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 [DHCS Coverage Ambassador 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 Agenda

The goal of today's session is to provide information about the Enhanced Care Management (ECM) and Community Supports components of CalAIM for providers and other stakeholders in rural areas.

- **Overview of CalAIM**

- **Enhanced Care Management (ECM) & Community Supports**

- **Roles & Responsibilities for MCPs, ECM Providers and Community Supports Providers**

- **Provider example: Hill Country Community Clinic in Shasta County**

- **Q&A**

- **Conclusion & Thank You**

Overview of CalAIM
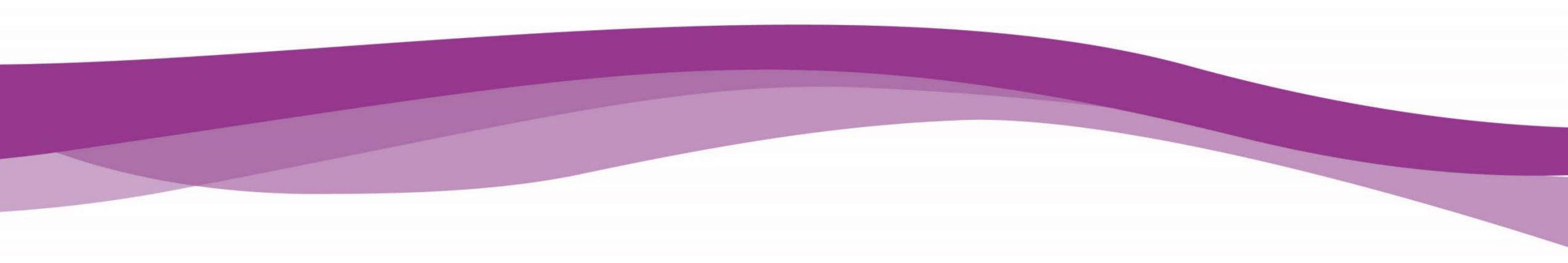
California Advancing and Innovating Medi-Cal (CalAIM)

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.

Early in Our CalAIM Journey

On January 1, 2022, DHCS launched the first components of CalAIM: Enhanced Care Management (ECM) and Community Supports.

Issues ECM & Community Supports are Designed to Address in California include:

Medi-Cal Members typically have **several complex health conditions**

About 20% of Californians are **food insecure**

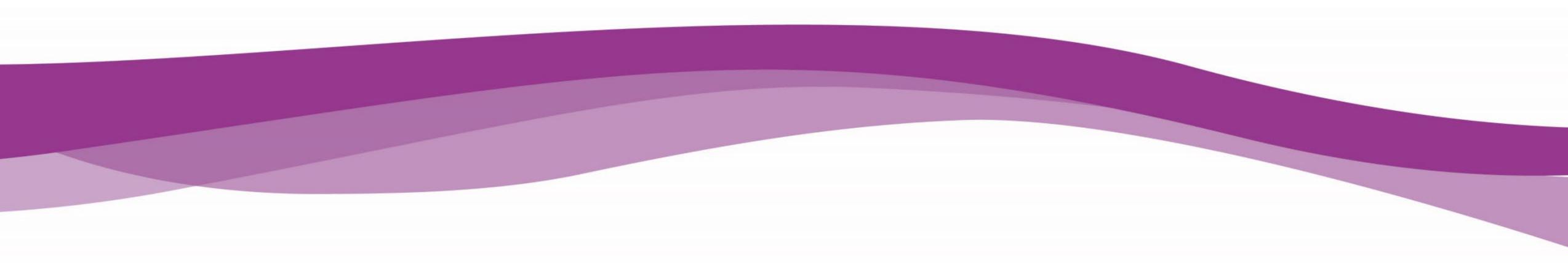Members with complex needs must often engage in **several delivery systems to access care**

People experiencing homelessness have **higher rates of diabetes, hypertension, HIV, and mortality**

Addressing social drivers of health is key to advancing health equity and helping people with high healthcare and social needs. **More than 65% of Medi-Cal Members are from communities of color.**

ECM & Community Supports

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for Members 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 Members through intensive coordination of health and health-related services, meeting Members 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 *(see next slide)*.

