



Enhanced Care Management & In Lieu of Services Workgroup 11.20.19 Meeting Summary

The Department of Health Care Services (DHCS) held the first of four Enhanced Care Management (ECM) and In Lieu of Services (ILOS) workgroup meetings on November 20, 2019.

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](#).

- An overview of the CalAIM ECM and ILOS proposals, including a walkthrough of case study examples;
- A presentation from Clemens Hong from Los Angeles County on their Whole Person Care Program;
- A presentation from Robert Moore from Partnership Health Plan on their organization's care management efforts; and
- Workgroup discussion on the above topics.

Discussion Summary

- The meeting began with a presentation from DHCS and their actuarial consultant, Mercer, on the ECM and ILOS proposals, including a detailed explanation of each ILOS, per Appendix D of the proposal. Mercer also presented several case studies of individuals who might benefit from the ECM and/or ILOS offerings. The presentation slides are available [here](#). Below are additions to the discussion on ECM and comments from workgroup members:
 - Clarification that ECM and ILOS are the plans' responsibility, but the state expects plans to work closely with community providers to delivery these services. Workgroup members agree that the providers in the community have the most experience and are in the best position to provide these intensive types of services.
 - Clarification that that ECM providers will need to be enrolled and participating Medi-Cal providers, and that the health plans will need to manage the delegation of responsibilities.
 - A number of concerns were raised about the proposal to discontinue the Targeted Case Management (TCM) benefit for certain managed care enrollees. The workgroup emphasized the importance of understanding which counties are providing TCM services and what

the impact of discontinuing TCM for managed care beneficiaries could be. Several commenters raised concerns about beneficiaries who currently receive TCM (such as pregnant women and children) that might not qualify for the new ECM or ILOS benefits.

- Workgroup members also noted the importance of considering workforce needs and training related to implementing these new programs.

Below are additions to the discussion and comments from workgroup members on ILOS:

- Workgroup members asked for clarifications on several of the ILOS and DHCS provided a deadline of **December 13th** for comments specific to the ILOS menu (Appendix D of the proposal).
 - DHCS clarified that ILOS are optional but that health plans will be incentivized to provide them.
 - Workgroup members flagged the need for a child-focused case study.
 - A few workgroup members urged the state to consider the difference between preventive care and reactive care, noting that some of the ILOS were more reactive than preventive.
 - Workgroups flagged the importance of using infrastructure that was developed through Whole Person Care and Health Homes.
- Next Clemens Hong, MD, PhD from Los Angeles County presented on LA County's Whole Person Care program. See slides [here](#). Below is a summary of questions and comments following the presentation:
 - LA County's Whole Person Care Program is working to engage the health plans in order to determine the return on investment for services provided through Whole Person Care. Dr. Hong talked about some of the key challenges related to workforce development and provider capacity and the need for training; the importance of and barriers to data sharing; and the county's plans to leverage the infrastructure that has been developed through Whole Person Care in order to smooth the transition to CalAIM. The County is working to share learnings through a series of white papers.
 - Following, Robert Moore, MD from Partnership HealthPlan presented on the plan's experience with care management programs. See slides [here](#).
 - Below is a summary of the public comments received at the meeting:
 - A few members voiced concerns with the elimination of TCM for managed care beneficiaries.
 - One member spoke to the benefits of including broader nutrition support in the ILOS menu.
 - One member raised concerns with the timeline for implementation by January 2021.

- Following the presentations workgroup members were invited to issue final comments and questions. Below are the key themes from that discussion:
 - Participation in TCM needs to be thoroughly reviewed and considered before it is eliminated for managed care beneficiaries.
 - The state should consider the varied relationships counties have with their health plans and account for them in the final policy regarding ECM and ILOS.
 - Workgroup members urged the state to consider the benefits of counties and community-based providers providing ECM and ILOS services.
 - Workgroup members had concerns around timeline, reimbursement structures, and the need for extensive training and technical assistance, particularly for those plans that do not have experience with Whole Person Care or the Health Homes Program.
 - Workgroup members noted that the managed care plans are not all well-prepared to serve high needs beneficiaries.
 - There was interest in incorporating presentations from “on-the-ground” providers and/or case managers to ensure that the community perspective is well represented.
 - Workgroup members expressed interest in seeing baseline data, such as rates of emergency department visits, hospital admissions, and other utilization data to help apply lessons learned from existing programs.

Next Steps for DHCS:

DHCS asked for workgroup members to submit questions for the workgroup to consider by December 2nd and comments on the ILOS menu by December 13th. The next workgroup meeting will take place on December 19, 2019.