

CalAIM Enhanced Care Management & Community Supports Office Hours

Implementation in “New” Counties



November 17, 2022

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.

Welcome to Office Hours

“Office Hours” are a Q&A discussion with DHCS leaders and stakeholders implementing CalAIM focused on a specific implementation topic.

Today's Topic: CalAIM in “New” Counties

- » **Introductions**
- » **How to Ask Questions**
- » **Overview of CalAIM – and Understanding the Role of Whole Person Care and Health Homes Programs in 2022 Implementation**
- » **Q&A Discussion**

Today's Panelists

DHCS

Aita Romain

Dr. Shaw Natsui

Quality and Population Health Management Division

Neha Shergill

Michelle Wong

Tyler Brennan

Managed Care Quality and Monitoring Division

Featured Panelists

CommuniCare

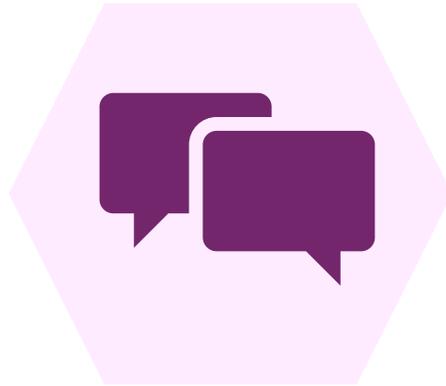
- Dr. Suzanne Eidson-Ton, *Chief Medical Officer*
- Maira Fernandez, *ECM Manager*

Good Samaritan Shelter

- Sylvia Barnard, *Executive Director*

Today's Questions

Questions from today's session were sourced from previous webinar Q&A and questions submitted via email or the sessions' registration page.



Use the meeting chat

- » Ask questions
- » Share your own experiences



Get in line to ask a question

- » Use "Raise Hand" in Zoom to get in the line to ask a question
- » Facilitators will call on people in the line and take them off mute so they can ask a question

Today's Questions

Raising Your Hand to Ask a Question



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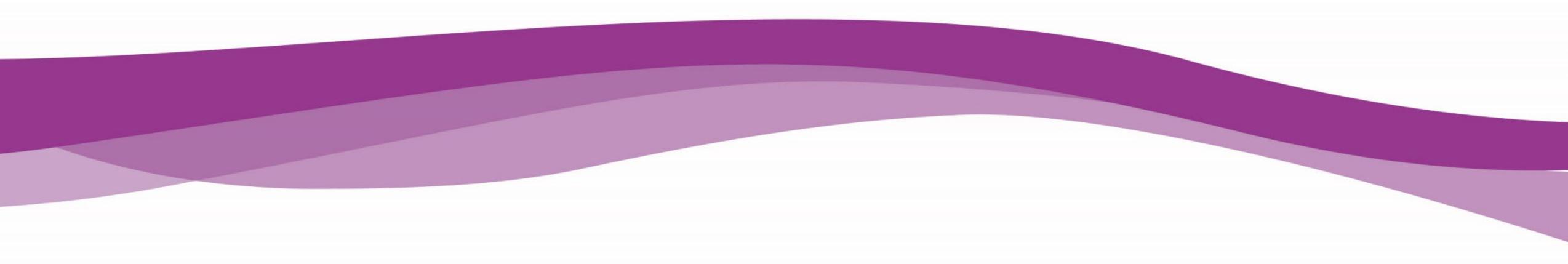
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Overview of CalAIM, ECM, and Community Supports

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

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.

Key CalAIM Components: Enhanced Care Management 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 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*

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
- » Different MCPs offer different combinations of Community Supports
- » MCPs must follow the DHCS standard Community Supports 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

What Are 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 (Medical Respite)
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 (Home Modifications)
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

Understanding Whole Person Care (WPC) and Health Homes Program's (HHP) Role in Informing CalAIM

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Whole Person Care (WPC) & the Health Homes Program (HHP)

The design and implementation of CalAIM was informed by two key DHCS programs.

Whole Person Care (WPC)

