative. If the ICF/DD Home still doesn't have a contract with the member's managed care plan after the initial continuity of care period, members in their representatives are entitled to request an additional 12 months. So the continuity of care provides continued access to covered services, but in general, if you want to talk about not the Home itself, but to services that are offered outside of the Home, there may be a requirement to switch to in-network service providers. We hope that doesn't happen and the managed care plans work to make sure it doesn't, but some services that you may need to request continuity of care for are non-emergency medical transportation, nonmedical transportation, a specific facility, professional or ancillary service or providers and potentially appropriate levels of care coordination.

Dana Durham:

As I said, I think most of the plans are working really hard to make sure that the providers that you're currently working with continue to be in the network, but if they're not in the network, you may have to request that continuity of care. Next slide please. So, in talking about authorization in Medi-Cal Managed Care Program, managed care plans are required to support utilization management. So that means that it is within their purview of what they're required to do to approve or deny service authorizations. Managed care plans must utilize the determination and recommendation from the coordinating Regional Center and attending physician for a member's admission to or continued residency in an ICF/DD Home, but for any new treatment authorization or reauthorization received starting on January 1st, managed care plans become responsible for approving them up to two years and that's in alignment with state regulations. Managed care plans are also responsible for all other approved authorization requests for services outside the per diem rate for 90 days after enrollment in the managed care plan or until the member can be reassessed.

Dana Durham:

So that means if you've already gotten authorization, the managed care plan will honor that approved authorization as you're beginning to work within the managed care system. Finally, managed care plans must turn around routine authorizations in five days once a member is enrolled. Next, we'll turn to leaves of absences and bed holds, and managed care plans are required to cover any leave of absence or bed hold that an ICF/DD Home provides in compliance with state regulations on leaves of absences and bed hold policies. Bed holds are used when a member's admitted to an acute care

hospital. Managed care plans are required to authorize up to seven days per hospitalization for a bed hold. Managed care plans are also required to authorize up to 73 days per calendar year for a leave of absence. Leaves of absences can include visits with relatives or friends as well as participation in organized summer camps for individuals or other activities along that line. Members can return to the same ICF/DD Home following a leave of absence or bed hold if that is their preference.

Dana Durham:

If a member does not wish to return to their ICF/DD Home following a leave of absence or bed hold, the managed care plan must provide care coordination and transition support as well as working with the Regional Center to assist the member in identifying another In-Home network. And I do realize that is a lot of information, but I'm going to turn it over to Kristal who's going to help us facilitate questions.

Kristal Vardaman:

Great, thanks Dana. So now we're going to spend the remainder of the call going through stakeholder questions. I'd like to first go over, next slide please, a few logistics and ground rules before we begin the discussion period just to manage the flow of conversations today. Next slide please. DHCS and DDS are going to begin with some questions that were submitted in advance via the Zoom registration form, that were submitted in the last webinar, or that have come in through the LTC transition inbox. I'd just also like to note if you've submitted questions through these or other forms, please also note that some of the forthcoming resources like the FAQs may also address some of those questions. In addition to the presenters you've already heard from today, we also have a number of DHCS subject matter experts on the line who are going to chime in as needed with responses to some of the questions.

Kristal Vardaman:

And after the subject matter experts answer those questions, we'll turn to the questions from today's attendees and to ensure that DHCS can cover as many questions as possible, we ask that you submit your questions via the Zoom chat function. And if your question is chosen for discussion, you have a follow-up question or need to add some clarification, then please use the raise hand function in Zoom and a team member will unmute your line.

Kristal Vardaman:

And before we begin, just as a reminder, today's ICF/DD Carve-In topics of focus include network readiness and contracting, continuity of care, authorizations and leave of absence and bed holds. So, while DHCS and DDS are open to all questions regarding the Carve-In today, the subject matter experts on today's call are best prepared to answer the questions that are related to the topics listed on the right. So with that we're going to start off with some of those pre-submitted questions and I'll start with a couple of questions related to contracting and I think we've got Bambi and Dana teed up to respond to some of these. So our first question is, "How do we know if a managed care plan contract has been approved by DHCS?"

Bambi Cisneros:

Found my unmute button, thanks. Thank you Kristal. So DHCS did issue the Model Contract Language as Dana mentioned in August. And so the guidance that we're providing to the plans is that they are to take those model contract terms and embed them as part of their contract language. And so we do understand that sometimes it's not an easy lift and shift just because it has to fit the managed care plans network provider agreement contract structure if you will. And so, our guidance to the plans has been that if there are going to be significant changes to the policy with the way that they have to fit that into their contract structure that they would need to submit to the Department for review and approval. But otherwise our expectation is that plans integrate these key policies and embed them into their provider agreements. And so, one of the deliverables for the managed care plans for this Carve-In is to submit readiness documentation including proof of contract signature pages. And so I'm aware that the due date for APL deliverables is typically 90 days after the APL is issued.

Kristal Vardaman:

Great, thanks Bambi. Now the next question related to contracting is, "When is the deadline for Homes to get contracted with the plans?"

Dana Durham:

That's an excellent question. I will say we want the contracts to happen as soon as possible and managed care plans are really required to attest to their network readiness and must submit their report on contract efforts with their initial readiness being due on September 29th. But we realize that the Model Contract Language was just released last month, so it's going to take some time to get those contracts in place. So what we're doing is asking for ongoing updates. Contracting should continue on an ongoing basis and if a member switches their managed care plan and ICF/DD Home and net Home's not currently in the network, then the managed care plan and the ICF/DD Home should work to establish a contract. And as I talked about when I was doing the presentation on continuity of care, it really will ensure that the ICF/DD Home will continue to get paid while they're working to become part of a plan’s network and undergo credentialing. So I hope that answered the question. Thanks Kristal.

Kristal Vardaman:

Great, thank you. Next we'll go to some questions about continuity of care. Dana, you went over some of the policies in the APL. A couple of quick follow-up questions. So first, how will the resident and or family member request an additional year of continuity of care following that initial 12 month continuity of care period?

Dana Durham:

I like this question, because I do think the continuity of care policy can really be pretty confusing and just want to make sure that I'm able to explain it. The continuity of care process allows an individual to stay with the provider when the managed care plan and the provider, rather ICF/DD Home, are really working to establish that contract. So if the ICF/DD Home isn't able to come into contract with a managed care plan after that first

year, then either the managed care plan or their authorized representative can request continuity of care or provider with appropriate authorization can request continuity of care on behalf of the member. And if the Home is making the request, they can also contact the long-term care liaison. And the goal is really to make sure that that continuity of care happens. And I hope that kind of makes a little bit more clear of what continuity of care is.

Kristal Vardaman:

Great, thanks Dana. Another question following up around some of these continuity of care issues and this is about the role of Regional Centers and what it'll be post go live. So the question is, "Does a Regional Center still hold responsibility for case management and care coordination for members residing in the ICF/DD Home or will this be defaulted to the role of the managed care plans?" I see Caroline's joined.

Caroline Castaneda:

Hello. No, it will not be defaulted to the managed care plans. Case management will continue to be provided by Regional Centers, usually through a service coordinator the same as it is today. Managed care plans and Regional Centers are going to work together to identify the services that each entity will provide. The goal is to reduce any duplication of effort or work happening around the needs and services of members between plans and Regional Centers.

Kristal Vardaman:

Great, thank you. Next we'll turn to the next topic on our list, which is authorizations, some questions about the TAR process. So "Will DHCS provide the plans with a list of approved TARs for new members in advance of the January 1st, 2024 transition?”

Stephanie Conde:

Good morning everyone. Stephanie Conde with Managed Care Operations within DHCS. Yes, the plans will receive TARs for the Fee-for-Service approved treatment authorization requests in the November data feed that we are sending to plans. And then I did want to mention that that file layout for the TARs that we are presenting is similar to a file layout that the plans get today. So they'll be able to intake that data. And then one other piece, post our January 1st, 2024 implementation, our managed care plans will receive the TAR and plan data feed for beneficiaries that are new to their plans or transitioning in between plans. This is a data feed we push today. So I just wanted to make a note that if there is any changes in a plan or new eligibles after 1/1/2024, the plans will also receive that data. Thank you.

Kristal Vardaman:

Great, thanks. And again, we've got a couple more questions that are pre-planned but we are watching the chat and we'll turn to the questions in the chat shortly. So our next topic for pre-planned questions is around leave of absences and bed holds. We had a number of questions come in the chat in the last webinar about this topic. So first question here, "What happens if the hospital stay is longer than seven days? Who will

pay for the continued bed holds?"

Bambi Cisneros:

Yeah, thanks Kristal. I can take that and see that there's also other comments in the chat pertaining to this question. And so at this time these bed hold days are established in state regulation as well as the provider manual, which is the seven days. And so that is the current policy. However, I know we have discussed in our Workgroup that we would be open to further reviewing and discussing other options, but at this time I would say we are required to abide by what's there in regulation in contract.

Kristal Vardaman:

Thanks Bambi. And if there's any follow-up questions on bed hold, again please drop in the chat and we will turn to those shortly. Next question we have is around member enrollment. And the question here is, "DHCS plans to send out member notices 60 and 30 days prior to January 1st. Who will the member notices be sent to?"

Stephanie Conde:

Hi, good morning again. The notice will go out to the member and their authorized representative that is listed in our Medi-Cal database MEDS (Medi-Cal Eligibility Data System). The ICF/DD Homes will also have access to these notices as they will be posted on the DHCS website later this month. Thanks.

Kristal Vardaman:

Great, thank you. And our last pre-planned question before we turn to the questions in the chat, this one is for Bambi and it relates to share of cost. "How does the transition of ICF/DD services to manage care affect share of cost?"

Bambi Cisneros:

Thanks Kristal. So, members with a share of cost will continue to have a share of cost effective on the first day when the payment for the ICF/DD services transition from Fee-for-Service to managed care. We have also received a question, I believe in our last webinar about the collection of that share of cost fee. And so that is something that we are just making sure that we have a good understanding of internally and we'll be providing further guidance on that.

Kristal Vardaman:

Great, thank you. So now we're going to walk through some of the questions that have come into the chat, going to try to... We've been trying to group these by topic and again if there's... We may ask you to unmute yourself and provide some additional clarification if needed and/or if there's some follow-up questions following the responses, feel free to raise your hand. So I'm going to start with a question around authorization. So this is a question from Kimberly Marotta and she's saying that Kaiser is telling clients if they do not have coverage for six months or more, that Kaiser will not approve coverage. And I don't know if Kimberly wants to add any additional clarification or context to this, but wanted to hear if there were any responses from the Department on that issue.

Dana Durham:

I'll reply and Kimberly, feel free to come off mute and give us more information. I did send a message to Kimberly, but I will ask if anyone has concerns like this, if you'll send us any documentation you have of what you're hearing, we certainly will follow up and understand what's going on and make sure that the plans are compliant with our authorization timeframes for TARs and really make sure that the communication is consistent. So just want to understand that a little bit more so I can follow up and be in conversation with Kimberly. But if anyone else has some of that information that they're having concerns with, if you'll let us know, we will follow up.

Kimberly Marotta:

Hi Dana. Hopefully my microphone's working. Can you hear me?

Dana Durham:

It is. Yeah.

Kimberly Marotta:

I will be sending you the email communication as requested. And the issue is, is we have a client that has other healthcare coverage which is with Kaiser along with just being enrolled into the Medi-Cal Long-Term Care program and Kaiser told the parents of our client that once the client was disenrolled that the continuity of care would no longer apply to them, that it's within a six month window timeframe. They could not be enrolled back into Kaiser even with the whole managed healthcare plan Carve-In taking effect as of January 1st. So I'll send you…

Dana Durham:

I'll just say that on the front end that is not correct. So it just seems like there's some miscommunication and every instance it's a little bit different so I need to understand it all more. But I do want to just upfront state that there are a little bit more intricacies in that than is explained in what you're saying. So I need to get my head around it a little bit more, but we'll make sure that we work with you on this individual …

Kimberly Marotta:

It might have been somebody in member benefits that may not have understood the whole change that's taken place come January 1st.

Dana Durham:

And it might've been, and that's a really good way we can work to make sure that the talking points at those call centers are really great and that the call center has good information. So I love the specific instance that can follow up and make sure that they're saying the right thing. So thank you so much.

Kimberly Marotta:

You're welcome.

Dana Durham:

Really appreciate it.

Kristal Vardaman:

Great, thank you. So we'll turn to some other questions related to... Just scanning to see which ones we haven't answered yet in the chat. We are trying to answer some questions in the chat as we go along. We have some questions that are related to some payment issues. Someone's asked a question about how the rates might be affected, anyone that can answer that or if they'll be affected?

