

# Community Supports: Implementation Progress and DHCS Policy Refinements

Friday, August 18<sup>th</sup>, 2023

9:30 – 10:30am PT

# Continuous Coverage Unwinding

- » **The continuous coverage requirement ended on March 31, 2023**
- » **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
  - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- » **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 March 7, 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.
- » **DHCS launched the [Keep Your Community Covered Resources Hub](#)** which includes resources in all 19 threshold languages.
- » **DHCS released the new, interactive [Medi-Cal Continuous Coverage Unwinding Dashboard](#)** that will allow you to gain demographic and geographic insights to enrollment and renewal data.
- » **Direct Medi-Cal members to [KeepMediCalCoverage.org](#) or [MantengaSuMedical.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

<b>1. Review recently-released Data on Community Supports Uptake and Delivery in 2022</b>	15 min
<b>2. DHCS Policy Refinements for Community Supports</b>	35 min
<b>3. Next Steps &amp; Q&amp;A</b>	10 min

# Reminder: What are Community Supports Services?

**DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.**

## **Pre-Approved DHCS Community Supports include:**

- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Short-Term Post-Hospitalization Housing
- » Recuperative Care (Medical Respite)
- » Respite Services
- » Day Habilitation Programs
- » Nursing Facility Transition/Diversion to Assisted Living Facilities
- » Community Transition Services/Nursing Facility Transition to a Home
- » Personal Care and Homemaker Services
- » Environmental Accessibility Adaptations (Home Modifications)
- » Meals/Medically-Tailored Meals or Medically-Supportive Foods
- » Sobering Centers
- » Asthma Remediation

See [Community Supports Elections Spreadsheet](#) on DHCS website for MCP selections statewide.

# Reminder: Community Supports Are Administered by MCPs and Delivered by Community-Based Providers

MCPs contract with community-based providers who are experienced and skilled in serving members who need each Community Support.




**Medi-Cal Managed Care Plans  
(MCPs)**



**Example: CBO serving children and families with social needs**

# **Summary of Community Supports Implementation in Year One (calendar year 2022)**





# New! The ECM & Community Supports 2022 Implementation Report

DHCS in August 2023 released the ECM and Community Supports 2022 Implementation Report, summarizing data from the first year of the two initiatives.



Collection

## Medi-Cal Enhanced Care Management and Community Supports

Year One Report: Data on Implementation in Calendar Year 2022

Published August 3, 2023

Get started

California has embarked on a multi-year journey to transform Medi-Cal and provide members with more coordinated, person-centered, and equitable care. In 2022, two cornerstones of this journey -- Enhanced Care Management (ECM) and Community Supports -- launched statewide and reached more than 125,000 managed care plan (MCP) members in the first 12 months of implementation.

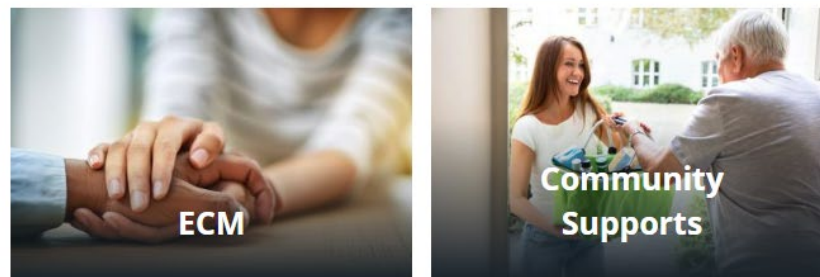
**Enhanced Care Management**

**109,004** Medi-Cal MCP members across California received ECM in 2022.

**Community Supports**

**36,391** Medi-Cal MCP members across California received 80,859 Community Supports services in 2022.

**Executive Summary**



**CalAIM: Population Health Management**

Building a person-centered, equitable, and connected Medi-Cal system that proactively addresses beneficiaries' care needs

County-Level Data Summary of CITED Grant Awards, As of March 2023

County	Total MCP Members	HHP/WPC Status	Total CITED Funds Awarded	CITED Funds Per 10K Members
Alameda County	387,397	Y	\$8,608,176	\$222,206
Alpine County	250	N	\$34,534	\$1,381,365
Amador County	7,811	N	\$368,046	\$471,190
Butte County	71,787	N	\$502,102	\$69,943
Calaveras County	11,683	N	\$193,864	\$165,937
Colusa County	9,379	N	\$326,814	\$348,453
Contra Costa County	266,575	Y	\$450,781	\$16,910
Del Norte County	12,453	N	\$489,723	\$393,257
El Dorado County	35,873	N	\$1,694,606	\$472,390
Fresno County	468,312	N	\$1,537,068	\$32,821
Glenn County	11,998	N	\$1,710,184	\$1,425,391
Humboldt County	10,133	N	\$1,594,206	\$215,110

The interactive report includes:

- » **State-level data** on utilization and provider networks
- » **County-level data** on utilization, and well as CITED data by county
- » **MCP-level data** on utilization

**Access the report here:**

<https://storymaps.arcgis.com/collections/53cc039bc1d54e2e9fc0ac92f5b6511a>



# Community Supports Launched on January 1, 2022

Starting in 2022, MCPs elected to begin offering Community Supports.

