

# **1115 Waiver Update**

Monthly All Directors Meeting  
May 10, 2012



## **Agenda**

- ❖ Low Income Health Plan Update
- ❖ Seniors and Persons with Disabilities Update
- ❖ Dual Eligibles Demonstration Update



# **LOW INCOME HEALTH PLAN UPDATE**



## **LIHP Implementation Update**

- 47 Counties Participating
- 7 Counties in authorization process
  - Monterey June 1
  - Placer June 1
  - San Joaquin June 1
  - Merced July 1
  - Stanislaus July 1
  - Yolo (CMSP) July 1
  - Sacramento August 1
- 3 Counties Pending Implementation Date
- 2 Counties Withdrawn (SLO, Fresno)

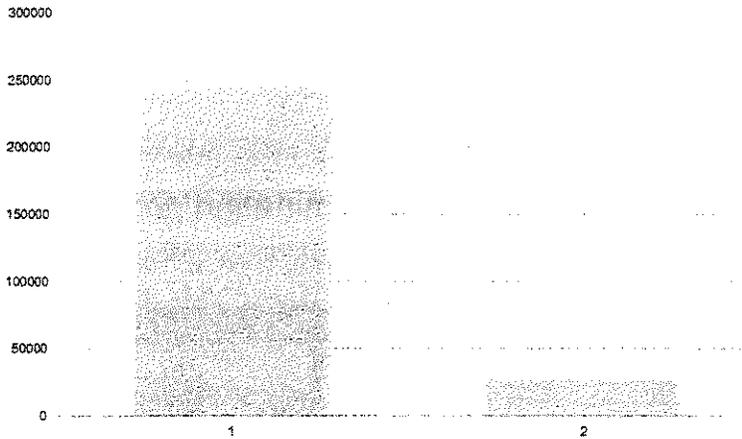
## Enrollment & Eligibility

- February 2012 cumulative enrollment
  - approximately 337,000
  - Total goal 500,000
- Eligibility Issues
  - Delays in eligibility determination process
  - Homeless applicants
  - Identity documentation
  - Streamlined reenrollment

## Claiming & Reimbursement

- Transition period payments to Legacy Counties
- Health Services Protocols
  - Certified public expenditures
  - Capitation rates
    - Alameda, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Mateo, Santa Clara Counties
- Administrative Activities Protocol

**Cumulative Total Unduplicated Number of Enrollees  
by Program Component All Counties, December 2011**  
MCE = 248,775; HCCI = 28,038



## Demographics

- Female: 53%                      Male: 47%
  
- Age:
 

55+	38%
45 - 54	28%
33 - 44	13%
25 - 34	15%
19 - 24	7%
  
- FPL
 

0 - 133% FPL:	84%
134 - 200% FPL:	12%
Unavailable:	5%

## Demographics: Race/Ethnicity

- Black: 12%
- Latino 32%
- White 22%
- Asian & PI 18%
- Other 5%
- Unavailable 12%

## Current DHCS Program Focus

- Claiming and reimbursement protocols
- Quarterly payments
- New programs operational
- Monitoring Ryan White transition and overall program operations
- LIHP Transition Plan

## **SENIORS AND PERSONS WITH DISABILITIES TRANSITION UPDATE**

### Seniors and Persons with Disabilities

- Seniors: 32% have a psychiatric disability
- Persons with Disabilities: 40% have a psychiatric disability

## Transitions

- 366,730 into managed care plans
- 202,360 transitioned by birth month

## Surveys

- 5,000 calls each month in February and March
  - 10% response rate
  - 87% improved ability to make appointment
  - 87-90% satisfaction with services among those who received services
  - 80-84% more satisfied today than in fee for service
  - Pharmacy refill issue raised by very small number (being investigated)

## Medical Exemption Requests (MER)

- 12,800 MERs filed
  - 4% of SPD population
  - 1,900 approved
  - 3,400 denied
  - 7,500 returned as incomplete

