CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING TRANSCRIPT

CALAIM JUSTICE-INVOLVED: CARE MANAGEMENT BUNDLES WEBINAR

Date: June 6, 2024

Time: 10:30 – 11:30 A.M.

Duration: One-Hour

Speakers:

- Ashley Delle
- Steven Chiginsky
- Brian Hansen

TRANSCRIPT:

Contents

VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Alice Keane – 00:00	Hello and welcome. My name is Alice, and I'm available to answer any technical questions. We encourage you to submit written questions at any time using the Q&A. Finally, during today's event, live closed captioning will be available. Please click on the CC button to enable or disable.
Slide 1	Alice Keane – 00:18	With that, I'd like to introduce Sydney Armendariz, Chief of the Justice-Involved Reentry Initiative branch.
Slide 1	Sydney Armendariz – 00:26	Good morning, thanks so much. Welcome to our Care Management Bundle Technical Assistance Webinar. We know that many of you have a lot of questions, and we hope to address many of your questions today.
Slide 1	Sydney Armendariz – 00:39	So today our teams will provide an overview of the five Care Management bundles developed by DHCS to support Medicaid billing and claiming for Care Management services provided under the Justice involved Reentry Initiative. So, from the Justice-Involved team, we have Ashley Delle, and from our Rates team we have Michelle Tamai, here to lead today's webinar. I'll go ahead and pass this off to Ashley Delle, thank you.
Slide 1	Ashley Delle – 01:08	Thank you, Sydney. Good morning, everyone.
Slide 1	Ashley Delle – 01:11	As Sydney mentioned, the purpose of this presentation is to provide an overview of the five care management bundles developed by DHCS. Towards the end of the presentation, there will be an opportunity to address some of the questions that you've submitted. For the questions that we are unable to provide a response for during the webinar, we will take those questions back and provide responses via email. You do not need to wait until the Q&A portion of the webinar to submit your questions. You can submit your questions throughout the presentation. And with that, I will begin today's webinar. Next slide, please.
Slide 2	Ashley Delle – 01:52	The pre-release services authorized under the Justice-Involved Initiative include the services listed on this slide. This includes physical and behavioral health, clinical consultation services, laboratory and radiology services, medications and medication administration, medications for substance use disorder, also known as MAT, and services provided by community health workers with lived experience and, of course, reentry care management services.
Slide 2	Ashley Delle – 02:26	Pre-release services are billed via fee-for-service through CA-MMIS. The pre-release services are a package deal, meaning that correctional facilities must develop processes to provide and support each of the services listed on this slide. DHCS worked extensively with stakeholders to develop definitions for each of the covered services. The full definitions can be found in our policy and operational guide in section 8.1. DHCS believes that these services will support a successful reentry into the community and will improve health outcomes for this population. For today's presentation, we'll be focusing on reentry care management services, and with that next slide, please.

VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Ashley Delle – 03:24	As mentioned previously, all pre-release services are billed fee for service through CA-MMIS, this includes care management. To help correctional facilities and in-reach providers more easily bill for care management DHCS developed five care management bundles. As you can see, the bundles are listed on the right-hand side of the slide here in that blue box.
Slide 3	Ashley Delle – 03:46	You have bundle one health risk assessment, bundle two care coordination, bundle three care manager warm handoff, bundle four reentry care plan, and bundle five post-transition support. Bundles one, two, and four will be billed by the pre-release care manager prior to an individual's release. If a warm handoff is required in circumstances where the pre-release care manager and post-release ECM provider are different, both the pre-release and post-release ECM provider will be able to bill bundle three.
Slide 3	Ashley Delle – 04:23	Bundle five was developed as a fail-safe, in the event that an individual's managed care plan enrollment is not immediately effectuated at the time of release. The ECM provider can bill bundle five in the 28 calendar days post-release until the managed care plan enrollment is effectuated. This ensures that the individuals are able to maintain continuity of care. Additional details on the bundles and their parameters can be found in the appendix of this slide deck. Next slide, please.
Slide 4	Ashley Delle – 05:01	All pre-release providers must bill for pre-release care management under an enrolled medical Medi-Cal fee-for-service provider or pathway. For example, embedded correctional facility care managers are able to bill under the Exempt from Licensure pathway and do not need to enroll individually. DHCS's goal is to provide every correctional facility the flexibility to pick a care management model that works best for them, while still maximizing continuity of care.
Slide 4	Ashley Delle – 05:33	To meet that aim, DHCS has developed three care management models that facilities may adopt. This includes an in-reach model, which would allow community-based providers to provide services either in-person, or via telehealth, prior to release. Second, an embedded model which would rely on correctional facility staff to provide all pre-release services, and a warm handoff to that community-based ECM provider. Lastly, a mixed model that would utilize both in-reach and embedded providers.
Slide 4	Ashley Delle – 06:08	Correctional facilities must indicate which model they plan to use in the readiness assessment. For more information on care management models, please see Section 8.4 in the Policy and Operational Guide. Next slide, please.
Slide 5	Ashley Delle – 06:32	To reiterate, DHCS will reimburse all pre-release services through fee-for-service. Each care management bundle has a specific billing code and base rate, as detailed in the table on this slide. You will notice that bundle five doesn't include the billing code or rate, as additional evaluation is currently being done on this bundle. The additional information for bundle five will be provided as soon as possible.
Slide 5	Ashley Delle – 07:01	Bundles one and four can only be billed one time after completion of all requirements in the Health Risk Assessment and reentry are plans respectively. Bundle three can be billed once by each the care managers participating in the warm hand- off after completion of that warm hand-off with the member.

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Slide 5	Ashley Delle – 07:24	Bundles two and five are for more care coordination and can be billed for completed tasks as detailed in the policy guide. Bundle two has a maximum frequency of 13 times during the pre-release period. Bundle five has a maximum frequency of 11 times in the 28 days post-release. This includes two times for the pre-release care manager within one-week post-release, and nine times for the post-release care manager.
Slide 5	Ashley Delle – 07:59	More details for each bundle can be found in the appendix and in the latest version of the policy and operational guide, which will be published soon. In-reach, in-person care management visits will receive a 10% increase to the corresponding base rate. The increased rate accounts for the unique additional complexities and time for community providers to provide services inside the correctional facilities. Additional details on this rate increase and billing for in-reach, in-person visits are in the appendix for reference.
Slide 5	Ashley Delle – 08:38	At this time, I will now hand off the presentation of the next few slides to one of our Rates Team members. And with that I will hand it over to Steven and request the next slide, please.
Slide 6	Steven Chiginsky – 08:54	Thank you.
Slide 6	Steven Chiginsky – 08:56	DHCS's objectives when creating the reimbursement policy are the following: One, we sought to minimize administrative burden on correctional facilities and streamline billing for fixed-model rates of care management services. Two, incentivize in reach and community care, to support relationship to building upon members reentry into the community. Three, to maintain fairness and parity in the services. And four, to develop rates that are sustainable for California practitioners. Next slide, please.
Slide 7	Steven Chiginsky – 09:38	For each bundle, DHCS developed time assumptions for licensed and unlicensed providers required for each bundle. These assumptions were developed by clinical consultants, and in incorporate feedback from stakeholders. DHCS developed practitioner hourly cost assumptions based on California annual average wages as reported by the US Bureau of Labor Statistics, Occupational Employment and Wage Statistics. For licensed providers, DHCS assumed a blend of 75% healthcare social workers, and 25% registered nurse occupations. For unlicensed providers, DHCS assumed a hundred percent community health worker occupation.
Slide 7	Steven Chiginsky – 10:22	Salary costs were adjusted for inflation, benefits, and overhead components to develop a fully loaded practitioner hourly cost for the benefits. DHCS developed them to include employer taxes and benefits on par of those of the California State employee. For each bundle, DHCS calculated the rate as a sum of the estimated hourly costs, multiplied by the time required for each provider type. As mentioned earlier, services provided through in-reach, in-person visits receive an additional 10% increase to account for the additional complexities and time for non-facility providers to develop services in correctional facilities.
Slide 7	Steven Chiginsky – 11:06	Although other health practitioners may fulfill bundled rates, DHCS only used the healthcare social workers, registered nurses, and community health workers for rate estimates only. I'll send it back to Ashley and next slide.

VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Ashley Delle – 11:29	Thank you, Steven.
Slide 8	Ashley Delle – 11:31	All right, so as a final recap, fee-for-service claims for care management services will be submitted by qualifying providers through normal processes utilizing CA-MMIS. Post-release care management services may also be billable via fee-for-service until the individual has been enrolled in their managed care plan. Enhanced care management is a managed care plan benefit and will be delivered and paid for via the managed care plan in which the individual is enrolled post release. Next slide, please.
Slide 9	Ashley Delle – 12:12	Additional information on the care management model and bundles can be found in sections 8.4 and 10.2 of the Policy and Operational Guide. DHCS also encourages stakeholders to send any questions regarding the care management bundles, or any other aspects of the Justice-Involved Initiative to our Justice-Involved Advisory Group inbox as reflected on the slide. Lastly, I did want to add that additional JI resources are forthcoming and will be announced soon. Next slide.
Slide 10	Ashley Delle – 12:50	We will now transition to our Q&A portion of the webinar. I'm going to start us off with a few of the questions that we've received.
Slide 10	Ashley Delle – 13:01	Okay, first question: are the bundle codes the only codes that will be billable for incarcerated individuals, and when can we expect a billing manual?
Slide 10	Ashley Delle – 13:14	So, no. The care management bundle codes are not the only codes that will be utilized for JI pre-release services. There are existing, current Medi-Cal codes and some unique codes for JI behavioral health and warm handoff services that will also be utilized. There will be updates to the Medi-Cal provider manual and currently, there are training teams working to develop resources and guidance to share with stakeholders.
Slide 10	Ashley Delle – 13:42	I do anticipate that the communications for this information will begin soon. In the interim, I would recommend that you review some of those resources that are currently available to new Medi-Cal providers, and at this time I'll request my colleague to add the chat, or excuse me, add the link in the chat.
Slide 10	Ashley Delle – 14:06	Okay. Let's go on to our next question: for bundle two, will you please confirm that there is no limitation to the number of times you can bill for that bundle?
Slide 10	Ashley Delle – 14:21	Bundle two may be billed up to eight times per week with a maximum of 13 times per member, per episode of incarceration across all providers.
Slide 10	Ashley Delle – 14:38	Next question: how was the 10% administrative payment increase determined?
Slide 10	Ashley Delle – 14:45	The 10% administrative payment increase was developed based on the estimate of additional it would take for providers to register and enter into the correctional facility. DHCS took into consideration the additional time it would take to go through security clinics and appointment cancellations due to lockdowns or other correctional facility challenges.
Slide 10	Ashley Delle – 15:12	Next question: why does bundle five not include the administrative payment increase?

