



Enhanced Care Management and In Lieu of Services Workgroup 1.22.2020 Meeting Summary

The Department of Health Care Services (DHCS) held the third of four Medi-Cal Healthier California for All Enhanced Care Management and In Lieu of Services workgroup meetings on Wednesday, January 22nd.

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.

This meeting focused on the following topics. A full agenda can be found [here](#).

- In Lieu of Services (ILOS) Common Feedback Themes presented by Mercer;
- Whole Person Care Interim Evaluation Report presented by the University of California, Los Angeles;
- Review of the Transition Plan Template; and
- Review of the Enhanced Care Management Model of Care Discussion Document

Discussion Summary

In Lieu of Services Common Themes

The meeting started with a presentation on Common In Lieu of Services (ILOS) Feedback Themes by Beth Kohler of Mercer. The presentation provided responses to the feedback received through the public and workgroup comment process, followed by time for workgroup discussion after each issue area. See the slides [here](#) and a summary of the discussion below:

- Eligibility: Changes to plan eligibility was a concern among workgroup members. The discussions were based around the question of whether to “grandfather” eligibility criteria from Whole Person Care (WPC) and the Health Homes Program (HHP) and discussing what an appropriate time frame would be.
- Services and Limits: There were numerous suggestions for possible additions to the list of in lieu of services (ILOS) and clarified that any ILOS offered by the plans need to be in line with federal regulations. Several workgroup members emphasized the need to offer advocacy and outreach services to educate members about the availability of the ILOS. There was a robust discussion about housing services that could be offered through ILOS, including the number of times an individual can receive services, the importance of infrastructure, and how existing housing services established through WPC can transition to ILOS. Workgroup members also encouraged the state to incentivize the services to ensure they are offered widely across plans.



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- **Cost Effectiveness:** Workgroup members asked about the importance of cost effectiveness and asked how it is determined. Branch McNeal of Mercer explained the determination of cost effectiveness is made “as a general matter under the contract, rather than on an enrollee-specific basis.”
- **Payer of Last Resort:** Beth Kohler explained the Medicaid Payer of Last Resort rules will apply. Workgroup members asked for an example as to when this will apply, and Jacey Cooper provided a housing example.
- **Timeline for Home Modifications:** Beth Kohler asked for workgroup feedback on an appropriate timeline for plans to assist with home modifications. Workgroup members suggested allowing for pauses in the timeline to allow for circumstances out of an individual's control, like a delay in getting a referral authorization or difficulty securing a contractor.
- **Direct Coordination with Sobering Centers:** Workgroup members strongly encouraged the continued use of the infrastructure established during WPC. It was also encouraged that sobering centers align more closely with client-centered, harm reduction practices as opposed to emergency room diversion models. Workgroup members also recommended that sobering centers work closely with housing navigation and county behavioral health agencies. DHCS is considering the detailed feedback provided regarding the concern that it is currently outside emergency personnel's scope of practice to divert a patient from the emergency department to a sobering center.

Whole Person Care Interim Evaluation Report from the University of California, Los Angeles

The Whole Person Care Interim Evaluation Report was presented by Dr. Nadereh Pourat of the University of California Los Angeles, Center for Health Policy Research. The UCLA slides can be found [here](#). After the presentation, workgroup members asked about the takeaways of the evaluation report, and whether any WPC best practices were evident from the evaluation. Dr. Pourat explained that the evaluation looked at the whole pilot program, not individual pilots. There were also concerns raised about the lack of diversity in demographics of the program's participants. Dr. Pourat stated UCLA used the data that were available to them. The workgroup members discussed when, whether, and how often ILOS services should be evaluated, and the sharing of evaluation data to help bolster ILOS services.



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Transition Plan Template

DHCS shared a draft “transition plan template” with workgroup members for their consideration and input. The purpose of the Transition Plan is to give managed care plans an opportunity to plan ahead and think through how best to ensure that beneficiaries experience a seamless transition from the services they may be receiving through the Whole Person Care pilots or the Health Homes Program to the new enhanced care management benefit and in lieu of services.

Jacey Cooper asked for feedback regarding a proposal to stagger the transition timeline to give managed care plans without experience with WPC and HHP until July 1, 2021 to stand up the new enhanced care management benefit. Numerous workgroup members shared their concerns regarding the feasibility of the January 1, 2021 timeline for counties that do not have any current WPC or (HHP). Working more closely with and allowing for a delayed timeline for these health plans was strongly encouraged. DHCS is following up with a survey for workgroup members to register their positions more formally.

The second issue for consideration was the question of whether to require that Medi-Cal managed care plans contract and work with existing providers and Community Based-Care Management Entities (CB-CMEs) in WPC and HHP, in hopes of facilitating a smooth transition. This concept was supported by many of the workgroup members. However, several workgroup members pointed out that there should be an exception process to allow plans to choose not to contract with providers that are known to be performing poorly under WPC or HHP. DHCS has similarly followed up with a survey to give workgroup members the opportunity to formally weigh in on the proposal.

Jacey Cooper shared that there has been a decision not to discontinue availability of TCM services for individuals enrolled in managed care, but rather it will be the responsibility of the Managed Care Plan (MCP) and LGA to ensure TCM services do not overlap with the new Enhanced Care Management (ECM) benefit.

Review of the Enhanced Care Management Model of Care Discussion Document

The workgroup members had an opportunity to review the Enhanced Care Management care model of care conceptual summary. Jacey Cooper asked workgroup members to provide feedback on the components that have been included in the model, and to think about what elements are missing from the model. Workgroup members voiced concern about the number of staff that will need to be involved in completing different parts of the model, and asked when the final version will be shared with MCPs so they can start planning. The timing of rates development and timing of the submission was also



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questioned. Lindy Harrington with DHCS acknowledged the urgency and importance of getting MCP's rates and emphasized it will be done soon after the final version of the proposal is finished. She added that the policy needs to be finalized before DHCS can finalize the rates.

Next steps for workgroup members: Workgroup members were asked to complete workgroup deliverables, including submitting feedback on the transition plan template by January 28th and completing the Transition Plan and Care Model input survey via Survey Monkey by February 7th.

Next Steps for DHCS: DHCS will incorporate the workgroup discussion into a revised proposal for discussion at the next meeting. The next workgroup meeting will take place on Wednesday, February 19, 2020, and will focus on the annual health plan enrollment proposal.