CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street, MS 8-17-12, Sacramento, CA 95814

EDMUND G. BROWN JR.
GOVERNOR

DRAFT

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

__________ , 2014

ALL-COUNTY LETTER (ACL) NO.: 13-XX

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: Coordinated Care Initiative (CCI) Care Coordination Teams (CCT)

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

This letter provides counties with information regarding the CCT as part of the Duals Demonstration Project, now known as Cal MediConnect.

Background
In 2012, the CCI was enacted through the following statutes: SB 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of 2012), and amending legislation AB 1471(Chapter 436, Statutes of 2012), AB 1468 (Chapter 438, Statutes of 2012) and in 2013 SB 94 (Chapter 38, Statutes of 2013).

A component of the CCI is a three-year Duals Demonstration Project known as Cal MediConnect which will be implemented no sooner than April 1, 2014. The Cal MediConnect 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 (ICT) in the DHCS Duals Plan Letter (DPL) 13-004]. Cal MediConnect will combine home and community-based, primary care, and other Medicare and Medi-Cal services into a benefit package delivered through an organized delivery system administered by a participating Managed Care Organization (MCO). Please note MCOs are referred to in statute as managed care health plans, and as Medicare-Medicaid Plans (MMP) in the DHCS DPL 13-004.

The following eight counties are part of Cal MediConnect: Los Angeles, Orange, Riverside, San Bernardino, San Diego, Alameda, Santa Clara and San Mateo, and will serve recipients who are both Medi-Cal and Medicare eligible (Duals).

A risk stratification mechanism, developed by the MCO in consultation with stakeholders, will identify recipients with higher risk and more complex health care needs. At the time of enrollment, the MCO 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 (ICP). Also, if the recipient should demonstrate a need for an ICP during any other appropriate interactions, the MCO will develop this plan and engage the recipient and his/her 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 a recipient demonstrates a need for one to be created unless the recipient objects [WIC 14186.35(a)(4)].

In accordance with WIC §14186(b)(3), the composition of the CCT shall include the following members:

1. MCO
2. Recipient (if he/she chooses to participate)
3. Recipient's representative (if requested by recipient)
4. County
5. Community-Based Adult Services (CBAS) case manager for CBAS recipients
6. Multipurpose Senior Services Program (MSSP) case manager for MSSP recipients

In addition, as described in DPL 13-004, the CCT also includes:

1. Home and Community-Based Specialist – For recipients who receive In-Home Supportive Services (IHSS), the county IHSS social worker must be part of the CCT.
2. The IHSS Provider (if requested by recipient).
3. Care Coordinator – Person employed or contracted by the MCO who is a licensed medical professional or is overseen by a licensed medical professional.

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

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

Development of the CCT
As stated in WIC §14186.35(a)(4), the MCO will create the CCT, as needed, unless the recipient objects. The CCT will be led by professionally knowledgeable and credentialed personnel, and will be built around the recipient's specific preferences and needs.

1. In accordance with DPL 13-004, B., 2., a., iii.:
   The CCT care coordinator will be a person employed or contracted by the MCO, 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 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, will be built around the needs of the recipient and will ensure the integration of the recipient's medical care and Long Term Services and Supports (LTSS). Per WIC §14186.1(c), LTSS means all of the following:

1. IHSS

2. Community-Based Adult Services (CBAS)

3. Multipurpose Senior Services Program(MSSP)

4. Skilled Nursing Facilities (SNF) and subacute 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 services will continue to be performed by county staff, and shall be a consideration in the CCT's care management functions.

DRAFT

2. Developing and implementing an ICP with recipient and/or others chosen by the recipient.
    - Should the need for an ICP be demonstrated by the recipient, the MCO will develop an ICP and engage the recipient and/or his or her representative(s) in its design. For detailed instructions on the ICP, please see DPL 13-004, A.
    - IHSS will coordinate its Care Plan with the CCT, but the IHSS social worker will continue to be responsible for assessing, implementing and coordinating the requirements of the IHSS care plan.

3. Conduct CCT meetings periodically, including at the recipient's request.
    - IHSS recipients may request a periodic CCT meeting through their county IHSS social worker.

4. Manage communication and information flow regarding referrals, transitions, and care delivered outside the primary care site (e.g. CBAS is outside the primary care site for IHSS recipients).

5. Maintain a call line or other mechanism for recipient inquiries and input, and a process for referring to other agencies, such as LTSS or behavioral health agencies, as appropriate.
    - IHSS recipients will continue to use the county call lines provided to them by their social worker or located on their county webpage.

6. Conduct conference calls among members of the CCT, medical providers and the recipient.

7. Maintain a mechanism for recipient complaints and grievances. Use secure email, fax, web portals or written correspondence when communicating with recipients. 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 our current process for filing a grievance regarding receipt of IHSS.

Training
The MCO will make training available for IHSS providers if the recipient requests that his/her provider participate in the CCT [WIC §12330(d)]. The MCO, as part of the CCT, is not precluded from developing recipient-specific voluntary training for IHSS providers who have been integrated into the CCT. The training will be for a provider's recipient's specific needs. This training is voluntary and providers will not be paid for attending.

DRAFT

In addition, as stated in WIC §12330(a), no later than January 1, 2014, CDSS, in consultation with DHCS, and in collaboration with stakeholders, shall develop a training curriculum for IHSS providers. This training is being developed for the Social Worker Training Academy and the next stakeholder meeting regarding this training will be December 3, 2013. Training details and instructions will be addressed in a future All-County Information Notice (ACIN).

Additional 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 assessments and determining authorized hours. Furthermore, county IHSS assessments shall be shared with the CCT when applicable and may receive and consider additional input from the CCT.

1. There is a data sharing agreement in place between CDSS and the MCOs in which CDSS will provide MCOs with monthly data downloads that include recipient characteristics, authorized hours and services, activities of daily living, and instrumental activities of daily living.

Next Steps

Further detailed 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 Bonnie Yamamoto, CCI Coordinator at (916) 651-5362.

Sincerely,

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA

DRAFT