COORDINATED CARE INITIATIVE (CCI): CAL MEDICONNECT
Policy for Cal MediConnect: Care Plan Option services (CPO services)
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Under Cal MediConnect, there are three types of Long term Services and Supports (LTSS) that are available to eligible plan beneficiaries.

- First, are the home and community based waiver services (HCBS). These are part of the federal 1915(c) waiver and under the CCI and include: Assisted Living Waiver (ALW), In Home Operations (IHO), Nursing Facility/Acute Hospital (NF/AH), and Multipurpose Senior Services Program (MSSP). These HCBS are subject to eligibility, and availability.
- LTSS are Medi-Cal programs that are defined in Welfare and Institutions Code section 14186.1(b) as, In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), and skilled nursing facility and subacute care (NF).
- The final set is optional services known as Care Plan Option services (CPOs). Cal MediConnect Plans may offer CPOs out of the monthly payments they receive from the state to provide care to their enrollees. By having the flexibility to offer a wider range of services, Cal MediConnect plans will draw on their history and experience, as well as that of the beneficiary's interdisciplinary care team (ICT), to offer the provision of CPOs that are aligned with the goals of the Olmstead Act by keeping the beneficiary safely in their own community, rather than a costly institution or hospitalization.

Purpose of this Paper

The goal of this paper is to offer guidance and explain the difference between the long-term services and supports a Cal MediConnect plan must offer as part of Medi-Cal, and those optional services, CPOs, that a Cal MediConnect plan may offer. The CPOs are offered in accordance with Welfare and Institutions Code Section 14186(b)(6)(B)[1] and 14186.1(c).[2] In an effort to clearly delineate the differences, and clarify terminology between CCI services and benefits, definitions and a corresponding table have been drafted in Appendix A.

DHCS has already issued guidance on HCBS activities through the Long-Term Services and Supports (LTSS) Network Adequacy and Readiness Provisions and the Care Coordination

[1] As authorized in Senate Bill 1008 (Chapter 33, 2012), "Managed care plans may authorize personal care services and related domestic services in addition to the hours authorized under Article 7 (commencing with Section 12300) of Chapter 3, which managed care plans shall be responsible for paying at no share of cost to the county. The department, in consultation with the State Department of Social Services, shall develop policies and procedures for these additional benefits, which managed care plans may authorize. The grievance process for these benefits shall be the same process as used for other benefits authorized by managed care plans, and shall comply with Section 14450, and Sections 1368 and 1368.1 of the Health and Safety Code." This grievance process is in contrast to the Medicaid Appeals process, where beneficiaries may file for a state or plan administrative hearing.

[2] As authorized in Senate Bill 1008 (Chapter 33, 2012), Care Plan Option services may include "in-home and out-of-home respite, nutritional assessment, counseling, and supplements, minor home or environmental adaptations, habilitation, and other services that may be deemed necessary by the managed care plans, including its care coordination team. The department, in consultation with stakeholders, may determine whether plans shall be required to include these benefits in their scope of service, and may establish guidelines for the scope, duration, and intensity of these benefits. The grievance process for these benefits shall be the same process as used for other benefits authorized by managed care plans, and shall comply with Section 14450, and Sections 1368 and 1368.1 of the Health and Safety Code." This grievance process is in contrast to the Medicaid Appeals process, where beneficiaries may file for a state or plan administrative hearing.

Readiness Standards.[3] Taken together, these documents set forth the requirements Cal MediConnect plans will have to meet for the readiness review. In particular, the Care Coordination Standards focus on how to improve chronic disease management by bringing Multipurpose Senior Services Program (MSSP) practices of care coordination to Cal MediConnect plans. The CCI legislation also provides specifications for how the Program of All-Inclusive Care for the Elderly (PACE) will interact with the CCI. (WIC 14132.275(l)(1)(C))

Defining for Cal MediConnect

CPO services may consist of similar services that might be delivered under Medi-Cal or a waiver. However, where such services are required to be offered as LTSS or HCBS under Medi-Cal, a CPO service is optional under the beneficiary's Individualized Care Plan (ICP). The phrase "Care Plan Option services" encompasses that explanation. To be clear, these are services provided as an option under the ICP and are not intended to replace LTSS that a beneficiary has been assessed and authorized to receive under Medi-Cal.

More specifically, CPO services are authorized by Cal MediConnect plans and are specified under the CCI legislation and include:

1. Respite care: in home or out-of-home; (Not to supplant authorized IHSS hours)
2. Additional Personal Care and Chore Type Services <u>beyond those authorized by IHSS;</u> Plans will notify counties if additional personal care services are provided.
3. Habilitation;
4. Nutrition: Nutritional assessment, supplements and home delivered meals;
5. Home maintenance and minor home or environmental adaptation; and,
6. "Other services," is a category under the CCI.[4]

Cal MediConnect Vision for CPO services

Cal MediConnect seeks to transform today's system to one where services are more broadly and consistently offered. Under California's Medi-Cal system, managed care plans are the most appropriate vehicle capable of achieving integration of acute and long-term care services at scale.

Today, out of 8 million Medi-Cal beneficiaries, approximately 14,000 receive services through California's 1915(c) waivers[5] that are directly related to the CCI. These waivers each have enrollment caps on a statewide basis and in some cases regionally.

Cal MediConnect plans will be given flexibility to provide CPO services to enhance a beneficiary's care, allowing beneficiaries to stay in their own homes safely, and thereby preventing costly and unnecessary hospitalization, or prolonged care in institutional settings. At the same time, Cal MediConnect plans will have the incentive to offer the CPO services

[3] These documents may be accessed here: http://www.dhcs.ca.gov/Pages/CCIImplementationDocuments.aspx

[4] The legislation allows for "other services," which could include Personal Emergency Response Systems (PERS), assistive technology, In-home skilled nursing care, and other items.

[5] Source: California DHCS Data Analysis; includes non-dual eligible

discussed in this paper in order to help beneficiaries live in the community, rather than in the more restrictive, costly institutional care system.

CPO services will be an important resource for Cal MediConnect plans to use when responding to changes in an enrollees physical or behavioral health, and particularly for those in immediate need. Cal MediConnect assumes that systems for evaluating need for existing programs are, by and large, an accurate reflection of beneficiary need for IHSS, MSSP, or CBAS. As such, CPO services are not to be added to an ICP without due consideration of the existing assessment. At the same time, CPO services will play an invaluable service when there is a sudden change in beneficiary status. The ICT will have direct, ongoing contact with enrollees and may have more ability to be responsive to sudden changes in health and social status that otherwise may have resulted in a period of institutionalization. The level and duration of the CPO services will be determined through the plan health risk assessment and subsequent ICP.

Example 1 of a CPO service being provided.

John is a 78-year-old IHSS recipient and an enrollee in the Cal MediConnect program. John was recently discharged from the hospital after a fall. John's hours were temporarily increased by his social worker after discharge, but it became increasingly difficult, and potentially dangerous for him to navigate the steps into his home. After an assessment of his care plan by his ICT, health plan, and agreement from John, CPO services were determined necessary, and a ramp was installed and paid for by the Cal MediConnect plan.

More important than any other principle of the CCI is that of choice. Beneficiaries joining Cal MediConnect will be able to retain their position on, or be added to, a waiver waiting list. If a waiver slot opens, the beneficiary has the option to: 1) choose to stay in the Cal MediConnect plan for CPO services as offered by the plan, or 2) opt out of Cal MediConnect and join the waiver. If they do choose to join the waiver, they will continue to receive non-waiver LTSS through a Medi-Cal managed care plan.

Additionally, institutional deeming rules will continue to apply to those who would be otherwise eligible for nursing facility care.

