Stakeholder Update Webinar

Coordinated Care Initiative

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
SEPTEMBER 30, 2021
Agenda

• Department of Health Care Services (DHCS) Updates
  – DHCS Policy Update
  – September Cal MediConnect Dashboard
  – DME Fact Sheets

• Cal MediConnect COVID Vaccination Campaigns for Homebound Members

• Stakeholder Feedback and Q&A
Overview: Cal MediConnect to EAE D-SNP and Medi-Cal Managed Care Transition

• Cal MediConnect beneficiaries will be transitioned to exclusively aligned enrollment (EAE) D-SNPs and matching Medi-Cal Managed Care Plans on January 1, 2023. The Cal MediConnect demonstration will be ending on December 31, 2022.

• EAE D-SNPs and Medi-Cal Plans will maintain the integrated care and quality of care standards from Cal MediConnect.

• DHCS will continue to keep stakeholders and beneficiaries engaged and informed throughout the transition process.

• Definitions:
  – “Aligned Enrollment” occurs when a beneficiary is enrolled in a D-SNP for Medicare benefits, a Medi-Cal managed care plan (MCP) for Medi-Cal benefits, and the D-SNP and MCP are both owned and controlled by the D-SNP parent organization.
  – “Exclusively Aligned Enrollment” is a state policy which limits a D-SNP’s membership to only individuals with aligned enrollment.
  – “Non-aligned D-SNP” is a D-SNP with members enrolled in MCP(s) not affiliated with the D-SNP.
Key Policy Reminders

• Beneficiary enrollment in a D-SNP (or other Medicare Advantage plan) is voluntary.

• Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.

• For 2023, beneficiaries already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan – no action needed by the beneficiary.
Exclusively Aligned Enrollment Example

• **Example 1:**
  – Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal “Plan E”
  – Beneficiary chooses to enroll in Medicare D-SNP “Plan F”
  – DHCS will change beneficiary Medi-Cal enrollment to Medi-Cal “Plan F” to match D-SNP “Plan F”

• **Example 2:**
  – Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal “Plan F”
  – Beneficiary chooses to enroll in Medicare D-SNP “Plan F”
  – DHCS takes no further action since Medicare and Medi-Cal plans are aligned

• **Example 3:**
  – Beneficiary already enrolled in Cal MediConnect, automatically transitions to D-SNP and Medi-Cal plan aligned with Cal MediConnect plan.
Beneficiary Choices in CCI Counties

• Dual eligible beneficiaries have the following choices in CCI counties in 2023:
  – For those already enrolled in Cal MediConnect, automatically transition to the D-SNP and Medi-Cal plan affiliated with their Cal MediConnect plan;
  – Select/remain in Original (FFS) Medicare, and choose any Medi-Cal plan*;
  – Choose an exclusively aligned D-SNP, with automatic enrollment in affiliated Medi-Cal plan*;
  – Choose an MA plan (non D-SNP), with automatic enrollment in affiliated Medi-Cal plan*;
  – If available, choose an MA plan or maintain enrollment in a pre-2014 D-SNP, not affiliated with a Medi-Cal plan, and choose any Medi-Cal plan*;
  – In certain counties/locations, choose PACE or a FIDE-SNP (SCAN) for both Medicare and Medi-Cal benefits.

* Medi-Cal plan choices vary by county, model (i.e., County-Organized Health System (COHS), Two-Plan, Geographic Managed Care (GMC)), prime plan(s), and delegates, if any.
Next Steps on Aligned Enrollment

• Develop detailed enrollment process and beneficiary notices for 2023, in consultation with stakeholders.
• Develop integrated member materials, in consultation with stakeholders.
• Develop 2023 State Medicaid Agency Contract (SMAC), in consultation with stakeholders.
• Local outreach to support Cal MediConnect transition.
• Educate and promote new enrollment in exclusively aligned D-SNPs and affiliated Medi-Cal plans.
Cal MediConnect (CMC) Dashboard

Jacqueline Lang, CHES Data Reporting Chief, Managed Care Quality and Monitoring Division
Cal MediConnect (CMC) Dashboard

• The September CMC Dashboard has been posted:
  https://www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx
CMC Dashboard: Enrollment

