

CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
 - For example: Cassidy Acosta – Aurrera Health Group

Agenda

- » Welcome and Introductions
- » Medicare Enrollment Data for Dual Eligible Members and D-SNP Dashboard
- » Medicare Special Enrollment Period Changes for 2025 and Stakeholder Q&A
- » 2025 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
- » 2024 EAE D-SNP Default Enrollment Pilot Updates and Stakeholder Q&A
- » Dental Care Coordination and Best Practices for Dual Eligible Beneficiaries and Stakeholder Q&A
- » Resources: Enhanced Care Management (ECM) and Community Supports (CS)
- » Next Steps and Future Meeting Topics

Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

Medicare Enrollment Data for Dual Eligible Members and D-SNP Dashboard

Update: Medicare Enrollment Data for Dual Eligible Members



Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

- » **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- » **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.
- » **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
 - **Medicare Medi-Cal Plans (Medi-Medi Plans aka EAE D-SNPs):** These plans meet integrated D-SNP care coordination requirements with integrated member materials, integrated appeals & grievances, and membership is limited to dual eligible members who are also enrolled in the Medi-Cal Managed Care Plan (MCP) affiliated with the D-SNP.
 - **Non-EAE D-SNPs:** These plans either have an affiliated Medi-Cal MCP but are not in counties that offer Medi-Medi Plans yet or are do not have an affiliated Medi-Cal MCP.

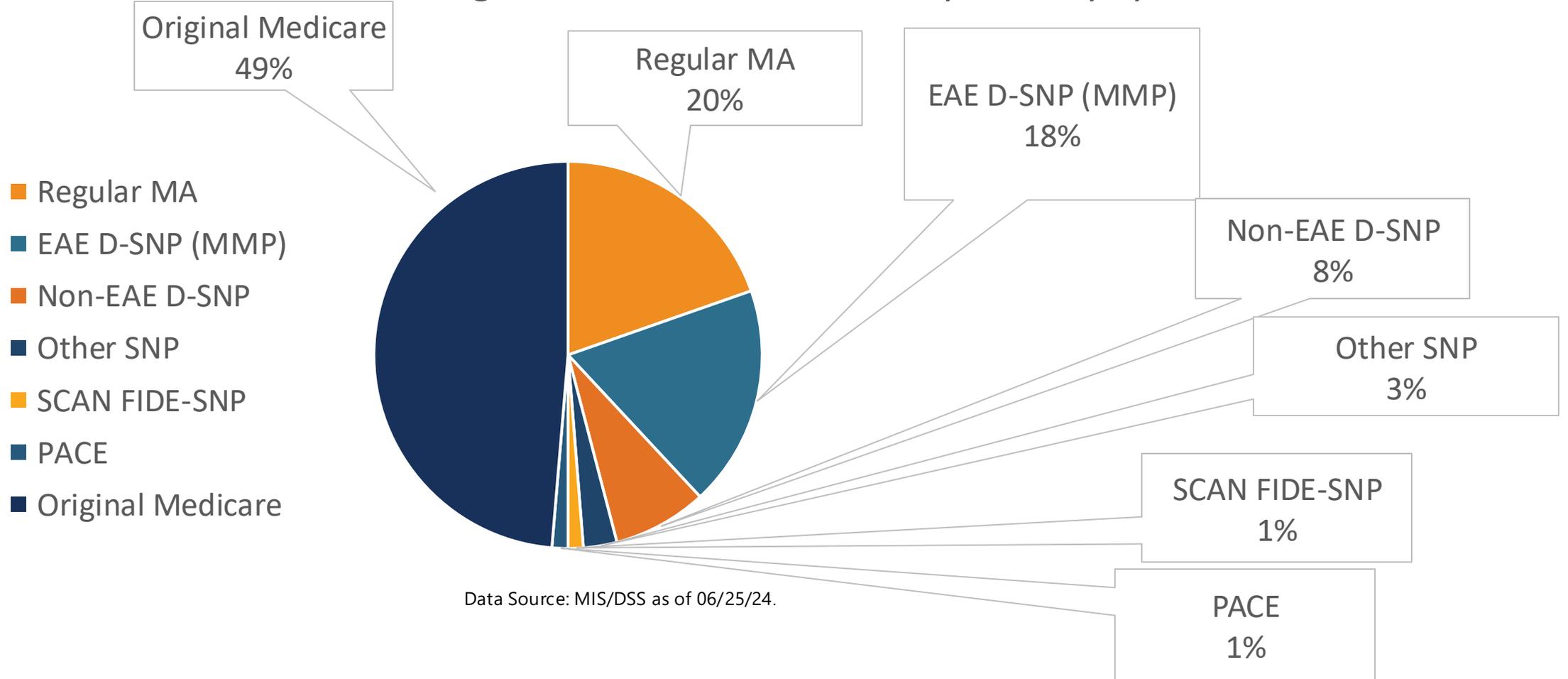
Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

» Other Integrated Care Options

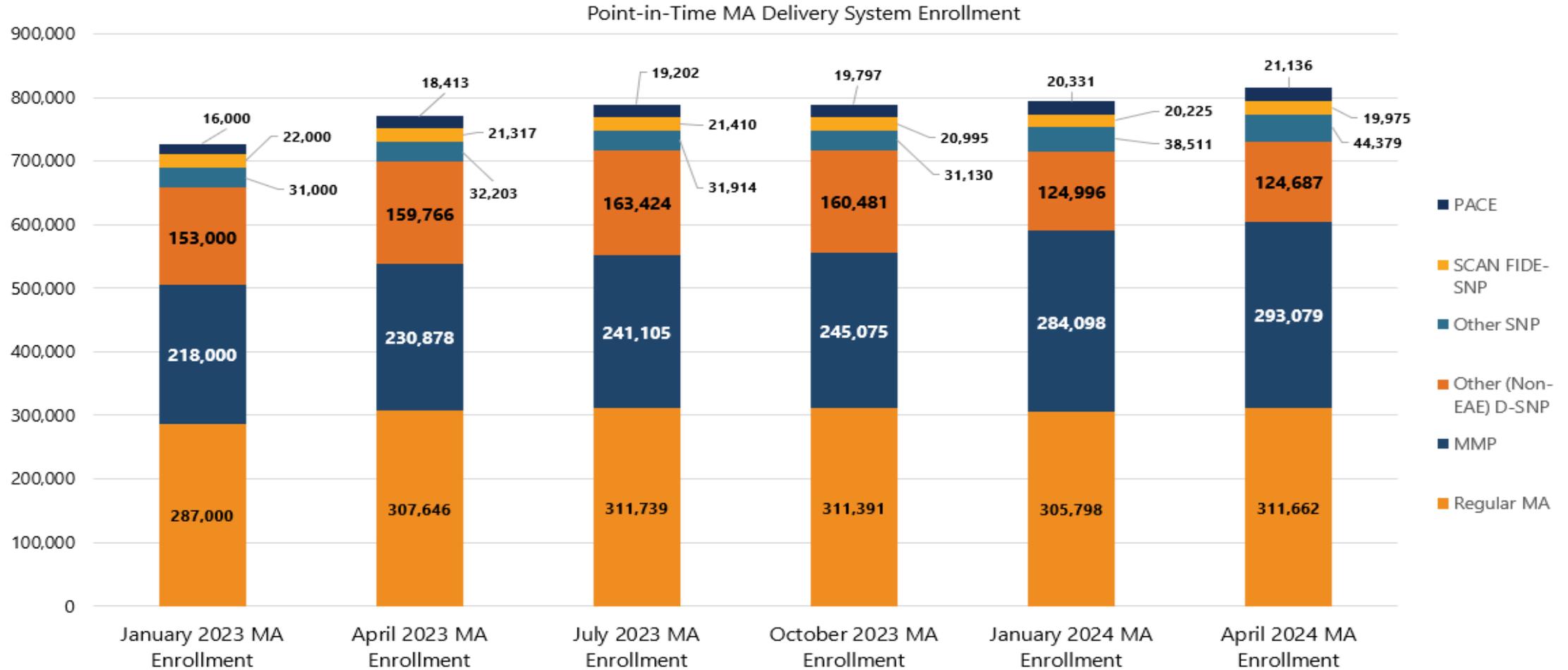
- **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides medical and long-term services and supports to individuals aged 55 and older who meet the criteria for a nursing facility level of care, most of whom are dually eligible. California has a number of PACE organizations.
- **Other Special Needs Plans (SNPs):** Examples include Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (April 2024)

