

**Coordinated Care Initiative (CCI)  
ADVANCED: Benefit Package and  
Consumer Protections**

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# JUSTICE IN AGING

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# Today's Discussion

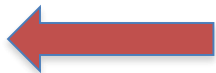


Overview of  
CCI

LTSS  
Integration

Benefit  
Package  
Summary

Consumer  
Protections

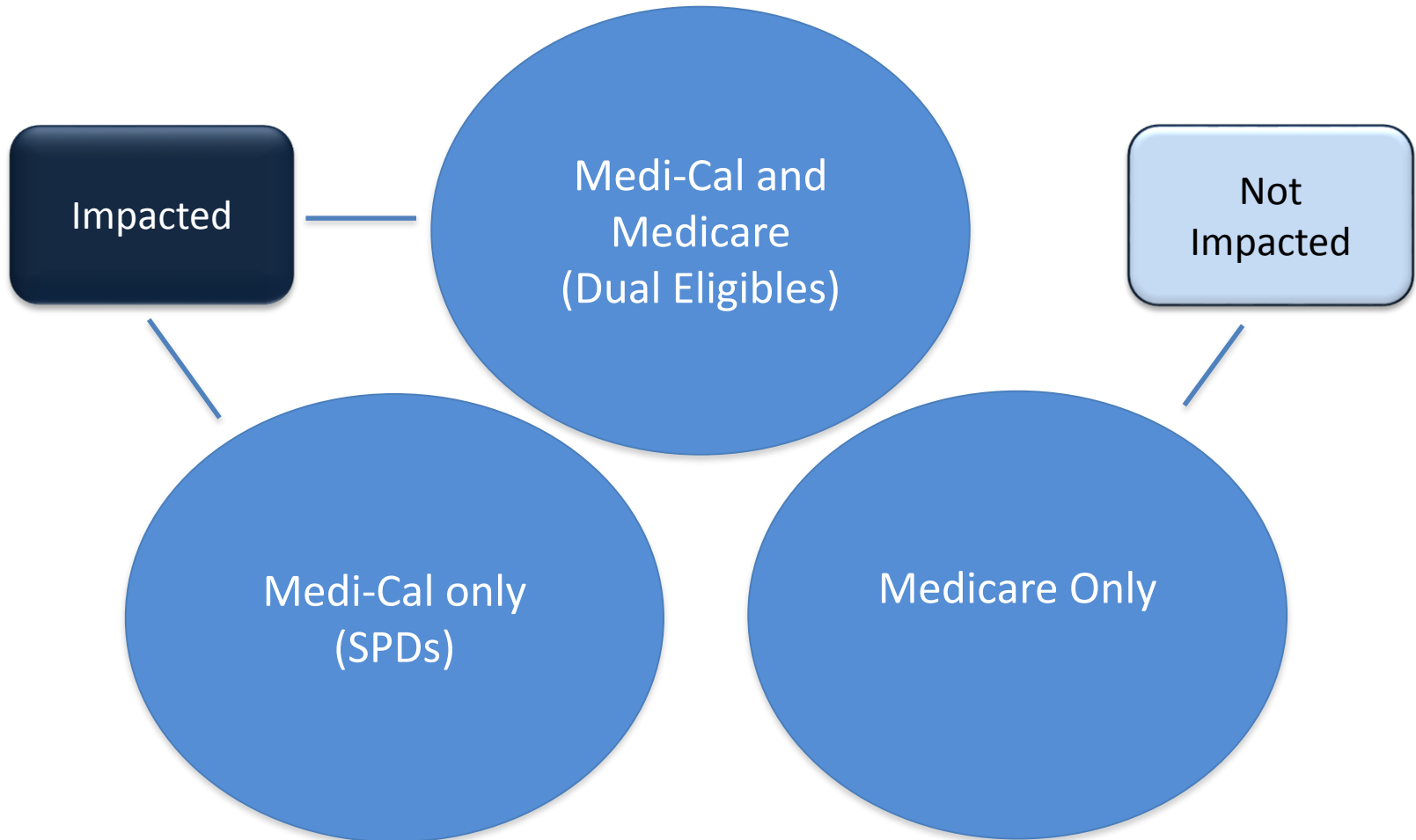
# Glossary

- Coordinated Care Initiative (CCI)
  - Cal MediConnect
- Dual Eligible (Dual) 
- Duals-Special Needs Plan (D-SNP)
- Fee-for-Service (FFS)
- Long Term Support and Services (LTSS) 
  - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs) 

