



Select 1915(c) Waivers and the Coordinated Care Initiative

Revised April 2013

California's Coordinated Care Initiative (CCI), adopted in July 2012, promotes the integrated delivery of medical, behavioral, and long-term care Medi-Cal services, and also provides a road map to integrate Medicare and Medi-Cal for people on both programs, called "dual eligible" beneficiaries.

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries (including dual eligibles) into managed care for all Medi-Cal benefits, including long-term services and supports (LTSS¹); and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as "Cal MediConnect."

In March 2013, the Centers for Medicare & Medicaid Services (CMS) approved California's proposed dual eligibles demonstration scheduled to begin no sooner than October 2013 in eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino.

This document answers common questions about how the CCI will impact the following waiver programs that provide care coordination and services to help enrollees live safely at home:

- Nursing Facility/Acute Hospital
- In-Home Operations Waiver Services
- Assisted Living Waiver Services

These are sometimes called 1915(c) waivers, based upon the section of federal law used to authorize them. (How the CCI impacts the Multipurpose Senior Services Program (MSSP), HIV/AIDS and developmental disability waiver programs are described in other fact sheets.)

HCBS Waivers and Mandatory Medi-Cal Managed Care Enrollment

1. Will beneficiaries receiving waiver services be mandatorily enrolled in managed care for their Medi-Cal services in the eight CCI counties?

Yes, although they will also maintain their waiver enrollment. Medi-Cal managed care plans will continue their current policies of coordinating services with waiver program providers. Many waiver beneficiaries already are enrolled in both Medi-Cal managed care and waiver programs.

2. Will there be any new enrollment into these waivers in the eight CCI counties?

Yes. Waiver enrollment will continue in the eight CCI counties for dual eligible beneficiaries and Medi-Cal-only seniors and persons with disabilities (SPDs).

¹ LTSS include In-Home Supportive Services (IHSS), Multipurpose Senior Service Program (MSSP), Community-Based Adult Services (CBAS), and nursing facilities.

3. Will waiver waiting lists continue in non-CCI counties?

Yes. Enrollment and waiting lists in all counties will continue where those waiver services currently exist. However, enrollment the In-Home Operations waiver has closed statewide.

4. What will happen to waiver beneficiaries already enrolled in Medi-Cal managed care?

Beneficiaries enrolled in Medi-Cal managed care will remain enrolled in managed care and continue receiving services through the waiver program in the same manner they do today.

5. If someone on a waiver in a CCI county goes into a nursing home for more than one month, would he or she have to enroll in managed care because that is the only way nursing home services will be paid for in CCI counties?

Waiver beneficiaries in the CCI counties will be enrolled in managed care for their Medi-Cal benefits, including nursing home benefits. If a person enters a nursing home on a short-term basis (less than 90 days), he or she will retain their waiver status. If it is a long-term stay (90 days or longer), he or she will be disenrolled from the waiver (as is the policy today). Note that some waiver beneficiaries already are enrolled in both Medi-Cal managed care and a waiver, and this policy will be expanded to all waiver beneficiaries.

Cal MediConnect Enrollment**6. Will beneficiaries dually eligible for Medicare and Medi-Cal who currently are enrolled in waivers be passively enrolled into Cal MediConnect?**

No. Under the CCI, dual eligible beneficiaries already enrolled in waivers will stay enrolled in their waiver program and will not be passively enrolled into Cal MediConnect.

7. Can dual eligible beneficiaries receiving these waiver services voluntarily enroll in Cal MediConnect?

No one currently enrolled in these waiver programs may enroll in Cal MediConnect. Waiver beneficiaries may voluntarily **disenroll** from their current waiver program and then enroll in Cal MediConnect.

8. Will dual eligible beneficiaries on waiting lists for waiver services be included in the passive enrollment process for Cal MediConnect?

Yes. Dual eligible beneficiaries on waiver waiting lists in CCI counties will be subject to passive enrollment. The beneficiary will retain their place on the waiver waiting list even after they join the Cal MediConnect program.

In the Cal MediConnect plans, beneficiaries will receive care coordination and may receive home and community based services² via Care Plan Option services.

9. What are Care Plan Option services?

Care Plan Option services are optional HCBS services that a Cal MediConnect plan may offer to their members when the plan and the care team determine that, through the

² According to SB 1008 (Chapter 33, 2012) Care Plan Option services “may include in- and out-of-home respite, nutritional assessment, counseling, and supplements, minor home or environmental adaptations, habilitation, and other services that may be deemed necessary by the managed care health plan, including its care coordination team.” (Welfare and Institutions Code 14186.1(c))

individual care plan, additional services will help an individual better achieve their personal care goals, as well as keeping them out of institutionalized care. CPO services may also be authorized to address short-term, more immediate health needs as well. Cal MediConnect plans are at-risk for the full range of services an individual may need, including hospital and nursing home care. Thus, the health plans have strong financial incentives to provide Care Plan Option services as an alternative to more costly institution-based care and as preventive measures to avoid accidents and hospitalizations.

10. What will happen to a beneficiary's place on the waiting list in the CCI counties?

A beneficiary on a waiver waiting list who joins a Cal MediConnect health plan will retain his or her position on the waiting list. Once a slot opens, the beneficiary will have the following choices: 1) disenroll from the Cal MediConnect plan and join the waiver and stay enrolled in a Medi-Cal plan; or 2) stay enrolled in the integrated Cal MediConnect plan. A beneficiary cannot be enrolled both in the waiver and in a Cal MediConnect health plan.

Assessment Process

11. What assessment tools will Cal MediConnect plans use to evaluate a beneficiary's care needs?

Cal MediConnect plans will use a health risk assessment to assess each new enrollee's needs within 90 days of member enrollment. That assessment will inform the individual care plan created for each member. In addition, state law requires that a new universal assessment process be used starting as early as 2015. Until then, existing tools will continue being used, including but not be limited to, the Medicare-required health risk assessment tool, the CBAS assessment tool, the IHSS assessment tool, the MSSP assessment tool, and nursing facility tools. Health plans will have specially trained staff performing the assessments.

12. How will the state know whether the beneficiary is offered the services indicated in the assessment?

The Department of Health Care Services (DHCS) is responsible for health plan oversight and quality assessment. In addition, the [Department of Managed Health Care](#), the only state agency in the country dedicated to overseeing health plans, will play an active role in overseeing health plan performance. The federal Centers for Medicare & Medicaid Services also will be closely monitoring the health plans.