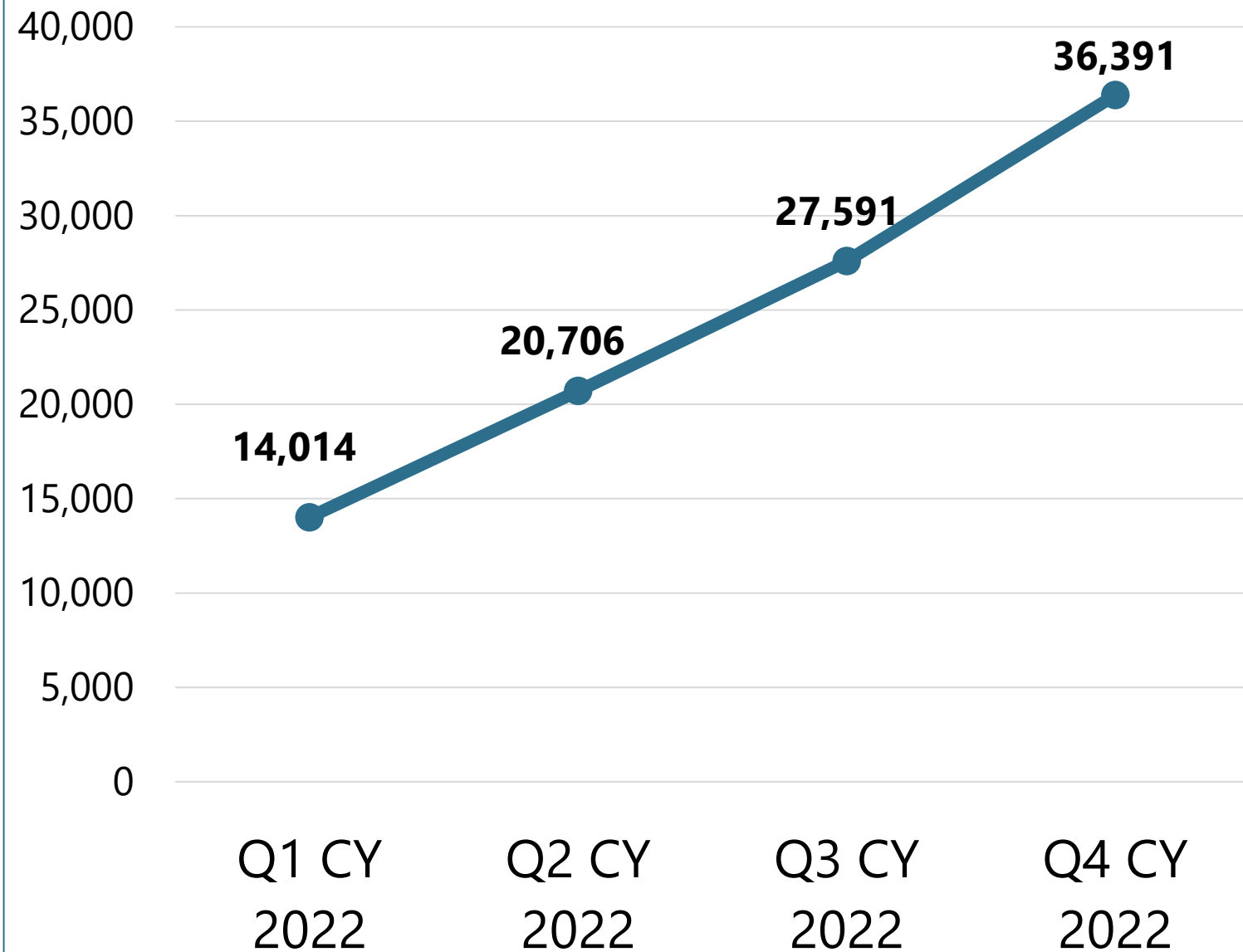


- » Although Community Supports are optional, every Medi-Cal MCP opted to provide them in the first year of the program.
  - **Every county** had at least 2 Community Supports available.
  - **16 counties** had at least 10 Community Supports available.
  - **Three counties** had all 14 Community Supports available.
- » The availability of Community Supports services is continuing to grow in 2023.
  - As of August 2023, **13 counties offered all 14 Community Supports**, and **at least 6 were available in every county.**

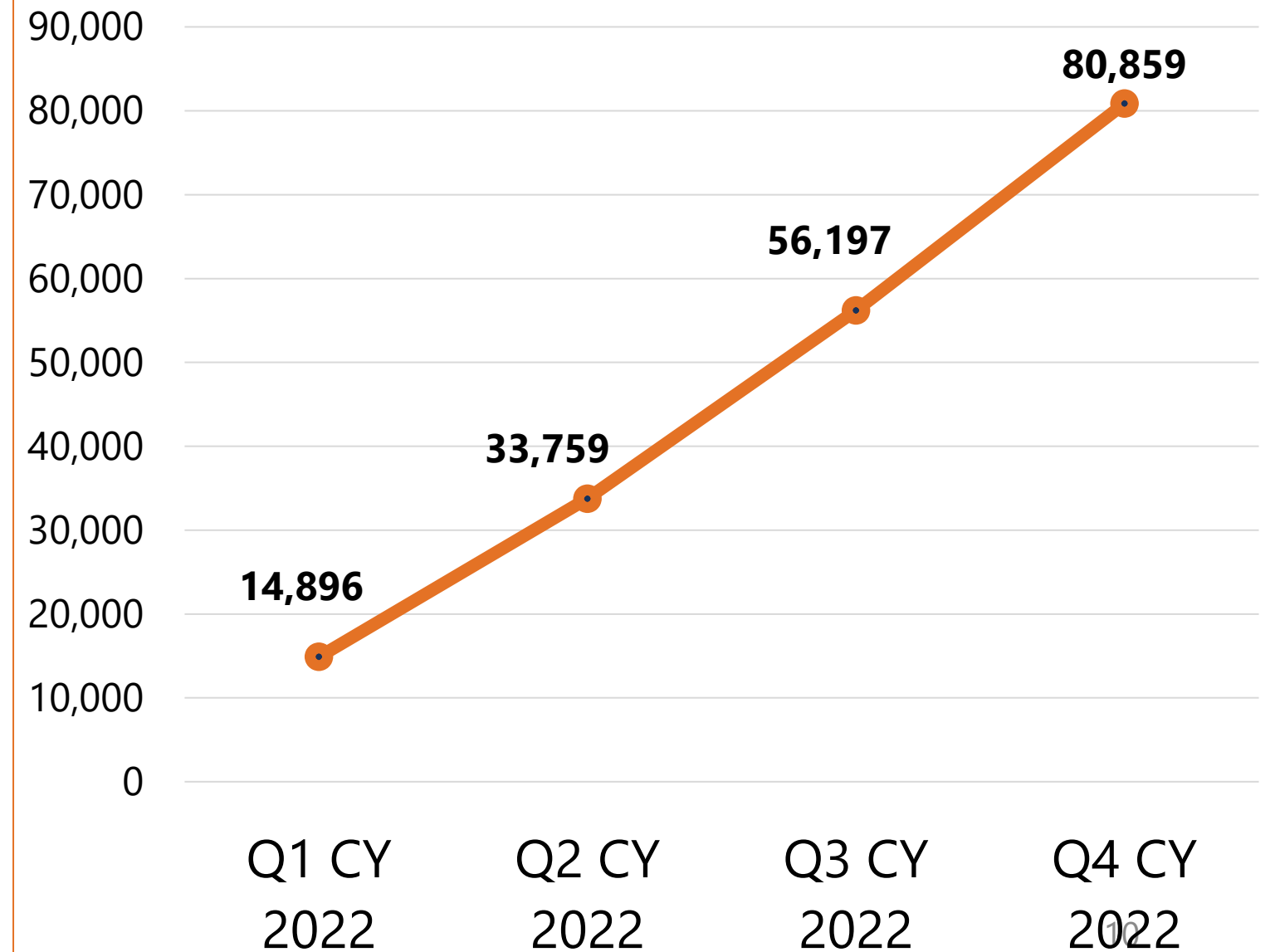
# 36,000 Medi-Cal Members Received Community Supports in 2022

From the end of Q1 2022 to Q4 2022, the number of individual Community Supports services provided had increased by **450%**.

**Cumulative Number of Members Who Received Community Supports in CY 2022**



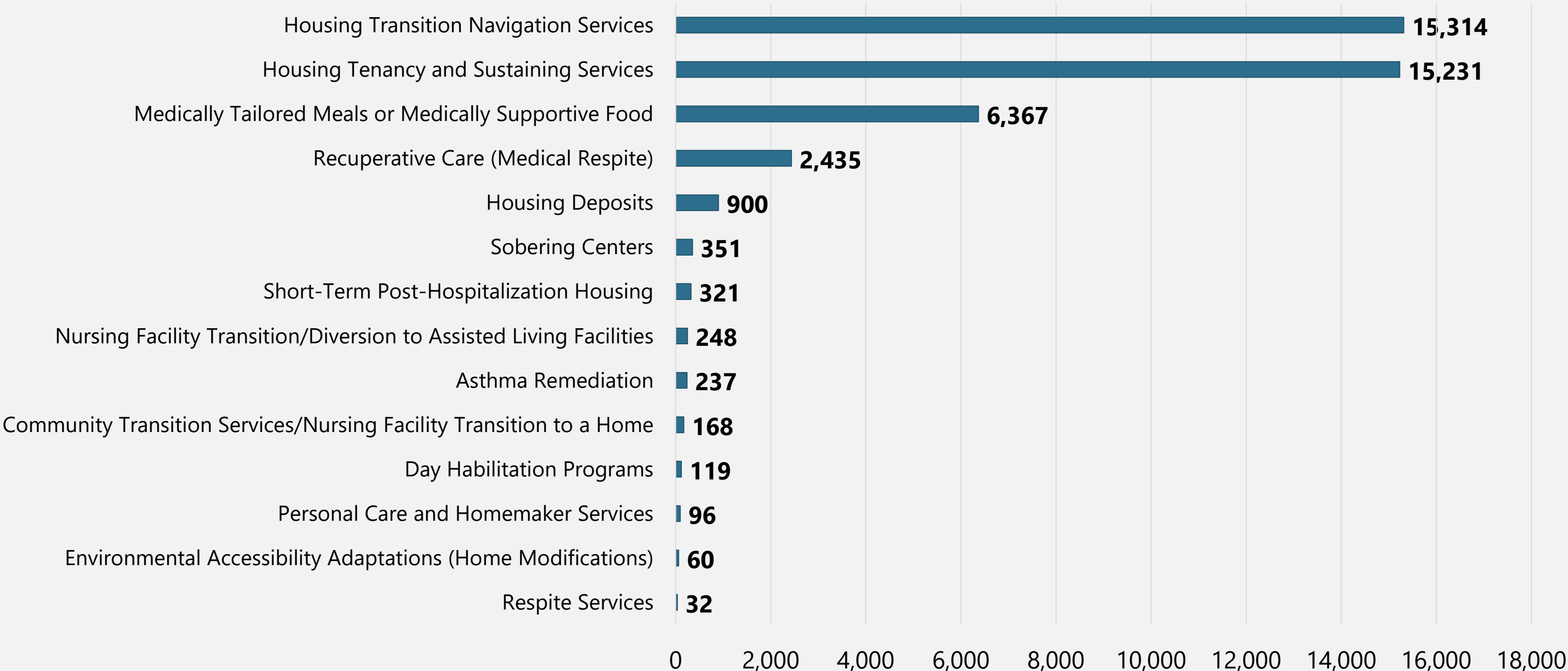
**Cumulative Number of Community Supports Services Provided in CY 2022**



