CalAIM Population Health Management Advisory Group Meeting

July 12th, 2023

Continuous Coverage Unwinding

» **The continuous coverage requirement ended on March 31, 2023, and Medi-Cal members may lose their coverage**.

» **Medi-Cal redeterminations began on April 1, 2023, for individuals with a June 2023 renewal month**.

» **Top Goal of DHCS**: Minimize member burden and promote continuity of coverage.

» **How you can help**:

- Become a **DHCS Coverage Ambassador**

- Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

- Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated January 13, 2023)

Continuous Coverage Unwinding Communications Strategy

» On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the DHCS Coverage Ambassadors that was launched in April 2022.

» **Download** the Phase 2 Toolkit that focuses on Medi-Cal renewals and **customize for your use**.

» **Direct Medi-Cal members to the newly launched** KeepMediCalCoverage.org, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.
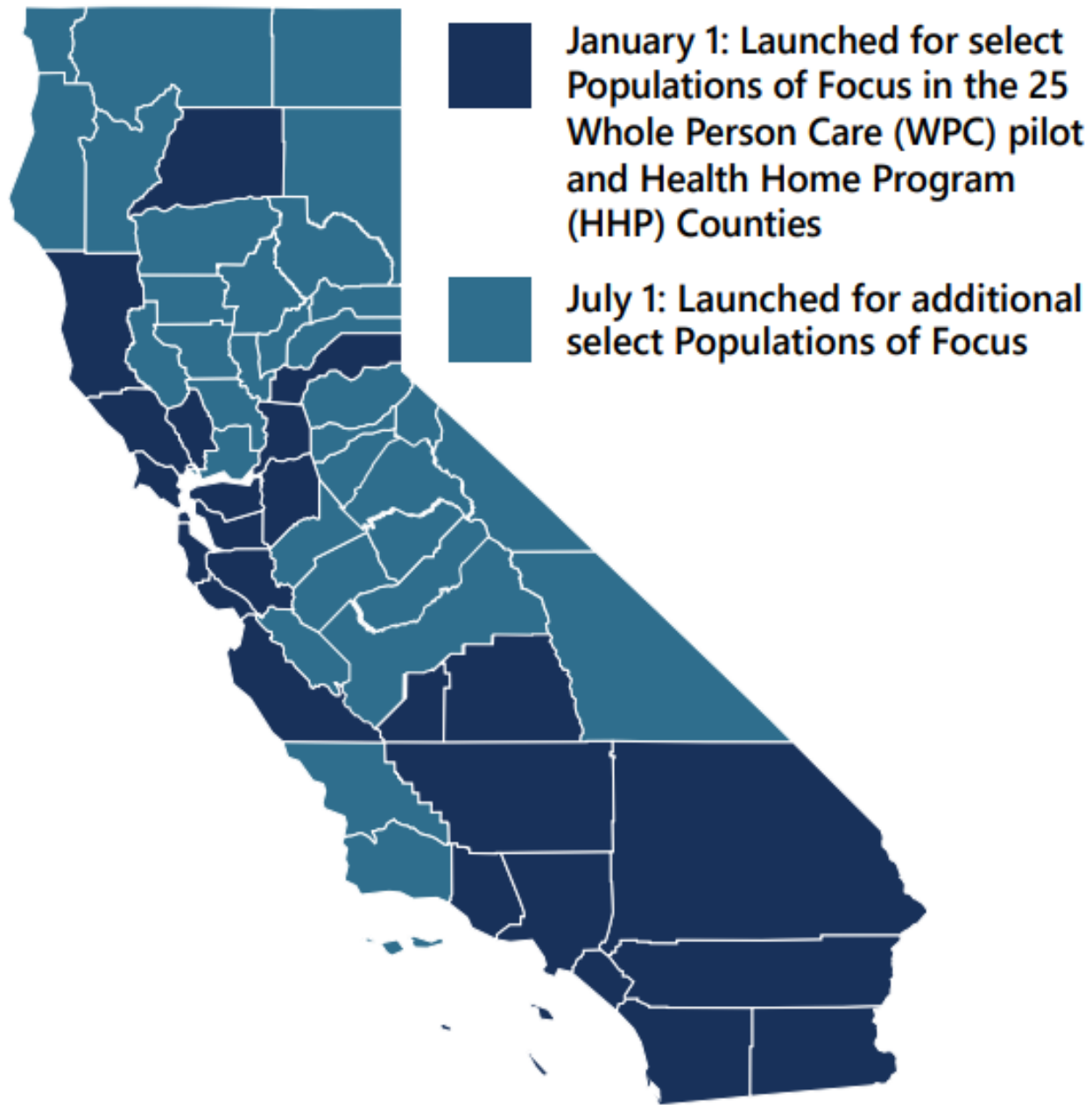
Today's Agenda

» **Review ECM and Community Supports Uptake (10 mins)**

» **Areas of Focus & DHCS Policy Refinements for ECM & Community Supports + Discussion (70 mins)**

» **Next Steps (5 mins)**
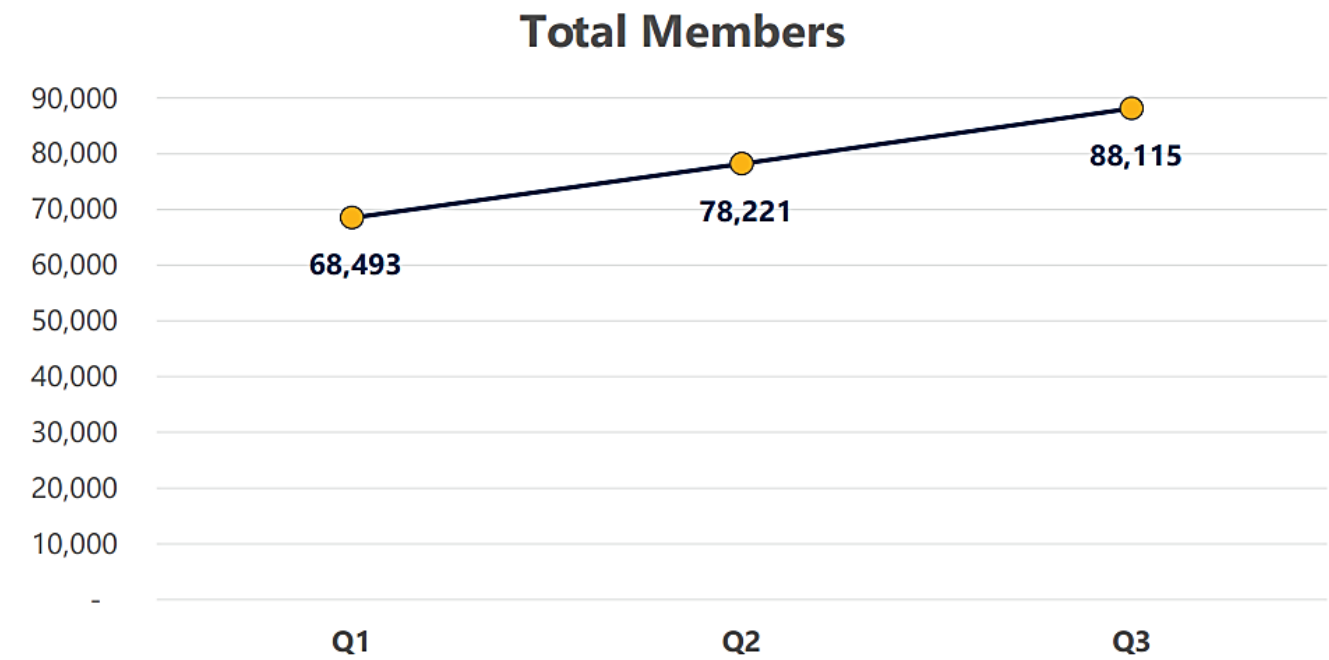
Progress of ECM and Community Supports Implementation