Bambi Cisneros:

I don't know if we have any of our rates folks on, but can say that there's a state directed payment policy that's in place. So for the services that are part of the per diem managed care plans are required to pay exactly that rate. And so, for services outside of that per diem rate, the provider can negotiate the rates with the managed care plan, but the per diem services must be at the same exact rate as what's being paid today under Fee-for-Service.

Phil Nguyen:

Thanks Bambi. This is Phil. Yeah, that question is kind of vague but yeah, in general, yeah, the payment shouldn't be stopped per diem wise, so there should be some kind of system in place for payment. I know there was a question in regards to what happened if providers don't find a plan by the end of the year, what happens to the rate? But yeah, there's a payment in place whether it comes from the Fee-for-Service side or the managed care plan side. But yeah, payments should not be stopped regardless if the providers are not transitioned to the proper plan or not, from our understanding.

Kristal Vardaman:

Okay, thank you Phil.

Phil Nguyen:

Thanks, Kristal.

Kristal Vardaman:

So another question here about going back to the issues around continuity of care. Pearl Santos had a question about asking for some clarification around the additional 12 months continuity of care period beyond the additional 12 months and wanted to know if there was criteria around that.

Dana Durham:

The criteria's not really separate for that, so you would need to request that continuity of care and every plan kind of has individual procedures for requesting that. So do you want to say that... Because I saw that in the questions as well, but I will say that our hope is that you can get in contract with the ICF/DD Homes and the plans before that

12 months and that's the goal of the plans, as well as others. So that 12 months is available. My hope is you don't have to use it and the plans will work with you if you need to.

Kristal Vardaman:

Great, thank you. There's another question here. We talked a little bit about the role of the Regional Centers and there's a question in here from Sophia Hyon who asks, "Do MCPs need to contract with the Regional Centers?" I don't know if anyone's able to speak to perhaps the MOUs and how that's going to work.

Dana Durham:

That the... I'd like to understand that question a little bit more. That's why if you see a perplexed look on my face, I would love for the questioner to come off mute and ask their questions. I will say there is a collaborative relationship between the plans and the Regional Centers and they're signing what's called a Memorandum of Understanding, and that's for that collaborative relationship in which funding is not exchanged.

So there are requirements to meet, to exchange information to make sure that they're cooperating with each other and have basic understandings. It's not formalized in a contract, but it is through a Memorandum of Understanding. There could be instances where there potentially would be a contract that would be appropriate, but not sure enough of the circumstances to be able to answer that question anymore in depth from there. But feel free to come off mute and elaborate if you have more questions.

Sophia Hyon:

Hi Dana. Thank you for that explanation. So, you're saying that when we collaborate with the Regional Centers, an MOU would be required for us to execute to have that relationship?

Dana Durham:

Well, I mean I think that relationship exists today without an MOU and that there is collaboration, but the Department beginning in 2024 does require the managed care plans to work to get that Memorandum of Understanding in place. Now we're still working on finalizing that Memorandum of Understandings that probably will be a little later in 2024, by the time they're executed, but we believe that that relationship is really working at places with Regional Centers and plans. We just want to codify it and make it a little bit more visible. So that's kind of the goal. And Sophia, did that answer your question?

Sophia Hyon:

Yes, that was really helpful, thank you.

Kristal Vardaman:

Okay, thank you. So another question we have since we're on a theme around working and coordinating with the Regional Centers. A question came up about, "Given that the

Regional Centers still support a number of other options like Supported Living Services. Could you talk about the interaction between the plans and perhaps getting people access to some of those services?" And a question about concerns about incentives around placement in Homes versus some of the other options.

Caroline Castaneda:

This is Caroline Castaneda from DDS. From my perspective, nothing is changing about how the Regional Center plans for services for people who are eligible for Regional Center services. So ICFs have always been not paid by Regional Centers, so it is going to continue to be not paid for by Regional Centers generally. So if somebody wanted to explore an SLS or other living arrangement, that person could definitely talk to their service coordinator and that would be an IPP team decision as to any transition out of an ICF. So hopefully that clarifies it.

