Hilary Haycock: Good morning, everyone, and thank you for joining us for today's Coordinated Care Initiative stakeholder update webinar. We are very excited to discuss the CalAIM proposal to expand access to integrated care for dual eligible Californians. We're going to start with housekeeping. If you can hear me okay, please raise your hand on the right hand bar on your GoToWebinar. If you can both hear me okay, raise your hand. Great. It looks like everyone can hear me. Okay. As always, if we run into any technical difficulties and are disconnected, please just reconnect to the webinar using the same link and call-in number as you did originally and we will come back online as soon as possible.

Hilary Haycock: So start with our road map for today. My name is Hilary Haycock. I'm a coverage consultant. I've been helping the Department of Health Care Services. We'll be hearing from Sarah Brooks in a moment about the proposal. Just to give you a little roadmap for the day, I will first be walking through the policy memo that was released earlier this week that fills on the initial policy proposal release as part of the larger CalAIM proposal in October. That is around expanding access to integrative care for dual eligible Californians. We will then review a related DHCS policy announcement on the long-term care carve-in. And then we will have time for questions and answers.

Hilary Haycock: One note, we normally review the updated Cal MediConnect dashboard in our stakeholder meetings. The dashboard will be posted online shortly, and so as it is not yet publicly available we will be skipping that piece for today. With that, I am going to hand it over to Sarah Brooks.

Sarah Brooks: Thank you, Hilary. Good morning, everyone. Sarah Brooks, deputy director over healthcare delivery systems here at the Department of Health Care Services. I'm pleased to be speaking with you all today. So last week DHCS did release the transitioning to aligned managed care enrollment for California dual beneficiaries memo, which describes the transition to a statewide MLTSS and Dual Eligible Special Needs Plan structure as part of the CalAIM initiative. So comments related to this memo are due back by January 31st, 2020, and we do ask that you send feedback on the memo to info@calduals.org. That information is up on the slide for your reference.

Sarah Brooks: So, next slide, please. So, as many of you have likely heard, the state has proposed a new initiative called CalAIM, California Advancing and Innovating Medi-Cal. We are very excited about it. CalAIM is a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems with the objective of identifying and managing member risks and needs through whole person care approaches and addressing social determinants of health, moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility, and finally improving quality outcomes and driving delivery system transformation through value based initiatives, modernization of systems and payment reform.

Sarah Brooks: Next slide, please. Our proposal is designed to build on the lessons learned from CCI, or the Coordinated Care Initiative, and expanded access to integrated care for dual eligibles across California. Under CalAIM, DHCS will be carving in coverage of transplants, so major organ transplants, and long-term care. So all Medi-Cal managed care health plan model applies. These do include skilled nursing facilities, subacute facilities, pediatric subacute facilities and intermediate facilities including ICF/DDs, ICF/DD-Hs and ICF/DD-N. Sorry, but that's quite a mouthful. So that's inclusive of that list there.

Sarah Brooks: And then in addition, the Multipurpose Senior Services Program, or as many as you call it MSSP, benefit will be carved out from the Coordinated Care Initiative starting January 1, 2021. So as part of the CalAIM, the state is proposing not to continue Cal MediConnect as currently structured beyond 2022, and will instead transition to a statewide MLTSS and dual eligible special needs plan structured. While duals will be mandatorily enrolled in an MLTSS plan, enrollment in D-SNPS will be voluntary. There will not be passive enrollment of duals out of Medicare fee for service into a D-SNP, and we will discuss enrollment policies in more detail later in this presentation.

Sarah Brooks: So since the Coordinated Care Initiative will be ending at the end of 2022, the state will be using less learnings or lessons learned and best practices to make this change so that duals across the state have an option to have a coordinated plan. So the next slide demonstrates or shows our timeline for what we plan to accomplish through 2026. Our ask for stakeholders is specific feedback on this timeline itself. And so you'll see it's laid out here, it's also included in the memo that we released last week for comment.

Sarah Brooks: So our goals in developing this policy are to really build on lessons learned in Cal MediConnect to create more opportunities for integrated care for dual eligibles. We want to simplify administration and we want to take advantage of new federal Medicare rules. There are new flexibilities and benefits to using a D-SNP structure, many of which were developed from learning from demonstrations, like Cal-MediConnect.

Sarah Brooks: So with respect to mandatory enrollment into MLTSS, we will be looking at expanding statewide mandatory enrollment of duals into MCPs by 2023. And it's important to note that duals will not be required to change their Medicare coverage. DHCS is committed to providing beneficiary provider education as well as technical assistance around managed care plan requirements for mandatory enrollment of MLTSS. As part of this work, DHCS will update education and enrollment materials used to assist dual eligibles enroll into an MCP for their Medi-Cal benefits through Hilary prior to implementation to help dual eligibles enroll in MLTSS benefits.