Percentage of Medicare Enrollment by Delivery System



Point-In-Time Medicare Advantage Delivery System Enrollment



D-SNP Dashboard: Q1 – Q3 2023 Update



D-SNP Dashboard Report

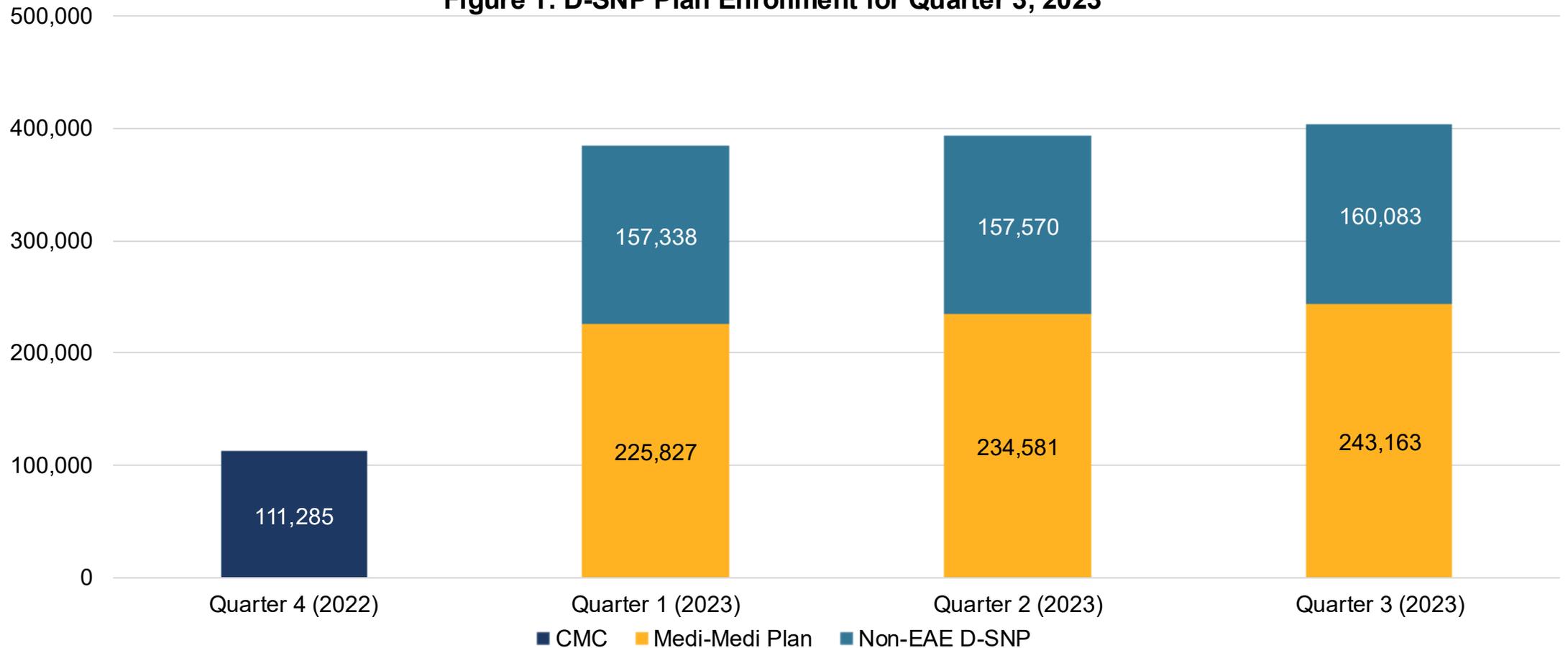
- » DHCS transitioned the Cal MediConnect Dashboard to a D-SNP Dashboard.
- » The D-SNP Dashboard provides select data and measures on key aspects of D-SNPs in California.
- » The reporting time periods for each metric may vary in future releases as some measures are quarterly and some annual.
- » The August release of the D-SNP Dashboard is available on the [DHCS website](#).

2023 Quarter 3 Dashboard Update

- » Overall MMP enrollment shows a modest increase, while enrollment in non-EAE D-SNPs slightly increased from Quarter 2 to Quarter 3.
- » Compared to non-EAE D-SNP members, MMP members are more likely to be Hispanic (43% of MMP members in Quarter 3, compared to 28% of non-EAE D-SNP members), consistent with Quarter 1 and Quarter 2 findings.
- » The Quarter 3 dashboard includes data on Care Coordination measures from 2023 Q1-Q3, which include LTSS measures.
- » DHCS is analyzing results from the 2023 Annual Measures and will publish with the Q4 data.

D-SNP Enrollment by Plan Type

Figure 1: D-SNP Plan Enrollment for Quarter 3, 2023



Q3 D-SNP Enrollment by Sex

Figure 6a: Enrollment by Sex for Quarter 3, 2023 (Medi-Medi Plans)