Fig. 1: Monthly Enrollment

- April 2020 (107,477)
- May 2020 (108,662)
- June 2020 (110,746)
- July 2020 (110,581)
- August 2020 (111,265)
- September 2020 (111,980)
- October 2020 (112,693)
- November 2020 (113,662)
- December 2020 (114,977)
- January 2021 (112,803)
- February 2021 (112,872)
- March 2021 (112,945)
Fig. 8: Quarterly Rolling Statewide Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment

<table>
<thead>
<tr>
<th>Quarter</th>
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<td>Q2 2020</td>
<td>94%</td>
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<tr>
<td>Q3 2020</td>
<td>94%</td>
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<tr>
<td>Q4 2020</td>
<td>94%</td>
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<tr>
<td>Q1 2021</td>
<td>95%</td>
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</table>
CMC Dashboard: Individualized Care Plan

Fig. 10: Quarterly Rolling Statewide Percentage of Members with an ICP Completed Within 90 Days of Enrollment

- Q2 2020: 88%
- Q3 2020: 83%
- Q4 2020: 86%
- Q1 2021: 85%
CMC Dashboard: Behavioral Health Emergency Room Utilization

Fig. 20: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Services Utilization per 10,000 Member Months

- Q1 2020: 18.1
- Q2 2020: 16.2
- Q3 2020: 18.0
- Q4 2020: 14.1
Update on Durable Medical Equipment (DME) Fact Sheets

Jack Dailey
Health Consumer Alliance Coordination, and Director of Policy and Training for Cal MediConnect Ombuds Services Program
In September 2019, DHCS partnered with Aurrera Health Group and the U.S. Centers for Medicare & Medicaid Services (CMS) to send a 12-question survey on DME policies, procedures, and lessons learned to CMC plans.

A workgroup consisting of representatives from DHCS, CMS, CMC plans, advocates, and providers was launched in October 2019 to review the challenges around accessing DME and to establish solutions to identified barriers.
• One finding was members, caregivers, providers, and others involved in the member’s care may not understand the nuances of CMC coverage of DME.

• In response to this need, the workgroup developed two DME fact sheets:
  1. **Beneficiary Fact Sheet**: Targeted at dual eligible individuals enrolled in a CMC plan
  2. **Provider Fact Sheet**: Targeted at clinicians and clinical team members who see dual eligible individuals in a CMC plan
The **provider fact sheet** is a reference sheet for providers that includes background on CMC plans, DME coverage requirements, a Medicare/Medi-Cal benefits coverage reference chart, and resources.
DME Member Fact Sheet

- The **member fact sheet** includes information on CMC plans, what qualifies as DME, what DME is covered by CMC plans, DME assessments, the DME appeals process, and resources.
Challenges and Solutions to COVID 19 Vaccination of Homebound Dual Eligible Beneficiaries

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Disclosures

- This presentation is not an official position or statements from the Center for Medicare and Medicaid Services and the Medicare and Medicaid Coordination Office.

- I am currently a Health and Aging Policy Fellow for the Health and Aging Policy Fellowship 2020-2021 which is funded by the John A. Hartford Foundation, Atlantic Philanthropies, and West Health Foundation.
A Public Health and Safety Concern For Homebound Population

- Individuals that have behavioral health, cognitive or physical disabilities, and in addition may also have social deficits e.g. transportation, lack of internet or communications, health literacy that make it a “hardship” to leave their residence are considered “home bound.”

- These subpopulations are at increased risk of adverse health and safety concerns during environmental or other emergencies (e.g. fire, water safety, hurricanes, tornadoes, floods etc.) or other public health emergencies (e.g. pandemics or epidemics).

- As we have witnessed during the COVID 19 pandemic these subpopulations are also challenged to receive appropriate care and preventive services i.e. vaccination.

- Their family caregivers and formal paid caregivers also have extreme burdens and anxiety about meeting the known needs of their loved ones.
Approximately 1.6 million adults 65 years of age and over living in the United States may have trouble accessing the COVID-19 vaccine because they are homebound; 51% of these older adults face at least one additional barrier, such as living alone or lacking technology.

 Nearly 15% of Hispanic older adults are homebound, compared to 7% of Black older adults, 5% of older adults who are American Indian, Asian, or Pacific Islander, and 3% of those who are White.

 Just under half of homebound older adults are connected to assistance programs and services such as food stamps, Meals-on-Wheels, and in-home rehabilitative care; vaccinating homebound older adults could be facilitated through partnerships with these programs.