ECM Implementation Data: January-September 2022

ECM Expanded Statewide in 2022

January 1: Launched for select Populations of Focus in the 25 Whole Person Care (WPC) pilot and Health Home Program (HHP) Counties

July 1: Launched for additional select Populations of Focus

88,115 total members were enrolled in ECM in January through September 2022.*

Cumulative ECM Enrollment in 2022 as of the End of Each Quarter

Total Members

	Q1	Q2	Q3
Total Members	68,493	78,221	88,115

Cumulative ECM Providers to Date*

March 2022	June 2022	September 2022
692	759	956

* Based on data submitted to DHCS as of Feb 2023
For full details, see Updated Implementation Data for ECM and Community Supports (Q1-Q3 2022).

Community Supports Implementation Data: January-September 2022

Number of Services Available by County

Number of Community Support Available as of September 2022, by county

- Fewer than 6 Community Supports
- 6-13 Community Supports
- All 14 Community Supports

27,213 Members received at least one Community Support in January through September 2022.*

Cumulative Utilization for Top 4 Community Supports*

Housing Tenancy and Sustaining Services	Housing Transition / Navigation Services	Medically Supportive Food / Medically Tailored Meals	Recuperative Care (Medical Respite)
21K	17K	3K	2K

Cumulative Community Supports Providers to Date*

March 2022	June 2022	September 2022
722	850	1,212

* Based on data submitted to DHCS as of Feb 2023
For full details, see Updated Implementation Data for ECM and Community Supports (Q1-Q3 2022).

DHCS Regularly Engages with Several Inputs that Inform Updates to ECM and Community Supports

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

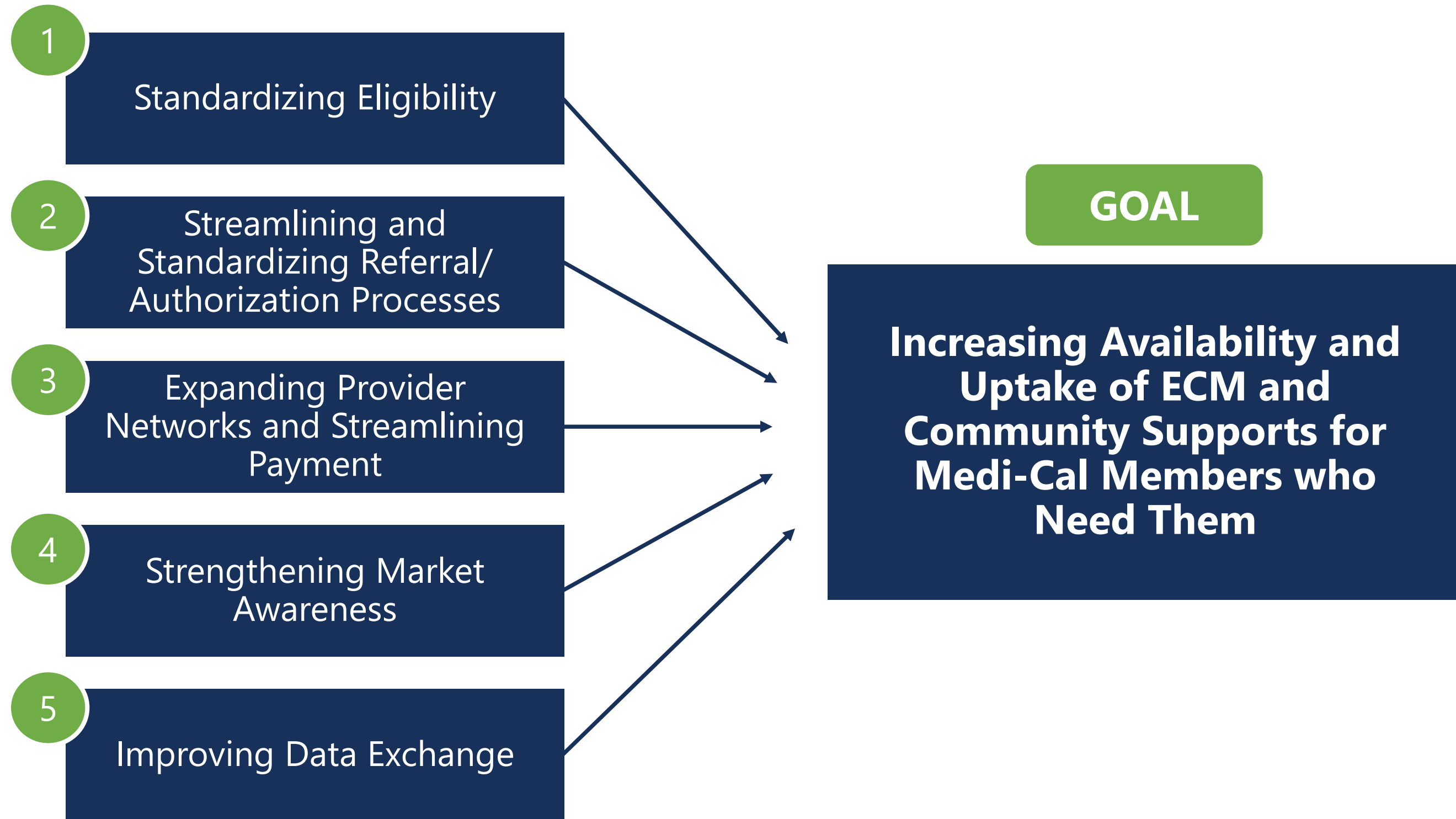# DHCS' Approach to Continuous Improvement

» We are 12-18 months into implementation.

» At program launch, DHCS standardized some aspects of the design while allowing flexibility for MCPs in other aspects through the "Model of Care" process.

» DHCS consistently hears feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed.
In particular, providers and CBOs point to heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs.

» To address these challenges, DHCS developed a set of ECM and Community Supports policy updates which were introduced to MCP CEOs/CFOs in May 2023 and at an in-person MCP Summit in June 2023.

» **DHCS will release updated ECM and Community Supports Policy Guides this month, with an MCP attestation form, due early September**.
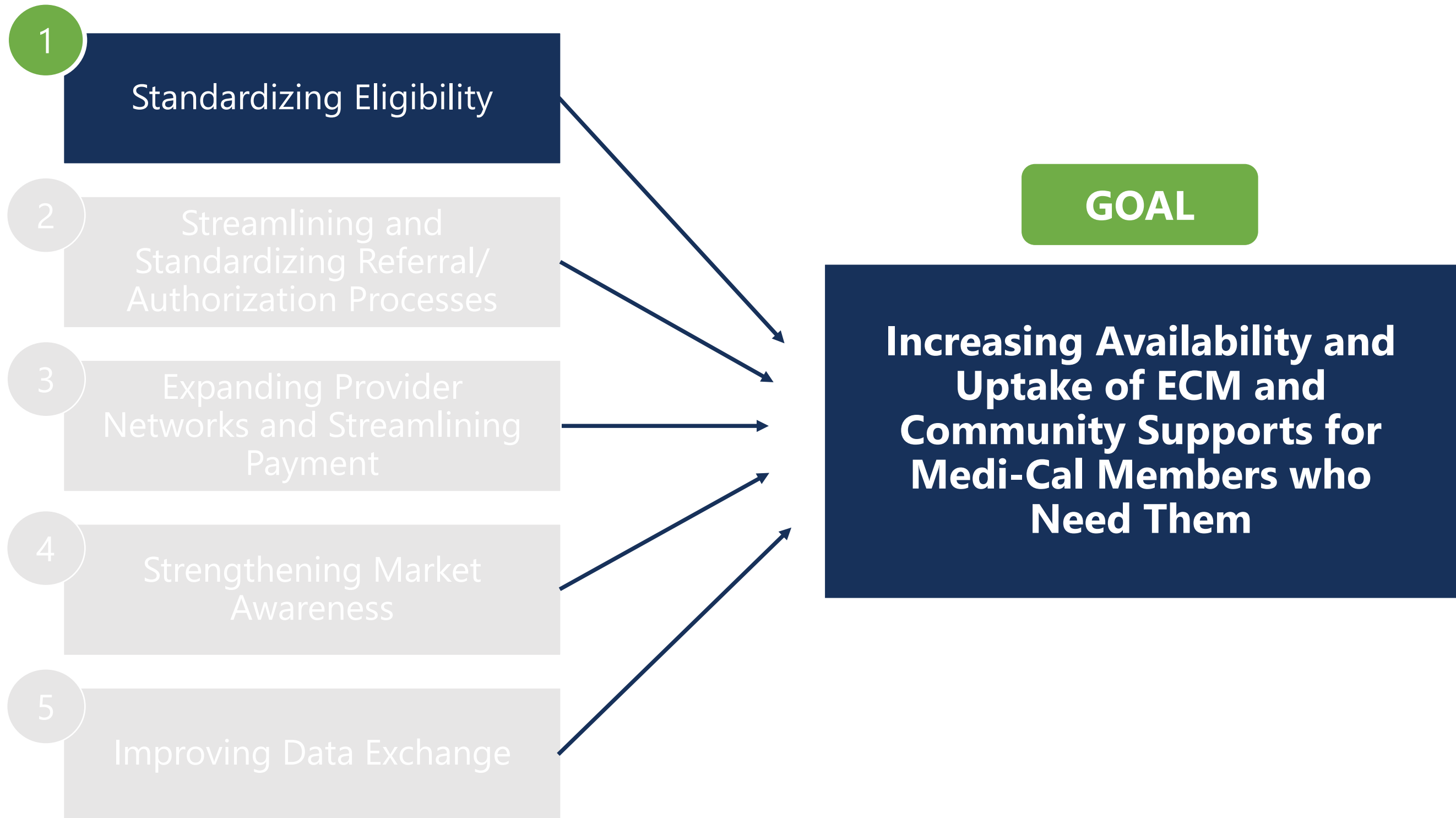
Areas of Focus & Policy Refinements for ECM & Community Supports

Presentation originally made to MCPs in June

Logic Model: Areas of DHCS Focus in Response to Data and Feedback

1 Standardizing Eligibility

2 Streamlining and Standardizing Referral/Authorization Processes

3 Expanding Provider Networks and Streamlining Payment

4 Strengthening Market Awareness

5 Improving Data Exchange

GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

1 Standardizing Eligibility

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GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: Variation in how MCPs are applying ECM Population of Focus criteria is causing confusion and limiting uptake.

DHCS Actions: Reinforcement of Existing Expectations in ECM Policy Guide

» ECM is a statewide benefit.

» MCPs **must** use the DHCS-established ECM Populations of Focus eligibility criteria to evaluate if Members qualify for ECM. DHCS does not intend to further modify the existing eligibility criteria at this time.

» **MCPs may not impose additional requirements to authorize ECM services** beyond the DHCS established eligibility criteria. For example:
   • An MCP may not add any clinical or social factors to the eligibility criteria.
   • An MCP may not require that the ECM provider have a certain number of contacts with the member as a condition of authorization.

» **MCPs may expand POF criteria to broaden eligibility for the "Individuals At Risk for Avoidable Hospital or ED Utilization ECM POF** (e.g. decrease the number of ED visits in 6 months that allows a Member to be eligible).

Issue: Some MCPs are narrowing Community Supports eligibility criteria relative to the DHCS Service Definitions, limiting the number of individuals who can access these services.

DHCS Action #1: Increasing Standardization

» MCPs **must remove any previously approved restrictions or limitations and adhere with the full Community Supports service definitions by 1/1/2024**.

- For example, if an MCP currently excludes Members from Recuperative Care who require the use of oxygen, they must remove that restriction by 1/1/2024.

» MCPs will **no longer have the option to narrow the eligibility criteria or impose additional limitations** on the service definitions (which include eligibility criteria), geographic or otherwise.

☼ **Future Design Priority:**
In the second half of 2023 and beyond, DHCS will refine and clarify the Community Supports service definitions in response to feedback. The department looks forward to working with MCPs to provide input.

Issue: Some MCPs are narrowing Community Supports eligibility criteria relative to the DHCS Service Definitions, partly due to the perception that the plan is responsible for determining cost effectiveness.
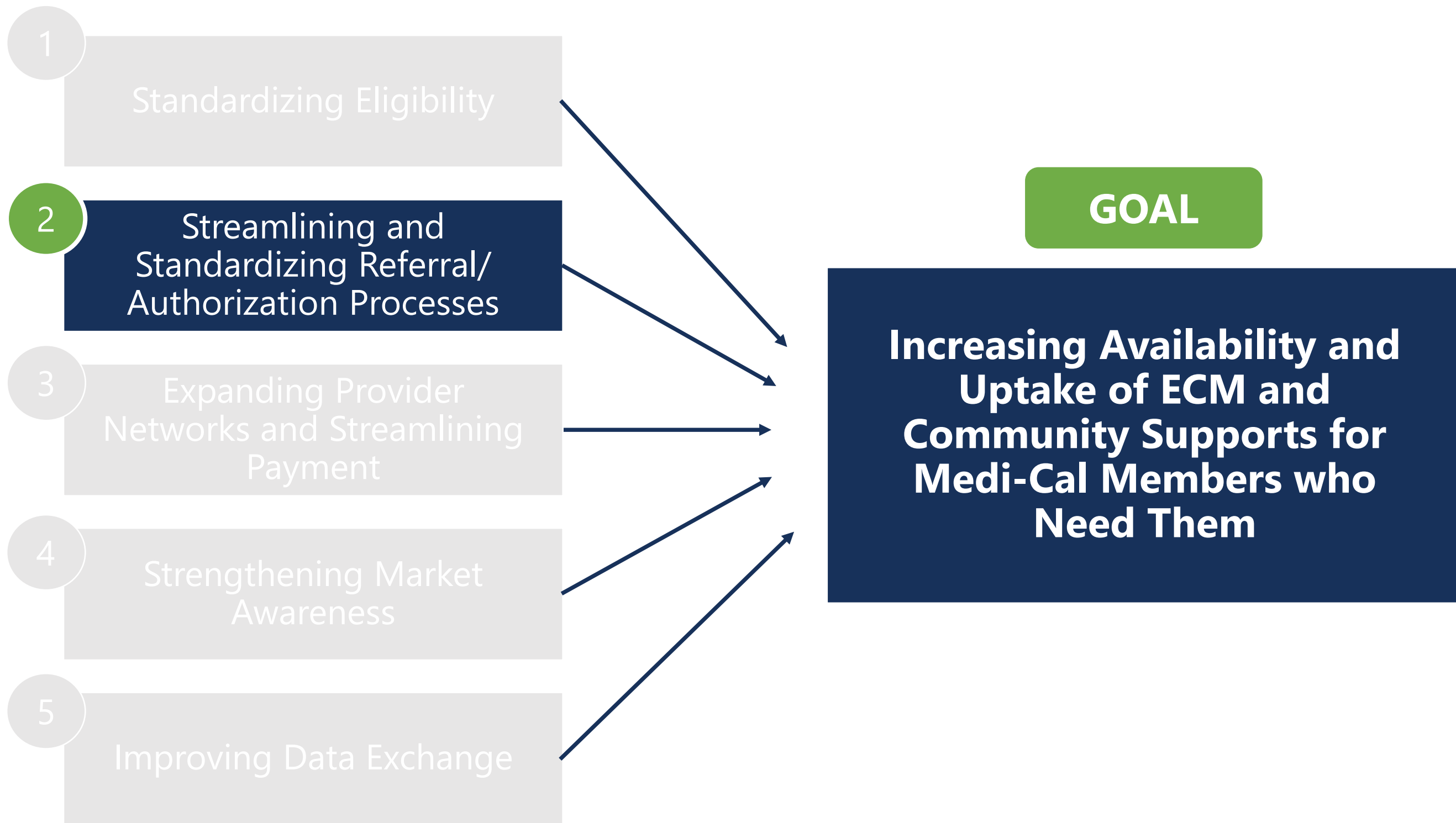
DHCS Action #2: Clarifying the Concept of Cost Effectiveness

» MCPs do **not** need to actively report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements.

» Consistent with federal regulations, **DHCS has determined the preapproved Community Supports to be cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings**.

Pause for Discussion

1 Standardizing Eligibility

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GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: MCPs have disparate timeframes for initial ECM authorization, reauthorization and reassessment decisions. This creates lack of parity for Medi-Cal Members around the state, as well as administrative burden for providers who are contracted with more than one MCP.

DHCS Actions:

#1. Standardizing authorization and reauthorization timeframes for ECM

» **Effective July 1, 2023**, for all Members authorized to receive ECM:

- The initial authorization period will be **12 months**.

- Reauthorization periods thereafter will be **6 months**.

#2. Modifying the approach for how Members can be reassessed

» MCPs must no longer apply blanket reassessment timeframes to determine if a Member should continue receiving ECM. Instead, progress toward reaching care plan goals may be reassessed at the discretion of the ECM Provider throughout the 12-month authorization period based on the Member's needs (e.g., hospitalization, change in member medical/social status). Plans may still perform periodic chart review.

Same Issue for Community Supports: MCPs have disparate timeframes for initial Community Supports authorization and reauthorization decisions within and across services. This creates administrative burden for providers who are contracted with more than one plan and a lack of parity in the delivery of similar services for Members across the state.

DHCS Action:
Standardizing authorization and reauthorization timeframes for Community Supports

In the second half of 2023, DHCS will work to **standardize Community Supports authorization** and **reauthorization periods** for implementation in 2024.

Issue: Presumptive authorization arrangements with trusted providers can help streamline access, yet MCPs have not widely adopted these arrangements so far.

DHCS Action: DHCS strongly encourages MCPs to implement presumptive authorization.

ECM

» DHCS strongly encourages MCPs to allow trusted providers to screen members for ECM eligibility, attest to the member's presumed eligibility, and begin offering ECM services at the point of care.

» For the Justice-Involved ECM Populations of Focus, DHCS will require presumptive authorization for ECM services on the day of release for individuals who received pre-release Medi-Cal services and are reentering the community from incarceration.

Community Supports

» The authorization process for **Recuperative Care** and **Short Term Post-Hospitalization** are currently creating high barriers to access.

» DHCS strongly encourages MCPs to implement presumptive authorization for these services, including from inpatient settings, EDs and SNFs.

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Issue: Presumptive authorization arrangements with trusted providers can help streamline access, yet MCPs have not widely adopted these arrangements so far.

DHCS Actions (future design priority): **DHCS will begin developing statewide referral standards in Q3 2023**.

» **DHCS expects MCPs to source most ECM & Community Supports referrals from the community**. Use of internal data to identify should be balanced with <u>active</u> community-based outreach and engagement.

» In Q3 2023, DHCS will begin developing **statewide standards containing the information needed to evaluate authorizations for both ECM and some Community Supports**.

» DHCS will engage directly with MCPs and ECM/Community Supports Providers in the design work.

» DHCS anticipates rolling out the referral standards for statewide adoption in 2024.
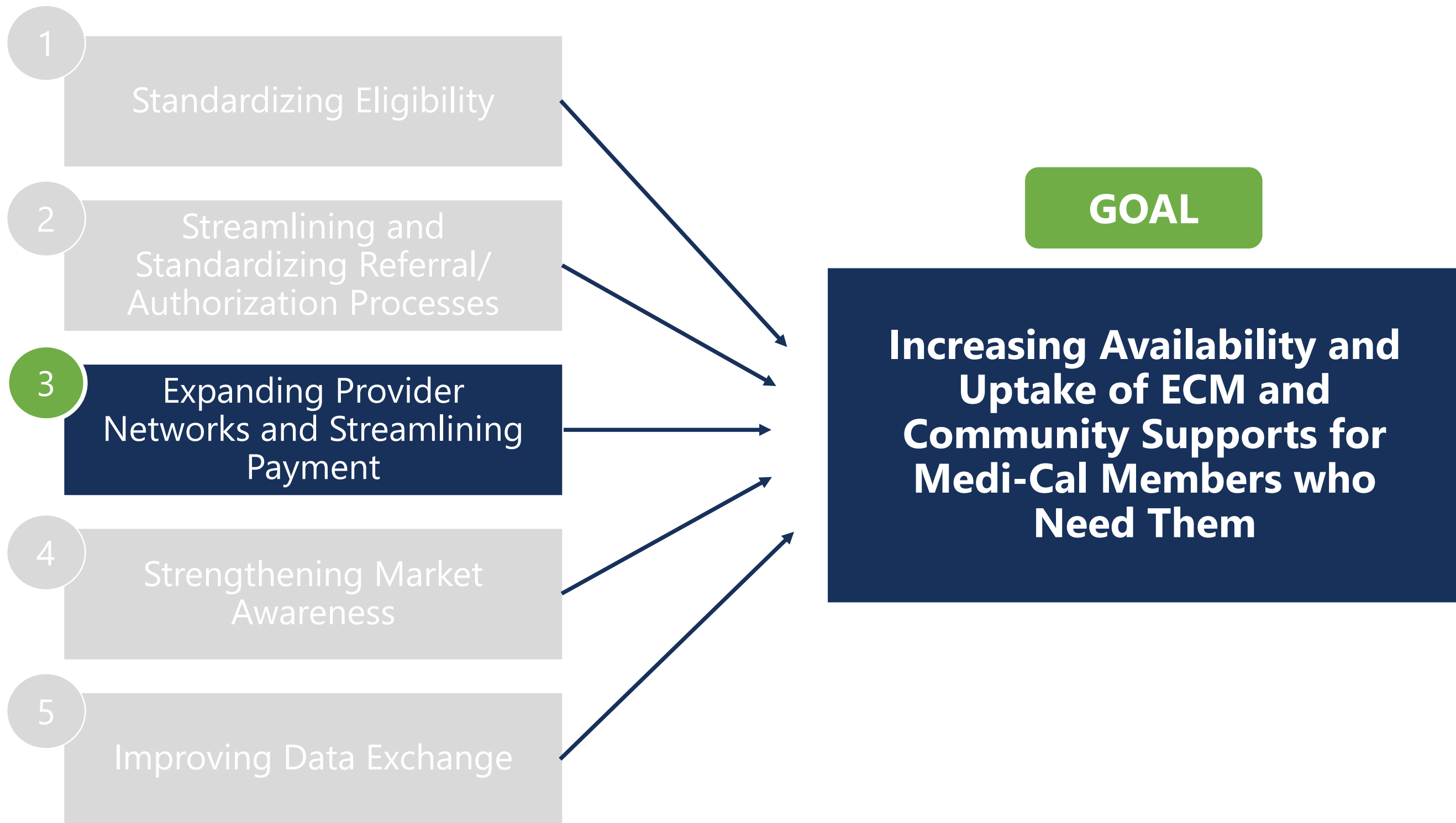
Connection with the IPP:
IPP measures incentivize MCPs to provide training and TA on ECM and Community Supports referrals to all contracted providers.

Pause for Discussion

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GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: MCPs often rely on clinic-based providers as "one size fits all" ECM Providers, missing opportunities for partnering with a diverse group of additional providers that have specialized skills/expertise that may best serve Members with specialized needs.

DHCS Actions: New policies requiring partnerships with specific provider types.

» MCPs must prioritize contracting with ECM Providers <u>specializing</u> in each of the <u>specific</u> Populations of Focus (*see next slide for examples*), in addition to clinic-based providers who may serve a generalist role.

» MCPs should think creatively about how to engage providers in both ECM and the new CHW benefit.

» MCPs' network directories must indicate which specific Population(s) of Focus each ECM Provider is equipped to serve.

🐷 **Connection with the IPP:**
IPP measures incentivize MCPs to increase uptake of the new CHW benefit in 2023-2024.

