

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
- » 2024 Transition Updates and Stakeholder Q&A
- » Continuous Coverage Requirement Unwinding Updates
- » Update: Medicare Enrollment Data for Dual Eligible Members
- » 2024 and 2025 Dual Eligible Special Needs Plan (D-SNP) Policy Guide Updates
- » Medicare Behavioral Health Changes for 2024 and Stakeholder Q&A
 - 2024 Medicare Changes to Behavioral Health
 - Behavioral Health Services for Dual Eligible Members
 - Spotlight: Coordinating Behavioral Health for Dual Eligible Beneficiaries
- » 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.***

2024 Transition Updates

2024 Medi-Medi Plan Expansion



2024 Medi-Medi Plan Expansion

- » Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to dual eligible members. Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits for their members.
 - Medi-Medi Plans is the California-specific name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).
- » As of January 1, 2024, Medi-Medi plans are available in the following twelve counties:
 - Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, Tulare

Managed Care Plans (MCP) 2024 Transition Update



2024 MCP Transition Context

Scale and Complexity

- » **Scale:** Approximately 1.2 million members were identified to transition to a new MCP on January 1, 2024; in addition, Kaiser became the prime* MCP for approximately 800K members
- » **Complexity:** These transitions took place across 21 counties and 14 unique MCPs
 - ~ 250K members received an enrollment packet to choose an MCP because of the county plan model changes in a county where there is more than one plan in the county. (5 counties impacted)
 - ~ 400K members transitioned because of the county plan model change and were enrolled in COHS or Single Plan County (15 counties impacted)
 - ~500K members transitioned from Health Net to Molina in Los Angeles county (1 county impacted)
 - ~800K members transitioned to Kaiser as their Prime MCP* in 27 counties

*A **Prime MCP** is an MCP that directly contracts with DHCS to provide Covered Services to members within the county or counties specified in their contract.

Preparation for the 2024 MCP Transition

Operational Readiness Assessment

- DHCS required MCPs to submit approximately 250 Operational Readiness deliverables corresponding to the MCP contract
- For example, Operational Readiness deliverables focused on:
 - Quality Improvement
 - Utilization Management
 - Network Adequacy
 - Delegation Oversight
 - Continuity Of Care
 - Population Health Management
 - Enhanced Care Management
 - Community Supports
- DHCS conducted deep dive assessments for five MCPs identified as high-priority due to the size and complexity of their expansion to additional counties or the number of members they will serve, as well as being new to providing Medi-Cal managed care services

Member Engagement

- **Pre-Transition:** DHCS utilized various strategies for engaging members, raising awareness about the 2024 transition and their rights, and providing contact information
 - Letters
 - Call campaigns
 - Text campaigns
 - Member-focused web resources
 - DHCS' Friday newsletter
- **Post-Transition:** DHCS is analyzing member call data, grievances, appeals, and stakeholder survey feedback to identify and address member challenges
- **Ongoing:** DHCS is collaborating with MCP partners and advocates to ensure effective communication and resolution of identified transition issues

MCP Transition Monitoring Approach

Due to the scale and complexity of the 2024 MCP Transition, DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with MCP Transition policies.

	Activities	Cadence
<p>MCP Survey Responses</p>	<p>Previous and Receiving MCPs are required to submit Continuity of Care (CoC) performance data via survey across 4 domains:</p> <ul style="list-style-type: none"> • CoC for all transitioning members and Special Populations members (note: Special Populations members are especially vulnerable members as defined in the MCP Transition Policy Guide) • CoC for Enhanced Care Management (ECM) and Community Supports • Member Issues 	<p>Biweekly November through February; Monthly through March; and quarterly through December 2024</p>
<p>Stakeholder Survey</p>	<p>DHCS is soliciting and tracking stakeholder feedback through a survey; MCPs are also expected to track stakeholder input and ensure appropriate feedback loops exist with MCP leadership</p>	<p>Monthly November 2023 through March 2024</p>
<p>Other Activities</p>	<p>DHCS is also monitoring plan-to-plan data sharing to confirm CoC protections are honored.</p> <ul style="list-style-type: none"> • Plan to Plan Data Sharing (Biweekly): DHCS is reviewing copies of data files shared between Previous and Receiving MCPs for timeliness and completeness. 	<p>Monthly and Biweekly November 2023 through March 2024</p>

Questions?