Sarah Brooks: We also will be helping to educate providers about necessary billing practices as well as the processes that will not change, building on materials and best practices previously developed under CCI. Finally, we'll be providing technical assistance around new MCP requirements for duals. MCPs will have new responsibilities and tools to better serve beneficiaries, including an enhanced care management and in lieu of services benefit.

Sarah Brooks: MLTSS managed care plans has different requirements around care coordination for dually eligible beneficiaries under CCI compared to a Medi-Cal only beneficiary. For example, they're not required to conduct health risk assessments, develop individualized care plans or convene interdisciplinary care teams for duals who are only in the plan for their Medi-Cal benefits. DHCS will determine what requirements apply to managed care plans, serving dual eligible beneficiaries and how those requirements will align with D-SNP requirements.

Sarah Brooks: What is a D-SNP? D-SNPs are Medicare Advantage health care plans that provide specialized care to duals and offer wraparound services, but also maintain a state Medicaid agency contract, also called a SMAC, with DHCS. Sorry. The Bipartisan Budget Act of 2018 permanently authorized D-SNPs, modified integration requirements and established a unified grievances and appeals procedure. D-SNPs are required to submit an updated SMAC by July 6, 2020 to meet the higher standards of coordinated care by January 1, 2021. DHCS will begin working on SMAC updates in 2019. These new integrated care requirements may include hospital and SNP admission notification requirements and integration of appeal and grievances depending on level of capitation and DHCS contracts with the D-SNPs and whether there is exclusively aligned enrollment.

Sarah Brooks: D-SNPS are a voluntary enrollment option for duals, and like other Medicare plans follow Medicare marketing and enrollment rules. With respect to contracting with D-SNPs, DHCS will require managed care plans to pursue these NEPs that limit coverage to full benefit dual eligibles. But should the plan sponsor wants to offer coverage to the partial benefit dual eligibles, DHCS will require a separate plan benefit packages for partial duals.

Sarah Brooks: DHCS will also pursue several avenues with DMS to limit enrollment into Medicare advantage plans that are D-SNPs look-alive but which do not offer integration and coordination with Medi-Cal. DHCS will request that CMS monitor the share of enrollees in MA plans who are dually eligible and designate plans with a high percentage of dual eligible enrollees in MA plan where the threshold is yet to be determined for look-alike plans. DHCS will also request that CMS reject applications to offer MA plans targeted at dual eligibles.

Sarah Brooks: So the Department will require that all D-SNPs must use a model of care addressing both Medicare and Medic-Cal services in order to support coordinated care, high quality care transitions and information sharing. DHCS will work with CMS to incorporate new Medi-Cal CalAIM model of care requirements and to the D-SNP model of care as appropriate. The Department will not require D-SNPs to operate as fully integrated or FIDE or highly integrated HIDE D-SNPs, however the plan may pursue that designation. Instead DHCS's contract with D-SNPs will require all D-SNPS to notify, or arrange for another entity to notify, the state or its designee of hospital and skilled nursing facility admissions for at least one state identified population of high risk enrollees to improve coordination of care during transitions of care.

Sarah Brooks: Currently, the state is developing this admissions notification policy, including identifying the high risk target population, which entity will be notified by D-SNPs, the timeframes for the notification and the notification method. As part of this effort. DHCS will be examining contract requirements and Federal quality based standards. The Department may potentially require D-SNPS to provide the state annual Medicare Part C and D reporting, and any compliance actions taken, including areas of quality or access by CMS. We are interested in your feedback on what quality and reporting results D-SNPs should report to DHCS on an annual basis. The Department will align D-SNPs quality improvement and oversight requirements with managed care plan requirements, including new requirements under CalAIM to the extent possible.

Sarah Brooks: Additionally, the Department will provide education and training to the Longterm Care Ombudsman to support this population following the transition out of Cal MediConnect. At this time, DHCS is exploring pathways to encourage aligned enrollment of dual eligibles into matching managed care plans and D-SNPs to promote more integrated care. With respect to voluntary enrollment, the Department is not proposing a widespread passive enrollment policy for the D-SNP transition. This is different from Cal MediConnect.

Sarah Brooks: Beneficiaries in Medicare fee for service or in a D-SNPs that is not ending can keep their Medicare the way it is now. So, no change to your Medicare if you don't choose to make a change to your Medicare. With respect to default enrollment, DHCS will allow D-SNPs to pursue approval from CMS and DHCS to enroll, unless the member chooses otherwise, existing managed care plan enrollees into the D-SNPs, when the enrollees become newly eligible for Medicare. This is designed to help maintain member access to their existing network providers. Members can choose Medicare fee for service using the existing Medicare enrollment policies.