## Lessons Learned

- Provider education critical
  - Provider workgroups for duals
  - Continuity of Care
  - MERs
- Better beneficiary education
  - Beneficiary workgroup
  - Clear informing materials

## **DUAL ELIGIBLES DEMONSTRATION PROPOSAL**

### **Federal – State Cooperation**

- California is one of 15 states that received a \$1 million contract to design an integrated care demonstration for dual eligibles.
- Collaborative design process
- Need to determine:
  - Blending payments to health plans
  - Three-way contracts
  - Shared savings

## California Context: Dual Eligibles

- 1.1 million dual eligibles
- 1/3 live in L.A. County
- 2/3 are 65 and older
- Roughly 14% of Medi-Cal population but are 25% of cost
- 20% enrolled in Medi-Cal managed care
- \$7.6 billion in state Medi-Cal costs (\$20 billion with Medicare)
- \$3.2 billion in LTC costs = 75% of Medi-Cal total LTC spending

## California Context: Dual Eligibles

- 52% of individuals dually eligible for Medi-Cal and Medicare have a psychiatric disability

## Vision: Integrated Model of Care

- Initial Health Risk Assessments
- Individualized Care Plans
- Care Coordination Teams
- Health plans responsible for providing seamless access to a full continuum of services
- Strong consumer rights
- Joint state-federal oversight

## Demonstration Goals

1. Coordinate state & federal benefits; access to care across care settings; improve continuity of care; and use a person-centered approach.
2. Maximize the ability of beneficiaries to remain in their homes/communities with appropriate services & supports in lieu of institutional care.
3. Increase the availability and access to home- and community-based alternatives.
4. Preserve/enhance ability of consumers to self-direct their care and receive high quality care.
5. Optimize the use of Medicare, Medi-Cal and other State/County resources.

## Proposed Demonstration Model

- Population
  - Most full-benefit dual eligibles
  - No children under age 18
  - No PACE, AIDS Health Care Foundation Enrollees
- Enrollment
  - Passive enrollment with a voluntary opt out
  - Phased-in throughout 2013
- Financing
  - Capitated payment models with 3-way contracts between CMS, CA Department of Health Care Services, and health plans

## Proposed Demonstration Model

- 10 Counties proposed in 2013
  - Current State Authority for Four Counties:
    - **Los Angeles** (370,000) Health Net and LA Care
    - **Orange** (71,000) CalOptima
    - **San Diego** (75,000) Molina, Care 1st, Community Health Group, Health Net
    - **San Mateo** (15,000) Health Plan of San Mateo
- Six Proposed, pending further authority and readiness:
  - **Alameda, Sacramento, Contra Costa, Santa Clara, San Bernardino, Riverside**

## Covered Benefits

- All Medicare Part C and D Benefits
- All Medi-Cal Services currently required in managed care coverage
- Long-term supports and services
  - Nursing facilities,
  - In-Home Supportive Services (IHSS), and
  - Five home-and community-based waiver services.
- Coordination with mental health and substance use carved-out programs
- **Supplemental Benefits:** Pending rates, dental, vision, transportation, possibly some housing

## Long Term Services and Supports

- All Medi-Cal benefits, including LTSS, would be included in the capitated payment to the health plans.
  - In Home Supportive Services (IHSS)
  - Community-Based Adult Services (CBAS)
  - Multi-purpose Senior Services Program (MSSP)
  - Nursing facilities
  - Five home- and community- based services 1915(c) waivers.
- Beneficiaries would be enrolled in a Medi-Cal managed care plan to receive Medi-Cal LTSS

## What's Next

- Draft Proposal to CMS was out for state 30-day public comment period. Comments by May 4th.
- Launching public stakeholder workgroups
  - LTSS Integration
  - Behavioral health coordination/integration
  - Beneficiary Notifications, Appeals and Protection
  - Quality and Evaluation Management
  - Fiscal and Rate Setting
  - Provider Outreach
- MOU between State DHCS & CMS
- Health plan readiness reviews; Contracts
- Jan. 1 2013 enrollment