The image features the word "Questions?" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight undulating pattern, creating a decorative border at the bottom of the page.

Continuous Coverage Requirement Unwinding Updates

Medi-Cal Unwinding Updates

Extension of Medi-Cal Unwinding Waivers

Extended through December 31,
2024

Disenrollment Survey

Unwinding Data

- 90-day Update
- December 2023 CMS
Unwinding Monthly Data
report

Outreach Refresh

**February 2024 Medi-Cal
Renewal Campaign**

Video Updates

**Keep Your Community
Covered Resource Hub**

Focused Outreach

Questions?

Email MCED.COVID@dhcs.ca.gov



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 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.

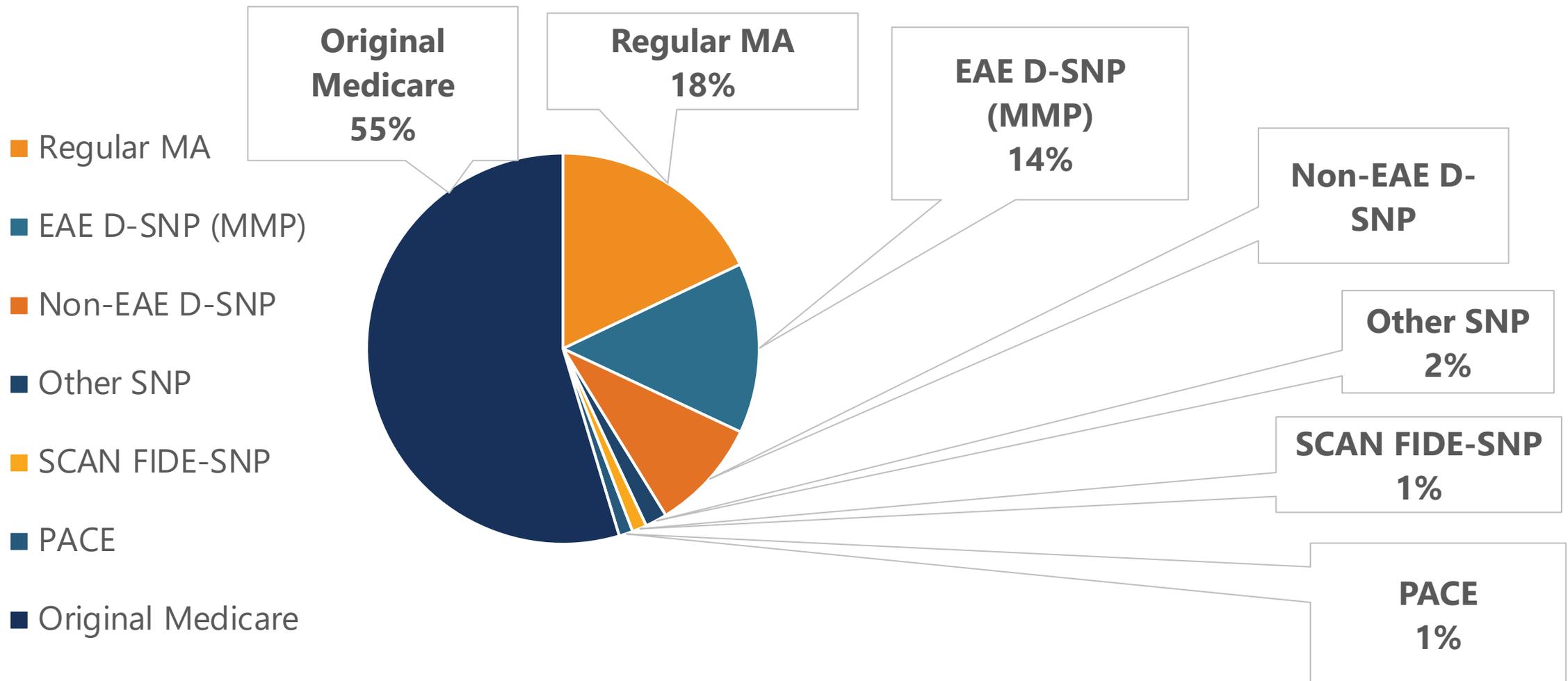
Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

