

CalAIM Enhanced Care Management and Community Supports

Data Sharing and Billing Technical Assistance Webinar

Thursday, November 10, 2022

1:30 – 3:00 PM PT



Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - Become a **DHCS Coverage Ambassador**
 - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

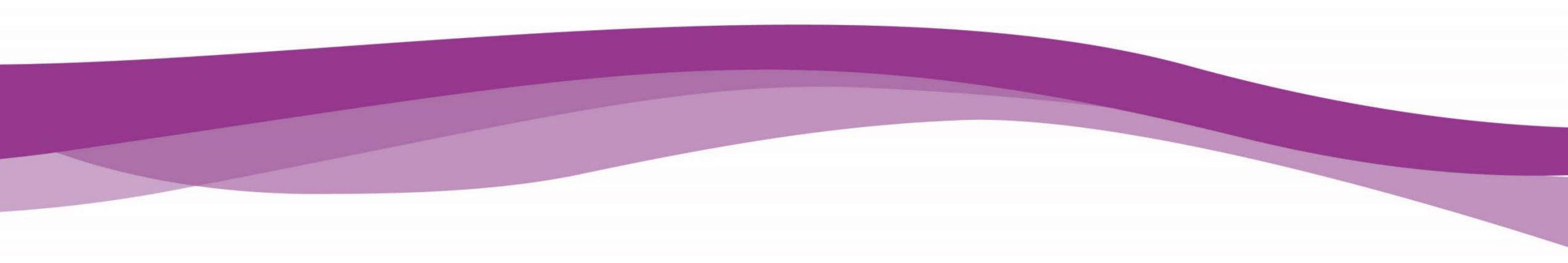
DHCS PHE Unwind Communications Strategy

- » **Phase One: Encourage Beneficiaries to Update Contact Information**
 - Launch immediately
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners
- » **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Today's Session

- » **Background on ECM and Community Supports**
- » **Enabling ECM & Community Supports Through Data**
 - » Member-Level Information Sharing
 - » Spotlight: Bay Area Community Services
 - » Billing and Invoicing
 - » Spotlight: Alameda County Health Care Services Agency
 - » Spotlight: Ceres Community Project
- » **Support for Implementing Data & Reporting Standards**
- » **Q&A**

Background on CalAIM, Enhanced Care Management, and Community Supports



California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

Enhanced Care Management (ECM) and Community Supports

On January 1, 2022, DHCS launched the first components of CalAIM: Enhanced Care Management and Community Supports.

Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to address combined medical and social drivers of health needs and avoid higher levels of care and associated costs.

- » Community Supports are medically appropriate, cost-effective alternative services or settings that are provided as a substitute for more costly services or settings, such as hospitalization, SNF admissions, or ED use.
- » Plans offer different combinations of Community Supports.
- » Members do not need to be eligible for ECM to receive Community Supports.

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

- » ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home
- » ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

Seven ECM Core Services



Outreach and Engagement



Member and Family Supports



Comprehensive Assessment and Care Management Plan



Health Promotion



Enhanced Coordination of Care



Comprehensive Transitional Care



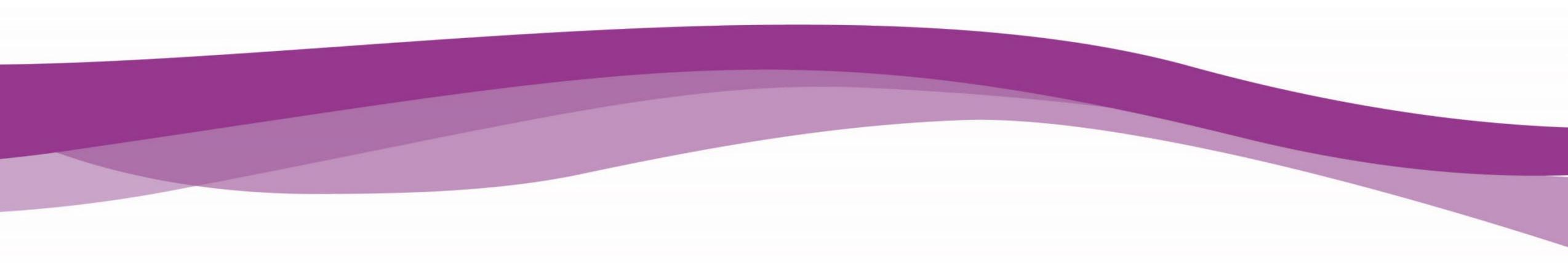
Coordination of and Referral to Community and Social Support Services

Populations of Focus for ECM

ECM Populations of Focus	Go-Live Timing
<ul style="list-style-type: none"> • Individuals and Families Experiencing Homelessness • Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Individuals with Intellectual or Developmental Disabilities (I/DD)* • Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes* • Individuals Transitioning from Incarceration (some WPC counties only) 	<p>January 2022 (WPC / HHP counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> • Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization • Adults who are Nursing Facility Residents Transitioning to the Community 	<p>January 2023</p>
<ul style="list-style-type: none"> • Children / Youth Populations of Focus 	<p>July 2023</p>
<ul style="list-style-type: none"> • Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, who are subject to racial and ethnic disparities 	<p>January 2024</p>
<ul style="list-style-type: none"> • Individuals Transitioning from Incarceration (statewide, excluding some WPC counties that went live in January 2022) 	<p>TBD 2024</p>

** Members of these POFs are eligible from the start of ECM if they meet criteria for any other POF*

Enabling ECM & Community Supports Through Data

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a lighter lavender. These bands flow across the lower half of the slide, creating a sense of movement and depth.

The Big Picture:

Enabling ECM & Community Supports Through Data

Information sharing is expected among providers, MCPs, counties, community-based organizations, and DHCS. It is critical to ensuring a successful implementation of ECM and Community Supports.

- » DHCS released guidance **to standardize information exchange, increase efficiency and reduce administrative burden** between the state, MCPs, and ECM and Community Supports Providers.
- » **MCPs are required to report to DHCS** on various dimensions of the new ECM benefit and Community Supports, which will allow the Department **to monitor implementation.**
- » Today, we will focus on member-level information sharing and billing/invoicing for ECM and Community Supports, spotlighting how organizations across California have implemented the guidance.

ECM/Community Supports Data Sharing & Reporting Guidance Documents (1)

1. ECM Member-Level Information Sharing Guidance

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Standards for data exchange between MCPs and **ECM Providers**

2. ECM & Community Supports Coding Options

Enhanced Care Management and in Lieu of Services Coding Options
Updated October 25, 2021

Encounter Data Submission Process

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Health Plans (MCP) to submit encounter data in accordance with requirements in the MCP contract and All Plan Letter 14-019, or any subsequent updates. For Enhanced Care Management (ECM) and in Lieu of Services (ILOS), MCPs will be required to submit encounter data for these services through the existing encounter data reporting mechanisms for all covered services for which they have incurred any financial liability, whether directly or through subcontractors or other arrangements, using ASC X12 837 version 5010 x222 institutional and professional transactions and the new ECM and ILOS coding requirements outlined in this document, to the Post Adjudicated Claims and Encounters System (PACES) beginning on January 1, 2022.

Enhanced Care Management – Coding Options

MCPs must use the Healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM services. The HCPCS code and modifier combined define the service as ECM. As an example, HCPCS code G9008 by itself does not define the service as an ECM service. HCPCS code G9008 must be reported with modifier U1 for the care coordination service to be defined and categorized as an ECM service. If an ECM service is provided through telehealth, an additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy.¹

HCPCS Level II code	HCPCS Description	Modifiers	Modifier Description
G9008	ECM In-person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.
G9008	ECM Outreach (in Person): Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in-person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member.

¹ For more information refer to the DHCS [Medi-Cal Provider Manual](#)
Department of Health Care Services | Health Care Delivery Systems Page 5 of 6

Updated HCPCS codes and modifiers for **ECM and Community Supports** services

ECM/Community Supports Data Sharing & Reporting Guidance Documents (2)

3. [Billing & Invoicing Guidance](#)

ECM and Community Supports Quarterly Implementation Reporting Framework

Contents

- 1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports 1
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 - WPC/HHP Transition Reports 2
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 - WPC/HHP to ECM Transition Report Elements 4
 - WPC/HHP to Community Supports Transition Report Elements 4
- 4. Quarterly Implementation Monitoring Report Elements 6
 - Quarterly ECM Implementation Monitoring Report Elements 6
 - Quarterly Community Supports Implementation Monitoring Report Elements 11

[1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports](#)

DHCS will monitor Medi-Cal managed care health plans' (MCPs) implementation of and compliance with Enhanced Care Management (ECM) and Community Supports requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of data sources, including Member-level data reported by MCPs and demographic data currently available to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS will provide additional reporting guidance as it relates to Quality performance reporting as we finalize the Quality reporting expectations.

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

1

Standard, "minimum necessary" data elements MCPs need to collect from **ECM and Community Supports Providers** unable to submit ANSI ASC X12N 837P claims to MCPs

4. [National Provider Identifier \(NPI\) Application Guidance](#)

National Provider Identifier (NPI) Application
A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs

Table of Contents

- Document Purpose 2
- What is an NPI? 2
- Who must have an NPI? 3
- How Can an Organization Apply for an NPI? 3
- Receiving Your NPI 4
- Table 1 – Step-by-Step NPI Application Process 6

1

Instructs **ECM and Community Supports** providers of non-traditional health care services on how to obtain a National Provider Identifier (NPI)

ECM and Community Supports provider organizations must have an NPI in order to receive payment.