Suggested ECM Providers by POF (Non-Exhaustive)

DHCS will begin monitoring MCP network data to confirm that MCPs are actively contracting with diverse provider types, which are strongly encouraged to include the following:

Adult ECM Populations of Focus	Example Priority Provider Types
Adults with Serious Mental Health and/or SUD Needs	» County Departments of Behavioral Health » Community-Based Behavioral Health and Medication-Assisted Treatment (MAT) providers who also provide SMHS and/or DMC/DMC-ODS services
Individuals Experiencing Homelessness	» Street Medicine providers » Homeless Navigation Centers » Transitional Housing for Homeless Youth
Adult Nursing Facility Residents Transitioning to the Community	» California Community Transitions Lead Organizations » Affordable Housing Communities » Memory Care, Assisted Living, and Independent Living Organizations » Alzheimer's Association
Adults Living in the Community and At Risk for LTC Institutionalization	» CBAS Centers » Area Agencies on Aging » Home Health Agencies » Centers for Independent Living » Alzheimer's Association » Memory Care, Assisted Living, and Independent Living Organizations

Suggested ECM Provider Types By Population of Focus (Non-Exhaustive) (2)

Children/Youth ECM Population of Focus	Example Priority Provider Types
Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)	» School-based clinics/BH providers » Public Health & Social Service Programs » CBOs serving children and families with social needs » County behavioral health services
Children and Youth Enrolled in California Children's Services (CCS)	» CCS paneled providers, including specialty care centers, and pediatric acute care hospitals
Children and Youth At Risk for Avoidable Hospitalization or ED Use	» School-based clinics » Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	» CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.

Issue: MCPs may be missing opportunities to contract with Community Supports Providers that have special skills or expertise, and who know Members best.

DHCS Actions: New policies requiring partnerships with specific provider types with experience serving individuals with specialized needs in the region.

» MCPs must contract with locally available community-based organizations that have experience working with eligible populations and delivering the outlined Community Supports services (e.g., Supportive housing providers, Skilled Nursing Facilities).

Issue: The DHCS ECM and Community Supports HCPCS code set is being applied differently by different MCPs leading to increased administrative burden for providers.

DHCS Actions: DHCS will re-issue the HCPCS Coding with clarification that MCPs must use the HCPCS coding options for Community Supports and ECM, as defined by DHCS, without additional codes or modifiers.

Issue: Widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs new to billing Medi-Cal.

DHCS Action: Reinforce existing timely provider payment requirements.

» ECM and Community Supports services are subject to the standard reimbursement timelines for other Medi-Cal services as specified in:

- **The managed care boilerplate contract**: MCPs must pay 90% of all clean claims within 30 days of the date of receipt and 99% of all clean claims within 90 days.

- **California Health and Safety Code Section 1371**: MCPs must reimburse claims or any portion of any claim, as soon as practicable, but no later than 30 working days after receipt of the claim and are subject to interest payments if failing to meet the standards.

» **These requirements pertain to both claims and invoices**.

» MCPs are required to train their contracted network of ECM and Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.

☼ Future Guidance Priority:
Later in 2023, DHCS will issue an APL offering clarifying guidance about timeliness of processing claims.

Issue: Providers are not consistently reimbursed for ECM outreach.

DHCS Action:

» **MCPs are expected to reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM**.

» **MCPs' ECM rates already include assumptions about the cost of outreach** that providers must undertake, which include multiple attempts and outreach to Members who do not ultimately enroll in ECM. We will cover this further in the Rates session.

» DHCS is launching a Supplemental Data Request (SDR) to better understand the rates that ECM Providers are being paid, including for outreach.

» DHCS intends to **further standardize the thresholds that should trigger payment** to ECM Providers, including for initial outreach *(future guidance priority)*.

Pause for Discussion
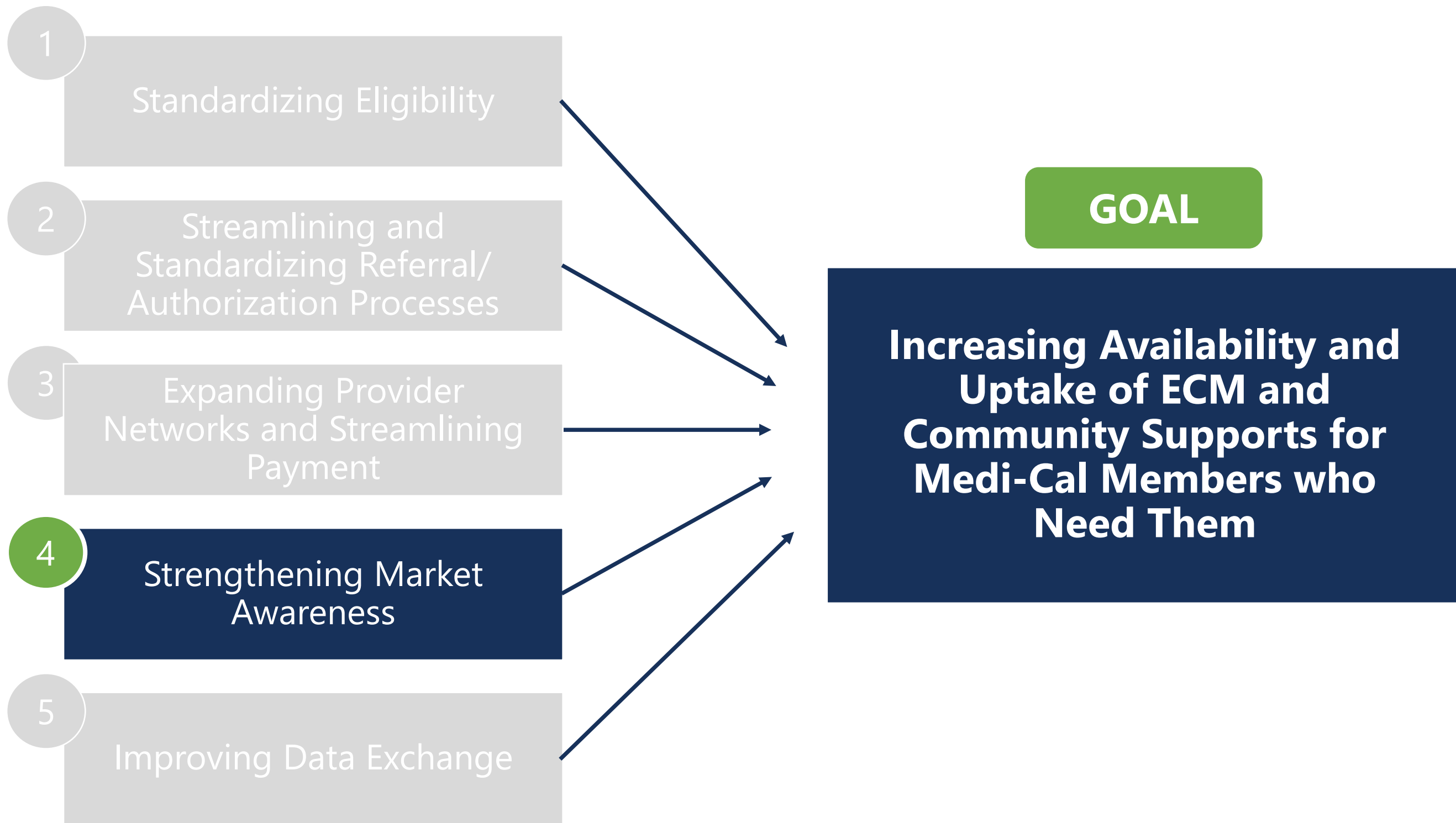
Issue: Low awareness among contracted providers and MCP internal staff about ECM and Community Supports and how to access them.

DHCS Actions: Reinforcement of Existing Guidance

» MCPs must proactively **ensure their contracted networks of providers are aware** of the ECM benefit and Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP.

» MCPs must also train their **call centers** about how to take referrals for ECM & Community Supports.

🐷 **Connection with the IPP:**

IPP measures incentivize MCPs to implement a strategy for comprehensive provider education and training on ECM and Community Supports to their entire contracted provider networks.

Issue: Low awareness in the community about ECM and Community Supports, and how to access them.

DHCS Actions: Reinforcement of Existing Guidance

» As a reminder, MCPs must ensure public-facing **websites, Member Handbooks, and Provider Directories** include the most up-to-date information about ECM Populations of Focus and the Community Supports offered and how to access them.

- DHCS has begun monitoring websites and handbooks and will follow up with MCPs where gaps are seen.

» The DHCS ECM and Community Supports website contains fact sheets and other language that MCPs may use.

» DCHS welcomes and encourages additional and creative ways of getting the word out.

PATH as a Catalyst for Scaling
CPIs Promote Regional Collaboration

Providing Access and Transforming Health (PATH) is a $1.85 billion initiative to maintain, build, and scale infrastructure and capacity needed to ensure successful implementation of ECM and Community Supports.

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

» CPI provides support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports, including work to support standardization, public communications, and more.

» Launched in January 2023, there are 25 collaborative groups—one in each county and/or region—and over 600 participating organizations.

» **MCPs, Providers, Counties, and other stakeholders are encouraged to participate in their local CPIs to advance implementation and uptake of ECM and Community Supports**.

PATH as a Catalyst for Scaling
CITED Provides Funding to Build Capacity, Infrastructure

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Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

» CITED provides grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports.

» DHCS awarded over $200 million in Rounds 1A and 1B this spring. Applications for Round 2 closed on May 31, and information on additional rounds of CITED grants is forthcoming.

» **Provider organizations contracted to provide ECM or Community Supports are encouraged to apply, as well as those with an attestation from an MCP showing the intent to contact**.

PATH as a Catalyst for Scaling
TA Marketplace Provides Hands-On Support

Providing Access and Transforming Health (PATH) is a $1.85 billion initiative to maintain, build, and scale infrastructure and capacity needed to ensure successful implementation of ECM and Community Supports.

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

» The TA Marketplace Initiative provides off-the-shelf and hands-on TA to Providers, community-based organizations, county agencies, public hospitals, tribal partners, and others.

» TA is available across seven domains and include resources for Providers building data infrastructure and navigating contracting with MCPs.

» **Contracted and prospective ECM/Community Supports Providers are encouraged to shop for TA**.

PATH as a Catalyst for Scaling
JI Capacity Building Will Support CalAIM JI Initiatives

Providing Access and Transforming Health (PATH) is a $1.85 billion initiative to maintain, build, and scale infrastructure and capacity needed to ensure successful implementation of ECM and Community Supports.

Four Major PATH Initiatives
Collaborative Planning and Implementation (CPI) Initiative
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative
Technical Assistance Marketplace Initiative
Justice Involved Capacity Building

» PATH is providing funding to support the implementation of statewide CalAIM justice-involved (JI) initiatives, including pre-release Medi-Cal enrollment and suspension processes, as well as the delivery of Medi-Cal services in the 90 days prior to release.

Issue: Some MCPs may be delivering services to address Members' social drivers of health (SDOH) needs that are funded through other mechanisms outside of Community Supports (e.g., value-added services).

DHCS Actions: MCPs that are delivering such services must evaluate and determine the feasibility of transitioning them into the Community Supports program.[1]
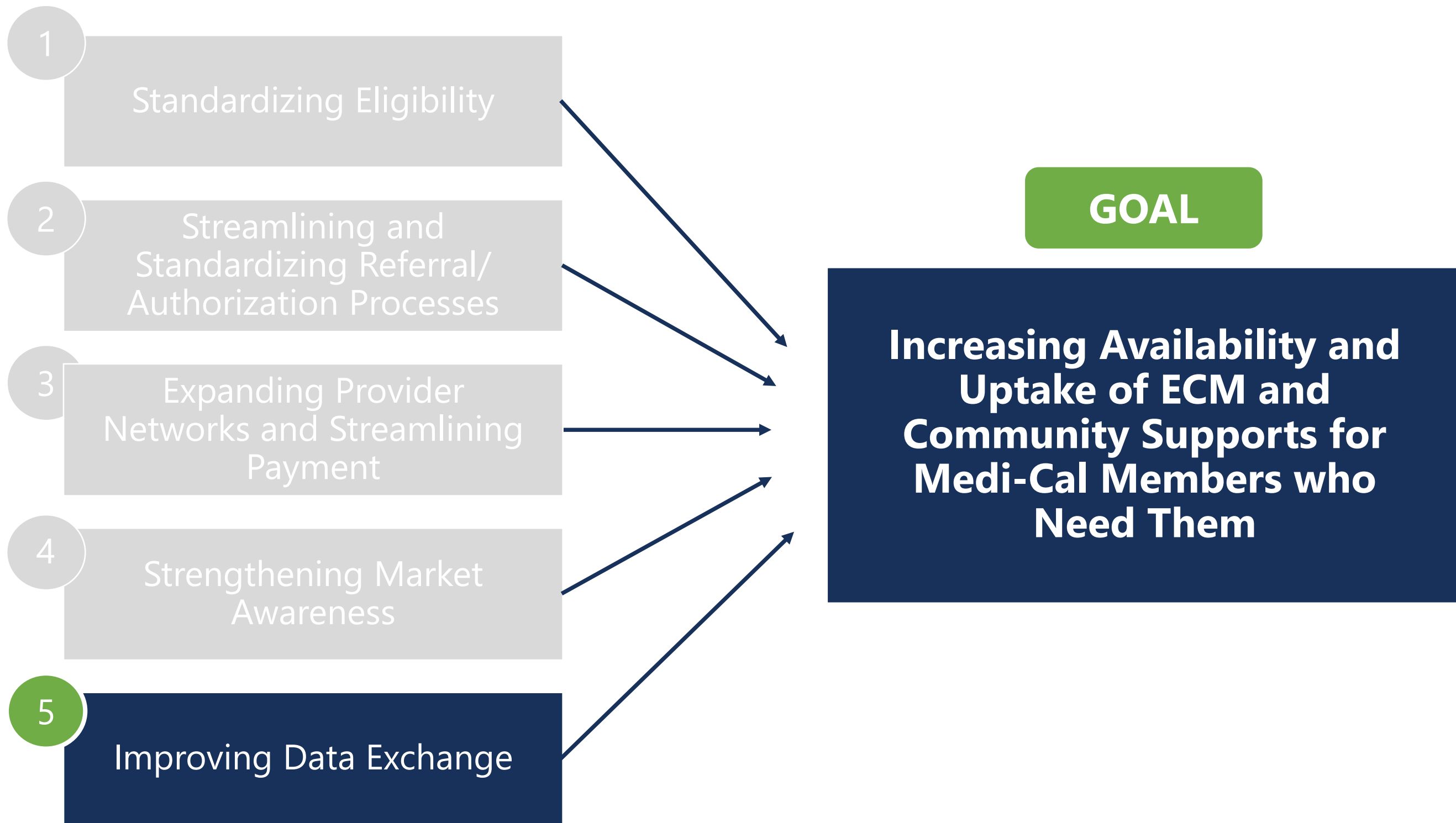
» Doing so will increase the awareness of Community Supports across the communities where other similar services are currently being provided and will drive enrollment into Community Supports.

» This strategy will also allow MCPs to take advantage of the funding DHCS has allocated for Community Supports.

» Evaluating the feasibility of transitioning existing services to Community Supports may involve modifying current eligibility criteria and confirming existing providers can meet the requirements to serve as a Community Supports provider.

[1] Per 42 CFR 438.3(e)(1), MCPs may continue to provide value added services if they determine those services cannot transition to the Community Supports program.

Pause for Discussion

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GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: Many Providers and CBOs are being required to document the detail of their ECM and Community Supports delivery in plan-specific IT portals.

DHCS Actions: Clarifications of Current Policy:

» **MCPs must not require ECM (or Community Supports) Providers to use an MCP-specific portal for day-to-day documentation of services**.

» MCPs **may** use their own portals to exchange member engagement lists and authorization information.

Issue: For the first year of the implementation, DHCS issued data standards for information exchange between MCPs and ECM, but not Community Supports Providers.

DHCS Action: In April 2023, DHCS released the NEW Community Supports Member Information Sharing Guidance to standardize Community Supports member information exchange.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES — **CalAIM Data Guidance: Community Supports Member Information Sharing Guidance**
Published April 2023

Contents

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ECM & Community Supports Data Sharing Guidance Documents

At the start of the programs, DHCS developed guidance to standardize information exchange between MCPs, and ECM and Community Supports Providers, as well as between MCPs and DHCS.

Standardization is designed to promote efficiency and reduce administrative burden.

» DHCS initially released standards for information sharing and reporting in 2021.

» In April 2023, DHCS released new and updated ECM and Community Supports data sharing guidance documents:
  - *(New April 2023)*
    - Community Supports Member Information Sharing Guidance
  - *(Updated April 2023)*
    - Member-Level Information Sharing Between MCPs and ECM Providers
    - Quarterly Implementation Monitoring Report Guidance
    - ECM and Community Supports Billing and Invoicing Guidance
  - *(Coming Q3 2023)*
    - Updated HCPCS Coding Guidance Document for ECM and Community Supports

Consolidated Timeline for Implementing New/Updated Data Sharing Standards

MCPs are expected to work with their ECM and Community Supports provider partners to implement the new/updated standards based on the timelines indicated below.

Data Guidance Requirements	Implemented By:
MCPs **cannot** add their own codes or modifiers beyond those established by DHCS in the Enhanced Care Management and Community Supports Coding Options guidance document	**Effective Immediately**
Updates/Changes to the • **Member-Level Information Sharing Between MCPs and ECM Providers Guidance** • **Billing and Invoicing Guidance**	**July 1, 2023**
NEW Community Supports Member Information Sharing Guidance	**September 1, 2023**
MCPs Submit Quarterly Implementation Monitoring Report (QIMR) Using the Updated Template	**November 14, 2023** *New template/reporting requirements to be adopted for the 2023 Q3 Submission*

DHCS' Longer-Term Commitment to Streamline Reporting to DHCS

» DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on MCPs and Providers.

» By the end of 2023, DHCS intends to evolve its approach for requiring MCPs to submit data about ECM and Community Supports in the following ways:

- **Encounter data**: DHCS will leverage encounter data via the use of ECM and Community Supports HCPCS codes.

- **Provider 274 file**: MCPs will report ECM and Community Supports providers via the Provider 274 files for DHCS to monitor provider capacity.

- **JSON**: MCPs will report enrollment information via a streamlined data file format (JSON) that is also used for other MCP reporting requirements.

» DHCS will provide additional detailed guidance later this year as we approach the transition.

Next Steps

Next Steps

» DHCS will shortly release ECM and Community Supports Policy Guides, reflecting the updates described in this presentation. **MCPs will be required to complete an attestation form, which DHCS has released with the Policy Guides**, confirming to DHCS that they are compliant with the updated ECM and Community Supports policies described in this presentation.

» By the end of July, DHCS will publish on its website detailed implementation data for both ECM and Community Supports across Calendar Year 2022.

» DHCS will conduct two webinars (one ECM and one Community Supports) for providers, CBOs and other interested stakeholders in August reviewing both the data and the highlights of today's presentation.