



**The Coordinated Care Initiative and  
Beneficiaries in the Assisted Living Waiver (ALW) Program and Medicare and/or  
Medi-Cal  
May 2014**

The Coordinated Care Initiative (CCI) in California promotes integrated delivery of medical, behavioral, and long-term care services, and also provides a road map to integrated Medicare and Medi-Cal services for people on both programs, called “Medi-Medi” or “dual eligible beneficiaries.”

**The CCI includes two parts:**

*Cal MediConnect:* All of a beneficiary’s medical, behavioral health, long-term institutional, and home-and community-based services will be combined into a single health plan. This will allow your providers to better coordinate your care and make it simpler for you to get the right care at the right time in the right place. Beneficiaries in the ALW program would need to disenroll from that program to join Cal MediConnect.

*Managed Medi-Cal Long-Term Services and Supports (MLTSS):* Medi-Cal beneficiaries, including dual eligible beneficiaries who have opted out of Cal MediConnect or who are not eligible for Cal MediConnect, are required to join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including long-term supports and services (LTSS) and Medicare wrap-around benefits. Beneficiaries in the ALW program will need to pick a Medi-Cal plan for their Medi-Cal benefits.



**Location**

CCI will take place in eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The participating health plans in each county are part of the state’s existing network of Medi-Cal health plans and have experience providing Medicare managed care. Each underwent a rigorous selection process and an extensive readiness review process.

**Enrollment Process**

Coverage for these beneficiaries will begin no sooner than April 2014. Notification of these changes will be mailed to eligible participants starting 90 days before their scheduled date of coverage, which is typically their month of birth. Beneficiaries don’t need to do anything until they receive that notice. More details about enrollment are available at [www.CalDuals.org](http://www.CalDuals.org).

## Understanding Enrollment

**Optional enrollment in Cal MediConnect Health Plan:** The state will use a *passive enrollment* process for dual beneficiaries. This means that the state will enroll eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chooses not to join and notifies the state of their choice to keep their Medicare the way it is now and to choose a Medi-Cal plan for their Medi-Cal benefits. The state will send eligible individuals multiple notices describing their choices, including the option to keep their Medicare the way it is now. Beneficiaries in the ALW program will not be passively enrolled into Cal MediConnect.

**Mandatory enrollment into Medi-Cal Health Plan:** Nearly all Medi-Cal beneficiaries, including those in the ALW program, **MUST** get their Medi-Cal benefits through Medi-Cal health plans. This now includes Medi-Cal beneficiaries with a share of cost and those residing or formerly residing in nursing facilities. They will receive notices describing their plan choices. The state will automatically enroll them in a plan if they do not make a choice. This includes people with both Medicare and Medi-Cal who choose not to join a Cal MediConnect health plan.

**Table 1: CCI Enrollment Scenarios for Beneficiaries in Assisted Living Waiver (ALW) Program**

	Dual Eligible Beneficiary	Medi-Cal Only Beneficiary
Assisted Living Waiver (ALW)	<ul style="list-style-type: none"> <li>Beneficiary <b>will not</b> be passively enrolled in Cal MediConnect since he/she is already enrolled in the ALW Program.</li> <li>Beneficiary is eligible to enroll in Cal MediConnect if he or she voluntarily <b>disenrolls</b> from the ALW Program.</li> <li>Beneficiary may “opt-out” of Cal MediConnect at any time and enroll back into ALW program, but <b>must still enroll</b> in a Medi-Cal Managed Care plan for Medi-Cal benefits.</li> <li>If beneficiary remains in the</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary must elect a Medi-Cal Health Plan or be auto-enrolled in a Medi-Cal Plan and continue to receive ALW waiver services through his or her provider.</li> <li>If a beneficiary is currently enrolled in a Medi-Cal Health Plan, he or she will remain enrolled in the Plan and continue to receive ALW services through his or her waiver provider.</li> </ul>

<p><b>Assisted Living Waiver (ALW)</b> <b>CONTINUED</b></p>	<p>waiver program, he or she <b>must</b> still elect a Medi-Cal managed care health plan or be auto-enrolled in a Medi-Cal Plan.</p> <p><b>(Note:</b> The Health Plan will coordinate Medi-Cal services with the beneficiary's waiver provider for Medi-Cal benefits).</p> <ul style="list-style-type: none"> <li>• If beneficiary is on a waiver waiting list, he or she will be passively enrolled into Cal MediConnect and will retain his or her position in the ALW waiting list. If the beneficiary opts-out of Cal MediConnect, then they must still enroll into a Medi-Cal managed care plan. <ul style="list-style-type: none"> <li>➤ While the beneficiary retains their spot on the waitlist and if a space becomes available in the ALW program, then the beneficiary may disenroll from Cal MediConnect and enroll in the waiver program. The beneficiary must still enroll into a Medi-Cal managed care plan.</li> <li>➤ ALW Care Coordinators will help the newly enrolled ALW beneficiary understand enrollment into Medi-Cal managed care.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary may disenroll from one Medi-Cal Health Plan and enroll in a different Medi-Cal Health Plan at any time and continue to receive ALW services through his or her waiver provider.</li> </ul>
---	--	---

## Common Questions

## 1. I am currently in the ALW Program but I would like to enroll into Cal MediConnect. How do I enroll?

If you would like to enroll into Cal MediConnect, you must first disenroll from the Assisted Living Waiver (ALW) program. **You cannot be both in a waiver program and in Cal MediConnect.** In addition, you must be eligible for or should already be receiving full Medicare and Medi-Cal benefits and reside in the 8 CCI counties to be enrolled into Cal MediConnect.

