



Changes and Opportunities: CCAH Approach for California's Older Adults and Dual Eligibles



Central California Alliance for Health (CCAH)

Who are we?

- Central California Alliance for Health (the Alliance)
- County Organized Health System
- Serve over 350,000 members in Santa Cruz, Monterey, and Merced Counties
- Operate using the Managed Care Model

What programs do we cover?

- Medi-Cal
- Alliance Care IHSS (Monterey)



ECM Populations of Focus *Older Adults and Dual Eligible*

Phase I-January 2022

- Individuals and Families Experiencing Homelessness
- Individuals at Risk for Avoidable Hospital or ED utilization
- Adults who have SMI/SUD conditions

Phase II- Jan. 2023

- Eligible for LTC and at risk for Institutionalization
- Nursing Facility Residents who want to transition back to community



Community Supports Offered

Community Supports
Environmental Accessibility Adaptations (EAA) <i>[Jan 1, 2023]</i>
Housing Transition Navigation Services
Housing Deposits
Housing Tenancy and Sustaining Services
Medically Tailored Meals
Recuperative Care
Short-term Post Hospitalization Housing
Sobering Centers



ECM Program for the Alliance

The Alliance's role is to ensure:

- Benefit administered in compliance with DHCS requirements
 - Data sharing
 - State reporting
 - Member outcomes/documentation
- Execution of an individualized person centered approach for all populations of focus



EAE D-SNPs: Effective January 2023

- ❑ Transition Cal MediConnect (CMC) to an integrated Exclusively Aligned Enrollment (EAE) D-SNP program
- ❑ DSNPs are like Medicare Advantage plans
- ❑ Adapted for people who meet income and special needs qualifications
- ❑ MCPs are required to meet integrated D-SNP care coordination requirements including having integrated member materials
- ❑ An Individualized Care Plan should be developed and must identify any carved-out services the member needs and how the D-SNP will facilitate access and document referrals
- ❑ Care management, as well as coordination across Medicare and Medi-Cal benefits, is a primary function of D-SNPs



EAE D-SNPs and ECM Overlap



- Some EAE D-SNP members needing care management services may also meet the criteria for ECM populations of focus
- There is significant overlap across the D-SNP model of care and ECM requirements
 - Could result in duplication and confusion for members and care
- D-SNPs are expected to provide sufficient care management to members so that those members that would otherwise qualify for ECM are not adversely impacted by receiving services exclusively through their D-SNP
- For 2023, EAE D-SNPs will provide integrated care management across Medicare and Medi-Cal benefits with the intent that beneficiaries will receive any ECM-like services through the D-SNP
- For existing ECM members, DSNPs will provide ongoing continuity of care with current ECM providers, until the member graduates from ECM



Timeline Overview

	2022	2023	2024
Most Dual Eligible MCP Enrollees In MA or Medicare FFS	<ul style="list-style-type: none"> ECM provided by their MCP Member must meet Population of Focus (POF) requirements 		
Non-EAE D-SNP Enrollees	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> ECM-like care management provided through D-SNP
EAE D-SNP Enrollees	<ul style="list-style-type: none"> ECM-like care management provided by Cal MediConnect Plan 	<ul style="list-style-type: none"> ECM-like care management provided by EAE D-SNP 	<ul style="list-style-type: none"> Requirements to be outlined in D-SNP Policy Guide