 Almost all homebound older adults--96%--report having seen their doctor in the past year; working more closely with primary care providers and health centers may also benefit vaccination efforts.

 https://aspe.hhs.gov/homebound-vaccine-covid
Homebound 70+ increased due to COVID 19 and public health recommendations to “stay at home.” Increased from 1.6 million (2019) to 4.2 million (2020)

Prevalence 2011-2020:
- All - 5%- 13%
- Hispanic/Latino- 12.6%-35%
- Black; 7%- 23%
- White 4% - 10%

Characteristics:
- 28% no phone
- 51% no computer
- 52% no email use

Disproportionate Affected Dual Eligible Beneficiaries

- Higher risk of hospitalization and death.
- White non-Hispanic individuals are more likely to reside alone (caregiver adequacy?)
- Black non-Hispanic and Latino individuals are more likely multi-person household which improves caregiver support but increases exposure risk of COVID-19.

Challenges for Those Who are Homebound

COVID-19 Vaccine Access for Older Adults and People with Disabilities Who are Homebound

- Vaccine Hesitancy
- Scheduling and Providing Vaccines
- Distribution Partnerships
- Expanded Pool of Vaccinators
- Identifying Those in Need
- Vaccine Supply
- Reimbursement
- Caregiver Vaccines
- Health Equity
- Policy

Adapted Trust for America Health: Age Friendly Public Health Project
Definitions are a Challenge

- Definition of home bound vs the semi-homebound challenges data collection and epidemiology -

- **CMS Definition** *(Determining Homebound (cgsmedicare.com))*:
The Centers for Medicare and Medicaid Services (CMS) released a clearer definition of homebound to be used when deciding if patients are eligible for home health services under Medicare.

  - **Patients are considered “confined to the home” or “homebound” if they meet these two criteria:**
    - Patients either need supportive devices such as crutches, canes, wheelchairs, and walkers; special transportation; or help from someone else in order to leave their home because of illness or injury OR have a condition that makes leaving the home medically inadvisable.
    - “There must exist a normal inability to leave home; and leaving home must require a considerable and taxing effort.”
Other Definitions

- “Do you require help going outside” and “How much difficulty do you have when leaving the house by yourself?”

- Homebound older adults defined as leaving home once a week or less.
Other Challenges With Definitions

- States may have their own definitions for Homebound status for LTSS or HCBS.

- Data systems lacking to estimate younger adults and children that meet a home bound status definition.
Community dwelling dual eligible:

- 45% need assistance in one or more Activities of Daily Living.
- 50% report having need for assistance in one or more mobility tasks.
- These rates are 2X Medicare only population.

https://academic.oup.com/psychsocgerontology/article/69/Suppl_1/S51/545758?login=true
Key Lessons Learned from MMP July Homebound Vaccine Review

- COVID 19 caused many plans to re-evaluate their screening, targeting, analytics, and care management operations.

- In general, MMPs were challenged to begin to see the need for a “homebound registry” and are in process to develop.
  - California as state, and MMPs operating in California, already had built into operations registry to readily identify members at risk during public health emergency or natural disaster.

- Many MMP stated that the “definition of “homebound” needs more standardization. Almost all plans expanded their view of “homebound” to more broadly include home restricted due to psychosocial issues, BH issues, IDD issues, SDOH vulnerability.

- Many but not all MMP began to modify their analytics and move to a predictive analytics model adding broad set of CPT, ICD 10 codes, prior authorization/authorization codes,
Data integration systems with state, Medicare, Medicaid, public health and community based organizations that permitted accurate accounting of vaccination status were often delayed. Causes undue burden and effected vaccination strategies.

Highly variable across states and MMP, but not having in place pre-COVID 19 PHE strong community partnerships with community organizations i.e. Area Agency on Aging etc. Some states do have this and it was reported how valuable this was to address vaccine access, vaccination rates, and vaccine hesitancy.

Vaccine access and availability.

Vendors for in home vaccination.

Prolonged timeline by states for getting health plan staff certified for home bound vaccination (e.g. nurse practitioners).
Key Innovations & Best Practice Learned from MMP July Homebound Vaccine review

- Formation of collaborative coalition for MMP, MCO, MLTSS, AAA/CBO, Public Health and State.

- MMP with active and formed partnerships (formed pre-COVID) with CBO and Public Health were described as “invaluable” and permitted greater ability to pivot to home bound member needs, vaccine access, in-home vaccination, and coordination.

- MMP reported AAA/CBO “more trusted” and felt they could address vaccine hesitancy and were able to coordinate local services to meet needs.

