Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

March 16, 2021

Webinar Tips

- Please use **either** computer **or** phone for audio connection
- Please mute your line when not speaking.
- For questions or comments, email: MCHAP@dhcs.ca.gov.

Agenda

- Welcome and Introductions
- Opening Remarks by DHCS Director
- Status of DHCS Telehealth Policy
- California Advancing and Innovating Medi-Cal (CalAIM) Update
- MCHAP Member Updates and Follow-Up
- Public Comment
- Upcoming MCHAP Meetings and Next Steps

Director's Updates

Status of DHCS Telehealth Policies

Telehealth Brief History

- **Pre-COVID Telehealth Policy**
  - Medi-Cal's telehealth policy was originally established pursuant to Assembly Bill 415, known as the Telehealth Advancement Act of 2011.
  - In 2019, DHCS, following extensive stakeholder engagement and public comment, introduced revised telehealth policy that afforded substantial flexibility to licensed providers to make clinically appropriate decisions regarding the use of synchronous and asynchronous telehealth modalities across both FFS and managed care.

Temporary COVID-19 PHE Flexibilities

- Expand the ability of providers to render all applicable Medi-Cal services that could be appropriately provided via telehealth modalities, including those historically not identified or regularly provided via telehealth, such as home and community-based services, Local Education Agency (LEA), and Targeted Case Management (TCM) services.
- Allow most telehealth modalities to be provided for new and established patients.
- Allow many covered services to be provided via telephonic/audio only services for the first time.
- Allow payment parity between in-person, synchronous telehealth, and telephonic services, including FQHC/RHCs in both FFS and managed care.
- Waive site limitations for both providers and patients for FQHC/RHCs.
- Allow expanded access to good-faith provision of telehealth through non-public technology platforms that would otherwise not be allowed under HIPAA requirements.

Pathway Forward

Post COVID-19, DHCS is recommending broad changes to allow the continuation of additional Medi-Cal-covered benefits and services to be provided via telehealth modalities.

- Approach is both reasonable and balanced to ensure equity in availability of modalities across the delivery systems while protecting the integrity of the Medi-Cal program.
- Use of the various telehealth modalities continues to provide beneficiaries with increased access to critically needed subspecialties and could improve access to culturally appropriate care.
- Ensure adherence to HIPAA Privacy Rules for appropriate uses and disclosures of information.

DHCS Guiding Principles

The following principles were used in developing the post-COVID-19 PHE telehealth policy changes:

- Equity
- Access
- Standard of Care
- Patient Choice
- Confidentiality
- Stewardship
- Payment Appropriateness

Telehealth Recommendations

- Allow specified FQHC and RHC providers to establish a new patient, located within its federally designated service area, through synchronous telehealth, and make permanent the removal of the site limitation.
- Make permanent the removal of the site limitations on FQHCs and RHCs, for example, allowing them to provide services to beneficiaries in the beneficiary's home.
- Expand synchronous and asynchronous telehealth services to 1915(c) waivers, the TCM Program, and the LEA Medi-Cal Billing Option Program (LEA BOP), and add synchronous telehealth and telephone services to Drug Medi-Cal.
- Require payment parity between in-person, face-to-face visits, and synchronous telehealth modalities~~,~~ when those services meet all of the associated requirements of the underlying billing code(s), including for FQHC/ RHCs.
  - Payment parity is required in both FFS and managed care delivery systems, unless plans and network providers mutually agree to another reimbursement methodology.

Telehealth Recommendations (cont.)

- Expands the use of clinically appropriate telephonic/audio-only, other virtual communication, and remote patient monitoring for established patients only.
  - These modalities would be subject to a separate fee schedule and not billable by FQHC/RHCs.

- Provides that the TCM Program and the LEA BOP will follow traditional certified public expenditure (CPE) cost-based reimbursement methodology when rendering services via applicable telehealth modalities.

Telehealth Recommendations (cont.)

Flexibilities DHCS is <u>not</u> recommending:

- Telephonic/audio-only modalities as a billable visit for FQHC/RHCs reimbursed at the Prospective Payment System rate.
- Telephonic/audio-only modalities to establish a new patient.
- Payment parity for telephonic/audio-only modalities, virtual communications for delivery systems allowed to bill such services.
- Continuing COVID-19 PHE telehealth policies for Tribal 638 clinics, as the federal government sets policy for Indian Health Services.

DHCS would like to engage with interested FQHC/RHC stakeholders regarding using telephonic/audio-only modalities, e-consults, virtual communication modalities (e.g., e-visits), and/or RPM in the context of an Alternative Payment Methodology.

DHCS Next Steps

- **Budget Proposal:** The budget includes $94.8 million total funds ($34 million General Fund) to implement remote patient monitoring services as an allowable telehealth modality in the FFS and managed care delivery systems.

- Advancing Trailer Bill Language (TBL): With an effective date of July 1, 2021,
- Submission of State Plan Amendments (SPAs)
- Submission of 1915(c) Home and Community-Based Services (HCBS) Waivers
- Promulgating CA Regulations
- Developing and Issuing Policy Guidance: Through Initiating Stakeholder Engagement
- DHCS' telehealth policy recommendations are posted on the DHCS website: https://www.dhcs.ca.gov/services/medi-cal/Documents/DHCS-Telehealth-Policy-Proposal-2-1-21.pdf

Break – 10 minutes

CalAIM: Population Health Management, Enhanced Care Management, and In Lieu of Services

Brian Hansen

CalAIM Overview

Overview: CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of Californians by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

- Population Health Management (PHM), Enhanced Care Management (ECM), and In Lieu of Services (ILOS) are foundational components of CalAIM.

CalAIM Relaunch Proposal: DHCS postponed the planned implementation of the CalAIM initiative to focus on COVID-19.

- On January 8, 2021, DHCS released a revised CalAIM proposal.

PHM Overview

PHM requires managed care plans (MCP) to develop and maintain a person-centered PHM program for addressing member health and health-related social needs across the continuum of care. MCP PHM programs must meet the National Committee for Quality Assurance (NCQA) standards for population health management as well as additional DHCS requirements.

Core PHM Program Objectives

1. Identify and assess member risks and needs on an ongoing basis.
2. Identify and mitigate social determinants of health, and reduce health disparities.
3. Keep all members healthy by focusing on preventive and wellness services.
4. Manage member safety and outcomes during transitions across delivery systems or settings through effective care coordination.

DHCS PHM Requirements

Two categories of DHCS PHM requirements:

Operational Requirements

MCPs must change their internal processes and procedures, and transform their service delivery systems into a PHM-oriented model that ensures the equitable provision of health care services to all members.

Program Requirements

MCPs must increase the standard of care they provide their members by using whole-person care approaches to enhance program criteria at every level in the continuum of care.

DHCS PHM Requirements

Operational Requirements:

- **Data Integration** – requires greater integration and interoperability and the development of predictive analytics.
- **Population Needs Assessment** – informs the development of programs and services to address the identified needs of groups.
- **Risk Stratification and Segmentation** – stratifies members into groups to connect them to appropriate programs and services.
- **DHCS Risk Tiering** – assigns members risk tiers based on DHCS criteria to allow for state-level evaluation.
- **Individual Risk Assessment** – validates initial risk tier assignment and gathers information for members without sufficient data.

DHCS PHM Requirements

Program Requirements:

- **PHM Strategy** – details how MCPs will meet the needs of all members annually.
- **Care Management** – supports the needs of all members through enhanced service requirements.
- **Case Management and Coordination** – provides additional accountability and strengthens case management services and the coordination of services across delivery systems.
- **Transitional Services** – improves the safety of members and the efficiency of coordinating smoother transitions.
- **Quality Assurance Reviews** – ensures internal monitoring by MCPs for core PHM program requirements.

Complementary CalAIM Initiatives

- **The ECM benefit** provides a critical set of new services that are a required part of an MCP's PHM program. Implementation begins in January 2022.
- **The adoption of ILOS** provides flexible wrap-around services designed to fill gaps in medical care as well as gaps caused by social determinants of health. Implementation begins in January 2022.
- **Shared Risk/Savings and Incentive Payments** for MCPs and providers maximizes the effectiveness of PHM programs and new service options. Implementation begins in January 2022.
- **NCQA Accreditation** provides a foundation of quality best practices and oversight for PHM and other MCP activities. Implementation begins in January 2026.

PHM Implementation Timeline

When	What
Summer 2021	Social Determinants of Health (SDOH) Coding Guidance released to MCPs
Fall 2021	PHM policy documents released for stakeholder review and comment
Spring 2022	Finalized PHM policy documents released to MCPs
	PHM Readiness Deliverables released to MCPs
Fall 2022	PHM Readiness Deliverables from MCPs due to DHCS
January 2023	MCP PHM implementation

Overview of ECM & ILOS

ECM Overview

- ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services.
- ECM, with ILOS, will replace the current Health Homes Program (HHP) and Whole Person Care (WPC) pilots, scaling up the interventions to form a statewide care management approach.
- ECM will be offered to all high-need Medi-Cal members who meet ECM target populations criteria. For details, see Revised CalAIM Proposal, Appendix I.
- To ensure that ECM will be community-based, high-touch, and person-centered, MCPs will be required, with limited exceptions, to contract with local ECM providers.

ECM Overview (continued)

ECM includes **seven mandatory target populations.**

- Examples of those that impact children:
  - Children and youth with complex physical, behavioral, and/or developmental health needs.
  - Individuals at risk for institutionalization with serious mental illness (SMI), children and youth with serious emotional disturbance (SED), or those with a substance use disorder (SUD).
  - Individuals experiencing homelessness or chronic homelessness, or who are at risk of experiencing homelessness, with complex health and/or behavioral health needs.
  - Individuals transitioning from incarceration, including justice-involved juveniles who have significant complex physical or behavioral health needs.

Children and Youth Target Populations

Children and youth (up to age 21, or foster youth up to age 26) with:

1. Complex physical, behavioral, and/or developmental health needs.
2. Children accessing care across multiple service delivery systems and requiring significant coordination to ensure their needs are being met.
3. Significant functional limitations and social factors influencing their health outcomes.

Examples include:

- Children/youth with complex health needs who are medically fragile or have multiple chronic conditions.
- Children with a history of trauma.
- Youth with clinical high-risk syndrome or first episode of psychosis.
- Populations from California Children's Services (CCS), foster care, or the child welfare system who meet the above criteria.

ECM Core Services

1) Comprehensive Assessment and Care Management Plan
   - Assess member needs and develop a comprehensive, individualized, person-centered care plan.
2) Enhanced Coordination of Care
   - Integrated care among all service providers. Make and track referrals to all needed services. Provide support for treatment adherence, coordinating medication review, scheduling appointments, providing appointment reminders, and coordinating transportation.
3) Health Promotion
   - Work with members to identify and build on resiliencies. Provide services to encourage and support members to make lifestyle choices based on healthy behavior.

ECM Core Services (continued)

4) Comprehensive Transitional Care
   - Track each member's admission or discharge to/from an emergency department, hospital, skilled nursing facility, residential/treatment facility, incarceration facility, or other treatment center.
5) Member and Family Supports
   - Activities that ensure the member and chosen family/support persons, including guardians and caregivers, are knowledgeable about the member's condition(s) and care plan.
6) Coordination of and Referral to Community and Social Support Services
   - Determine appropriate services to meet the needs of members; coordinate and refer to all available community resources.

ECM Services: Examples

- Assess gaps in both health care and social support needs, and develop a care plan that addresses the whole-person health needs of the child.
- MCPs will use claims data and referrals to identify good candidates.
- Referrals to health care providers, the child welfare system, schools, community-based organizations (CBOs), CCS, county behavioral health, and social services agencies.
- Referrals based on a needs assessment, behavioral health screens, other Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) screening, and/or Adverse Childhood Experiences (ACEs) score that includes consideration of the community supports available for the children and their families and caretakers, as well as social factors impacting their health.
- Services offered where the members live and seek care within the community.
- Activities may include coordination in school-based settings if permitted by the schools.