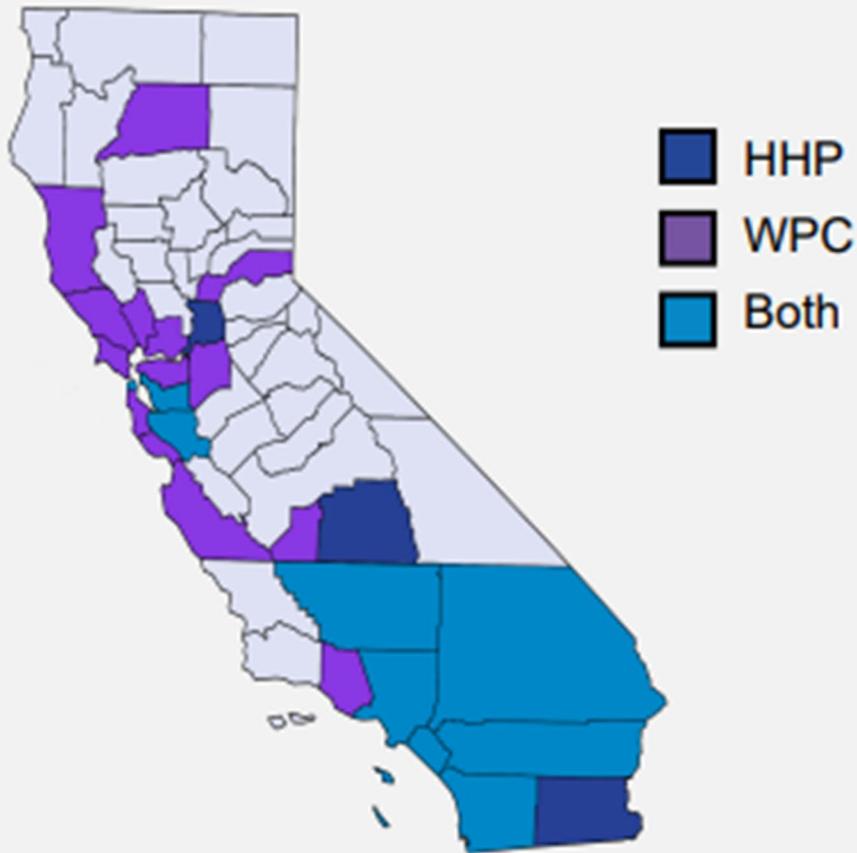
In 2015, DHCS launched the Whole Person Care (WPC) Pilots as part of its Medi-Cal 2020 Section 1115 Demonstration. WPC Pilots have tested patient-centered interventions to coordinate physical, behavioral and social services, such as housing. 23 counties participated in the WPC program.

Home Health Program (HHP)

In 2018, DHCS launched the Health Homes Program (HHP). The HHP serves eligible Medi-Cal managed care plan Members with complex medical needs and chronic conditions who may benefit from intensive care management and coordination. HHP was administered by 17 health plans across 12 counties.

Which Counties Had WPC/HHP Programs?

More than 50% of the state's population resides in counties that had WPC and/or HHP.



HHP

- Imperial County
- Tulare County

HHP and WPC

- Alameda County
- Kern County
- Los Angeles County
- Orange County
- Riverside County
- Sacramento County
- San Bernardino County
- San Diego County
- San Francisco County
- Santa Clara County

WPC

- Contra Costa County
- Kings County
- Marin County
- Mendocino County
- Monterey County
- Napa County
- Placer County
- San Joaquin County
- San Mateo County
- Santa Cruz County
- Shasta County
- Sonoma County
- Ventura County

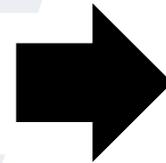
CalAIM Program Design and Implementation Was Informed by WPC, HHP

Whole Person Care Pilots (WPC)

- Limited pilot program supported by Section 1115
- Coverage and delivery system agnostic (Medicaid Managed Care, Fee For Service, or uninsured); no requirements for interfacing with managed care plans (MCPs)
- Administered by county based "Local Entities"

Health Homes Program (HHP)

- Benefit (State Plan service) in select counties
- Medi-Cal Managed Care members only
- MCP administered with care management contracted out to providers