All items are posted on the [ECM & Community Supports Website](#).

ECM/Community Supports Data Sharing & Reporting Guidance Documents (3)

5. [Social Determinants of Health \(SDOH\) Coding Guidance](#)



State of California—Health and Human Services Agency
Department of Health Care Services



DATE: February 3, 2022

ALL PLAN LETTER 21-009 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data. Revised text is found in *italics*.

BACKGROUND:
DHCS released its California Advancing and Innovating Medi-Cal (CalAIM) proposal in 2019, which DHCS revised on January 6, 2021.¹ CalAIM is a multi-year program to improve health outcomes and quality of life for Medi-Cal beneficiaries through broad delivery system, program, and payment reform.

Population Health Management (PHM) is an initiative of CalAIM that identifies and manages member risk and need through whole person care approaches while focusing on and addressing SDOH.

DHCS recognizes that consistent and reliable collection of SDOH data is vital to the success of CalAIM's PHM initiative. To advance improvements, DHCS is providing guidance on collecting SDOH data to:

- Support MCPs and their Network Providers and Subcontractors in identifying member health, social and risk needs, to ensure that members receive the specific services and programs that they require. The data will also aid Network Providers and Subcontractors in care planning and coordination, and will contribute to the MCPs' population needs assessment. The intent is for MCPs to focus on health-related social factors that can be improved through Medi-Cal programs and services.
- Assist DHCS in evaluating population health statewide through the analysis of member characteristics, health, social, and risk needs, with an emphasis on

¹ The CalAIM proposal is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

Managed Care Quality and Monitoring Division
1501 Capital Avenue, P.O. Box 997143, MS 4410
Sacramento, CA 95899-7143
Phone (916) 448-8000 Fax (916) 448-5005
www.dhcs.ca.gov

Contains a list of 25 DHCS Priority SDOH Codes for MCPs and providers to utilize when coding for SDOH to ensure correct coding and capture of reliable data.

6. [Quarterly Implementation Monitoring Report*](#)

1. Overview
Enhanced Care Management (ECM) and Community Supports Providers will be expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC X12N 837P). Providers who are unable to submit compliant claims may instead submit invoices to MCPs with "minimum necessary data elements defined by DHCS." This guidance defines these "minimum elements," which includes information about the Member, service(s) rendered, and the Provider, as well as standards for file formats, transmission methods, submission timing, and adjudication.¹ MCPs will use invoices to pay Providers and develop complaint enclosures for submission to DHCS. MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities. The purpose of this guidance is to standardize invoicing to mitigate provider burden and improve data quality.

Training, TA and Secure Transmission
MCPs will provide contracted ECM Providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance.² DHCS strongly recommends MCPs, especially those operating in the same county with the same providers, work collaboratively to maintain common templates or centralized billing services (e.g., portals) for the communication of this information. MCPs may use Year 1 incentive payment infrastructure funding to support such activities.

Next Steps and Further Information
This guidance has been developed to address an identified CalAIM need, confirmed by MCP and Provider feedback in public comments.³ DHCS will continue to work closely with stakeholders and may revise guidance in response to market experience after launch.

ECM and Community Supports Transition Reporting Template Instructions

¹ ECM and LOSI Standalone Services: February 1, 2022
² DHCS will provide training for ECM and Community Supports. Provider training for ECM and Community Supports. ECM - ESM - ESM assistance may include: portals, proper coding or invoice methods.
³ A draft version of this guidance is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/ECM-Transition-Reporting-Template-Instructions.aspx>

This Department of Health Care Services (DHCS) is requiring MCPs that operated in counties that have an existing Health Homes Program (HHP) and/or Whole Person Care (WPC) to submit a single report that will provide data about members that transitioned from the HHP and WPC to Enhanced Care Management (ECM) and Community Supports (COS).

The ECM and Community Supports Transition Reporting Template is to include data from the time period of January 1, 2022 through March 31, 2022 and is due May 15, 2022. The report must be submitted to DHCS (MCO/Member/Rate) on the DHCS website (see below). The file name must include the ECM-COS-Transition_MCP health plan name, the appropriate reporting period and date of submission. For example: ECM-COS-Transition_MCPName_20220131. Each MCP must submit only one data file per reporting period. All submissions must be labeled with the exact MCP's data file name in Excel format. When submitting report files, include REV and the number at the end of the file name. For example: ECM-COS-Transition_MCPName_20220131_REV1.

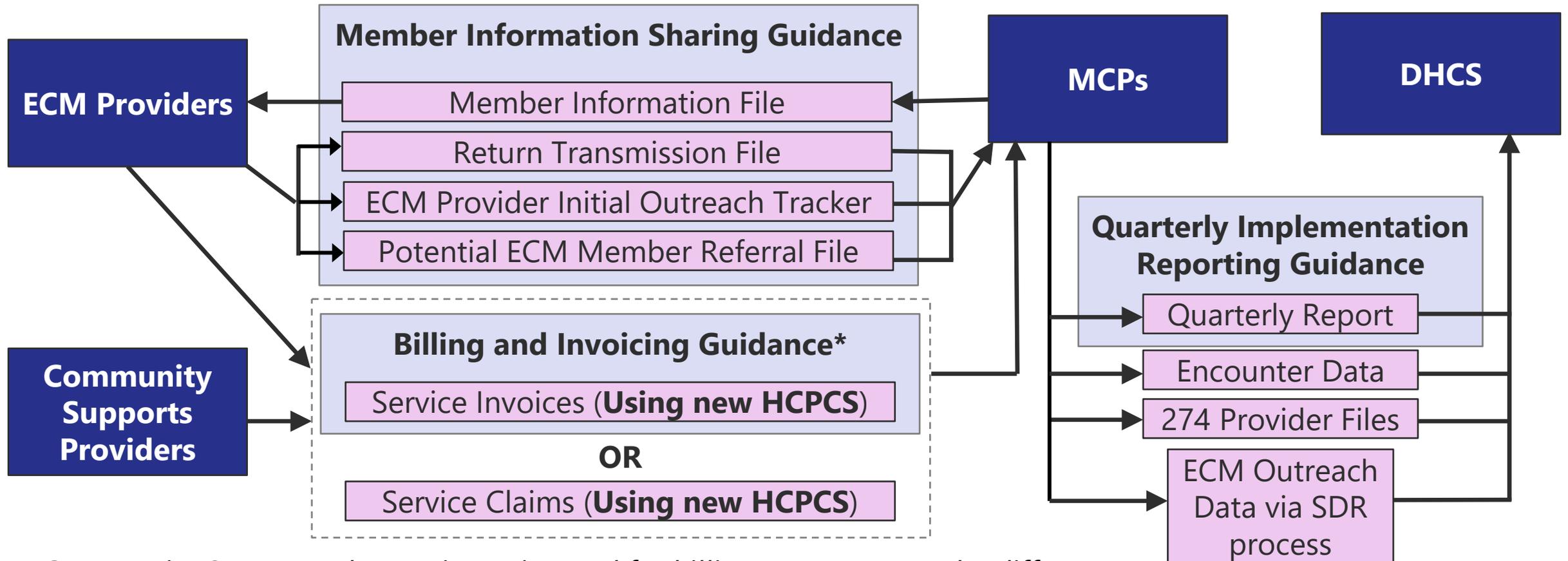
1. HHP and WPC Transition to ECM			
Column Name	Explanation		
1. Plan Name (column A)	From the drop-down list, select the plan name.		
2. Plan Code (column B)	From the drop-down menu, select the plan code. This plan code must match the county listed in the County column.		
3. County (column C)	From the drop-down menu, select the county name. The county must match the plan code listed in the plan code column.		
4. Member ID# (column D)	Enter the member's CHI as a nine-character number that consists of eight numbers and one letter.		
5. Member Last Name (column E)	Enter the member's last name.		
6. Member First Name (column F)	Enter the member's first name.		
7. Member Date of Birth (column G)	Enter member's date of birth. MM/DD/YYYY.		
8. HHP to ECM Transition (column H)	Was the member transitioned from HHP to ECM by March 31, 2022? Enter "1" for Yes. Enter "0" for No. Each member that transitioned from HHP to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM.		
9. WPC to ECM Transition (column I)	Was the member transitioned from WPC to ECM by March 31, 2022? Enter "1" for Yes. Enter "0" for No. Each member that transitioned from WPC to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM.		
10. Member's ECM Provider NPI (column J)	Enter the member's assigned ECM provider NPI.		
2. HHP and WPC Transition to Community Supports			
Column Name	Transition to ECM	Transition to Community Services	Explanation
Instructions			

Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains: "supplemental" to encounters

*The *Quarterly Implementation Monitoring Report* will also be used to fulfill AB 133 Reporting Requirements to the Legislature
All items are posted on the [ECM & Community Supports Website](#).

