

Coordinating Your Client's Health Care

As a **social worker** or **case manager**, you help your clients overcome some of life's most difficult challenges. This can be hard when your clients have complex health care needs and may face financial, cultural, and/or linguistic barriers to accessing services. Many of your clients likely need additional support to improve their health and live more independently. Cal MediConnect is a health plan option that can help.

This resource guide has information about the basics of Cal MediConnect, helps you identify your client's options, and provides you guidance in coordinating your client's care.

What is Cal MediConnect?

Cal MediConnect is a type of health care plan that promotes coordinated health care and long-term services and supports (LTSS) for seniors and people with disabilities who are eligible for both Medicare and Medi-Cal, sometimes referred to as "dual eligible beneficiaries" or "Medi-Medis."

- 1. Who is eligible for Cal MediConnect? Your client can join Cal MediConnect if: 1) They are enrolled in (or eligible for) both Medi-Cal and Medicare; and 2) They live in one of the seven Coordinated Care Initiative counties (Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, or San Mateo).**
- 2. What type of benefits are available under Cal MediConnect? All your client's Medicare and Medi-Cal benefits are included in one health plan. This includes medical, behavioral health care, community-based services, prescription medicines, equipment and supplies, dental services, and substance abuse programs. Cal MediConnect also offers services like care coordination and vision care. Clients can access dental services through Denti-Cal, and some plans offer extra dental benefits.**
- 3. How do I know if my client is enrolled in a Cal MediConnect plan? If your client is a Cal MediConnect member, they will have only one card from a health plan for all their Medicare and Medi-Cal benefits. Your client can confirm their status by calling Health Care Options at 1-844-580-7272.**
- 4. How can my client enroll in a Cal MediConnect plan? If eligible, your client can join a Cal MediConnect plan by simply calling Health Care Options at 1-844-580-7272 (or by calling their Medi-Cal plan directly and asking about Cal MediConnect).**
- 5. Is there a cost associated with joining Cal MediConnect? No, joining Cal MediConnect is a free option as part of their Medi-Cal and Medicare coverage.**
- 6. Can my client disenroll once they have joined a Cal MediConnect plan? Yes. Your client can disenroll from their Cal MediConnect plan at any time by calling Health Care Options at 1-844-580-7272. After they disenroll from Cal MediConnect, they will go back to getting their Medicare and Medi-Cal services separately, starting the following month.**

How does Cal MediConnect coordinate care?

Cal MediConnect health plans can provide your clients with a personal care coordinator. This person can be a nurse or other health care professional who provides care management support and simplify the flow of information between doctors, pharmacists, and other providers. The care coordinator serves as a key point of contact for your client and ensures you and your client's doctors and health care providers are all on the same page.

1. **How does my work fit into care coordination?** Your client's Cal MediConnect care coordinator is a resource for you. This person can be a key point of contact when helping coordinate your client's care and services. The care coordinator will work with you to ensure that you are using all the resources the plan has available to meet your client's health care needs.
2. **Will a care coordinator replace my role as a social worker?** No, Cal MediConnect plans recognize the key role that you play in helping your client stay healthy and remaining independent as long as possible.
3. **How do I contact my client's care coordinator?** Call your client's Cal MediConnect health plan as soon as possible, so they can provide you with your client's care coordinator's contact information. Contact numbers for the client's health plan are located on their Cal MediConnect health plan insurance card. You can also find health plan contact information at www.CalDuals.org.

To achieve the best possible outcome for each patient, Cal MediConnect uses a patient-centered approach for care coordination. Cal MediConnect coordinates care by using the following resources:

1. **Health Risk Assessment**

A Health Risk Assessment (HRA) is an assessment tool conducted in person, by phone, or by mail, depending on your client's needs and preferences. HRAs identify your client's primary, acute, LTSS, and behavioral health and functional needs. Clients identified as high-risk, e.g., have had recent emergency room visits or hospitalizations, will be contacted for an assessment within 45 days of enrollment into the plan. All other clients will be contacted within 90 days. HRAs serve as a starting point for the development of the Individualized Care Plan (ICP).

How can I use my client's HRA? You can request a copy of your client's HRA from the health plan or care coordinator to understand a client's overall health and functional assessment. You can work with the health plan or care coordinator to update the HRA based on your work with the client.

2. **Individualized Care Plan**

The ICP helps you work with your client to optimize their health and functional status by identifying what services and supports are necessary to meet client's specific goals, preferences, choices and abilities.

What type of objectives are included in my client's ICP? Care plans may cover needs that range from basic needs such as arranging annual flu shots for low-risk patients to building very complex plans regarding managing chronic conditions and quality of life issues for higher-risk patients.

How can I request my patient's ICP? Your client's care coordinator is the point of contact for the ICP. You can contact the care coordinator to request access to and contribute to your client's ICP.

3. **Interdisciplinary Care Team**

The Interdisciplinary Care Team (ICT) uses a person-centered approach to work with your client to develop, implement and maintain their ICP. The purpose of the ICT is to ensure the integration of your client's medical, long-term services and supports (LTSS), and behavioral health services when applicable. Members of the ICT can include your client's family member, primary care provider, care coordinator, and other providers depending on the complexity of their needs.

How can I become a member of my client's ICT? You can participate in the ICT if: 1) Your client has given their permission (unless they receive IHSS services); and 2) Your employer has an agreement with their Cal MediConnect plan (e.g. a business associate agreement or memorandum of agreement). If an agreement is not in place, ask your employer or the Cal MediConnect health plan to start the process.

For more information and additional free resources, visit www.CalDuals.org or email info@calduals.org