

Alzheimer's Advisory Committee

Coordinated Care Initiative Update

CALIFORNIA DEPARTMENT OF AGING
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

MARCH 22, 2017

2017-18 Budget Proposal

When created, the Coordinated Care Initiative (CCI) contained a provision requiring the Department of Finance to determine if the CCI program is cost effective each January, and if not, the program would be discontinued the following year.

The Budget estimates that CCI will not be cost effective, thereby triggering a process that ceases all statutory provisions related to CCI as of January 1, 2018. Until then, the Administration is taking this opportunity to restructure parts of the program to make it cost effective.

2017-18 Budget Proposal

The Budget proposes to extend core elements of the CCI program for two years, such as Cal MediConnect, mandatory enrollment of dual-eligibles, and integrating long-term services and supports (except IHSS) into managed care.

Other changes under the Budget include:

- In-Home Support Services (IHSS) funding
- Multipurpose Senior Services Program (MSSP) transition
- Universal Assessment Tool

In Home Supportive Services Impacts:

- Funding Structure
- Universal Assessment Tool
- Statewide Bargaining / IHSS Advisory Committee
- Care Coordination Teams

In Home Supportive Services Funding:

Effective July 1, 2017, MOE is eliminated and county participation reverts to pre-MOE sharing ratios

Universal Assessment Tool (UAT)

- The requirement for the Universal Assessment Tool (UAT) became inoperative when the Department of Finance informed the Legislature that the CCI was not cost effective.
- CDSS plans to consider parts of the draft tool, related materials and lessons-learned from the UAT project for possible use in the IHSS program.

Statewide Authority

- By operation of law, the Statewide Authority, established to be the employer of record for collective bargaining with IHSS providers in the seven CCI counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara) ceased to operate effective January 10, 2017.
- The Statewide Authority did not negotiate any final agreements with the seven bargaining representatives; therefore, collective bargaining returned immediately to the counties.
- The 13-member IHSS Stakeholder Advisory Committee, established by the Statewide Authority, also ceased to operate effective January 10, 2017.
 - Members were encouraged to continue their participation through other IHSS stakeholder processes.

Care Coordination Teams

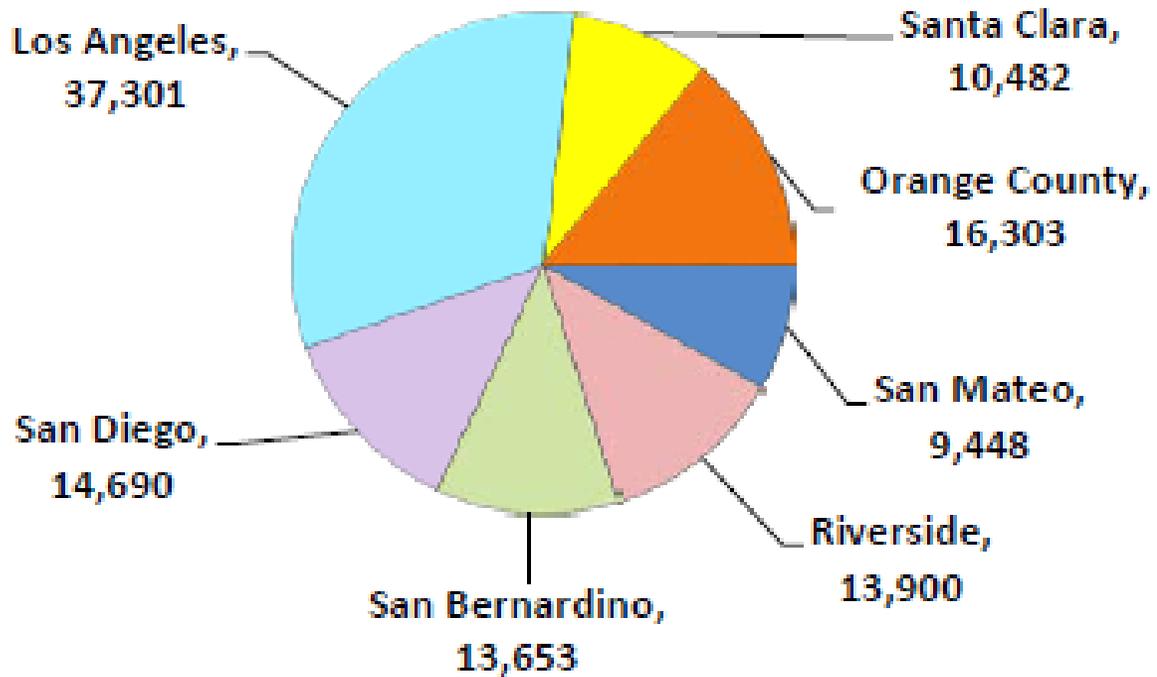
- Although the CCI demonstration project has ended, the pilot program for dual eligibles (Cal MediConnect) will continue in the seven CCI counties.
- CDSS continues to encourage the counties and IHSS providers to participate in care coordination teams and continues to collect monthly data on the counties' progress in this regard.

Multipurpose Senior Services Program (MSSSP Transition)

- MSSSP Sites in the Cal MediConnect Counties to continue to contract with Managed Health Care Plans
- CDA and DHCS to work on the State Transition Plan (STP) in 2018

Cal MediConnect Enrollment

Total Active Enrollments Effective February 1, 2017
By County



Total Active Enrollments
115,777

Streamlined Enrollment

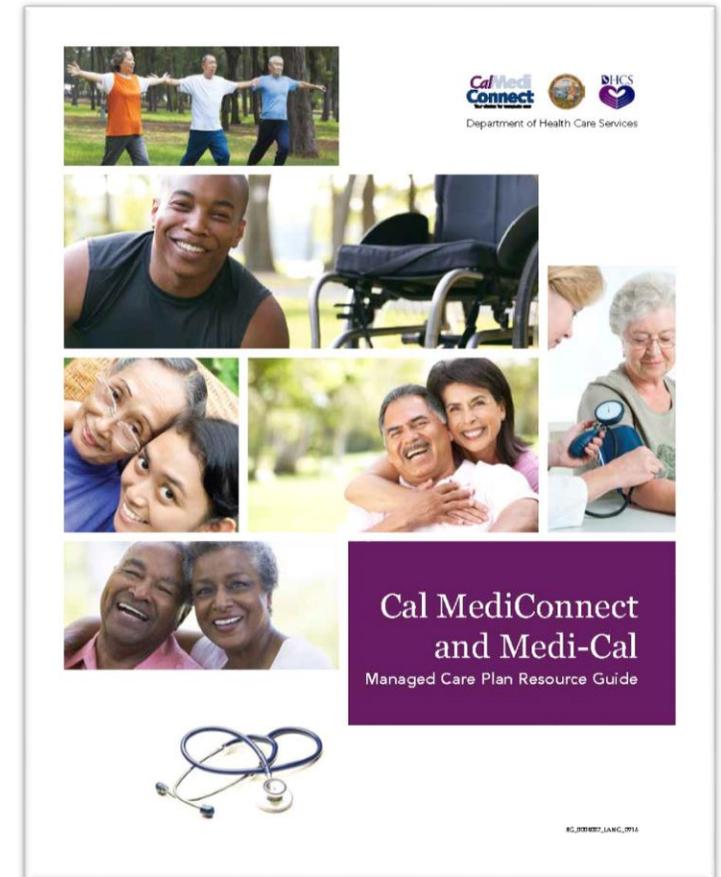
- Streamlined enrollment (which allows Cal MediConnect health plans to submit enrollment changes to DHCS on behalf of their Managed Long-Term Services and Supports (MLTSS) members) began the week of August 22, 2016.
- As of the end of December, we have seen approximately 1,950 streamlined enrollment request since the inception of the program.
- DHCS will continue to monitor the process and release data when available.

MLTSS Enrollment

Cal MediConnect/MLTSS resource guide and choice book was mailed to about 63,000 eligible beneficiaries in November and December.

Mailings will continue as beneficiaries become newly eligible, either by having Medicare and gaining Medi-Cal eligibility (or vice versa) or by moving into a CCI county.

Beneficiaries are still in the process of choosing or being assigned (default) a plan. As of the end of December, we have seen approximately 15,000 defaults to Medi-Cal plans and 11,300 choices. Of these choices 2,700 have been to join a CMC plan.



Increase Access to LTSS

- DHCS has convened a workgroup to develop standardized Health Risk Assessment (HRA) referral questions for LTSS.
- The workgroup is composed of 20 participants from a variety of stakeholder groups including health plans, advocacy groups, and MSSP organizations.
- The workgroup met 5 times to discuss the draft proposed questions as well as identify relevant risk factors that trigger LTSS referrals.
- They released a summary memo to DHCS and the public including the 10 final questions, which have undergone literacy review, to be used by Cal MediConnect and Medi-Cal plans to screen for LTSS needs.
- DHCS is currently revising the plan letters to implement these questions, those letters will be released for public comment soon.

Other Updates

Best Practices Meetings

- DHCS holds monthly meetings with Cal MediConnect plans to share best practices and ensure all plans are performing to the highest standard.
- Recent topics include Targeting Care Coordination for High Risk Members and Outreach to Communities of Diverse Backgrounds.

CalDuals Website Workgroup

- This fall, DHCS convened a workgroup to update and refresh the CalDuals.org website.
- The updated website will be launched in March.

Beneficiary Toolkit now available in 13 threshold languages

Resources and Contact Information

For more information on the CCI – including enrollment, quality data, and toolkits – visit www.calduals.org.

You can send any questions or comments to info@CalDuals.org.