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March 27, 2014

ALL-COUNTY LETTER (ACL) NO.: 14-25

REASON FOR THIS TRANSMITTAL

[X] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: COORDINATED CARE INITIATIVE, CARE COORDINATION TEAMS

REFERENCES: Senate Bills (SBs) 94, 1008, 1036; Assembly Bills (ABs) 1468, 1471; Welfare and Institutions Code (WIC) §§12302, 12330, 14186; Department of Health Care Services (DHCS) Duals Plan Letter (DPL) No. 13-004

This letter provides counties with information regarding the Care Coordination Teams (CCTs) as part of the Coordinated Care Initiative (CCI).

Background

In 2012, the CCI was enacted through SB 1008 (Chapter 33, Statutes of 2012) and SB 1036 (Chapter 45, Statutes of 2012), and further amended by AB 1471 (Chapter 436, Statutes of 2012), AB 1468 (Chapter 438, Statutes of 2012), and SB 94 (Chapter 38, Statutes of 2013).

The CCI model of care will include person-centered coordination supported by several components, one of which is the CCT [CCTs are referred to as Interdisciplinary Care Teams (ICTs) in the DHCS DPL 13-004].

http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-004.pdf.

The CCI will combine home and community-based, primary care, and other Medicare and Medi-Cal services into one benefit package delivered through an organized delivery

system administered by a participating Managed Care Health Plan (MCHP). Please note MCHPs are referred to in the DHCS DPL 13-004 as Medicare-Medicaid Plans (MMPs).

The CCI includes two parts: 1) Mandatory enrollment of all Medi-Cal beneficiaries [including those dually eligible for both Medi-Cal and Medicare (Duals)] into Medi-Cal managed care for all Medi-Cal benefits, including Long-Term Services and Supports (LTSS), one of which is In-Home Supportive Services (IHSS); and 2) Optional enrollment into integrated managed care that combines Medicare and Medi-Cal benefits, known as the Cal MediConnect program. Thus, all recipients of IHSS will receive their benefits as a Medi-Cal managed care benefit. The Cal MediConnect program is a three-year Duals Demonstration Project which will be implemented no sooner than April 1, 2014 in the following eight counties: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

A risk stratification mechanism, developed by DHCS in consultation with stakeholders, will identify recipients with higher risk and more complex health care needs. At the time of enrollment, the MCHP will apply this risk stratification mechanism to determine the health risk level of recipients, and help identify recipients needing CCTs and/or Individual Care Plans (ICPs). Also, if the recipient should demonstrate a need for an ICP during any other appropriate interactions, the MCHP will develop this plan and engage the recipient and his/her authorized representative in its design. For more detailed information on the ICP, please see DPL 13-004, A., 1.

Composition of the CCT

CCTs are established when an MCHP determines one is needed due to the recipient's higher risk or health care need, unless the recipient objects [WIC §14186.35(a)(4)].

In accordance with WIC §14186.35(a)(4), and DPL 13-004, the composition of the CCT shall include the following members:

1. MCHP

2. MCHP Care Coordinator – Person employed or contracted by the MCHP who is a licensed medical professional or is overseen by a licensed medical professional.

3. Recipient (if he/she chooses to participate).

4. Recipient's authorized representative (if requested by recipient).

5. The IHSS Provider (if requested by recipient).

6. County – If receiving IHSS, the county social worker.

7. Community-Based Adult Services (CBAS) case manager for CBAS recipients.

8. Multipurpose Senior Services Program (MSSP) case manager for MSSP recipients.

9. Primary Care Provider – A physician or non-physician medical practitioner under the supervision of a physician.

10. Specialist – If a specialist is serving as the recipient's primary care provider, heor she must be part of the CCT.

Development of the CCT

As stated in WIC §14186.35(a)(4), the MCHP will create the CCT, as needed, unless the recipient objects. Every IHSS recipient will have the right to request a CCT, although not all IHSS recipients will otherwise require or necessitate one. IHSS recipients or their provider may contact the MCHP or their county IHSS social worker to request a CCT. The CCT will be led by professionally knowledgeable and credentialed personnel, and will be built around the recipient's specific preferences and needs.