# CCI = three big changes

CCI Change	Description
<b>Mandatory Medi-Cal Managed Care</b>	Duals and previously excluded SPDs must in enroll in Medi-Cal Managed Care
<b>LTSS Integration</b>	LTSS added to Medi-Cal Managed Care plan benefit package
<b>Medicare Integration (Cal MediConnect)</b>	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.

# CCI impacts duals & seniors and persons with disabilities with Medi-Cal



# CCI: Who Is Impacted

## Duals Excluded from Cal MediConnect

- End Stage Renal Disease (except COHS)
- Reside in certain LA County, Riverside, San Bernardino zip codes
- Resident of VA Home\*\*
- Resident of an ICF-DD\*\*
- Share of Cost not regularly met
- Other Health Insurance\*\*
- DDS waiver or receiving services from a regional or dev center

## Duals Who Can Participate but Will NOT be Passively Enrolled

- PACE Enrollees
- Enrolled in AIDS Healthcare Foundation
- Live in certain zip codes in San Bernardino County
- Enrolled in Kaiser; non-CMC D-SNP; MA Plan; FIDE-SNP
- Enrolled in NF/AH, HIV/AIDS, Assisted Living, IHO Waiver

\*\*Totally excluded from the CCI (except in COHS counties)

# Wrong Notices: Use Email Address

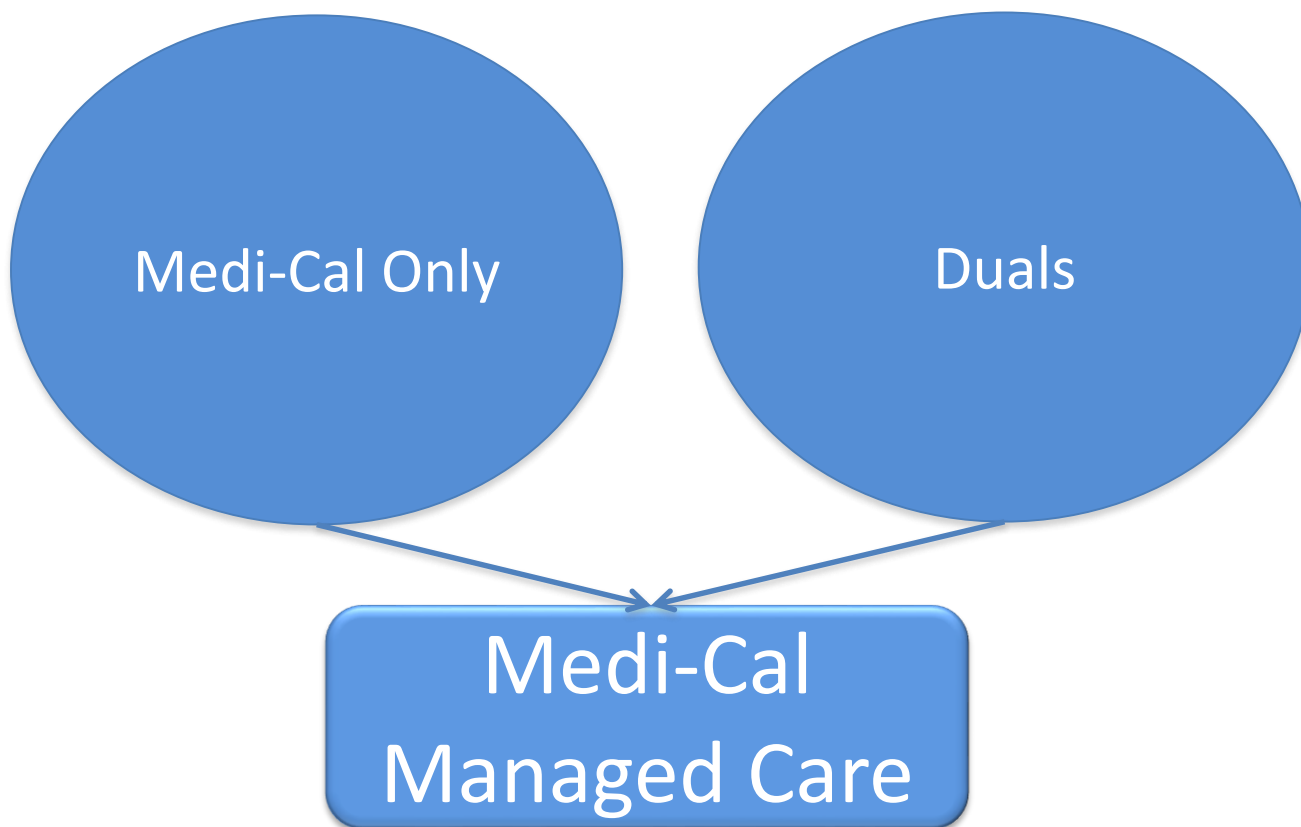
EMAIL: [cmc.mltss@dhcs.ca.gov](mailto:cmc.mltss@dhcs.ca.gov)

