Launching Enhanced Care Management (ECM) for Children and Youth

Forging New Managed Care Plan Partnerships with Counties and Community Based Organizations

June 23, 2023

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Continuous Coverage Unwinding

- **The continuous coverage requirement ended on March 31, 2023, and Medi-Cal members may lose their coverage.**
- **Medi-Cal redeterminations began on April 1, 2023, for individuals with a June 2023 renewal month.**
- **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available
  - Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated January 13, 2023)

Continuous Coverage Unwinding
Communications Strategy

- On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the DHCS Coverage Ambassadors that was launched in April 2022.

- **Download** the Phase 2 Toolkit that focuses on Medi-Cal renewals and **customize for your use.**

- **Direct Medi-Cal members to the newly launched** KeepMediCalCoverage.org, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Today's Agenda

1:00 PM **Understanding Enhanced Care Management (ECM) for Children and Youth**
Department of Health Care Services

1:25 PM **ECM for Children and Youth In Action**
Pacific Clinics serving Sacramento, Central Valley, Los Angeles, Inland Empire, and Bay Area regions

1:45 PM **Forging County-Managed Care Plan Partnerships: A Panel Discussion**
Alameda County Public Health & **Alameda Alliance for Health**
San Mateo County Health & **Health Plan of San Mateo**
LA County Office of Child Protection & **LA Care**

2:15 PM **Q&A**

Today's DHCS Presenters

Dr. Palav Babaria

Chief Quality and Medical Officer and Deputy Director

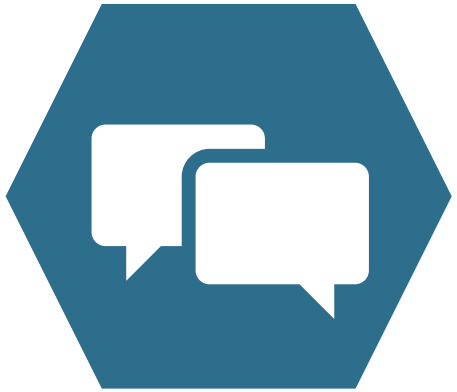
Quality and Population Health Management

Carrie Whitaker

Nurse Consultant III

Quality and Population Health Management

How to Participate



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Understanding Enhanced Care Management (ECM) and the Children & Youth Populations of Focus (POFs)

What Is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

Who Is Eligible for ECM?

ECM is available to MCP Members who meet criteria for ECM "Populations of Focus" (POFs), which are launching in phases from January 2022 to January 2024.

	ECM Population of Focus	Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

ECM has been available for adults with intellectual or developmental disabilities (I/DD) and pregnant and postpartum individuals from the launch of ECM if they meet the eligibility criteria for any existing Population of Focus. In July 2023, children and youth with I/DD or who are pregnant/postpartum will also be eligible for ECM if they meet the eligibility criteria for any existing Population of Focus.

ECM Implementation To Date

Jan 2022

ECM launched in 25 counties that had Health Homes Programs and Whole Person Care for:

1. Adults at Risk of Avoidable Utilization
2. Adults Experiencing Homelessness
3. Adults with Serious Mental Health and/or Substance Use Disorder Needs

July 2022

ECM launched in remaining counties for the initial three POFs.

Jan 2023

ECM launched in every county for:

5. Adults Living in the Community and At Risk of LTC Institutionalization
6. Adult Nursing Faculty Residents Transitioning to the Community

4. ECM for Justice-Involved Individuals POF also launched in select counties in January 2022.

Implementation Milestones in 2023, 2024

DHCS will release **comprehensive data** on 2022 implementation and announce programmatic adjustment based on feedback from first 18 months.

July 2023

ECM launches in all counties for Children and Youth POFs on July 1.

Focus of Today's Session

Jan 2024

ECM launches in all counties for:

- Individuals Transitioning from Incarceration
- Birth Equity Population of Focus

July 2024

What Are the ECM Core Services?

ECM is available to members until their care plan needs are met or they opt out of the benefit, which they can do at any time. Members in ECM receive seven core services based on their individual needs.

Outreach and Engagement

Comprehensive Assessment and Care Management Plan

Enhanced Coordination of Care

Coordination of and Referral to Community and Social Support Services

Member and Family Supports

Health Promotion

Comprehensive Transitional Care

ECM Lead Care Managers are strongly encouraged to screen ECM Members for Community Supports and refer to those Supports when eligible and available.

How Is ECM Provided?