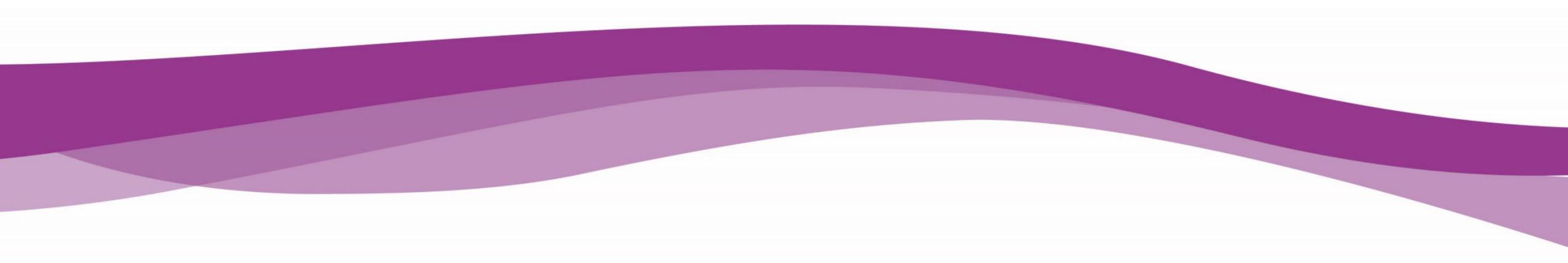
ECM & Community Supports Dataflows

ECM & Community Supports implementation is supported by these key dataflows.



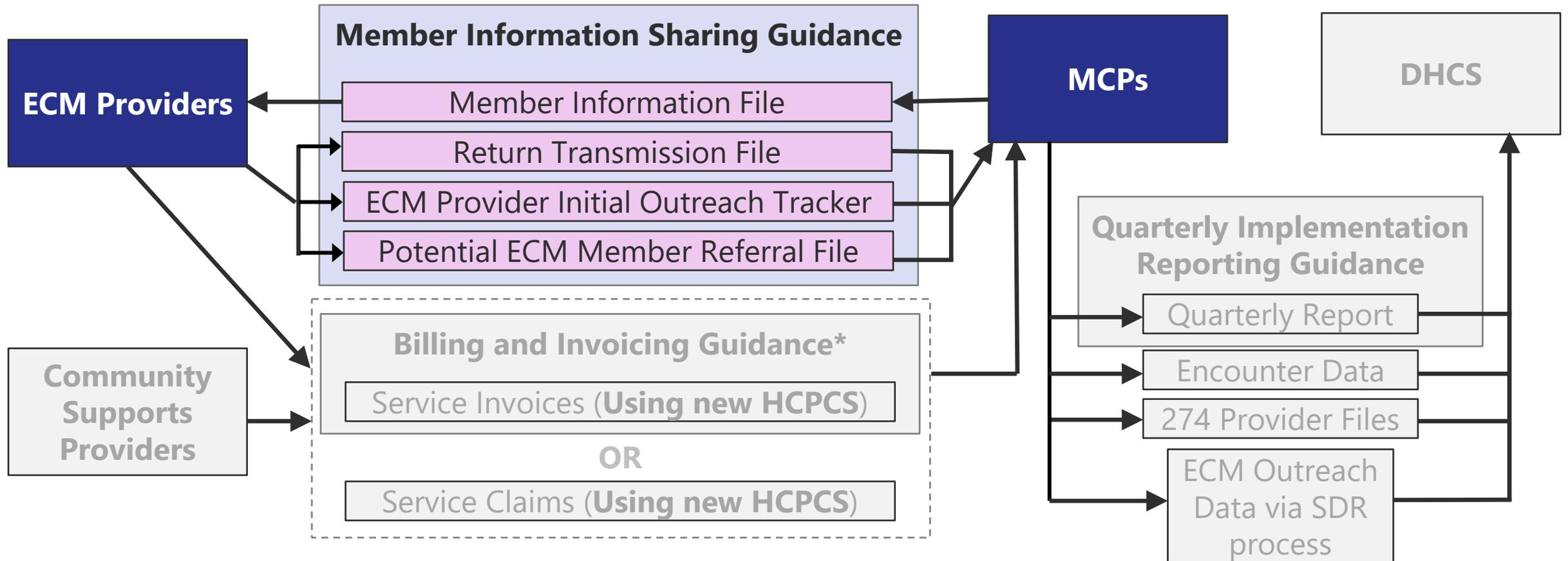
**For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes*

Data Flows Between MCPs and ECM Providers: *Member-Level Information Sharing*

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ECM Dataflows:

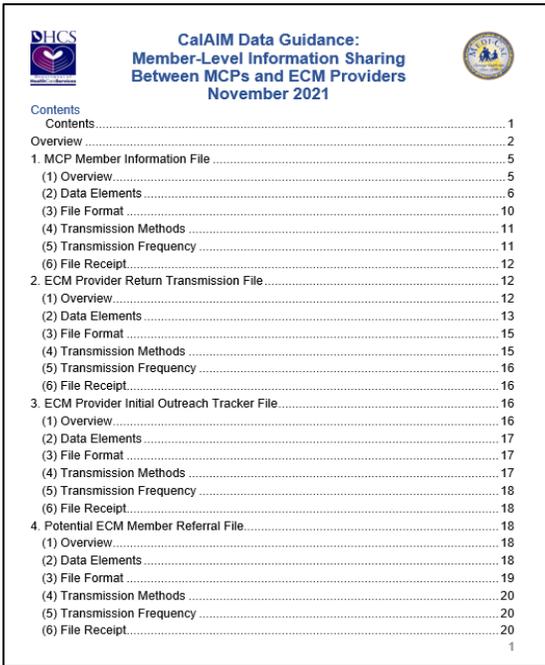
Member Information Sharing Guidance



Member-Level Information Sharing Guidance

Data Files in the Member Information Sharing Guidance

The Member Information Sharing Guidance document defines standards for data sharing between MCPs and ECM Providers; it contains specifications for four files.



The image shows the cover of the 'CalAIM Data Guidance: Member-Level Information Sharing Between MCPs and ECM Providers' document, dated November 2021. It features logos for DHCS and the State of California. The table of contents lists the following sections and their page numbers:

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- 1. MCP Member Information File**
- 2. ECM Provider Return Transmission File**
- 3. ECM Provider Initial Outreach Tracker**
- 4. Potential ECM Member Referral File**

Member Information File

- » ECM Providers need information about their Members' clinical and non-clinical needs; however, many will not immediately have the technical capacity to derive such information from encounter file sharing
- » As such, DHCS has developed standardized requirements for data exchange between MCPs and ECM Providers.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • "Member engagement" elements (name, date of birth, etc.) need to be shared within 10 days of member assignment; all others to be shared at least monthly¹

1. *Unless an otherwise mutually agreed-to cadence for updates is established between the MCP and ECM Providers.*
2. [CalAIM Enhanced Care Management \(ECM\) and In Lieu of Services \(ILOS\) Contract Template Provisions, DHCS, ECM Section 14cii.](#)

Provider Return Transmission File

- » Since ECM Providers will generally hold the primary relationship with Members receiving ECM, DHCS recognizes certain key information will need to flow regularly **back from ECM Providers to MCPs** that is **separate and supplemental to claims and invoices**
- » DHCS has standardized this information as the “Return Transmission File” to streamline the reporting expected of ECM Providers and reduce administrative burden

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • Frequency mutually agreed to between the MCP and ECM Provider • MCPs may wish to align reporting due dates from ECM Providers with DHCS’ timeline for MCPs to submit the <i>Quarterly Implementation Report</i>

Other Member Level Information Sharing Documents

ECM Provider Initial Outreach Tracker

- » To equip MCPs with adequate information about outreach occurring by ECM Providers, DHCS has standardized provider outreach reporting across ECM Providers and MCPs
- » **ECM Providers may report the required information using either of the following methods:**
 - Preferred: ECM Providers creating compliant encounters for outreach using HCPCS codes may be able to run reports to produce the required data elements
 - If ECM Providers are not creating encounters and/or automation is not possible, ECM Providers should populate the data elements manually

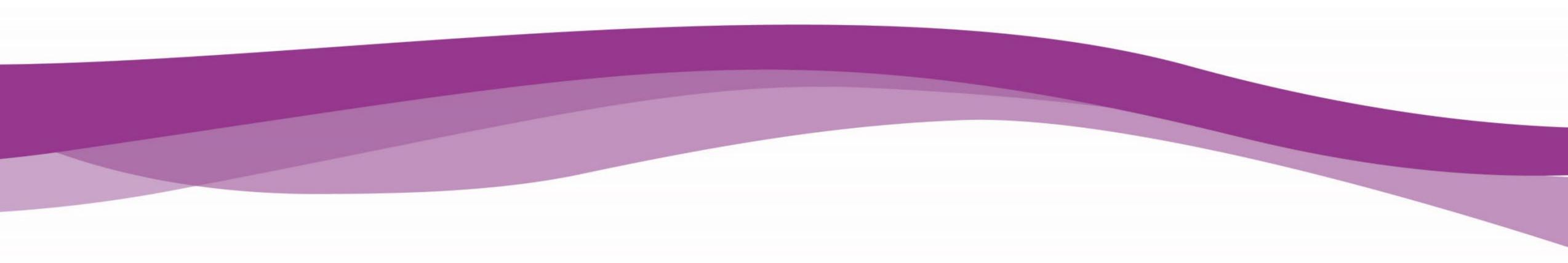
Potential ECM Member Referral File

- » DHCS has provided a standardized format and method for MCPs to collect referrals for new ECM enrollees from ECM Providers
- » MCP Members may be identified by ECM Providers as belonging to an ECM Population of Focus, during their performance of duties outside the ECM benefit (e.g., primary care)

Member Level Information Sharing

Spotlight:

Bay Area Community Services



Presenters

Jamie Almanza

CEO

Renee Tripp

Director of Finance and Administration

Shamima Abdullah

ECM Program Manager



Bay Area Community Services

ECM Data Sharing Implementation



September 2022

BACS's Mission, Vision, and Values



OUR MISSION

Our mission is to uplift under-served individuals and their families by doing whatever it takes.

