

## Review of Provider Roles & Requirements for ECM & ILOS

August 25, 2021

#### Welcome!







OBJECTIVES

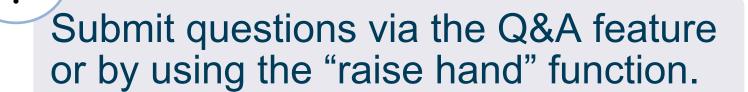


**INTRODUCTIONS** 

#### Housekeeping



All participants will be on mute during the presentation.





#### **Topics Covered**

- Recap: What are Enhanced Care Management (ECM) and In Lieu of Services (ILOS) and what is the implementation timeline?
- What are the roles and responsibilities of ECM and ILOS providers?
- 3 How will payment work?
- Where can I find state guidance and resources?
- How can providers prepare?



## Enhanced Care Management (ECM) and In Lieu of Services (ILOS)

#### **Levels of Care Management**

#### **Enhanced Care Management**

 Intended for highest risk members who need long-term coordination for multiple chronic conditions, social determinants of health issues, and utilization of multiple service types and delivery systems.

#### **Complex Case Management**

 Intended for high-risk members who need coordination of services for complex conditions or episodic need.

#### **Basic Case Management**

 Intended for members who require support with planning and coordination that is not at the highest level of complexity, intensity, or duration.

#### What are ECM and ILOS? (1/2)

### **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.

#### In Lieu of Services

Services that Medi-Cal managed care plans are strongly encouraged but not required to provide "in lieu of"/ as substitute for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

#### **Building on What We Know**

#### What are ECM and ILOS? (2/2)

### **Enhanced Care Management**

In Lieu of Services

#### **Building on What We Know**

ECM and ILOS will build on the design and learnings from California's Whole Person Care Pilots (WPC) and Health Homes Program (HHP) and will replace both models to scale interventions to a statewide care management approach.

#### **HHP/WPC Transition to ECM/ILOS**

#### **CURRENT STATE**

#### **WPC**

- Pilot program
- FFS and managed care members
- Administrator: Lead Entities

#### **HHP**

- Benefit (state plan service)
- Managed care members only
- Administrator: MCPs

#### **FUTURE STATE**

#### **ECM**

- Benefit
- Managed care members only
- Administrator: MCPs



#### **ILOS**

- Optional, but strongly encouraged
- Managed care members only
- Administrator: MCPs

#### **ECM Populations of Focus**

#### Adults Children/Youth up to 21 1) Individuals and families experiencing Homelessness; 2) High Utilizers; 2) High utilizers; 3) SED, identified to be at Clinical High Risk 3) Adults with Serious Mental Illness (SMI) / Substance Use (CHR) for psychosis or experiencing a First Disorder (SUD); **Episode of Psychosis**; 4) Incarcerated and Transitioning to the Community; 5) Enrolled in CCS / CCS Whole Child Model 5) At risk for Institutionalization (WCM) with Additional Needs beyond CCS; and Eligible for LTC; 6) Nursing facility Residents 6) Involved in Child Welfare (including those Transitioning to the Community. with a history of involvement, and foster care

up to 26).



Populations have been defined

Additional details are forthcoming

#### **ECM/ILOS** Implementation Timeline

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

Populations of Focus	Go-Live Timing
<ol> <li>Individuals and Families Experiencing Homelessness</li> <li>Adult High Utilizers</li> <li>Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)</li> </ol>	January 2022 (WPC/HH counties); July 2022 (other counties)
<ul><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></ul>	January 2023
7. Children / Youth Populations of Focus	July 2023

Note: This timeline is simplified. Stakeholders in WPC Counties should refer to the more detailed timelines <a href="here">here</a>.

#### ILOS will launch as an option statewide in January 2022.



#### **MCP** and **Provider** Roles

#### **Roles: MCPs**

#### **MCPs**

- Responsible for ensuring that ECM is delivered primarily in-person by community-based providers.
- Responsible for establishing provider networks to deliver ECM and elected ILOS.
- Expected to contract with existing WPC/HHP providers, as well as other medical, behavioral, and social services providers, to deliver ECM/ILOS.
- Responsible for oversight and monitoring of ECM/ILOS service delivery and providers.

# **ECM Providers**

# **ILOS Providers**

#### Roles: ECM Providers (1/2)

#### **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.
- Contract with health plans and must meet specific contractual requirements and demonstrate certain capabilities related to care models, billing, and data sharing.

