Updated Enhanced Care Management and In Lieu of Services Workgroup Questions

Below is a list of updated workgroup questions raised by workgroup members or through other input to DHCS.

Enhanced Care Management (ECM) – December 19, 2019

- **Population Questions:**
    - Review ECM Target Population write-ups
    - How should services be structured or differentiated for the duals population?
    - How does ECM apply to children (EPSDT, CCS, Whole Child Model)?
    - How does ECM apply to pregnant women with high risk medical conditions or MH/SUD conditions?

- **Standardization vs Flexibility**:
    - What should the level of standardization be for eligibility and program model across counties and plans?
    - Should plans be able to develop their own model of care with contracted providers?
    - How can the flexibility of Whole Person Care be included in ECM, while still maintaining ECM as a benefit managed by health plans?
    - Should the State create a statewide master/standard contract with some minimum expectations between managed care and counties, developed in partnership between the state, counties and plans?

- **Service Expectations:**
    - If a plan wants to provide some ECM services, what restrictions should be considered to ensure it meets the benefit requirements and is not phone based case management? (e.g. X in-person contacts per month)
    - How should ECM and ILOS work in a delegated model (e.g. plan to plan contract or plan to IPA contract)?
    - How does the State plan to address the fact that so many individuals reached via Whole Person Care were not on Medi-Cal prior to joining the WPC program? How do we ensure we don't lose the outreach efforts and/or continue to capture this needed population when it moves to the managed care plan, where they only provide services to those enrolled?

- **Workforce:** What, if any, additional criteria should be established for ECM or ILOS providers? Given the healthcare workforce shortage as well as the need to ensure that licensed personnel are working at the top of their license, we recommend that a thoughtful analysis and description of providers be included where a licensed professional is not necessary (e.g. Rehabilitation Counselors, Community Health Workers and Peer Support Counselors as allowable providers when a non-licensed professional is not necessary).

- **Duplication of Case Management:** As ECM is introduced, how can plans and the state prevent duplication and fragmentation of case/care management services?

Updated Enhanced Care Management and In Lieu of Services Workgroup Questions

- **Timelines**:
  - WPC and health homes is not statewide. What is the expectation for plans in these areas on January 1, 2021?
  - What are the largest barriers of transitioning WPC and HHP to ECM? How do we proactively overcome such barriers?
  - Will WPC and HHP members meet an "automatic" ECM eligibility criteria and be transitioned into the benefit when the other initiatives sunset?

- **Finances:** How should ECM services be reimbursed?

In Lieu of Services (ILOS) – January 22, 2020

- Review ILOS eligibility, services, and restrictions comments/recommended changes
- Are we missing critical ILOS options?
- What is a reasonable limit for transition costs under the ILOS proposals?
- How should ILOS be reimbursed? How should the "avoided service and cost" and subsequent savings from ILOS be documented and reported?
- What is a reasonable expansion of the number of times an individual can access Housing Transition Navigation Services, Housing Tenancy and Sustaining Services and Short-Term Post-Hospitalization Housing beyond once in a lifetime with one additional occurrence when documentation supports the reoccurrence?
- How should plans handle grievances and appeals regarding ILOS?
- How often can a plan add a new ILOS? (e.g. at any time, annually)
- How will CalAIM maximize outcomes by building capacity with current providers, who already have experience, relationships based on trust, care and accountability?
- Should counties and WPC entities be given a first right of refusal to provide these services?

Data Sharing, Data Collection, Monitoring and Oversight – February 19, 2020

- What is the best method of ECM and ILOS encounter data collection?
- What quality assurance process will be adopted for ECM and ILOS, including the necessary data collection, analysis to drive performance, consequences for accountability, and public reporting?
- What level of reporting is needed to truly monitor success without overburdening plans and providers?
- What process metrics should be measured for ECM?
- What outcome metrics should be measured for ECM?
- Will DHCS establish expectations or utilization benchmarks based on plan population needs for care coordination and ECM?
- How can we ensure that data will be shared across organizations, e.g., between plans and social services?
- If DHCS were to explore plan incentive payments, what delivery system reform or performance/quality measures should DHCS consider?