- CMO engagement (internal and external) for education, engagement, trusted expert, and leadership. CMO in some plans did ZOOM town hall meetings with members which was described as beneficial to address questions and permit peer to peer relations of vaccinated and vaccine hesitant.
Key Innovations & Best Practice Learned from MMP July Homebound Vaccine review

- Development of new CPT code for COVID 19 Prevention and Counseling with coordination of primary care visits.
- New data systems and dashboards that allowed stratification by age, gender, ethnicity, language, race, and including social vulnerability index scores. Dashboards shared enterprise wide in a “all hands-on deck” value framework and with care management staff.
- Using technology like IVR for outreach and using call in wait time with pre-recorded CDC information messages.
- Specific person-centered approaches for sub-populations (e.g. IDD).
- Use of in-home vaccination vendors like EMT, Home Health Care Agencies, AAA/CBO.
Case Study: LA Care
Overview (Health Plan Focused):
Homebound Vaccination Partnership in L.A. County

- Met weekly since April 2021.
- Shared efforts with other health plans.
  - DHCS statewide Medical Director Meeting in April 2021 and other venues.
- DPH worked with community-based organizations (e.g. Department of Aging).
Analytics and Identification

- Reviewed CMS Definition of Homebound individuals (and updates).

- Used an emergency preparedness/power outage (wildfire, earthquake and other natural disasters) analytic and identification model.
  - Health Plan of San Mateo*

- Employed clinical and risk adjustor groupers to identify HCPCS and ICD-10 codes of individuals that are likely to be homebound (see next two slides).
  - As an example, excluded people with ESRD (who can be vaccinated at the dialysis center or in the community).

- Reviewed the codes and logic with DPH vaccination team and geriatricians and other health plans.

- Removed those who have been vaccinated.
Screening, Targeting and Care Coordinating

• Based on our data, over 50% of the “homebound” members were already vaccinated by April 15.

• Pharmacies –
  • Transportation challenges

• Federally Qualified Health Centers –
  • Transportation

• Hospitals and Emergency Rooms –
  • Transportation and convenience

• Primary care and palliative care –
  • Most are not registered as vaccine administrators

• Others –
  • Regional Centers (people with disabilities e.g. Cerebral Palsy)
  • L.A. Care complex care management program

Provided by LA Care
Key Successes and Challenges

Successes
• Leadership and passion.
• Collaboration –
  • Clear roles and responsibilities.
  • Involved the home health vendor.
• Strong analytics and agreement on criteria.
• Agreed upon work plan.
• Meet regularly.

Challenges
• Major outreach challenge contacting members (contact info outdated, unable to leave message etc.)
• Vaccine hesitancy –
  • Still deciding (waiting to talk with their provider).
  • Declined vaccination at this moment.
  • Members were provided thorough education/counseling on the vaccine, vaccine trials, risks vs. benefits, etc.
• New processes for homebound member referrals (and self-referrals).
  • CDPH introduced new option in MyTurn for the public to select a Homebound option to request in-home vaccination.
  • Data sharing challenges (did not get insurance information).
  • LA County DPH assumes the role for now.
Other CA MMP and D-SNP Successes

- SCAN Health Plan
  - Started early in looking at ways to address homebound.
  - Set goal of 70% vaccination rate.
  - Focused on closing equity gap, focused interventions, and metrics dashboard.
  - Major intervention was using Med Arrive (EMT scheduling software) and Falk (ambulance).
  - Achieved Homebound vaccination rate of 35% to 71%, closed gaps for Blacks, Latino, Low Income, and Community Needs Index by 11%, 7%, 7%, and 8% respectively.
  - EMT approach was very effective in addressing vaccine hesitancy and getting caregivers vaccinated.
  - High member satisfaction 5/5 and high Net Promoter Score 97.
Other CA MMP and D-SNP Successes

- **Blue Shield Promise Cal MediConnect Plan**: A COVID task force was established with Health San Diego in 2020. Health plans, community organizations and county leaders attend to share up to date information, resources, best practices and work together to address barriers for San Diego residents, including homebound members.

- **CHG Cal MediConnect MMP**: Robust multi-prong outreach and communication approaches using identified preferred language, i.e. Post-cards, outreach calls, use local SME and university leaders to address neighborhoods and clinics, created video using local celebrities and trusted figures in the communities to educate on COVID 19 issues and vaccine.