**MCPs** 

#### Roles: ECM Providers (2/2)

#### **ECM Providers**

Examples of the types of ECM providers Medi-Cal MCPs 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.

**MCPs** 

<sup>\*</sup>MCPs may choose to delegate ECM and/or ILOS to IPAs, Medical Groups, and/or MSOs. MCPs must describe these arrangements in the MOC for DHCS approval. IPAs and MSOs must meet all requirements. DHCS will hold the MCP accountable for the requirements of ECM and ILOS.

#### Roles: ILOS Providers (1/2)

## ECM Provid

#### **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 MCPs 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.

<sup>\*</sup>MCPs may choose to delegate ECM and/or ILOS to IPAs, Medical Groups, and/or MSOs. MCPs must describe these arrangements in the MOC for DHCS approval. IPAs and MSOs must meet all requirements. DHCS will hold the MCP accountable for the requirements of ECM and ILOS.

#### Roles: ILOS Providers (2/2)

## **ECM Provide**

#### **ILOS Providers**

Examples of the types of ILOS providers Medi-Cal MCPs 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.



#### **ECM Provider Responsibilities**

#### **ECM Provider Responsibilities**



**ECM Core Services** 



Data Sharing & Reporting



Staffing & Training



Claims & Invoicing

#### **ECM Core Services**

Member Outreach and Engagement

Comprehensive Assessment and Care Management Planning

Enhanced Care Coordination

Coordination of and Referral to Community and Social Support Services

Member and Family Supports

**Health Promotion** 

Comprehensive Transitional Care

#### **Fictional Member Story**

#### **Meet Antonio**

Antonio has multiple chronic conditions, including hypertension, diabetes, back pain, and depression and has been in and out of the hospital four times in the past six months. He struggles to manage his conditions, including keeping up with his medications, maintaining a healthy diet, and getting to appointments. He also needs support with certain activities of daily living, such as grocery shopping and cooking, due to his back pain.

Let's talk about what it might be like to be Antonio's ECM Provider.

#### **ECM Core Services**

What kinds of services will the ECM Provider connect Antonio to? How do you think this will help the member?

Member Outreach and Engagement

Comprehensive
Assessment and
Care Management
Plan

Enhanced Care Coordination

Coordination of and Referral to Community and Social Support Services

Member and Family Supports

**Health Promotion** 

Comprehensive Transitional Care

#### **Fictional Member Story**

#### **Meet Susan**

Susan overdosed on opioids six months ago, resulting in a hospital inpatient stay while she was trying to find a stable residence for discharge. She has spent the last few months with unstable housing, cycling through shelters and crashing with friends or family.

Let's talk about what it might be like to be Susan's ECM Provider.

#### **ECM Core Services**

What kinds of services will the ECM Provider connect Susan to? How do you think this will help the member?

Member Outreach and Engagement

Comprehensive
Assessment and
Care Management
Planning

Enhanced Care Coordination

Coordination of and Referral to Community and Social Support Services

Member and Family Supports

Health Promotion

Comprehensive Transitional Care



## ECM Provider Responsibilities: Staffing and Training

#### **Staffing**

- ECM Providers must have consistent, adequate staff to carry out responsibilities for each assigned member.
- ECM Providers and MCPs will establish predetermined capacity.
  - If pre-determined capacity is met, an ECM Provider may stop accepting new members.

#### **Training**

• ECM Providers must participate in all ECM training and technical assistance provided by MCPs, including in-person sessions, webinars, and/or calls, as necessary.



## ECM Provider Responsibilities: Data Sharing and Reporting (1/2)

#### MCPs → ECM Providers

- MCPs will provide ECM Providers certain data when members are assigned and periodically thereafter, including:
  - Member assignment files;
  - Encounter and/or claims data;
  - Physical, behavioral, administrative and SDOH data;
  - Reports of performance on quality metrics.



## ECM Provider Responsibilities: Data Sharing and Reporting (2/2)

#### **ECM Provider** → **MCPs**

- ECM Providers must respond to all MCP requests for information and documentation to permit ongoing monitoring and oversight of ECM.
- DHCS is in the process of standardizing formats for information that will be due back to MCPs, to ease Provider burden.



## ECM Provider Responsibilities: Claims and Invoicing

#### **Claims Submission**

 ECM Providers that have the technical capabilities to submit compliant 837 claims to MCPs will be expected to do so.

#### Invoicing

- If an ECM Provider is unable to submit compliant claims, the MCP will provide an invoicing template and process for billing.
- DHCS is developing standard invoicing elements and protocols for use across MCPs to reduce variation and administrative burden.

MCPs may not make claims-submission a condition of contracting with providers.



#### **ILOS Provider Responsibilities**

#### **ILOS Provider Responsibilities**



Service Delivery



Outreach & Engagement



Staffing



**Data Sharing & Reporting** 



Claims & Invoicing

#### **ILOS Services**

DHCS has pre-approved fourteen (14) potential medically appropriate and costeffective ILOS that MCPs may offer. MCPs may also submit proposals to offer additional ILOS that are not on this menu, subject to DHCS approval. Pre-approved DHCS ILOS options include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Sobering Centers

- Environmental Accessibility Adaptions (Home Modifications)
- Meals/Medically Tailored Meals or Medically Supportive Foods
- Asthma Remediation
- Nursing Facility Transition/Diversion to
   Assisted Living Facilities, such as Residential
   Care Facilities for Elderly (RCFE) and Adult
   Residential Facilities (ARF)

Reminder: ILOS offerings may vary across counties and by MCP.



#### ILOS Provider Responsibilities: Service Delivery

- ILOS Providers must deliver the ILOS services they are contracted to provide in accordance with service definitions.
  - If an ILOS is discontinued for any reason, ILOS Providers must support transition planning for members into other programs or services.
- ILOS Providers will be reimbursed only for services that are authorized by the MCP.
  - If a member requests services not yet authorized, ILOS Providers should send the requests to the MCP for authorization.

#### **Fictional Member Story**

#### Remember Antonio?

Antonio began receiving ECM and has seen significant improvements in his health. ECM gave Antonio tools to better manage his conditions and engaged his cousin, who has been helping him with daily tasks, including grocery shopping and cooking healthy meals. Given these improvements, Antonio recently graduated to a lower level of care management. Antonio's cousin will continue to support him but is struggling to do so while also managing a full-time job and two small children.

Assuming all ILOS are offered, which ILOS could help support ongoing health maintenance for Antonio?

#### **ILOS Services**

DHCS has pre-approved fourteen (14) potential medically appropriate and costeffective ILOS that MCPs may offer. MCPs may also submit proposals to offer additional ILOS that are not on this menu, subject to DHCS approval. Pre-approved DHCS ILOS options include:

- Housing Transition Navigation Services
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Reminder: ILOS offerings may vary across counties and by MCP.

#### **Fictional Member Story**

#### Remember Susan?

Susan got connected to an ECM Provider at one of the shelters she was staying in. After enrolling in ECM, her care manager began working with her to identify care goals, and they have since established a care plan. Her care manager is now focused on connecting her to needed resources, such as ILOS. Their top priority is to find stable housing.

Assuming all ILOS are offered, which ILOS would be most beneficial in supporting the goal to find Susan stable housing?

#### **Pre-Approved ILOS**

DHCS has pre-approved fourteen (14) potential medically appropriate and costeffective ILOS that MCPs may offer. MCPs may also submit proposals to offer additional ILOS that are not on this menu, subject to DHCS approval. Pre-approved DHCS ILOS options include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
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- Nursing Facility Transition/Diversion to
   Assisted Living Facilities, such as Residential
   Care Facilities for Elderly (RCFE) and Adult
   Residential Facilities (ARF)

Reminder: ILOS offerings may vary across counties and by MCP.



## ILOS Provider Responsibilities: Outreach and Engagement

- ILOS Providers accept member referrals from MCPs, and must:
  - Conduct initial outreach to the referred member within 24 hours of assignment.
  - Be responsive to outreach from members, including by maintaining a phone line that is staffed or able to record voicemail 24 hours a day, 7 days a week.
  - Coordinate with other providers in the member's care team, including the ECM Provider and MCP.



## ILOS Provider Responsibilities: Staffing

#### **Staffing**

- ILOS Providers must maintain staffing that allows for timely, high-quality service delivery of the ILOS that they are contracted to provide.
- ILOS Providers must accept and act upon Member referrals from MCPs for authorized ILOS, unless the Provider is at pre-determined capacity.



## ILOS Provider Responsibilities: Data Sharing and Reporting

#### MCPs → ILOS Providers

- As part of the referral process, MCPs will provide ILOS Providers access to:
  - Appropriate demographic, administrative, clinical, and social service information needed to confirm eligibility and effectively provide the requested service.
  - Billing information necessary to submit invoices.

#### **ILOS Providers** → **MCPs**

 In addition to submission of claims/invoices, ILOS Providers must respond to all MCP requests for information and documentation to permit ongoing monitoring and oversight of ECM/ILOS.



## ILOS Provider Responsibilities: Claims and Invoicing

#### **Claims Submission**

• ILOS Providers that have the technical capabilities to submit 837 claims to MCPs will be expected to do so.

#### Invoicing

- If an ILOS Provider is unable to submit compliant claims, the MCP must provide an invoicing template and process for billing.
- DHCS is developing standard invoicing elements and protocols for use across MCPs to reduce variation and administrative burden.

MCPs may not make claims-submission a condition of contracting with ILOS Providers.



## Additional Requirements for ECM/ILOS Providers

### Additional ECM/ILOS Provider Requirements



Medicaid Enrollment and Vetting



**Experience and Expertise** 



**Coordination Processes** 



**Cultural Competency** 

## **Medicaid Enrollment/Vetting (1/2)**

- Providers are required to be Medicaid-enrolled where a State-level enrollment pathway exists, as outlined in APL 19-004.
- If there is no state-level Medi-Cal enrollment pathway, ECM and ILOS
   Providers are not subject to APL 19-004 related to Medi-Cal screening and enrollment, credentialing, and background checks.
  - To include an ECM/ILOS Provider in their networks where there is no state-level Medi-Cal enrollment pathway, MCPs are required to vet the qualifications of the Provider or Provider organization to ensure they meet the standards and capabilities required to be an ECM or ILOS Provider.
  - MCPs must submit Policies and Procedures for how they will vet the qualifications of ECM and ILOS Providers in their Part 2 submission of the MOC.

## **Medicaid Enrollment/Vetting (1/2)**

- Criteria MCPs may want to consider as part of their vetting process include, but are not limited to:
  - Ability to receive referrals from MCPs for ECM or authorized ILOS.
  - Sufficient experience to provide services similar to ECM for Populations of Focus and/or specific ILOS for which they are contracted to provide.
  - Ability to submit claims or invoices for ECM or ILOS using standard protocols.
  - Business licensing that meets industry standards.
  - Capability to comply with all reporting and oversight requirements.
  - History of fraud, waste, abuse and/or liability claims.
  - Recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families.
  - History of liability claims against the Provider.

### **Experience and Expertise**

#### **ECM Providers must**:

- Have experience serving the population(s) of focus they plan to serve.
- Have experience and expertise with the services outlined in MCP contract.
- Have capable and engaged organizational leadership.

#### **ILOS Providers must:**

- Have sufficient experience and expertise in the provision of the ILOS being offered.
- Have a history of serving the population(s) of focus they plan to serve in a community-based manner.

### **Coordination Processes**

#### **ECM Providers must**:

- Have agreements and processes in place to engage and cooperate with local providers to coordinate member care.
- Use a care management documentation system or process capable of integrating information necessary to manage and maintain a care plan that can be shared with other providers.

### **Cultural Competency**

#### **ECM** and ILOS Providers must:

- Have capacity to provide culturally appropriate and timely in-person care management activities or ILOS.
- Be able to communicate to members in culturally and linguistically appropriate and accessible ways.



## Payment for ECM and ILOS

## **How Does Payment Work? (1/2)**

#### California Department of Health Care Services (DHCS)

Medi-Cal managed care plans (MCPs) will be paid fixed, per-member, per-month (PMPM) capitation payments for the ECM benefit. ILOS are medically appropriate <u>and cost effective</u> alternatives to State Plan services; associated funding is built in to the PMPM capitation payments. These rates are being finalized in September.

#### Managed Care Plans (MCPs)

Payments are based on MCP/provider negotiations.

#### **ECM & ILOS Providers**

NOTE: Some ECM/ILOS providers may subcontract with other providers and would be responsible for negotiating associated payment rates.

## **How Does Payment Work? (2/2)**

 MCPs will pay contracted ECM/ILOS Providers for provision of services to ECM/ILOS members based on MCP and provider negotiated rates.

 MCPs are encouraged to tie ECM/ILOS Provider payments to outcomes related to high-quality care and improved health status.

#### **How Will Provider Rates be Determined?**

- The ECM/ILOS rates that MCPs offer providers are not standardized and will vary across plans and counties depending on factors such as program structure, staffing ratios, facility size, geography, and payment model.
- For ILOS, ILOS Pricing Guidance will be available soon on the DHCS website as a tool to support discussions regarding ILOS rates. This guidance, although based on a set of well-researched assumptions, is not binding on MCPs or ILOS Providers.



## **Becoming an ECM/ILOS Provider**



## **Questions to Consider (1/2)**

- Do the kinds of services you provide align with those that will be offered under ECM or with those that could be offered under ILOS?
- Are the populations you currently serve similar to the Populations of Focus for ECM?
- Would the people you serve benefit from increased coordination across service providers?
- Are the people you serve currently enrolled in or eligible for Medi-Cal managed care?



## **Questions to Consider (2/2)**

- Are you currently or have you ever had experience as a Medi-Cal provider? Have you ever contracted with a Medi-Cal managed care plan?
- Do you have the ability to share and report data? How sophisticated are your systems?
- Do you have staff to support contract negotiation and execution, such as counsel and administrative personnel?

### **Next Steps**

- Assess the services you offer and the individuals you serve.
- Determine what steps you may need to take to participate and meet managed care contracting requirements.
- Prepare questions you have for county and plan representatives.
- Signal interest to managed care plan(s) in your county.
   MCPs must submit their Provider networks to DHCS on October 1.
  - MCP contact information is provided in the Appendix on slides 68 – 83.



# **ECM & ILOS Guidance and Resources**

#### **ECM/ILOS Guidance and Resources**

#### **DHCS Websites**

- CalAIM
- ECM/ILOS

#### **Available DHCS Policy Decisions and Guidance**

- Finalized DHCS-MCP ECM and ILOS Contract Template
- Finalized ECM and ILOS Standard Provider Terms and Conditions
- Finalized CalAIM ECM and ILOS Model of Care Template
- Finalized ECM Key Design Implementation Decisions
- Finalized ECM & ILOS Coding Options
- ECM/ILOS FAQs

## Forthcoming Releases & MCP Deadlines

#### **September**

- MCPs submit Model of Care Part II September 1, 2021
- ECM Policy Guide and ILOS Program Guide September 2021
- DHCS finalizes ECM MCP Rates September 2021

#### **October**

 MCPs submit Model of Care Part III (including Provider Networks) – October 1, 2021

### **Questions?**

For more information about CalAIM, visit: <a href="https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM">https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM</a>. <a href="mailto:M.aspx">M.aspx</a>

For more information about ECM and ILOS, visit: <a href="https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx">https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx</a>

Send questions or comments to **CalAIMECMILOS@dhcs.ca.gov** 

## **THANK YOU!**



## **Appendix**

## **Key Terms & Acronyms (1/2)**

- **Department of Health Care Services (DHCS):** DHCS helps provide low-income and disabled Californians' access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care.
- Medi-Cal Fee-for-Service (FFS): under FFS Medi-Cal, beneficiaries are
  responsible for finding primary care providers and specialists who are willing to
  accept Medi-Cal; beneficiaries are not matched with a primary care provider who
  coordinates their care. DHCS establishes fee schedules, negotiates rates with
  hospitals, determines medical necessity criteria and pays provider claims for
  services provided.
- Medi-Cal Managed Care (MC): under Medi-Cal Managed Care, each of the participating health plans contract with DHCS and assume full financial risk for all covered services.

## Key Terms & Acronyms (2/2)

- Managed Care Plan (MCP): MCPs provide health care services for their members through contracts with health care providers and medical facilities.
   These providers and facilities make up the plan's network.
- California Advancing and Innovating Medi-Cal (CalAIM): CalAIM is a DHCS initiative to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members.
- Enhanced Care Management (ECM): A Medi-Cal <u>managed care benefit</u> that will address clinical and non-clinical needs of high-need, high-cost individuals through coordinated services and comprehensive care management.
- In Lieu of Services (ILOS): Services that Medi-Cal <u>managed care plans have</u> the option to provide as a substitute to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

## **Medi-Cal Managed Care Models**

- County Organized Health System (COHS): in this model, a health plan is created and administered by a County Board of Supervisors. Within a COHS county, all managed care enrollees are in the same plan (22 counties).
- Two-Plan Model: this model is comprised of a publicly-run entity (a "Local Initiative") and a commercial plan (14 counties).
- Geographic Managed Care (GMC): in this model, DHCS contracts with a mix of commercial and non-profit plans that compete to serve Medi-Cal beneficiaries (2 counties).
- Regional Expansion Model: DHCS contracts with two commercial plans in each county (18 counties).
- Imperial Model: this model only operates in Imperial County where DHCS contracts with two commercial plans.
- San Benito Model: this model only operates in San Benito County where DHCS contracts with one commercial plan.

## In Lieu of Services Descriptions (1/4)

- Housing transition navigation services: housing transition services assist beneficiaries in obtaining housing
- Housing deposits: assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household
- Housing tenancy and sustaining services: provide tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured
- Short-term post-hospitalization housing: provides beneficiaries who do not
  have a residence and who have high medical or behavioral health needs with the
  opportunity to continue their medical, physical, or substance use recovery
  immediately after exiting an inpatient facility

## In Lieu of Services Descriptions (2/4)

- Recuperative care (medical respite): short-term residential care for individuals
  who no longer require hospitalization, but still need to heal from an injury or
  illness (including behavioral health conditions) and whose condition would be
  exacerbated by an unstable living environment
- Respite services: short-term services provided to caregivers of participants who require intermittent temporary supervision to give relief to the caregiver
- Day habilitation programs: provide services in or out of a participant's home to assist the participant in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in the person's natural environment
- Medically tailored meals/medically-supportive food: meals that help individuals achieve their nutrition goals at critical times to help them regain and maintain their health

## In Lieu of Services Descriptions (3/4)

- Nursing facility transition/diversion to assisted living facilities: services to
  assist individuals to live in the community and/or avoid institutionalization when
  possible by facilitating nursing facility transition back into a home-like, community
  setting and/or preventing skilled nursing admissions for beneficiaries with an
  imminent need for nursing facility level of care
- Community transition services/nursing facility transition to a home: assists individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence
- Personal care and homemaker services: provide services for individuals who need assistance with Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL)

## In Lieu of Services Descriptions (4/4)

- Environmental accessibility adaptations (home modifications): physical adaptions to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home
- Sobering centers: centers used as alternative destinations for individuals who
  are found to be publicly intoxicated and would otherwise be transported to the
  emergency department or jail
- Asthma remediation: physical modifications to a home environment that are
  necessary to ensure the health, welfare, and safety of the individual, or enable
  the individual to function in the home and without which acute asthma episodes
  could result in the need for emergency services and hospitalization

## MCPs by County & Contact Information (1/16)

County	Health Plans	Contact Information
Λ I ο νος σ σΙ σ	Alameda Alliance for Health	CalAlMinfo@alamedaalliance.org
Alameda County	Anthem	Interest Form
	Blue Cross Partnership Plan	CalAIM@anthem.com
	Anthem Blue Cross	Interest Form
Alpine County	Partnership Plan	CalAIM@anthem.com
/ lipinic County	California Health &	CaHealthWellness_ECM_ILOS@ca
	Wellness	<u>healthwellness.com</u>
Amador	Anthem Blue Cross	<u>Interest Form</u>
	Partnership Plan	CalAIM@anthem.com
County	California Health & Wellness	CaHealthWellness_ECM_ILOS@ca
		<u>healthwellness.com</u>

## MCPs by County & Contact Information (2/16)

County	Health Plans	Contact Information
	Anthem Blue Cross	Interest Form
Butte County	Partnership Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness ECM ILOS@ca
		<u>healthwellness.com</u>
	Anthem Blue Cross	Interest Form
Calaveras	Partnership Plan	CalAIM@anthem.com
County	California Health & Wellness	CaHealthWellness ECM ILOS@ca
		<u>healthwellness.com</u>
	Anthem Blue Cross	Interest Form
Colusa County	Partnership Plan	CalAIM@anthem.com
Colusa County	California Health & Wellness	CaHealthWellness ECM ILOS@ca
		healthwellness.com

## MCPs by County & Contact Information (3/16)

County	Health Plans	Contact Information
	Anthem Blue Cross	Interest Form
Contra Costa	Partnership Plan	CalAIM@anthem.com
County	Contra Costa Health Plan	Sharron.Mackey@cchealth.org
Del Norte County	Partnership Health Plan	CalAIM@partnershiphp.org
	Anthem Blue Cross	Interest Form
El Dorado	Partnership Plan	CalAIM@anthem.com
County	California Health & Wellness	CaHealthWellness_ECM_ILOS@ca
		<u>healthwellness.com</u>
France County	Anthem Blue Cross	Interest Form
Fresno County	Partnership Plan	CalAIM@anthem.com

## MCPs by County & Contact Information (4/16)

County	Health Plans	Contact Information
Fresno County	CalViva	CalViva_ECM_ILOS@healthnet.com
	Anthem Blue Cross	Interest Form
Glenn County	Partnership Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
	California nealth & wellness	ealthwellness.com
Humboldt County	Partnership Health Plan	CalAIM@partnershiphp.org
	California Health & Wellness	CaHealthWellness ECM ILOS@ca
Imperial	Camornia nealth & wellness	<u>healthwellness.com</u>
County	Molina Healthcare of California	MHCGovernment.Contracts@Molina
	Partner Plan, Inc.	<u>HealthCare.Com</u>

## MCPs by County & Contact Information (5/16)

County	Health Plans	Contact Information
	Anthem Blue Cross	Interest Form
Inyo County	Partnership Plan	CalAIM@anthem.com
In 190 County	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
		<u>ealthwellness.com</u>
Kern County	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
	Kern Family Health Care	amisha.pannu@khs-net.com
	Anthem Blue Cross	Interest Form
Kings County	Partnership Plan	CalAIM@anthem.com
	CalViva Health	CalViva_ECM_ILOS@healthnet.com
Lake County	Partnership Health Plan of California	CalAIM@partnershiphp.org

## MCPs by County & Contact Information (6/16)

County	Health Plans	Contact Information
Lassen County	Partnership Health Plan of California	CalAIM@partnershiphp.org
Los Angeles	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
County		ECM: mzavala@lacare.org
	L.A. Care Health Plan	ILOS: aklurfeld@lacare.org
	Anthem Blue Cross	Interest Form
Madera	Partnership Plan	CalAIM@anthem.com
County	CalViva Health	CalViva_ECM_ILOS@healthnet.com
Marin County	Partnership Health Plan of California	CalAIM@partnershiphp.org

## MCPs by County & Contact Information (7/16)

County	Health Plans	Contact Information
	Anthem Blue Cross	Interest Form
Mariposa	Partnership Plan	CalAIM@anthem.com
County	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
		<u>ealthwellness.com</u>
Mendocino	Partnership Health Plan of	CalAIM@partnershiphp.org
County	California	CalAnvi@partifershiphp.org
Merced	Central California Alliance for	ECMILOSProgram@ccah-
County	Health	<u>alliance.org</u>
Modoc County	Partnership Health Plan of California	CalAIM@partnershiphp.org

## MCPs by County & Contact Information (8/16)

County	Health Plans	Contact Information
	Anthem Blue Cross Partnership	Interest Form
Mono County	Plan	CalAIM@anthem.com
Iviorio County	California Health & Wellness	CaHealthWellness_ECM_ILOS@c
		<u>ahealthwellness.com</u>
Monterey	Central California Alliance for	ECMILOSProgram@ccah-
County	Health	<u>alliance.org</u>
Napa County	Partnership Health Plan of California	CalAIM@partnershiphp.org
	Anthem Blue Cross Partnership	Interest Form
Nevada County	Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness_ECM_ILOS@c
		<u>ahealthwellness.com</u>

## MCPs by County & Contact Information (9/16)

County	Health Plans	Contact Information
Orange County	CalOptima	BusinessIntegration@caloptima.org
	Anthem Blue Cross	Interest Form
Placer County	Partnership Plan	CalAIM@anthem.com
l lacor county	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
		<u>ealthwellness.com</u>
	Anthem Blue Cross	Interest Form
Plumas	Partnership Plan	CalAIM@anthem.com
County	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
		<u>ealthwellness.com</u>
Riverside County	Inland Empire Health Plan	ECM@iehp.org
	Molina Healthcare of California	MHCGovernment.Contracts@Molina
_	Partner Plan, Inc.	<u>HealthCare.Com</u>

## MCPs by County & Contact Information (10/16)

County	Health Plans	Contact Information
	Aetna Better Health	FlanaganBrownJ@aetna.com
	Anthem Blue Cross	Interest Form
	Partnership Plan	CalAIM@anthem.com
Sacramento County	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
	Kaiser Permanente	https://healthy.kaiserpermanente.org/nor
	Naisei Feimanente	thern-california/front-door
	Molina Healthcare of	MHCGovernment.Contracts@MolinaHe
	California Partner Plan, Inc.	althCare.Com
San Benito	Anthem Blue Cross	Interest Form
County	Partnership Plan	CalAIM@anthem.com

## MCPs by County & Contact Information (11/16)

County	Health Plans	Contact Information
San	Inland Empire Health Plan	ECM@iehp.org
	Molina Healthcare of California	MHCGovernment.Contracts@Molina
County	Partner Plan, Inc.	HealthCare.Com
San Diego County	Aetna Better Health of California	FlanaganBrownJ@aetna.com
	Blue Shield of California Promise Health Plan	ECM-ILOS@blueshieldca.com
	Community Health Group Partnership Plan	info@chgsd.com
	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
	Kaiser Permanente	Medi-Cal-State-Program@kp.org

## MCPs by County & Contact Information (12/16)

County	Health Plans	Contact Information
San Diego	Molina Healthcare of California Partner Plan, Inc.	MHCGovernment.Contracts@Molina HealthCare.Com
County	UnitedHealthcare Community Plan	morgan_perez@uhc.com
	Anthem Blue Cross	Interest Form
San Francisco	Partnership Plan	CalAIM@anthem.com
County	San Francisco Health Plan	calaimecmilos@sfhp.org
San Joaquin County	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
	Health Plan of San Joaquin	https://www.hpsj.com/contact-us/
San Luis Obispo County	CenCal Health	https://www.cencalhealth.org/contact -us/

## MCPs by County & Contact Information (13/16)

County	Health Plans	Contact Information
San Mateo County	Health Plan of San Mateo	https://www.hpsm.org/contact-us
Santa Barbara County	CenCal Health	https://www.cencalhealth.org/contact- us/
Santa Clara County	Anthem Blue Cross Partnership Plan	Interest Form CalAIM@anthem.com
	Santa Clara Family Health Plan	ehennessy@scfhp.com
Santa Cruz County	Central California Alliance	ECMILOSProgram@ccah- alliance.org
Shasta County	Partnership Health Plan of California	CalAIM@partnershiphp.org

## MCPs by County & Contact Information (14/16)

County	Health Plans	Contact Information
Sierra County	CenCal Health	https://www.cencalhealth.org/contact -us/
	California Health & Wellness	CaHealthWellness ECM ILOS@cah ealthwellness.com
Siskiyou County	Partnership Health Plan of California	CalAIM@partnershiphp.org
Solano County	Partnership Health Plan of California	CalAIM@partnershiphp.org
Sonoma County	Partnership Health Plan of California	CalAIM@partnershiphp.org
Stanislaus County	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
	Health Plan of San Joaquin	https://www.hpsj.com/contact-us/

## MCPs by County & Contact Information (15/16)

County	Health Plans	Contact Information
Sutter County	Anthem Blue Cross	Interest Form
	Partnership Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness ECM_ILOS@cah
		<u>ealthwellness.com</u>
Tehama County	Anthem Blue Cross	Interest Form
	Partnership Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness ECM_ILOS@cah
		<u>ealthwellness.com</u>
Trinity County	Partnership Health Plan of California	CalAIM@partnershiphp.org

## MCPs by County & Contact Information (16/16)

County	Health Plans	Contact Information
Tulare County	Anthem Blue Cross	Interest Form
	Partnership Plan	CalAIM@anthem.com
	Health Net Community Solutions, Inc.	ECM_ILOS@healthnet.com
Tuolumne County	Anthem Blue Cross	Interest Form
	Partnership Plan	CalAIM@anthem.com
	California Health & Wellness	CaHealthWellness_ECM_ILOS@cah
		<u>ealthwellness.com</u>
Ventura County	Gold Coast Health Plan	ppreciado@gchp.org
Yolo County	Partnership Health Plan of California	CalAIM@partnershiphp.org