Medi-Cal Healthier California for All
Enhanced Care Management and In Lieu of Services Workgroup
12.19.19 Meeting Summary

The Department of Health Care Services (DHCS) held the second of four CalAIM Enhanced Care Management and In Lieu of Services workgroup meetings on Thursday, December 19th.

The meeting was attended by DHCS staff, workgroup members and members of the public. Jennifer Ryan from Harbage Consulting facilitated the meeting and Jacey Cooper was the DHCS lead presenter.

The meeting focused on the following topics. A full agenda can be found here.

- A presentation by DHCS on Enhanced Care Management;
- A presentation by Mercer and DHCS on target population descriptions under Enhanced Care Management, each followed by a workgroup discussion;
- Discussion of Enhanced Care Management implementation timelines and expectations;
- Review of DHCS' Targeted Case Management proposal; and
- An overview of Enhanced Care Management financing presented by Mercer.

Discussion Summary

The meeting started with a presentation on Enhanced Care Management (ECM) by Jacey Cooper of DHCS. The presentation provided a description of the state's vision for ECM, including the overlap between the Health Homes (HHP), Whole Person Care (WPC), and Targeted Case Management (TCM) programs. See the slides here and summary of comments below:

- Discussion around the need for eligibility for ECM to be based on a combination of the risk stratification process, as well as referrals from community providers;
- The importance of contracting with community-based providers to conduct outreach and engagement around ECM, in addition to providing services;
- The need to consider the time and cost that will be involved to conduct effective outreach and engagement regarding ECM.

Next, Mercer and DHCS introduced the ECM Target Population Descriptions (see here). The workgroup discussion topics are listed below.

- **Children and Youth Populations**
    - Discussion on how ECM would impact the California Children's Services (CCS) program in Whole Child Model (WCM) vs. non-WCM counties, data sharing challenges with CCS, counties, and plans, and the importance of the 'No Wrong Door' approach.
    - DHCS clarified that plans will have flexibility around the definition and that ECM would wrap-around CCS. The intention is to connect beneficiaries to all of the services they need, but not to overlap with existing services/programs.

- **Homeless Population**
  - Workgroup members noted concerns that many housing support services are built into in lieu of services, rather than the ECM benefit. They are concerned that since the in lieu of services are optional for managed care plans, there could be unevenness in the availability of housing supports across the state.

- **High Utilizers**
  - The workgroup discussed whether it is best to standardize the definition of what makes an individual a high utilizer, or if it would be better to keep the definition more flexible. For example, establishing a timeframe for high utilization, recognizing the fluid nature of high utilizing individuals. Another workgroup member suggested tapping into fire departments and schools to help promote utilization and recognizing conditions that may not be identified as high utilization (ex. STD/STI's, oral health).

- **At Risk of Institutionalization / Skilled Nursing Facility Transitions to the Community**
  - The workgroup discussed the need to collect data from those receiving long-term services and supports (MSSP, Meals on Wheels) to understand the "at risk" population. They discussed the need to have multiple discussions with a person who may be eligible to transition into the community, in order to ensure they want to make the transition, the importance of having trained nursing facility and service providers to make transitions smooth. The workgroup also discussed the need to address the unique circumstances of homeless individuals transitioning out of a nursing facility; and the role of providers during and after the transition.
  - DHCS noted that providers will have different levels if sophistication around transitions and that the state will not be prescribing specific providers' roles in these transitions.

- **SED, SMI, and SUD Individuals at Risk for Institutionalization**
  - The workgroup discussed the challenges around needing documentation for co-occurring chronic conditions and diagnosis standards, the role of county behavioral health plans as ECM providers, and the importance of alignment of ECM with the state's Master Plan on Aging.

- **Individuals Transitioning from Incarceration**
  - The workgroup discussed clarifying when justice-involved individuals can become eligible for ECM, challenges at the state/federal level with assigning individuals to a health plan prior to release, the need to ensure inclusion of justice-involved youth (especially in counties where youth are

not incarcerated); the challenges of risk stratification, outreach and engagement with the justice-involved population; and the value of pre-release services for family members.

Jacey Cooper then presented the proposed timeline and service expectations related to transitioning from HHP and WPC to ECM and asked for feedback. The workgroup offered the following comments:

- Workgroup members encouraged a staggered implementation approach and taking the current infrastructure and technical ability of the county into consideration when structuring the implementation; and
- They noted concerns about accessing data and working through challenges in less than a year and working collaboratively between plans and counties to ensure a smooth transition.
- The workgroup also noted concerns about the ability of plans in counties that are not involved in WPC or HHP to establish the infrastructure needed to effectively implement ECM.

Following the transition discussion, Jillian Mongetta (DHCS) presented an overview to Targeted Case Management to inform the workgroup. Jacey Cooper explained DHCS is open to making modifications to the current TCM proposal allowing beneficiaries enrolled in managed care to continue receiving TCM, as long as the beneficiary is not receiving ECM. However, the state emphasized the importance of LGAs and managed care plans developing policies and procedures to ensure those receiving ECM do not also receive duplicative TCM services. Workgroup members were pleased to hear that DHCS is considering changes to the proposal to enable continuation of TCM for those enrolled in managed care, where appropriate. DHCS emphasized that any changes to the TCM proposal are dependent on CMS approval.

Finally, Branch McNeal of Mercer and Jennifer Lopez of DHCS presented an overview of ECM financing that noted what the state is considering as it develops payment rates for the new benefits. Additional information on payment rates will be available in 2020.