ECM within Levels of Care Management in Medi-Cal Managed Care

level of need/risk

Enhanced Care Management

» **Intended for highest risk members who need long-term coordination for multiple chronic conditions, social determinants of health issues, and utilization of multiple service types and delivery systems.**

Complex Care Management

» **Intended for high-risk members who need coordination of services for complex conditions or episodic need.**

Basic Population Health Management

» **Intended for members who require support with planning and coordination that is not at the highest level of complexity, intensity, or duration.**

Who is Eligible for ECM & How Does it Work?

ECM is available to Medi-Cal Managed Care Plan Members who meet "Population of Focus" criteria.

Eligible Members…

» Can be identified through their managed care plan (MCP), provider, family/caregiver, community-based organizations (CBOs), or via a self-referral.

» Are assigned an "ECM Provider" who best meets their needs. The ECM Provider makes sure the Member has a single "Lead Care Manager" who coordinates their care and services across Medi-Cal delivery systems and beyond.

What is Included in ECM?

DHCS has defined seven "ECM core services," which must be provided regardless of county/region or ECM Population of Focus.

Outreach and Engagement

Comprehensive Assessment and Care Management Plan

Coordination of and Referral to Community and Social Support Services

Enhanced Coordination of Care

Member and Family Supports

Health Promotion

Comprehensive Transitional Care

Populations of Focus and Go-Live Timing

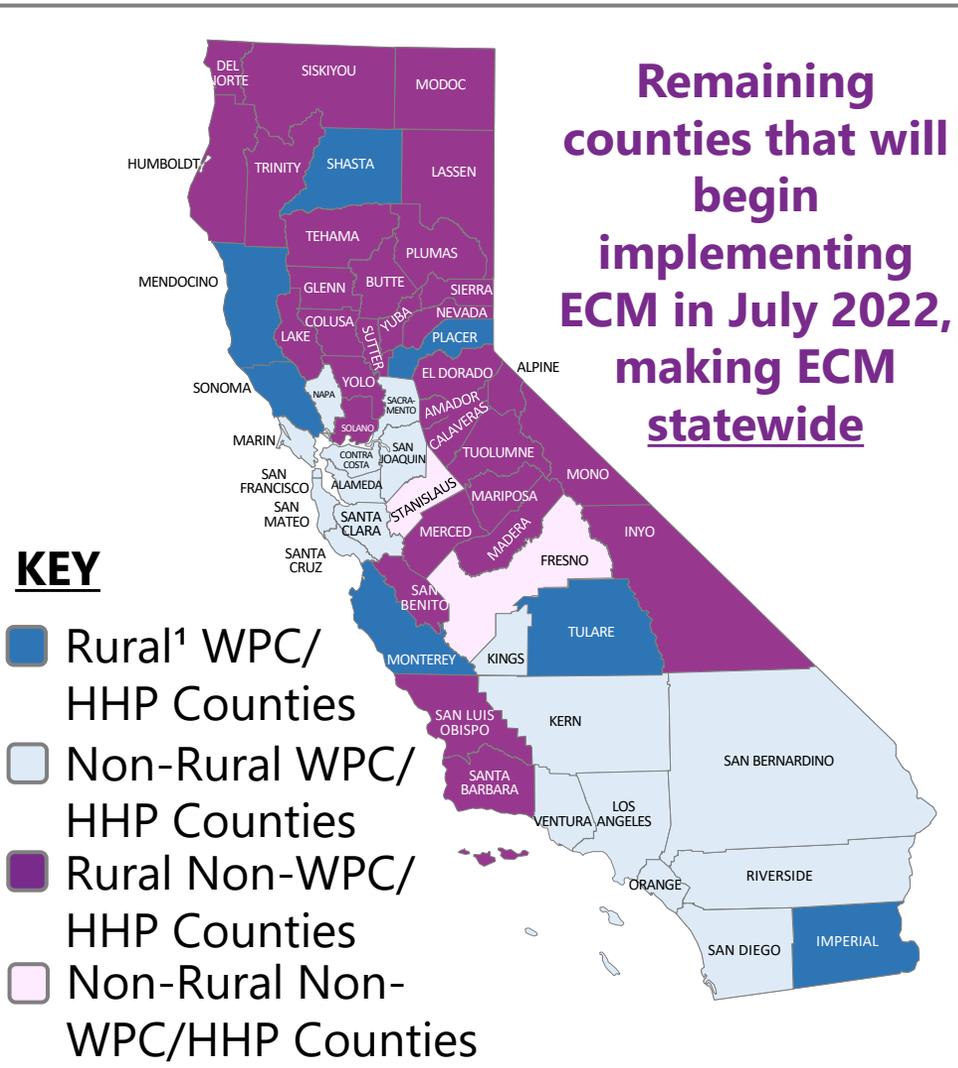| ECM Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	**January 2022** (WPC/HH counties) ★ **July 2022** (all other counties)
4. At Risk for Institutionalization and Eligible for Long Term Care 5. Nursing Facility Residents Transitioning to the Community	**January 2023** (statewide)
6. Children / Youth Populations of Focus	**July 2023** (statewide)