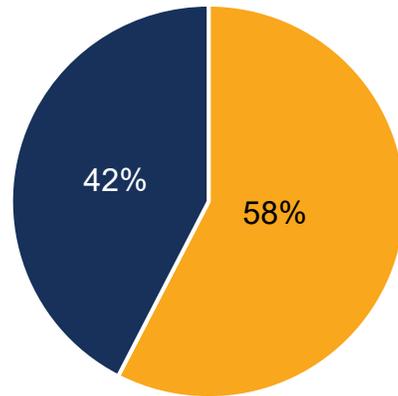
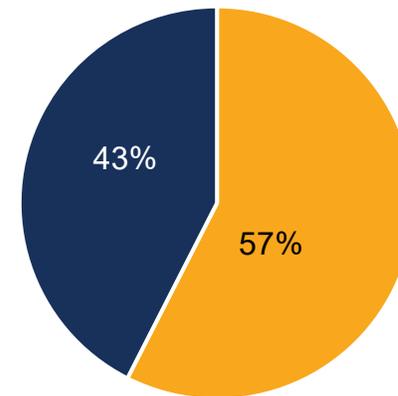
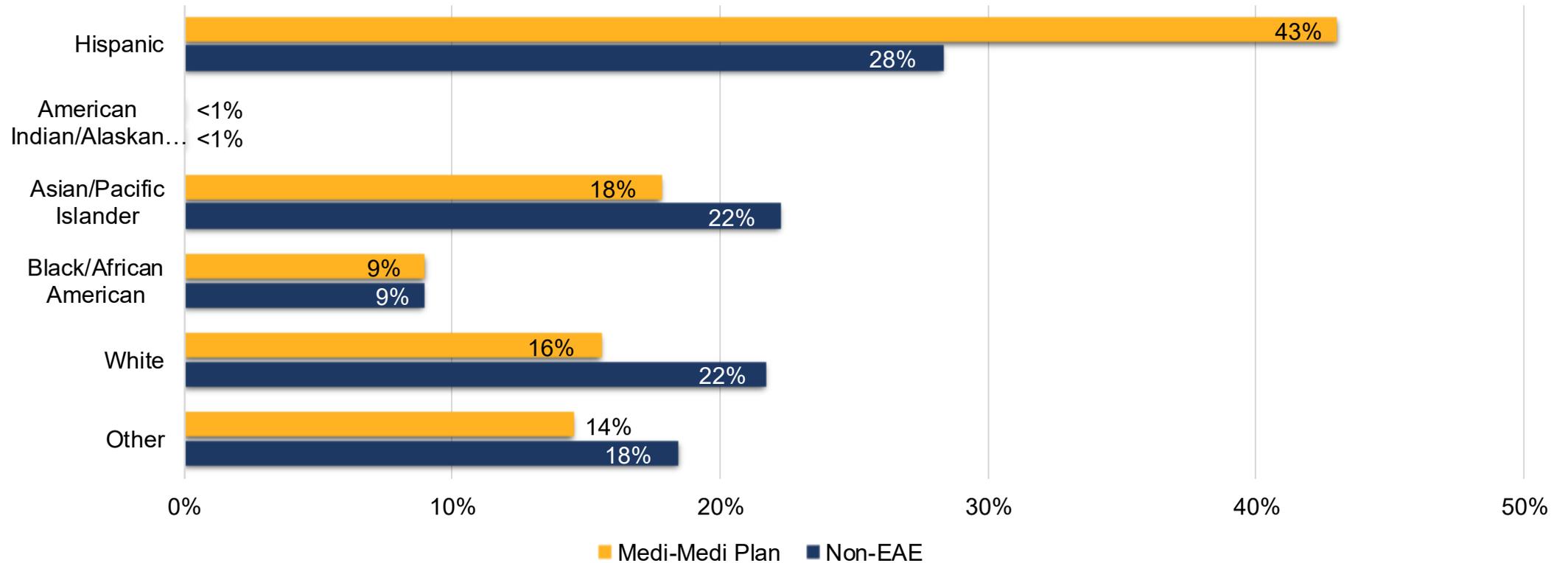


Figure 6b: Enrollment by Sex for Quarter 3, 2023 (Non-EAE)