» 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).

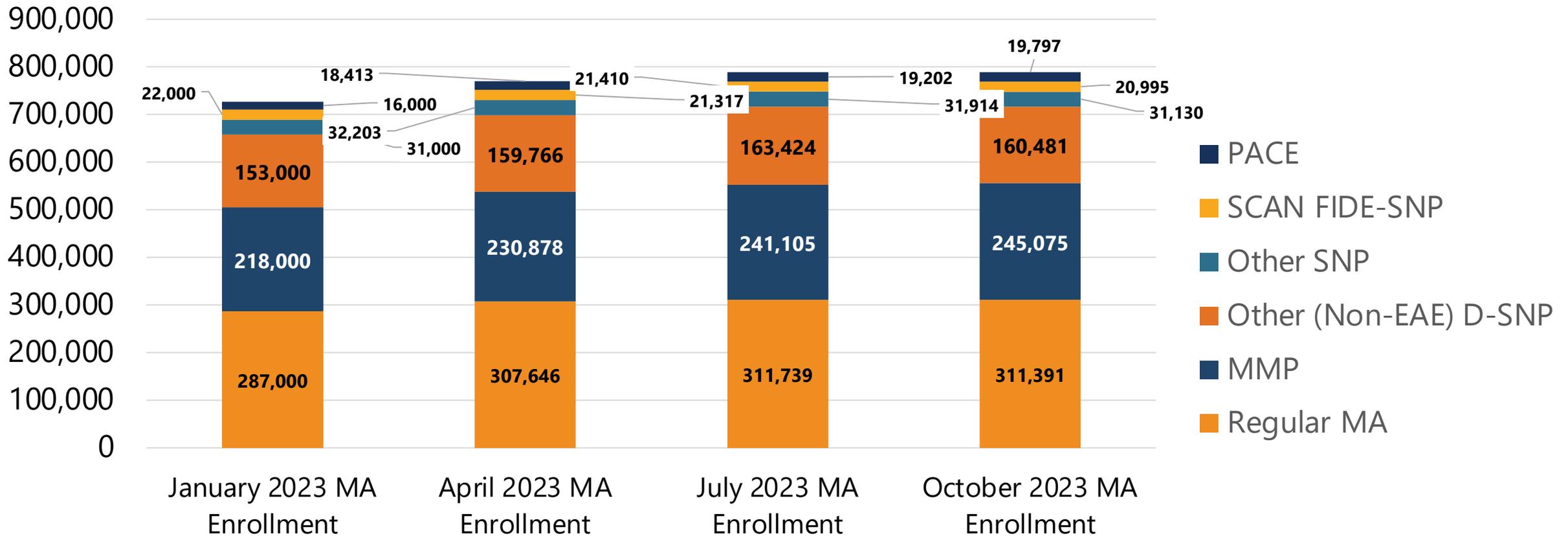
Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (October 2023)

Percentage of Medicare Enrollment by Delivery System



Point-In-Time Medicare Advantage Delivery System Enrollment

Point-in-Time MA Delivery System Enrollment



January 2024 Medi-Medi Plan Enrollment (Preliminary)

- » According to data [published](#) by the Centers for Medicare & Medicaid Services (CMS) January 2024 enrollment in Medi-Medi Plans is approximately 293,000.
- » This is an increase of approximately 48,000 from October 2023.