Additionally, the **Incarcerated and Transitioning to the Community** Population of Focus will go live statewide in alignment with pre-release Medi-Cal services. DHCS will announce timing at a later date in alignment with the 1115 demonstration waiver request to provide pre-release services in the 90 days prior to release.

For more information on Populations of Focus, see the ECM Policy Guide.

Where is ECM Live Today?

WPC/HHP Counties that began implementing ECM in January 2022

Map labels: SHASTA, MENDOCINO, PLACER, SONOMA, NAPA, SACRAMENTO, MARIN, SAN FRANCISCO, CONTRA COSTA, SAN JOAQUIN, ALAMEDA, SAN MATEO, SANTA CLARA, SANTA CRUZ, MONTEREY, KINGS, TULARE, KERN, SAN BERNARDINO, VENTURA, LOS ANGELES, ORANGE, RIVERSIDE, SAN DIEGO, IMPERIAL

KEY

- ▮ Rural[1] WPC/HHP Counties
- ▯ Non-Rural WPC/HHP Counties
- ▯ Non-WPC/HHP Counties

» ECM went live January 1, 2022 in the 25 counties that had previously participated in Whole Person Care and/or Health Home Program.

» Approximately **95,000** Medi-Cal members were eligible for and automatically transitioned into ECM in January from the previous programs.

» Since January, new ECM Members have begun to be served in these counties who are:

  » High utilizer adults

  » Individuals and families experiencing homelessness

  » Adults with SMI and/or SUD

1. Rural as defined by: Counties | Rural Counties (rcrcnet.org)

Statewide Scaling from July 1

Remaining counties that will begin implementing ECM in July 2022, making ECM statewide

KEY

- ■ Rural¹ WPC/HHP Counties
- ■ Non-Rural WPC/HHP Counties
- ■ Rural Non-WPC/HHP Counties
- ■ Non-Rural Non-WPC/HHP Counties

» Starting on **July 1, 2022**, ECM will go live statewide for:

  » Individuals and families experiencing homelessness

  » High utilizer adults

  » 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

» Starting on **July 1, 2023**, ECM will extend statewide to:

  » Children/Youth Populations of Focus

1. Rural as defined by: Counties | Rural Counties (rcrcnet.org)

Community Supports

» Are focused on addressing combined medical and social drivers of health needs and avoiding higher levels of care and associated costs.

» Are medically appropriate, cost-effective alternative services or settings that are provided "in lieu of" / substitute for more costly services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

» Are strongly encouraged but not required for Medi-Cal MCPs to implement (not benefits).

» Are **Optional** for Medi-Cal Managed Care Plans to offer and for Members to receive.

» Must be **medically appropriate and cost-effective.**

» Began implementation statewide on January 1, 2022.