Additional ECM Service Examples

- Helping families, caretakers, and circles of support access information, coordination, and education about the child's conditions.
- Coordinating services, such as behavioral health, including SUD services, that will help parents, families, and caretakers, or housing-related services for households experiencing homelessness.
- Referral to housing services for youth experiencing homelessness.
- Coordination of services across various health, behavioral health, developmental disability, housing, and social services providers, including facilitating cross-provider data and information-sharing and member advocacy to ensure the child's whole person needs are met.
- Assistance with accessing respite care as needed.
- Referral to address food insecurity and other social factors.
- Coordination of EPSDT services.

ILOS Overview

- ILOS are medically appropriate and cost-effective alternatives to services covered under the State Plan. They are optional for MCPs to provide and for managed care members to receive.
- The ILOS option within CalAIM builds upon the work done in the WPC pilots. Starting in January 2022, DHCS will authorize 14 pre-approved ILOS in its contracts with MCPs.
- DHCS strongly encourages MCPs to offer the full menu of pre-approved ILOS to comprehensively address the health needs, including social determinants of health, of members with the most complex health challenges.
- For detailed ILOS descriptions, see the Revised CalAIM Proposal, Appendix J.

ILOS Overview

Example of ILOS likely to impact children:

- **Asthma Remediation:** Environmental asthma trigger remediations are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual. The modifications enable the individual to function in the home and avoid acute asthma episodes could result in the need for emergency services and hospitalization.

ILOS Overview Continued

Another example~~s~~ of ILOS likely to impact children:

- **Respite Services:** Provided to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature.
  - May include children who previously were covered for respite services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, beneficiaries enrolled in CCS, Genetically Handicapped Persons Program (GHPP) beneficiaries, and clients with complex care needs.

ECM and ILOS Timeline in Counties with HHP and WPC

Date	ECM/ILOS Implementation in Counties with HHP
Jan. 1, 2022	• MCPs launch ECM for most target populations. • MCPs automatically transition members currently served by HHP and WPC into ECM (and reassess within 6 months). • MCPs may begin offering ILOS. Additional ILOS may be added in 6-month intervals.
July 1, 2022	• MCPs expand ECM to include additional ECM target populations, working with other MCPs in each county to align, as applicable.
Jan. 1, 2023	• MCPs expand ECM to the target population for individuals transitioning from incarceration, if they haven't already due to WPC transition requirements.

ECM Implementation Timeline in Counties without HHP or WPC

Date	ECM Implementation in Counties without HHP or WPC Pilots
Jan. 1, 2022	• MCPs may begin offering ILOS. Additional ILOS may be added in 6-month intervals.
July 1, 2022	• MCPs begin implementation of ECM. **MCPs must define a implementation schedule in their ECM and ILOS Model of Care (MOC) template by ECM target population.** Alignment of implementation among MCPs within each county is strongly encouraged.
Jan. 1, 2023	• MCPs expand ECM to all target populations, including individuals transitioning from incarceration.

More Information and Comments

ECM and ILOS Public Comment Period

- DHCS released draft documents for public comment on February 16: MCP Contract Template and Model of Care, Standard Provider Terms and Conditions, and Encounter Coding Guidance.
- These documents are available for review on the DHCS CalAIM webpage.
- All comments should be submitted by email at: **CalAIMECMILOS@dhcs.ca.gov**. DHCS will review stakeholder feedback and finalize these policy documents in April.

General Questions/Comments on CalAIM or PHM

- Contact CalAIM@dhcs.ca.gov. Also, for more PHM, ECM, or ILOS initiative details, see the CalAIM proposal online at: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx

Member Updates and Follow-Up

Public Comment

Upcoming Meetings and Next Steps