MCPs contract with community-based providers who are experienced and skilled in serving ECM Populations of Focus.

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal Managed Care Plans (MCPs)

Example: CBO serving children and families with social needs

How Is ECM Provided?
Network Building

MCPs should prioritize partnerships with a diverse group of organizations that have specialized skills/expertise for each ECM Population of Focus.

For each POF, MCPs must:

- **Establish and Grow Provider networks** by contracting with organizations that have experience serving the POFs and expertise providing core ECM-like services for each individual POF served.
- **Provide training** for ECM Providers.
- **Oversee** and monitor ECM service delivery across the network.

See the ECM Policy Guide for more.

How Is ECM Provided?
Provider Requirements

ECM Providers must:

- Be **community-based entities**.
- Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management.** (Note: ECM Providers are **not** required to submit claims.)

How Do Eligible Members Access ECM?

Access to ECM can occur in multiple ways, for adults, children and youth.

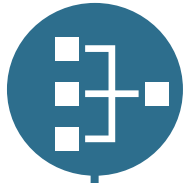
Community-based service providers, both in and out of MCP networks, may identify and refer eligible Members for ECM Services.

- **DHCS expects MCPs to source most ECM & Community Supports referrals from the community**. This is particularly true for children and youth with complex needs, who are usually already being served by at least one system and are less likely to be receiving no services than adults.
- **Ideally, the trusted provider already serving the child or youth can extend its role to become the ECM Provider.**
- Outreach and engagement is known to be most successful when it is based on a pre-existing trusted relationship to a community provider.

MCPs must also have a process for proactively identifying members who may benefit from ECM and meet POF criteria. This process should be **in addition to, not instead of,** actively seeking referrals from community providers.

How Are Eligible Members Assigned an ECM Provider?

MCPs will assign each ECM Member to an ECM Provider, who will assign them an ECM Lead Care Manager responsible for meeting in-person to form a trusting relationship and coordinate care across systems.



- **<u>Frequently Asked Question</u>:** *How should MCPs implement assignment to ECM Providers for children and youth, especially if they are still developing networks?*

- **<u>DHCS Guidance:</u>** When a child/youth is referred to ECM, the MCP should prioritize assignment of that Member to the provider that is already known and trusted by that child/youth. It is possible that the MCP will not always know about these relationships in advance via its own data, so there should be a streamlined process to immediately (re)assign members according to information received from the referral.

- Plans should work with their ECM Providers to receive referrals of all their current clients already receiving other services which make them eligible for ECM – e.g., specialty mental health, child welfare, etc.

ECM for Children & Youth:
Populations of Focus Launching on July 1

Experiencing Homelessness
At Risk for Avoidable Hospital or ED Utilization
With Serious Mental Health and/or Substance Use Disorder Needs
Enrolled in California Children's Services (CCS) or CCS WCM
Involved in Child Welfare

See the ECM Policy Guide for more information on POF criteria.

ECM for Children & Youth:
Serving As 'Air Traffic Control'

Existing programs with a care coordination/care management component serve many of the same children and youth who will be served in ECM.

- ECM will provide whole-child care management above and beyond what is provided by the pre-existing programs.
- ECM serves as the **single point of accountability** to ensure care management across multiple systems/programs – the "air traffic control" role.
- The person, organization, or entity that already knows the child best should become the ECM Provider.
- **ECM does not take away funding from existing care management programs**; other programs' care managers can choose to enroll as an ECM provider and receive additional reimbursement for ECM from MCPs.

Pre-Existing Children & Youth Focused Programs
Not an exhaustive list

- California Children's Services (CCS)
- CCS Whole Child Model (WCM)
- Specialty Mental Health Services (SMHS)
- SMHS Intensive Care Coordination (ICC)
- California Wraparound
- Health Care Program for Children in Foster Care (HCPCFC)
- Dyadic Services
- Justice system

ECM for Children & Youth:
Call to Action for Diverse Provider Types

If you are a Provider already serving children and youth who will qualify for ECM, please consider becoming involved by working with your local MCP.

POF	Recommended Provider Types Include:
Children with Serious Mental Health and/or SUD Needs	• School-based clinics/BH providers • Public Health & Social Service Programs • CBOs serving children and families with social needs • County behavioral health services
Children and Youth Enrolled in California Children's Services (CCS)	• CCS paneled providers, including specialty care centers, and pediatric acute care hospitals • CBOs with experience working with children/youth with CCS conditions and CCS program providers
Children and Youth At Risk for Avoidable Hospitalization or ED Use	• School-based clinics • Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	• CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.