Kristal Vardaman:

Great, thank you. A question about... We talked a little bit about services outside of the ICF/DD Home and we have a question around how will this transition affect dental care for clients in particular?

Dana Durham:

Yeah, I mean I'll start answering and then certainly welcome others' input. It really shouldn't impact dental care. Dental care is covered by... There are a couple counties where people have managed care dental and, well three at this point, which are San Mateo, Sacramento and Los Angeles, can potentially be impacted. Other than that, it's done on a Fee-for-Service basis and it is a separate mechanism for individuals instead of the managed care plan. I hope that answered the question.

Kristal Vardaman:

Great, thank you. We have a couple of questions that came in around credentialing. So, a question around, "In addition to contracting, do the Homes need to be credentialed by each plan? How would that be done?" There has been some conversations on prior Workgroup and webinars about credentialing. And so, I think a number of attendees are looking for any updates that Department might have on that topic.

Bambi Cisneros:

And I know we were going to tackle that in more depth in later presentations. Don't quite have those answers solidified today. But what I can say though is that both Departments have been really looking into streamlining the process to make it as least burdensome for the Homes, but also at the same time preserving the plans' responsibilities for making sure that they have credentialed providers in their network.

Bambi Cisneros:

And so really trying to strike that balance. And so I think the way we were kind of thinking about it is as a way to minimize burden is thinking about the things that must be done by January 1st versus things that could continue to be worked on during the

course of the continuity of care period. And so, we have a Workgroup that we have been working with Homes, managed care plans, the Regional Centers, DDS. And so, our next Workgroup meeting is later this month, I believe on the 29th, and really trying to put together some options to be able to discuss with that Workgroup. So I think on that topic, more to come there. So I know folks wanted to get more detail, but we're not quite there yet, but just know that our intent is really trying to strike that balance.

Kristal Vardaman:

Great, thank you Bambi. Another question came in around provider networks and this is about medical directors. "So for the ICF/DD-N Homes, how does this affect the contracted providers like the medical directors, the IDT. Will they need to be part of the MCP network?"

Bambi Cisneros:

So managed care plans have their own kind of network of providers. I think when the ICF/DD services are carved into managed care, that really shouldn't impact the structure within the Homes and then the providers that they have within those Homes. It's just that there's a supplement of what managed care plans offer, which is their own kind of network of providers such as transportation and other things. So hopefully that answered the question.

Kristal Vardaman:

Great, thank you. We have a follow-up question in the chat about... A few follow-up comments, just want to note around the dental services. So for folks who have any follow-up questions, if you don't believe that you–if you need more clarification, our team will drop in the chat, the email address and we can make sure that we get you an answer with some more clarification if it's needed. But to go back to…

Bambi Cisneros:

Sorry Kristal, can I just ask, since it sounds like there's been a lot of questions on that, I guess I'd like to better understand the questions that folks have about that, just because dental services are not what's covered under the managed care plan contract. There are services for dental that's covered by Medi-Cal but not under the plan. And so just wanted to know what our folks' concerns, worries, et cetera. Just because we see these services to stay separate and distinct. So members are getting dental services today, they'll continue to get them the same way, post the transition. And so if anyone wants to come off mute, maybe give us a little bit more context, but really we don't see this impacting the changes that occurs today.

Kristal Vardaman:

Looking to see, are there any raised hands, anyone want to provide any more context or follow up on that? If so, the team can unmute you.

Bambi Cisneros:

And maybe we could also add an FAQ question on that piece as well just so that we're

clear. Yeah.

Kristal Vardaman:

Sure. Great. Let's see. Marilyn just dropped a follow up question into the chat. Marilyn, did you want to come off mute or looking back at the list of questions that came in earlier, we had a few other people with some dental questions. Barbara and Ookie.

Marilyn Bennett:

Hi, this is Marilyn. I was just looking back at that question. My question is you said that Medi-Cal is not covered by MCP. I mean, I'm sorry, dental is not covered by MCP, so it's covered by Medi-Cal. So, is there still going to be a portion that where the dental providers can continue to bill Medi-Cal for their services?

Dana Durham:

Yeah, and they'll continue to bill Medi-Cal for services. And I appreciate the questions. I think I probably wasn't clear enough. The way that dental is provided today, will continue in the future. This Carve-In is not affecting dental services in any way. So if you're in a dental plan, you'll stay in a dental plan. If you're not in a dental plan, you will continue to get Fee-for-Service dental and dental is not part of what is being carved-in in this process.

