CalAIM Enhanced Care Management & Community Supports Intersection

Technical Assistance Webinar

Tuesday, June 21, 2022

10:00 – 11:30 AM PT



Public Health Emergency (PHE) Unwinding

- » The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » How you can help:
 - Become a DHCS Coverage Ambassador
 - Download the Outreach Toolkit on the <u>DHCS Coverage Ambassador</u> webpage
 - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- » Phase One: Encourage Beneficiaries to Update Contact Information
 - Launch immediately
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners
- » Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!
 - Launch 60 days prior to COVID-19 PHE termination.
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Today's Session

- » Welcome & Introductions
- » ECM & Community Supports Recap
- » How ECM and Community Supports Fit Together: Frequently Asked Questions
- » How ECM and Community Supports are Working on the Ground: Illumination Foundation & CalOptima in Orange County
- » Q&A

ECM & Community Supports Recap

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

Legacy Programs to CalAIM

Health Homes Program (HHP)

- Benefit (State Plan service) in select counties
- Medi-Cal Managed Care members only
- MCP administered with care management contracted out to providers

Whole Person Care Pilots (WPC)

- Limited pilot program supported by Section 1115
- Coverage and delivery system agnostic (Medicaid Managed Care, Fee For Service, or uninsured); no requirements for interfacing with managed care plans (MCPs)
- Administered by county based "Local Entities"

Enhanced Care Management

- Care coordination as a MCP contract requirement
- Medi-Cal Managed Care members only
- MCP administered with care management delivered through community providers

Community Supports

- Optional services, but strongly encouraged
- Medi-Cal Managed Care members only
- MCP administered with services delivered through community providers and integrated with ECM

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home

ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

Launch and Expansion of ECM



- » ECM went live January 1, 2022 in the 25 counties that had participated in WPC/HHP, with 95,000 Medi-Cal members transitioning into ECM from WPC/HHP who are:
 - High utilizer adults (such as multiple emergency department visits and/or hospital/short-term skilled nursing facility stays)
 - Individuals and families experiencing homelessness
 - Adults with SMI and/or SUD
- » Starting on **July 1, 2022**, ECM will go live statewide for:
 - Individuals and families experiencing homelessness
 - High utilizer adults (such as multiple emergency department visits and/or hospital/short-term skilled nursing facility stays)
 - Adults with SMI and/or SUD
- » Starting on January 1, 2023, ECM will extend statewide to:
 - Individuals at risk for institutionalization and eligible for long-term care
 - Nursing facility residents transitioning to the community

What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are <u>strongly encouraged but not required</u> to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

» Community Supports are designed as cost-effective alternatives to traditional medical services or settings.

» Community Supports are designed to address social drivers of health (factors in people's lives that influence their health).

What are Community Supports?

Pre-Approved DHCS Community Supports

- 1. Housing Transition Navigation Services
- 2. Housing Deposits
- 3. Housing Tenancy and Sustaining Services
- 4. Short-Term Post-Hospitalization Housing
- 5. Recuperative Care (Medical Respite)
- 6. Respite Services
- 7. Day Habilitation Programs
- 8. Nursing Facility Transition/Diversion to Assisted Living Facilities

- 9. Community Transition Services/Nursing Facility Transition to a Home
- 10. Personal Care and Homemaker Services
- 11. Environmental Accessibility Adaptations (Home Modifications)
- 12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
- 13. Sobering Centers
- 14. Asthma Remediation

Who is Eligible for Community Supports?

- » Each Community Support has specific eligibility criteria linked to each service
- » Enrollees in Medi-Cal Managed Care may be eligible for Community Supports, which are voluntary to the enrollee
- Siven Community Supports are optional to MCPs, there is a mix of how what Community Supports are available with each plan and each county

Where are Community Supports Available Today?



- » MCPs are phasing in Community Supports selections across counties in 2022 and 2023, with over 10 of the 14 Community Supports offered in 16 counties starting July 1, 2022
 - Riverside, Sacramento, and San Diego counties will offer all 14 Community Supports
 - 97% of all California counties (56 out of 58) will offer at least 6 Community Supports
- MCPs can opt-in to offering new Community Supports every
 6 months, in January or July

Relationship Between ECM/Community Supports, PATH, & IPP

Providing Access & Transforming Health (PATH)

- PATH is a five-year, \$1.85 billion initiative included in the CalAIM 1115 waiver.
- PATH provides resources for community providers to build capacity and infrastructure to successfully deliver ECM and Community Supports.