- **Molina California**: Care Connections (home based NP program); predicative analytics for identification, broad CBO partnership and collaboration.
Supplemental Information
**Medicare age:** In 2011, the prevalence of homebound individuals was 5.6% (95% CI, 5.1%-6.2%), (roughly 2 million people) including an estimated 395,422 people who were completely homebound and 1,578,984 people who were mostly homebound. [https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2296016](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2296016)

In 2018, 21% of older adults reported difficulties moving from place to place, 8% had difficulties with self-care, 8% had difficulties with cognitive ability, and 14% reported difficulties with independent living. [http://www.advancingstates.org/sites/nasuad/files/HCBS-Primer.pdf](http://www.advancingstates.org/sites/nasuad/files/HCBS-Primer.pdf)
## Categories of HCPCS Code

### HCPCS Codes • Only for Age 16 and Older

- Raised Toilet Seat
- Oxygen - Portable Devices
- Oxygen - Stationary Devices
- Respiratory Supplies
- IV Infusion Supplies
- Hospital Bed and Accessories
- Patient Lift
- Home Ventilator
- Power Wheel Chair
- Non Emergency Transportation with Non Dialysis related trip with more than 6 trips in last 12 months

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<th>HCPC Codes</th>
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<td>Raised Toilet Seat</td>
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<td>Catheter and Urinary Related</td>
<td>A4300-A4360</td>
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<td>Oxygen- Devices</td>
<td>E0430-E0440</td>
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<tr>
<td>Respiratory Supplies</td>
<td>A7000-A7408</td>
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<tr>
<td>IV Infusion Supplies</td>
<td>E0776-E0791</td>
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<td>Hospital Bed and accessories</td>
<td>E0250-E0361</td>
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<td>Patient Lift</td>
<td>E0621-E0642</td>
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<td>home Ventilator</td>
<td>E0465-E0466</td>
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<tr>
<td>Wheel Chair Power</td>
<td>K0011-K0014</td>
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<td>Non Emergency Transportation with non-dialysis Trips with more than 6 trips in last 12 months</td>
<td>A0080, A0090 A0100, A0110, A0120, A0130, A0140, A0160</td>
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### ICD Dx Codes Category

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<th>Description</th>
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<td>A80</td>
<td>Acute poliomyelitis</td>
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<tr>
<td>A81</td>
<td>Atypical virus infections of central nervous system</td>
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<td>F02</td>
<td>Dementia in other diseases classified elsewhere</td>
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<td>F20</td>
<td>Schizophrenia</td>
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<td>G10</td>
<td>Huntington's disease</td>
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<td>Spinal muscular atrophy and related syndromes</td>
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<td>Hemiplegia and hemiparesis</td>
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<td>Malaise and fatigue</td>
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<td>Traumatic amputation of lower leg</td>
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<td>P94</td>
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<td>Q05</td>
<td>Spina bifida</td>
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<td>S14</td>
<td>Injury of nerves and spinal cord at neck level</td>
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<td>S78</td>
<td>Traumatic amputation of hip and thigh</td>
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<tr>
<td>Z99</td>
<td>Dependence on enabling machines and devices, not elsewhere classified</td>
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Provided by LA Care
Reporting:
LA Care COVID-19 Vaccine Data To Date

L.A. Care Member Vaccination Progress
Partially and Completely Vaccinated
% Vaccinated: 34%  Court of Vaccinated Members: 833,092  Total Members: 2,422,621

Display Option
Zip Code layers

% Vaccinated by Age Group
% Vaccinated by Product Line

% Vaccinated by Race/Ethnicity

Region Display Option

ANTELope VALLEY 24%
EAST 30%
METRO 42%
SAN FERNANDO VALLEY 35%
SAN GABRIEL VALLEY 39%
SOUTH 27%
Questions

• If you have a question, please click on the “raise hand” icon and our team will unmute you.
• Please feel free to type any questions into the chat.
Next Steps

• For more information on the Coordinated Care Initiative (CCI) – including enrollment, quality data, and toolkits – visit www.calduals.org. You can send any questions or comments to info@CalDuals.org.

• NextManagedLong-TermServicesandSupports(MLTSS)&DualsIntegrationStakeholderWorkgroupMeeting: **Wednesday, October 13th at 11 A.M.**

• NextQuarterlyCCIStakeholderEngagementWebinarwillbeheldon **Thursday, December 9th at 11 A.M.**