

California's Coordinated Care Initiative: Background and Overview

This Fact Sheet provides the background and context for California's Coordinated Care Initiative (CCI), established as part of the enacted 2012-2013 budget. It outlines the changes to the delivery of medical care and long-term services and supports (LTSS) for individuals eligible for Medicare and Medi-Cal as well as Medi-Cal-only seniors and people with disabilities initiated by the CCI.

Background: The Dual Eligible Integration Demonstration

Senate Bill 208 (Steinberg, Chapter 714, Statutes of 2010)¹ authorized a pilot project that would integrate the full range of Medicare and Medi-Cal (California's Medicaid program) services, including Medi-Cal long-term services and supports (LTSS) and behavioral health services for individuals eligible for both programs ("dual eligibles" or "Medicare-Medicaid enrollees"). SB 208 called for the Dual Eligible Pilot (now referred to as the "Dual Eligible Integration Demonstration," and "Demonstration" herein), to be implemented in up to four counties, including at least one county with a County-Organized Health System and one county with a Two-Plan model of Medi-Cal managed care.^{1,*} In 2011, California was one of 15 states awarded a \$1 million planning contract from the Centers for Medicare and Medicaid Services (CMS) to develop the Demonstration to "alleviate fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care for this population, and reduce costs for the State and the Federal government" (p. 3).² On May 31, 2012, California submitted its Demonstration proposal to CMS entitled, "*California Demonstration to Integrate Care for Dual Eligible Beneficiaries*" for public comment.^{3,4}

On June 27, 2012, the enacted 2012-2013 state budget established the Coordinated Care Initiative (CCI) with the goal of "transforming California's Medi-Cal care delivery system to better serve the state's low-income older adults and persons with disabilities" (p. 4).⁵ The CCI outlines changes to the medical care and LTSS systems serving these individuals and specifies various requirements related to the Demonstration.^{6,7} At the time of publication, the federal government is

* California's Medi-Cal Managed Care system includes the County Organized Health System model (COHS), Two-Plan Model, and Geographic Managed Care (GMC). COHS currently serve about 885,000 beneficiaries through six health plans in 14 counties. In the COHS counties, DHCS contracts with a health plan created by the County Board of Supervisors. The County administers the health plan, and all Medi-Cal beneficiaries residing in that county are enrolled in the COHS health plan. Two-Plan Models serve about three million beneficiaries in 14 counties. In most Two-Plan model counties, there is a "Local Initiative" (LI) and a "commercial plan" (CP). DHCS contracts with both plans. Local stakeholders are able to give input when the LI is created, and it is designed to meet the needs and concerns of the community. The CP is a private insurance plan that also provides care for Medi-Cal beneficiaries. Geographic Managed Care (GMC) models serve approximately 450,000 beneficiaries in two counties: Sacramento and San Diego. In GMC counties, DHCS contracts with several commercial plans.

in negotiations with state officials regarding the proposal. These negotiations will form the final Memorandum of Understanding (MOU) between CMS and the state. When finalized, the MOU will serve as the binding document outlining the provisions and requirements of the Demonstration. Therefore, the components outlined in California's proposal and referenced here are currently subject to negotiations with CMS, and do not necessarily reflect the contents of the final MOU.

Overview: The Coordinated Care Initiative (CCI)

The main components of the CCI include the following: 1) provisions of the Dual Eligible Integration Demonstration; 2) mandatory enrollment of Medicare-Medicaid enrollees into Medi-Cal managed care; and 3) integration of Medi-Cal LTSS into Medi-Cal managed care.

1. Provisions of the Dual Eligible Integration Demonstration

As defined in statute, the Demonstration seeks to enable Medicare-Medicaid enrollees to receive a continuum of services that maximizes access to, and coordination of, benefits between Medicare and Medi-Cal. The CCI specifies a number of provisions related to the Demonstration, as follows:⁶

- **Demonstration Expansion:** The CCI expands the number of counties participating in the Demonstration from four to eight, with implementation beginning no sooner than June 1, 2013. The eight counties identified in the state's Demonstration proposal are: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.³
- **Eligible Population:** Medicare-Medicaid enrollees residing in these eight counties will be included in the Demonstration. Certain populations will be exempt including children, enrollees of the Program of All-inclusive Care for the Elderly (PACE), individuals with developmental disabilities receiving services through a Regional Center, individuals enrolled in specified Medi-Cal 1915(c) Home and Community-Based waivers, enrollees of the AIDS Healthcare Foundation, and other populations specified.⁸
- **Covered Services:** Health plans will be responsible for providing the full continuum of services authorized under Medicare and Medi-Cal, including Medi-Cal LTSS. Medi-Cal LTSS are categorized as institutional (skilled nursing facilities) and home- and community-based services (In-Home Supportive Services, Multipurpose Senior Services Program, and Community-Based Adult Services).^{3,6} Health plans will be required to provide care coordination and care management services, including support for transitions between service locations. Health plans will coordinate the provision of behavioral health services with county mental health divisions, when appropriate. Health plans may offer services beyond those required by Medicare and Medi-Cal at their own discretion.
- **Coordination of Behavioral Health Services:** The CCI specifies that the Demonstration shall establish a continuum of services that incorporates behavioral health, which includes mental health and substance use disorder treatment services under Medi-Cal and any mental health services available under Medicare.⁶ The state's proposal to CMS specifies that health plans will be responsible for providing beneficiaries with "seamless access" to the full range of mental health and substance use services covered by Medicare and Medi-Cal, as well as

for developing plans to enhance screening and diagnosis, including the needs of persons with Alzheimer’s disease and related dementias. These requirements must be met for all Medicare-Medicaid enrollees in the Demonstration counties. For individuals who are currently receiving county-administered Medi-Cal mental health or substance use disorder services, the state’s plan calls for “close coordination” between health plans and county behavioral health agencies, with shared accountability based on performance measures and financing arrangements. The state submitted a “Framework for Shared Accountability” for behavioral health services as an appendix to the CMS Demonstration proposal, and continues to define behavioral health services in a stakeholder workgroup. Although specialty Medi-Cal mental health services and substance use disorder services continue to be carved out, the proposal states that, “health plans and county mental health and substance use agencies will develop coordination and integration strategies, which could include full financial integration in later years” (p.13).³

- **Implementation Date:** The implementation of the Demonstration will begin no sooner than March 1, 2013 for Medi-Cal benefits, and no sooner than June 1, 2013 for Medicare benefits. The Director of the Department of Health Care Services (DHCS) is required to consult with the Legislature, CMS, and stakeholders when determining the specific implementation date.⁹
- **Passive Enrollment:** Medicare-Medicaid enrollees residing in the eight Demonstration counties will have the choice to opt-out of the Demonstration for Medicare-covered services. However, if a Medicare-Medicaid enrollee does not make an affirmative choice to opt out of the Demonstration, s/he will be automatically enrolled into the Demonstration, a process referred to as “passive enrollment.” Once enrolled, the CCI requires that individuals remain in the health plan for six months. While this “stable enrollment” or “lock-in” period is outlined in the CCI, federal officials have indicated that CMS does not support lock-in enrollment for the Demonstration. Therefore, based on the final MOU provisions that are to be outlined with CMS, the stable enrollment period may not be included in the final program design.¹⁰
- **Consumer Outreach:** DHCS will be responsible for developing a plan to inform beneficiaries of their enrollment options and ensure timely and appropriate communications with beneficiaries. In consultation with stakeholders, DHCS will be responsible for designing enrollment notices, including a summary of benefits, evidence of coverage, prescription formulary, provider directory notices, and appeals and grievance-related procedures. At least 90 days prior to enrollment, DHCS will be required to provide Medicare-Medicaid enrollees written notices outlining the changes to the Medi-Cal system, when the changes will occur, and whom to contact for assistance. A 60-day notice with plan information and selection materials will be mailed to eligible Medicare-Medicaid enrollees, followed by a 30-day reminder notice. A final confirmation letter will be sent to the beneficiary confirming his/her plan choice and the effective enrollment date.¹¹

In addition, DHCS will be responsible for developing and implementing an outreach and education program to inform beneficiaries of their enrollment options and rights. DHCS must release enrollment materials at least 60 days prior to the first mailing of notices to Medicare-Medicaid enrollees, after which time changes can be made to incorporate public comment. The materials are required to be written in clear language, and available in accessible alternate formats and languages.

- ***Continuity-of-Care:*** For Medicare services, a Medicare-Medicaid enrollee may continue to receive services from an out-of-network Medicare provider for primary and specialty care services during the six-month “stable enrollment” period, as long as specified conditions are met. For Medi-Cal services, health plans will be required to provide access to out-of-network providers for up to 12 months, if specified conditions are met. This does not apply to ancillary service providers. In addition, health plans will be required to maintain a dedicated liaison and develop a process to coordinate with DHCS, providers, and members on issues relating to continuity-of-care and requests for medical exemption from plan enrollment.
- ***Beneficiary Protections:*** In compliance with Medicare and Medi-Cal requirements, health plans will be required to provide a clear, timely, and fair process for accepting and acting upon complaints, grievances, and disenrollment requests, including procedures for appealing decisions regarding coverage or benefits. DHCS will be required to identify dedicated staff to address and resolve issues between health plans and beneficiaries.
- ***Health Plan Network Adequacy:*** The department will be responsible for developing network adequacy standards for medical care and LTSS, ensuring that health plans not only comply with applicable state and federal law, but are also prepared to meet the individual’s needs across the medical care and LTSS continuum.
- ***Quality Measurement and Evaluation:*** DHCS will be responsible for monitoring health plan performance and will develop performance measures as part of the contract with each health plan, in order to assess and evaluate health plan performance. DHCS will be required to develop a tracking mechanism for inquiries and complaints for quality assessment purposes, with the information available to the legislature and public. Beginning January 10, 2014 and for each subsequent year of the Demonstration, DHCS and the Department of Managed Health Care will be responsible for submitting a joint report to the Legislature that outlines health plan performance in meeting the objectives of the Demonstration, as well as financial audit information and summaries of beneficiary utilization of services across the continuum. Health plans will be required to submit data on enrollments and dis-enrollments, appeals and grievances, and other information. In addition, the Department of Managed Health Care will, at a minimum, monitor health plans on a quarterly basis to determine whether beneficiaries receive timely access to primary and specialty care services. If DHCS finds that a health plan is not in compliance with one or more of the performance measures, the health plan will be required within 60 days to submit a corrective action plan. The corrective action plan will include steps that the health plan will take to improve performance and interim benchmarks for improvement.
- ***Transition and Implementation Plan:*** In consultation with stakeholders, the Departments of Health Care Services, Social Services, Aging, and Managed Health Care are responsible for developing a “programmatic transition plan.” The draft plan was released on August 27, 2012.¹¹ The final plan will specify how access and quality will be maintained during and after implementation of the Demonstration, timelines and milestones for determining when and how the program will be implemented, the process for addressing consumer complaints, and a description of how stakeholders were included in the various phases of the planning process. Together, these Departments will be responsible for convening stakeholders to discuss the implementation plan as part of an ongoing process.

- **Legislative Report on Plan Readiness:** Prior to implementation, DHCS will be responsible for reporting to the Legislature on the health plans' readiness to address the needs of Medicare-Medicaid enrollees across the eight Demonstration counties.

2. Mandatory Enrollment of Medicare-Medicaid enrollees into Medi-Cal Managed Care

Previous state law (Chapter 714, Statutes of 2010)¹ required that Medi-Cal-only seniors and persons with disabilities be enrolled into managed care health plans.¹² While the CCI provides Medicare-Medicaid enrollees who reside in the eight Demonstration counties with the ability to opt out of the Demonstration for purposes of Medicare coverage, these individuals will be mandated to enroll in a Medi-Cal managed care plan for coverage of Medicare benefits, these individuals will be mandated to enroll in a Medi-Cal managed care plan for coverage of Medi-Cal benefits.⁶ Therefore, in order to access any Medi-Cal covered service, such as LTSS, Medicare-Medicaid enrollees residing in the eight counties will need to enroll in a Medi-Cal managed care health plan.

3. Integration of Medi-Cal Long-Term Services and Supports (LTSS) into Managed Care

At present, Medi-Cal managed care plans cover acute, primary, and rehabilitative care services, with LTSS not included in the range of benefits (also referred to as a “carve-out”). The CCI integrates LTSS services as a Medi-Cal managed care benefit for all Medicare-Medicaid enrollees as well as Medi-Cal-only seniors and persons with disabilities residing in the Demonstration counties. The requirement will go into effect no sooner than March 1, 2013.

The CCI defines LTSS benefits as institutional services (e.g., skilled nursing facilities) and home- and community-based services (i.e., In-Home Supportive Services, Multipurpose Senior Services Program, and the Community-Based Adult Services program). Therefore, in order to access Medi-Cal-funded LTSS, Medi-Cal-only seniors and persons with disabilities and Medicare-Medicaid enrollees residing in the Demonstration counties will need to enroll in a Medi-Cal managed care plan to receive LTSS, with the following specifications:^{6,7}

- **In-Home Supportive Services (IHSS):** IHSS is a federal, state, and locally-funded program that provides in-home assistance to low-income adults who are over 65 years of age, blind, or disabled, and to children who are blind or disabled. Under the CCI, IHSS services will become a managed care benefit in the eight Demonstration counties only, in accordance with existing IHSS statutory and regulatory requirements and guidelines. Individuals receiving IHSS through Medi-Cal managed care health plans will maintain the current rights including hiring, managing, and firing providers of their choice; requesting a reassessment upon change of circumstances; and functioning as the employer. Health plans will be required to adhere to the following provisions:
 - Ensure access to, provision of, and payment for IHSS providers;
 - Assume all financial liability for payments;
 - Continue to allow individuals serving as the employer to select, engage, direct, supervise, schedule, and terminate IHSS providers;

- Create a care coordination team (also referred to as an Interdisciplinary Care Team), as needed and subject to consumer consent, for personalized care plan development that includes the consumer and their representatives, county IHSS social workers, managed care health plans, providers, and others as appropriate;
- Adhere to quality assurance provisions, individual data, and other standards and requirements specified by the Department of Social Services, DHCS, and the federal government;
- Enter into contracts with the county social service agencies to perform the following activities: assessments, enrollment of providers, IHSS provider background checks, quality assurance, recovery of overpayments, and additional activities as specified; and
- Enter into contracts with the county public authority to perform activities such as: collective bargaining of wages and benefits until the end of the initial enrollment period when the state becomes responsible for collective bargaining in the eight counties, maintaining a registry of IHSS providers, criminal background checks, and training.

County Maintenance-of-Effort: The CCI outlines a new funding structure for IHSS, with counties continuing to contribute to the program through a County IHSS Maintenance of Effort (MOE). This MOE took effect on July 1, 2012 and is based on fiscal year 2011-2012 county IHSS expenditures, and will increase by 3.5% annually when specified state/local revenues grow. The MOE is applicable for all 58 counties, not just the eight counties designated for the Demonstration.

Additional Personal Care Service Hours: Health plans will be permitted to authorize personal care services and related domestic services in addition to the hours authorized under IHSS. Health plans will be responsible to pay for additional services with no share-of-cost to the county.

Creation of a Statewide Authority for IHSS: Prior to the CCI, local IHSS public authorities maintained responsibility for performing a number of functions including acting as the employer of record for IHSS workers, maintaining provider registries, providing training for consumers and providers, and other functions. The CCI establishes the California IHSS Authority (referred to as “Statewide Authority”) as the employer of record, for purposes of collective bargaining for IHSS providers in accordance with certain procedures. The establishment of the Statewide Authority will transfer collective bargaining authority from the county level to the state level. Local Public Authorities will retain all other functions except for collective bargaining. The CCI only authorizes the shift in collective bargaining for the eight Demonstration counties, which will occur at the end of the initial enrollment period, but no sooner than March 1, 2013. Additional legislation would be needed to shift collective bargaining in other counties. The CCI also establishes an advisory committee to be appointed by the Statewide Authority, which will be responsible for providing ongoing advice and recommendations on the IHSS program.

Training Curriculum: The Department of Social Services will be required to develop a training curriculum for IHSS providers to address issues of consistency, accountability, and increased quality of care for IHSS recipients. Participation in the training program is voluntary. The Department of Social Services will lead a stakeholder process to establish training requirements.

- Community-Based Adult Services (CBAS):** CBAS, formerly known as Adult Day Health Care, is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family and caregiver training and support, meals, and transportation to older persons and younger adults with chronic conditions and/or disabilities who are at risk of needing institutional care. As of July 1, 2012, the CBAS program is in the process of transitioning to a Medi-Cal managed care benefit in all County Organized Health System counties, except in Ventura County. On October 1, 2012 all remaining Medi-Cal managed care counties (Two Plan and Geographic Managed Care counties) will include CBAS as a benefit, not just the eight Demonstration counties. Therefore, eligible beneficiaries will need to enroll in a Medi-Cal managed care health plan in order to access CBAS.
- Multipurpose Senior Services Program (MSSP):** MSSP is a 1915(c) home- and community-based Medi-Cal waiver program that provides care management with the ability to coordinate and/or purchase adult day care, housing assistance, chore and personal care services, protective supervision, respite, transportation, meal services, social services and communication services for Medi-Cal eligible individuals over the age of 65 who meet clinical qualifications for nursing facility admissions. Beginning June 1, 2013 and concluding January 1, 2015, MSSP will be a Medi-Cal benefit available only through the health plans in the eight Demonstration counties. During this time period, health plans will be required to contract with all designated MSSP providers for MSSP case management and waiver services. By January 1, 2014, DHCS, in consultation with the Departments of Aging and Managed Health Care, will be required to submit a transition plan describing the implementation of MSSP as a managed care benefit, which will include the description of a stakeholder process informing the transition. On January 1, 2015, or 19 months after the Demonstration begins, MSSP will transition from being a waiver program to a benefit administered by health plans authorized under the Demonstration.
- Nursing Facility Services:** Nursing facility services will be included in the range of services available through the health plans. Health plans will authorize nursing facility services when medically necessary. When the beneficiary's condition warrants transition to another setting, the health plan will be required to arrange and coordinate a discharge from the facility. The health plan will be required to reimburse the facility for services until the individual is successfully moved into an appropriate setting.
- Other Home- and Community-Based Services:** Health plans may, but are not required to, provide access to other home- and community-based services benefits beyond IHSS, MSSP or CBAS. These services may include respite care, nutritional assessment, counseling, minor home or environmental adaptations, habilitation, and other services deemed necessary by the health plan. DHCS may determine whether health plans should be required to include these benefits in their scope of services, and may establish guidelines for the scope, duration and intensity of these benefits. Should the health plan provide these services to its enrollees, it would be responsible for covering payment for these services at no share-of-cost to the county.
- Home- and Community-Based Waivers:** California currently administers a range of federal 1915(c) Home- and Community-Based Medi-Cal waivers in addition to MSSP, including the AIDS Medi-Cal Waiver Program, the Assisted Living Waiver, the Home- and Community-Based Waiver for the Developmentally Disabled (HCBS-DD), the Developmentally Disabled

Continuous Nursing Care Program, the Nursing Facility/Acute Hospital Waiver, and the Pediatric Palliative Care Waiver. All home- and community-based waiver programs, with the exception of the MSSP program, will be carved-out of the Demonstration. Most waiver programs will not be available to Medicare-Medicaid enrollees through Medi-Cal managed care plans in the eight Demonstration counties, with the following specifications:

- **HCBS-DD Waiver:** Individuals with developmental disabilities who live in the eight Demonstration counties and are enrolled in the HCBS-DD Waiver will be excluded from the Demonstration for purposes of Medicare coverage, but will be mandated to enroll in Medi-Cal managed care for Medi-Cal benefits including LTSS. These individuals will continue receiving HCBS-DD waiver benefits, but the waiver will be administered through regional centers, and will not be an explicit health plan benefit.
- All other waivers including the AIDS Medi-Cal Waiver Program, the Assisted Living Waiver, the Developmentally Disabled Continuous Nursing Care Program, the Nursing Facility/Acute Hospital Waiver, and the Pediatric Palliative Care Waiver will be carved out from the Demonstration. Individuals enrolled in these waivers cannot enroll in the Demonstration but will be required to enroll in Medi-Cal managed care for Medi-Cal benefits. Waiver enrollees will be permitted to voluntarily disenroll from the waiver in order to enroll in the Demonstration.⁸
- ***The Program of All Inclusive Care for the Elderly (PACE):*** PACE is an integrated service delivery program providing medical and supportive services to individuals age 55 or older who are certified to need nursing home care, but who are able to live safely in the community at the time of enrollment. PACE programs currently operate out of 22 PACE centers in 7 counties (Alameda, Contra Costa, Los Angeles, Santa Clara, San Diego, San Francisco, Santa Clara, and Sacramento), and applications are pending to expand this model to Fresno, Humboldt, Orange, Riverside, and San Bernardino counties. In the CCI, Medicare-Medicaid enrollees who reside in the eight Demonstration counties and meet PACE program requirements may enroll in a PACE program. PACE will not be provided through the Demonstration health plans, but will be offered through separate enrollment in a PACE program. PACE will be included as an enrollment choice in the Demonstration enrollment materials and outreach efforts. Individuals currently enrolled in PACE are exempt from being enrolled into the Demonstration and Medi-Cal managed care.
- ***Universal Assessment Process for LTSS:*** Universal assessment is defined as “a common assessment tool or process to assess an individual’s functional capacity and needs that is used across programs and services to guide care planning and resource utilization.”¹³ California does not have a standardized assessment system across HCBS programs. Through the CCI, the state intends to develop and pilot a universal assessment to identify an individual’s LTSS needs. The Department of Social Services will lead a stakeholder process, beginning no sooner than June 2013, to develop the tool and process. The assessment process will build upon the IHSS uniform assessment tool, as well as CBAS and MSSP assessments. Upon completion of the assessment process, the state will work with health plans to pilot the assessment process in at least two but not more than four Demonstration counties, beginning January 2015. Until that time, health plans will continue using the IHSS, CBAS, MSSP, and other assessments and authorization processes.

Other Critical Provisions

Discretion to Cease Demonstration: The CCI specifies that the Director of DHCS, after consulting with the Director of Finance, stakeholders, and the Legislature, may halt services authorized under these provisions CCI if the Director determines that the quality of care for beneficiaries, efficiency, or cost-effectiveness of the program is jeopardized.

Contingent on Federal Approval: If DHCS has not received federal approval on or before February 1, 2013 regarding the rate setting process, shared federal savings, and a six-month stable enrollment period under Medicare, or, in place of all of those provisions, an alternate methodology that will result in the same level of ongoing savings as estimated in the Budget Act of 2012, then the Demonstration and related statutory provisions will become inoperative at that time.

Coordinated Care Initiative: Next Steps and Timeline

At this time, a number of the CCI's program design and implementation issues remain in progress, including the MOU process, rate development, health plan readiness reviews, and consumer outreach/enrollment efforts. The final program design of the CCI, and in particular the Dual Eligible Integration Demonstration, depends on the outcome of the federal MOU discussions with CMS, which is now anticipated to be completed in October. The rate development process will impact much of the benefit design. DHCS indicates that rates will be developed around the end of October 2012. The state will begin health plan readiness reviews in October/November 2012. Notifications will be mailed to consumers on or around December 2012, with enrollment beginning in March-June of 2013.¹⁴ Throughout the process, it is important that stakeholders at the state and local level remain closely engaged with the state. These stakeholders – including consumers, providers, advocates and caregivers – help provide feedback and identify issues that are critical to the success of the CCI in order to ensure it meets its intent of developing a system that better serves individuals through a coordinated system of medical care and long-term services and supports.

References

1. Steinberg, Chapter 714, Statutes of 2010. http://www.leginfo.ca.gov/pub/09-10/bill/sen/sb_0201-0250/sb_208_bill_20101019_chaptered.html. Accessed August 16, 2012.
2. Harbage Consulting. California Duals Demonstration Overview. 2011; <http://www.dhcs.ca.gov/provgovpart/Documents/Demonstration%20Overview%2010%2020%2011.pdf>. Accessed August 16, 2012.
3. State of California. Proposal to the Center for Medicare and Medicaid Innovation: Coordinated Care Initiative: State Demonstration to Integrate Care for Dual Eligible Beneficiaries. 2012; <http://www.calduals.org/wp-content/uploads/2012/06/CADemoProposal0531121.pdf>. Accessed August 10, 2012.
4. The SCAN Foundation. Comments on the California Demonstration to Integrate Care for Dual Eligible Beneficiaries. 2012; http://www.thescanfoundation.org/sites/thescanfoundation.org/files/tsf_comments_cms_ca_duals_demo-6-29-12.pdf. Accessed August 30, 2012.

5. California Department of Health Care Services. Coordinated Care Initiative Executive Summary. 2012; <http://www.calduals.org/wp-content/uploads/2012/08/CCIOverview082312.pdf>. Accessed August 30, 2012.
6. Senate Bill 1008 (Chapter 33, Statutes of 2012). http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-1050/sb_1008_bill_20120627_chaptered.pdf. Accessed August 16, 2012.
7. Senate Bill 1036 (Chapter 45, Statutes of 2012). http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1001-1050/sb_1036_bill_20120627_chaptered.pdf. Accessed August 16, 2012.
8. California Department of Health Care Services. Coordinated Care Initiative Participating Populations Chart. 2012; <http://www.calduals.org/wp-content/uploads/2012/08/CCIPopulationChart082312.pdf>. Accessed August 29, 2012.
9. California Department of Health Care Services. Pathway to Complete Care: Integration of Long-Term Services and Supports (LTSS) for Current Medi-Cal Managed Care Enrollees. 2012; <http://www.calduals.org/wp-content/uploads/2012/08/CCI-Enrollment-Pathways-080612.pdf>. Accessed August 29, 2012.
10. Gorn D. CMS Weighs in on Enrollment Question. California Healthline. May 30, 2012.
11. California Department of Health Care Services. Programmatic Transition Plan: Coordinated Care Initiative Beneficiary Protections. 2012; <http://www.calduals.org/wp-content/uploads/2012/08/Transition-Plan-Draft-8.27.12.pdf>. Accessed August 29, 2012.
12. Centers for Medicare and Medicaid Services. Waiver Authority: California Bridge to Reform Demonstration. 2010; <http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/CA%20Waiver%20Authority.pdf>. Accessed August 29, 2012.
13. Shugarman LR. Public Testimony: Senate Human Services Hearing on In-Home Supportive Services (IHSS) Integration into Medi-Cal Managed Care: Policy Considerations, March 27, 2012. 2012; <http://www.thescanfoundation.org/public-testimony-march-27-2012-ihss-integration-medi-cal-managed-care-policy-considerations>. Accessed August 29, 2012.
14. California Department of Health Care Services. Coordinated Care Initiative Duals Demonstration Project: Major Milestones and Timelines for 2012-2013. 2012; <http://www.calduals.org/wp-content/uploads/2012/07/DraftTimeline.pdf>. Accessed August 29, 2012.

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