Enhanced Care
Management (ECM) /
Community Supports
(CS)

PATH and IPP funding will complement and not duplicate one another.

Incentive Payment Program (IPP)

• IPP is a voluntary incentive program intended to support the implementation and expansion of ECM and Community Supports by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b).

How do ECM & Community Supports Fit Together? Frequently Asked Questions

Eligibility

- » Can an MCP Member enrolled in ECM also be eligible for one or more Community Supports?
 - YES.
- » Does an MCP Member have to be eligible for ECM in order to be eligible for one or more Community Supports?
 - NO.

Providers

- » Can a Community Supports provider also provide ECM?
 - YES. An organization can be both a Community Supports and ECM provider, or just one.
- » If a provider offers both ECM and one or more Community Supports to the same MCP member, will they be paid for both?
 - YES. DHCS expects that MCPs reimburse for both.

Services

- » Are there any exclusions on a person receiving ECM and Community Supports at the same time?
 - NO.
 - The member's ECM Lead Care Manager remains primarily responsible for the overall coordination of the member's care across the physical and behavioral health delivery systems and social supports.

Services (2)

» Can a Medi-Cal Member receive help with housing through **both** ECM and Community Supports?

YES.

- As part of ECM, the care manager may help the Member connect to housing resources.
- The housing Community Supports are specific services defined by DHCS:
 - Housing transition Navigation Services
 - Housing Deposits
 - Housing Tenancy and Sustaining Services

What ECM and Community Supports Look Like on the Ground: *CalOptima and Illumination Foundation in Orange County*

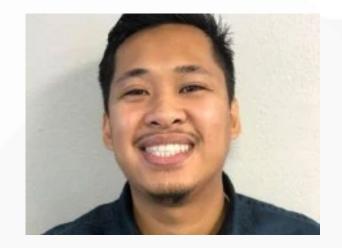




Paul Leon, RN, BSN, PHN Founder and CEO Illumination Foundation



Pooja Bhalla, DNP, RN
Executive Director of
Healthcare Services
Illumination Foundation



Francis Angeles
Manager of CSS Housing
Services
Illumination Foundation

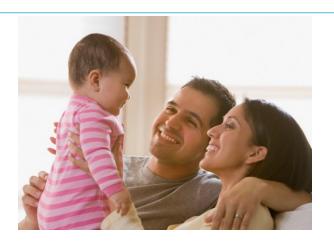


Kelly Bruno
Executive Director of MediCal and CalAIM CalOptima

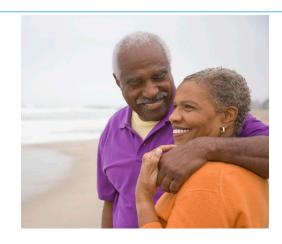




CalOptima Overview

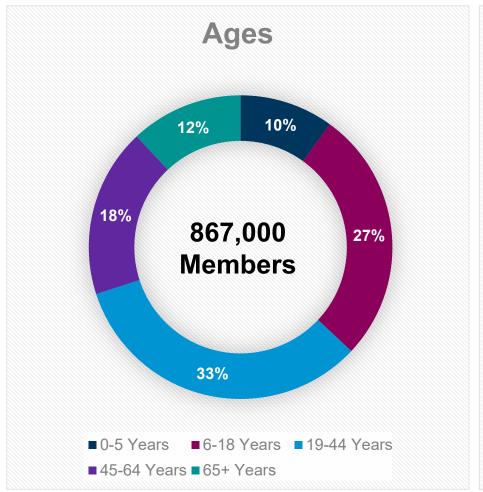


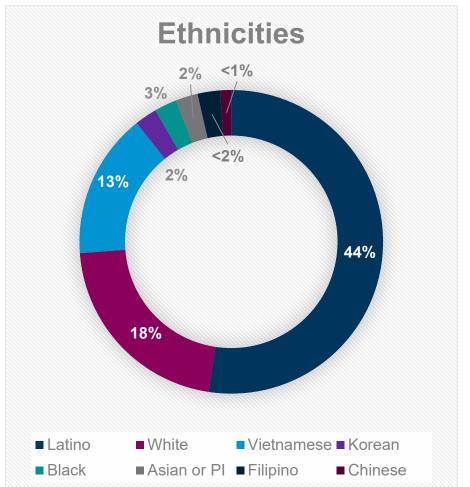




- Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.
- Orange County's community health plan for low-income families, seniors and people with disabilities
- Serves 1 in 4 adults and 1 in 3 children in Orange County
- Strong Provider Network:
 - * 1500 Primary Care Provider * 8000 Specialists * 41 Acute and Rehab Hospitals *580 Pharmacies
 - * 31 Community Health Centers * 99 Long Term Care Facilities * 5 PACE Alternative Care Settings
- 1500 employees with an annual budget of \$3.7B

About Our Members







ECM and Community Supports: January 1, 2022

Enhanced Care Management

- Creates a single, intensive and comprehensive benefit
- Meets clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries
- Phased implementation approach based on defined needs of the population of focus

RECUPERATIVE CARE

- Interim housing
- _o Bed and healthy meals
- Physical and mental health monitoring
- 。Vitals
- Assessments
- Wound care
- Medication
- Short-term assistance
- Coordination of transportation
- Medical oversight

HOUSING SUPPORT

- Housing navigation
 - Assessment
- Search/support
- Address barriers
- Housing deposits
 - One-time funding
 - First and last
 - Utilities, etc.
- Housing sustaining services
- Move-in assistance
- Landlord advocacy



Additional Community Supports from July 1, 2022

Short-Term Post- Hospitalization Housing

 Provides members who do not have a residence and who have high medical or behavioral health needs to continue recovery immediately after exiting a facility

Day Habilitation Programs

 Provides members with assistance in acquiring, retaining and improving the skills necessary to reside successfully at home and in their community

Personal Care and Homemaker Services

 Provides members with assistance with Activities of Daily Living and Instrumental Activities of Daily Living

Meals/Medically-Tailored Meals

 Provides members with meals and nutrition services that help to achieve nutrition goals at critical times to help regain and maintain health

Sobering Centers

 Provides members who are found to be publicly intoxicated with an alternative destination to an emergency department or jail



Additional Community Supports from January 1, 2023

Respite Services

 Provided to caregivers of members who require intermittent temporary supervision

Environmental Accessibility Adaptations (Home Modification)

 Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the member to function with greater independence in the home: without which the member would require institutionalization

Nursing Facility Transition / Diversion to Assisted Living Facilities

 Assist members to live in the community and/or avoid institutionalization when possible

Community Transitions to Home / Nursing Facility Transition to a Home

 Helps members to live in the community and avoid further institutionalization

Asthma Remediation

 Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the member, or enable the member to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization



ECM Eligibility No Share of Cost CalOptima Member Member in DHCS-Meet defined POFs DHCS Criteria • Exclusions include: **ECM** Eligible Enrolled in OneCare Connect Enrolled in PACE Not Enrolled in 1915(c) Waiver Program Excluded . HIV/AIDS Home and community alternatives . MSSP - HCBS

ECM Referral



CalAIM Enhanced Care Management (ECM) Referral Form

Note: Member must be eligible with CalOptima.

Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3.

Referral Information:		
Referral Date:	Referred by:	
Agency/Relationship to Member:		Referring Provide: NPI (if applicable):
Phone:	Referral Source	e Email:

Member Information:	Member's P	Member's Preferred Language:		
lember Name.		Medi-Cal CIN.		
Birthdate:	Primary Physician:			
Member Phone:	Member Email:			

Step 2. Check all conditions that apply and attach supporting information:

□Homelessness	☐ High Utilization of Health Care	Serious Mental Iliness/Substance Use Disorder Member vligibility criteria	
Member eligibility criteria	Member eligibility criteria		
(Select all that apply):	(Select one that apply):	(Select all that apply):	
□ Homeless	ab or more ER visits in the past 6	Serious Mental Health Condition, and/o Substance Use Disorder	
Chronic homelessness	months, or		
a At risk of homelessness (next	a 3 or more unplanned	AND one of the following:	
30 days) AND one of the following:	hospitalizations in the past 6 months, or	High risk for psychiatric Institutionalization, or	
Serious medical condition, or	- 2	d Use of crisis services, urgent care, the ER or hospital as sole source of health care, or	
Serious behavioral condition, or	 a 3 or more short-tern skilled nursing facility stays within the past 6 months 		
□ Serious developmental disorder		p 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or	
		p 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or	
		⊔ High risk for overdose and/or suicide, or	
		□ Is pregnant or postpartum (12 months from delivery)	
		UR Receiving services through the County that are similar to ECM, but not covered b Medi-Cal	

Receive referrals from

- Providers
- Community-based organizations (CBOs)
- County of Orange
- Member/Authorized Rep/Family/Guardian
- Field-based teams: Homeless Response Team or Clinical Field Team
- ECM Referral Form



ECM Service Providers and Authorizations to Date

ECM Networks

AltaMed Health Services

AMVI Medical Group

CalOptima

CHOC Health Alliance

Noble Mid Orange County

Optum Care Network Arta

Optum Care Network Monarch

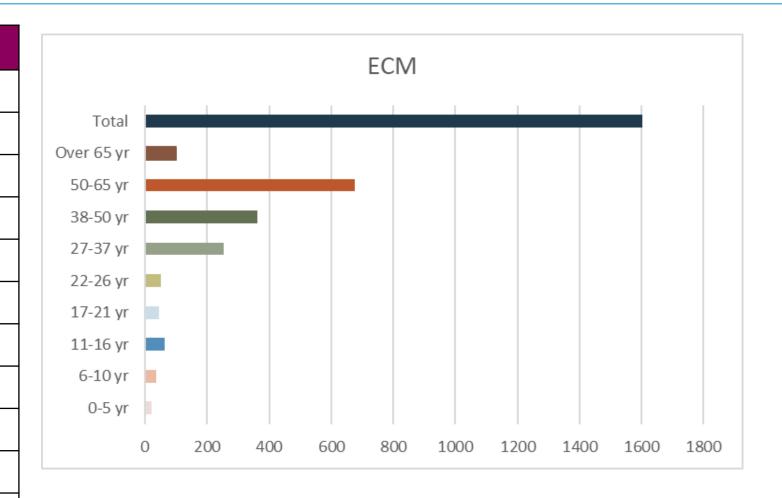
Optum Care Network Talbert

Prospect Medical Group

United Care Medical Group

Health Care Agency (SMI/SUD)

Total: 1584





Community Supports Referral and Authorization

- Who can refer?
 - Shelters
 - Community Providers
 - Families
 - Anyone...
- Referrals lead to an Authorization Request by the assigned Community Supports Provider
- Authorization required prior to service delivery
- DHCS criteria for authorization is specific to each Community Support
- Service must also be cost-efficient and result in improved outcomes



Community Supports Referral



CalAIM Community Supports Referral Form

Note: Member must be eligible with CalOptima.

Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3

Referral Information:

Referral Date:	Referred by:					
Agency/Relationship to Member: Referring Provider NPI (if applicable):						
Phone: Referral Source Email:						
Member Information: Member's Preferred Language:						
Member Information:	Member's Preferred Language:					
Member Information: Member Name:	Member's Preferred Language: Medi-Cal CIN:					
	Medi-Cal CIN:					

Step 2. Select the Requested Community Supports Services: ■Recuperative Care ■Housing Transition ■Housing Deposit ■ Housing Tenancy and (Medical Respite) Navigation Services Sustaining Services (Identify, coordinate and (Provide short-term (Assist member with fund move-in costs and (Provide education, residential care, including obtaining housing and services for a basic coaching and support to interim housing, meals and preparing for household, excluding maintain a safe and stable monitoring of a member's room and board. Member move-in) tenancy once housing is medical or behavioral secured. Available for a must be receiving health condition.) Housing Transition single duration in a lifetime Navigation Services. unless a limited exception **Urgent Request?** Available once in a applies.) □ Yes □ No lifetime unless a limited exception applies.) Member eligibility criteria Member eligibility criteria <u>Member eligibility criteria</u> Member eligibility criteria (Select all that apply): (Select all that apply): (Select all that apply): (Select all that apply): □ Homeless/at risk of Prioritized for □ Received Housing Received Housing Transition Navigation homelessness and too ill permanent supportive Transition Navigation or frail to recover from housing or rental Services Services subsidy through the illness or injury □ Prioritized for permanent □ Prioritized for permanent Orange County □ Lives alone with no supportive housing or supportive housing or Coordinated Entry formal supports and too ill rental subsidy through the rental subsidy through the or frail to recover from Orange County Orange County illness or injury Homeless/at risk of Coordinated Entry System Coordinated Entry System homelessness At risk of hospitalization □ Homeless/at risk of or after hospitalization. homelessness Condition:

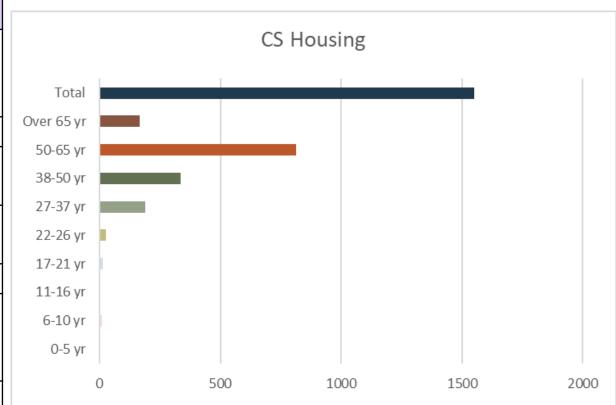
Receive referrals from

- ECM providers
- Providers
- CBOs
- Member/Authorized Rep/Family/Guardian
- Field-based teams
- Community Supports
 Referral Form



Community Support Housing Services and Authorizations to Date

Navigation	Deposits	Tenancy	Recupera tive Care
X	X	X	
X	X	Х	
X	X	Х	
X	X	X	Х
X	X	Χ	
X	X	X	
X	X	Х	
Х	Х	Х	
X	X	Х	X
927	257	365	163
	X X X X	X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X





Connecting ECM to Housing Community Supports across Orange County

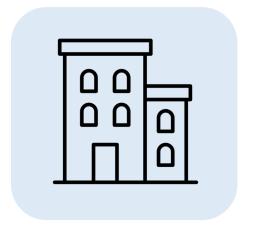
ECM





Work in Progress to Strengthen Connection

Community Supports Housing Services











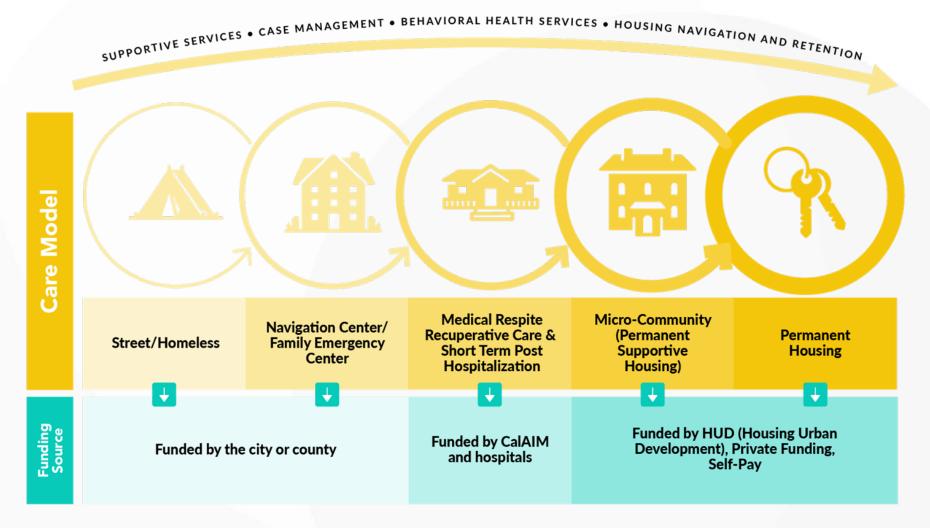
History

- 2008. Illumination Foundation founded
- **2009.** Homelessness Prevention and Rapid Re-Housing (HPRR) Housing and Urban Development (HUD) grant
- 2010. Recuperative Care starts in OC, funded by grants and hospitals
- **2012.** Emergency Solutions Grant Homelessness Prevention and Rapid Re-Housing Street Outreach in Santa Ana and Anaheim
- **2015.** Recuperative Care opens in Los Angeles
- 2016. Recuperative Care opens in Inland Empire
- 2017. Three more Recuperative Care facilities open. Whole Person Care begins in Orange County
- 2020. Health Homes Program begins. Fullerton Navigation Center and Recuperative Care Opens
- 2022. Five Recuperative Care facilities with 340 recuperative care beds. Funded through CalAIM