- Routine plan changes and disenrollments should be handled with Health Care Options. Many beneficiaries can use continuity of care to see their providers while a routine plan change or disenrollment is in process. Beneficiaries should contact their plan to make this request.
- Do not send personal health information or ID numbers through unsecured email. You can send an email request to the new inbox for a secure email from DHCS, and you can respond to that secure email with this information.
- You will receive a response to your request within 2 to 3 business days to confirm receipt and that DHCS is working on the issue. You will receive an email confirmation of the issue resolution.
- You may not receive specifics on the case itself if you are not the authorized representative or the beneficiary.

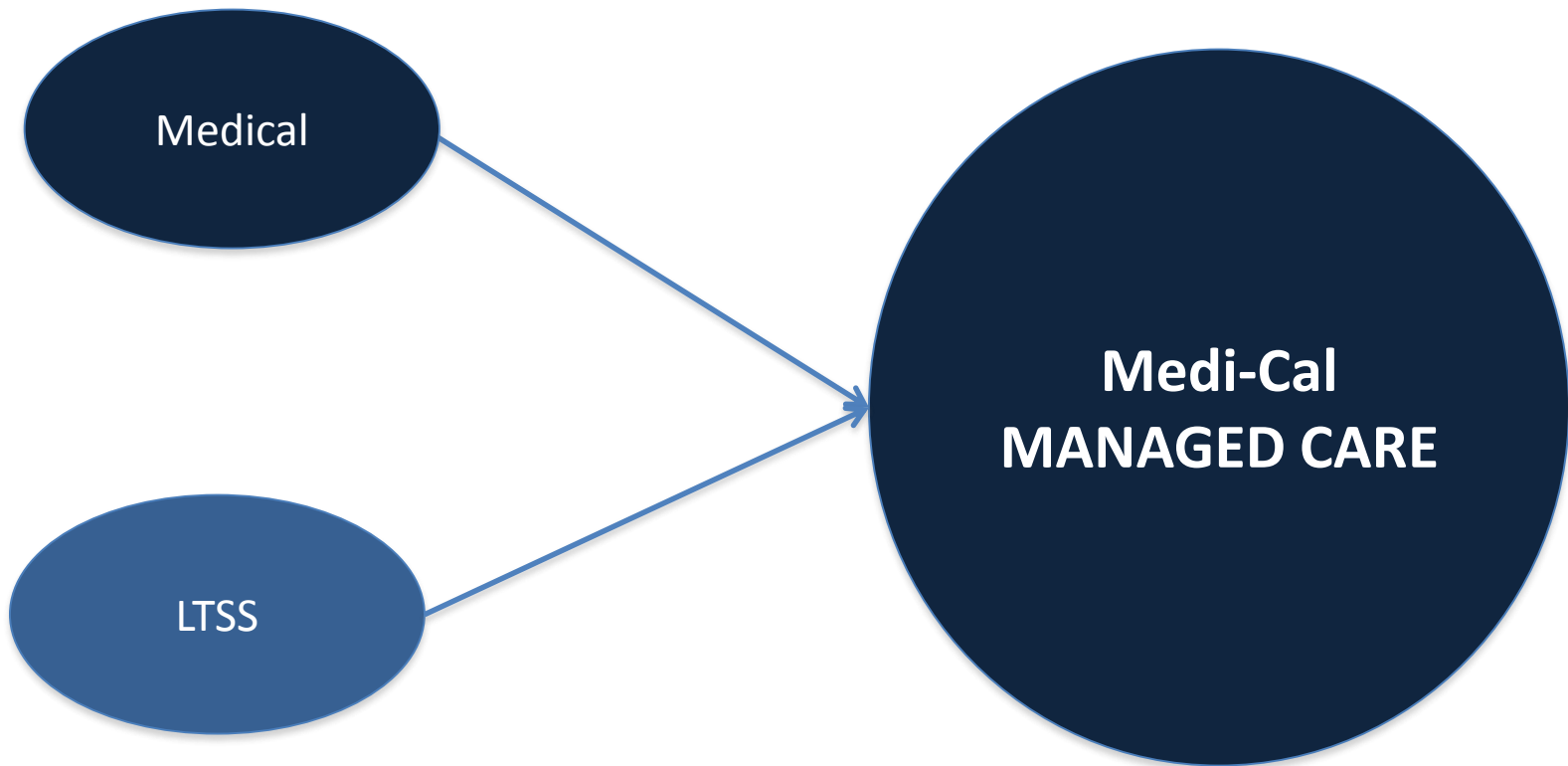


# Medi-Cal Managed Care is Mandatory

Even if a Dual opts out of Cal MediConnect, must still enroll in Medi-Cal MC



# Medi-Cal Managed Care



# New Medi-Cal Benefits

## New Mental Health Benefit

**January 1, 2014**

**New mental health benefit which is now available to all Medi-Cal recipients.**

**Delivered through Medi-Cal plans**

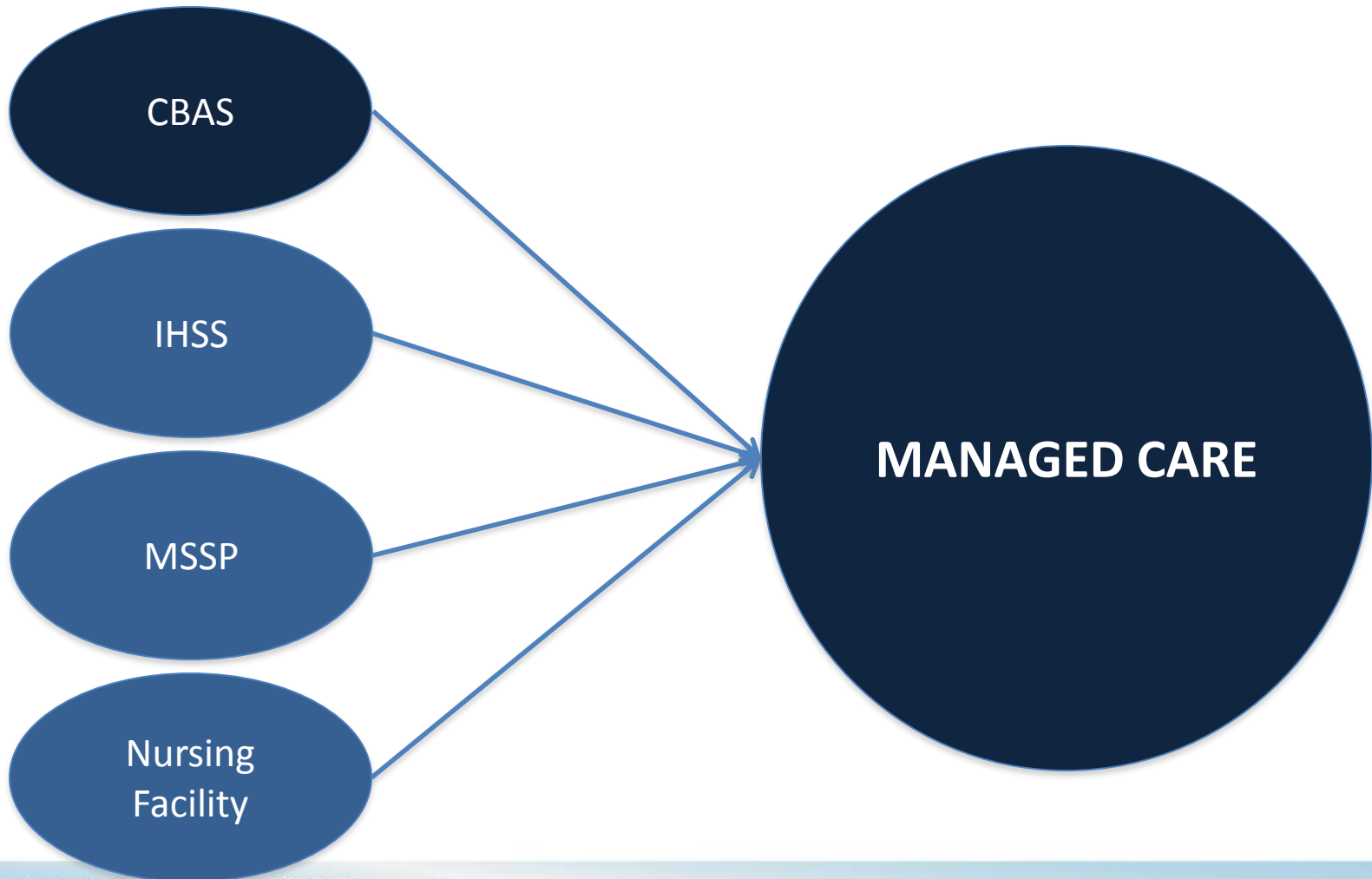
## Dental

**May 1, 2014**

**Dental benefits will be restored to all Medi-Cal recipients starting May 2014**

**delivered through Denti-Cal**

# LTSS and Managed Care



# Cal MediConnect Benefits

## Required Benefits

### Required Benefits

- Medicare A, B, D
- Medi-Cal services including
  - LTSS: IHSS, CBAS, SNF, MSSP
- Vision
  - One routine eye exam annually; \$100 towards eye glasses/contacts every two years
- Transportation to Medical Services
  - 30 1-way trips per year
- Care Coordination

# Cal MediConnect Benefits Care Coordination

## Care Coordination

- Person-centered
- Focus on least restrictive setting
- Health Risk Assessment
- Individualized Care Plan
- Interdisciplinary Care Team

Available

at: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-004.pdf>

# Cal MediConnect Benefits Care Plan Option Services

## CPO Services

- HCBS-like supports and services
- Discretionary
- In addition to, not in lieu of required benefits
- Assessed during Health Risk Assessment (HRA)
- Plan appeal process

Available at: [www.calduals.org](http://www.calduals.org); Summary available at: <http://dualsdemoadvocacy.org/california>

CPO All Plan Letter:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/DPL2013/DPL13-006.pdf>

# Cal MediConnect Benefits

## Carved Out Benefits

### Carved Out Benefits

- County Administered and Financed
  - Specialty Medi-Cal Mental Health Benefits
    - Examples: intensive day treatment, portion of inpatient psychiatric services not covered by Medicare, day rehab, crisis intervention , adult residential treatment services
  - Medi-Cal Drug Benefits
    - Examples: Methadone therapy, day care rehab, naltrexone for narcotic dependence
- Dental Benefits



# What is the Medi-Cal Plan Responsible For if You're a Dual and Not Enrolled in CMC

- The Medi-Cal plan is responsible for benefits Medicare does not pay for:
  - Long-Term Services and Supports – In-Home Supportive Services , MSSP, CBAS, and Nursing Facility Care
  - Medi-Cal transportation services
  - Durable Medical Equipment
  - Certain Prescription Drugs
  - Medi-Cal Supplies
- The Medi-Cal Plan Pays the Medicare Provider the 20% Co-Insurance
  - The Medicare provider DOES NOT have to be contracted with the Medi-Cal plan to bill the plan for the 20% co-insurance

# Cal MediConnect: Continuity of Care

If certain criteria is met, a Cal MediConnect plan must allow a beneficiary the right to maintain his or her current out-of-network providers and service authorizations at the time of enrollment for a period of

**Six (6) months for Medicare**

**Twelve (12) months for Medi-Cal services**

**Plans can provide extended continuity of care**

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/DPL2013/DPL13-005.pdf>

# Cal MediConnect: Continuity of Care

## Criteria

1. Must have an existing relationship with the Provider
  - Must see **PCP provider** at least **once** in 12 months proceeding enrollment in plan for non-emergency visit
  - Must see **specialist** at least **twice** in 12 months proceeding enrollment in plan for a non-emergency visit

The plan must first use data provided by CMS and DHCS to determine pre-existing relationship. If relationship cannot be established through data, then plan can ask beneficiary to provide documentation of the relationship.