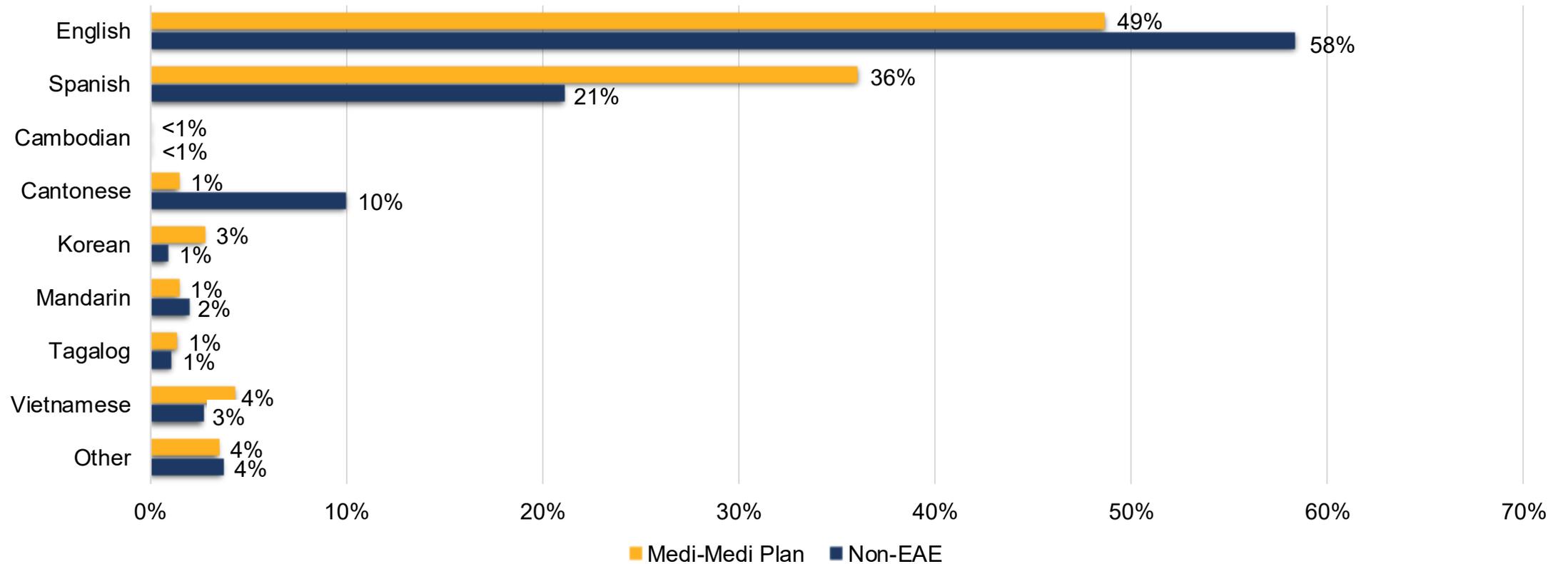
Q3 D-SNP Enrollment by Race/Ethnicity

Figure 3: D-SNP Enrollment by Race/Ethnicity for Quarter 3, 2023



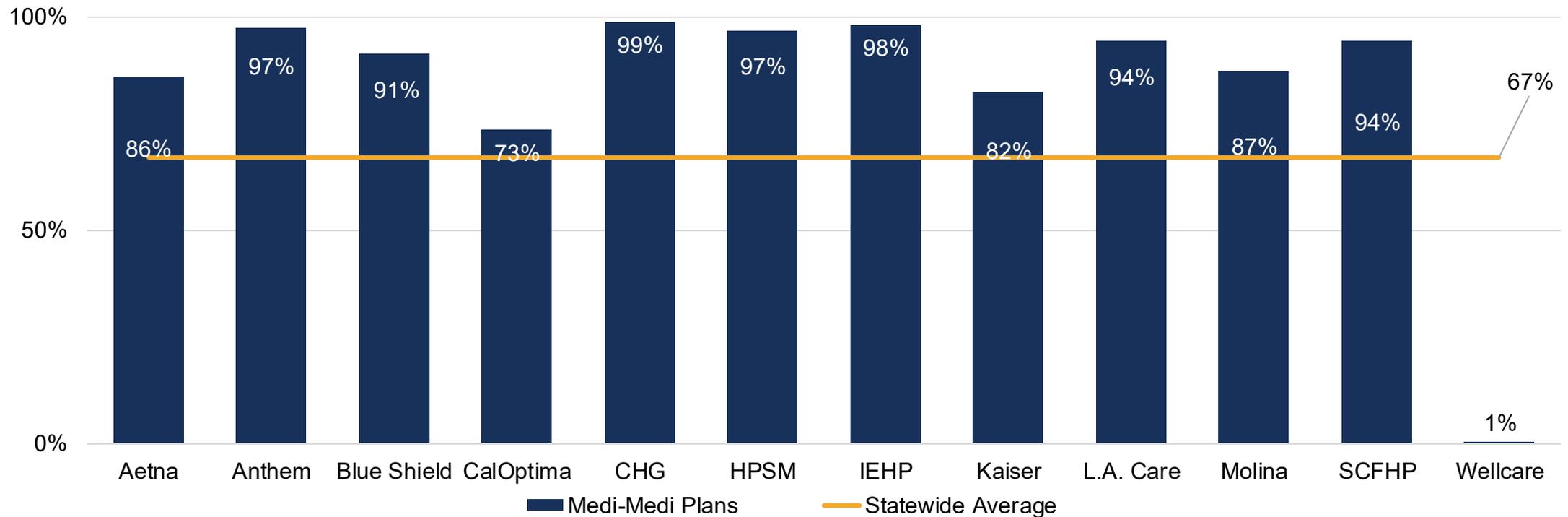
Q3 D-SNP Enrollment by Primary Spoken Language

Figure 5: D-SNP Enrollment by Primary Spoken Language for Quarter 3, 2023



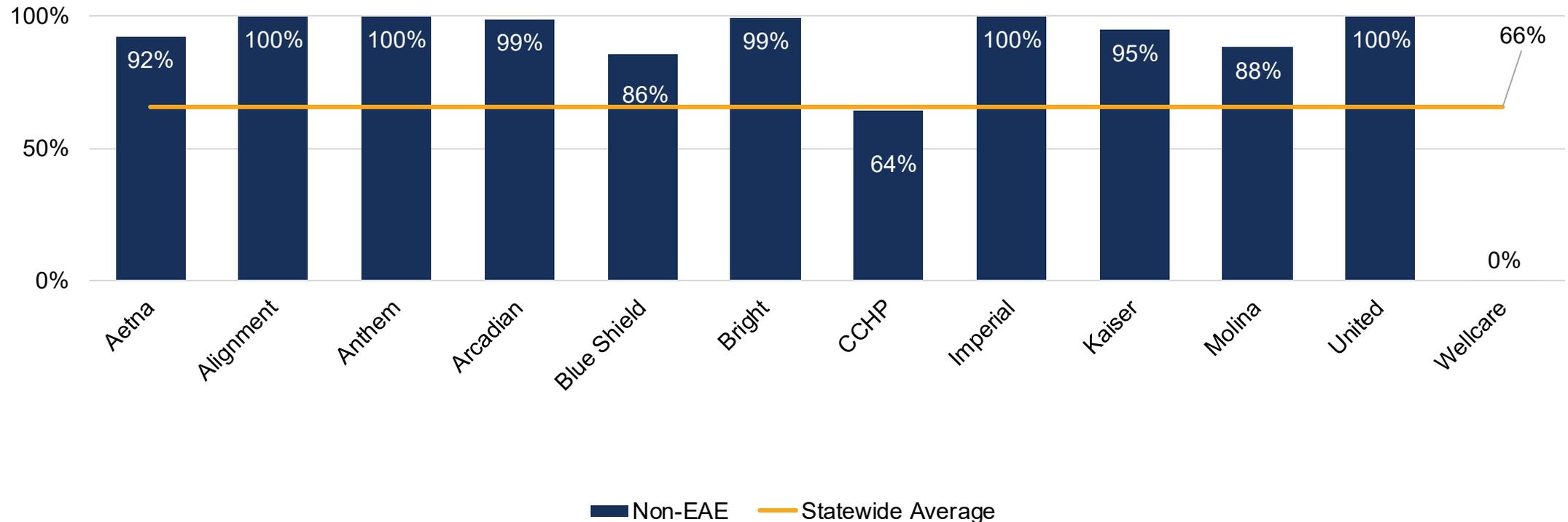
Q3 Percentage of Members with an Individualized Care Plan Completed within 90 days of Enrollment (Medi-Medi Plans)

Figure 15a: Percentage of Members with an ICP Completed within 90 days of Enrollment for Quarter 3, 2023 (Medi-Medi Plans)



Q3 Percentage of Members with an Individualized Care Plan Completed within 90 days of Enrollment (Non-EAE Plans)

15b: Percentage of Members with an ICP Completed within 90 days of Enrollment for Quarter 3, 2023 (Non-EAE)



Medicare Special Enrollment Period Changes for 2025

Medicare Choices for Dual Members

- » People dually eligible for Medicare and Medi-Cal can change their Medicare Advantage and Medicare drug coverage for any reason. The [usual times](#) to make changes are the Medicare Open Enrollment Period (October 15 – December 7) or the Medicare Advantage Open Enrollment Period (January 1 – March 31).
- » In addition, Medicare Special Enrollment Periods (SEPs) allow dually eligible members to make changes at other times of the year. The full list of SEPs is available on the CMS [website](#).
- » If you have questions or need help making enrollment changes, call:
1-800-MEDICARE (1-800-633-4227).

Medicare Special Enrollment Period (SEP) Changes for 2025

- » Starting January 1, 2025, Medicare will allow dually eligible and low-income subsidy (LIS) eligible members to switch to Original Medicare with a stand-alone prescription drug plan once-per-month.
- » In addition, a new type of SEP for integrated care will allow dually eligible members to choose a [Medi-Medi Plan](#) or [SCAN Connections](#) once-per-month, in any month of the year. Members can continue to enroll in [PACE](#) in any month of the year, if they meet PACE enrollment criteria.
- » The quarterly SEP for dually eligible members will be discontinued in 2025.
- » Dually eligible members will not be able to enroll in, or change, Regular Medicare Advantage plans or other Special Needs Plans outside of the [usual times](#), except if a different SEP applies, such as moving out of the plan's service area.
- » Further information can be found on the [DHCS webpage](#).

Combined Effect of New SEPs

» **Dual/Low Income Subsidy Special Enrollment Period**

- Beginning in 2025, the dual/LIS SEP will allow a monthly election to:
 - Leave Medicare Advantage plans for Original Medicare and a standalone prescription drug plan,
 - Switch between standalone prescription drug plans.
- The dual/LIS SEP will no longer permit enrollment into Medicare Advantage plans or changes between Medicare Advantage plans, including non-EAE D-SNPs

» **Integrated Care Special Enrollment Period**

- Beginning in 2025, the integrated care SEP will allow full-benefit dually eligible individuals a monthly election to enroll into an integrated D-SNP or switch between them. In California, these plans include:
 - Medi-Medi Plans (EAE D-SNPs)
 - SCAN's FIDE SNP

Rationale for SEP changes

- » Simplifies and reduces confusion around SEP usage – no longer need to track quarterly usage of the dual/LIS SEP.
- » Increases transparency for Medicare beneficiaries and enrollment counselors.
- » Reduces the incentive for most plans to deploy aggressive sales tactics targeted at dually eligible individuals outside of the fall Open Enrollment Period.
- » Allows dually eligible/LIS individuals to leave Medicare Advantage plans at any time if Medicare Advantage is not working well for them.
- » Creates more opportunities for enrollment into integrated D-SNPs in states where they are available (e.g., CA Medi-Medi Plans).

Additional SEP Considerations

- » If the monthly dual/LIS SEP and the integrated care SEP are used in the same month, the application date of whichever SEP is elected last in time is the SEP effectuated the first of the following month.
- » Medicare Advantage Plans can be selected during the Fall Open Enrollment, during the Medicare Advantage Open Enrollment Period each winter, or if another SEP is available to the enrollee.
 - Beneficiaries still have access to additional SEPs (e.g., 5-Star SEP, loss/gain Medicaid/LIS eligibility SEP, change of residence SEP, etc.).
- » CMS is updating documents, guidance and systems to reflect SEP changes.

Medi-Cal Matching Plan Policy

- » In 17 counties, dual eligible beneficiaries who are enrolled in a Medicare Advantage plan must be enrolled in the matching Medi-Cal managed care plan **if a matching plan is available.**
 - The Medi-Cal Matching Plan counties are: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Stanislaus, and Tulare.
- » Medicare is the lead plan, meaning a member's Medicare plan choice determines their Medi-Cal plan.
 - This policy does not change or affect your choice of a Medicare plan.
- » In 2025, the Medi-Cal Matching Plan Policy will continue in 17 counties.

Questions?



2025 D-SNP SMAC and Policy Guide Updates

2025 EAE and Non-EAE SMAC Templates

- » Reminder: All D-SNPs must have a State Medicaid Agency Contract (SMAC) with DHCS.
- » DHCS has finalized SMAC templates, which reflect feedback from stakeholders, advocates, and plans and align with CalAIM integration goals for 2025.
- » SMACs were shared with plans for review and signature in early June.
- » The CY2025 EAE and Non-EAE SMAC boilerplates are available on the [DHCS website](#).

2025 EAE versus Non-EAE SMAC Sections

Section	EAE	Non-EAE
Care Coordination	✓	✓
Information Sharing	✓	✓
Integrated Materials	✓	
Supplemental Benefits	✓	
Quality and Data Reporting	✓	✓
Consumer Participation in Governance Boards	✓	✓
Provider Network Reporting Requirements	✓	✓
Continuity of Care	✓	✓
Medicare Encounter Data Reporting	✓	✓
Integrated Appeals and Grievances	✓	

**Note: This table does not cover every section of the SMAC*

2025 SMAC and D-SNP Policy Guide

- » The 2025 EAE and Non-EAE SMAC templates refer to the 2025 CalAIM D-SNP Policy Guide.
- » Similar to 2024, the 2025 Policy Guide will contain multiple chapters with detailed operational requirements and instructions for D-SNPs. It is available on the [DHCS website](#). DHCS intends to release D-SNP Policy Guide chapters on a rolling basis throughout the summer and fall of 2024.

Proposed 2025 D-SNP Policy Guide

Chapters

- » Care Coordination (released December 2023)
- » Integrated Materials and Marketing (rereleased June 2024)
- » Dental Benefits (released July 2024)
- » Medicare Continuity of Care
- » Aligned Network Guidance
- » Quality Metrics and Reporting Requirements
- » Medicare Encounter Data

2024 vs. 2025 D-SNP Policy Guide

Section	2024		Proposed 2025	
	EAE	Non-EAE	EAE	Non-EAE
Care Coordination	✓	✓	✓	✓
Network Guidance	✓	✓	✓	✓
Medicare Continuity of Care	✓	✓	✓	✓
Quality and Reporting Requirements	✓	✓	✓	✓
Integrated Materials and Marketing	✓		✓	
Coordination with Dental Benefits	✓	✓	✓	✓
Medicare Encounter Data Submission	Forthcoming		TBD	

**2024 D-SNP Policy Guide Appendices Include: 2024 CA-Specific MOC Matrix, LTSS Questions, Dental Benefits Fact Sheet, and Scenarios for ECM CoC*

2025 Integrated Materials and Marketing for EAE D-SNPs Policy Guide Chapter



DHCS Requirements for EAE D-SNP Integrated Member Materials

- » All EAE D-SNPs are required to have integrated member materials using model materials that must meet both federal Medicare and state Medi-Cal requirements.
 - Examples of EAE D-SNP integrated member materials include: Member Handbook, Single Member ID Card, and Summary of Benefits.
- » Integrated member materials are a high priority for DHCS as they support a member's ability to understand and access their Medicare and Medi-Cal benefits.
- » DHCS has outlined integrated member material requirements for EAE D-SNPs in the 2025 SMAC and the 2025 Integrated Materials and Marketing Chapter of the [D-SNP Policy Guide](#).
- » 2024 and 2025 integrated member materials model templates are available on the [DHCS Medi-Medi Plan Website](#).

2025 Coordination with Dental Benefits D-SNP Policy Guide Chapter



DHCS Requirements for D-SNPs Coordinating Dental Benefits

- » All D-SNPs are required to coordinate dental benefits for their members. This includes adding language on Medi-Cal Dental benefits in their member and marketing materials.
- » This ensures D-SNP members are aware of their Medi-Cal Dental Benefits, in addition to any Medicare and/or Supplemental Dental Benefits provided by their D-SNP.
- » DHCS has outlined these requirements in the 2025 SMAC and the 2025 Coordination with Dental Benefits Chapter of the [D-SNP Policy Guide](#).
 - DHCS has included recommended language and examples in the chapter for D-SNPs to consider when developing their member and marketing materials.

2024 EAE D-SNP Default Enrollment Pilot

2024 EAE D-SNP Default Enrollment Pilot in California

- » DHCS launched a D-SNP Default Enrollment Pilot in 2024 with a Medi-Medi Plan in San Diego county in mid-2024.
- » When a member enrolled in one of the pilot MCPs becomes eligible for Medicare (either due to age or disability), the member will receive two notices, and will be automatically enrolled into their MCP's integrated D-SNP, unless the member chooses a different Medicare option.

Limited Impact of 2024 EAE D-SNP Default Enrollment Pilot

- » The pilot does NOT impact:
 - Dual eligible Members who are already enrolled in Medicare, or
 - Individuals already enrolled in Medicare who newly enroll in Medi-Cal.
- » This pilot impacts a small number of members each month.
 - For example, in San Diego County, 157 members in Community Health Group who will be newly eligible for Medicare in August 2024.