“What Should We Be Doing To Prepare?”

MCPs

ECM Providers (Prospective or Contracted)

Launching Children & Youth POFs
Checklist for MCPs

- ❑ **Continue to outreach and contract with providers** who have expertise and experience serving specific Children and Youth POFs
  - ❑ MCPs must contract with a diverse group of providers with expertise and experience with specialized skills that may best serve Members with specialized needs in each POF
  - ❑ MCPs are encouraged to think creatively about how to engage providers in both ECM and the new Community Health Worker (CHW) benefit
- ❑ **Implement data approaches and referral pathways** to identify Children & You eligible for ECM
  - ❑ Implement approach for using data to proactively identify members who meet ECM POF criteria
  - ❑ Continuously build a referral pipeline in collaboration with counties and community-based providers
    - ❑ Proactively ensure contracted networks of providers are aware of the ECM benefit, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP
    - ❑ Work with ECM Providers to receive referrals of all current clients already receiving other services which make them eligible for ECM – e.g., specialty mental health, child welfare, etc.
    - ❑ Refer to DHCS' Member-Level Information Sharing between MCPs and ECM Providers guidance for recommendations on how providers can "push" referrals to MCPs to minimize burden.

Launching Children & Youth POFs
Checklist for Prospective ECM Providers

Activities	***Technical Assistance Resources***
❑ Understand Enhanced Care Management and its requirements	❖ ECM Policy Guide
❑ Decide which Children and Youth POFs you are most equipped to support through ECM based on your specific expertise and experience	❖ Forthcoming "ECM Spotlight" resources from DHCS ❖ PATH CITED Grants ❖ PATH TA Marketplace
❑ Consider the staffing model that builds on your existing structure and how to build capacity to support additional ECM members if needed ❑ Investigate the TA Marketplace to help you get started	
❑ Outreach to your local MCP(s) to discuss contracting for ECM ❑ Find out if your MCP is offering any Incentive Payment Program funding opportunities to providers	❖ ECM Provider Toolkit ❖ Incentive Payment Program
❑ Join your regional CalAIM Collaborative Planning and Implementation groups	❖ PATH regional collaboratives
❑ Establish the data sharing and billing workflows needed to coordinate with MCP partners on ECM	❖ ECM data guidance documents ❖ Draft CalAIM Data Sharing Authorization

ECM for Children and Youth in Action: Pacific Clinics

Today's Presentation

Jacquelyn Harlow Torres
Executive Director of New Business, Pacific Clinics

Topics

1. Background on Pacific Clinics
2. How Pacific Clinics became an ECM provider
3. An overview of Pacific Clinic's current ECM program & its model for Children and Youth
4. Preparing to expand ECM to new Children and Youth populations on July 1

Whole Child, Integrated Care for the Children's POF in ECM

Pacific Clinics' Approach to ECM for Kids

Pacific Clinics

June 2023

About Pacific Clinics

Pacific Clinics is a large, multi-service non-profit agency that provides the following services:

Foster Care, Adoptions, & Other Social Services

Crisis Care Services

Integrated Care & CCBHC

Neurodevelopmental Services

Outpatient Mental Health and Psychiatry Services

Outpatient Substance Use Disorder

Education/School Based Services

CalAIM: ECM and Community Supports

About Pacific Clinics

Who We Serve

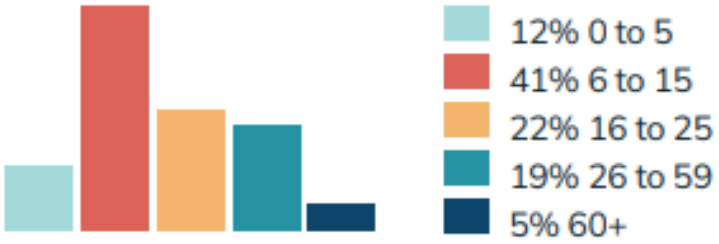
Pacific Clinics is the largest provider of behavioral health services and supports in California.

Each Year:

35,000

Children, Teens, Adults, and Family Members

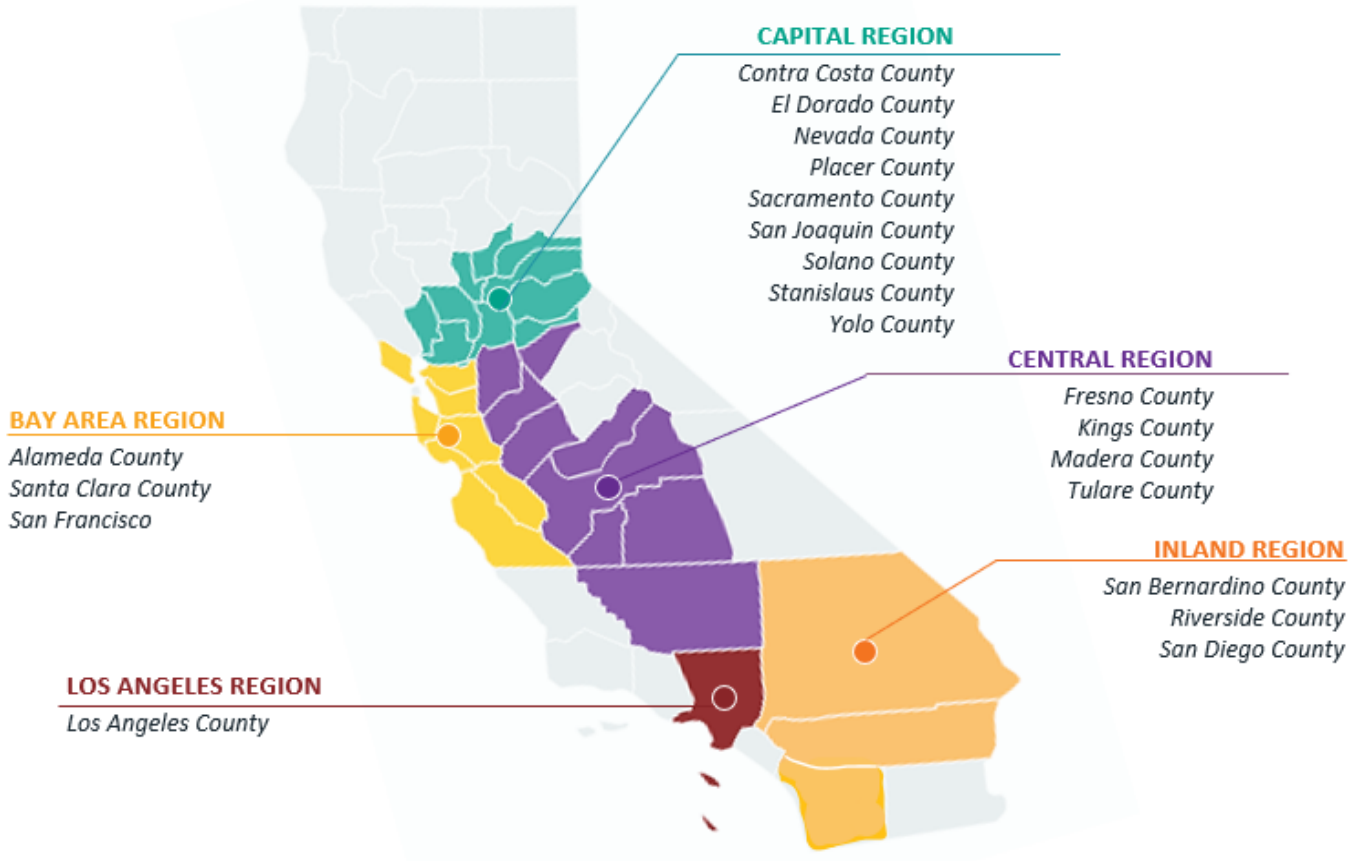
Clients by Age:



Workforce:

2000+ Employees

Clients by California Region:



How Pacific Clinics Decided To Become an ECM Provider

Health Homes Program (HHP)

- HHP launched in 2020
  - 1 MCP (Santa Clara Family Health Plan)
  - 1 County (Santa Clara)
  - Total Enrolled: 400 Members

Why do ECM?

- Values/Mission
- Wraparound experience
- Already our consumers
- County reach across CA

Evaluation and Confirmation of Success

- Aligned with mission
- Achieved positive outcomes
- Confirmed team and staffing design worked

ECM Launch

- ECM launched in 2022
  - Transitioned 385 members from HHP to ECM
  - Launched for all 2022 POFs
  - Added MCPs and Counties

Pacific Clinics: Current ECM Program

CalAIM ECM POF Served (All):

Currently Served

1. Homelessness
2. At-Risk for avoidable hospitalization or ED
3. Serious Mental Illness and/or SUD
4. At-Risk for Long Term Care (LTC)
5. Nursing Facility transition to Community

Coming On-line 2023/2024

1. Children/Youth in Child Welfare
2. Children/Youth in CCS with higher level needs
3. Transitions from Incarceration
4. Birth Equity

Contracted Health Plans:

20 Total Counties

- Anthem (13 counties)
- Santa Clara Family Health Plan
- Partnership Health Plan (2 Counties)
- NEW* Health Net (13 counties)
- NEW* Molina (5 counties)
- Pending: LA Care, Blue Shield, IEHP, Contra Costa Health Plan, Health Plan of San Joaquin, Alameda Alliance for Health, Community Health Group

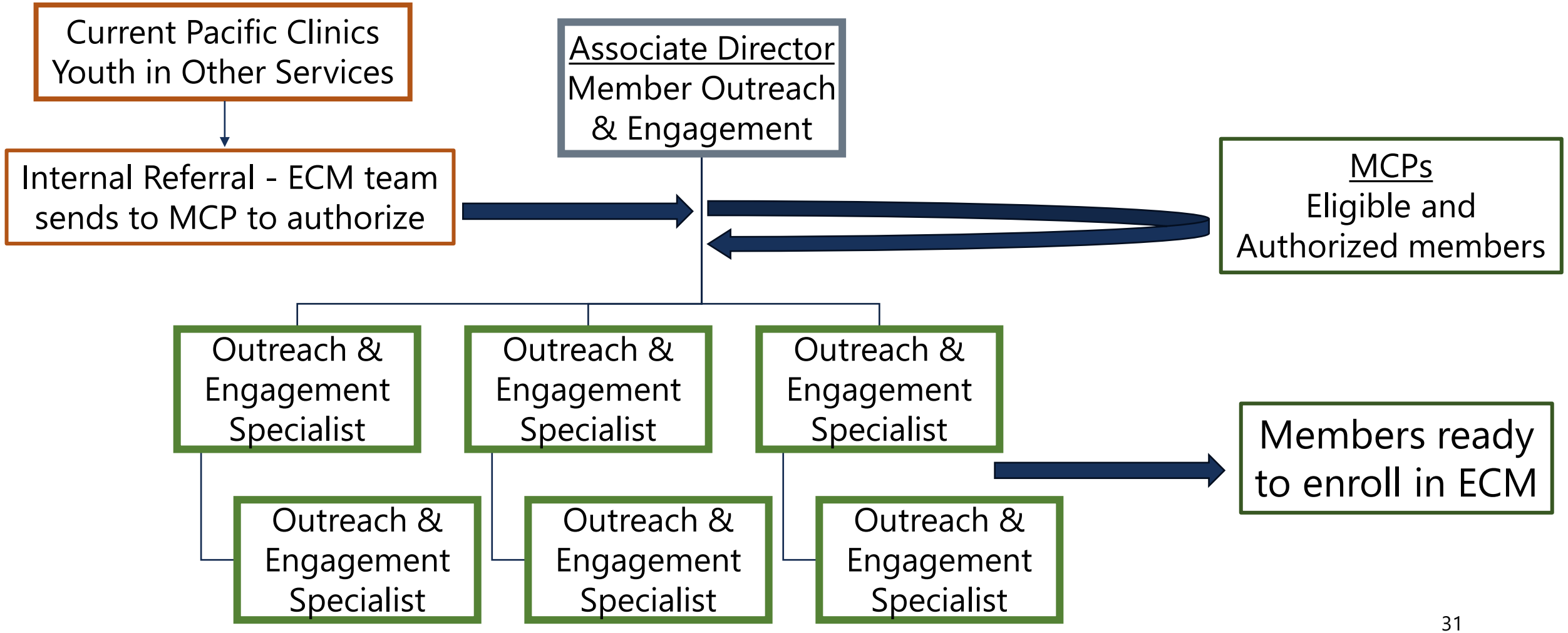
ECM Members Currently Served: **763**

Including **185** Children/Youth transitioned from HHP to ECM

Pacific Clinics' ECM Model of Care

ECM Centralized Outreach Team

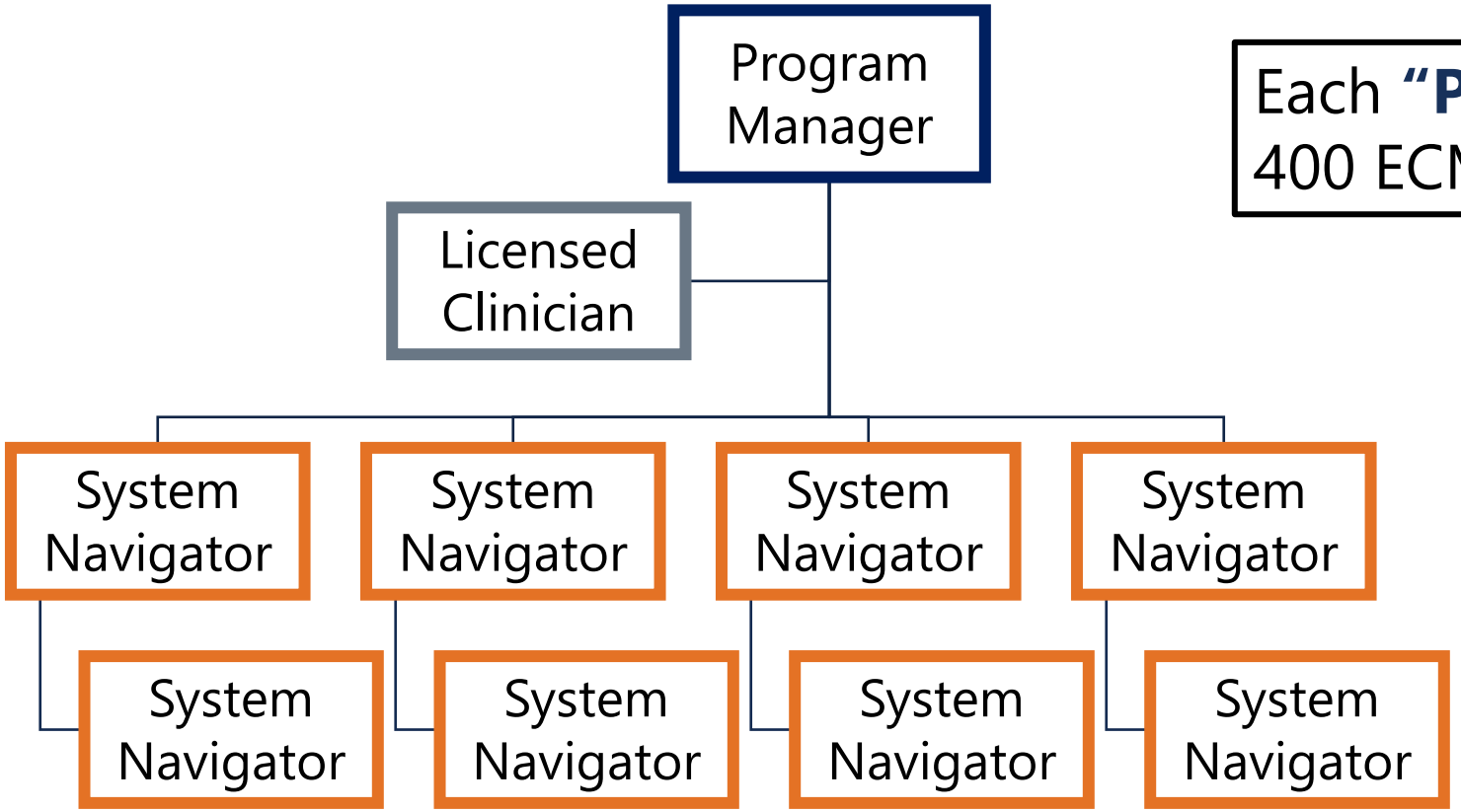
Pacific Clinics has a Single Point of Entry for all MCP referrals for ECM.



Pacific Clinics' ECM Model of Care

ECM Care Team Structure in Each County

Pacific Clinics has "pods" that serve ECM Members in each county.



Each **"POD"** Capacity = 400 ECM Members

System Navigator (Lead Care Manager) = 50 Caseload per each FTE

Ratio the same for Children & Adults

Caseload balanced by acuity factors for all POF

System Navigators are NON-Clinical, High School or GED preferred/Peers/CHW level

Pacific Clinics' ECM Model of Care

Providing ECM Services

Assessment

- Screenings for SUD and SMI
- Medical and Complex Care Conditions
- Social Determinates of Health Assessment
- ACES Screening

Establish or Join Existing CFT

- Identify key system providers in care
- Identify key natural support members
- Know and understand guardianship, Social Workers, and Court Orders

Care Plan Development

- Develop comprehensive care plan
- Identify key members to support youth in plan
- Ensure caregiver, educational, and placement needs are addressed

Pacific Clinics' ECM Model of Care

A Success Story

Gus, Age 17

- Receiving services with PC's Hope Center (Drop-In Youth Center); support team includes Peer Partners and Mental Health supports
- Identified as a good candidate for ECM (HHP at that time) due to his complex needs and untreated SUD issues.
- Hope Center team made a referral for HHP and Gus was authorized for services by the MCP he was covered under.
- HHP staff joined in the Hope Center to connect with Gus, meeting him on site at the Center for HHP services as they got to know each other.
- The HHP System Navigator met with Gus and his Peer Partner at the Hope Center to build rapport and strategize a plan of action.
- After rapport was built, HHP was provided at home and in school as well.
- In 2022, Gus was automatically transitioned into ECM as HHP ended.

Gus was able to graduate high school is now an active member of the PC Youth Advisory Board!

Pacific Clinics' ECM Model of Care

A Success Story

Maria, Age 13

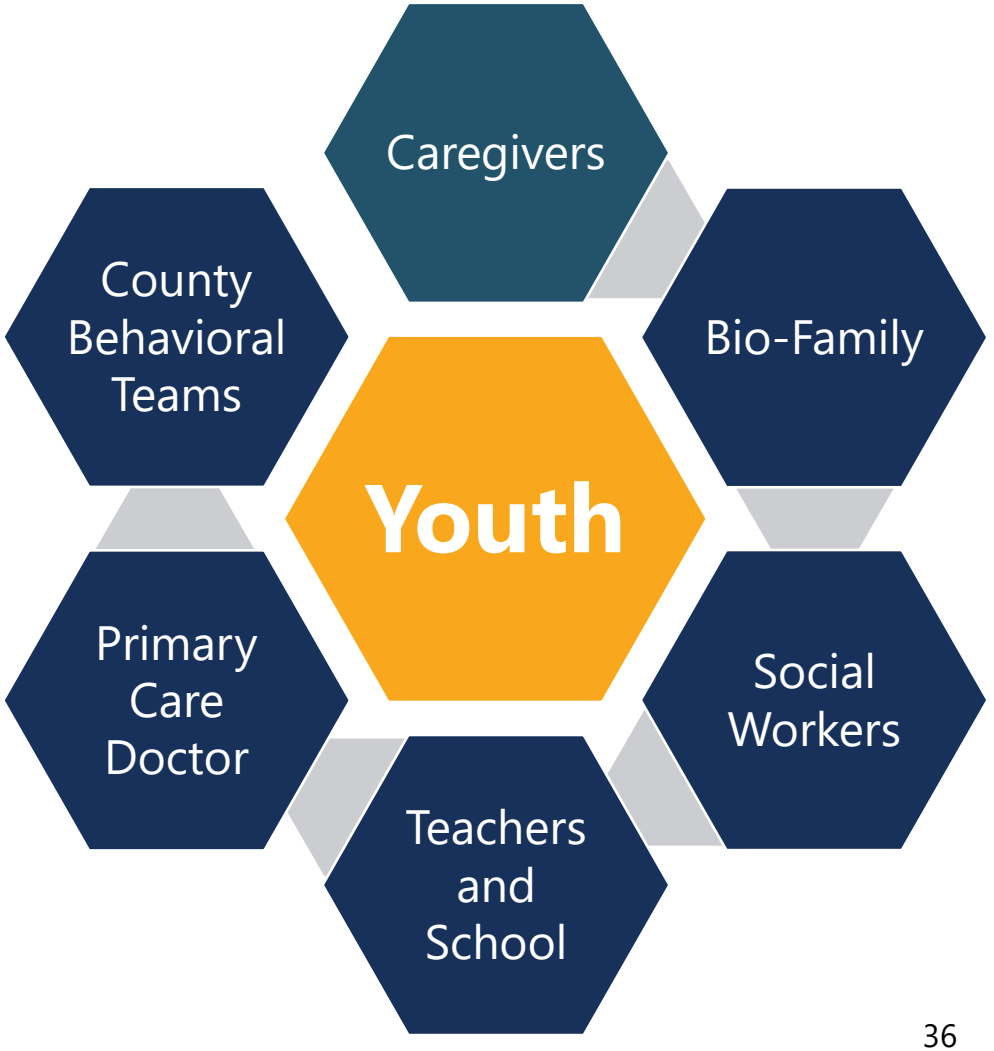
- Receiving services with PC's Wraparound Program (Getting ICC); support team included Behavior Specialists, Peer Partner, and Team Facilitator.
- Identified as a good candidate for ECM (HHP at that time) due to complex health condition (Cerebral Palsy) and SMI presentation (PTSD/Anxiety).
- Youth living in non-relative foster placement, with Family Finding in process.
- HHP staff met with Maria at her established CFT with the Wraparound Team.
- HHP team developed a Care Plan and coordinated with Wraparound ICC team to implement it.
  - Wraparound ICC would focus on SMI treatment and Family Finding with SW
  - HHP coordinated primary care and specialty Physical/Occupational support.
- HHP was able to enhance the ICC services by integrating complex care data from doctors and the health/hospital system into care coordination.
- Maria was approved to automatically transition into ECM in 2022.

