Enhanced Care Management and In Lieu of Services CalAIM Workgroup

November 20, 2019

Agenda

10:00 – 10:05	Welcome and Introductions
10:05 – 10:15	DHCS Overview of CalAIM Goals and Workgroup Charter
10:15 – 12:00	Overview of Enhanced Care Management and In Lieu of Services Review Case Study Examples
12:00 – 1:00	Break for Lunch
1:00 – 1:45	Presentation from LA County
1:45 – 2:15	Presentation from Partnership Health
2:15 – 2:45	Discuss Workgroup Focus Questions and Expected Deliverables; Discuss Future Meeting Approach And Workgroup Suggestions
2:45 – 2:55	Public Comment
2:55 – 3:00	Closing and Next Steps

Welcome and Introductions

CalAIM Overview

DHCS has developed a comprehensive and ambitious framework for the upcoming waiver renewals that encompasses a broader delivery system, and program and payment reform across the Medi-Cal program, called CalAIM: California Advancing and Innovating Medi-Cal.

Includes initiatives and reforms for:

- Medi-Cal Managed Care
- Behavioral Health
- Dental
- Other County Programs and Services

CalAIM Goals

CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

CalAIM Overview

Advances several key priorities of the Newsom Administration by leveraging Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as:

- homelessness,
- increasing behavioral health care access,
- children with complex medical conditions,
- growing number of justice-involved populations who have significant clinical needs, and
- growing aging population.

Workgroup Objectives

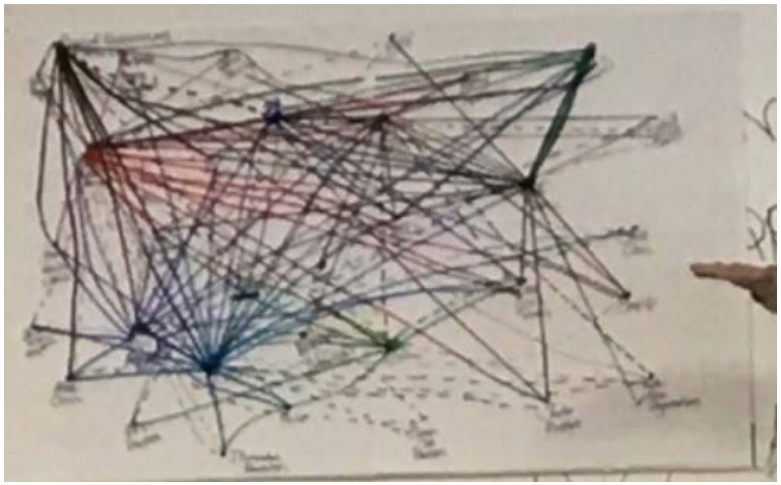
The objective of the enhanced care management and in lieu of services workgroup is to:

- Discuss opportunities and challenges around implementing a statewide enhanced care management benefit and in lieu of services
- Provide feedback on proposed enhanced care management target populations
- Provide feedback on a menu of proposed in lieu of services, as well as beneficiary eligibility criteria, provider types, and any proposed restrictions or limitations on in lieu of services
- Provide feedback on mandatory Medi-Cal application process upon release from jail
- Discuss plan incentives linked to delivery system reform through an investment in enhanced care management and in lieu of services

Overview of Enhanced Care Management and In Lieu of Services

Framing the Issue

Depending on the needs of the beneficiary, some may need to access six or more separate delivery systems. As one would expect, need for care coordination increases with greater system fragmentation, greater clinical complexity, and/or decreased patient capacity for coordinating their own care.



Framing the Issue

Current requirements for care coordination in Medi-Cal Managed Care Plan Contract and All Plan Letters include:

- Utilization management, continuity of care, complex case management, discharge planning and authorizations standards
- Preventive services
- Disease management and condition-specific standards of care
- Person-centered planning
- Identify health education and cultural linguistic needs
- Required assessments/screenings
- Required referral types and mandated Memorandum of Understanding (MOU) with other delivery systems (e.g. mental health, California Children's Services (CCS), regional centers)
- Coordination of carved-out and linked services, and referral to appropriate community resources and other agencies
- Health Homes Program requirements

CalAIM Population Health Management Proposal

DHCS proposes that Medi-Cal managed care plans shall develop and maintain a patient-centered population health strategy, which is a cohesive plan of action for addressing member needs across the continuum of care based on data driven risk stratification, predictive analytics, and standardized assessment processes.

The plan shall include, at a minimum, a description of how it will:

- Keep all members healthy by focusing on preventive and wellness services;
- Identify and assess member risks and needs on an ongoing basis;
- Manage member safety and outcomes during transitions, across delivery systems or settings, through effective care coordination; and
- Identify and mitigate social determinants of health and reduce health disparities or inequities.