If you enroll, you will no longer receive services under the waiver program but through the Managed Care Health Plan. Cal MediConnect will match some of the services that are included in the ALW program. Beneficiary's SSI will still pay for housing component of the waiver. You have the option to opt-out of Cal MediConnect at any time and enroll back into the ALW program if you decide that Cal MediConnect is not the right health plan for you.

Note: Beneficiaries who have chronic illness or chronic debilitating conditions will need to stay in the ALW Program.

**The Health Insurance Counseling and Advocacy Program (HICAP)** is available to assist you with the enrollment process and help you understand your options. HICAP also provides workshops on Medicare issues, including Cal MediConnect, and individual counseling to assist in understanding your options. To speak to a representative at your local HICAP, please call 1-800-434-0222.

**Health Care Options (HCO)** staff is also available to discuss and guide you with your new options and Medi-Cal changes by calling 1-844-580-7272.

## 2. What type of services will I receive from Cal MediConnect?

Cal MediConnect will provide all needed Medicare and Medi-Cal services, as well as care coordination and other supplemental services. This includes:

- Medicare Part A (hospital coverage) and Part B (outpatient coverage)
- Medicare Part D (prescription drug coverage)
- Care Plan Option (CPO) services (optional HCBS services)
- All required Medi-Cal services, including:
  - Managed Medi-Cal Long-Term Services and Supports (MLTSS)
    - Includes In-Home Supportive Services (IHSS), Community-Based Adult Service (CBAS), Multipurpose Senior Services Program (MSSP) and Long-Term Care nursing facility services
  - Preventative, restorative and emergency vision benefits
  - Non-emergency, accessible medical transportation
  - Care Coordination
  - Coordination with behavioral health and substance abuse services
- Supplemental Services – vision and transportation

---

For more information, contact one of the participating health plans or read the health plan's Evidence of Coverage/Member Handbook in your county.

**3. I am currently receiving full Medicare and Medi-Cal benefits. I am waiting to be assessed by a Care Coordination Agency to enroll into the Assisted Living Waiver (ALW) Program. Am I subject to passive enrollment in Cal MediConnect?**

Yes. Dual eligible beneficiaries waiting to be assessed by a CCA will be subject to passive enrollment into Cal MediConnect. However, you will retain your place in the waiver waiting list even after you join Cal MediConnect. You will have the option to stay in Cal MediConnect or opt-out of Cal MediConnect and enroll into the waiver program and a Medi-Cal Managed Care Health Plan.

**4. Does Cal MediConnect have to provide ALW services?**

No. Cal MediConnect health plans do not have to offer waiver services. The Managed Care Health Plans have the option to offer services similar to waiver services, but are not required to offer these benefits. Plans might choose to offer services similar to waiver services in order to assist the beneficiary in residing in their home or community safely.

**5. What if I'm residing in an assisted living facility and receive a letter saying I will be enrolled in Cal MediConnect?**

Individuals who are developmentally disabled and receive services at the Regional Center, state developmental center or through a DDS waiver or ICF/DD should not have received notices about Cal MediConnect.

- The state is taking steps to automatically disenroll these beneficiaries from Cal MediConnect so they can keep their waiver services
- The beneficiary or their representative should call Health Care Options at 1-844-580-7272 if they want confirmation that they have been disenrolled.
- The beneficiaries will not lose their place in an HCBS waiver program. If they join Cal MediConnect and then decide to go back into the waiver, they will still have a place.

**6. I am currently receiving waiver services. Will I be mandatorily enrolled in managed care for my Medi-Cal services if I live in one of the 8 CCI counties?**

Yes, you will be mandatorily enrolled in Medi-Cal managed care for your Medi-Cal services but will also maintain your waiver enrollment. Medi-Cal Managed Care Plans will continue their current policies of coordinating services with waiver program providers.

(Note: Many waiver beneficiaries are already enrolled in both Medi-Cal Managed Care and waiver programs.)

**7. What if I'm seeing a specialist that is not in any of the Managed Care Health Plan provider network?**

If you enroll in a Cal MediConnect plan and your current provider is not part of the health plan network, you have the right to continue to see your provider for a certain amount of time if you can show an existing relationship with the provider, with some exceptions. You will need to contact your plan to let them know that you would like to continue to see your current provider as part of your continuity of care rights. The health plan and your provider will then need to agree upon payment terms.

For Medicare: If you join a Cal-MediConnect plan, you can continue to receive services from out-of-network Medicare doctors for up to **6 months**. You must have an existing relationship with the provider, and they must agree to payment from the health plan based on the current Medicare fee schedule.

For Medi-Cal: Health Plans will be required to provide you access to out-of-network doctors for up to **12 months**. Cal MediConnect residents in nursing homes will not have to change nursing homes even if their nursing home is not in the health plan's contracted network. Other long-term services and support providers, such as your In-home Supportive Services provider, will not change.

After the 6 or 12 months, if your provider does not join the health plan network, you will need to choose a provider within the health plan's network.

This applies to primary care and specialist providers, not to providers of ancillary services such as durable medical equipment (DME) and transportation.

For more information regarding Continuity of Care, please visit the CalDuals website at [http://www.calduals.org/wp-content/uploads/2014/02/ContinuityofCare\\_012914.pdf?](http://www.calduals.org/wp-content/uploads/2014/02/ContinuityofCare_012914.pdf?)

#### **8. What if I'm residing in an assisted living facility, I choose to join Cal MediConnect and the assisted living facility is not in the Cal MediConnect provider network?**

You will not be required to leave your place of residence if the facility is not a network provider. The Plan will cover services that are needed to maintain your residency at the assisted living facility. The Plan has 24 months to bring the assisted living facility into its provider network.