Community Supports Services

DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs may offer. MCPs may also submit proposals to offer additional Community Supports that are not on this menu, subject to DHCS approval.
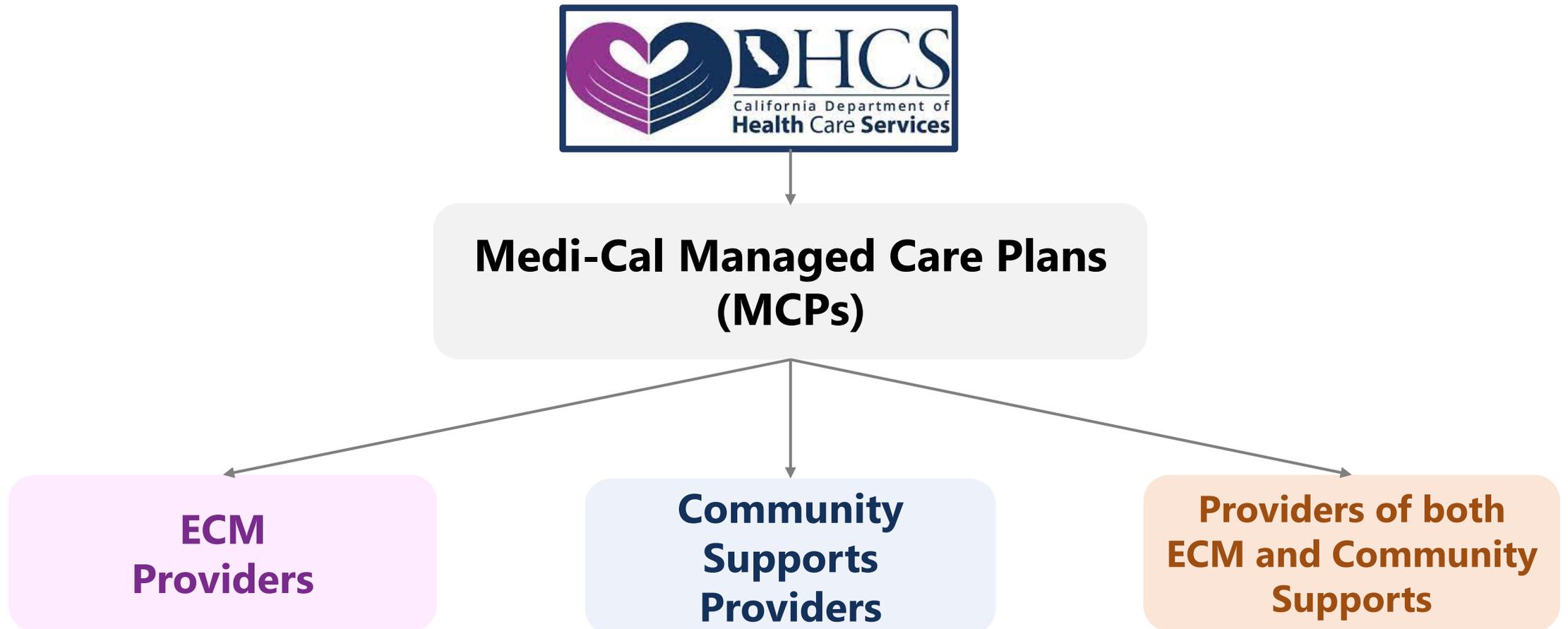
Pre-Approved DHCS Community Supports include:

» Housing Transition Navigation Services
» Housing Deposits
» Housing Tenancy and Sustaining Services
» Short-Term Post-Hospitalization Housing
» Recuperative Care (Medical Respite)
» Respite Services
» Day Habilitation Programs
» Nursing Facility Transition/Diversion to Assisted Living Facilities

» Community Transition Services/Nursing Facility Transition to a Home
» Personal Care and Homemaker Services
» Environmental Accessibility Adaptations (Home Modifications)
» Meals/Medically-Tailored Meals or Medically-Supportive Foods
» Sobering Centers
» Asthma Remediation

See Community Supports Elections Spreadsheet on DHCS website for MCP selections statewide.

Roles of MCPs, ECM Providers & Community Supports Providers

Roles & Responsibilities

DHCS
California Department of
Health Care Services

**Medi-Cal Managed Care Plans
(MCPs)**

**ECM
Providers**

**Community
Supports
Providers**

**Providers of both
ECM and Community
Supports**

MCPs…

» Establish provider networks to deliver ECM and elected Community Supports

» Negotiate Rates with ECM Providers (**DHCS is not setting provider rates for ECM**)

» Authorize ECM and Community Supports and assign members to ECM and Community Supports providers

» Oversee and monitor ECM/Community Supports service delivery

» Provide training for ECM/Community Supports providers

» Submit to DHCS a Model of Care (MOC) for ECM & Community Supports:

  ▪ In counties that go live on July 1, 2022, MCPs have already filed MOCs with DHCS and are now contracting with providers

ECM Providers...

» Are **community-based entities**, with experience and expertise providing culturally appropriate, intensive, in-person, timely care management services to individuals they will serve in ECM.

» **Assign a Lead Care Manager** to each Member enrolled in ECM, who is responsible for meeting with Members in-person to form a trusting relationship and coordinate care across medical, behavioral, and social service systems.

