

FREQUENTLY ASKED QUESTIONS

What is the Coordinated Care Initiative?

Enacted in July 2012, the Coordinated Care Initiative (CCI) will integrate delivery of medical, behavioral and long term supports and services through a single health plan. The purpose of the CCI is to provide better care coordination to beneficiaries for all of their benefits that could lead to better health outcomes.

The CCI is scheduled to begin no sooner than January 1, 2014. There are two major components of the Coordinated Care Initiative:

1. **Cal Medi-Connect:** (beneficiaries who use both Medi-Cal and Medicare, sometimes identified as Medi-Medi's or Dual Eligible)
2. **Managed Medi-Cal Long Term Supports and Services (LTSS)** (This includes beneficiaries who are either Medi-Cal only or those who are dual eligible but don't qualify for Cal MediConnect)

What is Cal Medi-Connect?

Cal Medi-Connect is a voluntary three year demonstration for beneficiaries who have both Medi-Cal and Medicare to receive coordinated medical, behavioral health, long-term care, and Home and Community Based Services (HCBS) through a single health plan. About 80,000 – 85,000 beneficiaries in Riverside and San Bernardino counties will be eligible for Cal Medi-Connect.

How will beneficiaries be enrolled in Cal Medi-Connect?

Enrollment into either Inland Empire Health Plan (IEHP) or Molina Healthcare will be phased in over 12 months (by birth month).

What services are included in Cal Medi-Connect?

The services proposed in the demonstration include but is not limited to, primary care, specialty physician care, prescription drugs, hospital services, nursing home care, durable medical equipment, rehabilitation services, behavioral health and substance abuse services, home health, and long-term services and supports. Cal

MediConnect health plans will offer additional services such as dental, vision, and non-emergency medical transportation.

What is Managed Medi-Cal Long Term Supports and Services (LTSS)?

Many of the LTSS covered under the Medi-Cal program will become a managed care benefit. These include:

- In Home Supportive Services (IHSS)
- Community Based Adult Services (CBAS) formerly known as Adult Day Health Care
- Multipurpose Senior Services Program (MSSP)
- Short and Long Term Nursing Facility Care

LTSS could also include the following Home and Community Based Services (HCBS):

- In Home and Out of Home Respite
- Nutritional Assessment Counseling & Supplements
- Minor Home or Environmental Adaptations
- Habilitation
- Other Services as deemed necessary by IEHP or Molina including care coordination.

Managed Medi-Cal LTSS is the coordination of these benefits with medical and behavioral health. All Medi-Cal only and dual eligible beneficiaries, will be required to join a managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

When and where will CCI be implemented?

No sooner than January 1, 2014, the CCI will be implemented in eight counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside and San Bernardino.

How will the IHSS Program Change under the Coordinated Care Initiative?

Medi-Cal beneficiaries will receive IHSS services through IEHP or Molina, but consumers should not notice any changes in their IHSS services. IHSS will remain an entitlement program and all existing consumer protections would remain in place, including the right to hire, fire and supervise the IHSS provider. County social services agencies will continue the IHSS assessment and authorization processes, including final determinations of IHSS hours, and the current IHSS fair hearing process will not change.

Can I Opt out of the Coordinated Care Initiative?

If you have both Medicare and Medi-Cal, you can “opt out” of the **Cal Medi-Connect** portion of the Coordinated Care Initiative. This means your Medicare benefit will remain fee for service; this is sometimes called “straight Medicare”. If you choose to enroll or are passively enrolled in a CCI health plan but later decide you want to make a different choice, you can opt out or change health plans at any time.

Opting out applies only to Medicare benefits. You must still get your Medi-Cal benefits (including LTSS) through a health plan, as described above.

How will beneficiaries be enrolled?

The state will use a passive enrollment process. This means that the state will enroll eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chooses not to join and notifies the state of this choice.

How will beneficiaries be notified?

Eligible beneficiaries will receive three notices about the change:

1. 90 Day Notification: Will notify members about the Coordinated Care Initiative and describe how their Medicare & Medi-Cal benefits will be changing.
2. 60 Day Notification: Will Inform beneficiaries of their health plan choices (IEHP or Molina), provide a timeline and encourage them to choose.

3. 30 Day Notification will remind beneficiaries of the time remaining to choose a health plan and urge beneficiaries to make a choice.

Eligible beneficiaries that have not chosen a health plan will be passively enrolled into either Molina Healthcare or IEHP.

Are there beneficiaries that do not qualify to participate in the Coordinated Care Initiative?

Yes. For a complete list of excluded populations; go to the “About CCI” tab and open the document CCI Participating Populations for Cal Medi-Connect. A few are listed below:

- People participating in the following waiver programs are excluded: Nursing Facility/Acute Hospital, HIV/AIDS, Assisted Living, and In- Home Operations;
- Program of All-Inclusive Care for the Elderly (PACE) enrollees
- AIDS Healthcare Foundation enrollees
- Beneficiaries under age 21
- ICF-DD Residents