What is D-SNP Default Enrollment?

- » **Default Enrollment:** Federal rules allow states to approve D-SNPs to enroll newly dual eligible members of their MCP into their affiliated D-SNP.
- » When a member enrolled in one of the pilot Medi-Cal MCPs becomes eligible for Medicare (either due to age or disability), the member will receive two notices, and will be automatically enrolled into their MCP's integrated D-SNP, unless the member chooses a different Medicare option, such as Original Medicare or another Medicare Advantage Plan.
- » **Default enrollment expands enrollment into integrated care plans for newly dual eligible members and supports continuity of care with a member's Medi-Cal providers.**

D-SNP Default Enrollment in Other States

- » As of October 23, 2023, 12 states and Puerto Rico are approved to use the default enrollment mechanism (AZ, CO, HI, KY, NM, NY, OR, PA, PR, TN, UT, VA, WI).
- » CMS includes guidance on D-SNP default enrollment in its annual [MA Enrollment and Disenrollment Guidance](#).

Plans Participating in the 2024 EAE D-SNP Default Enrollment Pilot

- » **Community Health Group (CHG) in San Diego** is currently approved for the pilot. CHG members newly eligible for Medicare in August 2024 received 60-day notices on **June 1, 2024**.
- » Two MCPs in San Mateo County are pending approval for the pilot.
 - CHG and Health Plan of San Mateo have met with local stakeholders to discuss the pilot.

EAE D-SNP Default Enrollment Pilot Health Plan Outreach

- » In the Default Enrollment pilot, a member will receive a written notice both 60-days and 30-days before the month they become eligible for Medicare.
 - This notice will come with a choice to join a Medi-Medi Plan and information about how a member can decline enrollment prior to the effective date.
 - The notices include contact information of organizations that can help members make a choice, including the Health Insurance Counseling and Advocacy Program (HICAP), the Medicare Medi-Cal Ombudsman Program (MMOP), and Medicare.gov.
- » A member will also receive a phone call from their Medi-Cal Plan.
- » Notices were reviewed by advocates, stakeholders, DHCS, and CMS.

Making a Medicare Choice

- » If a member is eligible for the Default Enrollment Pilot, they can still choose their Medicare coverage:
 - **Option 1:** If a member wants to be enrolled in their Medi-Cal plan's Medi-Medi Plan, they don't have to do anything. Enrollment in a Medi-Medi Plan will start the month the member becomes eligible for Medicare.
 - **Option 2:** If a member does **not** want their Medi-Cal plan to provide their Medicare coverage, they can choose another option, such as Original Medicare or another Medicare Advantage plan.
- » Beneficiary enrollment in Medi-Medi Plans is **voluntary**.
 - Members have the option to choose which Medicare delivery service they enroll in.

D-SNP Default Enrollment Pilot Continuity of Care

- » In most cases, members can keep their primary care physician or specialist when they join a Medi-Medi Plan. Members won't pay a premium, or pay for doctor visits or other medical care, if they go to a provider that works with their Medi-Medi Plan.

EAE D-SNP Default Enrollment Pilot Oversight and Monitoring in California

- » **Oversight and Monitoring:** DHCS will work closely with plans, advocates, and CMS to monitor implementation. Plans will report frequently to DHCS on enrollment results. DHCS will solicit advocate/MMOP/HICAP feedback and respond timely.
- » DHCS can instruct the plans to halt default enrollment should any significant problems occur.

CMS Monitoring of Default Enrollment in Other States

- » CMS monitors enrollment cancellations and rapid disenrollments within 90 days of the default enrollment.
 - Based on data between 2021-2022, approximately 23% of eligible beneficiaries cancel their enrollments prior to the enrollment effective date (meaning the beneficiary chooses another Medicare Advantage or Part D plan prior to the first month the individual is eligible for Medicare Parts A and B).
 - Approximately 8% of beneficiaries disenroll after enrollment into a participating D-SNP via default in the first 90 days of enrollment.

EAE D-SNP Default Enrollment Pilot Stakeholder Engagement

- » The pilot includes:
 - Frequent reporting to DHCS and stakeholders.
 - Close communication between plans, DHCS, CMS, and Medicare Medi-Cal Ombudsman Program of any issues and immediate resolution.
- » Local stakeholders, advocates, CMS, and others reviewed the Default Enrollment plan notices.
- » Health plans participating in the pilot and DHCS have met with stakeholders in San Diego and San Mateo Counties prior to the launch of the pilot.

Questions?

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Dental Care Coordination and Best Practices for Dual Eligible Beneficiaries

Overview of Medi-Cal Dental



Medi-Cal Dental

- » Medi-Cal covers a variety of dental benefits, administered by Medi-Cal dental providers.
- » Medi-Cal will pay up to \$1,800 a year for covered dental services.
 - There is no limit for covered, medically necessary dental services.
- » Medi-Cal Dental offers services through two delivery systems:
 - Dental Fee-For-Service (FFS)
 - Dental Managed Care (DMC) in Los Angeles and Sacramento Counties

Medi-Cal Dental Benefits

- » Medi-Cal dental benefits include but are not limited to:
 - Diagnostic and preventive dental hygiene, including examinations (every 12 months), x-rays, teeth cleanings (every 12 months), and fluoride varnish (every 12 months)
 - Fillings
 - Root canal treatments
 - Scaling and root planing
 - Crowns
 - Emergency services for pain control
 - Tooth extractions
 - Periodontal maintenance
 - Complete and partial dentures, including denture relines

Dental Benefits for Dual Eligible Members

- » **All dual eligible beneficiaries have Medi-Cal Dental benefits.**
 - Most beneficiaries are in Medi-Cal Dental Fee-for-Service.
 - Dual eligible members in Sacramento and Los Angeles counties may also receive services through a Medi-Cal Dental Managed Care plan.
- » Many D-SNPs offer dental as a supplemental benefit, although benefits and provider networks vary.

Medi-Cal Dental Provider Referrals

- » Medi-Cal Dental's FFS contractor assists FFS Medi-Cal members statewide, including dual eligible members with accessing dental services through FFS.
- » **Medi-Cal Dental Care Coordination:** Supports members in finding a dentist, scheduling an appointment, language assistance, and transportation.
 - Medi-Cal Dental offers an [online Dental Care Coordination form](#) that can be used to request Medi-Cal Dental care coordination assistance.
- » **Medi-Cal Dental Case Management:** Supports members with physical and behavioral health conditions who are unable to schedule and coordinate treatment plans involving one or more medical and dental providers.

