



Enhanced Care Management and In Lieu of Services Workgroup

January 22, 2019



Agenda

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| 10:00 – 10:05 | Welcome and Introductions |
| 10:05 – 12:00 | Review In Lieu of Services Comments, Feedback and Changes |
| 12:00 – 1:00 | Break for Lunch |
| 1:00 – 1:45 | Whole Person Care Interim Evaluation Results presented by UCLA |
| 1:45 – 2:30 | Review Transition Plan Template and Instructions |
| 2:30 – 3:15 | Review Enhanced Care Management Model of Care Discussion Document |
| 3:15 – 3:25 | Public Comment |
| 3:25 – 3:30 | Closing and Next Steps |



Welcome and Introductions





Parking Lot





ILOS Comments

THANK YOU for submitting thoughtful and detailed comments regarding the ILOS proposals



- 41 letters and documents received
 - Included both narrative commentary and track-changes markups
 - Represented perspective from a variety of stakeholders
- DHCS has reviewed and considered every comment and will determine needed changes as appropriate



Review of Comment Themes

Discussion will highlight common themes, outline major topics raised, identify potential changes and future discussion items

Not intended to discuss every suggested edit or comment

DHCS will be reviewing/revising ILOS write-ups considering the specific comments



Comment Theme: Eligibility

Grandfather in WPC or HHP Populations

- The concept of grandfathering in WPC and HHP populations will be discussed in the final policy document

Add individuals “at risk” of experiencing homelessness to Housing ILOS criteria

- Will be adding in “at risk” of homelessness, but need to frame parameters. DHCS is looking at other states like MN to identify appropriate guardrails.



Comment Theme: Eligibility (continued)

Comments on adding in specific Child groups to the eligibility

- We will make sure the documents don't restrict by age

Add various specific populations

- Many populations suggested would be eligible to receive ILOS under existing descriptions



Comment Theme: Services and Limits

- Commenters proposed a wide variety of potential additional ILOS options
- Several commenters mention confusion if multiple plans in an area offer different services.
 - Federal requirement that services be optional for the plan
 - Since services are cost effective, expect broad plan take-up
- Several commenters suggested eliminating all limits as long as services remain cost effective



Comment Theme: Cost-Effectiveness

- Several commenters had questions about the application of cost-effectiveness, including whether it should be a focus
- Federal regulations require the state to determine that the ILOS is medically appropriate and a **cost-effective** substitute for a State Plan service
- CMS has indicated that the cost effectiveness determination is made “**as a general matter under the contract, rather than on an enrollee-specific basis.**”



Comment Theme: Providers

Commenters suggested a variety of other provider types should be allowed to deliver the services and expressed concern about requiring non-traditional providers to enroll with Medi-Cal

- Expectation is that the providers have experience and expertise with these unique services
- Lists provided are general guidance – MCPs will have flexibility to use “qualified” providers
- Will clarify Medi-Cal enrollment required unless no state enrollment pathway (in which case plans determine MCP enrollment pathway)



Comment Theme: Payer of Last Resort

Commenters identified a lack of clarity in the language in the writeups, which DHCS will make clear.

In most cases, Medicaid acts as the payer of last resort for most services...other legally responsible sources are generally required to pay...before the Medicaid program will do so...There are also cases where Medicaid may pay for services that might otherwise be financed by other public agencies or programs, either because they are statutorily designated as payers of last resort after Medicaid (such as Ryan White HIV/AIDS, Title V Maternal and Child Health Block Grant, Indian Health Service, and Individuals with Disabilities Education Act programs) or are not considered to be legally liable third parties (such as schools and public health or child welfare agencies carrying out their general responsibilities to ensure access to needed health care). (<https://www.macpac.gov/subtopic/how-medicaid-interacts-with-other-payers/>)



Other Workgroup Discussion Topics

Commenters suggested establishing a timeline for Home Modifications

- Would a 90-day timeline be appropriate?

Commenters asked for clarity on how ILOS will work for duals

- Duals are eligible for ILOS, with the same coordination of benefits required where appropriate



Other Workgroup Discussion Topics

A commenter suggested requiring direct coordination with BH Departments/counties for sobering centers

- What would this requirement look like for plans, counties and/or sobering centers?

Commenters raised several issues regarding the interface between Personal Care ILOS and IHSS, particularly regarding timing and the IHSS application and approval process

- DHCS will work with DSS on clarifying language and an appropriate window for the ILOS



Future Discussion Topics

Data Collection

- Commenters offered several suggestions for how to collect encounter and other data (e.g., provider surveys, EHRs) as well as maintaining WPC data infrastructure
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Measures

- Commenters also suggested a variety of different measures to evaluate success, including measures focused on social factors (e.g., target population in stable housing) and outcomes rather than process
- Commenters also suggested DHCS consider policy goals (and associated data) such as driving quality improvement in communities of color



Committee Discussion





Whole Person Care Interim Evaluation Results presented by UCLA



Review Transition Plan Template and Instructions



WPC, HHP and TCM Transition Plan

This template is intended for Medi-Cal managed care plans currently operating a Health Homes Program or operating in a county with a Whole Person Care pilot and/or Targeted Case Management program.

Each managed care plan must fill out this template once per each applicable county in which it operates.



WPC, HHP and TCM Transition Plan

Goal is to identify early:

- What is transitioning from existing programs (WPC/HHP) vs. what plans would be building to meet ECM target populations
- Know what will not transition due to either:
 - Provider no longer wanting to provide the service
 - No comparable services in ECM or ILOS
- Know if there are issues/delays with plans and WPC/HHP providers coming to agreement on transition
- Verify plans and LGAs are talking early about processes to ensure no duplication of TCM and ECM



Proposed Phased-In Implementation for Enhanced Care Management

Phase I: January 1, 2021

- All counties with WPC or HHP
- All plans in these counties will go live, with all target populations*
- Plans without WPC or HHP can voluntarily opt-in

Phase II: July 1, 2021

- All counties with no WPC or HHP
- All plans in these counties will go live, with all target populations*

*Post incarceration population only required to go-live in 2021 if transitioning an existing WPC pilot



Proposed Mandate

DHCS is considering to mandate that all Managed Care Plans contract with existing WPC or HHP providers, as long as:

- Existing provider wants to continue to provide such services
- Good faith effort is made by both parties to come to a reasonable contractual agreement



Committee Discussion





Review Enhanced Care Management Model of Care Discussion Document



Enhanced Care Management Model of Care

This document outlines the key topics that DHCS is interested in collecting from MPCs in regards to how they intend to administer the ECM benefit, and seeks to spur workgroup discussion as to where and how best to capture this information in the most efficient, logical and useful manner.



Enhanced Care Management Model of Care

There are a range of ways in which this information could be gathered:

- MCP policies and procedures
- DHCS created contract template
- ECM Model of Care narrative template
- Provider network filings
- Population Health Management template and/or deliverables



Feedback via Survey

DHCS will send a survey with all Model of Care key topics, asking workgroup members what the preferred method of collecting such information and any requirements the department should consider for each key topic.

The survey will be sent out following the meeting, with responses **due by February 3rd**.



Committee Discussion





Public Comment

Please limit comments to 2 minutes





Closing and Next Steps



Next Workgroup : Wednesday, February 19th

- Post Managed Care Plan Convening Report Out
- Data Sharing, Data Collection, Monitoring and Oversight
- Review DHCS proposed incentive program
- Review final policy recommendations

Feedback Needed

- WPC, HHP and TCM Transition Plan feedback due by Tuesday, January 28, 2020
- ECM Model of Care Survey due Monday, Feb. 3rd