# Cal MediConnect: Continuity of Care

## Criteria

2. Provider must accept payment and enter into agreement with plan.
3. Provider does not have documented quality of care concerns

# Cal MediConnect: Continuity of Care

## Exceptions

Nursing Facilities – a beneficiary residing in a nursing facility prior to enrollment will not be required to change the nursing facility during the demonstration.

Durable Medical Equipment providers – no continuity of care for providers

Ancillary Services – no continuity of care for providers

Carved-out services – no continuity of care

IHSS – an individual does not need to make any request to continue to see an IHSS provider

# Cal MediConnect: Continuity of Care

## Prescription Drugs

**Part D rules apply** – one time fill of– a 30-day supply unless a lesser amount is prescribed – of any ongoing medication within the first 90 days of plan membership, even if the drug is not on the plan’s formulary or is subject to utilization controls.

- Residents in institutions get further protections
- Part D rules apply to both Medi-Cal and Medicare-covered drugs

# Cal MediConnect: Continuity of Care

## Other Protections

Health plan must complete services for the following conditions:

- Acute
- Serious chronic
- Pregnancy
- Terminal illness
- Surgeries or other procedures previously authorized as part of documented course of treatment

CAL. HEALTH & SAFETY CODE § 1373.96(c)(1)

# Cal MediConnect: Continuity of Care

## Updates

- Providers can now request Continuity of Care
- Request must be processed within 3 days if there is risk of harm to the beneficiary (30 days is most time permitted)
- Retroactive Continuity of Care is permitted - Providers or beneficiary can now request continuity of care after service delivery
  - Request must come within 30 calendar days of first service following enrollment



# Cal MediConnect: Continuity of Care

## DISENROLL

- A beneficiary can disenroll from Cal MediConnect at any time for any reason.
- Disenrollment is effective the first day of the following month
- Must stay in Medi-Cal managed care

# Medi-Cal Managed Care: Continuity of Care

- 12 months - keep seeing current providers and maintain service authorizations and receive services that are set to occur within 180 days of enrollment.
- Must have an “existing relationship”
  - Seen the provider at least once within 12 months (from date of plan enrollment)
- Provider must accept plan reimbursement rate or Medi-Cal rate
- Provider must meet quality of care standards
- Continuity of care does not extend to durable medical equipment, medical supplies, transportation, or other ancillary services
- Nursing facility residents can continue to reside in an out-of-network facility.

# Medi-Cal Managed Care: Continuity of Care

- Medical Exemption Request (MER) for SPDs
  - Available in two-plan or GMC Counties
  - Acts to avoid enrollment in managed care entirely for a certain amount of time
  - Available to individuals with complex medical conditions (e.g., cancer)
  - Administered by Health Care Options (enrollment broker)

MER process not available to duals

# Consumer Protections: Cont.

## Other Consumer Protections

- Right to receive materials and services in their own language
  - Language, alternative formats
- Accessibility Rights
  - Reasonable modifications to enable people with disabilities to gain full and equal access to services
  - Physical accessibility where readily achievable
  - Plans required to receive training on disability discrimination and cultural competency

# Local Advocates can help

- HICAP  
1-800-434-0222
- CCI Ombudsman  
1-888-804-3536

# JUSTICE IN AGING

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- Justice in Aging Duals Website
  - Advocate’s Guide
  - News
  - Sign up for alerts

<http://dualsdemoadvocacy.org/>
- Contact us:
  - Denny Chan – [dchan@justiceinaging.org](mailto:dchan@justiceinaging.org)
  - Amber Cutler – [acutler@justiceinaging.org](mailto:acutler@justiceinaging.org)
- Department of Health Care Services
  - [www.calduals.org](http://www.calduals.org)

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