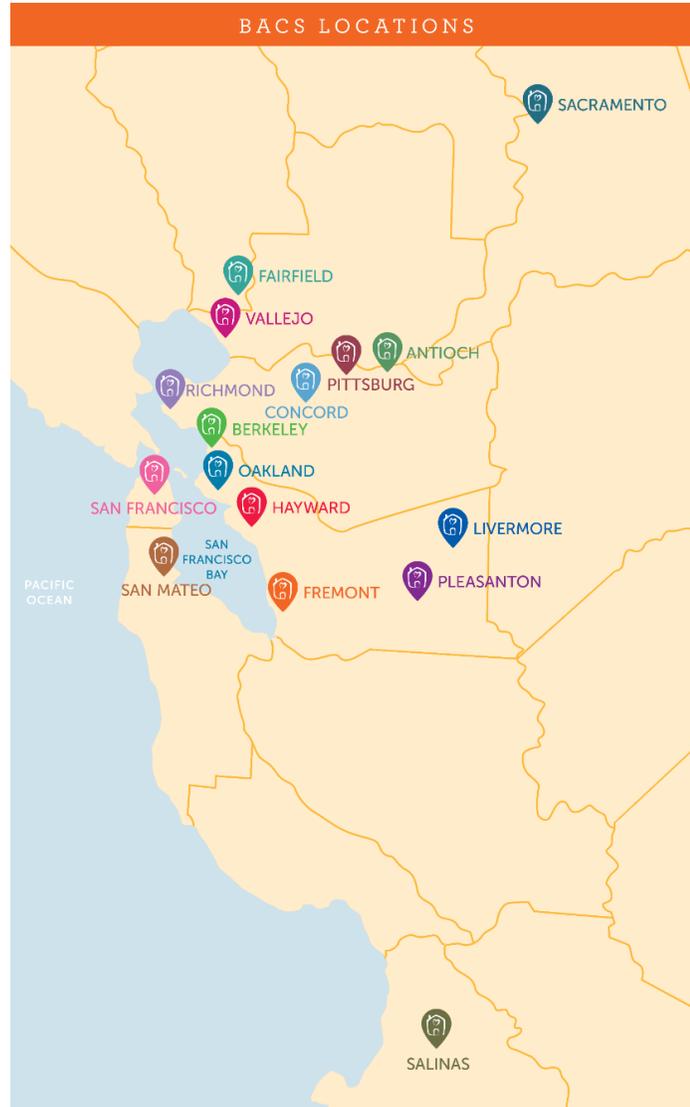
OUR VISION

BACS envisions a world where all people are healthy, safe, and engaged in community wellness.

OUR VALUES

Wellness / Prevention  Accountability  Innovation  Integrity
Diversity  Community

Where We Are Now



Today, BACS operates more than 37 programs across 6 counties, all dedicated to helping individuals live safely and independently in the community of their choice.

- » Transition of existing Health Homes pilot clients and processes
- » Initial enrollments were transitioned Health Homes clients and eligible clients already connected to BACS
- » BACS is utilizing CalAIM Incentive Payment Program (IPP) funds to implement a new HER for longer term ECM infrastructure development and data sharing

- » Started in Jan. 2022
- » Provides services throughout Alameda County
- » Served **80** Partners since Jan. 2022
- » Successfully linked **80%** of partners back to their medical service teams
- » Successfully supported **90%** of partners remaining connected to their case management services
- » Successfully linked **100%** of Partners without case management to a case management team
- » Successfully partnered with several clinics and case management teams to ensure continuity of care

ECM Offers Seven Types of Services



- » Outreach and Engagement
- » Comprehensive Assessment and Care Management Planning
- » Enhanced Coordination of Care
- » Health Promotion
- » Comprehensive Transitional Care
- » Member and Family Supports
- » Coordination of and Referral to Community and Social Support Services

Managed Care Plans (MCPs)



BACS ECM program is guided by our MCPs:

- » Alameda Alliance for Health and Anthem Blue Cross

Our MCPs provides Health plans with data when members are assigned and periodically thereafter, including the following:

- » Member assignment files
- » Encounter and/or claims data
- » Physical, behavioral, administrative and social determinants of health data
- » Performance reports on quality metrics

Managed Care Plans (MCPs) and BACS



Once MCP data has been received, BACS will outreach to the last known clinic for additional collateral information that helps guide the HAP (Health Action Plan) provided by DHCS.

Our Lead Case Manager, then outreaches to the referred Partner and Health clinic to schedule a collaborative intake meeting and complete the HAP process.

Outreach

BACS utilizes the DHCS proposed plan for outreach and has set a target of at minimum 3 outreach attempts per week until admission process is completed.

These Outreaches included:

- » In Person (encampments, housing placements, clinics, in the field, etc..)
- » Office
- » Over the phone

Once Enrolled

BACS continues to utilize the DHCS HAP plan to develop strength-based treatment goals.

The Lead Case Manager and Team meet with Partners at minimum 2-4 times a month and as needed to support in meeting desired goals.

ECM Health Action Plan



ECM -Health Action Plan	
Participant Name	
Case Manager	
Date	
<p><i>Purpose: This plan will be used by the ECM participant and their case manager to identify needed services, current supports, and goals to overcome barriers identified resulting in permanent positive social change. Please note, there are limited supportive services available to clients in the ECM program. The supportive services available are limited to transition supports (e.g., document readiness, housing search). The action steps identified in this document should be complete before, during, and immediately following the transition to the ECM program.</i></p>	
Community Supports	
Health Services	
<input type="checkbox"/> Behavioral Health Case Manager: _____	
<input type="checkbox"/> IHSS: _____	
<input type="checkbox"/> Primary Care Provider (PCP): _____	
<input type="checkbox"/> Community Connect: _____	
<input type="checkbox"/> Other: _____	

ECM Health Action Plan



Financial Stability		
Current Income:		
<ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Survivor Benefits • VA-Service Connected Disability Compensation • VA Non-Service-Connected Disability Pension • Private Disability Insurance • Worker's Compensation 	<ul style="list-style-type: none"> • Temporary Assistance for Needy Families (TANF)/CalWORKS • General Assistance (GA) • Retirement Income from Social Security • Veteran's Pension • Pension from a former job • Child Support • Alimony or other spousal support • Family Support 	
<u>Goals</u>	<u>Barriers</u>	<u>Action Steps</u> <i>(Include responsible party & timeline)</i>
<p>The following skills are necessary, to varying degrees depending upon the housing model, for living in the community. Check the box that best represents the level of assistance needed:</p>		

Activities of Daily Living (ADL)

1. Personal Hygiene Skills (bathing, washing clothes, buying and using toiletries, dress appropriate to weather)
 almost never needs assistance sometimes needs assistance almost always needs assistance
2. Travel Skills (use public transportation, follow directions)
 almost never needs assistance sometimes needs assistance almost always needs assistance
3. Ability to Manage Health and Psychiatric Care (make and keep appointments, manage Medicaid or health insurance paperwork requirements, take medication as prescribed, advocate and communicate with doctors)
 almost never needs assistance sometimes needs assistance almost always needs assistance
4. Shopping and Cooking Skills (able to obtain meals by buying or cooking food, store food properly)
 almost never needs assistance sometimes needs assistance almost always needs assistance

5. Housekeeping Skills (able to clean space, wash sheets, remove garbage regularly, keep out mice and insects, remove excess clutter, maintain plumbing, i.e., remove hairs from drain, keep large items out of toilet, etc.)

Budgeting and Managing Finances

9. Money Management Skills and Ability to Pay Rent (keep up with entitlement/benefits paperwork, cash checks, budget)

almost never needs assistance sometimes needs assistance almost always needs assistance

10. Other: _____

almost never needs assistance sometimes needs assistance almost always needs assistance

Goals

Barriers

Action Steps

(Include responsible party & timeline)

Settling In and Connecting to New Home

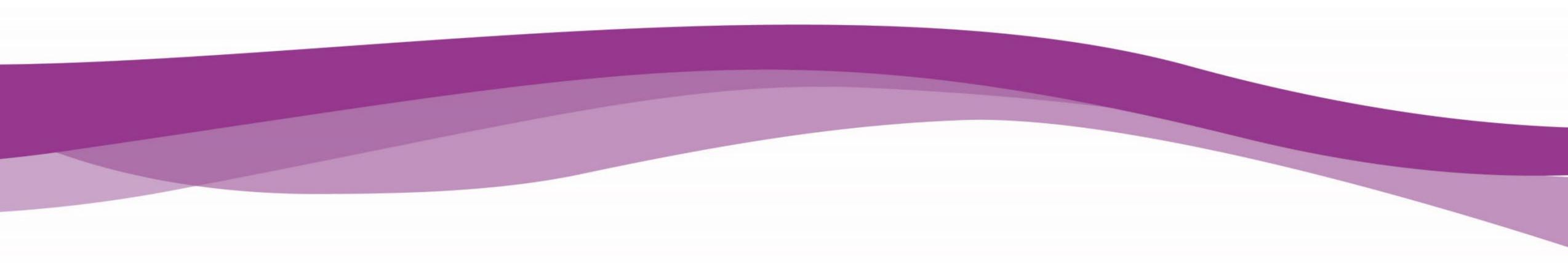
Enrollments and Contacts Sharing Process



- » Download and update the spreadsheet give at the beginning of the month from Alameda Alliance (AAH)
- » Add contacts and enrollments by client on that spreadsheet
- » Submit the updated sheet to AAH via the FTP site set up for BACS

- » Receive check with a statement of claims paid
- » Separate notification for denied claims
- » Resubmit claims as needed based on denial details
- » Submissions due not later than 10th of each month; denial notifications by the 15th
- » Every service indications month/year to enable retroactive billing for any missed

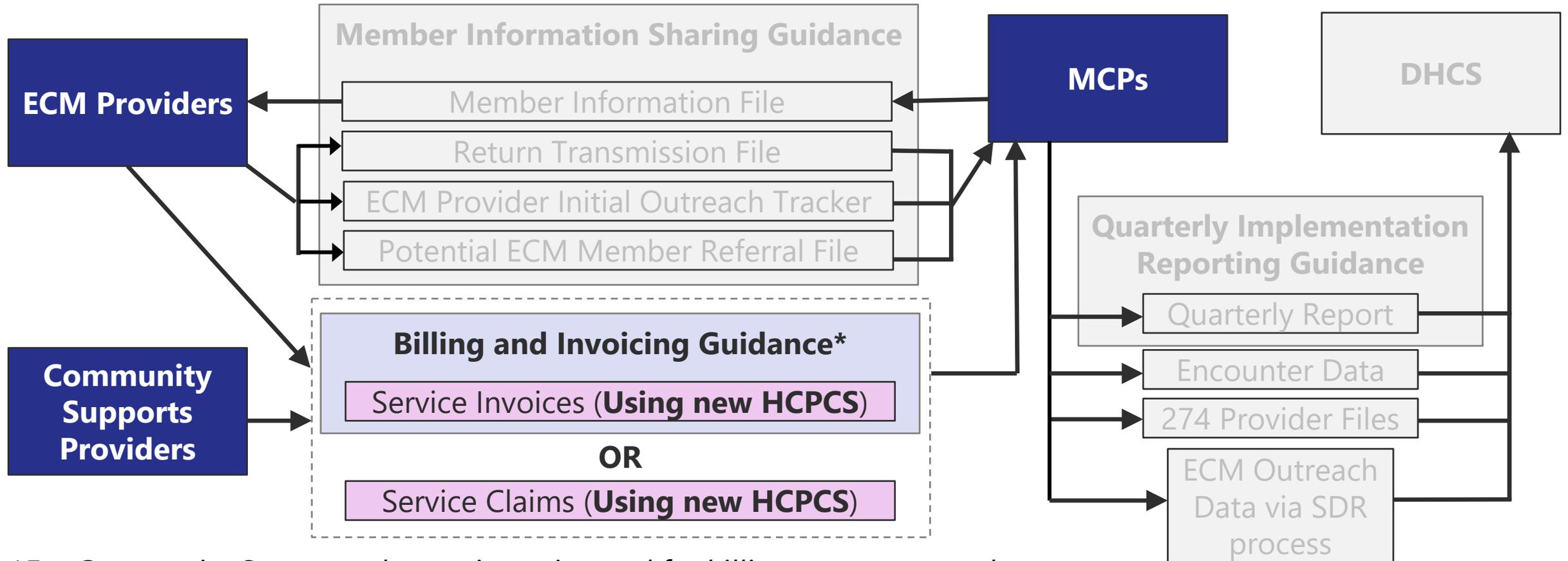
Data Flows Between MCPs and ECM/Community Supports Providers: *Billing and Invoicing*

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the bottom half of the slide.

ECM & Community Supports Dataflows:

Billing and Invoicing

ECM & Community Supports implementation are supported by these key dataflows



**For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes*

Billing and Invoicing

- » ECM and Community Supports Providers are expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC x12N 837P) to the greatest extent possible
- » ECM and Community Supports Providers who are unable to submit compliant claims may instead submit standardized invoices to MCPs
- » MCPs will use invoices to pay Providers and develop compliant encounters for submission to DHCS
- » DHCS has developed guidance to standardize invoicing to reduce MCP and ECM and Community Supports Provider burden and improve data quality
- » If an MCP and an ECM/Community Supports Provider mutually agree to share invoice information using a different format, standard or transmission method than what is described in this guidance, they may do so

Billing and Invoicing Guidance

DHCS has outlined common standards and methods for ECM and Community Supports Provider submission of invoices to MCPs



CalAIM Data Guidance: Billing and Invoicing between ECM/ Community Supports Providers and MCPs
November 2021



1. Overview
Enhanced Care Management (ECM) and Community Supports Providers will be expected to submit claims to Managed Care Plans (MCPs) using national standards (e.g., ANSI ASC x12N 837P) to the greatest extent possible. Providers who are unable to submit compliant claims may instead submit invoices to MCPs with "minimum necessary data elements defined by DHCS."¹ This guidance defines these "minimum elements," which include information about the Member, service(s) rendered, and the Provider, as well as standards for file formats, transmission methods, submission timing, and adjudication.² The purpose of this guidance is to standardize invoicing to mitigate provider burden and promote data quality.

MCPs should use the standardized billing and invoice data for two purposes:
(1) To pay ECM/Community Supports Providers. Payment may be on a fee-for-service and/or a capitated basis.
(2) To submit compliant encounters for submission to DHCS.

MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities.

Training, TA and Secure Transmission
MCPs are expected to provide contracted ECM Providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance.³ DHCS strongly recommends MCPs, especially those operating in the same county with the same providers, work collaboratively to develop common templates or centralized billing services (e.g., portals) for the transmission of this information. MCPs may use Year 1 Incentive Payment Infrastructure funding to support such activities.

¹ "ECM and ILOS Standard Provider Terms and Conditions," CA Department of Health Care Services, February 12, 2021. Available [here](#).
² DHCS is not establishing templates for the files contained in this guidance.
³ Provider training for ECM Providers is a requirement under the DHCS MCP contract, "CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template and Provisions," ECM – Section 14, ILOS – Section – 11, DHCS. Available [here](#). Technical assistance may include, but not be limited to: how to use MCP invoice templates or billing portals; proper coding practices; acquiring National Provider Identifiers; and responding to MCP invoice feedback. DHCS expects to provide at least one training session on this guidance, which it will make record and make available for MCPs to reference and repurpose in their communications with ECM and Community Supports Providers.

1. Provider Information (Billing & Rendering)

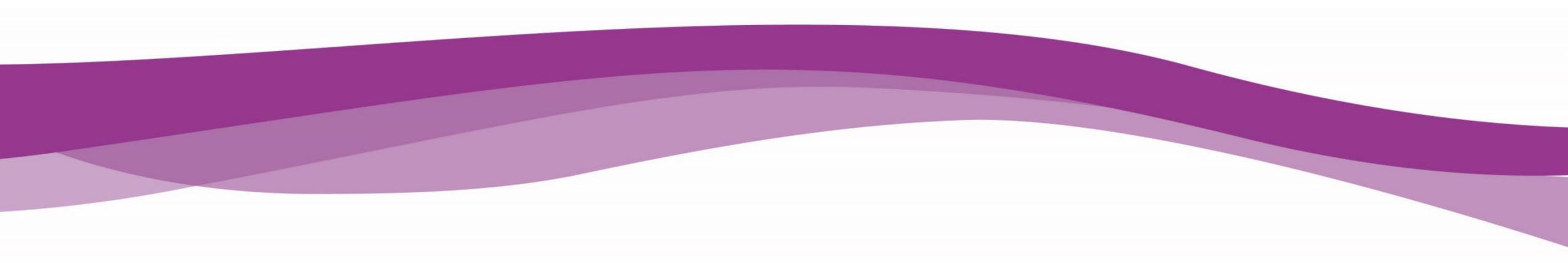
2. Member Information

3. Service and Billing Information¹

4. Administrative Information

1. Invoicing template must allow for the submission of multiple ECM or Community Supports Provider services rendered on a single day by a single provider for a single Member (i.e., submission of multiple procedure codes, procedure code modifiers, service names, and service unit costs with common Member and Provider information). See [Billing and Invoicing between ECM / Community Supports Providers and MCPs](#).

Billing and Invoicing Spotlight: *Alameda County Health Care Services Agency*



Presenters

Jennifer Martinez, MPH

Wellbrook Partners

Jeannette Rodriguez

Housing Services Director

Alameda County Health Care Services Agency, Office of Homeless Care and Coordination

Bridget Nolan Satchwell

Wellbrook Partners



Alameda County
Health Care Services Agency

CalAIM: Billing and Claiming for Housing Community Supports

Alameda County Use Case



Alameda County
Health Care Services Agency

Overview

- » Whole Person Care (WPC) to CalAIM: Infrastructure and relationship building with Managed Care Plans (MCPs) and Community-Based Organizations (CBOs)
- » Current Operations: Authorizations Use Case
- » Billing and Claiming
 - » Infrastructure
 - » Role of DHCS guidance
 - » Creating unique structures



Alameda County
Health Care Services Agency

Building On Whole Person Care Infrastructure

Alameda County's WPC included the following components (among others):

- » Housing service bundle including housing navigation and tenancy sustaining services
 - » Contracted directly to a CBO provider network
- » Care management service bundle including Enhanced Care Management-like services
 - » Contracted to the Managed Care Plans (MCPs)
- » Social Health Information Exchange (SHIE), receiving and matching 19 cross-sector data feeds including:
 - » Managed Care Plan membership
 - » Homeless Management Information System (HMIS)



Alameda County
Health Care Services Agency

Preparation for CalAIM Contracting

To prepare for CalAIM, Alameda County renegotiated contractual relationships with the MCPs

- » Transitioned from WPC Care Management Services to become ECM
 - » MCPs already held the initial contracted provider network
- » MCPs now contracting with the County to administer Housing Community Supports (formerly WPC Housing Services)
 - » Flipped the contractual relationship



Alameda County
Health Care Services Agency

Preparation for CalAIM Contracting

Alameda leveraged the SHIE for Housing Community Supports Billing:

- » Housing provider CBOs to continue documenting in HMIS with a few adjustments
- » SHIE tools used HMIS data, MCP membership, demographics, and a few other standardized data elements to create claims needed for health plan billing processes

Negotiated the accommodations needed under CalAIM structure with the MCPs

- » Example: HMIS did not have a specific data field to document place of service (i.e. met up at McDonald's).
 - » MCPs agreed to allow hard-coded Place of Service code 99 = other for these housing services
 - » DHCS approved code list made the MCPs comfortable to allow for this policy
 - » Narrative note in HMIS documents where the encounter took place for back up and audit



Alameda County
Health Care Services Agency

Current Operations: Collaborating with the MCPs

Eligibility and Authorizations

- » Worked out a process of batch authorizations instead of only individual faxed PDFs
 - » Authorizations Excel Template is exchanged twice weekly
 - » Template is returned from MCP with authorization approved/denied, including authorization number or denial reason
 - » PDF is sent by e-fax for additional information, but the critical operations information is all included in the authorization excel template
- » Weekly meetings to discuss questions, denials, and outliers
- » Built trust and worked toward shared goals



Alameda County
Health Care Services Agency

CalAIM CS Housing

Billing and Claiming- *Infrastructure*

Health Plan Enrollment file (EDI 834) comes from the MCPs on a monthly basis with daily change files. This is key for knowing which services to request authorization for or to bill, and to which MCP.

- » Authorizations and Enrollment- HMIS service entry comes into a dashboard that triggers need for an authorization and indicates which MCP the client is served by



Alameda County
Health Care Services Agency

CalAIM CS Housing

Billing and Claiming- *Infrastructure*

Power BI HCSA - AC3: Housing Community Support Authorizations | Data updated 11/8/22

File Export Get insights Subscribe

HCSA - AC3: Housing
Community Support Autho...
CS Authorizations
Historic Enrollment List

New Community Support Authorizations

Weekly Report (Select Single Date Below)

Date of Request	New or Extension	Member ID	Last Name	First Name	Date of Birth	City	State	ZIP	Phone	PhoneType	Subcontractor	Phone Num
[Blurred Data Table]												

Select Single Report Date

6/17/2022

Selected Report Date

6/17/2022

Select Health Plan

- Select all
- Alameda Alliance for Health
- Anthem Blue Cross
- FFS Medi-Cal
- No Medi-Cal

Facility

- Select all
- (Blank)

HCS Project Enrollment Date

- Select all
- 2/2/2022
- 4/1/2022
- 5/1/2022
- 6/1/2022
- 6/10/2022
- 6/12/2022
- 6/13/2022
- 6/14/2022

Enrollment Type

- Select all
- Regular

Retroactive Days

-245 44793

Subcontractor

- Select all
- Abs - Abode Services
- BACS - Bay Area Communit...
- LMC - Lifelong Medical Care
- LS - Life Skills Training and E...

Service

- Select all
- Housing Deposits (HD)
- Housing Tenancy Sustaining Se...
- Housing Transition Navigation ...

Head of Household

- Select all
- (Blank)
- Yes

Note: Reports are generated on a daily basis, but shown enrollments are not current with HMIS due to data lags. This delay can be a few days. Grandfathered HMIS consumers are excluded from the report. Red indicates 30+ day gap between enrollment date and HMIS creation (proxy).
Data source: Social Health Information Exchange.

An Initiative of Alameda County Health Care Services Agency

Go back

118%

CalAIM CS Housing

Billing and Claiming- *Infrastructure*

The billing file also utilizes the EDI 834 Enrollment file

- » HMIS data is self-report
- » Client is matched to EDDI 834 data, which is then used to populate the billing file
 - » This allows for better match of data elements (e.g., address, DOB) and reduces the number of rejected claims (which can be caused by conflicting data matches)



Alameda County
Health Care Services Agency

CalAIM CS Housing

Billing and Claiming - *DHCS Minimum Required Fields & Guidance*

DHCS guidance provided a defined scope to work from, in addition to the relationships and trust built throughout WPC

- » It was important to remember that this process of billing housing services to a health plan was new to everyone involved
 - » All new processes were needed
- » The DHCS Minimum Required Fields template gave us a defined frame to work in by providing:
 - » Number of fields and scope of what was needed for billing.
 - » Additional info could be provided in audits but simplified automation for the monthly billing process.
 - » Codes and Modifiers guidance



Alameda County
Health Care Services Agency

CalAIM CS Housing

Billing and Claiming - *New Internal Structures*

New internal structures were required to support CalAIM billing and claiming

- » New process for the county to bill the MCPs
- » New Medi-Cal administrative office (a collaboration between the finance and data exchange units)
 - » Created infrastructure and process for full cycle of billing
 - » Internal collaboration with Program, Data, IT, and Finance



Alameda County
Health Care Services Agency

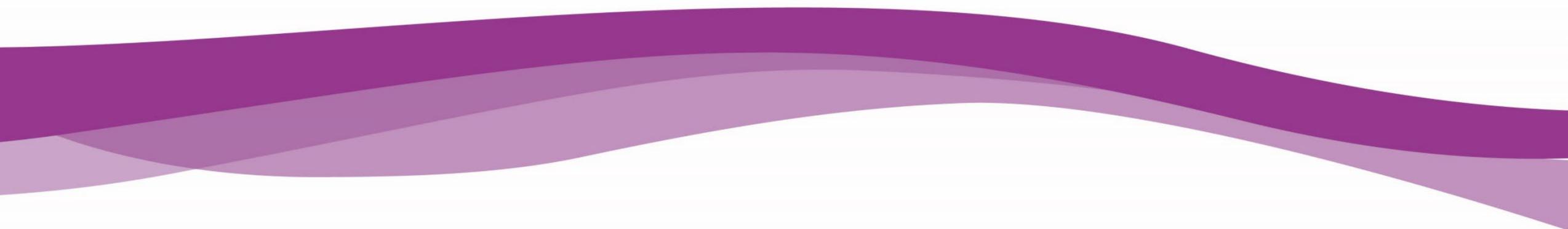
Key Takeaways

- » Alameda County has built new structures from existing relationships and investments in infrastructure, established during the WPC pilot
- » Alameda County is working with the MCPs as partners
 - » Working together to support one another's success is key
- » Alameda County is taking the role of prime contractor and sub-contracting to CBOs
 - » This allows the CBOs to do the work without the burden of authorization and billing infrastructure



Alameda County
Health Care Services Agency

Billing and Invoicing Spotlight: *Ceres Community Project* *Sonoma and Marin Counties*

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Presenters

Brenda Paulucci-Whiting

Chief Program Officer

Karin Pimentel

Contracts Manager



COMMUNITY SUPPORTS BILLING AND INVOICING JOURNEY

A CBO's PERSPECTIVE



CERES COMMUNITY PROJECT

Who We Are

Mission: We create health for people, communities, and the planet through love, healing food, and empowering the next generation.

- » Started in 2006 serving families and individuals with Cancer in Marin and Sonoma Counties in California's North Bay
- » Expanded to serve families suffering from other health disparities and chronic conditions
- » Over the last three years, tripled meal volume to meet the needs of vulnerable populations during the California fire emergencies and the pandemic
- » Deliver medically tailored meals, and wraparound nutrition services
- » A member of the California Food is Medicine Coalition (FIMC)

BECOMING A COMMUNITY SUPPORTS PROVIDER

- » Ceres signed a contract with Partnership Healthplan of California (PHC) in January 2022 to become a provider of Community Supports for Medically Tailored Meals/Medically-Supportive Foods.
- » Partnership serves over 600,000 members across 14 Northern California counties – including Marin and Sonoma, where Ceres is located.

PREPARATION: Pre-Contract

» Capacity

- Hiring staff that understand revenue cycle management workflows and data
- Implementing HIPAA-compliant technology and workflows to protect medical data
- Ensuring adequate technology know-how and support

» Research

- What technology will we need to electronically submit claims?
- What data is required to submit a claim (billing codes, diagnoses, medical justification)?

TRAINING & SUPPORT:

Pre-Contract & Ongoing

- » Training
 - CalAIM series of trainings, e.g. HIPAA compliance and Claims Billing
- » Resources
 - DHCS Website: Policy Guidelines, Billing and Invoicing Guidelines, Fact Sheets, webinars.
 - Step-by-step guidance and support from PHC, including new provider orientation, ongoing roundtables, recorded webinars, and one-on-one support as needed.
- » Funding for Infrastructure and Capacity
 - Incentive Payment Program to financially support capacity building and infrastructure
 - PATH
- » Networks (Food Is Medicine Coalition)
 - Annual Symposium
 - FIMC Health Care Contracting Committee

INTERNAL INFRASTRUCTURE

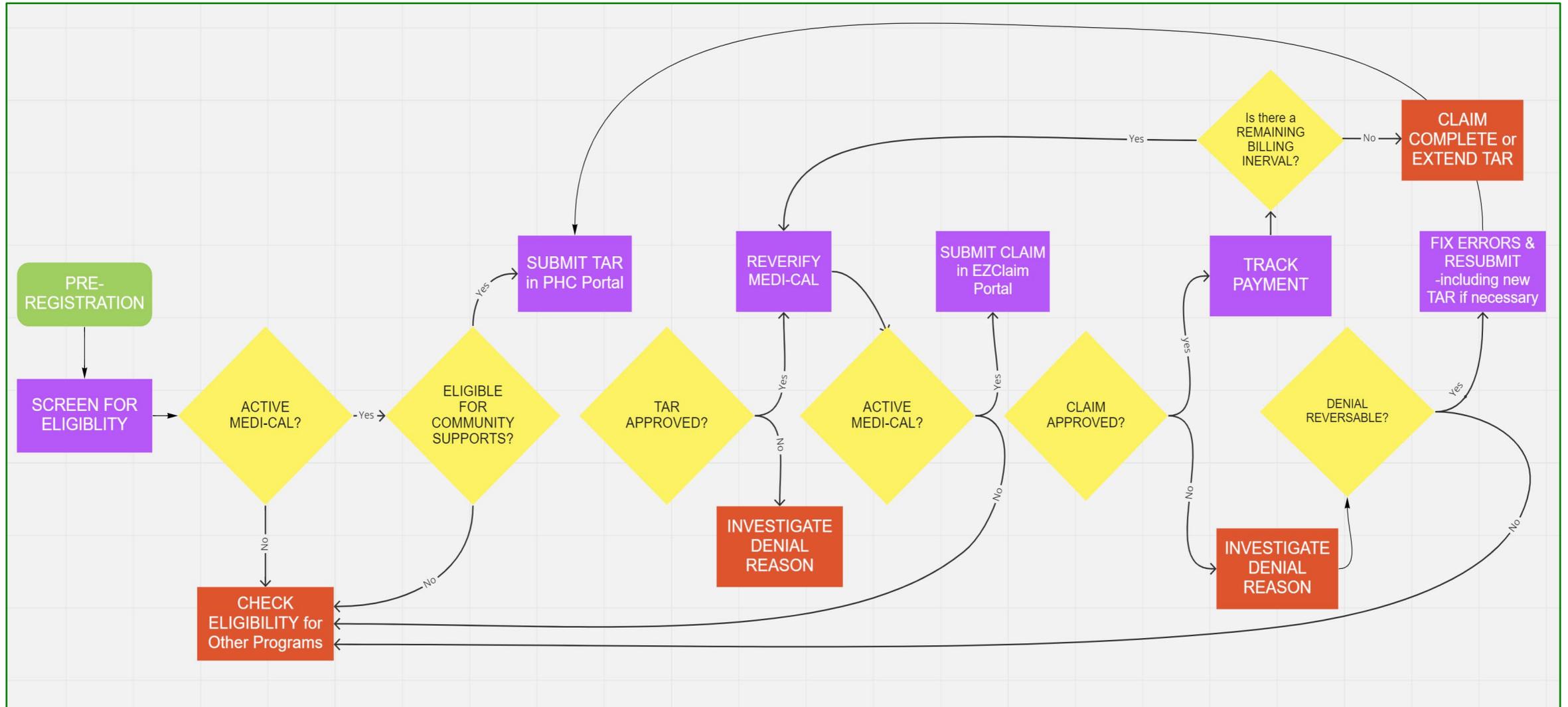
Developing New Workflows

- » Determining Eligibility
 - Implementing a process to verify Medi-Cal
 - Training intake staff on eligibility criteria, HIPAA compliance, and how to handle medical extension requests

- » Implementing a Medical Referral Process
 - Adding diagnosis codes
 - Requiring medical referrals upon intake
 - Collecting lab data

INTERNAL INFRASTRUCTURE

New Workflows



INTERNAL INFRASTRUCTURE

Implementing New Technologies

- » Treatment Authorization Requests (TAR) submitted to MCP Portal prior to claim submissions
- » ANSI: HIPAA compliant format required to submit claims (208 page manual!)
- » EZClaim billing software launched to electronically submit claims in ANSI format
- » SFTP set up with Partnership. EZClaim submits claims directly to the SFTP
- » Test claims submitted to PHC to confirm compliant format

INTERNAL INFRASTRUCTURE

EZClaim Billing Software

The screenshot displays the EZClaim Billing software interface. The top menu includes Home, Electronic Billing, Tools, and Support. A toolbar contains icons for Home, Print, Close, Save, Copy, Paste, Cut, Select All, Find, Patient, Claim, Payment, Task, Statement, Payer, Physician Facility, Libraries, EDI Reports, Reminders, Review Incoming, Help Topics, and Ticket. The main workspace features a workflow diagram with nodes for Create Patient, Edit Patient, Create Claim, Print Claims, Patient Statements, Enter Payment, Send Claims, and View EDI Reports. A 'Batch Status' window is open, showing a table of claim processing data.

Exported Date / Time	File Name	Func. Group Number	Original Claim Count	Acknowledgement
09/06/2022 3:52 PM	220906_13520581		38	1 Accepted
09/09/2022 3:52 PM	220909_13520347		39	1 Accepted
09/12/2022 1:32 PM	220912_11320374		40	5 Accepted
10/10/2022 3:57 PM	221010_13571943		41	2 Accepted
10/10/2022 4:00 PM	221010_14002409		42	1 Accepted
10/11/2022 2:00 PM	221011_12002540		43	1 Accepted
10/18/2022 4:46 PM	221018_14454470		44	2 Accepted
11/08/2022 7:27 PM	221108_17271919		45	31

- EZClaim: Create patient profile, create claim, send claim, track payments, reporting features.
- Data tracking: EZClaim is our source of truth for what has been billed and what is outstanding.

COMMUNICATION

- » MCP: Regularly scheduled meetings with Partnership to resolve billing road bumps
- » Clients & Referral Partners: Receiving medical referrals and ROIs to communicate with health care providers
- » Internal Dashboards: Transparency across departments to show progress

COMMUNICATION

Internal Dashboards

Active Clients Eligible for CS

159

[View Report \(Eligibility Report, ACTIVE_CS\)](#)

Number of TARs

Total Cnt of TARs

72

[View Report \(TARS Status_draft\)](#)

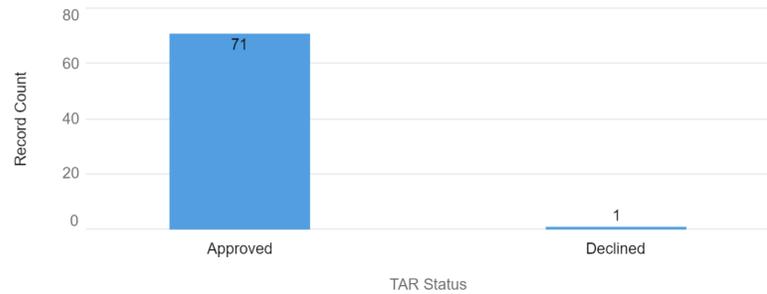
Claim Count by Claim Status

Data is based on the Claim Start Date



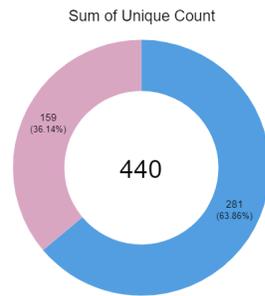
[View Report \(TARS Status_draft\)](#)

TARS STATUS



[View Report \(TARS Status_groupbyTars\)](#)

% of Active Clients Eligible for CS



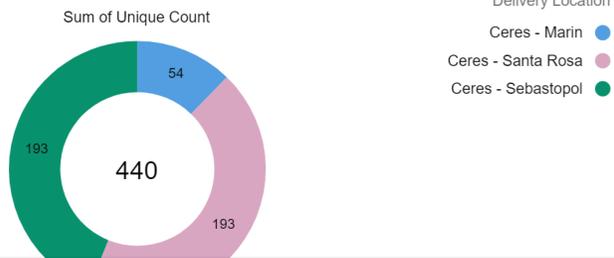
Community Supports Eligible

false

true

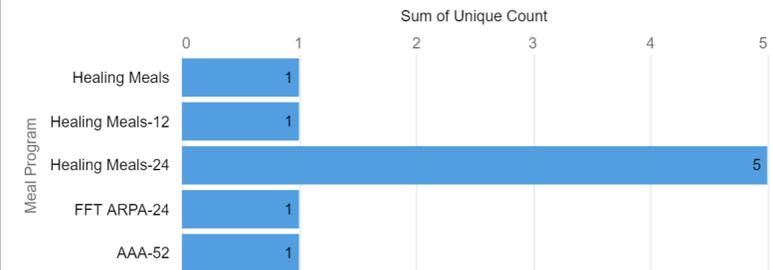
[View Report \(Copy of ACTIVE CLIENTS\)](#)

ACTIVE CLIENTS



Number of Clients Served by CS

For Calendar Year 2022



[View Report \(Meal value for PHC delivery__Grpby_Meal\)](#)

Number of PHC Clients with Delivered Meals

Completed Deliveries

TARs to Review

Number of Clients

SCALING SERVICES

- » Establishing more efficient workflows to allow for scaling
- » Clear guidance on who is eligible for additional 12 weeks
- » Technology Solutions
- » Referral Relationships & Outreach to increase clients reached

REFLECTIONS

» Challenges:

- Balancing the need to scale while still developing workflows, technology, and tracking systems
- Adopting “health care” workflows when we are not a health care provider, e.g. medical justifications for extensions
- Technology know-how, many requirements outside of our bandwidth or in-house capacity

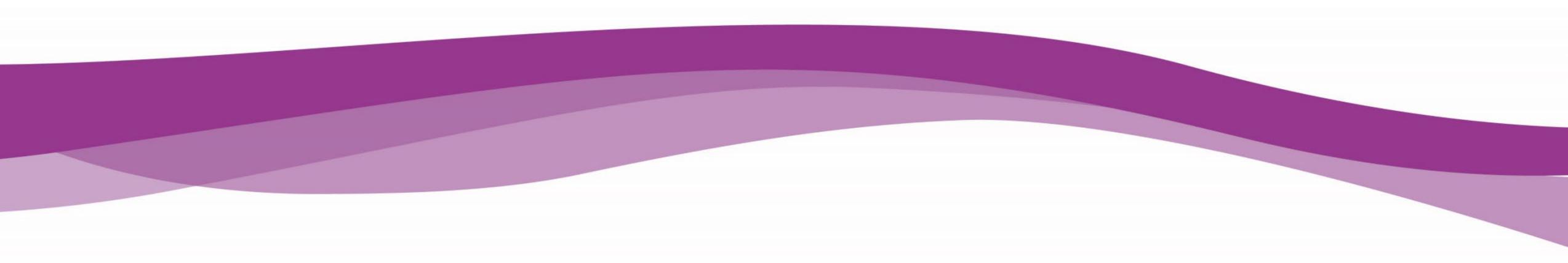
» Victories:

- Claims being paid!
- Currently serving about 80 clients
- Relationship with Partnership Healthplan

» The Future?

- Expanding geography to serve more individuals in need
- Enhancing our ability to collect and analyze health impact and changes

Support for Implementing Data & Reporting Standards



How CalAIM Is Helping Build Capacity for ECM and Community Supports



Incentive Payment Program (IPP)

- IPP is a **voluntary incentive program** intended to support the **implementation and expansion of ECM and Community Supports** by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b).

Enhanced Care Management (ECM) / Community Supports (CS)

PATH and IPP funding will complement and not duplicate one another.



Providing Access & Transforming Health (PATH)

- PATH is a five-year, \$1.85 billion initiative included in the **CalAIM 1115 waiver**.
- PATH provides resources for community providers to **build capacity and infrastructure** to successfully **deliver ECM and Community Supports**.

CaAIM Incentive Payment Program

The CaAIM Incentive Payment Program (IPP) is a voluntary program designed to support the implementation and expansion of ECM and Community Supports statewide by incentivizing managed care plans (MCPs) to invest in priority activities.

Eligible entities include:

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers**

Flow of funds

- Funding will flow directly from DHCS to MCPs upon achieving set milestones
- MCPs are encouraged to share funding with providers to strengthen networks

Priority activities for IPP include:

Delivery System Infrastructure

Support core ECM, and Community Supports provider HIT and required data exchange infrastructure

ECM Provider Capacity Building

Support ECM workforce, training, TA, workflow development, operational requirements and oversight

Community Supports Provider Capacity Building & MCP Take-Up

Support Community Supports workforce, training, TA, workflow development, operational requirements, take-up and oversight

IPP has distributed \$300 million to MCPs to help plans implement and expand Community Supports and ECM.

CalAIM Providing Access & Transforming Health

Providing Access and Transforming Health (PATH) is a five-year, \$1.85 billion initiative to build up the capacity and infrastructure to implement CalAIM.

Eligible entities include:

- Counties, former WPC Lead Entities, providers (including ECM and Community Supports providers), CBOs, Tribes, others
- MCPs are not permitted to receive PATH funding for infrastructure, capacity or services

Flow of funds

- Entities will apply for funding which will flow directly from DHCS or the TPA to awarded applicants

Note: PATH funding is subject to key guardrails (e.g., cannot duplicate or supplant, regular progress reporting, alignment with MCPs)

Collaborative Planning and Implementation Initiative

- Support planning to promote readiness for ECM and Community Supports
- Expected to launch Fall 2022

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

- Grants to build ECM and Community Supports provider capacity and infrastructure
- Round 1 applications have closed

Technical Assistance (TA) Marketplace Initiative

- TA for providers, community-based organizations, county agencies, public hospitals, tribal partners, and others
- Launches in 2023



Additional Questions



If you have a question that wasn't addressed during this webinar, please send it to: CalAIMECMILOS@dhcs.ca.gov



**ECM and Community Supports:
Data Sharing Office Hours
December 1st
2:00-3:00 pm PT
[Registration Link](#)**

Additional CalAIM Webinars in 2022

**ECM and Community
Supports:
Office Hours for New Counties**
November 17th
2:00-3:00 pm PT
[Registration Link](#)

**ECM and Community Supports:
Data Sharing Office Hours**
December 1st
2:00-3:00 pm PT
[Registration Link](#)

**Community Supports
Spotlight: Community
Supports and Pediatric
Populations**
December 8th
1:30-3:00 pm PT
[Registration Link](#)

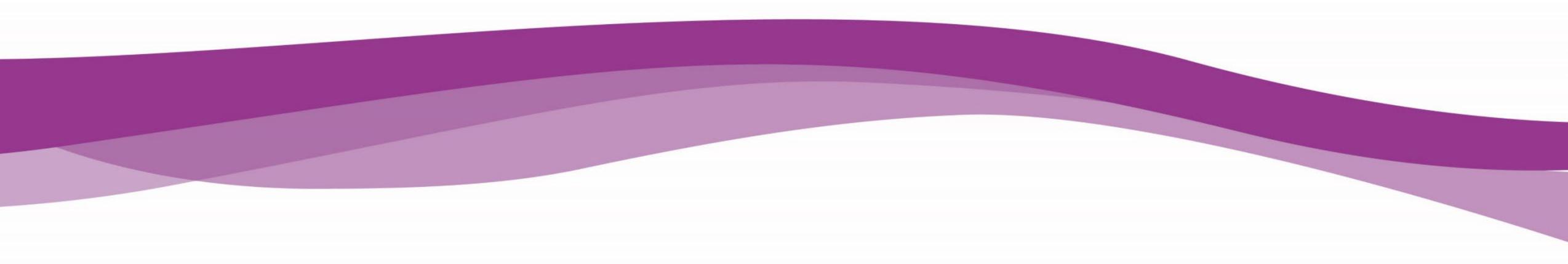
**ECM and Community Supports:
2022 in Review Webinar**
December 15th
1:30-3:00 pm PT
[Registration Link](#)

Review DHCS Resources & Materials for Providers

- » Learn more about ECM & Community Supports:
 - Policy Guides: [ECM](#) & [Community Supports](#)
 - [FAQs](#)
 - Fact Sheets: [ECM](#) & [Community Supports](#)
 - [ECM Key Design Implementation Decisions](#)
- » Review ECM & Community Supports guidance documents:
 - [Billing & Invoicing Guide](#)
 - [Coding Options](#)
 - [Community Supports Pricing Guide \(Non-Binding\)](#)
 - [Data Guidance for Member-Level Information Sharing](#)
 - [Contract Template Provisions](#)
 - [Standard Provider Terms & Conditions](#)



Thank You

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