



Coordinated Care Initiative Participating Populations

California's Coordinated Care Initiative (CCI), adopted in July 2012, makes significant progress toward integrating the 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.

This fact sheet describes the population supported by the CCI. In eight selected counties, Medi-Cal will mandatorily enroll certain beneficiaries in Medi-Cal managed care for long-term services and supports (LTSS). In those same counties, certain dual eligible beneficiaries will have the option to enroll into the same managed care health plan to coordinate their Medicare benefits

The Duals Demonstration Population

Eligibility Criteria for the Duals Demonstration

To be eligible for coordinated Medicare and Medi-Cal benefits through the duals demonstration program, a beneficiary must:

- Live in one of eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San

- Bernardino, Riverside, and San Diego.

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- Be age 21 or older.
- Have full benefits, meaning they have full Medicaid (Medi-Cal) coverage and are enrolled in Medicare Parts A and B (including those who receive Parts A and B through a Medicare Advantage Plan) and eligible for Part D.
- If they have a Medi-Cal share of cost, they must meet it each month by being in a Medi-Cal- funded nursing facility or receiving In-Home Supportive Services (IHSS) or Multipurpose Senior Service Program (MSSP) with a monthly share of cost below a set limit.

Groups Excluded from the Duals Demonstration

Even if they meet the above criteria, the following dual eligible beneficiaries are NOT permitted to enroll in the demonstration:

- Beneficiaries with other private or public health insurance.
- Beneficiaries with developmental disabilities receiving services through a Department of Developmental Services (DDS) 1915(c) waiver; regional center; state developmental center; or intermediate care facilities for the developmentally disabled (ICF/DD).
- Beneficiaries enrolled in the following 1915(c) waivers: Nursing facility/acute hospital waiver service, HIV/AIDS waiver services, assisted living waiver services, and In-Home Operations waiver services.
- Beneficiaries residing in 20 designated rural zip codes in San

Bernardino, Los Angeles, and Riverside counties.

- Beneficiaries residing in a veterans' home of California.
- Beneficiaries with end stage renal disease (ESRD). (The DHCS Director may allow voluntary enrollment in some counties, and beneficiaries who develop ESRD after enrollment may stay enrolled.)

Passive Enrollment into the Duals Demonstration

Enrollment into the duals demonstration for coordinated delivery of both Medicare and Medi-Cal benefits is voluntary and will occur through a passive enrollment process. Through this process, beneficiaries will receive multiple notices describing their choices about enrolling in the demonstration. If they do not notify the state that they choose to “opt out” and not join a demonstration health plan to coordinate their Medicare benefits along with their Medi-Cal benefits, they will be passively enrolled into a health plan assigned to them by the state.

Groups Exempt from Passive Enrollment into the Duals Demonstration

The following groups of beneficiaries may voluntarily enroll in the demonstration, but will not be part of the passive enrollment process:

- Beneficiaries enrolled in a Program of All-Inclusive Care for the Elderly (PACE).
- Beneficiaries enrolled in the AIDS Healthcare Foundation.
- Beneficiaries in certain rural zip codes in San Bernardino

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County (different than the excluded zip codes).

- Groups with delayed passive enrollment into the duals demonstration.
- Beneficiaries enrolled in a Medicare Advantage plan, including special needs plans, may voluntarily enroll in the demonstration at any time and will be passively enrolled in January 2014.

Mandatory Enrollment into Medi-Cal Managed Care

Under the CCI, Medi-Cal managed care health plans will begin providing coordinated LTSS, such as skilled nursing and home- and community-based services, including IHSS, Community-Based Adult Services (CBAS), and MSSP.

All Medi-Cal beneficiaries in the eight duals demonstration counties will be required to enroll in a Medi-Cal managed care plan except for the following groups:

- Beneficiaries younger than age 21.
- Beneficiaries with developmental disabilities residing in an intermediate care facility for the developmentally disabled (ICF/DD) in Two-Plan and Geographic Managed Care counties.
- Beneficiaries residing in a veterans' home of California.

Beneficiaries with other health insurance, except in San Mateo and Orange counties.

- Beneficiaries enrolled in PACE.
- Beneficiaries enrolled in the AIDS Healthcare Foundation.

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- Beneficiaries in certain rural zip codes.
- Medi-Cal-only beneficiaries excluded due to an approved Medical Exemption Request.