Marilyn Bennett:

Thank you.

Kristal Vardaman:

Great. We have a question, now going back to where we started. I think around the contracting process and communications. Suzanne asked, "Are the managed care groups or plans supposed to contact the Homes in order to contract? How do we expect the communication will flow around that?"

Dana Durham:

Yeah, the managed care plans will reach out. And I already have started some of the conversations to make sure that contracting is happening. I will say if you're part of an ICF/DD and your managed care plan has not been in conversation with you, feel free to go ahead and contact the managed care plan in your county because we do want to make sure that conversation is active and happening. The thing we want to make sure of most of all is that you have that relationship so that members can be taken care of because I think that's what everyone's really worried about and wants to make sure happens well is that members experience no disruption. And with everyone working for that goal, conversation sooner is better than conversation later. So just want to make sure that yes, they'll be reaching out, but if you've not heard anything, feel free to reach out yourself, if you're a part of a Home.

Kristal Vardaman:

Great, thanks. We have another question. I'm going back to their topics around authorizations. Couple follow-up questions here. Here's one around, "If the managed care plans do not provide authorizations in a timely manner, where can ICF Homes get help to make sure the plans are compliant?"

Dana Durham:

So first of all, they have a Long-Term Care Liaison and the first recourse would be to work with the Long-Term Care Liaison. And if that's not working, we certainly do have ways to escalate that. The Ombudsman office is one venue and want to make sure that that's a venue that you certainly can take care of. We look at things that come in and if we see systemic issues, we follow up to make sure the managed care plan is compliant. I do want to say that you'd start with the managed care liaison at the plan and then you certainly can escalate to the Department. And our goal is compliance.

Dana Durham:

We are doing active reporting to make sure that compliance happens. We're working on networks in September as I spoke about a minute ago. We're also tracking the continuity of care requests and grievances and appeals and other items that the plan works really hard to make sure that they honor authorizations. I don't know why I have trouble speaking sometimes, but that's the goal and we're following up on that to make sure that happens. But certainly if it's not happening as the transition happens, we do want to hear because we want to make sure that's happening well.

Kristal Vardaman:

Great.

Bambi Cisneros:

I think Becky dropped the email address as well in the chat. It's the LTCtransition@dhcs.ca.gov, so we'll be actively monitoring that inbox as well.

Kristal Vardaman:

Great, thanks Bambi. And yes, we're starting to run out time, so we will be monitoring the inbox to follow up on any questions that weren't able to be answered today. So please send an email if you would like a written response. And again, there will be some upcoming sessions, both webinars as well as another office hours session, which Bambi will cover the dates for those shortly. So I'll turn it back to Bambi for now to close.

Bambi Cisneros:

Great, thank you Kristal. I think we have some slides that we want to share in terms of just other ways to further engage. And I want to just thank you all for all of the great questions. I know we didn't get to all of them, but just know that we have received them and we're also working on an iterative process to release FAQs working on the first batch. I think the questions that have come in here will be considered for the second

iteration. And so regardless, I think just be ensured that we will be responding to your questions and I believe we do... Yes, a slide on upcoming webinar. So I just wanted to make you all aware that there's other ways to engage on the upcoming transition as well. And so the next event that we have coming up is Promising Practices, which will take place next month in October.

Bambi Cisneros:

And the session will be primarily focused on promising practices to provide managed care plans, Homes and Regional Centers with an understanding of their roles and responsibilities related to the transition to managed care and to also help support the readiness activities. And again, we linked here on this slide, our ICF/DD Carve-In webpage that we are keeping updated with additional updates and resources including materials from previous webinars and information on upcoming webinars.

Bambi Cisneros:

So we just wanted to make sure that you have them and really I highly encourage you all to join. And then on the next slide we have again wanted to share the email address. So if you have any follow-up questions or comments that were not addressed here, please do reach out to this new email inbox LTCtransition@dhcs.ca.gov and we will be sure to respond. And so I think with that, really wanted to just take the opportunity to thank you all for your participation. Great discussion and really thoughtful questions to really help us think through what additional guidance we need to get out to the field to make this transition successful. And so, thanks again. Have a great rest of your day and weekend. Thank you so much.