Sarah Brooks: With respect to crosswalk enrollment, the Department will request that CMS allow a crosswalk transition of beneficiaries from a Cal MediConnect plan to a D-SNPs and managed care plan operated by the same parent organization. The D-SNPs must offer a substantially similar, excuse me, provider network, cover the same or more benefits as the Cal MediConnect product, and may not impose additional cost sharing requirements. They also may be subject to additional CMS requirements such as financial criteria and Cal MediConnect performance metrics. DHCS will request CMS provide this criteria in sufficient time for Cal MediConnect plans to plan their transition.

Sarah Brooks: The Department will request that CMS allows a crosswalk transition for full benefit dually eligible individuals from an integrated D-SNP that is no longer available to the individual into another comparable D-SNP in instances where integrated care coverage would otherwise be disrupted. For example, if during Medi-Cal re-procurement, a parent organization will no longer offer an MCP or and/or D-SNP in a County, CMS will enroll the member in a comparable integrated plan.

Sarah Brooks: So moving onto aligned enrollment. The Department proposes only allowing D-SNPs to enroll beneficiaries who are already in their matching MCP product to promote coordination and integrated care. If a beneficiary wanted to change their D-SNP plan, they would have to first teams their MCP plan during open enrollment. With respect to look alike plans, DHCS will request that CMS crosswalk duals enrolled into Medicare advantage look-alike plans into D-SNP products offered by the same organization.

Hilary Haycock: We're getting some reports that we're losing audio. If you can hear us, can you please raise your hand? Okay. It looks like most folks can continue to hear us. Our apologies for folks that are having issues with their audio, but it seems like is not a widespread problem. The recording will be posted online. We're going to move the mic closer to Sarah, and we are just really walking through details that are also available in the policy documents. For folks who are having a hard time hearing, we do apologize. We'll see if moving the mic closer will be helpful.

Sarah Brooks: That will help.

Hilary Haycock: All right.

Sarah Brooks: Thank you, Hilary. All right. So back on expectations to aligned enrollments. The Department is considering creating flexibility for managed care plans that do not currently operate. Medicare plans to stand up their Medicare product after 2023. DHCF is considering other flexibilities for managed care plans operating in rural areas where they cannot meet Medicare network adequacy or other requirements, so D-SNPs without Medi-Cal contracts and service areas. DHCS proposals grandfathering existing dual eligible members of D-SNPs that do not have a matching MCP product in the service area. Moving forward, beneficiaries would not be able to join a D-SNP if they are not also in the plan's MCP products.

Sarah Brooks: And then finally with respect to delegated MCPs, current D-SNP regulations may not allow crosswalk or default enrollment for plans that do not have a direct contract with the State Medicaid agency. So DHCS will request CMS to determine how to allow Cal MediConnect plans that do not have a direct Medi-Cal contract to participate in Alliance enrollment.

Sarah Brooks: The Department is also working to protect beneficiaries as much as possible through multiple efforts, it's very important to us. And that includes limiting churn, looking at marketing and brokers, and sending notices to MLTSS duals. So for with respect to limiting churn, D-SNPs can allow members to remain enrolled in the plan to resolve any Medi-Cal eligibility issues. In terms of marketing and brokers, the Department will ensure consumer protections are standardized across the state. D-SNPs will be required to target marketing materials only to enrollees in their affiliated MCP. Insurance brokers will be required to explain the value of enrolling in an integrated product as well as how to navigate a health plan network and receive training on how to work with limited English proficiency beneficiaries, and the important importance of using beneficiary facing materials that are culturally appropriate and in Medi-Cal threshold languages.

Sarah Brooks: And then finally, with respect to sending notices to MLTSS duals, DHCS will send notices to MLTSS dual eligible members informing them of their new option to enroll in a matching D-SNP. DMHC and DHCS will review marketing rules to ensure D-SNPs are able to educate members in their matching MTP plan about their integrated care option.

Sarah Brooks: Next slide, please. So DHCS will require state-wide integration of long-term care into manage care for all medical populations by 2021. So this is with respect to the carbon for long-term care. Based on lessons learned from CCI and also implementation of this benefit in COHS counties, DHCS will work to ensure continuity of care through a smooth transition of existing treatment authorization requests into the managed care format and facilitate communication between the MCP provider relations team and nursing facilities. The Department is considering developing a best practices tip sheet for the plans in the transition, and alignment with delegated plans.

Sarah Brooks: Finally, DHCS will also consider new requirements for MCPs working with the long-term care facilities, aligning quality metrics and potentially requiring D-SNPs to coordinate with D-SNPs to align with D-SNP requirements to coordinate around hospital and other facility discharge planning. We will be releasing an FAQ on this trip transition in the near future, I would expect in the next couple of weeks here. And so we look forward to sharing additional information with you about this transition through that FAQ. So with that, I will pass it back over to Hilary.

Hilary Haycock: Great. So we are now going to open it up for public comment questions and answers. There have been a couple put into the chat box, so we'll start with those, but then we welcome folks to raise your hand and we will open your phone line. The first question is about whether the crosswalk enrollment will be driven by Medicare or Medicaid Enrollment. Crosswalk is going to be for folks that are in a Cal MediConnect plans currently. And so what would happen is that they would crosswalk from, just for example, the LA Care CalMediConnect plan to an LA Care D-SNPs that had a substantially similar network, as well as as-good or similar or better benefit plans. So they go into the LA Care D-SNP as well as the matching LA Care Medicaid health plan.

Hilary Haycock: Crosswalks would also be allowed if a existing D-SNP decided to close and there was another D-SNP that the parent organization had that followed the same rules. So this would be about moving somebody from a plan they're already in that is ending into a similar plan operated by the same parent company. There is a question about what is the tactical definition of a look-alike plan. I don't believe that there is one, but just would... We've got Kerry Branick.

Sarah Brooks: We've got Kerry, yeah.

Hilary Haycock: Yeah. We've got Kerry Branick from CMS on the line, so we can maybe see if Kerry has an answer to that question.

Kerry Branick: I'm trying to pull it up as we speak. I didn't anticipate that one. But CMS did talk a little bit about these plans in our Medicare Advantage call out earlier this year. And so I can look up how we framed it, but I'm also happy to maybe give the information to the Cal duals team and they can share it with whoever's asking as well.

Hilary Haycock: Okay. Great.

Sarah Brooks: Thank you, Kerry.

Hilary Haycock: Thank you, Kerry. Yes, if you can send that to us, we can post that, the slides and the recording, all of which will also be posted on Cal MediConnect. All right. We are going to unmute Karen Cutlage. Apologies, I'm not pronouncing that correctly. Karen, do you have a question? You're unmuted. All right. We will come back to you if you raise your hand again. All right. Go back to that chat question. All right. As the practice of Medicare Advantage brokers, as with the practice of MA, Medicare Advantage, brokers will Medi-Cal managed care plans be required to compensate brokers that sell a D-SNP plan? This is a question about if D-SNPs are using a broker to help move somebody into that D-SNP, will the Medi-Cal plan be required to pay the broker? I wouldn't see that there would be a requirement, that would be at the discretion of the plan.

Hilary Haycock: All right. Did I hear correctly that plans that operate a look-alike plan but don't have a D-SNP or other Medicare product, those members will be crosswalk? So DHCS is putting out there for stakeholder comments whether or not we should request that CMS crosswalk dual eligibles enrolled in MA look-alike plans into D-SNP products offered by the same organization. The rationale for the potential to do that crosswalk is that we believe that a D-SNP plan is a better product that will offer more integrated and coordinated care for the dual populations. And so that is why we are contemplating that action. All right. Jack Dailey, your line should be un-muted. Okay.

Jack: Thanks, Hilary. Thank you, Sarah and the whole team for the presentation and this stakeholder process. Certainly appreciate the opportunity to provide feedback and insights. And I know we're working on providing written comments. One of the things I wanted to speak to was the part about providing updated education and technical assistance to folks experiencing the mandatory enrollment with the Medicare managed care.

Jack: And I just wanted to ask and also encourage that there be a similar multi-pronged consumer assistance effort that brings in a variety of different players to meet the demands that variably will be created when this is rolled out. It's a different animal, but when CCI and CMC rolled out, there was just a huge response from the community in our seven counties. And a statewide role like this will take a similar if not greater effort to ensure that consumers have a number of outlets of reliable information and support getting good information about what their options are and how to navigate this process. So just wanted to ask and also encourage a similar or greater effort with regard to consumer assistance efforts on behalf of the DHCS. So, thank you very much.

Sarah Brooks: Thank you, Jack. Great comments and definitely in the wheelhouse in terms of what we are talking about doing. Certainly we want to engage stakeholders and have a process where, for example with the notices that we're working on, we take the lessons learned from prior notices but also send those out for input. So certainly that's just an example of one of the things we would be doing along the way with respect to stakeholder process. But certainly see the value in engaging with our stakeholders throughout this endeavor.