Maria met Wraparound treatment goals and moved to a lower level of care in PC's outpatient program – she was able to keep her same ECM System Navigator who still supports her with care coordination!

How Pacific Clinics Coordinates with Other Care Management Programs on ECM

Coordination Goals:

- Each team member has their role defined and specific responsibilities in care for the youth
- ECM is the overarching Care Coordinator – where "Treatment Teams" may take on more in-depth service work
- When acuity in care changes, ECM care team stays with the youth

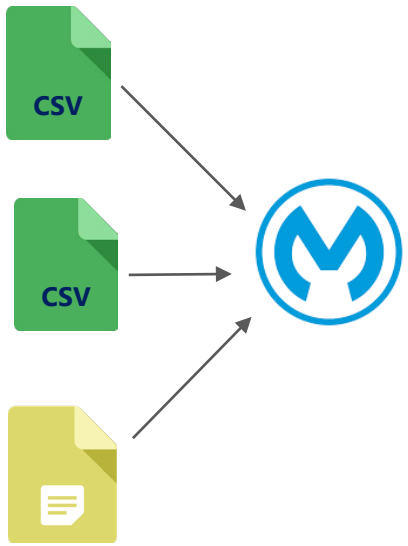


Preparing to Launch ECM for New Children and Youth POFs

Referral Processing: Get Efficient with Data

Member Assignment: Assess Risk and Balance Caseloads

Be Prepared for MCP billing and Data Collection

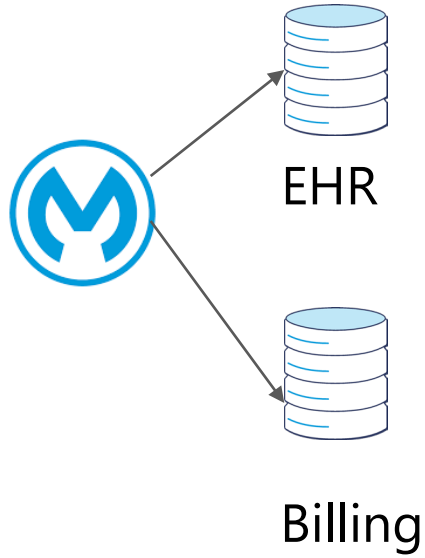


Outreach & Engagement

- Timely and Coordinated
- Immediate Assignment
- Educational Campaigns with Providers

Care Management

- Coordinated with youth and family
- Built on acuity
- Staff to Child matching for best outcomes



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If selected to share your comment, please ensure you are “unmuted’ on your phone by pressing “*6”

Forging County-Managed Care Plan Partnerships: A Panel Discussion

Today's Panelists

Susana Flores

CCS Administrator, Family Health Services

San Mateo County Health

Anna Gruver

Division Director, Family Health Services

Alameda County Public Health Department

Minsun Meeker

Assistant Executive Director

LA County Office of Child Protection

Tejasi Khatri

Manager of Integrated Programs

Health Plan of San Mateo

Dr. Amy Stevenson

Clinical Manager, ECM

Alameda Alliance for Health

Noah Kaplan Ng

Director, Enhanced Care Management

LA Care

Panel Discussion

Today's panel will focus on how Counties and MCPs are partnering to provide ECM for the new Children and Youth POFs, which include children and youth in California Children's Services (CCS) with additional needs beyond the CCS condition and involved in child welfare.

How MCPs Are Partnering With Counties for Children & Youth POFs

How County Depts Are Deciding Whether to Become ECM Providers

How County Depts Are Getting Ready for ECM Children & Youth

How County Depts and MCPs are Spreading Awareness of ECM to Key Stakeholders

Q&A

How to Ask a Question

What questions do you have for DHCS? For today's MCP and Provider presenters and panelists?

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Thank You

Please send any questions and comments about ECM or this event to CalAIMECMILOS@dhcs.ca.gov