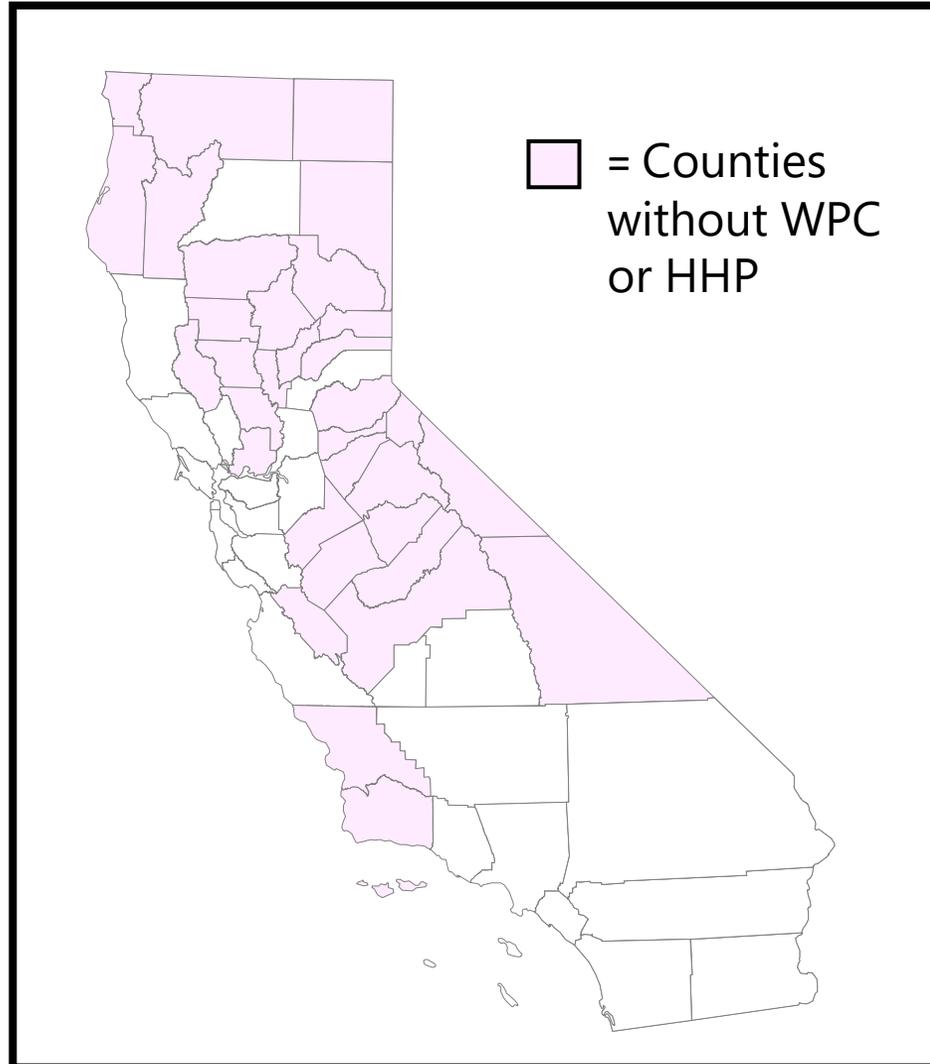
Enhanced Care Management

- Care coordination as a MCP contract requirement
- Medi-Cal Managed Care members only
- MCP administered with care management delivered through community providers

Community Supports

- Optional services, but strongly encouraged
- Medi-Cal Managed Care members only
- MCP administered with services delivered through community providers and integrated with ECM

ECM Went Live First In Counties With HHP, WPC



- » ECM went live for some populations of focus on January 1, 2022 in the **25 counties** that had previously participated in Whole Person Care and/or Health Home Program.
 - » Approximately 95,000 Medi-Cal members were eligible for and automatically transitioned into ECM in January from the previous programs.
- » ECM went live statewide, for the active populations of focus in the remaining **33 counties** on July 1, 2022



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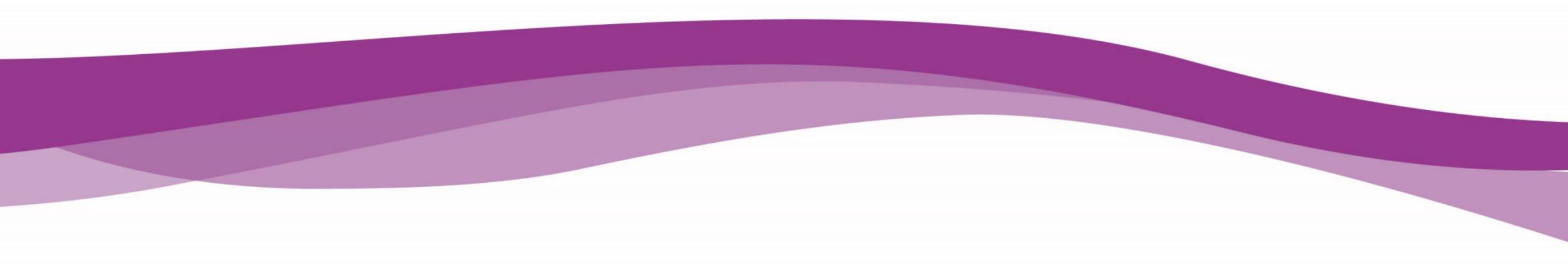
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**Thank You For Joining Today's
Office Hours Discussion**

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Additional CalAIM Webinars in 2022

**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](#)

DHCS Resources & Materials for Providers

- » Learn more about ECM & Community Supports:
 - [Policy Guide](#)
 - [FAQs](#)
 - Fact Sheets: [ECM](#) & [Community Supports](#)
 - [ECM Key Design Implementation Decisions](#)
 - [Community Supports MOC Template](#)
 - [ECM MOC Template](#)
- » 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](#)