Sarah Brooks: And then the other thing I just wanted to flag is that we do intend to provide technical assistance and education to entities such as the Long-term Care Ombudsman, HICAP and other entities so that they have information about what we're doing. Because we do want to get the word out there and make sure that limit any confusion for beneficiaries. So, appreciate your comments and thank you very much.

Hilary Haycock: Thank you, Jack. All right. There was a question about what the enrollment process is for D-SNPs plans. We did walk through a lot of different types of enrollment policies that we are proposing for different populations. Rather than going back through that whole list, I would suggest that you take a look at the policy document that's been posted on calduals.org to take a look at that. But maybe, Kerry, if you could give us just one or two sentences about what our enrollment rules for D-SNP plans generally, because I know this is a little bit of a new type of product for most folks in California.

Kerry Branick: Sure. So D-SNPs, or dual eligible special needs plans, are a type of Medicare Advantage plan and governed by national rules and regulations about enrollment, benefits structure, consumer protections, et cetera. And so the D-SNPs would be required to follow those national policies. The Medicare/Medicaid plans and Cal MediConnect also followed most of those rules and requirements, but we did waive off them or provide additional flexibility or changes in order to be more specific to the environment in California.

Hilary Haycock: Thank you, Kerry. Pamela Moakler, you are self muted. We are happy to unmute you if you... All right. And your line is open.

Pamela: Okay. Thank you. Thank you for all this great information, Kerry and Sarah. And so my question is, health plans that are in California with Medicare Advantage products and potentially D-SNP products, or other SNP products like a D-SNP product, are they going to be able to go directly to the state to get medical managed care contracts in any county? Even if, for example, in Los Angeles the plans have to go through LA Care or Health Net. And in the geographically covered counties there's more flexibility. But will the state be opening this up to plans that do not currently have a contract with the state?

Sarah Brooks: So at this time we would be limiting to just plans that have contracts with the state. Certainly would welcome feedback or input on that response, if that's something that you would like us to consider in a different manner.

Pamela: Okay. Thank you so much.

Sarah Brooks: Thank you.

Hilary Haycock: All right. So the question about what if the Cal MediConnect plan doesn't have a D-SNP product?

Sarah Brooks: So we are requiring under our CalAIM initiative that all of our Medi-Cal managed care health plans have a D-SNP, and for those plans in particular that have a Cal MediConnect product, that that'd be in place by 2023. So we don't anticipate that that would be an issue or an area of concern.

Hilary Haycock: Great. All right. There's a question around will the moratorium around operating in D-SNP and Cal MediConnect counties be removed and, if so, when?

Sarah Brooks: So we are looking... I know we have, I think, at least one, possibly two duals plan letters on D-SNPs and enrollments. And we're taking a look at those now and looking at how we need to revise the policy. So more to come on that. Good question.

Hilary Haycock: Shirley Wigman, your line is unmuted. You can ask a question or prior comments. All right. Shirley, we are going to lower your hand. You're welcome to raise it again if you want to ask a question. All right. Another clarifying question around DHCS requesting CMS or crosswalk people in look-alike plans to D-SNP plans. Is DHCS going to request or is DHCS just thinking about requesting?

Sarah Brooks: So what I would say is that our intent is that we will request. However, again, we would welcome stakeholder feedback and comment on the entire memo and the contents of the memo. So look forward to hearing from you further on that issue.

Hilary Haycock: All right. There is a question around whether there will be a new RFP bid for managed care plans. How will re-procurement interact with the transition for CCI and CalAIM?

Sarah Brooks: Okay. So for just a little background for those that are on the line, California is in the process of re-procuring its commercial health plans in 36 counties across the state. We are targeting at this time, summer to fall to release that RFP. With respect to CalAIM requirements, those would be built into the contract that's included in the RFP that's released. And so we would expect that any health plan that applies for that RFP would be able to demonstrate that they would be able to come into compliance with the CalAIM requirements.

Hilary Haycock: Great. There's a question about if plans want to cover a partial dual, would the new partial dual plan needs to be added as an MA or a D-SNP product, and what is the thought process behind having a separate plan for those numbers? I wonder if, Kerry, you might be comfortable talking a little bit about, from a CMS perspective, why you would have a D-SNP for old duals and a different benefit package for a partial dual population?

Kerry Branick: Sure. So I think a lot of the pieces of the proposal the state's put forward speak to the intent to try to align enrollment, such that everyone in the D-SNP product is also enrolled in that Medicaid Managed Care plan. And that enables us to carry forward a lot of the pieces of integration that we've done in Cal MediConnect into this broader statewide infrastructure. So having, we would call it exclusively aligned enrollment at CMS, would enable us to do things like have integrated marketing materials and integrated member materials so that the beneficiary could get, say, one member handbook that talks about both the Medicare benefits covered by that organization and the Medicaid benefits, just like we do in Cal MediConnect now.

Kerry Branick: We can't do that if the D-SNP enrolls beneficiaries that are not also receiving full Medicaid from that plan. And so I think the intent at trying to limit plan benefit packages, which is sort of CMS speak for each type of plan that an organization might offer. So trying to limit a plan benefit package to only those full benefit duals maintains the ability for us to be able to offer those pieces of integrated care. The plans are... From the state's proposal, it doesn't limit plans from offering additional plan benefit packages for partial benefit duals. It just limits that the plan needs to have one that's just for full benefit duals. And I would welcome Sarah, Hilary to correct me if I've mischaracterized your intent there.

Hilary Haycock: Nope. That is perfect. Thank you so much, Kerry. This question is about whether the enrollment process will be the same as the current Cal MediConnect enrollment process?

Sarah Brooks: No. So yeah [inaudible 00:36:33] I mean, the process will be different. So as we said, just to be clear, we're not engaging in passive enrollment here. The enrollment process will be different from what we utilized for Cal MediConnect. Yes.

Hilary Haycock: Yeah. So Cal MediConnect did enrollment through Health Care Options. And what we're going to be moving to is allowing the D-SNPs to... it's not allowing. But because we're moving to the D-SNP model, we'll be moving to the D-SNP enrollment policy world. And so the D-SNPs will be allowed to enroll members into their plan, like any other Medicare products, and we'll be following the CMS D-SNP enrollment and policies. Denny Chan, your line is unmuted if you'd like to make a comment.

Denny Chan: Good morning. Can you all hear me?

Sarah Brooks: Yes, good morning.

Denny Chan: Great. First of all, thank you so much to the Department for hosting this call. And I specifically wanted to thank you for the proposals around limiting the growing problem of D-SNP look-alikes. It's something that we have been concerned about here at Justice in Aging, and great to see the content in your proposal around curbing the influence of look likes. I have a couple of questions this morning. So first, I really agree with the Department's sentiment that the proposal should incorporate learnings from the current demonstration. We really believe that we would only support a D-SNP MLTSS model if it would maintain the same level of integration of Cal MediConnect. and so I'm wondering how does a D-SNP and MLTSS model improve on and maintain Cal MediConnect integration and care coordination requirements for dual eligibles currently in CCI counties? I understand that it's a step up for duals in non-CCI counties who don't have D-SNP and Medicaid Managed Care options potentially, but how does it actually maintain the integration and care coordination requirements for folks in the CCI counties? That's question number one.

Denny Chan: Question number two is about those duals who are currently enrolled in Cal MediConnect. We believe very strongly the Department has a responsibility not just to continue to run the ship through 2022 but to continue to improve the program. There are known gaps in the program around LTSS referrals and language access issues. But in the proposal released earlier this week, there really is only one sentence about DHCS continuing to work with the plans to improve the programs. So the second question is, in what ways specifically will the Department continue to improve on the program through 2022 for those 110,000 folks who are currently enrolled?

Denny Chan: And then finally the last question is about sort of the timing and communication to consumers. The proposal and the demonstration came during the Medicare annual election period. And brokers and agents in the larger Medicare Advantage market can really capitalize on this proposal and target duals by telling those who are currently enrolled at their plan is going to end anyway, and those who are considering to enroll that it is going going to end and they should join their non-integrated product. Given that it makes sense for the Department to set the narrative and not allow brokers and agents to set the narrative, what proactive messaging, if any, is the Department considering to do eligibles about what's happening to Cal MediConnect?

Denny Chan: So one is around how the D-SNP model and MLTSS model maintains and improves upon integration and care coordination requirements for duals in CCI counties. Two is around improving on the program through 2022. And then three is about noticing and messaging to dual eligibles about what's happening to Cal MediConnect. Thank you so much.

Hilary Haycock: Thank you, Denny. All right. So for the first one, how we're going to maintain the same level of integration of Cal MediConnect. So that the D-SNP model has definitely evolved over the years since Cal MediConnect was launched. In part, as our good friends at CMS have been looking at the learnings from demonstrations, like Cal MediConnect, and integrating those learnings into the D-SNP model to try to drive improved integration and coordination of care. I think that the real important thing to understand about this proposal is that what we're trying to develop here is an aligned enrollment policy. What we think is going to provide integrated, coordinated care for beneficiaries across the state is for them to be enrolled in the same plan for a D-SNP and for their Medi-Cal products. And there are going to be enhanced requirements around those plans for doing the types of care planning work that is required to under Cal MediConnect.

Hilary Haycock: So I think you'll read in the proposal that what we're looking for is to look at how the CalAIM proposals, which are significantly changing and expanding the requirements for enhanced care management and provision of additional services to Medi-Cal beneficiaries. As we're moving forward with that, which I would say is strongly also informed by a lot of the lessons learned in Cal MediConnect, we are going to be integrating those requirements and looking at how we can create broader alignment across the entire Medi-Cal program so that the D-SNPs and the Medi-Cal plans are going to be also driving towards the type of coordination, integration and quality of care that we're looking at under the CalAIM proposal. And so we really do think that, when you get through this proposal, we're going to have beneficiaries that choose to be in a matching D-SNP and Medi-Cal plan, are going to be receiving care that is coordinated and integrated across both sets of benefits.

Hilary Haycock: And so we're really looking for folks' input as a part of this process, as we're developing this model of care requirements that will go into the D-SNP contracts, that we get your input on those so that we can be doing that. And all of this is in the context of wanting to create greater standardization for requirements for plans across the state. And the Cal MediConnect plan, we've found, is just administratively difficult to do. The oversight and the work that is important for delivering the quality of care for beneficiaries. We think that Cal MediConnect has done a great job, but we think that it is going to be a better model to have this paired D-SNP Medi-Cal plan so that we can move to a more streamlined administrative process, while at the same time moving and maintaining integration, but also sort of aligning our care coordination and quality standards for all beneficiaries in the Medi-Cal program.

Hilary Haycock: In terms of what are we going to do to continue to work to improve the Cal MediConnect program in the remaining years. This is definitely something that is a high priority for both the Department and for CMS, so we are working with CMS on different ways that we can maintain incentives in the Cal MediConnect program. The plan is to be continuing to work on a number of quality indicators and we are going to be working closely with the plans on those for things like Care plan completion. We are actively running a work group right now looking at issues around DME, I think, Denny, you are on. So all of that, all the improvement work is ongoing and the Department is not planning to take their foot off the gas in that sense.

Hilary Haycock: The last is around the timing and communication to consumers. We have been working closely with... We've been working on that sort of consumer facing messaging. I think we are in a little bit of a period where we have a proposal on the table but we don't have something final. And so while we're gathering input and finalizing the proposal, we are also developing messaging for consumers because we do want to try to get out ahead of some of the confusion that we know of that could result. And so that is definitely on our radar, and we certainly look to you, Denny, and your colleagues at Justice in Aging as well and other stakeholders to help inform that process. So, very long response. But excellent question, thank you so much. And we look forward to your comment. All right. So we have Johanna Caraway?

Johanna Caraway: So, hello. I will...

Hilary Haycock: All right. Maybe you did not mean to raise your hand. So we're going to try to unmute you and then you will... She must've dropped off. All right. All right. Jason Blair, you are unmuted.

Jason Blair: Thank you. Very informative topic. I wanted to ask in regards to the assisted living waiver. And there's no transition and diversion. I own a placement agency in LA and for 20 years encounter every day people that are low income that need too much care to stay at home but don't need nursing. And it's very sad that nursing homes don't usually want to take long-term Medi-Cal. The assisted living waiver has a one to two year wait list and 90% of the assisted living waiver people go to larger assisted living that might have on staff to 20 to 30 people. Would the Department of Health be open, while they transition from CCI to MLTSS, to allow the CCI MCOs to develop pilot programs like small scale trial programs by adding a new rate category for assisted living to the rate tables?

Jason Blair: The problem is now without that rate category seniors that need too much care to stay at home or seniors in nursing home MLTSS are considered healthy or un-categorized if they choose to live in assisted living, and a healthy rate cannot pay enough to cover the cost of an RC so instead of promoting nursing home diversion and transition, the CCI MLTSS rate tables actually do the opposite. When CCI MCOs get fully reimbursed for nursing expenses but not enough to pay for community based settings, that's the opposite of Olmsted.

Sarah Brooks: So, Jason, this is Sarah. I think excellent comments, and the Department is actually very focused under its CalAIM proposal on looking at options for health plans to provide other kinds of services that would allow for individuals to remain in the community or to be moved from skilled nursing facilities or other institutional settings into the community. So specifically I would flag for you our concept of in lieu of services, or ILOS, that we are discussing in a work group right now. And I'll talk a little bit more about that work group in a second.

Sarah Brooks: Essentially in lieu of services are services that will allow a health plan to provide services that would not normally be covered by Medicaid, but that then instead for a specific beneficiary, for example, would allowed that individual to not be hospitalized or receive an in-patient stay. And so it's a way of providing other kinds of services while at the same time allowing the plan flexibility as well. So we are talking about in lieu of services under CalAIM at a work group, as I mentioned. You can find more information about CalAIM on our DHCS website. You can also email our inbox at calaim@dhcs.ca.gov. And in particular, we are discussing the issues that you're talking about so I would ask you to take a look at that and provide feedback to us on it.

Hilary Haycock: Great.

Sarah Brooks: Thank you.

Hilary Haycock: All right. We have a question about whether independent living facilities and associated costs will be moving to Managed Care.

Sarah Brooks: Independent living facilities? I need some follow up.

Hilary Haycock: All right. We'll follow up on that. All right. Maya Altman, you're phone line is unmuted.

Maya Altman: Sorry. Hi. Thanks for the presentation, and I'm really excited about the align enrollment proposals, those are great. I just have one question. I think you said this, Sarah, but I just want to confirm. You just referred to the in lieu of services packages that are in the CalAIM proposal, and also there's local enhanced care management. Do those two types of services definitely apply to dual eligibles? So that's still a little bit unclear to mem, especially since 67% of some people that are eligible for these services, especially in the nursing home population, are duals.

Sarah Brooks: Yeah. Our understanding is it is applicable to the dual eligible population, but we'll confirm that, Maya, and we can follow up.

Maya Altman: Okay. I think that's a very important... For this to really work, particularly for people who are at risk of a nursing home placement, it has to apply to duals, because that's most of them.

Sarah Brooks: Yeah. Yeah, that's our understanding, Maya. But we'll just confirm just to make sure.

Maya Altman: Okay. Thank you.

Sarah Brooks: Thank you.

Hilary Haycock: All right. The question about how the in lieu of services proposal will be different than the care plan options benefit in Cal MediConnect, and that might encourage the increased utilization of in lieu of services. The answer to that, correct me if I'm wrong, Sarah, is that care plan options were not included in the plan rate, whereas in lieu of services are included in the plan rate. And thus there is a greater financial incentive for the plan to make those investments for members.

Raphael: And I think just to add that, and we are echoing what Sarah mentioned a moment ago. And, apologies, this is Raphael Davtian with CRDB. The in lieu of services proposal, as Sarah said, is something that is out there right now that the Department is actively working on with stakeholders to develop. And so I think one of the areas where we'd certainly appreciate feedback is how folks think it could best be implemented to make sure that it provides the most benefit to our beneficiaries. And at the same time provides that flexibility for Managed Care plans to use those services in those instances where it's most appropriate to transition numbers out of institutional care, divert members from going into institutional care or achieve some of the other goals proposed under those in lieu of services.

Hilary Haycock: All right. Great. There's a question about whether long-term care carve in will impact a member's ability to exercise their right to receive long-term care in a community setting. There is no change [crosstalk 00:53:54].

Sarah Brooks: Right. No. So the long-term care carve in is just, essentially, standardizing the benefit across the state. So today COs and then in CCI counties, the long-term care benefit is covered. This is just standardizing that benefit so that it's available statewide for beneficiaries through Managed Care plans. So that when a beneficiary accesses care in one County and they might move to another, then they experienced the same benefit package. But we're not making any changes to other components.

Hilary Haycock: There's a question about the Cal MediConnect dashboard and if that will be carried forward.

Sarah Brooks: Yeah. So we intend to continue the Cal MediConnect dashboard through the end of the program until we transition to our other options that we are implementing under CalAIM.

Hilary Haycock: And I will say that one of the things that we are looking for public comment on is definitely around what sort of quality reporting metrics we should be asking the D-SNPs to provide to the state for oversight. So we put in a proposal that we're interested in existing things the plan can have that Department can ask us to have plans submit to the state that they... some of the Part C and D quality metrics. And there's also the ability for the state to request CMS audit and other oversights materials. And so I'm interested in what folks think would be helpful for the state to be tracking as a part of their oversight for the D-SNP.

Hilary Haycock: We are pretty much at time this morning. We appreciate everyone for all of the questions and the great comments on the proposal. The proposal is open for public comment until the end of January. There will be additional opportunities for stakeholders to ask questions and provide comment as the state moves forward in finalizing some of these policy details. And we very much want to be hearing from you all. So, and as always you can send us any questions we weren't able to answer to info@calduals.org and we will do our best to answer them. And again, today's recording and the slides will be posted on calduals.org likely next week.

Hilary Haycock: There you can see where you can provide your feedback. With that... I got that wrong. So we need feedback on the CalAIM policies at calaim@dhcs.ca.gov. If it is a CalAIM proposal and not a Cal dual proposal. My apologies on that. But the questions or comments that are not sort of that formal public comment process can always come to us at info@calduals, and we are always happy to respond. So with that, we will end today's webinar and thank you again. Have a great day.

Sarah Brooks: Thank you.