

CalAIM ECM Office Hours – Outreach and Engagement for ECM

September 1, 2022

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Julian – 00:00:21	Hello and welcome. My name is Julian, and I'll be in the background answering any Zoom technical questions.
Slide 1	Julian – 00:00:27	If you experience difficulties during this session, please type your question into the Q&A field, which is located on the Zoom panel at the bottom of your screen. We encourage you to submit written questions at any time using the Q&A. The chat panel will also be available for comments and feedback.
Slide 1	Julian – 00:00:46	Finally, during today's event, live close captioning will be available in English and Spanish. You can find the link in the chat field.
Slide 1	Julian – 00:00:54	With that, I'd like to introduce Juliette Mullin, Senior Manager at Met. Juliette, you now have the floor.
Slides 1-2	Juliette Mullin – 00:01:01	Thank you Julian, and welcome. Thank you for joining us for our CalAIM Enhanced Care Management Office Hours today. Today we will be discussing outreach and engagement for Enhanced Care Management. We have a great group of people here to answer some questions that we've been receiving from all of you over the past few weeks relating to this topic.
Slide 2	Juliette Mullin – 00:01:20	Before we begin, I'm going to introduce Dana Durham with the Managed Care Quality and Monitoring Division to share some announcements around the Public Health Emergency unwinding.
Slide 2	Dana Durham – 00:01:32	Welcome. As Juliette said, we're glad you're here.
Slide 2	Dana Durham – 00:01:35	I know many of you have heard about the Public Health Emergency unwinding, and if you have, we've been successful. Our goal is to make sure that everyone hears about it.
Slide 2	Dana Durham – 00:01:47	We are aware that the Public Health Emergency will end soon, and we are afraid that Medi-Cal beneficiaries could lose their coverage. Our top goal is really to minimize beneficiary burden and really promote that continuity of coverage for our beneficiaries.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 2	Dana Durham – 00:02:07	If you haven't signed up to help yet, I'm going to tell you how you can, because we'd love for you to do it. We want you to become a DHCS Coverage Ambassador. That entails a few things. First of all, download the outreach toolkit on the DHCS Ambassador webpage and join our DHCS Coverage Ambassador mailing list. There'll be updates and toolkits as they become available. I'd really encourage you to do that.
Slide 3	Dana Durham – 00:02:38	Next slide, please.
Slide 3	Dana Durham – 00:02:41	We are in two phases for the Unwinding Communication Strategy. The first is really to encourage beneficiaries to make sure that their contact information is up to date. You can begin doing that now. We're trying to do that in every venue that we can, and that includes having flyers in providers offices, clinic offices, social media, call scripts, website banners. What we want to do is encourage beneficiaries to update their contact information with the county offices. Why is that important? It's because of phase two.
Slide 3	Dana Durham – 00:03:20	Beneficiaries need to watch for renewal packets in the mail, and they need to update their contact information. This phase will launch 60 days prior to the end of the Public Health Emergency. It will remind beneficiaries to watch for packets that come in the mail. We want them to get to them. If their address isn't correct, they won't get it. They need to update their contact information with the county office so they can get those packets.
Slide 4	Dana Durham – 00:03:54	Next slide, and I am turning it back over to you, Juliette.
Slide 4	Juliette Mullin – 00:04:00	Great. Thank you, Dana.
Slide 4	Juliette Mullin – 00:04:02	As we said, welcome to Office Hours. You may be wondering what Office Hours are, Office Hours are Q&A discussion with DHCS leaders and stakeholders implementing CalAIM focused on a specific implementation topic.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 4-5	Juliette Mullin – 00:04:15	Today's topic is on outreach and engagement in ECM. We are going to go through a run up show today for you. We're going to start off with some introductions. I'm going to introduce all the panelists who are going to be answering questions today. I will then go into an overview of how you can ask questions, and then we will get into some Q&A discussions, specifically into three main themes. We'll talk about how to identify and assign members to ECM, we'll talk about outreaching and engaging members once they've been assigned to an ECM provider, and then we'll talk about the process of completing a peer plan once a member has been engaged and outreached.
Slide 5	Juliette Mullin – 00:04:59	If we go to the next slide, I will kick us off by introducing our panelists. With us today is a great group of people to answer some questions about, not just the policy around outreach and engagement in ECM, but also what it looks like to operationalize that as an ECM provider and Managed Care Plan.
Slide 5	Juliette Mullin – 00:05:20	With DHC, we're joined by Dana Durham and Aita Romain. We're going to answer some questions that we've received from all of you around policy related to outreach and engagement. Then, we have three organizations joining us as featured panelists today. From LA Care, we have Mary Zavala, the director of ECM, and Melissa Wanyo, the manager of ECM for LA Care. From Illumination Foundation, we have Ryan Uhl, the program director for ECM at Illumination Foundation. From La Maestra, we have Dr. Uchey Dijeh, the director of ECM at La Maestra, and we have Norma Van Drunen, the manager.
Slide 5	Juliette Mullin – 00:05:57	We're really thrilled to have this great group of people here to answer some questions. If you joined us last week, this group presented in our webinar on this topic and shared some of their work in this space to outreach and engage ECM members.
Slide 6	Juliette Mullin – 00:06:11	Can we go to the next slide?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Juliette Mullin – 00:06:14	This session is different from a webinar in that it is really purely a Q&A session. I like to think about it as almost a bit of a radio show. What we will be doing is we're, first of all, going to ask a number of questions that we've received in previous webinar Q&A; questions that you submitted via email or on the sessions registration page. We have been collecting those, and we're going to ask many of those today to our DHCS leaders and our featured panelists.
Slide 6	Juliette Mullin – 00:06:42	As we do that, we invite you to please use the meeting chat to ask questions of your own as we're going through those questions, or to share your own experiences on the topics that we're talking about.
Slide 6	Juliette Mullin – 00:06:55	We also have the option to get in line to ask a question out loud. To do this, I'm going to hand it off to my colleague, Emma with Manatt, to walk through what that process looks like for raising your hand and getting in line. If we could go to the next slide for her.
Slide 7	Emma Petievich – 00:07:16	Participants must raise their hand for Zoom facilitators to unmute them to share comments. The facilitator will notify participants when we will take questions from the line. If you logged in via a phone only, press *9 on your phone to raise your hand, listen for your phone number to be called, and if selected to share your comment, please ensure you are unmuted by pressing *6. If you logged in via Zoom, press raise hand in the Reactions area, and if selected to share your comment, you'll receive a request to unmute. Again, please ensure that you accept before speaking.
Slide 8	Juliette Mullin – 00:07:51	Perfect. Thank you Emma.
Slide 8	Juliette Mullin – 00:07:53	With that, we're going to start diving into our conversation for today. To tee up the topics that we'll be covering, we'll be covering in this order: identifying and assigning members, outreach and engaging members, and completing care plans.
Slide 8	Juliette Mullin – 00:08:06	Before we get into these questions, though, I'm going to invite Aita Romain to provide a brief overview of what ECM is so that everyone has a level playing field going into this conversation and knows some basics about the program. Aita?
Slide 9	Aita Romain – 00:08:21	Thanks Julie. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 9-10	Aita Romain – 00:08:25	As Juliette said, my name is Aita Romain, and I'm the Population Health Management Section Chief. Let's dive in.
Slide 10	Aita Romain – 00:08:35	As you may know, Medi-Cal is a cornerstone of California's healthcare system, and CalAIM success can set the pace for transformation of the entire healthcare sector. Everyone has a stake in a better medical program, so many of us know someone whose life depends on it.
Slide 10	Aita Romain – 00:08:56	CalAIM's bold Medi-Cal transformation expands on the traditional notion of the healthcare system. It's much more than a doctor's office or hospital. It also includes community based organizations and non-traditional providers that together can deliver equitable full person care.
Slide 10	Aita Romain – 00:09:15	Today's Medi-Cal enrollees are challenged to navigate a complex system. Through CalAIM, enrollees will have the tools and support to get the care they need when they need it and by the individuals who can provide it best. Enrollees can expect consistent and an integrated access to services and care, no matter their zip code or the language they speak. The CalAIM transition requires a sustained focus and long term commitment because it is new, innovative, and challenging. The implementation will take approximately five to seven years, and when complete, it will fundamentally improve the lives of millions of Californians. It requires the commitment and hard work of many partners asking each to move beyond traditional roles and embrace a new and more collaborative role in providing care and services.
Slide 11	Aita Romain – 00:10:04	Next slide, please.
Slide 11	Aita Romain – 00:10:08	Enhanced Care Management is a new Medi-Cal benefit to support comprehensive care management for members with complicated health needs. These members are currently engaged with, or should engage with, several delivery systems to meet their health needs. ECM is to address both the clinical health and social drivers of health needs of the highest need enrollees through intensive coordination of health and health related services.

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Slide 11	Aita Romain – 00:10:35	Services should meet enrollees where they are. This flexibility is essential to the design of the program. ECM is part of broader CalAIM Population Health Management framework through which MCPs offer care management interventions at different levels of intensity based on member need, with ECM as a highest intensity level.
Slide 11	Aita Romain – 00:10:58	DHCS has defined seven ECM core services: outreach and engagement, comprehensive assessment and care management planning, enhanced coordination of care, coordination of and referral to community and social support services, member and family supports, health promotion, and comprehensive transitional care. Today's TA will focus on outreach and engagement.
Slide 12	Aita Romain – 00:11:26	Next slide, please.
Slide 12	Aita Romain – 00:11:30	The 25 gray counties identified here were where the whole person care in Health Homes programs counties that went live in January 2022. The counties in pink began implementation of Enhanced Care Management in July 2022, making ECM statewide.
Slide 12	Aita Romain – 00:11:51	The first populations of focus were individuals and families experiencing homelessness, adult high utilizers, adults with serious mental illness and substance use disorder, and, in select whole person care counties, those transitioning from incarceration.
Slide 12	Aita Romain – 00:12:09	As of January 2023, these populations of focus will expand to include those at risk for institutionalization and eligible for long term care and those who are nursing facility residents transitioning to the community. There's current planning happening for the launch of children/youth populations of focus in July 2023.
Slide 12	Aita Romain – 00:12:35	Now, I'll hand it back over to Juliette.
Slide 13	Juliette Mullin – 00:12:39	Thank you, Aita.
Slide 13	Juliette Mullin – 00:12:41	With that, we'll begin with our very first set of questions, which is around identifying and assigning members for ECM. I was going to begin by asking Aita to speak a little bit to who's eligible for ECM, but I think we just covered that very nicely in the overview you just provided.

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Slide 13	Juliette Mullin – 00:12:58	I think my first question for you, Aita, will actually be, could you share a little bit about the methods that are available to manage care plans and providers for identifying eligible members for ECM?
Slide 13	Aita Romain – 00:13:12	Managed Care Plans can utilize available data sources available to them, such as enrollment data, encounter data, utilization and claims data, screening or assessment data, to identify members who meet populations of focus criteria. We recognize that Managed Care Plans can be very creative in this space, and we encourage it. Managed Care Plans may also receive referrals for Enhanced Care Management from providers, such as primary care providers, community based entities, and other entities serving members in any given population of focus. Also, we don't want to forget that members and their family members can self refer for ECM, as well.
Slide 13	Juliette Mullin – 00:14:00	That's great, thank you.
Slide 13	Juliette Mullin – 00:14:01	I think that sets the stage really nicely to turn to one of our featured panelists to speak a little bit to how they do this in practice. I'm going to ask the team at LA Care if you could share about your experience in... Let's start with the data component. If you could share your experience using data to identify eligible members, where have you seen that work well, and what have you seen to be some of the limitations of identifying members in that way?
Slide 13	Melissa Wanyo – 00:14:32	Thank you, Juliette, for your question. This is Melissa.
Slide 13	Melissa Wanyo – 00:14:35	We do find that utilizing our data has helped significantly, and we call it data mining. Through doing such, we do receive approximately 70 to 80% of our members through our data mining where we are able to identify eligible members and connect them, which we call attribution, to the ECM provider on a regular basis so that there is a standard outreach protocol that is held in process.

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Slide 13	Melissa Wanyo – 00:15:07	In addition to that, we do receive our data mining through various different ways; through claims, through encounters, through diagnosis codes, through additional information up and coming such as Lanes. We take that information and put it into an algorithm. We do run that algorithm on a regular basis to identify our new population.
Slide 13	Juliette Mullin – 00:15:38	Great. That's really helpful. Thank you.
Slide 13	Juliette Mullin – 00:15:39	I'm wondering if you could elaborate. I think that really shows where the data can help us identify members. I'm wondering if you or Mary could elaborate on where there're some limitations in identifying members through data and where we need to bolster referrals.
Slide 13	Melissa Wanyo – 00:15:55	We're happy to do so.
Slide 13	Melissa Wanyo – 00:15:57	As of right now, in 2022, the data limitations are, one, when a member is new to us or has a new life change with multiple diagnosis and concerns with SDOH that is new. In addition to that, the two populations of focus for us at the moment that are primarily referral based are those who have experienced incarceration, i.e. reentry, and then also those experiencing homelessness and/or shelter vulnerabilities. Sometimes we do not always have the most up to date data in the moment, and we know that both populations of focus are dynamic.
Slide 13	Mary Zavala – 00:16:43	I can add to that a little bit, Juliette.
Slide 13	Mary Zavala – 00:16:47	One of the things that we were able to do in preparation for the launch of ECM was organize a data match with our local housing authority so we could understand which individuals that our LA Care members were waiting for housing or were experiencing homelessness and were on their radar to help us supplement the data that we had. That was a really wonderful tool to be able to do a better job prospectively identifying individuals experiencing homelessness.

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Slide 13	Mary Zavala – 00:17:16	To Melissa's point, we've been exploring really creative ways to use information through the health information exchange platforms in anticipation of the new populations that will go live in January to get some of that sniff and nursing home data to help identify members who might meet those populations of focus, as well as seeing if we're able to get incarceration history data.
Slide 13	Mary Zavala – 00:17:39	We're really looking at all opportunities, whether that's creating data exchange with other county partners and county entities or using and leveraging health information exchange to pull that data in so that we can do a better job.
Slide 13	Mary Zavala – 00:17:54	I will say that the other place that referrals are really important, and Melissa hit on this as well, is when a member tips the scale. They have that additional admission or that additional ER visit or that additional sniff, say. It takes a while for the plans to get those claims to be able to find that in the data mining, so referring members in from the PCP office or the hospital gets them into ECM sooner than we would come across them in our data because of the claims lag. That's another really important point to think about when we think about referrals is we're getting eligible members in and giving visibility to the health plan sooner through that referral pathway, although we may come across those members later in our data mining.
Slide 13	Juliette Mullin – 00:18:43	That's really helpful, thank you.
Slide 13	Juliette Mullin – 00:18:45	I'm seeing a question in the chat about your data process. Could you share how frequently you are running the data to identify members and sending that to ECM providers?
Slide 13	Mary Zavala – 00:18:59	Yeah, I can take that one. Melissa, feel free to chime in.
Slide 13	Mary Zavala – 00:19:02	Right now, it's intended to be a monthly process. I think as we get all of the wheels greased, we would like to do it more frequently if we're able, but it is a pretty large undertaking at LA Care, so right now, that is the plan.
Slide 13	Juliette Mullin – 00:19:18	Great.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Juliette Mullin – 00:19:21	You've shared about some of the limitations around data, which inevitably segues into the work that you've done to bolster the other part of the pathway into ECM: the referrals. I know you've done, and you've shared in a webinar, some work that you've done to encourage more referrals from ECM and get broader awareness in the community. Could you tell us a little bit about how you've gone about doing that? What have been some of the successes and best practices you've found in that process?
Slide 13	Mary Zavala – 00:19:50	Sure.
Slide 13	Mary Zavala – 00:19:53	One of the first things that we've done is taken up invitations when people have asked us to come and share information about ECM and also community supports. I think making sure that we're accepting invitations where we can share information, and again, doing that in a way that is collaborative with the other Managed Care Plans that are in LA County so that we can make sure that we're getting the word out and it's really benefiting every eligible member regardless of health plan. We worked with the health plans to design a uniform referral form for ECM so that any plan across LA County would accept it. Again, that way when we're out sharing information about ECM, it benefits every plan and every member regardless of health plan.
Slide 13	Mary Zavala – 00:20:43	I think the other thing that's been really successful is making sure we are very clear, succinct, and focused in our messaging. Really thinking about who is the audience, what do they want to know, how do we convey that information to them in the best way possible? Especially in virtual meetings, making sure that we have that information accessible electronically. It's easy to share, easy to forward, and making sure that people are able to get their hands on that referral form and know the referral processing pathway really easily. I think that has been the biggest element.
Slide 13	Juliette Mullin – 00:21:21	Thank you.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Juliette Mullin – 00:21:23	I know every time you talk about this, I always hear interest in the shared referral form that you've developed in LA County. Could you tell us a little bit about how the different stakeholders in LA County came together to create that and what went into the design of that?
Slide 13	Mary Zavala – 00:21:41	Sure. Melissa, do you want to take that one?
Slide 13	Melissa Wanyo – 00:21:45	Sure. Happy to do so. Can you hear me?
Slide 13	Juliette Mullin – 00:21:47	We can, yeah.
Slide 13	Melissa Wanyo – 00:21:50	Yes, thank you.
Slide 13	Melissa Wanyo – 00:21:53	What we did is we had an endeavor in the LA County area for the joint MCPs; not only those that are plan partners with LA Care, but also Molina and also Health Net; and we developed our LA County referral form that is not only including all of the MCPs, standardizing the information of what information we need, not only from a state regulation perspective, but also those items, data elements, and attributes that will help us be able to make a determination in a swifter timeline. We also included the exclusionary information, along with continuity of care information, again, to help with the expedited process. We also allow comment on the referral form because there are certain situations, such as a member previously been excluded, where a provider can attest to the member not following that particular exclusion.
Slide 13	Melissa Wanyo – 00:22:58	The endeavor, leading up to the pre-implementation of ECM on 1/1/2022, was over the course of approximately four months where not only did we develop a universal referral form, but were working also to develop other forms in a similar pathway. It has worked very well because when a member does switch from one MCP to another, we know that there's a standardization in their eligibility determination for referral. In addition to that, we also know that, regardless of who our community partner is, they have one form to follow, so it's an easy intuitive process.
Slide 13	Melissa Wanyo – 00:23:44	Mary, anything to add?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Mary Zavala – 00:23:47	Nope. I think just a shout out to all of our health plan colleagues in LA County that made it happen.
Slide 13	Juliette Mullin – 00:23:57	That's great. Thank you for sharing. I'm seeing some requests in the chat if we could drop the link to that, and we will go ahead and do that, as well.
Slide 13	Juliette Mullin – 00:24:09	We just had a chance to hear from LA Care from the Managed Care Plan perspective about work that can be done to encourage more referrals into ECM. I'd love to hear from our ECM providers who have joined us today about some of the work you've done there. I know there's a lot that happens with the ECM providers, as well, to spread the word to make sure that eligible members in their broader network outside of ECM are aware of ECM and that they're spreading the word more broadly in the community.
Slide 13	Juliette Mullin – 00:24:41	I will ask first if Ryan from Illumination Foundation, could you share a little bit about the work that you've done at the Illumination Foundation to spread the word about ECM and help get more members connected into ECM?
Slide 13	Ryan Uhl – 00:24:54	Yeah. Hi there.
Slide 13	Ryan Uhl – 00:25:02	We source a lot of our ECM referrals internally and externally. Fortunately, we offer a lot of community support programs, including many of the housing and healthcare programs that have a lot of criteria intersection between ECM. Fortunately, a lot of our members in recoup, short term post hospitalization, housing tenancy, housing navigation qualify for ECM.
Slide 13	Ryan Uhl – 00:25:37	We were lucky enough to seize those opportunities early on. Our team was able to go around to the different program staff and really train them and educate them as to how to refer into ECM, how to identify populations of focus, stuff like this. We, of course, have an open door policy with them. We meet routinely for case conferences on an interdisciplinary dynamic, so we're constantly talking to them and building opportunities where we can discuss mutual client care and source new referrals.

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Slide 13	Ryan Uhl – 00:26:23	Externally, we really try to capitalize on our in-person engagements. Many of our members, because they're higher needs, higher complexity, are stationed at higher level of care sites or recoup, places like this, so we have a lot of opportunity to go out into the field and merge services with other care coordinators. We do a lot of work in the field collaborating with other community partners, building bridges that way, and teaching those program staff how to identify for ECM and refer, as well.
Slide 13	Ryan Uhl – 00:27:11	We do that often. We've presented at probably a dozen different recoups, shelters, FSPs throughout the county. Our program is very community focused, and we think that we have a lot of potential to build a lot of intersectionality between us and community partners. That's most of the work that we've done to source referrals and get the word out.
Slide 13	Juliette Mullin – 00:27:47	Great, thank you for that.
Slide 13	Juliette Mullin – 00:27:49	I'm going to ask a similar question of La Maestra. I know you also have done a lot of work to build out relationships in your community and make sure that people who are eligible for ECM are aware of this and able to be referred in. Dr. Uchey, I'm wondering if you could share a little bit about the work you've done on that.
Slide 13	Juliette Mullin – 00:28:10	If you are speaking, you are on mute.
Slide 13	Dr. Uchey Dijeh – 00:28:27	Hello, Juliette. Thank you.
Slide 13	Juliette Mullin – 00:28:29	Now we hear you. Great.
Slide 13	Dr. Uchey Dijeh – 00:28:31	Yes. For our student engagement, what we have done to explore our possibility of engaging with eligible members has been looking to how do we streamline the process for our providers so that when they do identify patients that are eligible for the program, they can be able to refer those patients to us without having to be burdened by the referral form process. That way, we are able to quickly get those referrals. We can do the referral forms, and then send it out to the insurance plans to be able to qualify the patients for ECM. Then, we can reach out to them.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Dr. Uchey Dijeh – 00:29:19	The other thing we have done is to expand on our wellness to using fliers and websites to share information about ECM, to do internal and external provider meetings and share ECM with the providers, with the care teams that are involved in our communities.
Slide 13	Dr. Uchey Dijeh – 00:29:42	Because La Maestra is an ECM hub that makes that actually 50% of our members are non-La Maestra patients. We have tried to build on that platform to engage most providers that are able to provide ECM and to engage them to later inform them about the program, what the program does, and how we can be able to work together towards improving the health of their patients.
Slide 13	Dr. Uchey Dijeh – 00:30:11	The other area that we have explored is outreaching. We do outreaching both telephonically as well as in person. One of the ways we are trying to consolidate how to do in person outreaching is by looking into the data for zip codes. With zip codes, we are able to identify which area this month that the outreach team can be able to focus on. With that, we are able to better target our outreach efforts within those zip codes. Sometimes, we find out that most members might share the same address. Maybe it's a church where they go to get meals, or maybe it's another community based organization where they signed up for a different program that they're offering over there. We are able to target the outreach efforts effectively while trying to minimize the overhead costs that we are inuring while doing outreaching.
Slide 13	Dr. Uchey Dijeh – 00:31:17	These are the areas that we have adopted into outreaching. We are also able to use our system to better streamline our reporting efforts for those outreaching to account for every single outreach being done. Even when we have been able to complete the first round of six attempts, we are able to repeat another round of attempts, if possible, or if there's a possibility that that member might be engaged beyond the required attempt that we are doing for ECM outreach attempt. These are the areas how we have been able to explore all those possibility, all those areas, to expand on our outreach effort.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Dr. Uchey Dijeh – 00:31:59	Thank you.
Slide 13	Juliette Mullin – 00:32:01	That's great. Thank you for sharing that.
Slide 13	Juliette Mullin – 00:32:03	I'm going to have a few more follow up on outreach in a moment, but before we get into outreach, I'd love to talk a little bit about member assignments. I'm actually seeing a number of questions in a chat about that.
Slide 13	Juliette Mullin – 00:32:13	I'm going to start with a question for Aita. Once the member has been approved for ECM, a Managed Care Plan is then going to assign that member to an ECM provider. Could you share what the DHCS guidance is on how that assignment process should happen?
Slide 13	Aita Romain – 00:32:34	There are three considerations that we take into account here.
Slide 13	Aita Romain – 00:32:39	If a member prefers a specific Enhanced Care Management provider, the Managed Care Plan must assign the member to that provider, to the extent that this is practical.
Slide 13	Aita Romain – 00:32:55	If a member's primary care provider is a contracted Enhanced Care Management provider, the Managed Care Plan must prioritize assignment of that member to the PCP as the ECM provider, unless the member indicates otherwise or a more appropriate Enhanced Care Management provider is identified.
Slide 13	Aita Romain – 00:33:19	Finally, for the adult populations of focus with severe mental illness or substance use disorder, Managed Care Plans should prioritize county behavioral health staff or behavioral health providers to serve in that ECM provider role, provided that they agree and are able to coordinate all the services needed by that member.
Slide 13	Juliette Mullin – 00:33:48	Great. I think that lays out nicely the key guidance on how Managed Care Plans go about doing the assignments.
Slide 13	Juliette Mullin – 00:33:57	I would welcome LA Care to share a little bit about your process for operationalizing that and how you do assignments. I know you've had some learnings from the health home program that you've applied there. I would love for you to share that.
Slide 13	Mary Zavala – 00:34:12	Yeah, I'm happy to start that. Then, Melissa, I will hand it to you to talk about how we resolve where a member has asked to switch providers.

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Slide 13	Mary Zavala – 00:34:23	Through our data mining, the members that we identify prospectively, we go through a pretty significant process to try to match them to the best ECM provider. We learned in Health Homes that providers who had a preexisting relationship with the member had a much higher likelihood of having that member opt in to Health Homes. We really thought through, very intentionally, our logic that we use for ECM to prospectively match members to ECM providers. We look at PCP relationships when we know it. We look at behavioral health provider relationships, if that's data that we have. We look at populations of focus. We look at specific need and certain characteristics and attributes of the member about where they might be able to receive the best service. For example, a homeless services agency if the member experiencing homelessness. Things like that.
Slide 13	Mary Zavala – 00:35:21	We also look at geography. We know LA County's a big county, so we're looking also for providers who are in good proximity to the member to really maximize that connection and the knowledge of the community surrounding where the member lives. We have a whole process that we go through. We also prioritize continuity of care. If we know that the member came from Health Homes or Whole Person Care, and we have that provider in our network for ECM, we really kept those members with those same providers in the interest of preserving that continuity as we shifted into ECM from Health Homes and Whole Person Care.
Slide 13	Mary Zavala – 00:35:59	Melissa, I'll let you talk a little bit about how we handle cases where the member is looking to switch or where there are two providers.
Slide 13	Melissa Wanyo – 00:36:09	Absolutely. Thank you, Mary.
Slide 13	Melissa Wanyo – 00:36:11	I just want to let everyone know that when it comes to member choice where there are more than one provider and/or the member request a certain provider, we do our best to honor that.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Melissa Wanyo – 00:36:23	For instance, if a member calls up and identifies that they want to work with a specific provider, we validate whether or not that provider serves the member's population of focus and also has experience in that population of focus. Then we'll honor that member's choice; ideally on the first of the month, but if there is an urgency, we identify it sooner.
Slide 13	Melissa Wanyo – 00:36:47	In addition to that, we also do the same in regards to if a member is already attributed or enrolled with a provider, we outreach to the member to first see, one, what is their experience to date? Do they want to retain their enrollment with provider number one, would they like to go with provider number two, or do they have another provider in mind also? Not only does this allow us an opportunity to connect with a member, but it also allows the member to be able to identify proactively their choice which, as we know, is vital in our community of members that they feel, one, comfortable that they're connecting with the provider who they connect with well, and they can change their provider at any given time. We do set provider changes through referral.
Slide 13	Juliette Mullin – 00:37:47	Great, thank you. I think I could ask questions in this category for another 30 minutes, but I want to make sure that our audience has a chance to ask some questions, as well.
Slides 13-14	Juliette Mullin – 00:37:58	Let's go to the next slide and just provide a reminder to everyone about how you can ask a question. Raise your hand and ask a question out loud, if you would like to do that. I'm just going to pull up the participant list so I can see if anyone's doing that, and we have a hand raised. We will go ahead and kick off with our first question from the line.
Slide 14	Juliette Mullin – 00:38:25	Emma, I'll hand it off to you for that process.
Slide 14	Emma Petievich – 00:38:30	Great.
Slide 14	Emma Petievich – 00:38:31	As a reminder, if you logged on via phone, press *9 to raise your hand. Listen for your number, and I will let you know if you've been called on. You can unmute by pressing *6. If you're in Zoom, press raise hand, and I will let you know when you can come off mute.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Emma Petievich – 00:38:46	We've got one hand raised, Tiffany Briggs. Tiffany, I will go ahead and give you permission to speak if you can unmute.
Slide 14	Tiffany Briggs – 00:38:55	Hi, can you hear me?
Slide 14	Emma Petievich – 00:38:57	Yes, we can.
Slide 14	Tiffany Briggs – 00:38:58	Oh, okay.
Slide 14	Tiffany Briggs – 00:39:02	All of this is new to me. I just wanted to know, I've been trying to figure it out for a month, how do you become a provider if it's nonclinical?
Slide 14	Juliette Mullin – 00:39:18	Thank you for your question, Tiffany.
Slide 14	Juliette Mullin – 00:39:20	Aita, would you like to share the process for becoming a provider?
Slide 14	Aita Romain – 00:39:27	Yes.
Slide 14	Aita Romain – 00:39:28	The best relationships, Tiffany, that you can make in this space are with the primary care providers in your area because they will be primarily that connection for you to the Managed Care Plans. You can also seek out community round tables in your area where Managed Care Plans are engaged to get connected with that support and to start thinking about how you could be an Enhanced Care Management provider.
Slide 14	Aita Romain – 00:40:01	I also encourage you to look at those specific populations of focus that I had outlined before and come with an idea of which populations of focus are your niche area. What are the ones that your providers are currently trained up on, have qualifications to care for... Those will be the one that will start that conversation in that space.
Slide 14	Tiffany Briggs – 00:40:34	Okay.
Slide 14	Juliette Mullin – 00:40:34	Great. Thank you, Aita.
Slide 14	Juliette Mullin – 00:40:37	I think what we can do, Tiffany, is we'll take a look at our resources and drop some resources in the chat for you for ECM providers, as well.
Slide 14	Tiffany Briggs – 00:40:47	Thank you so much.
Slide 14	Juliette Mullin – 00:40:50	All right. It looks like we have [inaudible 00:40:53].

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VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Emma Petievich – 00:40:54	Yep. We've got one more hand raised, at this time. That's Donna Kerry. Donna, you should be able to unmute now.
Slide 14	Donna Kerry – 00:40:58	Can you hear me?
Slide 14	Emma Petievich – 00:40:58	Yes, we can.
Slide 14	Donna Kerry – 00:40:58	Okay, great.
Slide 14	Donna Kerry – 00:41:09	My question is, if we have members who are receiving services from regional centers, can they also be enrolled in ECM?
Slide 14	Juliette Mullin – 00:41:23	Thank you for your question. I'm going to turn to Aita to see if we have an answer for that today or if that's something we might need to look back on.
Slide 14	Aita Romain – 00:41:34	Enhanced Care Management in that space is considered a wrap service in where it can fill gaps that your regional centers may not be able to meet that need. So yes, an individual in Enhanced Care Management can also get care from regional centers.
Slide 14	Donna Kerry – 00:41:52	Great, thank you.
Slide 14	Emma Petievich – 00:41:59	All right. Next up we've got Debbie Harder. Debbie, you should be able to unmute now.
Slide 14	Debbie Harder – 00:42:05	Thank you.
Slide 14	Debbie Harder – 00:42:06	I want to apologize because I'm not sure if this is a forum for this question. I know we're mostly speaking about Enhanced Care Management. My question is about a community support. Is this something that I should hold off on, or am I okay to go ahead and ask it here and now?
Slide 14	Juliette Mullin – 00:42:27	We actually don't have any community supports representatives from implementation groups here. The groups we have here are ECM providers.
Slide 14	Debbie Harder – 00:42:37	Okay.
Slide 14	Juliette Mullin – 00:42:38	I'm not sure this will be exactly the right group for your question.
Slide 14	Debbie Harder – 00:42:41	Okay. Okay, thank you. I'll hold off, then.
Slide 14	Aita Romain – 00:42:46	We also encourage you to put that in the chat, as well, and we can always take that back.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Debbie Harder – 00:42:51	Oh, perfect. I'll do that.
Slide 14	Juliette Mullin – 00:42:53	Thank you, Aita.
Slide 14	Emma Petievich – 00:42:56	Great. I don't any other hands raised at this time.
Slide 14	Juliette Mullin – 00:43:03	Great.
Slide 14	Juliette Mullin – 00:43:05	Dana Durham, who, from the DHCS perspective, has oversight over community supports, noted in the chat that she's happy to answer any questions about community support there, as well.
Slide 14	Juliette Mullin – 00:43:19	Before we move on to our next category, I will just take a couple questions that are in the chat that I think are helpful for us to cover. We did get one question about self-referrals. We got the question, can Medi-Cal members self-refer for all MCPs throughout the state as of now?
Slide 14	Juliette Mullin – 00:43:38	Aita, could you answer that for us?
Slide 14	Aita Romain – 00:43:40	Yes. Yes, they can.
Slide 14	Juliette Mullin – 00:43:43	Wonderful. Great.
Slide 14	Juliette Mullin – 00:43:47	We've got a number of questions about being able to change your ECM provider. I think, Melissa, you spoke to that. I also saw Melissa and some folks from Health Net also jumped in and shared their perspective on that question, as well.
Slide 14	Juliette Mullin – 00:44:01	One question we received in our last webinar that I wanted to make sure we asked, as well, was whether members are able to keep their existing PCP, even if that PCP is not part of an ECM provider group.
Slide 14	Juliette Mullin – 00:44:16	Could you speak to that, Aita?
Slide 14	Aita Romain – 00:44:20	Can you repeat that question one more time, Juliette? Sorry about that.
Slide 14	Juliette Mullin – 00:44:23	Yeah, [inaudible 00:44:25]. Is a member able to keep their primary care physician even if that primary care physician is not part of a group that provides ECM?
Slide 14	Aita Romain – 00:44:34	Yes. Thank you for repeating that.

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Slide 14	Aita Romain – 00:44:37	Yes, a member can keep their primary care provider in that situation. Participating in Enhanced Care Management does not require a member to change their existing care team. However, as I mentioned before and is described in the contract, if a member's PCP is a contracted ECM provider, the MCP must prioritize the assignment of that member to that PCP as their ECM provider, unless the member indicates a different preference or the MCP identifies that there is a more appropriate Enhanced Care Management provider for that member's individual needs and health conditions.
Slide 14	Juliette Mullin – 00:45:20	Great. Thank you, Aita.
Slides 14-15	Juliette Mullin – 00:45:23	We've spent some time on identifying members. I want to make sure we save some time on outreach. If we can go to the next slide, I'm going to transition into some questions on outreach.
Slide 15	Juliette Mullin – 00:45:33	My first question in this category will be, again, for Aita on this one. In our webinar last week, Aita, you walked us through how Managed Care Plans determine the outreach requirements for ECM members. You also explained that Managed Care Plans are required to pay for outreach, and then it's up to the ECM provider to actually conduct the outreach for members that have been assigned to them.
Slide 15	Juliette Mullin – 00:46:01	Could you share a little bit more about how specifically the policies around the outreach and the rates for outreach are decided for ECM?
Slide 15	Aita Romain – 00:46:12	Sure.
Slide 15	Aita Romain – 00:46:13	Managed Care Plans do set their own requirements for outreach in their Enhanced Care Management model of care. This may include the required number of outreach attempts before ending outreach attempts and the way that the outreach attempts for a member can be conducted; whether that is over the phone and other methodologies that work best for that population. Then, they haven't assigned ECM provider.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Aita Romain – 00:46:48	Outreach and engagement is one of the seven core components of ECM, as I mentioned. MCPs are required to reimburse ECM providers for outreach. However, the specific policies and rates for outreach are determined in the Managed Care Plan's model of care and in the contract between the MCP and the ECM provider. DHCS does not determine that.
Slide 15	Juliette Mullin – 00:47:17	Great. That's helpful.
Slide 15	Juliette Mullin – 00:47:18	Just a follow up there, if I'm an ECM provider and I have questions about what my outreach requirements are and what I'm expected to do once a member is assigned to me, what's the best resource for that?
Slide 15	Aita Romain – 00:47:34	Enhanced Care Management providers, or those who are interested in becoming an Enhanced Care Management provider, if they don't already have a copy, they can reach out to their Managed Care Plan partners in their counties for a copy of their most recently approved model of care for Enhanced Care Management. This document will outline the requirements for outreach.
Slide 15	Juliette Mullin – 00:47:59	Great, thank you.
Slide 15	Juliette Mullin – 00:48:01	Let's dive in a little bit to some of the best practices from our ECM providers on this call around doing outreach for ECM.
Slide 15	Juliette Mullin – 00:48:11	I will start off with the Illumination Foundation and ask Ryan if you could share some of the best practices that you all have identified over the last eight months for successfully outreaching members for ECM?
Slide 15	Ryan Uhl – 00:48:25	Yeah, of course.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 15	Ryan Uhl – 00:48:27	Mainly, it's diversifying communication approaches. It's not just sticking to calling and texting. It's really going outside of the box, calling PCPs, showing up in person, sending mail, sending email, trying to get a hold of community providers who the member might be attached to is a big one. We get a lot of really fruitful and current contact information from PCPs and from external members of the client's care team. We also use a host of resources that are community base, like Champ and HMIS. We use closed loop systems, as well, because they're very useful for getting a hold of community providers who the member might be attached to. It's really going outside of the box and diversifying the approach.
Slide 15	Ryan Uhl – 00:49:35	Once getting a hold of the member, it's really about peaking their interest. They mainly want to know what you can do for them and how you're going to do it. A big question that we get from members is, how do we fit into their service landscape? A lot of them are connected to other providers, so they want to know if our service is going to compete with other services, and if not, how do we fit ourselves in? Really explaining that thoroughly and clearly is extremely important.
Slide 15	Ryan Uhl – 00:50:13	I think those are some of the best practices that we've discovered.
Slide 15	Juliette Mullin – 00:50:20	That's great. Thank you for sharing that.
Slide 15	Juliette Mullin – 00:50:23	Dr. Uchey, you shared a little bit about your outreach best practices, as well, earlier. I'm wondering if you could share more specifically how you ensure culturally and linguistically appropriate outreach for members as you are engaging them in ECM?
Slide 15	Dr. Uchey Dijeh – 00:50:49	Sure.

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Slide 15	Dr. Uchey Dijeh – 00:50:50	For us, I would say one of the best practices that we have done is the implementation of the tool that we have that has allowed us to... Once we receive the tell from the health plan, we are able to input all those information into our outreach tool. We are able to filter through the information with regard to the member's name, languages that they prefer, what conditions that they have... Once we identify all those in our outreach list, we are able to engage with the members.
Slide 15	Dr. Uchey Dijeh – 00:51:28	What happens is that, because of how we have put our structure in La Maestra ECM, each health plan has its own team. This team is made up or made up with primarily the major languages that we have here in San Diego County, which is English, Spanish and Arabic. We also have additional team members that speak other languages including Tagalog and Somali languages.
Slide 15	Dr. Uchey Dijeh – 00:52:00	What we do also to ensure that we have an ability to expand services to any ECM member due to their language is to also utilize LA Maestra language services, as well. Even if we don't have the language in ECM, we're able to use our language services. Right now, we have over 30 languages under the language services in LA Maestra. This helps us to be able to reach out a lot to our members without the linguistics barrier.
Slide 15	Dr. Uchey Dijeh – 00:52:35	It also helps us with the tool if we're able to align and streamline the process to match the members with a care coordinator that speaks their language and match the members with a care coordinator that is trained to be able to handle what barriers or what [inaudible 00:52:54] or SMI criteria that they fall into, or the POF criteria that member was enrolled in.
Slide 15	Dr. Uchey Dijeh – 00:53:00	This has been a good way of streamlining. The two has helped us a lot to take out probably more than 60% of the barrier in matching members with care coordinators and effectively helps us to streamline that process, as well.
Slide 15	Juliette Mullin – 00:53:19	That's great, thank you. Thank you for sharing that.

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Slide 15	Juliette Mullin – 00:53:26	I think maybe a last question in this section is asking about how the pandemic has impacted your approach to outreach. I'll ask this of both La Maestra and Illumination Foundation, knowing, of course, that for some members there may be varying levels of comfort with in person interaction versus not in person or distanced interaction.
Slide 15	Juliette Mullin – 00:53:52	Could you share a little bit about your approach for considering different comfort levels of in person care as you do outreach for ECM in the current day?
Slide 15	Juliette Mullin – 00:54:04	Sorry, I directed that...
Slide 15	Ryan Uhl – 00:54:08	Yeah.
Slide 15	Juliette Mullin – 00:54:08	Thank you, Ryan.
Slide 15	Ryan Uhl – 00:54:10	I think it's a lot, like you said, gauging the members' comfortability. If they are residing at a housing unit or in another program, talking it over with members of their care team, coming adorned with PPE. We often bring additional sets of PPE for the member, as well. We will try to collaborate with family members or care team participants belonging to the member to see if they can help us identify an area of the site or of the house that is capable of remaining in compliance with social distancing. Stuff like this, just being as proactive and careful as possible.
Slide 15	Ryan Uhl – 00:55:14	Like you said, it's a lot about their comfortability level. We did have to dial back some of the in person engagement for a bit when things were ramping up. We did still do some in person but were just very, very careful; always wearing PPE, distancing as best we can, and being as safe as possible. It didn't create too many barriers. I think most members and affiliate care team providers were pretty understanding and pretty accommodating throughout the whole process.
Slide 15	Juliette Mullin – 00:56:04	[inaudible 00:56:04] helpful.
Slide 15	Juliette Mullin – 00:56:06	Dr. Uchey, is there anything you would add to that? Any other practices you all have used at La Maestra around this?
Slide 15	Dr. Uchey Dijeh – 00:56:14	Sure.

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Slide 15	Dr. Uchey Dijeh – 00:56:18	I would say, in addition to abiding with current COVID regulations in ensuring that we provide a safe engagement for our members, and also ensuring the safety of our staff, as well, we have looked into expanding options towards engaging the member.
Slide 15	Dr. Uchey Dijeh – 00:56:41	One of the options that we have done is to utilize a tool we call auto, which has allowed us to do video calls rather than just telephonic calls. We are able to send a link to the member and to do a safe and secure video call, as well.
Slide 15	Dr. Uchey Dijeh – 00:56:59	We have also explored how appointments... They have a medical appointment or they have a community health appointment for, say, for CalFresh or something like that they have to be in person. We try to use that opportunity to be in a safe and secure environment where members feel safe, as well.
Slide 15	Dr. Uchey Dijeh – 00:57:18	For the home visits, we haven't been doing a lot of home visits because until the member has assured their comfortable that they want to do a home visit, we encourage that, and we are able to do that.
Slide 15	Dr. