

# CalAIM ECM – Long-Term Care Populations of Focus Webinar

September 8, 2022

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slides 1-2	Michael Huizar – 00:00:08	Good afternoon, everyone. Thank you for joining us for today's CalAIM Enhanced Care Management and Community Supports: Long-Term Care Populations of Focus Technical Assistance Webinar. We have a host of information to share with you today, as well as a couple of presentations from valued partners with DHCS. We can go to the next slide. Before we get started into our presentation, you may recall that we will share some information about the Public Health Unwinding on a lot of these presentations, so that many of our members who may lose coverage are being contacted and hopefully getting their information updated.
Slide 2	Michael Huizar – 00:00:49	So with the PHE ending soon, with no certain date that we've been notified as of yet, we are working as the top goal of DHCS to minimize that burden, and we're asking that all of you be DHCS coverage ambassadors. And so we have some information linked here in this webinar and will be also circulated after the conclusion of the webinar, but there are useful webpages and tools that you can utilize, as well as signing up for the DHCS ambassador mailing list to receive updated toolkits that have become available. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Michael Huizar – 00:01:34	<p>So the PHE Unwinding Communication Strategy, there's a two-phase approach, with the first one currently underway, which is, as I was saying in the previous slide to update contact information, this first phase includes a multi-channel communication campaign to encourage beneficiaries to update their information with county offices. You can include flyers in provider's offices or clinic offices, social media campaigns, call scripts, or website banners. The second phase just really calls out a need to watch out for Renewal Packets that may be in the mail, and also to update contact information. Again, really emphasizing that's the primary mode to contact members and it's very important that it be current. And it will be launched 60 days prior to the COVID-19 Public Health Emergency termination. And as I said a moment ago, we do not have a set date anticipated, so we do anticipate it will go past October. So that does it for that slide. We can go to the next one, please. Thank you.</p>
Slide 4	Michael Huizar – 00:02:41	<p>So for today's session... This just gives you a run of show for this afternoon. So we will be covering a couple of different areas, really framing up some of the basic understanding of CalAIM, Enhanced Care Management, and Community Supports. Also, coming in 2023 under the CalAIM initiative is Enhanced Care Management Long-Term Care Populations of Focus, followed by a presentation by, as I said, two partners, Partners in Care Foundation as well as Health Net, to give us a sense of the work that they're doing leading up to 2023. And then we will conclude with a question and answer session. Next slide.</p>

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slides 5-6	Michael Huizar – 00:03:26	Okay. Understanding CalAIM, ECM, Community Supports. Next slide. Thank you very much. So we'd like to start by grounding everyone in the goals and components of Medi-Cal and CalAIM. Medi-Cal, as many of you may know, is a cornerstone of California's healthcare system. CalAIM's success can set the pace for transformation of the entire healthcare sector. Everyone has a stake in a better Medi-Cal program. Many of us know someone whose life depends on it. Just a few facts on Medi-Cal, it covers one in three Californians, just over half of California's school-aged children, half of births in California, more than two and three patient days in California long-term care facilities. So you can see how important of a role the Medi-Cal program plays in people's lives and more importantly, how important this CalAIM initiative is, as it transforms the healthcare landscape.
Slide 6	Michael Huizar – 00:04:27	CalAIM's bold Medi-Cal transformation expands on the traditional notion of the healthcare system. It's much more than a doctor's office or hospital. It also includes community-based organizations and non-traditional providers, that together can deliver equitable whole-person care. The CalAIM transformation means implementing a whole-person care approach and addressing the social drivers of health, improving quality outcomes, reducing health disparities, and driving delivery system transformation, as well as creating a consistent, efficient and seamless Medi-Cal system. So next slide please.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 7	Michael Huizar – 00:05:12	<p>Okay. So a little bit on the key components of CalAIM in 2022. So the Enhanced Care Management and Community Supports launched in 2022. And on the left, as you'll see at ECM, is a managed care benefit that provides comprehensive care management to the most complex Medi-Cal members. On the other side, Community Supports Services provided by Medi-Cal Managed Care Plans really to focus on the medically appropriate and cost effective alternatives to utilization of services, such as hospitalization. So alternatives to what would be Medi-Cal benefits is really what the Community Supports drive. Helping people stay in the community is really, in many ways, a compliment to Enhanced Care Management.</p>
Slide 8	Michael Huizar – 00:06:09	<p>So that's a very high level of what these two programs do. And I'm going to hand it off next up to my colleague, Aita Romain, who is the Section Chief of the Quality and Population Health Management Program here at DHCS, to provide an overview of Enhanced Care Management, and then we'll also provide an overview of Community Supports after that. So with that, I will hand it over to you, Aita. Thank you so much, everyone.</p>
Slide 8	Aita Romain – 00:06:38	<p>Thank you, Michael. So what is Enhanced Care Management? So Enhanced Care Management is a new Medi-Cal benefit to support comprehensive care management for members with complicated health needs. These members are currently engaged with, or should be engaged with several delivery systems to meet their health needs. ECM is to address both the clinical health and social drivers of health needs of the highest need enrollees through intensive coordination of health and health related services. These services should meet enrollees where they are, and this flexibility is essential to the design of the program.</p>



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VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Aita Romain – 00:07:17	DHCS has defined seven ECM Core Services for all the populations of focus, including the Long-Term Care Populations of Focus that we will discuss today. These Core Services are outreach and engagement, comprehensive assessment and care management plan, enhanced coordination of care, coordination of, and referral to community and social support services, member and family supports, health promotion, and comprehensive transitional care. ECM is part of broader CalAIM Population Health Management System design through which MCPs will offer care management intervention at different levels of intensity based on member need, with Enhanced Care Management as the highest intensity level. Next slide please.
Slide 9	Aita Romain – 00:08:10	So you'll see here, since January 2022, ECM has been launching in phases and by Populations of Focus. So as of July, the three Populations of Focus that have launched statewide are individuals and families experiencing homelessness, adult at risk of avoidable hospital and ED utilization, and adults with serious mental illness and substance use disorder. Some whole-person care counties also are providing Enhanced Care Management for members transitioning from incarceration. In January of next year, two Long-Term Care Populations of Focus will launch for Enhanced Care Management, members at risk for institutionalization and eligible for long-term care, and nursing facility residents transitioning to the community.
Slide 9	Aita Romain – 00:08:58	So coming up on this webinar today, we will provide an overview of these two new Populations of Focus. And in July 2023, the children and youth Populations of Focus will launch and the adults transitioning from incarceration Population of Focus will roll out statewide. And now, I'll hand it off to my colleague Neha Shergill, Section Chief of the Community Supports at DHCS, to provide an overview of Community Supports.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 10-11	Neha Shergill – 00:09:34	<p>Thank you, Aita. So what are Community Supports? Community Supports are services that Medi-Cal Managed Care Plans are strongly encouraged, but not required to provide as substitutes for utilization of other services or settings, such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. They're designed as cost effective alternatives to traditional medical services or settings and to address social drivers of health. Different Managed Care Plans offer different combinations of community supports. Plans must follow the DHCS standard community support service definitions in the policy guide, but they may make their own decisions about when it is cost-effective and medically appropriate. Community Supports are not restricted to ECM Populations of Focus and should be made available to all members who meet the eligibility criteria for a specific community support. Next slide, please. On this slide, you'll find a list of the 14 Community Supports that have been pre-approved by the Department of Healthcare Services. Next slide, please.</p>
Slide 12	Neha Shergill – 00:10:44	<p>So I'll talk a little bit about the Community Supports for members in Long-Term Care Populations of Focus. So this webinar is focused on members in the new Long-Term Care Population of Focus. And we do want to take a moment to note that the entire menu of Community Supports may be applicable to members in this Population of Focus. For example, members in this Populations of Focus may benefit from the nursing facility transition/diversion to assisted living facilities, community transition services/nursing facility transition to a home, environmental accessibility adaptations or home modifications, respite services, and personal care and homemaker services. I will spotlight two Community Supports that focus on long-term care transition. Next slide, please.</p>

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 13	Neha Shergill – 00:11:35	So nursing facility transition/diversion to assisted living facilities is one of the two community supports focused on long-term care transitions. Its goal is to facilitate nursing facility transition back into a home-like community setting, or to prevent skilled nursing admissions for members with an imminent need for nursing facility level of care. Providers of this Community Support are responsible for meeting the needs of the member, including activities of daily living, which we refer to as ADL, instrumental ADLs, which is IADLs, meals, transportation, and medication administration.
Slide 13	Neha Shergill – 00:12:14	Allowable expenses are those necessary to enable a person to establish a community facility residence. These expenses can include identifying/securing housing options and onsite services needed, coordinating a move into an ALF, and ongoing expenses for members receiving a service in an ALF, such as ongoing companion services, therapeutic social/recreational programming, medication oversight, and assistance with ADL/IADL. These expenses cannot include room and board or other living expenses. Providers for this Community Support can include, but are not limited to case management agencies, home health agencies, adult residential facilities/ residential care facilities for the elderly operators. Next slide please.
Slide 14	Neha Shergill – 00:13:09	And finally, this slide provides an overview of who is eligible for this Community Support. For the nursing facility transition population, which is to say members transitioning from a nursing facility into a home-like community setting, eligible individuals must meet the following criteria, they have resided 60 plus days in a nursing facility, they're willing to live in an assisted living setting as an alternative to a nursing facility, and they're able to reside safely in an ALF with appropriate and cost effective supports.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Neha Shergill – 00:13:41	<p>For the nursing facility diversion population, which is to say members with an imminent need for nursing facility level of care, eligible individuals must meet the following criteria, they're interested in remaining in the community, they're willing and able to reside safely in an ALF with appropriate and cost-effective supports, and they must currently be receiving medically necessary nursing facility level of care or meet the minimum criteria to receive nursing facility level of care services, and in lieu of going into facility, they are choosing to remain in the community and continue to receive medically necessary nursing facility level of care services at an ALF.</p>
Slide 15	Neha Shergill – 00:14:24	<p>Next slide, please. So talking a little bit about the community transition services/nursing facility transition to a home, this is the second Community Support that we would like to highlight here. The major distinction here is the setting of the transition. While the prior Community Support I just talked about focused on transitions into an ALF, this one focuses on transitions into a private residence. So this Community Support covers non-recurring set up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for their own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household, that do not need to constitute room and board, and are payable up to a total lifetime maximum amount of \$7,500. The one exception to this maximum is for situations in which a member is compelled to move from a provider operated living arrangement into a private residence through circumstances beyond their control. Expenses can include assessing housing needs, assisting in housing search, coordinating funding for environmental modifications. And expenses cannot include monthly rent or mortgage expenses.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Neha Shergill – 00:15:45	<p>Providers of this Community Support may include, but are not limited to case management agencies, home health agencies, CCT/Money Follows the Person providers. And the individuals eligible for this support meet the following criteria, they are currently receiving medically nursing facility level of care services and in lieu of remaining in the facility or medical respite setting, they're choosing to transition home and continue to receive medically necessary nursing facility LOC, they have lived 60 plus days in a nursing home and or medical respite setting, they're interested in moving back to the community, and they're able to reside safely in the community with appropriate and cost-effective supports and services. With that, Aita and I have provided an overview of ECM and Community Supports available in 2022.</p>
Slides 15-16	Neha Shergill – 00:16:39	<p>I will now hand it off to my colleague, Joseph Billingsley, Chief of the Long-term Care Services and Supports Operations Branch at DHCS, to walk us through the new long-term care CalAIM components coming in 2023. Thank you all.</p>
Slides 16-17	Joseph Billingsley – 00:16:56	<p>Thank you, Neha, and good afternoon everybody. So I'll be first starting off introducing you to CalAIM components that will be going live in 2023. And so this includes five new components, starting with Cal MediConnect ending and the new Medicare Medi-Cal Plans, also referred to as MMPs or Medi-Medi Plans, formerly referred to as Exclusively Aligned Enrollment Dual Special Needs Plans, will be launched in the Coordinated Care Initiative counties. Second, long-term care carve-in will occur in the remaining two-plan, Geographic Managed Care and Regional Model Counties. Third is statewide mandatory Medi-Cal managed care enrollment for dual eligible members. Fourth, our Population Health Management Program will be going live in the Medi-Cal Managed Care Delivery System. And then last, but definitely not least because I'll be expanding upon this in the upcoming slides, is the launch of new Enhanced Care Management Long-Term Care Populations of Focus. Next slide please.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slides 18-19	Joseph Billingsley – 00:18:17	So there are two new Long-Term Care Populations of Focus that are launching for Enhanced Care Management effective January 1st, 2023. These are adults living in the community who are at risk for long-term care institutionalization, and then nursing facility residents transitioning to the community. Next slide. So starting with adults living in the community who are at risk for long term care institutionalization, the definition for this Population of Focus is "Adults living in the community who meet the Skilled Nursing Facility Level of Care Criteria, or, and that's an important point, or who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury."
Slide 19	Joseph Billingsley – 00:19:10	Also, the definition requires that they are actively experiencing at least one complex social or environmental factor influencing their health, which can include, but is not limited to, needing assistance with activities of daily living, communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving, which may appear as a lack of safety monitoring. And then also, they're able to reside continuously in the community with wraparound supports, meaning some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns. But the key piece, again, with this definition is that it is not just restricted to individuals living in the community, adults living in the community who meet the Skilled Nursing Facility Level of Care criteria, but can also include those who require the lower-acuity skilled nursing. The next slide, please.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 20	Joseph Billingsley – 00:20:20	So just to provide some additional notes on this Population of Focus definition, so when we're defining "living in the community", that can mean members are living in independent housing, as in their own homes or apartments, they can be residing in Residential Care Facilities, Residential Care Facilities for the Elderly, or adult residential facilities, or any other dwelling that meets the requirements established in the Home and Community Based Services Settings final rule. Exclusions specifically include adults that are living in a community who are at risk of institutionalization into Intermediate Care Facilities. And subacute care facilities are excluded from this population of focus. Next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 21	Joseph Billingsley – 00:21:13	<p>So just to summarize some key points from the operational guidance regarding this Population of Focus, in regard to how members can be identified, referrals should be the predominant pathway that Managed Care Plans are using to identify eligible members, but Managed Care Plans can also leverage existing member data, data sharing with providers, 1915 (c) HCBS waiver program wait lists, or previous SNF Level of Care determinations to identify members. So there's the opportunity to use data here, but referrals should be that predominant pathway. And that ties down to when we talk to provider contracting where Managed Care Plans are required to contract with providers who have experience serving members who meet this population of focus. So that's going to be community-based organizations that have experience from working with HCBS or Home Community-Based Services populations, that includes Community-Based Adult Services Centers, so CBAS Centers, Area Agencies on Aging, Home Health Agencies, Centers for Independent Living, to also include waiver agencies that operate 1915 (c) waivers. So there's a broad spectrum of community-based organizations there. Additional notes related to the assessment and care plan process. So from an assessment standpoint, when members have LTSS needs, the Managed Care Plans must continue to include DHCS standardized Long-Term Service and Supports referral questions as part of that assessment. Additionally, in relation to the care plan, if the member has LTSS needs, the care plan must be developed by an individual who is trained in person-centered planning, so specifically has had training in a person...</p>
Slide 21	Joseph Billingsley – 00:23:03	<p>Of planning. So specifically has had training in a person-centered planning process, and therefore that care plans should reflect member preferences and also should incorporate long term service and supports and all wraparound services and supports that will ensure the members successfully set up to live continuously in the community. Next slide please.</p>



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VISUAL	SPEAKER – TIME	AUDIO
Slide 22	Joseph Billingsley – 00:23:26	<p>So just to talk about how this Population of Focus can or does interact with other Medi-Cal programs, that's going to vary based upon the program. We've given a couple examples here, individuals that... So members, beneficiaries that are enrolled in Community-Based Adult Services, or CBAS are eligible to receive Enhanced Care Management if they meet the Population of Focus criteria. The same goes for members that are enrolled in and receiving In-Home Support Services. They are eligible to receive Enhanced Care Management if they meet that Population of Focus criteria. When we talk about 1915(c) Waiver Programs, that includes waivers like our Home and Community-Based Alternatives waiver, the Assisted Living waiver, our Multipurpose Senior Services program waiver. So just as an example of a few of the waivers that California operates, members can be enrolled in ECM or in a 1915(c) Waiver Program, but they cannot be enrolled in both at the same time. And so if space is available in a 1915(c) Waiver Program, because some of our waivers do have wait lists, members may choose between enrolling in ECM or enrolling in the waiver program. Next slide.</p>
Slide 23	Joseph Billingsley – 00:24:50	<p>So next I'm going to move on and talk about the other new Population of Focus for long term care. That is going to be implementing effective January 1st, 2023. And that is nursing facility residents that are transitioning to the community. So to define this Population of Focus, nursing facility residents who are, this includes nursing facility residents who are interested in moving out the institution are likely candidates to do so successfully, and are able to reside continuously in the community. And so just to provide some additional notes there, when we speak to able to reside continuously in the community, that means members transitioning into community.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 23	Joseph Billingsley – 00:25:33	It's important to note, members transitioning to the community may need to return to the hospital or SNF intermittently for short admissions. That's going to be due to changes in medical condition, acute episodes, where they're having an episodic intervention, but it's short term. And then they're coming back to their community home. They should not be precluded from this population and should be considered able to reside continuously in the community.
Slide 23	Joseph Billingsley – 00:26:06	Exclusions include individuals that are residing in intermediate care facilities and sub-acute care facilities. Those are exclusively excluded from this population. Next slide please.
Slide 24	Joseph Billingsley – 00:26:21	So again, to provide some notes related to the operational guidance here, in terms of identification, in order to identify eligible members, Managed Care Plans should be looking at the various sources. They should rely on referrals. Those referrals can come from community based organizations, or from nursing facilities, or other entities, they should be utilizing an analysis of their own data. Our direct data feeds and established relationships with skilled nursing facilities and other providers from a contracting perspective, Managed Care Plans are strongly encouraged to contract with CCT Lead Organizations, and when we say CCT, we're referring to California Community Transitions program, which is California's Money Follows The Person grant program, these providers have existing relationships with community-based organizations, can coordinate community wraparound services effectively, and have an extensive knowledge of existing local community resources, which include housing waiting lists, understanding how to work with local housing agencies or partners, and just working with various community based organizations to provide individuals the necessary supports to be maintained successfully in that community setting.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 24-25	Joseph Billingsley – 00:27:49	<p>In regards to the Assessment and Care Plan from an assessment standpoint, Managed Care Plans must assess members against criteria to determine who could be successful to reside continuously in the community. So DHCS encourages Managed Care Plans to use the California Community Transitions assessment tool for its Population of Focus, as it was developed for that explicit purpose. The care planning perspective, the Enhanced Care Management care manager is responsible for identifying all resources that are necessary to address the needs of the member. And that includes coordinating with local housing agencies, identifying the least restrictive community housing option for the individual, identifying ongoing medical care that may be needed and working to ensure that they are set up to receive that care. And then also identifying other community based services that individual may need to help with their ability to successfully maintain in that community based setting. Next slide please. So in regard to how this program or how this Population of Focus interacts with other programs, want to tie back again, specifically to the California Community Transitions Program and identify that members can be enrolled in Enhanced Care Management or in the California Community Transitions Program, but they cannot be enrolled in both at the same time because they provide duplicated services.</p>
Slide 26	Joseph Billingsley – 00:29:25	<p>So just clarifying that point that they can be enrolled in one or the other, but not in both. And so that concludes my slides and in my overview of the new Populations of Focus that are becoming effective in 2023, next, I'm going to hand off to a couple of our healthcare partners who are going to speak to planning for Enhanced Care Management, long term care, Populations of Focus, and that's specifically Partners in Care Foundation. Who's a community-based organization. And then Health Net is one of our Managed Care Plan partners. Next slide.</p>
Slide 27	Joseph Billingsley – 00:30:05	<p>And so to introduce our presenters, joining us from Partners in Care Foundation is Anwar Zoueihid. He's the Vice President for Long Term Services and supports with Partners in Care.</p>

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 27	Joseph Billingsley – 00:30:21	And then from Health Net, joining us as Ed Mariscal, who is the director for public programs and long term services and supports with Health Net. And I'll hand off to you next, Anwar I believe you're starting off.
Slides 28-29	Anwar Zoueihid – 00:30:34	Thank you, Joseph. Good afternoon everyone. Today's presentation will cover a brief background on Partners in Care Foundation in our CalAIM Programs. About a brief background on Health Net and its CalAIM Programs, a history of partners and Health Net's partnership, and how we were able to create our own long-term care transitions innovations and what we're actually doing to prepare for the new Population of Focus, which we'll try to spend more time on that because we feel that it is the most important part to ensure success for CalAIM. Next slide. So a little bit about Partners in Care Foundation. Next slide.
Slides 30-31	Anwar Zoueihid – 00:31:28	So our mission is to align social and healthcare to address the social determinants of health, equity disparities affecting our diverse, under-served population. We are a mission driven organization, next slide. And you could see here that we are about a little over 25 year years old as a nonprofit agency. We're nationally recognized to be leaders in working with regional state hospitals, government, all to address social determinants for specifically older populations, but also coordinate the clinical aspects or our needs. And we do this by providing the complex care management, both short term and long term care management services. We are NCQA accredited, and also we started our network of CBOs I would say about little over six years ago, which really helps uplift the other community based organizations across our country in order for them to provide the services that are needed specifically for that community. Next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 32	Anwar Zoueihid – 00:32:46	Okay. So a little bit about Partner's Complex Care Management. What we do is our main focus in our care management is really In-person Home-based services. We feel that having that interaction and being at the participant's resident really helps us capture and identify all the social determinants of health. We believe that it's much better than a self-reported assessment process. We get to see what's in the house what's causing any issues. And our goal has always been to really leverage the use of our community healthcare providers, the PCPs office, of course, manage care health band, the hospitals, and other community based organizations, all to really deliver and improve the chronic condition and self-management of the community that we are serving. Next slide.
Slide 33	Anwar Zoueihid – 00:33:51	So here's a portfolio of the services that we provide specifically under Medi-Cal. We do provide other services, even Private Care Management for health plans, but specifically for Medi-Cal long term services and supports, you could see here we are a large waiver provider. We do also health risk assessment, but today we'll focus really on Enhanced Care Management and Community Supports, which is the main topic of today, but throwing in everyone this, because we have really learned from these programs that are really robust in how we could really leverage those to administer our CalAIM based programs. Next slide.
Slide 34	Anwar Zoueihid – 00:34:40	So a little bit about Partners at Home network. Our network consists of over 60 agencies actually in 20 states. And it's really focused on three product lines. It's Complex Care Management, as I mentioned that short term and long term. Also, Evidence-based Disease Prevention Services. And of course our Home Meds software system, which is located in 20 states nationwide, all our work is really focused around social determinants. And you could see here how we identify not only the meds, but food disparities and any community caregiving needs. Next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 35	Anwar Zoueihid – 00:35:29	Our partners network is located throughout the state of California. This is the complex care management piece and disease prevention and health education piece. And you could see here, our main services is not only Care Management, Care Coordination, Home Meds, caregiving education, evidence based healthy workshops, and of course, meals and transportation. Next slide.
Slide 36	Anwar Zoueihid – 00:35:57	Okay. So a little bit about our journey in CalAIM. So Partners has been a Health Homes Provider. So we were grandfathered in to CalAIM. We were not originally a Health Homes provider, but we received an invite from a Health Plan in Southern California to really help them conduct their Health Homes Program, in order for them to really capture the social determinants of health and coordinate the clinical piece in the community.
Slide 36	Anwar Zoueihid – 00:36:41	So that's when we got invited in, we spread our knowledge and our work base to the Los Angeles health plans back then, and we launched Health Homes in Los Angeles with five health plans. We had over a thousand members during that time. And really our success was based on the Health Information System, our diverse team of care managers, care coordination with the health plans and the communication aspect of it. In 2022 Partners in Care became an ECM provider and Community Supports under CalAIM, as I mentioned before, we were grandfathered in. Next slide.
Slide 37	Anwar Zoueihid – 00:37:27	So our approach to Enhanced Care Management and Community Supports. So we have a unique model. As I mentioned before, it's community-based, it's home-based. We don't necessarily have participants or members come to us. Rather we go to them, and that helps us really capture the full aspect of their social and clinical needs. We don't stop there though. We actually work really closely with the Managed Care Health Plans, their primary physicians, the hospitals, skilled nursing facilities, and any other service provider that might be out there to help us really provide a full, robust care management system.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 37	Anwar Zoueihid – 00:38:17	We take a whole team approach. It's not just us working as a silo to address the participants' needs. Key point of our work is really having a diverse care management team. People that could actually relate to the community that we are serving. We've noticed that that has really helped us a lot to connect with the participants we're serving. And honestly, specifically with Enhanced Care Management, we have noticed that this population has a difficult time trusting outsiders to provide the service that they're required or that they're been identified as needing. And that has a long history of community trauma, social trauma, and empty promises. So we have to really tailor our work to really connect with them and engage them and keep them with us.
Slide 37	Anwar Zoueihid – 00:39:17	So, as I mentioned, ECM program involves a home visit when possible and appropriate. But many times you don't want us to go to their house. So a local Starbucks, a local park, so long that we have that in person interaction to earn our trust. And sometimes it takes a while for us to earn their trust. And many, we found that some don't really pick up the phone. So text messaging works. And when we build that relationship with them, we end up having that phone conversation and in-person, meaning data management and quality assurance is key to our success. Gathering that data and information is really something that we leverage a lot to make sure that we are actually being in compliance with our services and really impacting the health of the person that we are serving. Next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 38	Anwar Zoueihid – 00:40:22	<p>Okay. So as I mentioned, our program launched in January, 2022 at Los Angeles, San Bernardino, Riverside and San Diego with five major Managed Care Health Plans. Our average monthly enrollment is around 2000. Of course it fluctuates based on attrition and the health plans demand for additional increasing capacity. And our original Population of Focus, actually still, as of right now, Individuals and Families Experiencing Homelessness and high utilizers of hospitals and adults with Serious Mental Illness and we are working on, and we'll talk about it a little bit later, on onboarding the new Populations of Focus, but a little bit about this population. Again, not working in silos, we don't do this independently. We do the care management and care coordinating, but we do work with Homeless Service Providers as well. We definitely work with any hospital discharges. Partners in Care has developed what we call a hospital navigator to really focus on that hospital transition and working with the hospital discharge team.</p>
Slide 38	Anwar Zoueihid – 00:41:46	<p>And of course with serious mental illness, we leveraged the skill set of other community based organizations who provide mental health services and of course, Department of Public Health. So our initial month, January, February, actually initial months of focus was really focused on the safe transition of Health Homes and Whole Person Care to ECM. And it was a crucial time because during that transition, it is easy to lose people, specifically the new population, Whole Person Care, which were from the county, Whole Person Care Provider and into Partners in Care as a CBO to provide them with ECM. Next slide.</p>



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VISUAL	SPEAKER – TIME	AUDIO
Slide 39	Anwar Zoueihid – 00:42:38	<p>Okay. So some key strategies success with transition to ECM. One of our key strategies was really employee retention. And of course we are all experiencing staff shortage, especially during COVID. And we had to come out up with some creative ways to incentivize our employees to retain them, but also to attract new talent. One of the key points was really to address any burnout. The transition was very heavy on the care management team in terms of really maintaining their current caseloads, but also onboarding new people through the Whole Person Care. As I mentioned before, the quality assurance process was critical to keep that going and keep it maintained and an integrated care coordination approach, meaning working with other health and social service providers. Our outreach and engagement was specifically addressed during this time and throughout CalAIM. And we'll continue. We always look at our outreach and engagement to make sure that it's modified to be enhanced as we learn, CalAIM is all about learning, and what's actually put on policy can with proper feedback on what's happening in the ground level, can be addressed and optimized. For example, we do seven attempts on phone calls. We also do letters, text messaging I mentioned before, but we also, if we can't find them and they are difficult sometimes to find, we do utilize other resources, even their family members, their PCP office and other software systems like the Homeless Management Information and Coordinated Entry System. Next slide.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 40	Anwar Zoueihid – 00:44:53	So our Community Supports as of today, consists of the Housing Transition Navigation Services, Housing Deposits, and Housing Tendency And Sustaining Services. What's unique about this piece of a carved out Community Supports is, with Health Homes it was part of the actual care management, and you could see how the state really carved that out to put some good focus, intensive care management and working side by side with the Enhanced Care Management care coordinator or care manager to address these housing services. But the burden does not necessarily land on the ECM care coordinator or any other care management from another program because it doesn't necessarily have to be dually enrolled, but it's more of intensive added care management to really focus on the housing need. Partners also serves through our community hub, the Respite Services, Medically- Tailored Meals Services and that's not necessarily, we don't provide...
Slides 40-41	Anwar Zoueihid – 00:46:03	...Tailored meals services index. And we don't provide respite ourselves or meals ourselves. We're not a meals provider, but rather we work with other respite and meal providers who have really been part of our community and have been credentialed already through our waiver programs to get them into a contracted arrangement where we would then provide them these referrals that come in from the healthcare networks. Next slide. Okay. I'm going to hand it over to my good colleague, Ed Mariscal, to talk about Health Net.
Slide 42	Ed Mariscal – 00:46:43	Thank you Anwar, and a great big thank you to everyone that joined us today to listen to our presentation. I will be brief in our discussion about Health Net and as the screen before you indicates, we are California's longest serving medical managed care plan having been working in California since 1977. Today serving approximately 3 million members in almost all of our counties, 85% of our members who are part of government sponsored health plans, and today we are contracted with 85,000 providers. That number continues to grow as we expand our reach through the Cali program statewide.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 42	Ed Mariscal – 00:47:28	And I think one of the great call outs there, and one of the things that we are very proud of at Health Net is the continuing work we are doing in helping build this infrastructure of providers in counties and regions where a lot of this infrastructure doesn't exist today. DHCS has entrusted us and we have taken that trust and taken it on to continue to build this infrastructure, continue to build this trust, but related to our mission to really help transform the health of these communities one person at a time where this infrastructure does not exist. A great big thank you to DHCS for that trust, and a great big thank you to partners like Partners in Care Foundation who are really helping us really drive these improvements to continue to help our most vulnerable members. Next slide please.
Slide 43	Ed Mariscal – 00:48:28	So Health Nets Enhanced Care Management program. I'm not going to get into a lot of the details as I think Anwar and Joseph and others have really talked about it before, but let me just talk a little bit about Health Nets Enhanced Care Management program. We are contracted with over 30 ECM providers statewide and Partners in Care is one of our trusted ECM partners. As of, I think a month ago, we've enrolled over 11,000 members into enhanced care management statewide. Really, really important. And why is this important and how is this different from the complex care management or the care management that our very talented teams internally are working on today?
Slide 43	Ed Mariscal – 00:49:13	These enhanced care management entities as Anwar and others have pointed out, really take it to the next level in providing the face to face, the hands on, the supports that this very vulnerable population needs through these various populations of focus that meet this criteria. We work with the county human services agencies, the IHSS providers to make sure that all of their services and all of their needs are met, but that we enhance them with additional supports that might be needed. The same with county behavioral health agencies, treatment for substance abuse disorders and severe mental illness.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 43	Ed Mariscal – 00:49:56	An enhanced care manager working together with the county, working together with IHSS can really take that level of care to an additional level where we really work together on addressing this whole person that needs support. We're not just looking at one item, we're bringing everything in and addressing it all together. We're looking at services. The enhanced care managers are looking at services that are not just part of the health plan, but that are part of the fee for service medical health program that are still very, very vital to keeping our members safe in the community.
Slide 43	Ed Mariscal – 00:50:36	Dental, looking at their high cost drugs. And then of course long term care facilities, which we'll talk about a little bit more in just a few more slides. And then of course the health plan, making sure that there is a primary care connection there. If there is an inpatient need that their enhanced care manager is enrolled and participating. And then of course on the health plan side, our role in the treatment for mild to moderate mental health issues, the enhanced care manager in many ways can really serve as the center of this hub in taking care and providing this support for the whole person to ensure one that everyone talks to each other, but two, that there is someone following through all of these different points of contact to ensure that nothing slips through the cracks. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 44	Ed Mariscal – 00:51:35	<p>With regards to community supports, again, I'm not going to get into a lot of detail here. We are going to talk about nursing facility transitions, something that's dear near and dear to my heart. Diversions to assisted living nursing facility transitions to a home, personal care and homemaker services, things that Health Net is going to be launching pretty soon and we're thrilled about that. Most of the other community supports that have been shown on previous screens are items that we've already launched, we've learned from, but I think more importantly, we've partnered with the right people in the community that has helped educate and train us to be able to educate and train others, including our members, their families, and other community based organizations who may not necessarily be living the way many of us are into providing better supports to our members. And again, like I've said, working with community partners to help build this infrastructure in communities that really haven't had this infrastructure before. Next slide, please.</p>
Slide 45	Ed Mariscal – 00:52:48	<p>Long term care transitions. Let me ask you first to think about something just a little bit differently than you may have in the past. Let's demystify long-term care for just a second. Long-term care doesn't mean someone is aged or someone is a senior, long-term care or a member that meets long-term care criteria or as a member of the long term care population of focus can be younger, they can be in their twenties. Just yesterday I was helping a 23 year old member in a nursing facility. Long term care meaning the long term care population of focus does not mean you are aged. Important to really think about that as we're really looking at long-term care transitions. Nursing facility transitions of our long-term care population has really been a priority in RCCI counties, Los Angeles, San Diego. And for many of you on this call, those seven CCI counties statewide, where long term care has been carved into the health plan since 2012, 2013.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 45	Ed Mariscal – 00:54:05	<p>So we've been working this, we've been living this population for many, many years. Here at Health Net we have a dedicated team of social workers providing training, education and collaboration with nursing facility social services teams to make sure that we're aligned, make sure that we are partners, good partners with the nursing facilities to ensure that this population that is both younger and older receive all of the services benefits that they are eligible for, that they've earned, that we as a health plan have been entrusted to provide. That education is important because health plans statewide are really, really big entities that do a lot of different things and we speak our own language. So it's really important that the relationships we build with our nursing facility partners. There are over 1200 nursing facilities in the state of California, and if you've been to one nursing facility, you've been to one nursing facility.</p>
Slide 45	Ed Mariscal – 00:55:13	<p>It's really important that we learn about them, learn how they work, learn how they operate, and build those relationships to really meet our mission. Here at Health Net, we check in with as many nursing facilities as we possibly can every single month. And that is important because the population changes frequently, the staff change frequently, and we have to continuously provide this education and training and we have to become intimately involved with the MDS, the minimum data set, that 50 page assessment that is completed by the nursing facility, that really gives us an idea of the member that is in the facility. We pay special attention to Section Q, which indicates to us if the member has plans to transition back into the community. It'll also tell us, of course, if they have no plans to transition in the community, back to the community. But really in many cases, this is our starting point, to work with the member, work with the member's family, work with the member's legal representative to help the transition process.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 45	Ed Mariscal – 00:56:24	<p>Earlier you saw some slides that said, for the population of focus, they are eligible for this community support after 60 days. It's also important for us to know and understand that discharge planning for the nursing facility population begins at the time of admission. It begins when they are at the hospital on their way to the nursing facility. When we are looking at them to transition into a nursing facility, we're also setting the groundwork to transition them out of the nursing facility. If they have no place to go, and I'm doing air quotes, if they have no home, if they are experiencing homelessness or they have lost their home, that's okay. That doesn't mean we don't try to find them a home, whatever that home might be. We work very, very closely with the facilities. We work very, very closely with our community partners, Anwar and I, although we're already on a first name basis, our teams are on a first name basis as we work very, very hard to transition this population. In 2019, the first full year prior to the public health emergency.</p>
Slide 45	Ed Mariscal – 00:57:35	<p>This thing that has taken over our lives for a few years, we've been very successful in transitioning people out of nursing facilities. Here at Health Net, we're very proud to have transitioned 922 members either to home or to a boarding care or to an assisted living facility. A plug to Anwar, sorry, Anwar for this, but if you really want to really understand the Assisted Living Waiver program, just call Anwar directly. He will tell you everything you need to know about the Assisted Living Waiver program. More so than you can get from reading any website in many cases, even talking to any assisted living facilities, he is such a great resource for all of things Assisted Living Waiver. So please feel free to reach out. Sorry Anwar, that's for you. Also, in 2019, let me call this out, 31% of the people we transitioned out of a nursing facility, were over the age of 80.</p>

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 45	Ed Mariscal – 00:58:31	Just because you are over the age of 80 doesn't mean that long term care is the rest of your life. It doesn't have to be. There are supports we can provide. In 2019, there weren't as many supports as we have today. We're thrilled about that. This is what we've been wanting for many, many years and we're thrilled to see our numbers increasing, the amount of people over the age of 80 that we transition out of nursing facilities. 77 members out of this 922 that we transitioned had been institutionalized over one year. So when we look at that 60 day number to qualify for this service, it's okay if they've been there longer. It's okay if they've been institutionalized for longer than four years. If you want to transition back into the community, if your family wants to take you home, we can do it. We've done it.
Slide 45-47	Ed Mariscal – 00:59:28	We have experience doing it. We know who to call in the community to help us, and we're going to be very, very successful in the coming years to continue to meet this need in the community. So we're thrilled about it. And so of course, launching as community supports in 2023, we're going to continue to build on these existing services, build on these existing partnerships. And then of course, what we're really going to focus on here are these transitions and diversions to try to get as many people home with supports as much as possible. Next slide, please. So we're going to talk here about this partnership that Partners in Care Foundation and Health Net have had. So let me turn it back over to my friend, Anwar.



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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 47	Anwar Zoueihid – 01:00:19	Thank you, Ed. So you can see here that Partners in Care Health Net began... We started our relationship back in 2013. We first got contracted with each other for the Adult Day Healthcare Center program when it was slated for elimination, but of course it's now become the community based alternatives for adult services. But that was our first initial contract to really help work with the healthcare population and find an alternative community settings services. Thankfully, CBAS is still with us. Today Partners completes over 2,500 assessments per year for Health Net for the CBAS programs. In fact, we do it with other health plans as well. We determine eligibility for that program through our statewide nurses. Partners and Health Net have since worked together on several care management programs. Connect the needs is Care Plan Options, which was part of the CCI, and I must say that Health Net really pioneered that Connect the Needs program.
Slide 47	Anwar Zoueihid – 01:01:32	They were really the trailblazers of health plans to design and implement a care plan options or Connect... They call it Connect Needs, and they still call it Connect the Needs to serve the community that have been identified as high utilizers.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 47-49	Anwar Zoueihid – 01:01:49	<p>So we contracted through the Health Homes program to become an ACM provider. Transition... We worked diligently with Health Net to transition about a little over 2,500 full person care participants from the county to us for enhanced care management program. And of course Health Net really, once again, they were pioneers to really leverage the resources of the state partnership with them and make sure that we had appropriate funding through IPP funding to obtain the infrastructure needed to really transition this amount of folks from Whole Person Care to ECM. And we did that through capacity of the structure, of course, workforce development and proactively hiring our team of experts, our care management team, and train them and really get them onboarded so that they could serve this population before the January 1st launch, which was really, really a huge, huge project between Partners and Health Net. Next slide. Okay, Ed, I think, let's see here. I think this is yours. Integrated community... yeah.</p>
Slide 49	Ed Mariscal – 01:03:19	<p>Sure. Thanks Anwar. So between Partners in Care Foundation and Health Net, our model for this long term care transition... And coordination, it's an important word here, and it's an important service here in terms of helping not only our members, our members families, our community partners, and our various community based organizations that we're working together with. Of course, the goal here is to integrate all of these organizations with the health plan. Without this integration, this coordination does not exist. So it's really important that we speak the same language, that we meet regularly and that we learn from each other to continue to meet this goal and to increase the successful transitions from skilled nursing facilities. Nursing facilities are really important parts of the care continuum. We need them. We need them to do a really, really good job, but we also really need to work with them to transition people who don't need to be there and transition people who wish to live at a lower level of care for as long as possible with the various supports that we can provide.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slide 49	Ed Mariscal – 01:04:46	<p>Those are our goals. Let me add one more goal here to the entire plan, because I think it's a really, really important thing to talk about. It is important for us to understand, for us manage care plans, for US providers in the community to understand that we are the equity in the system here. It is our responsibility to ensure that all of these members, all of these populations of focus, the long term care population of focus in particular, receive equitable care, equitable supports. We are the stewards to ensure success in this equity space. And in order to be successful there, we have to make sure that we are coordinating properly, not only with the community based organizations, but with each other in successful transitions, successful partnerships. So when we look at our model of care, we don't design it in a silo or a vacuum.</p>
Slide 49	Ed Mariscal – 01:05:54	<p>We design it together with our community based partners. We coordinate care across the multiple points at each of these organizations that we've talked about, the community based organization, the managed care plan, and the nursing facility. We bring in other supports when necessary. We bring in our housing partners, short term post hospitalization, recuperative care, other housing entities like assisted living facilities, boarding cares. We bring in the medical groups as necessary because we are delegated in some regions. The family is a super, super important component here. It is important that not only our member, but also that the members' families feel supported. And we all have plans in place to be able to support the families. Any developers that we are working with in our communities, we make sure that they are involved and they understand what role all of us play. We've talked about CBAS providers in the community.</p>

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VISUAL	SPEAKER – TIME	AUDIO
Slides 49-50	Ed Mariscal – 01:07:03	Joseph talked about CBAS providers. Anwar talked about CBAS providers. It's important that our community based organizations, our nursing facilities, know and understand that not only do we have multiple CBAS providers within our networks, but we also know what languages they speak. We also know what specialty programs they serve. We also know that they cater to the cultural, linguistic ethnic services that our members might need. And those are really important touch points. And then of course, a team of transition of care coordinators and registered nurses that are all going to be parts of this model of care in order to be successful with these programs. Next slide, please. Anwar, I think this one is yours.
Slide 50	Anwar Zoueihid – 01:07:55	Yeah. And just a little bit about our model as well is that Partners in Care, what we did is worked with the State Department of Healthcare Services to become assisted living and the CCT providers. But like what Ed said, we didn't work in silos, we learned the programs. Ed was mentioning giving me kudos on assisted living. I became an expert on that through the state's educational process, mentoring by Joseph, by Mercedes, Rudy. So many people from DHCS helped our agency learn about that process. But not only them, we worked with other current providers for assisted living in CCT also to learn that process. And what we did is we really worked with the... We had the connections already and the relationship with the health plans. We just didn't know how to work with skilled nursing facilities like our partners.
Slide 50	Anwar Zoueihid – 01:09:03	How to work with skilled nursing facilities, like our partners have before. So, Ed, had taught us really how to navigate through that and learn their language. So, that we could really work with them, and they don't find us as a threat, but more of a partnership. So, our key elements of this comprehensive care coordination model is really the help plan is doing it already. We are doing it already, so why are we working in silos?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 50	Anwar Zoueihid – 01:09:28	So, we came up with a team effort. The Health Plan identifies potential members. They have that data already and mentions that they could leverage the MDS assessment tool, specifically that area where it says, "Do you want to be discharged back into the community?" And we target those. The Health Plan verifies the eligibility through that form and of course through their health information that they had. The Health Plan, notifies partners in care.
Slide 50	Anwar Zoueihid – 01:10:01	And then, of course, the Health Plan submits the referral with member enrollment information and jointly conduct an assessment in the facility with even the help of the skilled nursing facility team. So, that is actually a key point, rather than going in, and a lot of residents would get threatened by the big Health Plan and, of course, who are these CBOs? The facility team really are trusted to those participants or members where they would then do a warm handoff and coordinate the actual meeting time, so that we're not just outsiders.
Slides 50-52	Anwar Zoueihid – 01:10:47	And you could see here that it is key for us to really work with these three main stakeholders. But not only that, like Ed mentioned, the CBO provider, other community PCPs office, and again, going back to whatever it takes approach to really help identify and safely discharge when possible back into either a lower setting like assisted living or back into the community with either family or teaming them up with roommates or even working with developers, as Ed mentioned, because you would be surprised how many developers are building these huge buildings and they have space available for low income residents and they don't really necessarily advertise that. Next slide. Okay. Let's see here. I think that is... Ed's.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 52	Ed Mariscal – 01:11:48	That was mine. Yep. Thanks Anwar. So, how did we start? How did we get started here? Building the relationship with the nursing facilities, you've heard me say is key. Learning the system of the nursing facility is also key. Understanding who you're working with, understanding their level of comfort with the Health Plan, with community-based organizations. Everyone's busy, right? Everyone has different systems in place. We want to make sure that we don't come in here and be another burden to the nursing facilities that we are working with.
Slide 52	Ed Mariscal – 01:12:27	Additionally, it's really important that when we work with the nursing facilities, we understand the different levels of services and the different levels of care of our members in the nursing facility. There are different services provided under Medicare versus Medi-Cal. There are very different services provided under Part B. It's really important that we understand that, and that we don't come in to be a burden, or try to change things, or try to disrupt all of the great work that the nursing facility is already doing.
Slide 52	Ed Mariscal – 01:13:02	So, it's really key that as part of this relationship building, that we learn what services are being provided at the time, but how we can supplement or support the facility and the services that they are already providing. It's important that we align as much as possible on the information requirements that we have as a Health Plan with the nursing facility.
Slide 52	Ed Mariscal – 01:13:27	We try to do this with our various managed care plan partners in the communities that we operate, so as to not add this various layer of burden on the nursing facilities. You're working with Health Plan A, so they require A, B, and C documents. You're working with Health Plan B, they require a whole different set of documents. Let's align as much as possible to be better partners in these communities.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 52	Ed Mariscal – 01:13:55	It's important for us to identify what specialty services are being provided by our long-term care nursing facility partners and what unique populations they serve. Not every nursing facility, while they can, serve the exact same population. So, it's really important that I know who has a locked unit, who caters to the bariatric population, who has specialty services and programs for the younger population, who really enjoys doing work around wound care, and who does really great work with traumatic brain injury.
Slide 52	Ed Mariscal – 01:14:33	Again, while all of them are licensed to essentially do the same thing, knowing what their specialty service is or what the unique populations they like to serve, who those populations are is really key to successfully working with the nursing facility. Of course, learn their language, learn their acronyms because, like a Health Plan, nursing facilities also speak their own language and it's really important that we try not to change them but adapt to them.
Slide 52	Ed Mariscal – 01:15:04	And then finally, it's really important that the nursing facility has a liaison that they can call. Whether it's someone on your ancillary contracting team, someone on your LTSS team, someone on your clinical team. It's really important that they have that person that they can call to, that go to for help, because they typically only call when they really, really need that help. And not having that liaison available can really cause a disruption in the care they are providing to our members.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 52	Ed Mariscal – 01:15:37	So, I think between Partners and Care Foundation and Health, and we really work together on making sure that we understand all of these things with all of our nursing facility partners to better identify transition opportunities, diversion opportunities, but also to provide the supports in house what necessary. And then, we've talked about this a little bit, let me talk about it just a little bit more because these community partnerships are really, really important to integrate this coordinated care. To this day, after we've been doing this for many, many years due to various turnover in nursing facilities, you can have two CBAS centers within a block from a nursing facility, but they still have never talked to each other.
Slide 52	Ed Mariscal – 01:16:24	So, here at HealthNet, we've really taken it upon ourselves to do those warm handoffs. If we go to a nursing facility, we try to take a CBAS center with us in order to make that introduction. It's important that they know that there is this great, great managed care benefit in the community that only requires a phone call to make a referral. We can help with the rest. So, let's work on that together. Recuperative Care, we're thrilled that we're able to provide Recuperative Care as a community support. Our community partners tell us that they're thrilled about being able to refer to Recuperative Care.
Slides 52-54	Ed Mariscal – 01:17:02	It's a much, much needed service, especially for our acute care partners. And then, working with our medical groups, our primary care doctors to provide this extra layer of care coordination and collaboration to really provide all of these wraparound services. All of these warm handoffs to this very vulnerable population of all ages really is going to be essential to success of these programs in our communities. Next slide please. So, how are we... Forgive me. Preparing for new ECM populations of focus. Next slide, please. Anwar, I think this is yours.



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VISUAL	SPEAKER – TIME	AUDIO
Slide 54	Anwar Zoueihid – 01:17:52	Yeah. Yes, or we could tag team it. I just want to point out the reoccurring thing here, comprehensive care med or care coordination, and it's really important. You can see that including with other CBOs like PACE programs and all. I know we're becoming limited in time, so I'll rush through this. So, historical home and community-based silos, the point of this slide is really to outline how the HCBS providers have really worked in silos and the state has been pushing for a more comprehensive care coordination model. They've done it with CCI, and really this is what CalAIM is intended.
Slide 54	Anwar Zoueihid – 01:18:37	How do we all work with each other? We've been working with the Health Plan for a long time now, CBOs and Health Plans. And now we're bounded by a contract to do CalAIM, but we must also identify all the other stakeholders that are key to the success of CalAIM. So in 2023, CalAIM brings together the different models and pilots that we've all worked on and how we could really leverage those best practices. And one of my favorite parts here is, that DHCS has maintained, so a lot of community-based service programs as a safety net. So, you can see the redundant programs here with CCT and community supports and all that. So much effort, so much effort to really improve the lives of our communities. Next slide.
Slide 54	Ed Mariscal – 01:19:29	And Anwar, let me also add here, as you've heard me say multiple times already, I think it worth repeating. If we truly are going to transform the health of our communities, if we are truly going to be the equity in the system for this vulnerable population, it is important for us to ensure that we are successful in the launch of these programs and the partnerships with our community-based organizations.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 54	Ed Mariscal – 01:19:54	It is important that we learn from each other that we continue to collaborate with each other and coordinate with each other because this safety net is only going to be successful, if partners is successful in their goals, if HealthNet is successful in our goals, and if we continue to work together to again, transform the health of these communities to be the equity and the system that we have been entrusted to serve. Next slide please.
Slide 55	Ed Mariscal – 01:20:28	So, let me go ahead and take this one on very quickly. So, how are partners and HealthNet getting ready? You've heard us say this over and over, re-engaging with our nursing facility providers. We're calling them, we're engaging with them, we're contracting with them, we're learning from them. We're learning from the nursing facility providers themselves, but we're also working very closely with the nursing facility management entities or the corporate entities to really get sort of the top down view, but also at the same time getting the bottom up view of what is happening within those four walls.
Slide 55	Ed Mariscal – 01:21:07	This outreach, we are providing training. HealthNet will be launching a webinar in early November to really talk about CalAIM, talk about the long-term care carved-in. But really start talking about getting people in, getting people out, within our counties where really we long-term care hasn't been a managed care benefit in the past. So, we're really excited about these conversations that are already taking place today. We're developing these additional campaigns for identifying members in need of transitions in the nursing facilities, working with our social service designees and our social service partners in the nursing facilities, the discharge planners where necessary.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slides 55-56	Ed Mariscal – 01:21:51	We're looking at business associate agreements and MOUs to continue to engage in this exchange of information, but then also trying to make it as easy as possible for the nursing facilities to work with us. Building our portals, building an eFax infrastructure, secured emails so that again, we're not a burden to the facilities in their work with us and our work with our community-based organizations and nursing facility partners. We want to make sure that this is as easy as possible for a successful launch in January. Next slide please. And I'm turning it over, I believe to Juliet.
Slide 56	Juliette Mullin – 01:22:37	That's right. Thank you so much, Ed and Anwar for walking us through your journey with CalAIM, and all of the work you've been doing in ECM and community supports over the past eight months. As well as sharing with us the work you do with long-term care facilities and how you're preparing for the transition from the work you do now into the ECM populations of focus for long-term care. Before we go into a couple questions from the chat, I want to preview for folks some upcoming webinars that you should be aware of. There are two additional sessions this month to really focus on long-term care populations of focus and community supports that are really tailored to long-term care transitions. The first is a community support spotlight webinar, happening next week on nursing facility transitions and community transition services. So, those are the two community supports we spotlighted at the beginning of today's presentation as well.

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<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 56	Juliette Mullin – 01:23:33	<p>That is happening on September 15th at 12:00 PM. Apologize, there's a mistake on the slide there thing, it's the eighth. We will update that. You can see a link in the chat that I just dropped to register for that session. I also want to acknowledge that we received a ton of questions as our presenters were speaking today, and you'll probably note that we're coming up to the end of our session today. I will ask a couple of them here, but we also invite you all to join us again on September 22nd for an office hours session. In this session, we're really going to have a more informal Q and A session, where we're going to ask our panelists the questions that you submitted today. So, we won't have time to get to all of them today, but we will be bringing those back on September 22nd in the office hours, and we do invite you to join us for that.</p>
Slide 56	Juliette Mullin – 01:24:24	<p>And I will drop that in the chat right now, everyone. There we go. And so with that, I'll transition into just a couple questions from the chat before we wrap up. The first question, this one is for Anwar and the Partners in Care Foundation. So, you all have been doing work for some time with the long-term care populations to help with both transitions and diversion. As you think about now launching ECM within your organization for this population of focus, can you tell us a little bit about how organizationally you are preparing for that and whether it's going to be your previous team that did CCT is going to be transitioning into more of an ECM role? Could you walk us through how you're thinking about that?</p>
Slide 56	Anwar Zoueihid – 01:25:10	<p>Yeah, that's a wonderful question. Internally, how we're preparing is really leveraging on our skillset and knowledge of our past experience. We also have to modify our assessment tool, because the ECM tool that we currently use does not necessarily... It is a good assessment, it's a very comprehensive assessment, but it's not like Joseph mentioned, not the CCT recommended tool, which has been a much better tool that really focuses on transitional care.</p>

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Slide 56	Anwar Zoueihid – 01:25:46	So, we would like to program that assessment into our Salesforce system in order to get that going. Also, the onboarding training process of our team, getting them to begin engaging with the skilled nursing facilities are important in understanding the resources, the developers, the housing alternatives, the assisted living services. So, it's a whole complete scope of work or model of care than we are currently doing with the three population of focuses that we are undergoing right now with CalAIM.
Slide 56	Juliette Mullin – 01:26:29	This question is going to be for Joseph Billingsley at DHCS. We received a couple questions in the chat about the CPT program, the California Community Transitions Program, and specifically there's some questions around trying to understand how the CCT program fits in with all of this, and how it's distinct from the long-term care transition community supports that we discussed? Can you share some of that with us?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 56	Joseph Billingsley – 01:26:55	<p>Thank you Juliette. Happy to help there. And I think it's important note, I hear questions specifically around CCT, but I think the broader context is how are these long-term care community supports different from existing various HCBS programs in general. So, CCT or different waiver programs, things like CBAS. So, that's where it's important to note that when we're talking about the long-term community supports, it's inherently, they're not meant to be different. It's a understanding of building or it's instead the goal is building capacity and also impacting how people access services more efficient, so recognizing that we already have these services available through CCT. When you look at a lot of the long-term care community supports, nursing facility, having individuals transition to assisted living, or back to the home, or having home modifications available. Those are all things that are available through CCT, that can be available through waiver programs. Also, personal care services, homemaker services, but those waiver programs, CCT programs aren't always available everywhere throughout the state. And sometimes those programs also have capacity waivers, have slot limitations. So, really the goal here is expanding capacity to these services in building these community supports. The department did clear work in making sure that we were understanding the services that were available through existing HCBS programs and then looking to replicate those into community supports, so that we could expand access and build the capacity for individuals being able to access those services through their managed care plans in partnership with community-based organizations.</p>
Slide 56	Juliette Mullin – 01:28:59	<p>Great. Thank you. Well, we have many more questions and we look forward to bringing them back and talking about those all together on September 22nd. Thank you again to all of our panelists for their presentations today and for sharing their experiences, sharing the DHCS guidance. We look forward to the 22nd follow-up conversation and wish everyone a good rest of your day. Thank you.</p>

**CalAIM ECM – Long-Term Care Populations of Focus Webinar**

*September 8, 2022*

**Transcript**

<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 56	Anwar Zoueihid – 01:29:23	Thank