» **Contract with Medi-Cal MCPs** as ECM Providers and negotiate rates.

» Must be able to either submit claims to MCPs or use a DHCS invoicing template to bill MCPs if unable to submit claims and must have a documentation system for care management.

Who Are ECM Providers?

» In addition to **Rural Health Clinics (RHCs), Indian Health Programs (IHPs), and other community clinics that often serve Members in rural California,** Medi-Cal MCPs may choose to contract with a wide range of provider types:

- Federally Qualified Health Centers/Community Health Centers
- Primary care providers or specialists or physician groups
- County behavioral health plans
- Behavioral health entities
- Community mental health centers
- Local health departments
- California Children's Services (CCS) providers
- Community-based organizations (CBO)

- Hospitals or hospital-based physician groups or clinics (including public hospitals and district and/or municipal public hospitals)
- Organizations serving individuals experiencing homelessness and/or justice-involved individuals
- Community Based Adult Services (CBAS) providers
- In Home Supportive Services (IHSS) providers
- Skilled nursing facilities (SNF)
- Substance Use Disorder (SUD) treatment providers
- Other qualified providers or entities that are not listed above, as approved by DHCS

ECM Provider Capacity Considerations

There are policies in place to ensure sufficient ECM provider capacity in each county.

As established in the [ECM and Community Supports Contract Template](#), **MCPs must**:

- Ensure sufficient ECM Provider capacity to meet the needs of all ECM Populations of Focus.

- If the MCP is unable to meet the needs of all ECM Populations of Focus through contracts with community-based ECM Providers, the **MCP may submit a written request to DHCS for an exception** that authorizes them to use plan-based staff for ECM[1].

See ECM Provider Capacity Section 4F: [MCP-ECM-and-Community-Supports-Contract-Template-Provisions (ca.gov)](#)

Potential of Telehealth for ECM in Rural Areas…

» ECM is envisioned as a **high touch, in-person care management program**

» However, per guidance issued by the Department in January, to minimize the risk of serious illness due to COVID-19, MCPs and their contracted ECM Providers **may temporarily use telephonic and video calls** to substitute for face-to-face ECM services.

» As such, **in rural counties** where there may be challenges in supporting rural Members with in-person care management, **telephonic and video calls may also be temporarily used**.

Community Supports Providers...

» Are organizations that already deliver critical **social services**, including housing navigation, recuperative care, medically-tailored meals, or community transitions

» **Contract with Medi-Cal MCPs** as Community Supports Providers and negotiate rates. DHCS has published pricing guidance for the Community Supports to assist

  ▪ These organizations traditionally have not contracted with Medi-Cal MCPs

  ▪ Community Supports is bringing change to what MCPs' networks look like

» **Receive referrals** from ECM and other providers, health plans, or requests from individuals and families

» Either submit 837 claims to MCPs or use a DHCS invoicing template to bill MCPs if unable to submit claims

» Must have experience and expertise in the provision of the services being offered and have a history of serving Medi-Cal Members in a community-based manner.

» Must have the capacity to provide culturally appropriate and timely in-person care management activities and be able to communicate to the member in appropriate and accessible ways.

Who Are Community Support Providers?

» **Community Based Organizations such as:**

  » Life skills training and education providers

  » Home health or respite agencies

  » Home delivered meals providers

  » Affordable housing and supportive housing providers

  » Sobering centers

» **Local Governmental Entities such as:**

  » Social services agencies

  » Counties

  » Local public health jurisdictions

Medicaid Enrollment/Vetting Requirements

» Providers are required to be Medicaid-enrolled where a State-level enrollment pathway exists, as is required by Federal law.

» If no State-level Medicaid enrollment pathway exists, MCPs must vet the qualifications of the Providers according to their DHCS approved policies and procedures.

Incentive Funding to Support CalAIM (1)

To support a successful launch of CalAIM, incentive funding is available through two programs.

#1: CalAIM Incentive Payment Program (IPP)

Is intended to support the implementation and expansion of ECM and Community Supports by **incentivizing managed care plans (MCPs)** to:

- Drive **MCP delivery system investment** in provider capacity and delivery system infrastructure;
- **Bridge current silos** across physical and behavioral health care service delivery;
- **Reduce health disparities** and promote health equity;
- Achieve improvements in **quality performance**; and
- **Encourage take-up** of Community Supports.