Updates: 2024 and 2025 Dual Eligible Special Needs Plan (D-SNP) Policy Guide

Update: 2024 and 2025 D-SNP Policy Guide Chapters

- » As a reminder, the D-SNP Policy Guides are available on the [DHCS D-SNP Contract and Policy Guide website](#)
 - [2024 D-SNP Policy Guide](#)
 - [2025 D-SNP Policy Guide](#)
- » DHCS releases chapters on a rolling basis. The latest chapters released include:
 - 2024 D-SNP Policy Guide
 - Medicare Continuity of Care (released December 2023)
 - Quality Metrics and Reporting Requirements (released December 2023)
 - Care Coordination (initial release January 2023, revised January 2024)
 - 2025 D-SNP Policy Guide
 - Care Coordination (released December 2023)

2025 D-SNP Policy Guide: Care Coordination

- » The Care Coordination chapter provides state-specific care coordination requirements to health plans operating EAE (Medi-Medi Plan) and non-EAE D-SNPs. The chapter is now available on the [DHCS website](#).
- » Similar to previous years, topics in this chapter cover Risk Stratification, Health Risk Assessments (HRAs), Individualized Care Plans (ICPs), Interdisciplinary Care Teams (ICTs), and Care Transitions.
- » Guidance on Palliative Care, D-SNPs providing ECM-like care management, and Dementia Care were carried over from 2024.
- » **New for 2025:** Additional information is provided on Caregiver Services within the context of HRAs.

2025 State Medicaid Agency Contract (SMAC)

- » Per federal requirements, all D-SNPs in California (EAE and Non-EAE) must have executed contracts with DHCS. These contracts are known as State Medicaid Agency Contracts (SMACs). SMACs have Medicare-Medicaid integration requirements, along with care coordination and other D-SNP responsibilities.
 - DHCS has separate SMAC templates for EAE and non-EAE D-SNPs.
 - The 2025 SMACs will refer to the 2025 CalAIM D-SNP Policy Guide, which provides additional details and guidance.
- » DHCS works collaboratively with CMS, advocates, health plans, and other stakeholders to develop the SMACs.
- » 2025 SMACs will be finalized and sent to plans for signature in June 2024. The 2025 SMAC Boilerplates will be posted on the DHCS D-SNP Contract and Policy Guide website.
 - 2024 SMAC Boilerplates are available on the [DHCS website](#).

2024 Medicare Changes to Behavioral Health

**Updates from the Calendar Year (CY)
2024 Medicare Physician Fee Schedule**

Final Rule:

Behavioral Health

February 2024

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Behavioral Health Services – 1

- **Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)**
 - For CY 2024, we finalized our proposal to implement Section 4121 of the CAA, 2023, which provides for Medicare Part B coverage and payment under the Medicare Physician Fee Schedule for the services of marriage and family therapists (MFTs) and mental health counselors (MHCs) when billed by these professionals.
 - Additionally, we finalized our proposal to allow addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC to enroll in Medicare as MHCs.
 - MFTs and MHCs will be able to begin submitting Medicare enrollment applications after the CY 2024 Physician Fee Schedule final rule is issued, and they will be able to bill Medicare for services starting January 1, 2024, consistent with statute.
 - Enrolled MFTs and MHCs are authorized to bill for services that are furnished for the diagnosis or treatment of mental illnesses.
 - We also made corresponding changes to Behavioral Health Integration codes to allow MFTs and MHCs to bill for these services.

Behavioral Health Services – 2

- **Psychotherapy for Crisis Services**

- We are implementing Section 4123 of the CAA, 2023, which requires the Secretary to establish new HCPCS codes under the PFS for psychotherapy for crisis services that are furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting, including the home or a mobile unit) furnished on or after January 1, 2024.
- Section 4123 of the CAA, 2023 specifies that the payment amount for psychotherapy for crisis services shall be equal to 150% of the fee schedule amount for non-facility sites of service for each year for the services identified (as of January 1, 2022) by HCPCS codes 90839 (*Psychotherapy for crisis; first 60 minutes*) and 90840 (*Psychotherapy for crisis; each additional 30 minutes — List separately in addition to code for primary service*), and any succeeding codes.