CalAIM Population Health Management Proposal

The population health management proposal provides information on the following topics:

- Initial Risk Assessment
- Risk Stratification
- Provider Referrals
- Actions to Address Risk and Need
  - Wellness and Prevention
  - Managing Members with Emerging Risks
  - Case Management
  - In Lieu of Services
  - Coordination between Plans and External Partners
  - Transitional Services
  - Skilled Nursing Facility Coordination
- Plan Oversight and Health Information Technology Support

Enhanced Care Management

DHCS is proposing the implementation of a statewide enhanced care management benefit within Medi-Cal managed care.

Enhanced care management provides a whole-person, collaborative and interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Medi-Cal beneficiaries enrolled in managed care

Enhanced Care Management

The proposed enhanced care management benefit will replace the current Health Homes Program and elements of the Whole Person Care pilots, building on positive outcomes from those programs over the past several years.

Enhanced Care Management

The overarching goals for enhanced care management are:

- Improving care coordination;
- Integrating services;
- Facilitating community resources;
- Improving health outcomes;
- Addressing social determinants of health; and
- Decreasing inappropriate utilization

Enhanced Care Management

Enhanced care management services will be administered by the Medi-Cal managed care plans, who will have direct responsibility for establishing enhanced care management programs and criteria for their members and contracting with public and private providers to deliver such services. Services will be:

- Extend beyond standard case management, care coordination and disease management activities
- Person-centered, goal-oriented and culturally relevant
- Meet the clinical and non-clinical needs of the beneficiary
- Provided at a level dictated by the complexity and required needs of the member
- High-touch, on-the-ground and face-to-face with frequent member contact
- Integrated with other care coordination processes and functions and assumes primary responsibility for all primary, acute, behavioral, developmental, oral, and long-term services and supports, regardless of setting

Enhanced Care Management

Services include:

- Helping beneficiaries navigate, connect to and communicate with providers and social service systems;
- Coaching beneficiaries on how to monitor their health, and identify and access helpful resources;
- Identifying and coordinating in lieu of services;
- Helping beneficiaries move safely and easily between different care settings and reducing avoidable hospital admissions and readmissions;
- Educating beneficiaries and their family/support system about their conditions to improve treatment adherence and medication management; and
- Providing referrals to community and social services and follow-up to help ensure that beneficiaries are connected to the services they need

Enhanced Care Management

Medi-Cal managed care plans would be responsible for determining the model of care, will have strong oversight and will perform regular auditing and monitoring activities to ensure that all requirements are met by contracted providers.

If a plan proposed to keep some level of enhanced care management in-house instead of contracting with direct providers, the plan will need to demonstrate to the State that their program is community based and such plan component would be subject to both medical and financial audits.

Targeted Case Management

Due to duplication of services and target populations and concerns from CMS regarding duplication of federal funding, DHCS will no longer allow participating Local Governmental Agencies to provide Targeted Case Management to Medi-Cal beneficiaries enrolled in managed care after January 1, 2021.

Additional Information

See the proposal for more details, Appendix B for which counties currently participate in the Targeted Case Management program and the supplemental document with Targeted Case Management count and percent by delivery system per county.

Enhanced Care Management

By January 1, 2021, all Medi-Cal managed care plans will need to submit to DHCS a Model of Care proposal and complete readiness for the following mandatory target populations:

- High utilizers with frequent hospital or emergency room visits/admissions;
- Individuals at risk for institutionalization with Serious Mental Illness, children with Serious Emotional Disturbance or Substance Use Disorder with co-occurring chronic health conditions;
- Individuals at risk for institutionalization, eligible for long-term care;
- Nursing facility residents who want to transition to the community;
- Children or youth with complex physical, behavioral, developmental and oral health needs (i.e. California Children Services, foster care, youth with Clinical High Risk syndrome or first episode of psychosis); and
- Individuals experiencing homelessness, chronic homelessness or at risk of becoming homeless.

Enhanced Care Management

By January 1, 2023, all Medi-Cal managed care plans would need to submit a model of care proposal for reentry of individuals transitioning from incarceration.

- Reentry transitions involve working closely with corrections departments, including probation, courts and the local county jail system to ensure connections to care once individuals are released from incarceration.
- DHCS is also looking to leverage H.R. 6 SUPPORT Act to begin providing enhanced care management for individuals exiting from incarceration with known medical and behavioral health needs 30 days prior to release.
- Lastly, these efforts will support the scaling of diversion efforts aimed at keeping some of the most acute and vulnerable individuals with serious medical or behavioral health conditions out of jail/prison and in their communities.