In accordance with DPL 13-004, B., 2., a., iii.:

The CCT Care Coordinator (also referred to as the MCHP Care Coordinator) will be a person employed or contracted directly by the MCHP, who is a licensed medical professional or is overseen by a licensed medical professional. The CCT Care Coordinator responsibilities include, but are not limited to:

- Providing care coordination services, including assessing for appropriate referrals and coordinating communication between CCT members.

- Assisting in the development and maintenance of the ICP when applicable.

- Supporting safe transitions in care for recipients moving between settings.

CCT Functions

CCTs are dynamic in nature, and will be built around the needs of the recipient to ensure the integration of medical care and LTSS. Per WIC §14186.1(c), LTSS includes IHSS, CBAS, MSSP and Skilled Nursing Facilities (SNFs) and sub-acute care services.

In accordance with DPL 13-004, B., 1, the CCT functions include:

1. Facilitating care management, including assessment, care planning (including ICPs as needed), authorization of services and transitional care issues.
   - Assessment and authorization of IHSS will continue to be performed by county IHSS staff, and when applicable, shall be shared with the CCTs.
2. Developing and implementing an ICP with the recipient and/or others chosen by the recipient.
   - Should the need for an ICP be demonstrated by the recipient, the MCHP will develop an ICP and engage the recipient and/or his or her authorized representative(s) in its design. For detailed instructions on the ICP, please see DPL 13-004, A.
3. Conducting CCT meetings periodically, including at the recipient's request.
   - IHSS recipients may request a periodic CCT meeting through their county IHSS social worker.
4. Managing communication and information flow regarding referrals, transitions, and care delivered outside the primary care site (e.g. for an IHSS recipient, CBAS is outside the primary care site).
5. Maintaining a call line or other mechanism for recipient inquiries and input, and a process for referring to other agencies or programs, such as LTSS or behavioral health agencies, as appropriate.
   - IHSS recipients can continue to contact their county IHSS social worker for IHSS related inquiries.
6. Conduct conference calls among members of the CCT, medical providers and the recipient.

7. Maintain a mechanism for recipient complaints and grievances. A secure email, fax, web portals or written correspondence will be used when communicating with recipients. Members of the CCT must take the recipient's individual needs (e.g. communication, cognitive or other barriers) into account when communicating with the recipient.
    - IHSS recipients will continue to follow current processes for filing a grievance regarding receipt of IHSS.

Training

Per WIC §12330(d), the MCHP, as part of the CCT, is not precluded from developing recipient-specific voluntary training for IHSS providers who have been integrated into the CCT. This training will be for the specific needs of the recipient. This training is voluntary and providers will not be paid for attending. The MCHPs, through DHCS, will provide additional information on this optional training.

Additionally, unrelated to the CCT, but developed as part of CCI as required by WIC §12330, CDSS, in collaboration with stakeholders, developed a voluntary provider training curriculum consisting of multiple training resources that include 15 topics and a variety of subtopics, which are available on the CDSS website at:
http://www.cdss.ca.gov/agedblinddisabled/PG1788.htm
The curriculum allows IHSS providers to voluntarily review documents and links to websites that will assist them in providing consistency, accountability, and increased quality of care to IHSS recipients. This training is voluntary and providers will not be paid for attending. For further information regarding this voluntary provider training curriculum, please see All-County Information Notice (ACIN) No. I-76-13.

http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2013/I-76_13.pdf.

Additional CCT County Social Worker Activities

In accordance with WIC §14186(b)(6)(A), county social workers will continue to perform the necessary functions for the administration of the IHSS program, including county IHSS assessments and determining authorized hours. Furthermore, county IHSS assessments shall be shared with the CCT when applicable, and county IHSS staff may receive and consider additional input from the CCT.

1. There is a data sharing agreement in place between CDSS and the MCHPs, in which CDSS will provide the MCHPs with monthly data downloads that include recipient, assessment, and household information; parent/spouse status; disaster preparedness; social worker information; other contacts on behalf of the

recipient; authorized hours and services; Activities of Daily Living (ADL); Instrumental Activities of Daily Living (IADL); and mental functioning.

Next Steps

Further detailed CCT instructions will be provided by DHCS and CDSS as CCI implementation, including CCTs, becomes closer to completion.

If you have any questions or comments regarding this ACL, please contact the Policy & Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA