

Interaction of Select HCBS Programs with the Coordinated Care Initiative Draft Guidance for Comment January 24, 2013

A central goal of the Coordinated Care Initiative (CCI) is to help beneficiaries to stay in their homes and communities for as long as possible. To help ensure that beneficiaries receive the support needed to do so, it is important for there to be a shared understanding of how beneficiaries will move through the enrollment system and programs that provide home and community based services (HCBS). Pending approval with the Federal government, the CCI includes two parts: 1) eligible people with Medicare and Medi-Cal will be passively enrolled with the option not to join duals demonstration health plans that combine their Medicare and Medi-Cal benefits; and 2) mandatory enrollment into a health plan for managed Medi-Cal long-term service and supports (MLTSS).

This document contains a series of six flow charts to help promote a shared understanding of how these populations may receive certain HCBS under the CCI — either because beneficiaries are currently enrolled in a HCBS program or because they are seeking such services. The options vary depending on a number of factors, including if the beneficiary participates in the Duals Demonstration. Each flow chart discusses how a beneficiary moves through the CCI in three situations:

- *Beneficiary is “Pending Enrollment Process into CCI”*: Because the CCI enrollment process will generally be phased in, eligible individuals will be enrolled on a rolling basis. The flow charts are based on the assumption that phase-in process will begin in September 2013 and occur over 12 months for most counties (though immediately in San Mateo county and over 18 months in Los Angeles.) In addition, eligible beneficiaries enrolled in MSSP will be passively enrolled all at the same time in September 2013; this step is being taken as a requirement for rate setting.
- *Beneficiary has “Completed CCI enrollment; Mandatorily enrolled in MLTSS”*: These are individuals who have been through the CCI enrollment process and have been mandatorily enrolled in managed care for the provision of long term support services (LTSS). It is important to keep in mind that beneficiaries in the NF/AH and ALW waivers will not be passively enrolled into the Demonstration, but will be mandatorily enrolled into Medi-Cal managed care for LTSS. Such beneficiaries can choose to join the Demonstration, however they would be required to disenroll from their waiver to do so.
- *Beneficiary is “Excluded or exempt from MLTSS or Demonstration”*: These are individuals who are exempt or excluded from the CCI (either mandatory enrollment into managed care for LTSS or the Dual Demonstration). A beneficiary may be exempt from initial enrollment and later be required to go through the enrollment process. (Please see Attachment A.)

DHCS requests comments to be returned by February 6, 2013 at 5 pm.

Attachments

Attachment A: Participating Populations Chart

Attachment B: Not Enrolled in MSSP: Beneficiary Seeks MSSP

Attachment C: Currently Enrolled in MSSP

Attachment D: Not Enrolled in NF/AH, ALW Waiver: Beneficiary Seeks NF/AH, ALW Waiver

Attachment E: Currently Enrolled in NF/AH, ALW Waiver

Attachment F: Not Enrolled in CCT: Beneficiary Seeks California Community Transitions

Attachment G: Post-Transition: California Community Transitions Beneficiary

Appendix A.1:

Coordinated Care Initiative Participating Populations Chart for the Duals Demonstration

Updated January 17, 2013

Population ¹	Duals Demonstration (CA Welfare and Institutions Code Section 14132.275)
Everyone eligible for the demonstration must be a full-benefit dual eligible (member has Medicare Part A and B)	Included
Beneficiaries in rural zip codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Excluded
Beneficiaries under age 21	Excluded
Beneficiaries 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.	Excluded
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Excluded
ICF-DD Residents	Excluded
Beneficiaries with end stage renal disease (ESRD) – previous diagnosis	Excluded (except in San Mateo and Orange Counties)
Beneficiaries with ESRD – subsequent diagnosis (If a person is diagnosed with ESRD after enrollment, the person will remain in the demonstration)	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Excluded
American Indian Medi-Cal beneficiaries	Included, but may opt out of Medi-Cal any month
Beneficiaries with HIV/AIDS	Included, but may opt out of Medi-Cal any month
Program of All-Inclusive Care for the Elderly (PACE) and AIDS Healthcare Foundation enrollees	Exempt from passive enrollment (may enroll in Demonstration if first disenrolls from PACE/AHF)
Individuals enrolled in a prepaid health plan that is a non-profit health care service plan with at least 3.5 million enrollees statewide, that owns or operates its own pharmacies and that provides medical services to enrollees in specific geographic regions through an exclusive contract with a single medical group in each specific geographic region in which it operates to provide services to enrollees.	Exempt from passive enrollment
Medicare Advantage and Special Needs Plan members	Exempt from passive enrollment in 2013

¹ This chart does not include populations that are not full-benefit dual eligibles; they are excluded from participating in the demonstration. These populations include partial benefit dual eligible, Medi-Cal-only seniors and persons with disabilities (SPDs), or Medi-Cal-only SPDs exempt from managed care due to approved Medical Exemption Request (MER).

Appendix A.2:
Coordinated Care Initiative
Participating Populations Chart for
Managed Long Term Services and Supports (MLTSS)

Updated January 17, 2013

Population	Long-term services and supports (LTSS) via Mandatory Medi-Cal Managed Care ² (WIC 14182.16 & 14186.1)
Full-Benefit dual eligibles	Included
Partial-benefit dual eligibles	Included
Medi-Cal-only seniors and persons with disabilities (SPDs)	Included
Medi-Cal-only beneficiaries exempt from managed care due to approved Medical Exemption Request (MER)	Excluded
Beneficiaries in rural Zip Codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Included
Beneficiaries under age 21	Excluded
Beneficiaries in the following 1915(c) waivers: Nursing facility/acute hospital waiver service, assisted living waiver services, and In-Home Operations waiver services.	Included ³
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Included
ICF-DD Residents	Excluded in Two-Plan/GMC County
Beneficiaries with end stage renal disease (ESRD) – previous diagnosis	Included
Beneficiaries with ESRD – subsequent diagnosis	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Included
Resident of veterans home of California	Excluded
American Indian Medi-Cal beneficiaries ⁴	Included, but may opt out any time
Beneficiaries with HIV/AIDS	Included, but may opt out any time
Program of All-Inclusive Care for the Elderly (PACE) and AIDS Healthcare Foundation enrollees	Excluded
Individuals enrolled in a prepaid health plan that is a non-profit health care service plan with at least 3.5 million enrollees statewide, that owns or operates its own pharmacies and that provides medical services to enrollees in specific geographic regions through an exclusive contract with a single medical group in each specific geographic region in which it operates to provide services to enrollees.	Exempt from passive enrollment

² Includes all dual eligible and Medi-Cal only SPDs unless otherwise noted.

³ Beneficiaries will remain in the waiver programs and health plans will coordinate services with waiver providers.

⁴ Indian Medi-Cal beneficiaries can access services through Indian Health programs and providers as provided by current law.

Medicare Advantage and Special Needs Plan members	Exempt in 2013
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