# Housing Supports Were The Most Utilized Community Supports in 2022

Over **40%** of members who received Community Supports accessed Housing Transition Navigation Services.

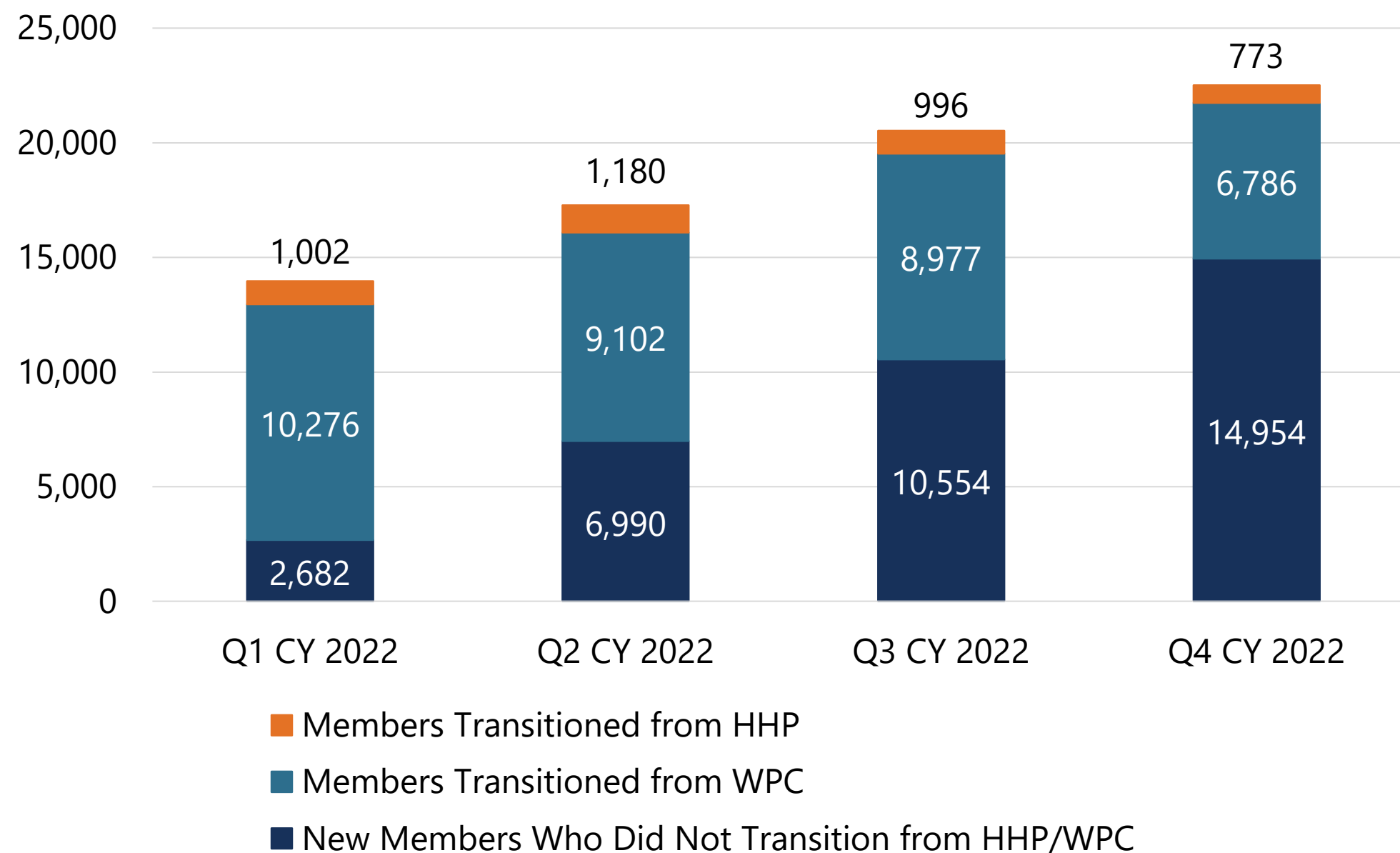
**Total Number of Members Who Received Community Supports by Service in CY 2022**



# Member Engagement in the 25 Counties With WPC or HHP Before 2022

In these 25 counties, Medi-Cal members who had been receiving the equivalent of the Community Supports under the previous programs automatically transitioned to Community Supports.

**Total Number of Members Who Received Community Supports in Counties That Had HHP/WPC**

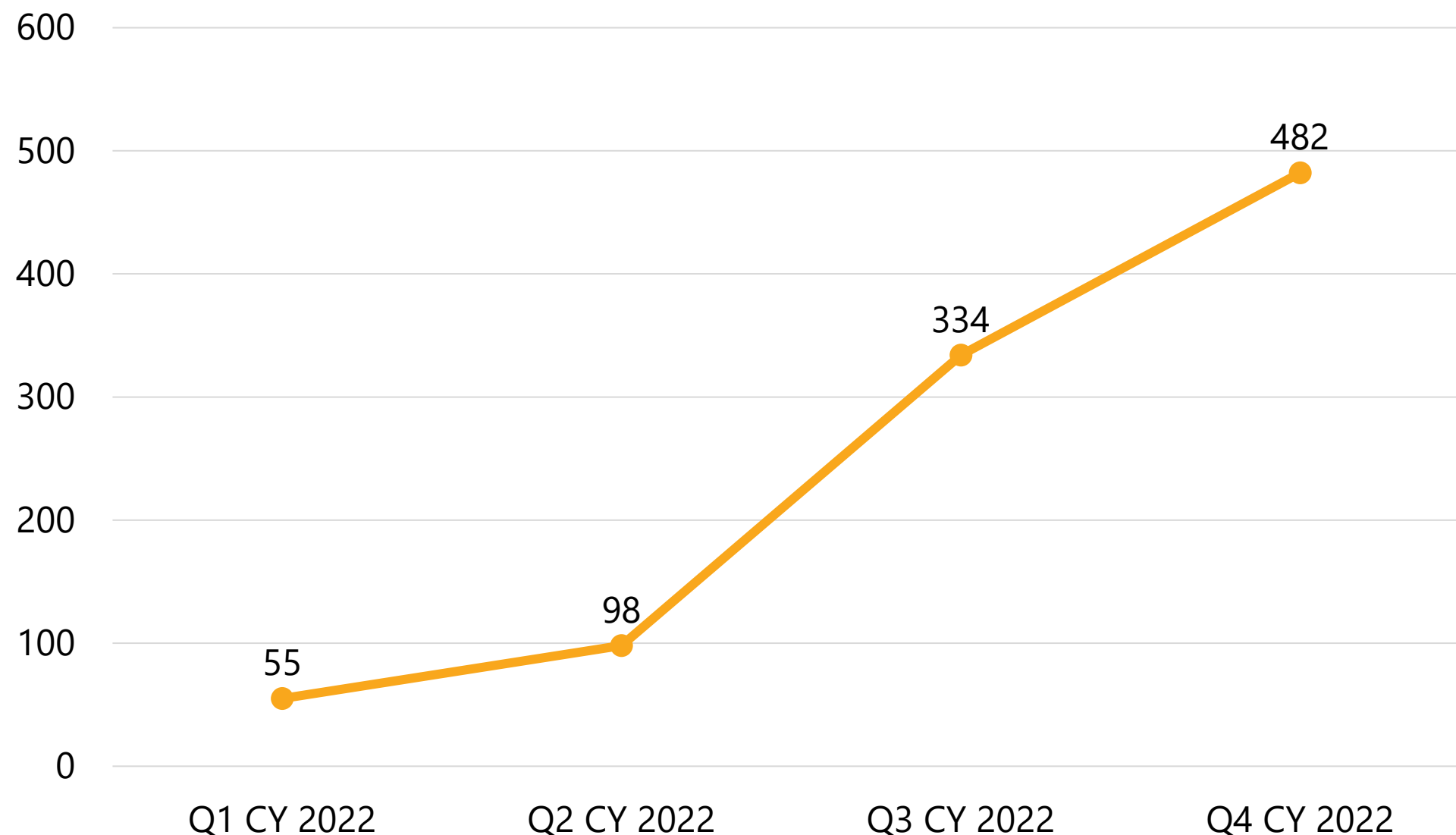


» **The number of members receiving Community Supports for the first time (i.e. members not transitioning from HHP or WPC) grew throughout CY 2022, suggesting growth in awareness of the services and infrastructure to support referrals and service delivery.**

# Member Engagement in the 33 Counties Without WPC or HHP Before 2022

As expected, the uptake of Community Supports in counties that did not have HHP or WPC was lower in 2022 compared with counties that did have these programs.

**Cumulative Number of Members Who Received Community Supports in Counties That Did Not Have HHP/WPC**

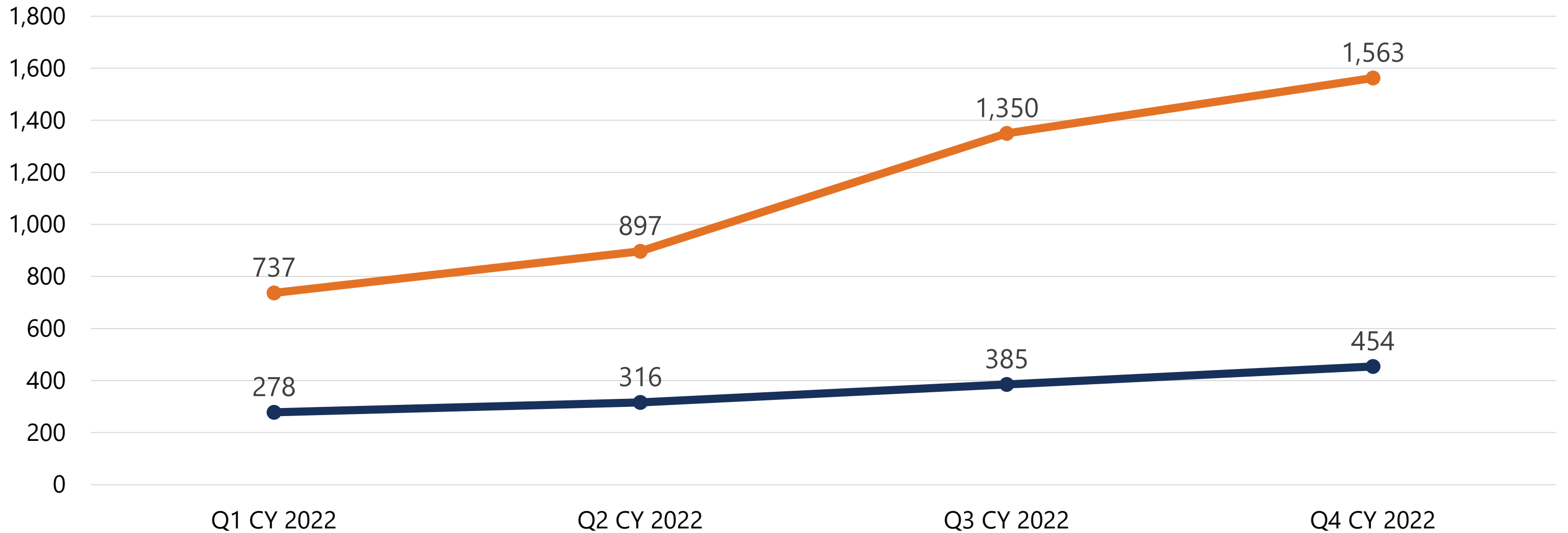


- » Compared with counties that participated in HHP or WPC, these counties are generally less populous and more rural.
- » These counties did not have HHP or WPC infrastructure to build from to launch Community Supports, meaning that more work was needed to stand up provider networks, strengthen referral pipelines, and enhance delivery infrastructure to support these services in CY 2022.

# Networks of Community Supports Providers Were Modest, but Grew Substantially in 2022

The number of providers contracted to deliver Community Supports grew across CY 2022, reaching 454 unique providers with approximately 1,563 contracts with MCPs and by county.

## Cumulative Number of Community Supports Providers in CY 2022



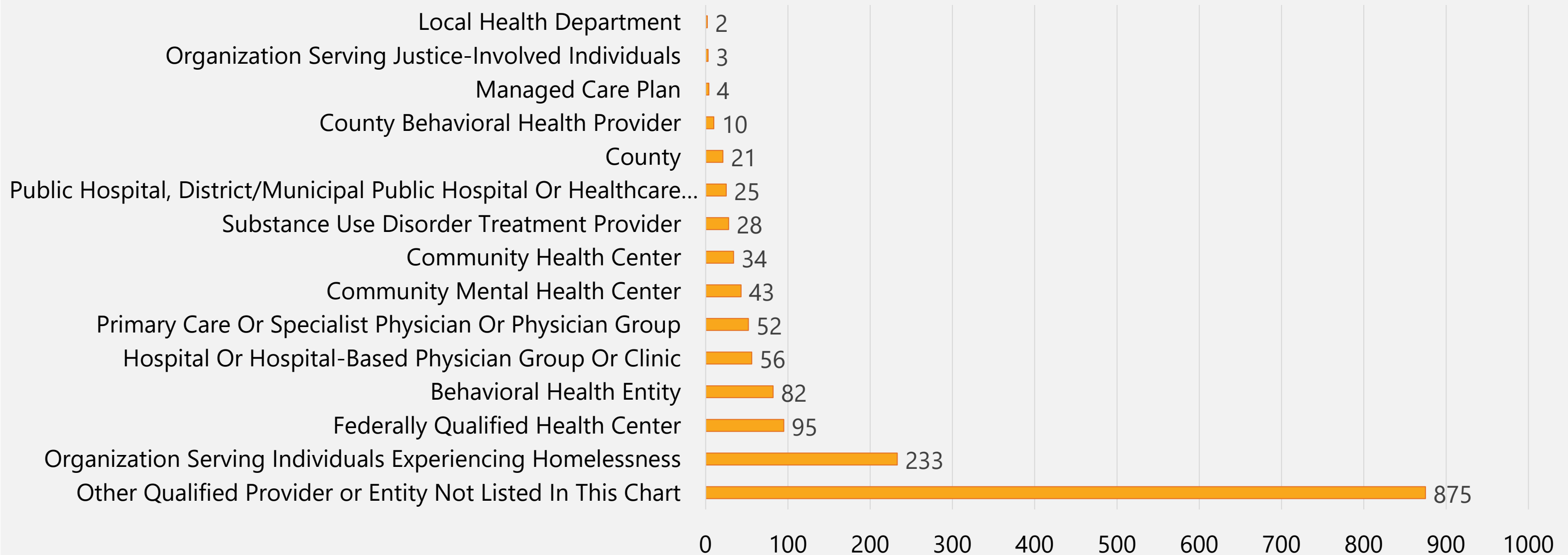
● Cumulative individual Community Supports providers in CY 2022, as measured by unique NPI

● Cumulative Provider "contracts" for Community Supports in CY 2022, as measured by combinations of NPIs, MCP, county, and

# MCPs Developed Contracts Primarily With Non-Traditional Medi-Cal Providers for Community Supports

The vast majority of Community Supports Providers did not fall into traditional Medi-Cal Provider Categories.

## Total Number of Community Supports Providers by Provider Type in CY 2022





# **DHCS' Policy Refinements for Community Supports**



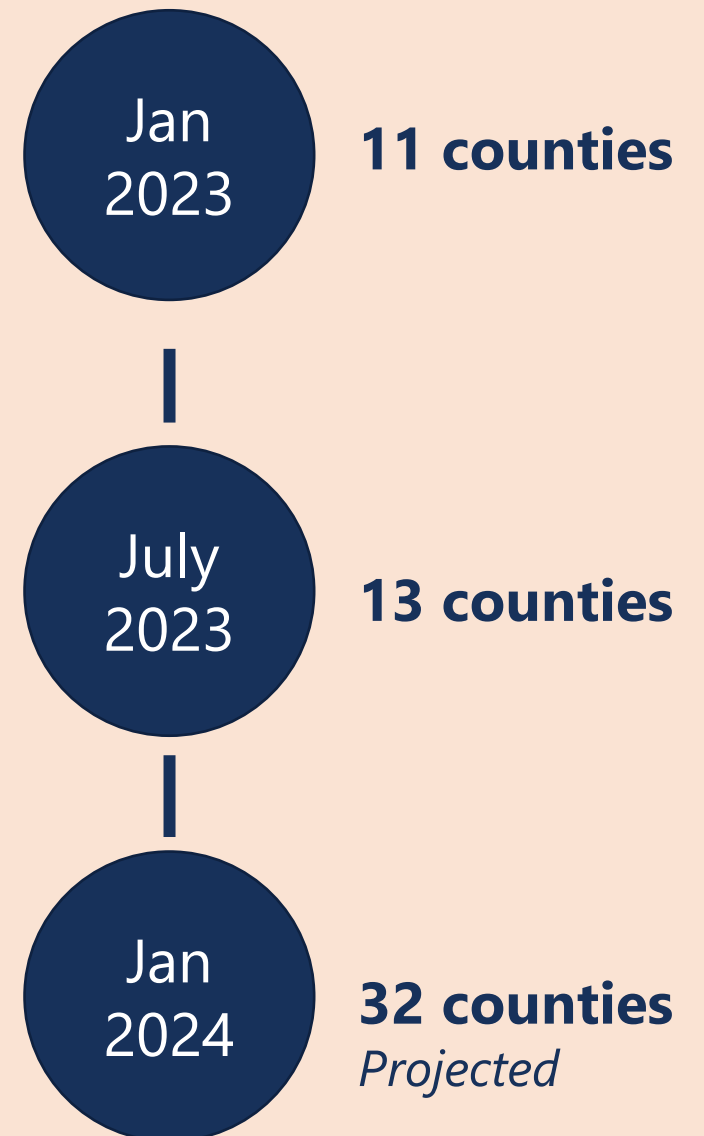
# How DHCS Is Working To Expand Access to Community Supports

Building on the successes of year one, DHCS and its MCP partners are working to expand access to Community Supports by:

- Providing support to Community Supports Providers through **Providing Access and Transforming Health (PATH)**
- Incentivizing MCPs to further increase Community Supports uptake through the **Incentive Payment Program (IPP)**
- Breaking down barriers to Community Supports access through **continuous program and policy improvements**

*Focus of Today's Webinar*

All 14 Community Supports available in:



# DHCS' Approach to Continuous Improvement

DHCS regularly engages with stakeholders to inform updates to Community Supports policies.



**Stakeholder  
Advisory Groups**



**Surveys**



**Interviews**



**DHCS Leadership  
Listening Tours**



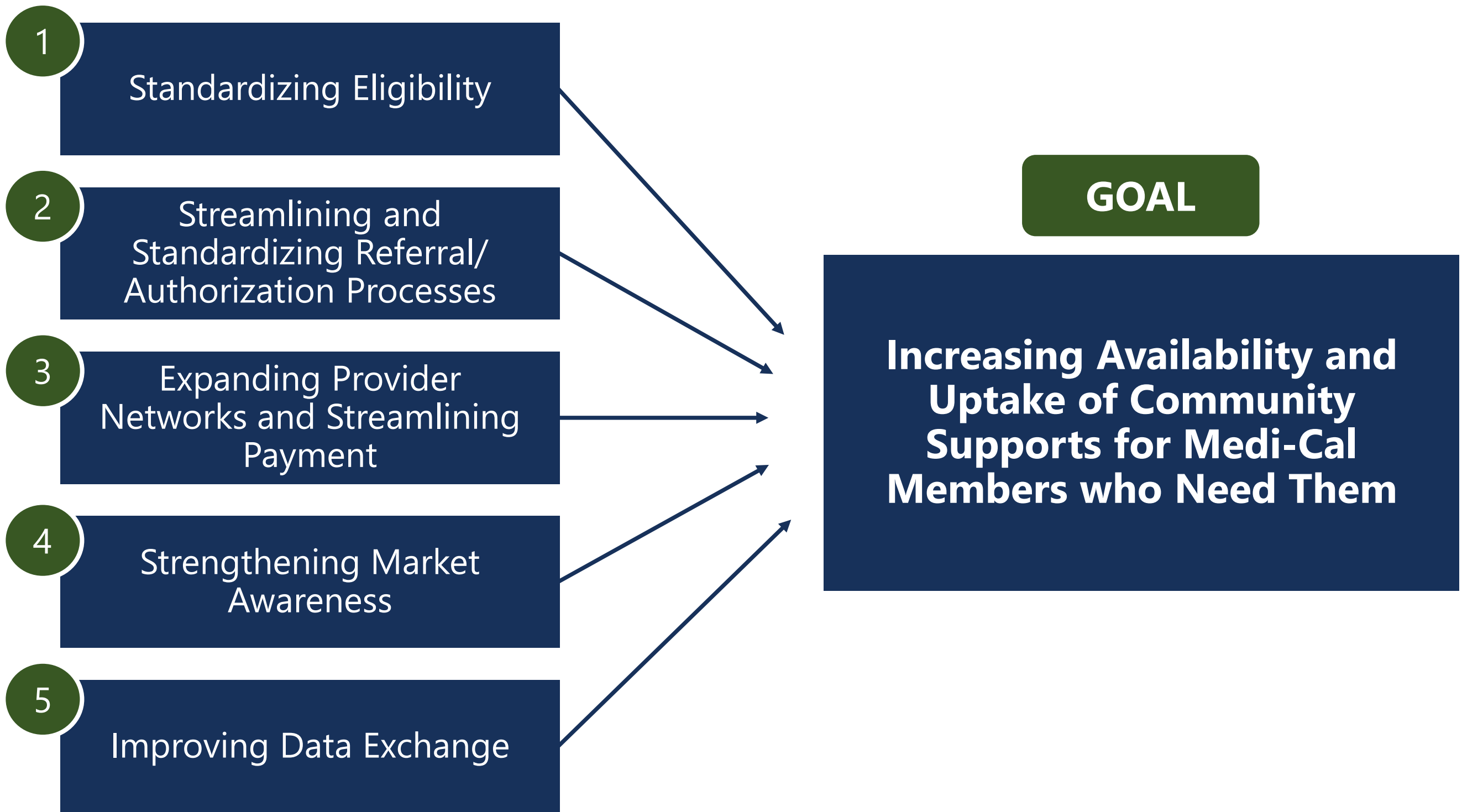
**Data Submitted  
from MCPs**

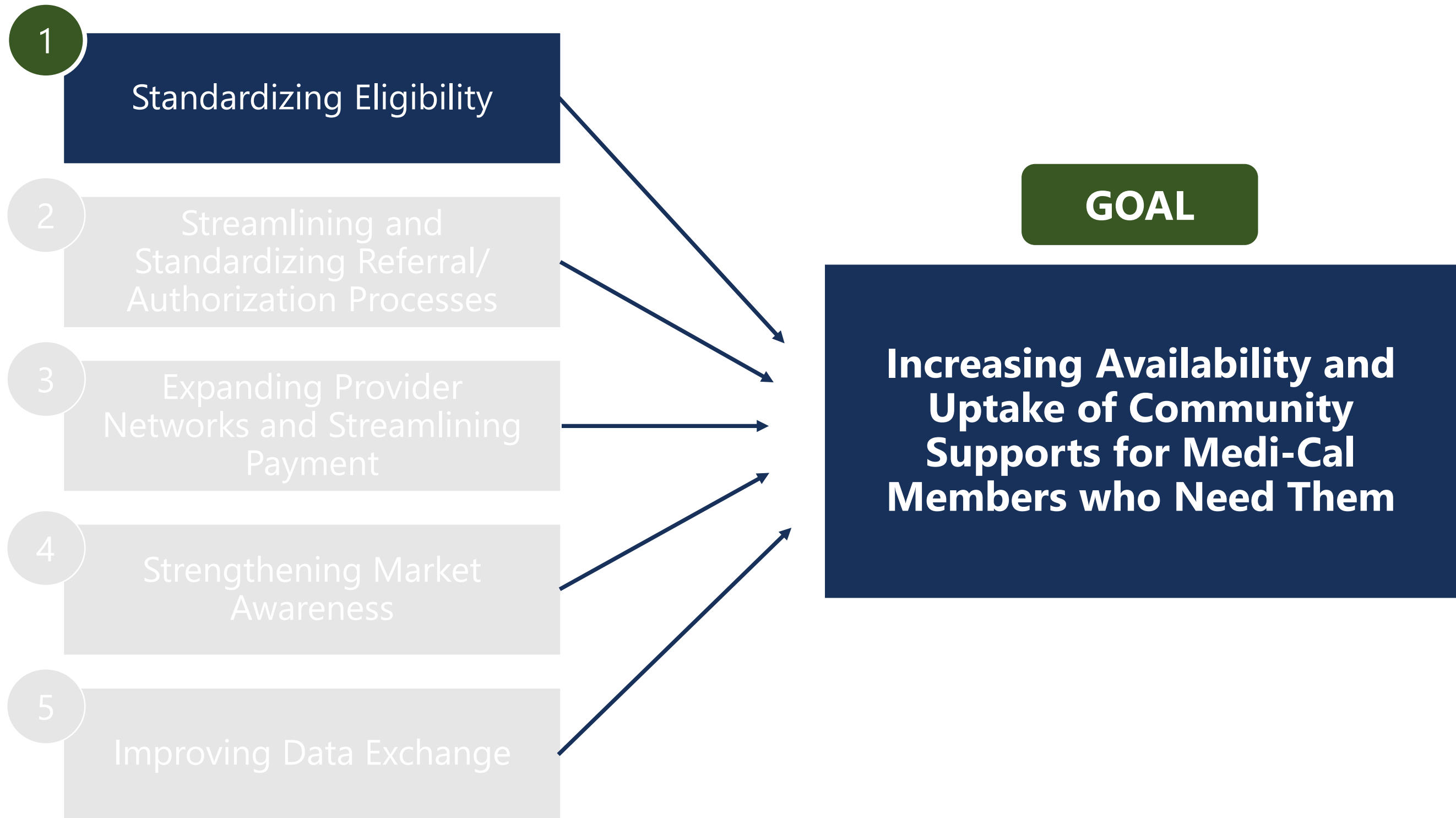
# DHCS' Approach to Continuous Improvement

- At program launch, DHCS standardized some aspects of the Community Supports design while allowing flexibility for MCPs in other aspects through the “Model of Care” process.
- Now 12-18 months into implementation, 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 recently released a set of Community Supports policy refinements and areas of reinforcement, which are available in the latest version of the [Community Supports Policy Guide](#).
- DHCS has also identified other priority areas for future design work and engagement with stakeholders, to be discussed during today’s webinar.

# Areas of DHCS Focus in Response to Data and Feedback

DHCS has identified the following priority areas and begun implementing program design refinements to increase the total number of Members served.





**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 Adult Members from being able to receive Asthma Remediation, 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:**

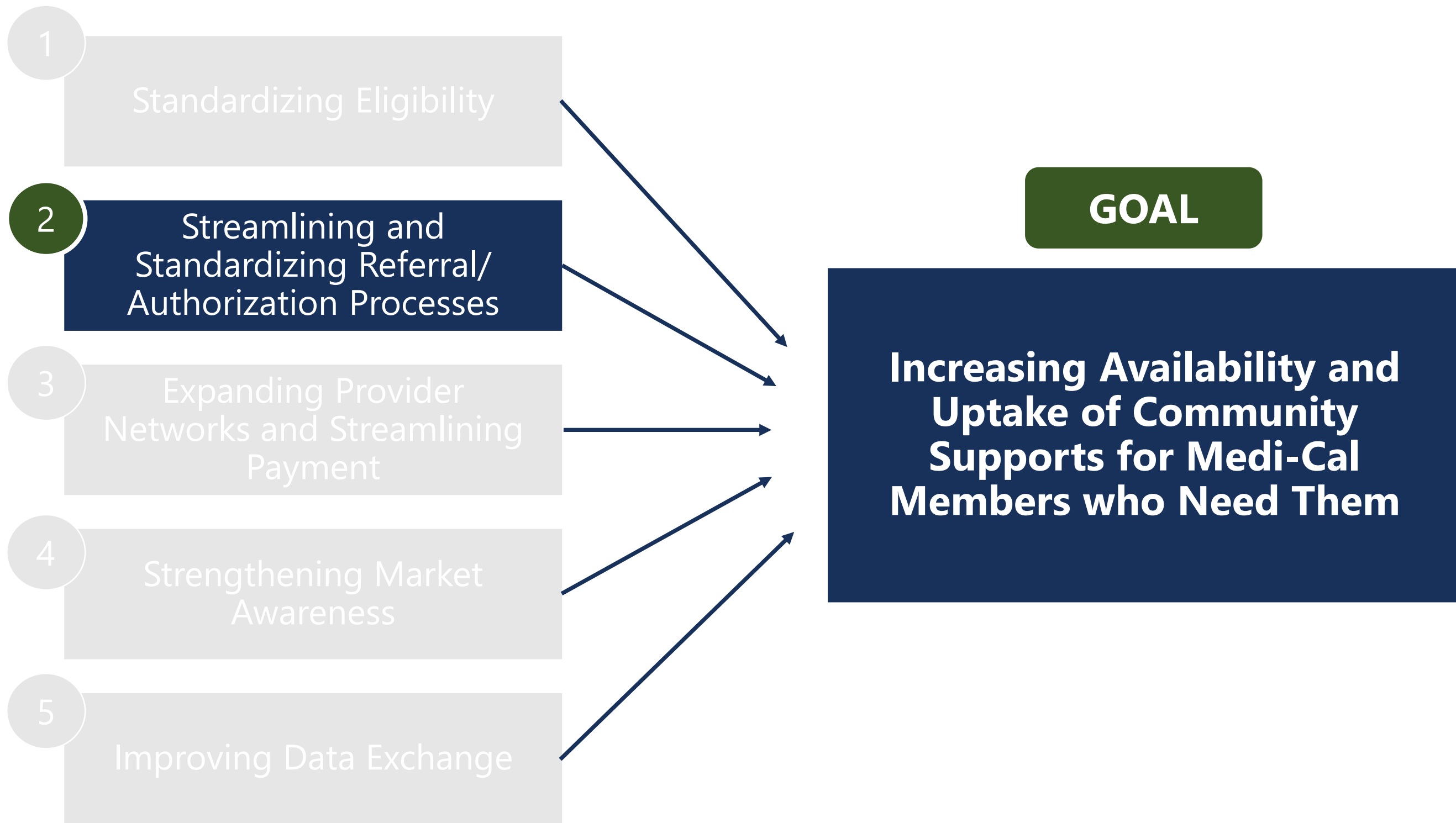
In the second half of 2023 and beyond, DHCS will refine the Community Supports service definitions in response to feedback. The department looks forward to working with stakeholders to provide input.



**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 assess or report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements.**
- Nothing shall prohibit MCPs from using utilization management techniques as applicable and as permitted by federal managed care regulations.
- DHCS is conducting statewide aggregate analyses of the cost effectiveness of each of the approved Community Supports services.



**Issue**: 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.**

- » 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, emergency departments and skilled nursing facilities (SNFs).

**Issue:** Disparate input, forms and processes for referrals and authorizations across MCPs creates high administrative burden for providers.



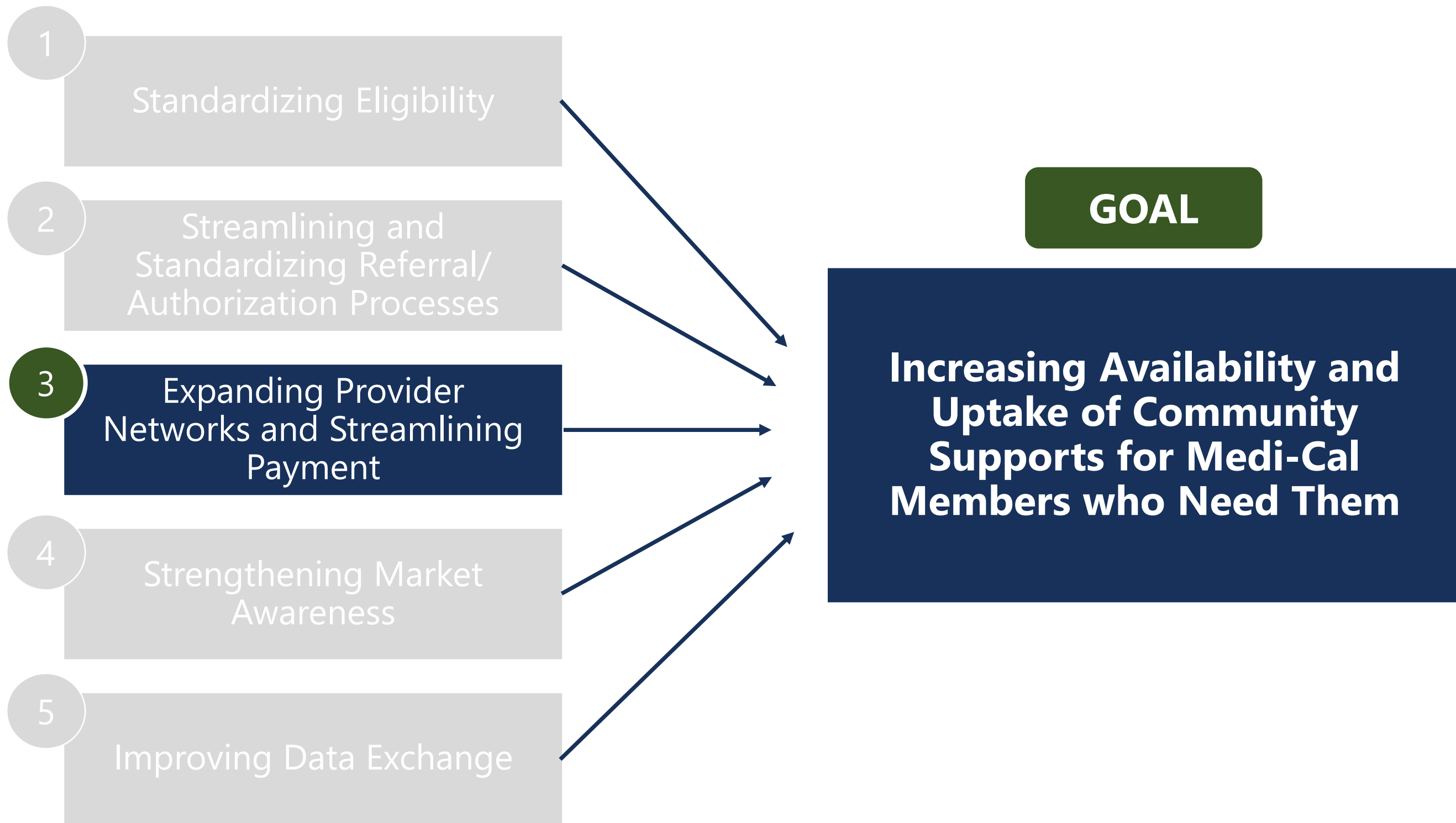
**DHCS Actions (future design priority): DHCS will begin developing statewide referral standards in Q3 2023.**

- » **DHCS expects MCPs to source most Community Supports referrals from the community.** Use of internal data to identify should be balanced with active community-based outreach and engagement.
- » In 2024, DHCS will begin developing **statewide standards containing the information needed to evaluate authorizations for some Community Supports.**
- » DHCS will engage directly with MCPs and 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.



**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 Community Supports HCPCS code set is being applied differently by different MCPs leading to increased administrative burden for providers.

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

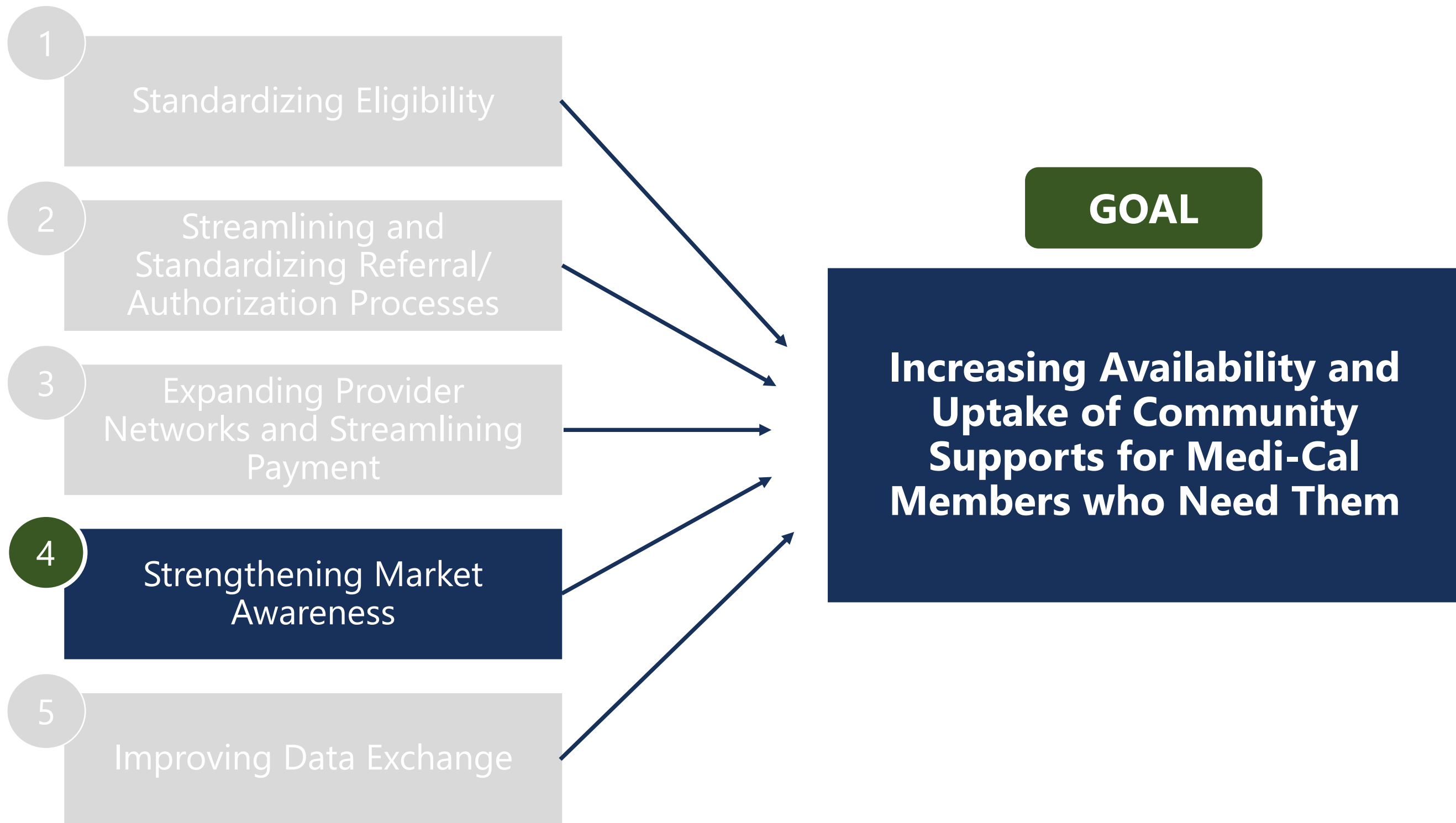
**Issue:** Widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs new to billing Medi-Cal.

**DHCS Action: Reinforce existing timely provider payment requirements.**

- » 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 Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.

 **Recently-Released Guidance:**

In July 2023, DHCS issued [APL 23-020](#) offering clarifying guidance about timely payment of claims.



**Issue:** Low awareness among contracted providers and MCP internal staff about 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 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 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 Community Supports services, 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 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 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 Community Supports

## CPIs Promote Regional Collaboration around CalAIM

### 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 Community Supports

## CITED Provides Funding to Build Capacity and Infrastructure

### 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 Community Supports

TA Marketplace provides support direct to ECM Providers

## 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 Community Supports

Justice Involved Capacity Building funding will support JI initiatives

## 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.

# PATH: Additional Information & Resources

For more information about PATH, please access:

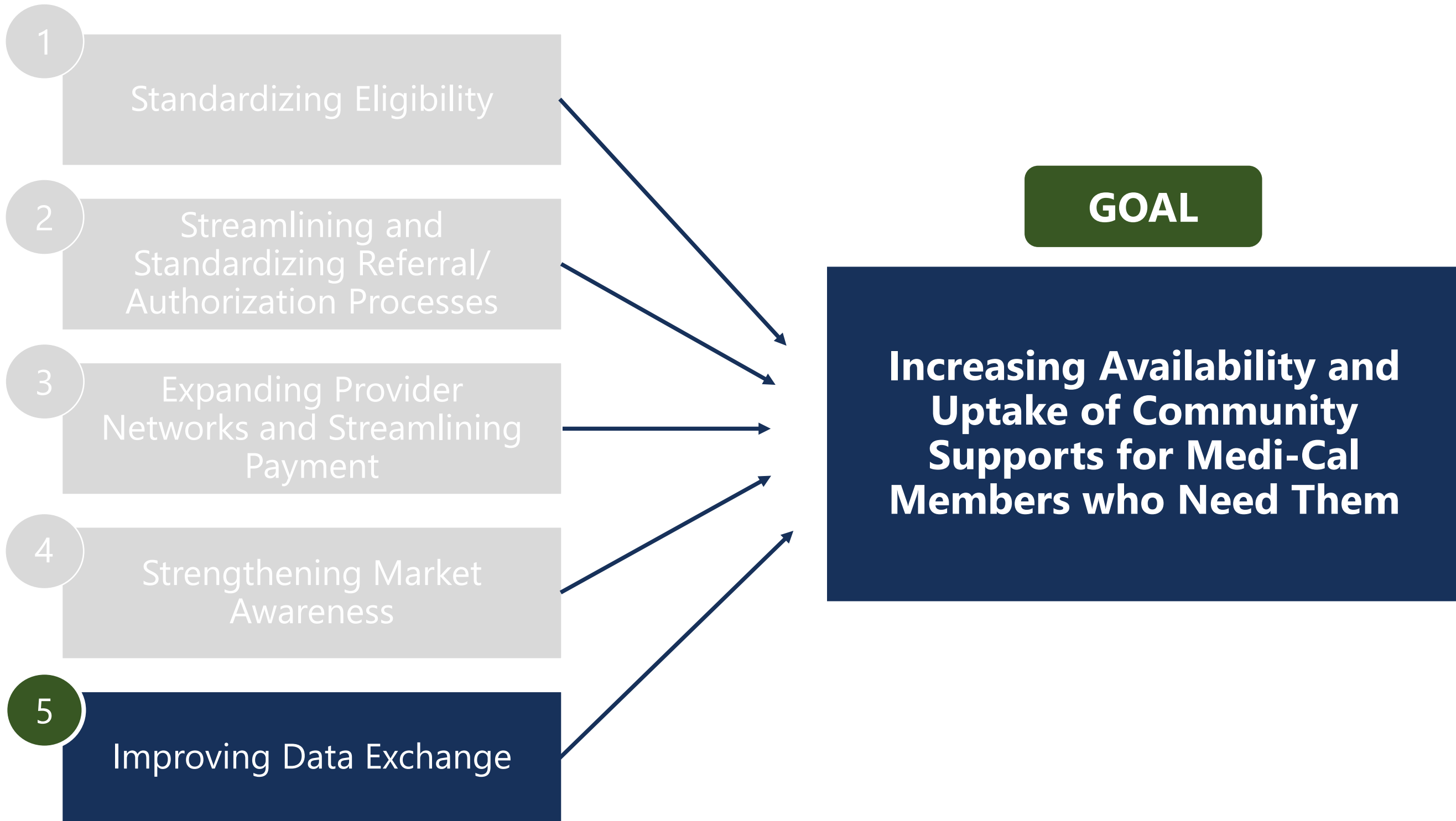
<https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>

**Issue:** Some MCPs may be delivering services to address Members' social drivers of health 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.<sup>1</sup>**

- » 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.

<sup>1</sup> 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.



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


**DHCS Actions: Clarifications of Current Policy:**

- » **MCPs must not require Community Supports (or ECM) 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.

MCPs and Community Supports Providers must implement the Community Supports Member Information Sharing standards by:  
**September 1, 2023**

 <b>CaAIM Data Guidance: Community Supports Member Information Sharing Guidance</b> <small>Published April 2023</small>	
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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



# Next Steps



# Next Steps

**All MCPs and ECM Providers must adhere to the policy refinements described today, effective immediately, unless otherwise indicated.**

- » Further details about these policy refinements can be found in the [Community Supports Policy Guide \(Updated July 2023\)](#) on the DHCS ECM and Community Supports webpage.
- **MCPs will be required to complete an attestation form confirming to DHCS that they are compliant with the updated policies described in this presentation by Sept. 8**
- DHCS has also published a "[Cheat Sheet](#)" to help providers and other stakeholders navigate the ECM and Community Supports policy updates that summarizes the key policies, as well as the distinction between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures.
- Further updates to ECM policy guidance and the ECM and Community Supports HCPCS coding options guidance are forthcoming later this year.

# Q&A



# Thank You

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Please send questions to [CalAIMECMILOS@dhcs.ca.gov](mailto:CalAIMECMILOS@dhcs.ca.gov)