Behavioral Health Services – 3

- **Other Behavioral Health Services**

- We also finalized an increase in the valuation for timed behavioral health services under the PFS. Specifically, we finalized our proposal to apply an adjustment to the work RVUs for psychotherapy codes payable under the PFS, which we are implementing over a four-year transition.
 - In response to public comments, we also finalized the application of this adjustment to psychotherapy codes that are billed with an E/M visit and to the HBAI codes. We believe that these finalized changes will begin to address distortions that have occurred in valuing time-based behavioral health services over many years.
- We finalized our proposal to allow the Health Behavior Assessment and Intervention (HBAI) services described by CPT codes 96156, 96158, 96159, 96164, 96165, 96167, and 96168, and any successor codes, to be billed by clinical social workers, MFTs, and MHCs, in addition to clinical psychologists.

Links and Resources

- **CMS Behavioral Health Strategy:**
<https://www.cms.gov/files/document/cms-behavioral-health-strategy.pdf>
- **CY 2024 Physician Fee Schedule final rule Fact Sheet:**
<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>
- **CY 2024 Physician Fee Schedule final rule in the Federal Register:**
<https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Thanks!

Questions?

The image features the word "Questions?" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight undulating pattern, creating a decorative border at the bottom of the page.

Behavioral Health Services for Dual Eligible Members

Behavioral Health Services in Medicare and Medi-Cal

- » Dual eligible beneficiaries have access to behavioral health services covered by Medicare and Medi-Cal, including mental health services and substance use disorder treatment.
- » Medicare is the primary payer for behavioral health for dual eligible beneficiaries, including inpatient and outpatient services. Medi-Cal also covers inpatient and outpatient behavioral health services and is payer of last resort.
- » Medi-Cal Managed Care Plans and County behavioral health agencies provide the delivery systems for Medi-Cal behavioral health services.

2024 Medicare Behavioral Health Changes

- » Starting in 2024, Medicare is expanding coverage for behavioral health services. This means that Medicare will become the primary payer for additional behavioral health services and substance use disorder treatment.
 - This includes services provided by certain providers such as:
 - Licensed Marriage and Family Therapists (LMFTs).
 - Licensed Professional Clinical Counselors (LPCCs), also known as Mental Health Counselors (MHCs).
 - **NOTE:** MHCs are identified as a LPCCs in Medi-Cal, pursuant to the California Board of Behavioral Science (BBS).
 - Medicare now covers Intensive Outpatient Services in certain settings.
- » Medicare is also strengthening requirements around behavioral health for Medicare Advantage plans.
- » For additional information about behavioral health services for Medicare beneficiaries, view the fact sheet on [Supporting Medicare Patients in California: Coverage for Behavioral Health Services](#).

Behavioral Health Changes in Medicare: Impact on Medi-Cal Behavioral Health Services for Dual Eligible Members

- » For people who have both Medicare and Medi-Cal, Medicare is the primary payer. Medi-Cal is the secondary payer and **may** cover costs for some copayments or additional services not covered by Medicare. This is true for both non specialty and specialty mental health services.
- » DHCS is in the process of updating systems and guidance to account for 2024 Medicare changes.

Medicare Provider Enrollment for New Provider Types

- » DHCS encourages providers to enroll in Medicare:
 - Providers benefit from Medicare reimbursement for more clients/patients.
 - An expanded network of providers supports better access to care.
- » DHCS encourages Medicare providers to also enroll as Medi-Cal Crossover Only providers through Provider Application and Validation for Enrollment (PAVE) to bill DHCS for cost-sharing.
 - Crossover Only Provider information: [Medicare Crossover Only Provider Authorization](#)
 - PAVE Portal: [PAVE Provider Portal \(ca.gov\)](#)
- » DHCS encourages Medi-Cal providers to enroll in Medicare (but not required).