For State Fiscal Years 2021-22, 2022-23, and 2023-24, the California State Budget has allocated $1.5 billion in incentive payments to MCPs.[1]
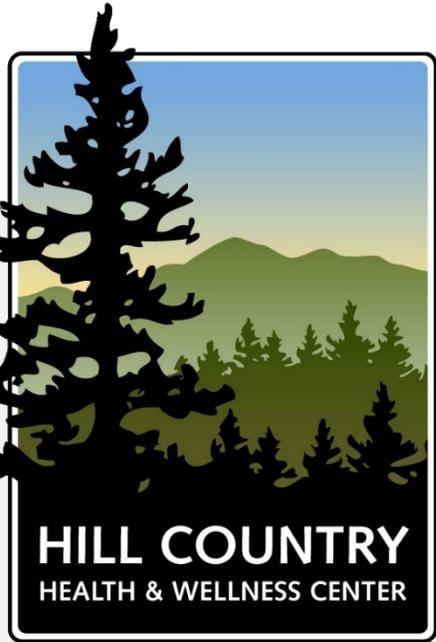
See [All Plan Letter 21-016](#) on DHCS website for more information about IPP.

Incentive Funding to Support CalAIM (2)

To support a successful launch of CalAIM, incentive funding is available through two programs.

#2: Providing Access and Transforming Health (PATH)

California has received expenditure authority as part of its section 1115 demonstration renewal for the "Providing Access and Transforming Health" (PATH) program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS received partial authorization for $1.85 billion in total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of key features of CalAIM.*

See the DHCS PATH webpage for more on information: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx

Rural ECM example: Hill Country Community Clinic in Shasta County

Renee Brissey, LCSW
Integrated SUD Program Director

Julie Jones
Integrated Operations Director

Hill Country CalAIM Leadership Team

» **Renee Brissey, LCSW, LAADC**

   » Shasta County native with over eighteen years experience working with individuals with complex needs.

   » Expertise treating addiction and co-occurring mental health issues with adults, pregnant women and youth.

   » Focus is on integrating substance use services in the primary care setting and efforts on reducing stigma to normalize addiction as another chronic condition that impacts health.

» **Julie Jones, MBA/HR, MFT**

   » Shasta County native working in the helping profession for over twenty years.

   » Expertise working the unsheltered and housing advocacy. Emphasis in domestic violence, and working with LGBTQ youth population

   » Focus is on integrating health at all levels working to ensure the CalAIM strategies increase opportunities for patients to live healthy, satisfying lives.

Shasta County

» 182,139 people live in Shasta

» 68,896 (or 37.8%) of Shasta residents are enrolled in Medi-Cal

» One Medi-Cal MCP in Shasta: Partnership Health Plan of California
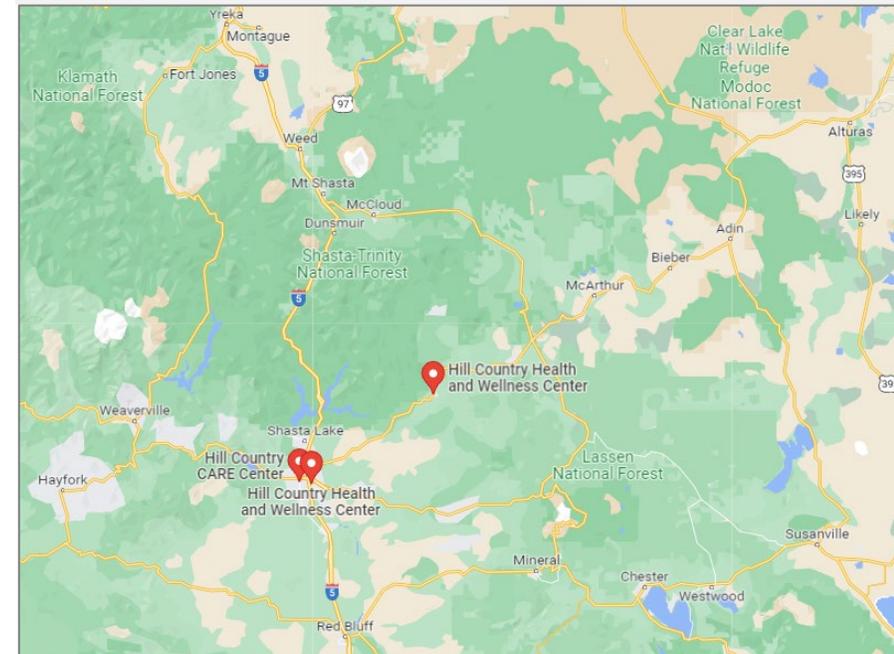
Hill Country Community Clinics