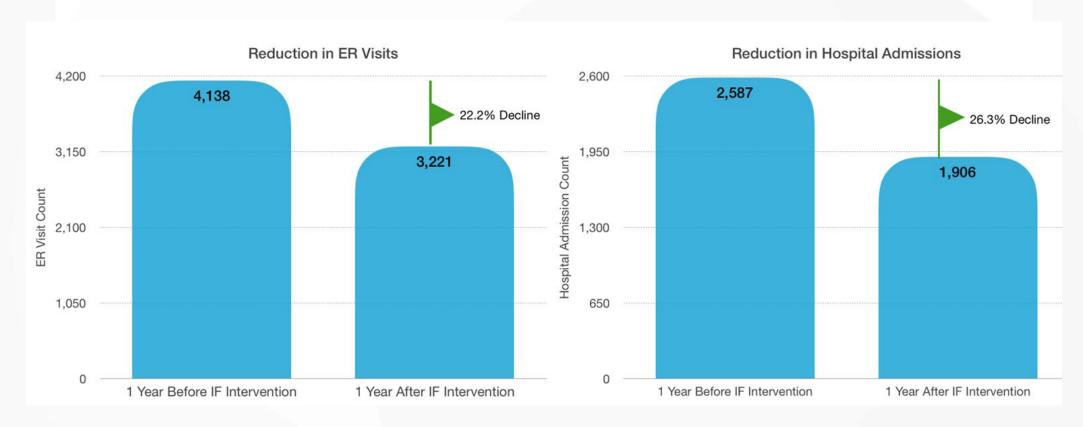


Street 2 Home System of Care



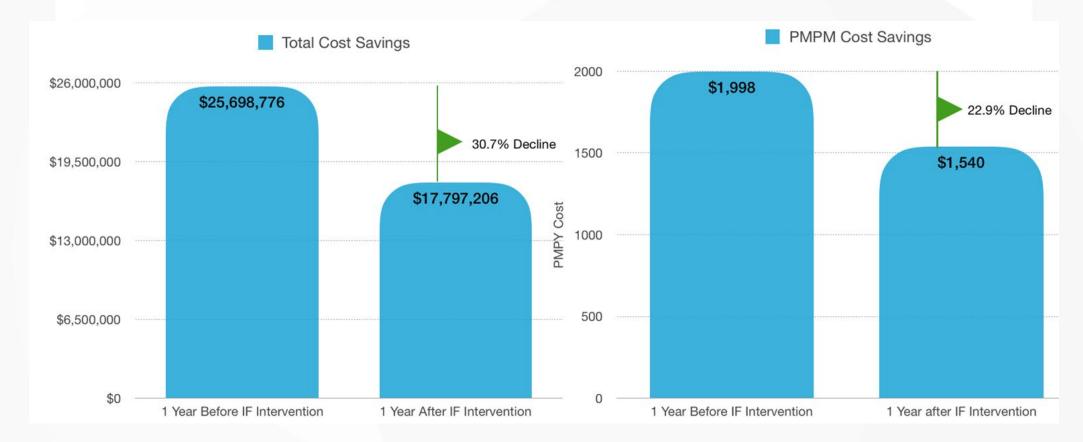


1,250 OC Medi-Cal Members Program Impact on ER Visits and Inpatient Hospital Admissions Whole Person Care Program





