



Coordinated Care Initiative List of Stakeholder Consultations

Under the California Coverage Initiative (CCI), different state offices are required to consult with stakeholders in several critical areas. This fact sheet lists the references to stakeholder input in the CCI.

SB 1008: Medi-Cal

Topic	CCI Component	Stakeholder Provisions
Implementation Date	Demo 14132.275 (g)	DHCS will consult with the Centers for Medicare & Medicaid Services (CMS), legislature, and stakeholders on the implementation date.
Provider Network Adequacy Standards	Demo 14132.275(i) (4)	DHCS to develop provider network adequacy standards in consultation with the Department of Managed Health Care, demonstration site, and stakeholders.
ESRD Inclusion	Demo 14132.275 (l) (3) (A) (i)	The DHCS Director may, with stakeholder input and federal approval, authorize beneficiaries with a prior diagnosis of end stage renal disease in specified counties to voluntarily enroll in the demonstration project.
Enrollment Exemptions	Demo 14132.275 (l) (3) (D)	The Department of Health Care Services (DHCS), with stakeholder input, may exempt specific categories of dual eligible beneficiaries from enrollment requirements in this section based upon extraordinary medical needs of specific patient groups or to meet federal requirements.
Demo Evaluation	Demo 14132.275 (m)	Demo Evaluation – consult with stakeholders regarding scope/structure of evaluation.
Quality and Fiscal Measures	Demo 14132.275 (q) (2)	Quality and Fiscal Measures – consult with stakeholders regarding quality and fiscal measures.
All Plan Letters (APL)	Demo 14132.275 (r)	Notify and consult with stakeholders and legislature prior to releasing any APL.
Implementation Date/Enrollment Schedule	Medi-Cal managed care for duals 14182.16 (e)	At the DHCS Director’s sole discretion, in consultation with stakeholders, the department may determine and implement a phased-in enrollment approach.
All Plan Letters	Medi-Cal managed care for duals 14182.16 (t)	Notify and consult with stakeholders and legislature prior to releasing any APL or similar instrument.
Implementation Date/Enrollment Timelines	Demo, managed care for duals, MLTSS 14182.17 (c) (3)	Establish enrollment timelines, in consultation with health plans and stakeholders, and approved by CMS, for each demonstration site.
Overall communications Plan	Demo, managed care for duals, MLTSS 14182.17 (d) (1) (C)	(C) Develop, in consultation with consumers, beneficiaries, and other stakeholders, an overall communications plan that includes all aspects of developing beneficiary notices.

Enrollment Materials	Demo, dual managed care, MLTSS 14182.17 (d) (1) (H)	Develop, with stakeholder input, informing and enrollment materials and an enrollment process. Enrollment materials shall be made public at least 60 days prior to the first mailing of notices to dual eligible beneficiaries, and the department shall work with stakeholders to incorporate public comment into the materials.
Quality Assurance Indicators	Demo, dual managed care, MLTSS 14182.17 (d) (8) (B)	Develop quality assurance indicators for long-term services and supports in consultation with stakeholder groups.
Transition Plan and Ongoing Consultation	Demo, dual managed care, MLTSS 14182.17 (d) (10) (B) and (C)	DHCS, CDA, DMHC, CDSS, in consultation with stakeholders, develop a programmatic transition plan. DHCS, CDSS, CDA, DMHC convene and consult with stakeholders at least twice during the period following production of a draft of the implementation plan and before submission of the plan to the Legislature. Continued consultation with stakeholders shall occur on an ongoing basis for the implementation of the provisions of this section
Enrollment Notices and Procedures	Demo, dual managed care, MLTSS 14182.17 (e) (ii)	Design, in consultation with consumers, beneficiaries, and stakeholders, all enrollment-related notices, including, but not limited to, summary of benefits, evidence of coverage, prescription formulary, and provider directory notices, as well as all appeals and grievance related procedures and notices produced in coordination with existing federal Centers for Medicare and Medicaid Services guidelines.
All Plan Letters	Demonstration, dual managed care, Managed Long Term Services and Supports (MLTSS) 14182.17 (h)	Notify and consult with stakeholders and legislature prior to releasing any APL.
Home- and Community-Based Services (HCBS) Plan Benefits	MLTSS 14186.1 (c)	HCBS Plan Benefits - DHCS, in consultation with stakeholders, may determine whether health 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.
Implementation Date	MLTSS 14186.2 (a) (1)	The DHCS Director shall consult with the legislature, CMS, and stakeholders when determining the implementation date for this section.
Enrollment Timeline	MLTSS 14186.2 (b) (2)	At the DHCS Director's sole discretion, in consultation with coordinating departments and stakeholders, the department may determine and implement a phased-in enrollment approach, but no sooner than March 1, 2013.
Exempt Beneficiaries	MLTSS 14186.2 (c) (1) (E)	DHCS may exempt other specific categories of beneficiaries based upon extraordinary medical needs of specific patient groups or to meet federal requirements, in consultation with stakeholders.

Multipurpose Senior Service Program (MSSP) 2013	MLTSS 14186.3 (b) (2) (D) and (4)	The California Department of Aging (CDA) and DHCS, in consultation with MSSP providers, managed care health plans, and stakeholders, shall develop service fee structures, services, and person-centered care coordination models, effective June 2013, for the provision of care coordination and HCBS to beneficiaries enrolled in managed care health plans, but not enrolled in MSSP.
MSSP Transition Plan	MLTSS 14186.3 (b) (4) (B) and (C)	No later than January 1, 2014, DHCS, in consultation with CDA and DMHC, and with stakeholder input, shall submit a transition plan to the legislature for MSSP. Health plans shall, in partnership with local MSSP providers, conduct a local stakeholder process to develop recommendations for the plan. DHCS, with CDA, DMHC, and stakeholder input, shall submit a transition plan to the legislature that includes steps to address concerns, if any, raised by stakeholders subsequent to the first plan.
Terminate MLTSS	MLTSS 14186.4 (b)	The DHCS Director, after consulting with the Director of Finance, stakeholders, and the legislature, retains the discretion to forgo the provision of services in the manner specified in this article.
All Plan Letters	MLTSS 14186.4 (d)	Consult with stakeholders and the legislature prior to releasing any APL.
Quality and Fiscal Measures for MLTSS	MLTSS 14186.4 (g) (2) (A)	By January 1, 2013, or as soon thereafter as practicable, DHCS shall develop, in consultation with CMS and stakeholders, quality and fiscal measures for managed care health plans to reflect the short- and long-term results of the implementation of this article.

SB 1036: IHSS

Topic	CCI Component	Stakeholder Provisions
In-Home Supportive Services (IHSS) Agency Mode - ACL	MLTSS 12302.6	California Department of Social Services (CDSS) authority to implement via ACL requires stakeholder consultation before release of ACL.
IHSS Provider Training	MLTSS 12330 (a)	CDSS shall consult with stakeholders in the development of a training curriculum for providers.
Appeals Process for HCBS Plan Benefits	MLTSS 14186.35 (c)	DHCS and CDSS shall consult with stakeholders to develop a referral process and informational materials for the appeals process that is applicable to HCBS plan benefits authorized by a health plan.
Universal Assessment	MLTSS 14186.36 (c) and (h)	1) Stakeholder workgroup to develop the universal assessment process, and Stakeholder consultation on report to the legislature on the results of the initial use of the universal assessment process.