2021 UDS Report:

7,744 patients

46,337 visits

4,330 virtual visits

Over 80% are at or below 200% FPL

History & Evolution of Whole Person Care at Hill Country

» **2015:** Launched Whole Person Care in Shasta County

» **2017:** First enrolled patient; over time, 164 individuals served

  » Hill Country partnered with Shasta County Health and Human Services (HHSA) to provide patient-centered care. The program used teamlets: An HHSA Housing Case Manager; a Hill Country Case Manager and a Registered Nurse.

  » Served under/unserved population

  » Relationship with MCP (Partnership Health Plan)

» **Successes:**

  » Significant reduction in ED visits

  » 32% secured permanent housing

  » Community collaboration

» **2022:** Hill Country became an ECM Provider under CalAIM

» **Today:**

  » 3 ECM case managers with 46 ECM enrollees so far

ECM at Hill Country Overview

ECM Populations Served	Rural Challenges
• **Hill Country** is **serving all ECM Populations of Focus** that are currently live:	• Compared with urban environments, there can be **scarcity of infrastructure and resources** in **rural Shasta county**.
○ Adult high utilizers	• The **large size of the county** can make it **difficult** and/or **expensive** to reach Members.
○ Individuals & families experiencing homelessness	○ Some Members live off-the-grid
○ Adults with SMI/SUD	○ Cost of gas is significant
• Approximately 70% female, 30% male (males have been harder to engage)	• Cell phones are an important tool to reach Members.
• Age range is largely between 35 – 60	○ However, there is **significant cell phone number churn**, making it difficult to maintain up-to-date Member information.

Hill Country ECM Workforce

Current State	Looking Ahead

• ECM is one of several care management programs offered by Hill Country.
 	
 • **3 case managers** are dedicated to ECM.
 	
 • Case load ratio is capped at a maximum of **20 Members per case manager.**
    o Initial ratio was planned at 25 but modified due to Member complexity.
    o Very **important to prevent against burnout** for case managers.
 	
 • Hill Country team looks to hire case managers with previous experience; the team does not require case managers to be licensed.
	• Hill Country has developed a partnership with Shasta College and EM Consulting to offer an ECM training program.
	
	 • Lay Counseling Academy is a 14-week program will be targeted to individuals without licensure, degrees or direct experience.
	
	 • Hill Country is excited about these partnerships to grow and enhance their ECM case managers.

Delivering ECM in a Rural Environment

Outreach & Engagement

- Once Members are referred to Hill Country, **initial outreach** and engagement occurs primarily through phone calls/texting.

- Through Hill Country's experience, Members are most successfully engaged through text messages.

Comprehensive Assessment

- Once a Member engages and agrees to participate in ECM, an **initial comprehensive assessment is conducted in-person**.

Enhanced Coordination of Care

- Following the initial comprehensive assessment, Hill Country's case managers conduct weekly in-person visits supplemented by frequent texts and calls.

Recapping ECM at Hill Country

Excitement	Challenges

» Stellar service from ECM Case Managers by capping them at 20 enrollees per Case Manager
 	
» Opportunity to collaborate with other partners and health plans in Shasta County – monthly meetings with Shasta Community Health (FQHC)
 	
» Opportunity to showcase the value of case management and fund their positions
 	
» Community Outreach/ Harm Reduction efforts
	» Engaging ECM clients is time and labor intensive
	   » Outreach efforts: rural areas (off grid), safety, engagement
	
	» Recruitment, retention, and training
	   » E.g., to develop quality care plans
	
	» Changing payment models from Fee-for-Service (FFS) to Per Member Per Month (PMPM)
	
	» Electronic health records; internal billing systems

Review DHCS Resources & Materials for Providers

» Learn more about ECM & Community Supports:
  - Policy Guide
  - FAQs
  - Fact Sheets: ECM & Community Supports
  - ECM Key Design Implementation Decisions
  - Community Supports MOC Template
  - ECM MOC Template

» 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.aspx

For more information about ECM and Community Supports, visit:
https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices

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