Medi-Cal Dental Resources for Members

- » [Smile, California | Medi-Cal Dental Program](#)
 - [Medi-Cal Covers Dental Care for Seniors Flyer](#)
 - [A Healthy Smilie Never Gets Old Brochure](#)
- » Medi-Cal Find a Dentist: 1-800-322-6384
- » Medi-Cal Dental Provider Directory: [Medi-Cal Dental Portal](#)
- » Medi-Cal DMC for Sacramento and Los Angeles Counties: [Medi-Cal DMC Plan Directory](#)
- » [Medi-Cal Dental Member Handbook](#)

Enrolling as a Medi-Cal Dental Provider

- » To enroll as a Fee-For-Service Medi-Cal dental provider, providers can visit the [Provider Application and Validation for Enrollment \(PAVE\) Provider Portal](#).
 - The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and required documentation electronically.
- » If interested in becoming a Dental Managed Care (DMC) provider, providers may contact the DMC plans:
 - Health Net Medi-Cal Dental Plan Provider Line: (888) 273-2713
 - Access Dental Plan Provider Line: 800-640-4466 or ProviderRelations@premierlife.com
 - Liberty Dental Plan Provider Line: (888) 700-0643 or the Liberty Dental Plan California Dentist and RDHAP [enrollment website](#).

Medi-Cal Dental Resources for Dental Providers

- » [Smile, California – Partners and Providers](#)
- » [Medi-Cal Dental Provider Handbook](#)
- » [Manual of Criteria CDT-24](#)
- » [Schedule of Maximum Allowances CDT-24](#)

Overview of D-SNP Care Coordination Requirements on Dental Benefits



Medicare Dental Benefits

- » Medicare does **not** cover most dental care.
 - Medicare may pay for some dental services that are closely related to other covered medical services or certain dental services provided in a hospital setting.
- » Some Medicare Advantage plans, including D-SNPs, offer Supplemental Dental Benefits.
 - Supplemental benefits are extra benefits beyond what Original (Fee-for-Service) Medicare covers.
 - Supplemental benefits and provider networks vary by plan. Members must use an in-network provider to have their services covered.

D-SNP Supplemental Dental Benefits

- » In 2023, about 91% of D-SNPs in California offered supplemental dental benefits.
 - 81% of D-SNPs offered preventive dental benefits
 - 89% of D-SNPs offered comprehensive dental benefits
- » Additional information about Supplemental Benefits, including Supplemental Dental Benefits is included in the [OMII Chartbook: Supplemental Benefits in Medicare Advantage Plans in California.](#)

Opportunities for Coordination of Dental Benefits

- » D-SNPs are required to coordinate **all** Medicare and Medi-Cal benefits, including dental.
- » D-SNPs must include information about Medi-Cal Dental benefits in member and marketing materials that reference dental coverage information per the CY2024 SMAC. This requirement will continue for CY2025.
- » D-SNPs can monitor and increase dental network provider overlap across Medicare and Medi-Cal.
- » D-SNPs can coordinate with the Medi-Cal Dental FFS or DMC plans for provider referrals and coordination of benefits.

Additional Resources: Dental Benefits Fact Sheet

- » DHCS developed a [Dental Benefits Fact Sheet](#) to provide an overview of Medicare, Medi-Cal, and Supplemental Dental Benefits for D-SNPs and Providers to reference.

Dental Care Coordination in Practice



Oral Health Access: Best Practices



Amber Christ, Managing Director, Health Advocacy

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Oral Health Coverage

- » Medicare Coverage (Primary)
 - Medically Necessary Dental
 - D-SNP Coverage
- » Medi-Cal Coverage (Secondary)
 - Fairly Comprehensive

Barriers to Access

» Coordination of Benefits

- Must receive denial of Medicare coverage first
- Being billed for covered services for Medi-Cal covered services
- [DHCS, Dental Benefits in Medicare and Medi-Cal](#)

» Coordination of Care

- Dental providers are different
- Can't find a dental provider
- Dental providers are not coordinating with medical providers

Best Practices

- » D-SNPs: offer benefits that supplement not overlap or supplant covered services
- » D-SNPs: contracted dental providers should enroll with Medi-Cal
- » D-SNP/MLTSS Plans: adhere to Medi-Cal contract requirements re: dental coordination
- » D-SNP/MLTSS Plans: utilize Medi-Cal dental care coordination and case management
- » D-SNP/MLTSS Plans: train care coordinators on oral health and impact on overall health
- » Focus populations: solve for most at-risk; hardest to serve populations:
 - Nursing Facility Residents; language access; individuals w/ cognitive impairments; chronic conditions

Questions?

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Resources: Enhanced Care Management and Community Supports

Q4 2023 Quarterly Implementation Report

- » On August 2nd, DHCS released an updated **ECM and Community Supports Quarterly Implementation Report** with data through Q4 2023.
- » This report summarizes implementation trends and data through the end of 2023.

Headline Numbers Through Q4 2023		
183.7K	140.3K	352.2K
Unique Members Received ECM	Unique Members Utilized Community Supports	Community Supports Services Delivered

- » To explore the full report, see [ECM and Community Supports Quarterly Implementation Report \(arcgis.com\)](https://arcgis.com)

DHCS
Collection
ECM and Community Supports Quarterly Implementation Report
The Latest Data on Medi-Cal Managed Care's Enhanced Care Management and Community Supports
Reflects Data from January 1, 2022 to June 30, 2023 | Published January 2024

Executive Summary

ECM Overview | **Community Supports Overview**

ECM Members | **Community Supports Members**

ECM Providers | **Community Supports Providers**

Get started

California has embarked on a multi-year journey to transform Medi-Cal and provide members with more coordinated, person-centered, and equitable care. In 2022, two cornerstones of this journey — Enhanced Care Management (ECM) and Community Supports — launched statewide.

This Medi-Cal ECM and Community Supports Quarterly Implementation Report provides a comprehensive overview of ECM and Community Supports implementation to date.

It includes data at the state, county, and plan levels on total members served, utilization, and provider networks. It is based on data submitted by managed care plans (MCPs) to the Department of Health Care Services (DHCS) via the Quarterly Implementation Monitoring Report as of the publication date. Data may be underreported due to lags in provider reporting of ECM and Community Supports utilization. DHCS may update data based on additional MCP submissions.

DHCS recommends viewing this report on a computer for the optimal user experience, although it can be accessed via mobile and tablet as well. To return to this page, click on the four squares in the top left of the screen at any time.

CalAIM Community Supports: Q4 2023 Update



Dual Eligible Beneficiaries Receiving Community Supports (2022-Current)

Cumulative numbers of Dual-Eligible members who received CS:

» Q1 (2022) – 3,139

» Q2 (2022) – 4,511

» Q3 (2022) – 5,874

» Q4 (2022) – 7,917

» Q1 (2023) – 12,480

» Q2 (2023) – 19,044

» Q3 (2023) – 26,536

» Q4 (2023) – 38,277

Dual eligible beneficiaries represent **just over 28%** of the total members who received CS in Q4 2023.