Program Impact on Total Costs to Medi-Cal and PMPM Cost Savings





Comparative Cost Savings in a 6-Month and 1-Year Post-Intervention Period

Service Category	PMPM Savings after 6 months	PMPM Savings after 1 year
Behavioral Health Therapy Sessions	\$814.54	\$964.02
OTC Medication Assistance and Counseling	\$805.22	\$1007.95
Multidisciplinary Team Action	\$652.33	\$1066.25
Information Meet and Greet	\$590.49	\$873.35
Crisis Intervention	\$517.59	\$754.78
Medical Advocacy	\$489.53	\$883.27
Medical and Case Management Education	\$440.06	\$740.84
Housing Case Management	\$17.21	\$218.14
Basic Needs Assistance	(\$33.007)	\$31.40
Transportation	(\$203.99)	\$152.86



Our Community Supports in Orange County

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Recuperative Care (Medical Respite)
 - Direct referrals from hospitals
 - 14 Day Presumptive Approval
 - Work with CalOptima on direct referrals from other locations
- Short Term Post Hospitalization (from July 1, 2022)

Staffing model/workforce

Illumination Foundation also provides **ECM** outside of Orange County





Scale of Community Supports to date in Orange County

Community Support offered with CalOptima	Scale to Date
Housing Transition Navigation Services	193 clients; about 40% "grandfathered" from Health Home Program on 1/1/22
Housing Deposits	New service with CalAIM
Housing Tenancy and Sustaining Services	82 clients; about 20% "grandfathered' from Health Home Program
Recuperative Care (Medical Respite)	40 new clients per month average
Short Term Post Hospitalization	Will start July 1, 2022

Housing Services staff increased by 150%







Cal-Optima's Referral Pathway into our Housing Community Supports

CalOptima fax CSS qualified member to Illumination Foundation

Illumination Foundation inputs referrals on CalOptima portal (CalOptima Connect)

Once authorizations are approved, members assigned a Housing Navigator

Housing Navigator contacts member and conducts intake process that includes an Individual Housing Plan and Health Assessment

Housing navigator maintains contact, focus on three areas to achieve permanent housing: stable income, rental subsidy, and attain dwelling





Client Success Story



Housed: October 2021



Housed: March 2022

Excitement & Challenges

Excitement	Challenges
 » Improved and timely care » Social Determinants of health recognized and now we can intervene » Role of CHWs in outreach and get hands on medical experience and can use this for furthering their health care careers » The Populations of Focus are expanded » ECM in the Community » Care Coordination to build upon an integrated system of care 	 » Transitioning data sharing processes from HHP/WPC to to ECM » Administrative burden » Supporting CHWs as they navigate the hierarchy of working with licensed professionals » Housing shortage in Orange County remains a major barrier. Vacancy rate is 2% » Coordination with separate ECM organizations



Connect With Us

Visit Us Online: www.ifhomeless.org

Follow us on Social Media: @IFHOMELESS





Upcoming Webinars

PATH All-Comer Webinar

Wednesday, June 29th 1:00 – 2:00 PM PT

Registration link forthcoming

Medi-Cal Children's Health Advisory Panel Meeting

Thursday, July 14th TIME TBD

Register <u>here</u>

Community Supports Webinar: Asthma Remediation

Wednesday, July 20th 12:00 – 1:00 PM PT

Register <u>here</u>

Stakeholder Advisory Committee (SAC) / Behavioral Health SAC Meeting

Thursday, July 21st 9:30 AM – 1:30 PM PT

Registration link forthcoming

CalAIM PHM Advisory Group July Meeting

Wednesday, July 27th 10:30 AM – 12:00 PM PT

Register here

Review DHCS Resources & Materials for Providers

- » Learn more about ECM & Community Supports:
 - Policy Guides: <u>ECM</u> & <u>Community Supports</u>
 - FAQs
 - Fact Sheets: <u>ECM</u> & <u>Community Supports</u>
 - ECM Key Design Implementation Decisions
- » Review ECM & Community Supports guidance documents:
 - Billing & Invoicing Guide
 - Coding Options
 - Community Supports Pricing Guide (Non-Binding)
 - Data Guidance for Member-Level Information Sharing
 - Contract Template Provisions
 - Standard Provider Terms & Conditions



Thank You!

For more information about CalAIM, visit:

https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.as px

For more information about ECM and Community Supports, visit:

https://www.dhcs.ca.gov/enhancedcaremanagementan dinlieuofservices

Send questions or comments to **CalAIMECMILOS@dhcs.ca.gov**