



# California Advancing and Innovating Medi-Cal (CalAIM)

*Transition from the Health Homes Program (HHP) & Whole Person Care (WPC) Pilots to Enhanced Care Management (ECM) and Community Supports (ILOS)*

September 21, 2021



# Agenda

- Welcome & Purpose of the Webinar
- Community Supports Rebranding Update
- Review Current and Future State
- WPC/HHP Transition to ECM & Community Supports
  - WPC Transition
  - HHP Transition
  - Health Plan Contracting Requirements
- ECM Rates Update
- Q&A



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## **WPC Pilots and HHP are Ending on Dec. 31, 2021**

*The purpose of today's All-Comer webinar is to discuss the transition from WPC Pilots and HHP to ECM and Community Supports.*

*There will be time reserved at the end for Q&A.*



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## Community Supports

- DHCS is “rebranding” the menu of 14 In Lieu of Services being launched on 1/1/22 as

### ***“Community Supports”***

- In order to:
  - Better describe that these important services address the social drivers of health.
  - Communicate the value of these services more plainly.



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## Current 1115 Waiver Programs Ending on Dec 31, 2021

### Whole Person Care (WPC) Pilots

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 WPC Pilots currently participate in the program.

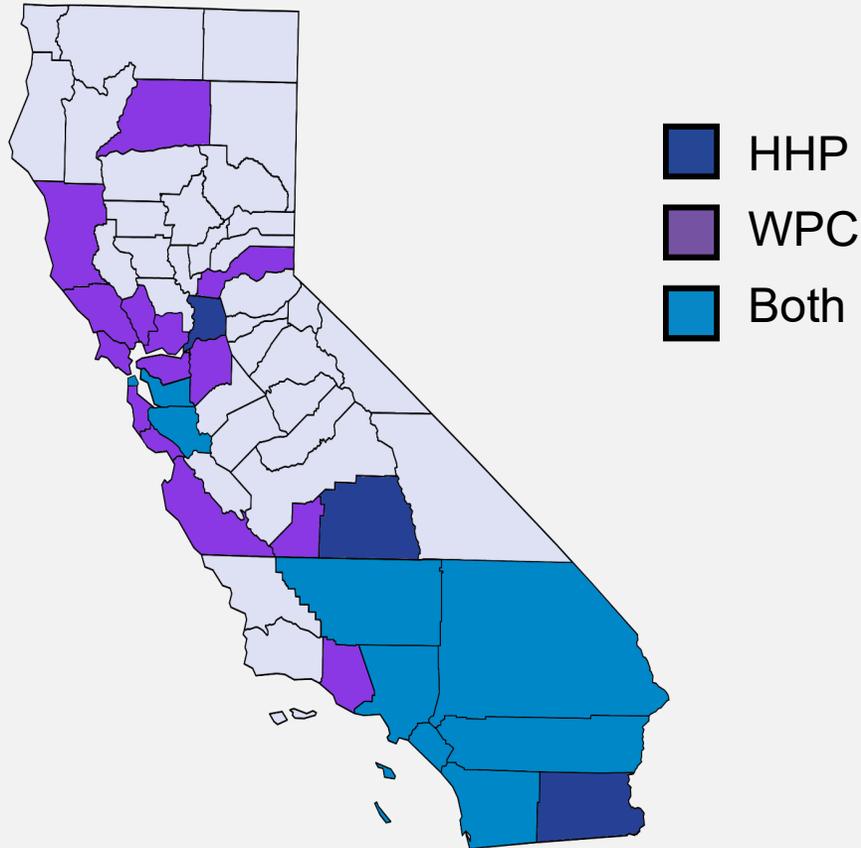
### Health Homes Program (HHP)

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 is administered by 17 Health Plans across 12 counties.



# Counties Currently Participating in the WPC and 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

More than 50% of the state's population are in the HHP/WPC Pilot Counties.



# Early Results from WPC and HHP Directly Influenced CalAIM Initiatives Design

## WPC Pilot Outcomes<sup>1</sup>:

- WPC enrollees' **ED visit rate decreased** from 214 to 181 visits per 1,000;
- WPC enrollees' **inpatient utilization rate** decreased from 75 to 59 visits per 1,000 members;
- Justice-involved individuals experienced a **29 percentage point increase** (36% to 65%) in **controlling of their blood pressure**.

## HHP Outcomes<sup>2</sup>:

- HHP enrollees' **ED visit rate decreased** significantly from 404 to 285 visits per 1,000 members;
- HHP enrollees' **inpatient utilization rate decreased** significantly from 134 to 91 visits per 1,000 members after one year of HHP;
- The rate of initiation and engagement of **Alcohol and Other Drug Abuse or Dependence Treatment** **increased** significantly for HHP enrollees from 45% to 55%.

1) Interim Evaluation of CA's WPC Pilot Program: <https://healthpolicy.ucla.edu/publications/Documents/PDF/2020/wholepersoncare-report-jan2020.pdf>;

2) First Interim Evaluation of CA's Health Home Program: <https://healthpolicy.ucla.edu/publications/Documents/PDF/2020/First-Interim-Evaluation-CA-HHP-Report-sep2020.pdf>



## DHCS' Vision for ECM and Community Supports (ILOS)

- Build on both the design and the learning from the WPC Pilots and the HHP.
- **Move beyond county pilots to standardized, statewide implementation of community-based care management and coordination spanning across physical health, mental health and social services.**
- Integrate the work into the Medi-Cal Managed Care delivery system.
- Keep the interventions community based by setting requirements on plans to contract with community-based providers and community-based organizations (CBOs) for both ECM and Community Supports.



## Transition from Current State to 2022

**ECM and Community Supports will replace both WPC and HHP beginning on January 1, 2022, with the initiatives scaling up to eventually form a statewide care management approach.**

### Enhanced Care Management

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.



# How Services will Fit Together for Medi-Cal Managed Care Plan Members

## CURRENT STATE

### WPC

- Limited Pilot program supported across delivery systems (Medi-Cal Managed Care, Fee-For-Service or uninsured)
- Administered by county based “Local Entities”

### HHP

- Benefit (state plan service) in select counties
- Medi-Cal managed care Members only
- Health plan administered with care management contracted out to providers

## FUTURE STATE

### ECM

- Care coordination as a new Managed Care benefit
- Medi-Cal managed care plan Members only
- Health plan administered with care management delivered through community providers

### Community Supports:

- Optional services, but strongly encouraged
- Medi-Cal managed care plan members only
- Health plan administered with services delivered through community providers and integrated with ECM





# Enhanced Care Management

## ECM 101:

- ECM is a whole-person approach to **comprehensive care management** that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care Members.
- ECM will be interdisciplinary, high-touch, person-centered and **provided primarily through in-person interactions** with Members where they live, seek care or prefer to access services.
- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical and behavioral health delivery systems**.
- Every Medi-Cal managed care Member enrolled in ECM will have **a dedicated care manager**.
- It will be available to **Medi-Cal managed care Members who meet ECM "Population of Focus" definitions; Members may opt out at anytime**.



# ECM Populations of Focus

ECM go-live will occur in stages, by Population of Focus

Populations of Focus	Go-Live Timing
<ol style="list-style-type: none"><li>1. Individuals and Families Experiencing Homelessness</li><li>2. Adult High Utilizers</li><li>3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)</li></ol>	<b>January 2022</b> (WPC/HH counties); <b>July 2022</b> (all other counties)
<ol style="list-style-type: none"><li>4. Incarcerated and Transitioning to the Community</li><li>5. At Risk for Institutionalization and Eligible for LTC</li><li>6. Nursing Facility Residents Transitioning to the Community</li></ol>	<b>January 2023</b> (All Health Plans)
<ol style="list-style-type: none"><li>7. Children / Youth Populations of Focus</li></ol>	<b>July 2023</b> (All Health Plans)

**Note: This timeline is simplified.**  
Stakeholders in WPC Counties should refer [here](#) for more detailed timelines.



# Community Supports (ILOS)

## Community Supports 101:

- Community Supports are medically appropriate and cost-effective **alternatives to services/settings covered under the State Plan.**
- DHCS has selected **14 pre-approved Community Supports** that it determined are medically appropriate and cost-effective alternatives to services/settings covered under the State Plan.
- Community Supports are **optional** for **health plans to provide** and for **Medi-Cal managed care Members to receive.**
- **Health plans are strongly encouraged to offer all pre-approved Community Supports** to comprehensively address needs of Members.
- Health plans must evaluate the medical appropriateness and cost-effectiveness of a particular Community Support service as an alternative for a state plan service when determining whether to authorize that service for a Member.



# Pre-Approved Community Supports (ILOS)

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Recuperative Care (Medical Respite)
5. Short-Term Post-Hospitalization Housing
6. Day Habilitation Programs
7. Nursing Facility Transition to Assisted Living Facility
8. Community Transition Services
9. Personal Care and Homemaker Services
10. Environmental Accessibility Adaptions
11. Respite Services (for caregivers)
12. Medically Tailored Meals or Medically-Supportive Food
13. Sobering Centers
14. Asthma Remediation



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# WPC Transition Big Picture

**Most, but not all, service offerings or enrollees currently being served by the WPC Pilots will transition to ECM & Community Supports.**

- From January 2022, the ECM benefit and Community Supports will begin and will be available **only to Medi-Cal managed care Members** as part of a standardized, simplified set of services available under CalAIM.
  - Most WPC enrollees are Medi-Cal managed care Members and **will** automatically transition to ECM, Community Supports or a combination.
  - **Some** enrollees in the WPC Pilots will not transition to receiving ECM & Community Supports.
- **Most** WPC services are equivalent to ECM and Community Services and will continue, but some will end.
- Even if the WPC service ends, support will be available transitioning.



# DHCS' WPC Transition to ECM Expectations

## ECM

Health plans **must** automatically authorize ECM for all their Members enrolled in a Whole Person Care (WPC) Pilot who are identified as receiving care coordination services in the WPC Pilot.



# WPC Transition to Community Supports (ILOS) Expectations

## Community Supports (ILOS)

Health plans in WPC Counties are strongly encouraged to offer all Community Supports that correspond to current WPC services. Health plans have already begun to provide information to DHCS on their intentions for offering 2022 Community Supports and DHCS is monitoring these decisions closely.

Medi-Cal managed care Members who are identified by the WPC Pilot Lead Entities as receiving the Pilot services that correspond to Community Supports will be eligible to receive those Community Supports, provided they are offered by their health plans.



# Notifying WPC Enrollees and Communities about the Transition: Roles and Responsibilities

## WPC Pilots

- **Must notify all WPC enrollees about the transition**, regardless of whether they are transitioning into the new services or not. Can **opt** to partner with in-county health plans to develop joint notices for applicable Managed Care Plan Members.
- Must also notify providers and the public.

## Health Plans

- Must notify their Medi-Cal managed care Member who are transitioning into the new services, prior to 1/1/22. Can **opt** to work with in-county **WPC LEs** on joint letters to each Member **or** send separate notices to their Members after Counties have completed notices.

## DHCS

- Has provided standardized Member Noticing Templates for WPC Pilots and health plans to tailor and use.
- Providing ongoing guidance to WPC Pilots and health plans.



# Engaging Enrollees around the Notifications

- **WPC Pilots should integrate noticing during the course of care whenever possible.**
- **All WPC transition enrollee noticing must be complete by December 1.**
- **Strongly preferred**: Pilots provide enrollees with written notification **during a regular care encounter** prior to December 1.
  - The written notification should be passed by hand by the provider with an opportunity to discuss and answer questions as part of the encounter. Provider documents that the notification was passed.
- **Alternatives**: If reaching enrollees in-person will not be possible, WPC LEs must both:
  - Send the notice to each enrollee's last known address AND
  - Call each enrollee up to 5 times, or until successfully reaching them.



# WPC Transition Timeline

	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Q1 2022
	Release finalized Noticing Templates to WPC Lead Entities and health plans				 <b>12/31: WPC Pilots End</b>
<b>WPC Pilots</b>	<i>Support for data exchange, Technical Assistance &amp; Monitoring</i>				
		<b>By mid October:</b> Noticing period begins	<b>By 12/1:</b> Complete noticing for enrollees, public & participating entities		
<b>Health Plans</b>			<b>By 12/1:</b> Complete noticing for Members (if doing joint noticing)	<b>1/1 OR within 14 days of being notified:</b> Complete noticing for Members transitioning	
					<b>ECM and Community Supports live ECM and Community Supports live</b>



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# HHP Transition Big Picture

***All HHP Members will automatically transition to ECM, and many will also be eligible for Community Supports.***

- Health plans are required to automatically authorize all HHP Members for ECM and reassess within six months to determine if they still benefit from ECM-level care coordination.
- Health plans must also appropriately transition eligible HHP Members to applicable Community Supports that the health plan elects to offer.
- *Health plans are strongly encouraged to offer all Community Supports that correspond to HHP services.*



## HHP Transition to ECM Expectations

### **ECM Eligible Members:**

Health plans are required to automatically authorize all HHP Members for ECM.



# HHP Transition to Community Supports (ILOS) Expectations

## Community Supports (ILOS)

Health plans in HHP Counties are strongly encouraged to offer all health plan – selected Community Supports that correspond to the supports that have been available in HHP.



# HHP Transition Timeline

	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Q1 2022
	9/1: DHCS shared Member noticing template for HHP to ECM Transition and ECM New Benefit Notice template.				 <i>ECM and Community Supports live</i>
<b>Health Plans</b>	Support for Technical Assistance & Monitoring				
		10/1: MOC Part #3 due, including Member Noticing	By 12/1: <ul style="list-style-type: none"><li>MCPs <b>must</b> notify their Members of the transition to ECM and any CS.</li></ul>		





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# Health Plan Contracting Requirements

*Health plans are required to develop networks for ECM and Community Supports in ways that preserve critical infrastructure developed under HHP and WPC.*

1. ECM and Community Supports are community based services. Medi-Cal managed care Members receiving these services will have primarily in-person encounters with community based providers rather than telephonic encounters.
2. Health plans must establish contracts with providers and community based organizations (CBOs) to provide both ECM and Community Supports, starting with serving transitioning populations in early 2022. These networks are expected to grow and develop over time.
3. To maintain HHP and WPC infrastructure, health plans are specifically required to work towards contracts with **WPC Lead Entities (counties) & Community Based Care Management Entities (CB-CMEs)** as ECM & Community Supports Providers.



# ECM Provider Requirements

## ECM Providers

- Community based entities, with experience and expertise providing intensive, in-person care management services to individuals in one or more of the populations of focus for ECM.
- Primary responsible entity for coordinating care across multiple medical, behavioral, and social service systems.
- Must designate a Lead Care Manager for each Member receiving ECM.
- Contract with health plans and must meet specific contractual requirements and demonstrate certain capabilities related to care models, billing, and data sharing.



# ECM Provider Examples

## ECM Providers

Examples of the types of ECM providers Medi-Cal health plans may choose to contract with, include but are not limited to:

- County agencies;
- Federally qualified health centers;
- Primary care providers;
- Behavioral health entities;
- Community and rural health clinics;
- Community mental health centers;
- Organizations serving individuals experiencing homelessness or justice-involved individuals.



# Community Supports (ILOS) Provider Requirements

## Community Supports (ILOS) Providers

- Deliver critical medical and social services, such as housing navigation, recuperative care, medically-tailored meals, or community transitions, which are not typically funded by Medi-Cal.
- Contract with health plans as the primary responsible entity for delivering select medically appropriate alternatives to more costly state plan services. Subcontract with other entities as appropriate.
- Must meet certain contractual requirements, such as those related to care models, billing, and data sharing.



# Community Supports (ILOS) Provider Examples

## Community Supports (ILOS) Providers

Examples of the types of providers Medi-Cal health plans may choose to contract with, include but are not limited to:

- Social services agencies;
- Life skills training and education providers;
- Home health or respite agencies;
- Home delivered meals providers;
- Affordable housing and supportive housing providers;
- Sobering centers.



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## CY 2022 ECM Final Rates

- Final plan-specific ECM rates for Calendar Year 2022 and high-level rate assumptions were shared with health plans on September 8, 2021.
  - *PMPM rates are different across plans/counties.*
  - *ECM provider reimbursements will depend on health plan/provider negotiations. DHCS is not directing health plans what or how to compensate providers for ECM.*
  - *Adhering to DHCS' normal process, the ECM component of the total health plan rates will not be posted.*
- **DHCS expects ECM Providers and health plans will finalize contracting discussions for Model of Care Part 3 submission, which is due on October 1, 2021.**



# ECM and Community Supports Rates

- Health plans are not required to “make WPC pilots whole” financially.
- DHCS is also investing in capacity building and infrastructure to facilitate WPC Pilot/HHP transition:
  - A **performance incentive program** for health plans.
  - Pending CMS approval, funding in the CalAIM 1115 waiver to support delivery system reform through an initiative known as “**Providing Access and Transforming Health (PATH) Supports**”<sup>1</sup>.
  - **Shared risk/savings models** to incentivize health plans to fully engage in ECM, Community Supports, and the statewide carve-in of long-term care (LTC) in future years.



## More Resources

- *DHCS ECM and Community Supports Website:*  
<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>
- *Mailbox for questions:* [CaAIMECMILOS@dhcs.ca.gov](mailto:CaAIMECMILOS@dhcs.ca.gov)



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