Enhanced Care Management

Provider types include, but are not limited to:

- Whole Person Care providers
- Health Homes providers
- Local Governmental Agencies
- Counties (public health, social services, mental health or substance use)
- Public Hospital and Health Systems
- Primary or specialty care providers/clinics
- Federally Qualified Health Centers/Rural Health Clinics/Indian Health Providers/Community Clinics
- Community-based organizations
- Behavioral health providers

Transition Plan

Since DHCS is looking to build on the infrastructure from the Health Homes Program, Whole Person Care pilots and Targeted Case Management, Medi-Cal managed care plans will be required to submit a transition plan to the State by July 1, 2020 demonstrating how they will transition such existing programs into their enhanced care management and in lieu of services programs.

Additional Information

See supplemental documents: WPC Entity ECM and ILOS Survey Results; and MCP ILOS Survey Results

Mandatory Medi-Cal Application & Behavioral Health Coordination

- DHCS is proposing to mandate all counties implement a county inmate pre-release Medi-Cal application process by January 1, 2022, which would include juvenile facilities.
- The goal of the proposal is to ensure the majority of county inmates/juveniles that are eligible for Medi-Cal and are in need of ongoing physical or behavioral health treatment, receive timely access to Medi-Cal services upon release from incarceration.
- Additionally, DHCS is proposing to mandate all counties implement warm-handoffs from county jail release to county behavioral health departments when the inmate was receiving behavioral health services while incarcerated to allow for continuation of behavioral health treatment in the community.

Committee Discussion

In Lieu of Services

The Whole Person Care pilots and Health Homes Program built a foundation for an integrated approach to coordinating medical care, behavioral health and social services to improve beneficiary health outcomes.

However, the implementation of these programs has varied across California and did not provide a statewide platform to comprehensively address the needs of beneficiaries with the most complex health challenges.

In Lieu of Services

"In lieu of services" are medically appropriate and cost-effective alternatives to State Plan services.

An in lieu of service can only be covered if:

- The State determines that the service is a medically appropriate and cost-effective substitute or setting for the State Plan service;
- The services are optional for beneficiaries; they are not required to use the in lieu of services; and
- The in lieu of services are authorized and identified in the State's Medi-Cal managed care plan contracts.

In Lieu of Services

- Medi-Cal managed care plans will integrate in lieu of services into their population health management plans – often in combination with the new enhanced care management benefit.
- In lieu of services may be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care.
- For example, in lieu of services might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays, and emergency department use.

In Lieu of Services

DHCS is proposing to cover the following distinct services as in lieu of service under Medi-Cal managed care. Details regarding each proposed set of services are provided in Appendix D of the CalAIM proposal.

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

In Lieu of Services

Each in lieu of services proposal provides:

- Description/Overview
- Eligibility
- Restrictions and Limitations
- Allowable Providers
- State Plan Services to be Avoided

DHCS is seeking input, edits, comments, or questions about all 13 in lieu of services by Monday, December 2, 2019.

Plan Incentive Payments

- DHCS is proposing to establish plan incentive payments linked to delivery system transformation through an investment in enhanced care management and in lieu of services infrastructure.
- The incentive payments would also be based on quality and performance improvements and reporting in areas such as care coordination, long-term services and supports and other cross-delivery system metrics.
- The purpose of incentive payments is to drive change all the way down to the provider level.
- Medi-Cal managed care plans would need to partner and share the incentive dollars with providers in the community, including our critical safety net systems such as Federally Qualified Health Centers, Rural Health Clinics, Indian Health Service clinics, public hospital systems, and county behavioral health systems and providers.

