



The Coordinated Care Initiative and Consumers Enrolled with Regional Centers and State Developmental Centers July 2015

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.” Beneficiaries enrolled with Regional Centers and State Developmental Centers are excluded from the Coordinated Care Initiative.

The CCI includes two parts:

Cal MediConnect: All of a beneficiary’s medical, behavioral health, long-term institutional, and home-and community-based services can 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.

Managed Medi-Cal Long-Term Services and Support (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 services and supports (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

The CCI is taking place in seven counties: 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 some of these beneficiaries began in April 2014, with more people enrolled each month. Notification of these changes are 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.

Understanding Enrollment

Optional enrollment in Cal MediConnect health plan *ONLY APPLIES to Orange and Santa Clara county residents***:** 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 enrolled with a Regional Center will not be passively enrolled into Cal MediConnect.

Mandatory enrollment into Medi-Cal health plan: Nearly all Medi-Cal beneficiaries 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 Consumers Enrolled with Regional Centers and State Developmental Centers **only applies to Orange and Santa Clara County**		
	Dual Eligible Beneficiary	Medi-Cal Only Beneficiary
Beneficiary Receiving Only Regional Center Services	<ul style="list-style-type: none"> Beneficiary is excluded from passive enrollment into Cal MediConnect but is required to enroll in Medi-Cal managed care for Medi-Cal benefits including LTSS. <p>(Note: The health plan will coordinate services with the beneficiary's Regional Center for Medi-Cal)</p> <ul style="list-style-type: none"> Beneficiary will not be passively enrolled or be eligible to enroll into Cal MediConnect. 	<ul style="list-style-type: none"> If beneficiary is not already enrolled in a Medi-Cal managed care health plan, he or she must elect a Medi-Cal managed care health plan or be auto-enrolled by the State. If beneficiary is currently enrolled in a Medi-Cal managed care health plan, he or she will remain enrolled in the managed care health plan and continue to receive Regional Center services through the Regional Center.
State Developmental Centers	<ul style="list-style-type: none"> Beneficiary is excluded from passive enrollment into Cal MediConnect but is required to enroll in Medi-Cal managed care for Medi-Cal benefits including LTSS. <p>(Note: The health plan will coordinate ancillary services</p>	<ul style="list-style-type: none"> If beneficiary is not already enrolled in a Medi-Cal managed care health plan, he or she must elect a Medi-Cal managed care health plan or be auto-enrolled by the State. If beneficiary is currently

	<p>under the beneficiary's Medi-Cal).</p> <ul style="list-style-type: none"> Beneficiary will not be passively enrolled or be eligible to enroll into Cal MediConnect. 	<p>enrolled in a Medi-Cal managed care health plan, he or she will remain enrolled in the managed care health plan and continue to receive Development Center services through the Developmental Center.</p>
<p>DDS Waiver</p>	<ul style="list-style-type: none"> Beneficiary is excluded from passive enrollment into Cal MediConnect but is required to enroll in Medi-Cal managed care for Medi-Cal benefits including LTSS. <p>(Note: The health plan will coordinate services with the beneficiary's DDS waiver for Medi-Cal).</p> <ul style="list-style-type: none"> Beneficiary will not be passively enrolled or be eligible to enroll into Cal MediConnect. 	<ul style="list-style-type: none"> If beneficiary is not already enrolled in a Medi-Cal managed care health plan, he or she must elect a Medi-Cal managed care health plan or be auto-enrolled by the State. If beneficiary is currently enrolled in a Medi-Cal managed care health plan, he or she will remain enrolled in the managed care health plan and continue to receive waiver services through their waiver provider.

<p style="text-align: center;">ICF/DD Resident</p>	<ul style="list-style-type: none"> • Beneficiaries residing in Two-Plan and Geographic Managed Care (GMC) counties will not be required to enroll into Medi-Cal managed care plan (services will continue being paid for through Fee-For-Service Medi-Cal). • Beneficiaries who reside in San Mateo and Orange counties are enrolled in Medi-Cal managed care and will continue to receive ICF/DD services through the Medi-Cal managed care plan. 	<ul style="list-style-type: none"> • Beneficiaries who reside in San Mateo and Orange counties are enrolled in Medi-Cal managed care and will continue to receive ICF/DD services through the Medi-Cal managed care plan.
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Common Questions

1. Do individuals who are developmentally disabled and receive services at the Regional Center, State Developmental Center or through a DDS waiver or ICF/DD, have to enroll into Cal MediConnect?

No, individuals receiving services at the Regional Center or State Developmental Center or through a DDS waiver or ICF/DD are NOT eligible to participate in Cal MediConnect. They will not receive a notice about Cal MediConnect and they will not be subject to passive enrollment into Cal MediConnect. (Passive enrollment only applies in Orange and Santa Clara counties.) However, these individuals excluding ICF/DD beneficiaries in Two-Plan or GMC counties do have to enroll in Medi-Cal managed care for some of their Medi-Cal benefits. They will receive notices about choosing a plan for their Medi-Cal benefits and if they do not choose a plan, the State will choose a Medi-Cal managed care plan for them.

Dual eligible beneficiaries who receive services through HCBS-DD waiver, Regional Centers, State Developmental Centers and ICF/DDs in County Organized Health System (COHS) counties (San Mateo and Orange) will be enrolled in Medi-Cal managed care. The managed care health plans will coordinate with the beneficiary's DD services.

The only exception is if a beneficiary of an ICF/DD is a resident in a Two-Plan Medi-Cal managed care and GMC county who will not be mandatorily enrolled into Medi-Cal managed care.*

In COHS counties, a beneficiary of an ICF/DD will be enrolled in Medi-Cal managed care plan and receive their ICF/DD benefits through the plan.

*Two-Plan Counties include Santa Clara, San Bernardino, and Riverside.
GMC counties include Los Angeles and San Diego only. County Organized Healthy System (COHS) counties include San Mateo and Orange.

2. Will residents of ICF/DD be mandatorily enrolled into Medi-Cal managed care?

No. Residents of an ICF/DD in Santa Clara, Los Angeles, San Bernardino, Riverside, and San Diego counties (Two-Plan and GMC model counties) will not be required to enroll in Medi-Cal managed care. The ICF/DD services will continue being paid for through fee-for-service Medi-Cal.

Residents are already enrolled in a Medi-Cal managed care plan in San Mateo and Orange counties and ICF/DD services are provided through the Medi-Cal managed care plan

3. 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 six 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 six 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/continuity-of-care-under-cal-mediconnect/>.

4. What if I receive a letter about 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.