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Slide 10	Ashley Delle – 15:19	So DHCS will provide tiered rates for the in-reach, in-person visits, and this, again, accounts for those unique additional complexities in that correctional setting. So, bundle five occurs post-release after the member is no longer in that carceral setting.
Slide 10	Ashley Delle – 15:41	All right, I'm going to continue on with some additional questions here. Okay, question: just to confirm, these services will not be claimed via Short Doyle?
Slide 10	Ashley Delle – 15:59	And so again, all pre-release services are billed fee for service via CA-MMIS.
Slide 10	Ashley Delle – 16:11	Let's go back to a few additional questions here. Is there a standard template available for the reentry care plan?
Slide 10	Ashley Delle – 16:26	And so DHCS will not be providing a template for the reentry care plan at this time, however, you can find all the requirements for the reentry care plan in section 10.2d in the Policy and Operational Guide.
Slide 10	Ashley Delle – 16:40	Okay, next question: will the frequencies be stated more specifically, like 13 times per month or per year, for example, under care coordination?
Slide 10	Ashley Delle – 17:04	So again, I would recommend reviewing the Policy and Operational Guide for that bundle two information.
Slide 10	Ashley Delle – 17:17	Okay, just going through and sorting out my questions here. Is it possible for FQHCs to get their PPS rate or keep the fee for service reimbursement outside of FQHC reconciliation?
Slide 10	Ashley Delle – 17:42	The answer is yes.
Slide 10	Brain Hansen – 17:48	Ashley, can I clarify that real quick?
Slide 10	Ashley Delle – 17:50	Absolutely. Thank you, Brian.
Slide 10	Brain Hansen – 17:53	I think this was an either or, FQHCs will not use their PPS rate for billing for the pre-release services. They will get fee-for-service reimbursement outside of the PPS rate. And we do have some information specifically on that in the Policy and Operational Guide. I don't know the page, but if you just search for FQHC, it will come right up.
Slide 10	Ashley Delle – 18:18	Thank you, Brian, I appreciate that.
Slide 10	Ashley Delle – 18:22	All right, we're going to move on to our next question. What components of the health risk assessment must be completed by a licensed professional?
Slide 10	Ashley Delle – 18:33	So, a licensed professional, such as an RN care manager, or licensed clinical social worker, must participate in and oversee the completion of the health risk assessment and the goals and objectives. Licensed professionals must follow their scope of practice and not delegate items that require a license to perform. They must oversee all aspects of the HRA. Unlicensed individuals may support the completion of the HRA, for example, by obtaining records and consent for information sharing or completing health-related social needs and functional needs assessments.
Slide 10	Ashley Delle – 19:24	Moving on to our next question. How are the HRA pre-release goals and objectives different from the reentry care plan?

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Slide 10	Ashley Delle – 19:35	So, the HRA is an assessment of needs and plans of what needs to occur prior to release, including starting the coordination and setup of services for release. The reentry care plan is the plan of care for the reentry period to be delivered in the community. The HRA and reentry care plan should build upon each other.
Slide 10	Ashley Delle – 20:06	For the HRA, does a licensed vocational nurse meet the licensed professional requirement?
Slide 10	Ashley Delle – 20:14	So, no, an LVN would not meet the licensed professional requirement for the HRA.
Slide 10	Ashley Delle – 20:28	Okay, just looking through my list of questions here. Next question: does the warm handoff have to occur, excuse me, between two licensed professionals or can unlicensed individuals conduct a warm handoff if they're under the supervision of licensed professionals?
Slide 10	Ashley Delle – 20:52	So, the warm handoff services identified in bundle three may be provided by both licensed and unlicensed professionals.
Slide 10	Ashley Delle – 21:03	Next question: for bundle three, can the embedded pre-release care manager, and the post-release ECM provider, bill bundle 3 or may only one entity, bill bundle three?
Slide 10	Ashley Delle – 21:16	And as mentioned earlier, bundle three may be billed by both the pre-release and post-release care manager if they are different providers.
Slide 10	Ashley Delle – 21:32	So again, next question here: when will the billing guide be released?
Slide 10	Ashley Delle – 21:39	So again, as I mentioned, there are some resources that are forthcoming. There are several aspects of billing resources and information and some additional training that will be coming soon, and I did want to flag that more information will be shared at our website www.medical.ca.gov starting in July. So, I definitely recommend checking that out again in July.
Slide 10	Ashley Delle – 22:19	And I just want to do a quick time check. We are at about eight minutes, so we'll continue for a few minutes longer.
Slide 10	Ashley Delle – 22:49	I'm just going to do another quick check here, see how we're [inaudible 00:22:59].
Slide 10	Ashley Delle – 23:04	Okay, we did have some questions come up here related to the CAA and its implications for the Justice-Involved Initiative. We did want to let you know that DHCS is currently awaiting CMS guidance on the Federal Consolidated Appropriation Act requirements, and we will share additional information with stakeholders as soon as possible.
Slide 10	Ashley Delle – 23:29	Okay, Manatt team and stakeholders, I think we're going to be wrapping up this Q&A session. And again, I just want to remind stakeholders if we were not able to address your question during this call, that we will take those back and provide responses via email. And again, I'll ask my colleague to put our email in that chat just to make sure everyone has the correct avenue to communicate with us.

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Ashley Delle – 24:21	I would like to thank you for your time and participation in today's webinar, and I look forward to seeing how this program develops. I thank everyone for their time today. Thank you.