Spotlight: Coordinating Behavioral Health for Dual Eligible Beneficiaries

Coordinating Behavioral Health: County Mental Health Plan Perspective





Behavioral Health Plan

Memorandum of Understanding (MOU)
with
Medi-Cal Managed Care Plans (MCPs)

BHP MOUs with MCPs



Behavioral Health Plan (BHP)

= San Diego County Behavioral Health Services (BHS)

= Mental Health Plan (MHP) + Drug Medi-Cal Organized Delivery System (DMC-ODS)

MOU Drivers:

- [23-056](#) Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Plans (MCP) and Medi-Cal Mental Health Plans (MHP) [Attachment 1: MOU Template MCP and MHP](#)
- [23-057](#) Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Plans (MCP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Counties [Attachment 1: MOU Template MCP and DMC-ODS](#)

BHP MOUs with MCPs



Coordinating Access to Care

- Contact Cards available on BHP Provider page:
<https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/healthysandiego.html>
- Direct contact between MCP Liaison(s) and BHP Liaison

Addressing Barriers to Care Coordination

- As needed, convene case-specific conferences (bi-directional)
- Provide training for providers and educational materials for members

Ongoing Monitoring

- Reports
- Regular 2x monthly meetings with all MCPs and BHP
- If needed, initiate QI activities



THANK YOU

For additional information:
Tabatha.Lang@sdcounty.ca.gov
or BHS-HPA.HHSA@sdcounty.ca.gov

Coordinating Behavioral Health: Health Plan Perspective



D-SNP BHCM

(Behavioral Health Case Management)

Program Elements

- BH CM Clinicians provide support following:
 - a BH Inpatient Hospitalization,
 - a BH related ER visit,
 - an SUD related ER visit
- Connection to psychiatry, therapy, other levels of care
- General support and resources following a crisis
- BH CM Clinicians collaborate with:
 - BSC UM Department
 - Medical Directors
 - Hospital Social Workers/Discharge Planners
 - Community Providers
 - County Mental Health
 - IPAs

County Collaboration

1 Takeaways

- LA County – San Fernando Valley Mental Health Services (great collaboration)
- A screening tool would be helpful

2 Best Practices

- Better transition if hospital refers to a county clinic
- Even if member is county level of care, the BH CM support is still helpful

3 Barriers

- Often clinics will say the referral needs to come from the hospital d/c planner and not BSC
- Clinics – long wait times, and limited licensed clinicians (unlicensed cannot bill Medicare)

Member Story – D-SNP

"Grateful that Blue Shield can help me"

Patient Background

Age: 27

Member Diagnoses:

- Schizophrenia
- Bipolar Disorder
- ADHD
- Hypothyroidism

Social/Family:

- 2 children (ages 2 & 5) that she lost custody of, working with CPS to get visitation rights reinstated
- Member hospitalized after calling 911 following losing custody of her children

Member Story – D-SNP (Cont.)

“Grateful that Blue Shield can help me”

Interventions

- Worked with member following inpatient stay
- Member did not want to attend day treatment program following discharge from hospital
- Assessed member for needs and connected her to other treatment that she was open to doing
- Utilized motivational interviewing techniques to understand member’s motivation and needs
- Contacted County Access to find a clinician who can fulfill court ordered documentation to work toward visitation reinstatement

Patient Impact

- Member is following court ordered treatment plan
- Member connected to therapy and psychiatry
- Member connected to a recovery center that has support groups and DBT group
- Member working toward visitation reinstatement

Coordinating Behavioral Health: Advocate Perspective



Behavioral Health Coordination for Duals

- Consumer perspective and context for importance
- From policy to practice - engaged communication and collaboration.
- Ongoing care coordination after delivery system transition



Questions?

The image features the word "Questions?" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight undulating pattern, creating a decorative border at the bottom of the page.

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, May 30, 2024, at 10 AM.**