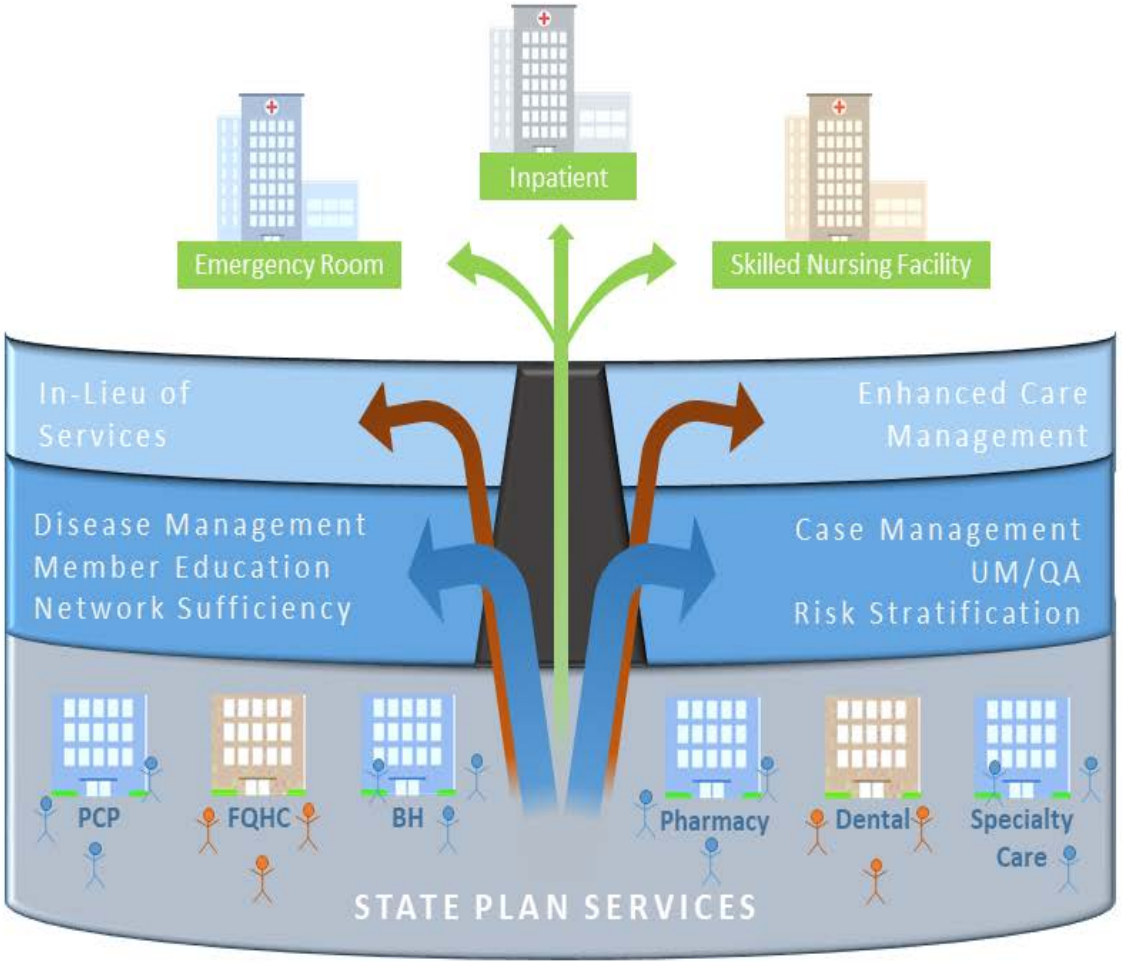
Incentive Payments

The proposed incentive payments are intended to:

- Build access to enhanced care management for medically complex children and adults to ensure they get their physical, behavioral, developmental and oral health needs met;
- Divert or transition beneficiaries from long-term institutional care to appropriate home and community-based alternatives, supported by the availability of in lieu of services and enhanced care management;
- Make the necessary infrastructure investments to support the goal of transitioning to an integrated long-term services and supports program by 2026;
- Build the necessary clinically-linked housing continuum for our homeless population;
- Provides the opportunity to better coordinate clinical and non-clinical services for justice-involved individuals prior to and upon release from incarceration; and
- Improve quality, performance measurement, and data reporting as a pathway toward realizing better health outcomes for Medi-Cal beneficiaries.

Committee Discussion

Case Study Review



Presentation by LA County

Committee Discussion

Presentation by Partnership Health Plan

Committee Discussion

Workgroup Focus Questions and Deliverables

Workgroup Expected Deliverables

- Policy recommendations based on workgroup focus questions
- Vet enhanced care management target populations and timelines
- Vet in lieu of services eligibility, services, and restrictions
- Vet enhanced care management model of care template and instructions for plans to complete
- Vet transition plan template and instructions for plans to complete

Workgroup Focus Questions

- WPC and health homes is not statewide, what is the expectation for plans in these areas on January 1, 2021?
- If a plan wants to provide some ECM services, what restrictions should be considered to ensure it meets the benefit requirements and is not phone based case management?
- What are the largest barriers of transitioning WPC and HHP to ECM? How do we proactively overcome such barriers?
- In non-COHS counties, should DHCS default plan enrollment to allow for better Medi-Cal managed care coordination prior to release from incarceration?
- Are we missing critical ILOS options?
- What is a reasonable limit for transition costs under the ILOS proposals?
- How should ECM and ILOS work in a delegated model?
- What is the best method of ECM and ILOS encounter data collection?
- If DHCS were to explore plan incentive payments, what delivery system reform or performance/quality measures should DHCS consider?

Future Meeting Planning

Future Workgroup Meeting Dates:

- Thursday, December 19th
- Wednesday, January 22nd
- Wednesday, February 19th

Other Important Dates

- Monday, February 10th - Managed Care Plan Convening on ECM and ILOS
- April 2020 - WPC Convening

Workgroup Feedback

- Hear from workgroup members what they would like to discuss at future meetings
- What additional information is needed to inform policy recommendations?

Public Comment

Please limit comments to 2 minutes

Closing and Next Steps

REMINDER: DHCS is seeking input, edits, comments, or questions about all 13 in lieu of services by Monday, December 2, 2019.

Next Meeting: Thursday, December 19th