Duals Receiving CS in Q4 2023

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in Q4 2023:

Housing Transition Navigation Services:

3,717 dually eligible members (about **16%** of the total)

Housing Tenancy and Sustaining Services:

3,706 dually eligible members (about **22%** of the total)

Recuperative Care (Medical Respite):

288 dually eligible members (about **14%** of the total)

Personal Care and Homemaker Services

793 dually eligible members (about **59%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:

285 dually eligible members (about **78%** of the total)

Community Transition Services/Nursing Facility Transition Home:

150 dually eligible members (about **87%** of the total)

Medically Tailored Meals/Medically-Supportive Food:

16,920 dually eligible members (about **36%** of the total)

Environmental Accessibility Adaptations

300 dually eligible members (about **46%** of the total)

Duals Receiving Community Supports by Demographics (Q4 2023)

- » Hispanic – 25.25%
- » Asian/Pacific Islander – 24.48%
- » White – 23.31%
- » Black/African American – 11.11%
- » Other – 3.38%
- » Unknown – 12.04%
- » American Indian/Alaska Native – <1%
- » Approximately 42% of duals receiving Community Supports were Male and 58% were Female.
- » About 75% of duals receiving Community Supports were age 65 and older; 25% were ages 18-64.
- » Duals represent about 28% of the total population receiving Community Supports.

**CalAIM Enhanced Care Management
by Population of Focus (POF)
Q4 2023 Update**



Dual Eligible Beneficiaries who Received ECM by POF, for Q4 2023

- » Of the Individuals Experiencing Homelessness dually eligible beneficiaries total 3,402 and represent about 14.6% of the POF.
- » Of the Individuals at Risk for Avoidable Hospital or ED Utilization dually eligible beneficiaries total 4,986 and represent about 15.7% of the POF.
- » Of the Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs dually eligible beneficiaries total 3,855 and represent about 12.3% of the POF.
- » Of the Individuals Transitioning from Incarceration dually eligible beneficiaries total 138 and represent about 10.7% of the POF.
- » *NOTE: There may be differences between the ECM data reported in this slide deck and the information published on the DHCS webpage.*

Dual Eligible Beneficiaries who Received ECM by POF, for Q4 2023

- » Of the Individuals Living in the Community and At-Risk of LTC Institutionalization dually eligible beneficiaries total 3,236 and represent about 43.9% of the POF.
 - About 76% of dually eligible beneficiaries are age 65 and older in this POF.
- » Of the Individuals in an Adult Nursing Facility Transitioning to the Community dually eligible beneficiaries total 191 and represent about 32.7% of the POF.
 - About 71% of dually eligible beneficiaries are age 65 and older in this POF.
- » *NOTE: There may be differences between the ECM data reported in this slide deck and the information published on the DHCS webpage.*

Spotlight on ECM for LTC Populations



Resource: Spotlight on ECM for LTC Populations

DHCS is excited to release the Enhanced Care Management (ECM) for Long- Term Care Populations of Focus Spotlight.

- » Lifts up key DHCS policies and resources on serving individuals in, or at risk of entering institutional Long-Term Care in ECM settings; including, a crosswalk of how members with LTSS needs receive care management support .
- » Contains Member vignettes that illustrated how to implement ECM for these Populations of Focus:
 - Older adult living with Parkinson’s disease who wishes to remain at home
 - Older adult temporarily residing in a skilled nursing facility and recovering from a stroke
- » Explains how Community Supports and Transitional Care Services can be integrated to best serve Members and their caregivers.

This is the third in a series of Spotlights on how Providers can deliver ECM models tailored to the needs of different Populations of Focus.



ENHANCED CARE MANAGEMENT FOR LONG-TERM CARE POPULATIONS

A POPULATION OF FOCUS SPOTLIGHT

This **Enhanced Care Management Population of Focus Spotlight** illustrates how Enhanced Care Management (ECM) is delivered for adults in, or at risk of entering, long-term care (LTC) settings who can be safely cared for outside of those settings with intensive care management. It is intended to help future ECM Providers get started and current ECM Providers refine their ECM approach.

ECM is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. ECM launched in 2022 and is the highest level of care management in the Medi-Cal Population Health Management (PHM) continuum. MCPs contract with community-based providers to deliver ECM. For more information, see the [ECM Policy Guide](#).



Enhanced Care Management is organized by “Populations of Focus” (POFs), each with unique eligibility criteria and service requirements. This Spotlight focuses on two of those POFs:

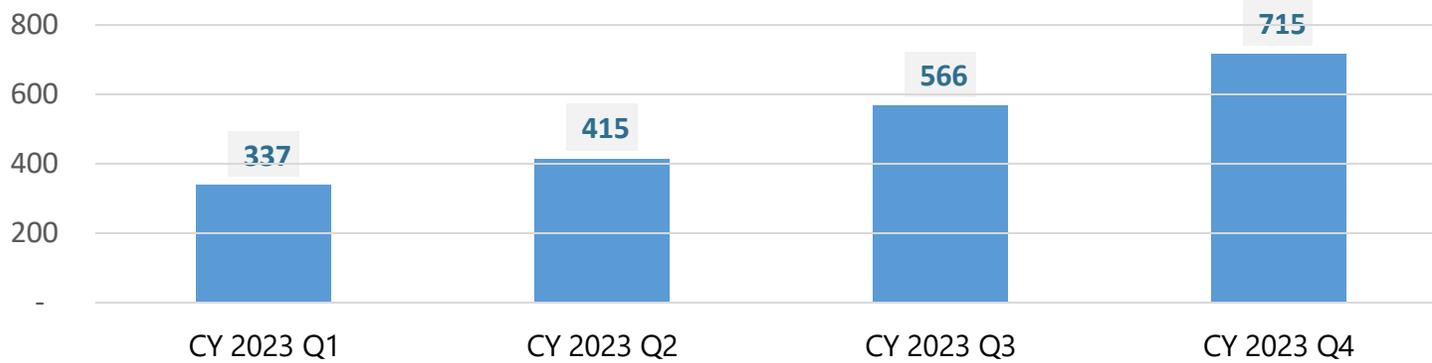
- » **Adults Living in the Community and At Risk for LTC Institutionalization:** Many MCP Members living in the community with complex social needs that influence their health are at risk of institutionalization when they experience a significant change in health status and are unable to manage care for themselves without additional support. However, they are still able to reside in the community safely and avoid institutionalization if wraparound supports, including in-home visits, are made available.

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To learn more, please visit the [ECM and Community Supports webpage](#).

ECM LTC Members Who Received ECM Each Quarter: CY 2023 Data

Total Number of Unique Members in the Adult Nursing Facility Residents Transitioning to the Community POF Who Received ECM Each Quarter: CY 2023 Q1 – CY 2023 Q4



Total Number of Unique Members in the Adults Living in the Community and At Risk for LTC POF Who Received ECM Each Quarter: CY 2023 Q1 – CY 2023 Q4



- » Data represents *all* Medi-Cal members in the LTC POFs receiving ECM, not just dual eligible beneficiaries.
- » From Q1 to Q4 2023, the number of Members in both Populations of Focus **more than doubled**.
- » **92%** of the enrollment across the two POFs in CY 2023 was in the **Living in the Community At Risk for LTC POF**.

Note: In this chart, Members qualify for multiple POFs and are counted in each POF they qualify for.

Additional Resources: ECM and Community Supports

- » Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:
<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>
- » Please send questions to CaAIMECMILOS@dhcs.ca.gov

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, November 14, 2024, at 10 AM.**