Preparing for Cal MediConnect

To achieve a more efficient and effective CPO services system under Cal MediConnect, DHCS will take the following steps:

- *Engage with Cal MediConnect plans and providers about the vision, goals, operations, and potential partners of the new system.* There is an array of HCBS service providers available to individuals who are dually eligible in addition to the programs being integrated into Cal MediConnect plan services, including, but not limited to, Area Agencies on Aging, Independent Living Centers, Aging and Disability Resource Connections, and California Community Transition Lead Organizations. DHCS will facilitate a focused effort to help such providers connect with Cal MediConnect plans and build relationships in order to develop a shared understanding of each entity's role and how partnerships may enhance beneficiary care coordination.

- *Offer Technical Assistance to HCBS Community Groups.* Today, many community providers function under a funding model of grants and donations. For these organizations new to the managed care world, it is incumbent on DHCS to help create opportunities to educate such community providers in learning about Cal MediConnect plans and new business model opportunities (as needed).

Example 2 of a CPO service being provided

Maria is an 84-year-old woman and has been authorized CBAS services to help her remain living at home with her husband. However, recently, Maria's husband of 50 years, and her main source of support, suddenly passed away. With no one to help, her house soon became cluttered, dirty, and unsafe for Maria to live there alone. Upon learning of her situation through the CBAS Center, the plan, under CPO services, authorized and paid for house cleaning and pest control. She was also referred to county IHSS for assessment of needed services that could range from regular house cleaning, meal preparation and clean-up and critical personal care services. In addition a referral could also be made by her ICT or IHSS to Adult Protective Services for additional support. Maria can now continue to remain safely in her own home.

MSSP sites have specific statute and policy addressing their role:

- State law requires that MSSP sites be allocated the same level of funding during the first 19 months of Cal MediConnect as was allocated in 2012.[6]
- MSSP sites will remain open to enrollment in Cal MediConnect counties for any populations excluded from Cal MediConnect.

Plan Approach to CPO Services

As a requirement for participating in Cal MediConnect, and with regard to the CPO services only, Cal MediConnect plans will:

- Coordinate such services for beneficiaries who need them.
- Refer beneficiaries to community providers to deliver services and to work with those providers according to a beneficiary's needs.
- Develop an ICP that includes the beneficiary input into the services to be provided (for beneficiaries requiring such a plan.)
- Be authorized to deliver CPO services to beneficiaries at the plan's discretion. Cal MediConnect plans will have the financial incentive to provide these CPO services; however, they are not required to offer the CPO services.

Since the CPO services are not part of covered Medi-Cal benefits today, those services will not be subject to the Medi-Cal (or other applicable) grievance and appeals processes if a Cal MediConnect plan chooses to offer them. To ensure consumer protections are in place, Cal MediConnect plans will develop comprehensive, internal procedures to record and address complaints as part of developing an ICP that is person-centered, and when applicable, will account for personal preference of services to be provided. These procedures will include a requirement to compile and report those complaints to DHCS.

[6] 14186.3(b)(2)(B)(i): "Cal MediConnect plans shall allocate to the MSSP providers the same level of funding they would have otherwise received under their MSSP contract with the California Department of Aging."

This approach creates a flexible structure where the Cal MediConnect plan can offer services beyond those traditionally covered by Medicare and Medi-Cal, and can work with service providers to provide person-centered care planning.

Readiness and Compliance

The provision of CPO services will be a new function for many Cal MediConnect plans. As such, the state will require that Cal MediConnect plans take a number of steps to prepare for implementation. More specifically, for the services discussed in this document, Cal MediConnect plans must create:

1. Policies and procedures that guide the Cal MediConnect plans' care coordinators, ICTs, and primary care physicians in assessing the appropriate authorization of these services, in addition to the required LTSS, including, but not limited to, assessment tools and reassessment cycles.
2. Policies and procedures to identify beneficiaries that may need CPO services, and to refer beneficiaries to community-based organizations and other entities that provide these services, such as California Community Transitions organizations, Area Agencies on Aging, Independent Living Centers, or Aging and Disability Resource Centers, where available.
3. A training curriculum and program for Cal MediConnect plan staff that provides for an orientation for all staff on the Americans with Disabilities Act, the Olmstead Decision, CPO services issues, and detailed training on community and county HCBS services that maybe available.
4. Establish and maintain a grievance system under which enrollees may submit their grievances to the plan. (Health and Safety Code section 1368)

Appendix A: *Definition of Benefits and Services*

Medicare Benefits
Under the federal Medicare system, eligible beneficiaries may access the following services:

- Hospital Care
- Physician & ancillary services
- Short-term skilled nursing facility care
- Home health care
- Hospice
- Prescription drugs
- Durable medical equipment

Medicaid Benefits
Under the Federal-State Medicaid program (Medi-Cal), eligible beneficiaries may receive the following services:]

- Medicare cost sharing
- Long-term nursing home (after Medicare benefits are exhausted)
- Long-term services and supports (LTSS, including IHSS, CBAS, MSSP)
- Prescriptions, durable medical equipment, and medical supplies not covered by Medicare

Supplemental Benefits
These are part of a Cal MediConnect plan's integrated benefit package. This package must include Medicare and Medi-Cal-covered benefits, as well as any required Cal MediConnect-specific supplemental items and services. Cal MediConnect plans will provide the following supplemental benefits:

- Dental services;
- Vision; and,
- Non-emergency medical transportation.

Long Term Services and Supports (LTSS)
These services are covered specifically in Welfare and Institutions Code (WIC) 14186.1(b)(1)-(4). These LTSS are:

- In-Home Supportive Services (IHSS);
- Community Based- Adult Services (CBAS);
- Multipurpose Senior Services Program (MSSP); and,
- Nursing Facility and subacute care (NF).

These LTSS are included in the Cal MediConnect's capitated rate, so the plan must provide these services if an enrollee qualifies for these benefits under the program.

Home and Community Based Services (HCBS) Waiver Services
There are three specific waivers that are relevant to the CCI: The Nursing Facility/ Acute Hospital (NF/AH), the Assisted Living Waiver (ALW), and the In-Home Operations waiver (IHO).[7] These are all federal 1915(c) waivers that allow the provision of long term care services in home and community based settings under the Medicaid Program.

These waiver services will remain open under the CCI and may be obtained by a beneficiary if:

- the beneficiary meets the eligibility criteria;
- there is an opening in a waiver; and;
- the beneficiary opts out of Cal MediConnect. (By law, beneficiaries cannot receive waiver services and be in Cal MediConnect concurrently.)

Care Plan Options services (CPO services)
These are optional services that the plan may provide above and beyond LTSS and HCBS in order to enhance a member's care, allowing them to stay in their own homes safely and preventing institutionalization. These services could vary based on the needs of the beneficiary and the care plan developed for that beneficiary. Because these optional services are not part of covered Medi-Cal benefits, they are not subject to the Medi-Cal appeals process. These optional services are identified in WIC 14186.1(c), and may include:

- Supplemental personal care services (above authorized IHSS)
- Supplemental chore (above authorized IHSS)
- Supplemental protective supervision
- In home skilled nursing care and therapies services for chronic conditions
- Respite care (in home or out-of-home) not to supplant authorized IHSS hours
- Nutritional supplements and home delivered meals
- Care in licensed residential care facilities
- Home maintenance and minor home or environmental adaption
- Medical equipment operating expenses and Personal Emergency Response System (PERS)
- Non-medical transportation (beyond the supplemental benefit level)
- Similar LTSS and HCBS waiver services

[7] No new enrollment in IHO waiver.

The following is a reference table of benefits and services provided under the CCI.

	Supplemental Benefits	**Long Term Services and Supports (LTSS)**	**Home and Community Based Services (HCBS) Waiver Services**	**Care Plan Option (CPO) services**
Benefits	Dental, Vision, Non-Medical Transportation	MSSP enrolled (not on waiting list), IHSS, CBAS, and NF		
Services			NF/AH, ALW, IHO,	
Is the benefit/service offered in Cal MediConnect, MLTSS, or both	Cal MediConnect Only	Cal MediConnect and MLTSS	MLTSS Only	Cal MediConnect Only; Plan not required to offer

Appendix B: *California 1915(c) Waivers Relevant to CCI*

National Medicaid HCBS are delivered through federal waivers called, "1915(c) waivers," [8] in reference to the authorizing section of the Social Security Act. Under these waivers, states furnish an array of services that enable Medi-Cal beneficiaries to live in the community and avoid, or transition out of institutionalization. Most Medicaid services are offered on a statewide basis and in a uniform manner, but the services provided through waivers are typically available only to a set number of enrollees who have a need for level of care that qualifies them for admission into a nursing facility. Further, these waiver services are specific, and there is little flexibility in expanding their scope.

Title of waiver	***Federal laws or regulations waived****	***Description of waiver***	***Population served and number of enrollees***
Assisted Living Waiver (ALW)	• 1902(a)(1) • 1902(a)(10)(B) • 1902(a)(10)(C)(i)(III)	The ALW succeeds the Assisted Living Waiver Pilot Project. The waiver offers assisted living services in two settings: Residential Care Facilities for the Elderly and publically subsidized housing. Qualified participants have full-scope Medi-Cal benefits with zero share of cost and are determined to meet the Skilled Nursing Facility Level of Care, A or B.	Beneficiaries over the age of 21 who would otherwise be in a nursing facility. Statewide ALW enrollment: 1,840 CCI County enrollment: 1,278

[8] Currently in California, there are approximately (14,000) beneficiaries on 1915c waivers, or roughly 0.17 % of the total Medi-Cal population. Of those, approximately 60% are in Cal MediConnect counties.

In-Home Operations (IHO)	• 1902(a)(10)(B) • 1902(a)(10)(C)(i)(III)	This waiver serves either 1) participants previously enrolled in the Nursing Facility A/B Level of Care (LOC) Waiver who have continuously been enrolled in a DHCS administered 1915(c) waiver since January 1, 2002, and require direct care services provided primarily by a licensed nurse; or 2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered direct care services that are greater than those available in the Nursing Facility/Acute Hospital Waiver for the participant's assessed LOC.	Aged population 65 and older, the physically disabled population under age 65, the medically fragile, and the technology dependent. Statewide IHO enrollment: 134 CCI County enrollment: 86
Nursing Facility / Acute Hospital (NF/AH)	• 1902(a)(10)(B) • 1902(a)(10)(C)(i)(III)	The NF/AH Waiver combined the previous Nursing Facility Level A/B, Nursing Facility Subacute, and In-Home Medical Care Waivers into one waiver. This combined waiver offers services in the home to Medi-Cal beneficiaries with a long-term medical condition who, in the absence of this waiver, would otherwise receive care for at least 90 days in an intermediate care facility, a skilled nursing facility, a subacute facility, or an acute care hospital.	The NF/AH Waiver serves the aged population 65 and older, the physical disabled population under age 65, the medically fragile, and the technology dependent. NF/AH Statewide Enrollment: 2,220 CCI County enrollment: 1,459

Multipurpose Senior Services Program (MSSP)	• 1902(a)(10)(B) • 1902(a)(10)(C)(i)(III) • 1902(a)(1)	Provides home and community-based services in 39 sites statewide to Medi-Cal beneficiaries who are age 65 or over and disabled as an alternative to nursing facility placement. The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of frail clients. MSSP provides comprehensive care management to assist frail elderly persons to remain at home.	Medi-Cal beneficiaries who are 65 or over and disabled. MSSP enrollment capacity: 16,335 MSSP Statewide enrollment is 9,440 CCI County enrollment: 5,393

Source: Semi-Annual Update to the Legislature, Senate Bill 853 Section 173 California's Medicaid Waivers, October 2012.