



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

October 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-129

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS)
PROGRAM MANAGERS
ALL COUNTY FISCAL OFFICERS

SUBJECT: INSTRUCTIONS FOR TERMINATION OF IN-HOME SUPPORTIVE
SERVICES FOR DUALY ELIGIBLE BENEFICIARIES THAT
ENROLL THEIR MEDI-CAL COVERAGE WITH THE SENIOR
CARE ACTION NETWORK HEALTH PLAN

The purpose of this letter is to provide instruction about county obligations when dual eligible beneficiaries (individuals receiving duplicate personal care services through both the In-Home Supportive Services (IHSS) program and the Senior Care Action Network (SCAN) Health Plan) are identified. It also describes the process for terminating IHSS for beneficiaries who want to keep their Medi-Cal coverage enrolled with SCAN.

Overview

SCAN Health Plan is a Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) that contracts with the Department of Health Care Services (DHCS) to provide covered Medi-Cal State Plan services to enrolled dual eligible beneficiaries that reside in Los Angeles, Riverside, or San Bernardino counties. The additional eligibility criteria included in SCAN's DHCS contract specifies that beneficiaries must be at least 65 years of age; and, enroll both their Medicare Parts A and B, and their full scope Medi-Cal with no share of cost, with the SCAN FIDE-SNP plan product.

The following instructions and process only apply to dual eligible beneficiaries that have elected to enroll their Medi-Cal coverage with SCAN.

Duplication of Services

Beneficiaries that enroll their Medi-Cal coverage with SCAN cannot have SCAN and continue to receive IHSS program services unless they meet the exception criteria. Utilization of both programs at the same time results in inappropriate duplication of payment and services. When an IHSS recipient is also a SCAN participant, the duplication of IHSS is unique to only the SCAN Medi-Cal line of business and does not apply to the SCAN Medicare line of business. Therefore, recipients who enroll their Medi-Cal coverage with SCAN cannot have SCAN and receive IHSS. Recipients who are only enrolled in SCAN Medicare can receive IHSS.

Process for Termination of IHSS

The following guidelines are intended to prevent the receipt of duplicate personal care services from SCAN and the IHSS program. The guidelines also provide processes for terminating IHSS program coverage for dual eligible beneficiaries who maintain their Medi-Cal coverage with SCAN.

DHCS provides to SCAN a monthly report from its Management Information System and Decision Support System (DHCS IHSS Report) of SCAN dual eligible beneficiaries enrolled in both SCAN for their Medi-Cal coverage and IHSS.

SCAN's process screens both new and existing dual eligible beneficiaries enrolled under its DHCS contract on a monthly basis to identify beneficiaries receiving personal care services through both the plan and IHSS. SCAN staff perform outreach to these beneficiaries to resolve the duplication of personal care services provided by the plan and IHSS.

SCAN informs prospective beneficiaries receiving personal care services from IHSS prior to enrollment with the plan of the following choices:

- By enrolling Medi-Cal coverage with SCAN, the beneficiary must discontinue IHSS; or
- By keeping Fee-for-Service Medi-Cal coverage, the beneficiary may continue receiving personal care services with IHSS.

SCAN informs existing beneficiaries identified on the DHCS IHSS Report of the following choices:

- To continue Medi-Cal coverage with SCAN, the beneficiary must discontinue IHSS; or
- To continue receiving personal care services with IHSS the beneficiary must disenroll from Medi-Cal coverage with SCAN.

If the dual eligible beneficiary elects to terminate IHSS coverage, s/he must:

- Sign SCAN's Enrollment Agreement form (applies only to prospective beneficiaries), which will lead to enrollment of Medi-Cal coverage with SCAN; and/or
- Sign SCAN's IHSS Discontinuance form (applies to both prospective and existing beneficiaries) to disenroll from IHSS.

SCAN's Enrollment department is responsible for faxing the completed IHSS Discontinuance form to the appropriate county IHSS office. Upon receipt of the information from SCAN, the responsible county IHSS office should process the IHSS termination and issue a Notice of Action terminating IHSS. Within ten (10) business days of the SCAN notification to the county, the county IHSS office is to issue written confirmation to SCAN verifying the termination of IHSS.

SCAN has established a point-of-contact with the IHSS program in Los Angeles, Riverside, and San Bernardino counties. Each month, SCAN will send to its county IHSS point-of-contact a list of existing dual eligible beneficiaries enrolled under the plan's DHCS contract that have been identified as receiving personal care services through IHSS. The intent of this notification is to inform the county IHSS office of actions being taken by the plan to resolve duplicate utilization of personal care services by enrolled beneficiaries.

SCAN Health Plan Codes by County

The following Health Care Plan (HCP) codes are SCAN Medi-Cal/Medicare plans. Recipients enrolled in these HCP codes would not be able to receive IHSS. If an individual is enrolled in one of these HCP codes, this indicates that he/she receives both his/her Medi-Cal and Medicare services from SCAN (i.e., the Medi-Cal line of business), and would not be eligible to receive IHSS. There are no SCAN plans that are Medi-Cal only. The SCAN Medi-Cal line of business recipients will only reside in Los Angeles, San Bernardino, and Riverside counties.

<u>Plan Code</u>	<u>County</u>
200 & 201	Los Angeles
204 & 205	Riverside
206 & 207	San Bernardino

Exception

There is an exception to the restriction on duplicate receipt of benefits. Dual eligible beneficiaries who, as of May 1, 2008, were enrolled with SCAN for Medi-Cal under its DHCS contract in Los Angeles, San Bernardino, and Riverside counties and were receiving IHSS services are referred to as "SCAN Grandfathered IHSS Beneficiaries." These beneficiaries are exempt from the IHSS termination process described in this letter, and can remain enrolled with SCAN while also receiving IHSS services. However, this "grandfathered" status ends if there is a break in Medi-Cal enrollment with SCAN. When this occurs, the standards delineated in this letter apply to that dual eligible beneficiary regarding receipt of IHSS services and having Medi-Cal coverage enrolled with SCAN.

This All County Letter supersedes the All County Welfare Director's Letter (ACWDL) 11-12 and renders the ACWDL 11-12 obsolete.

If you have questions regarding this letter, please contact (Enrollment, Reconciliation and Premium Billing), at (800) 531-4040.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division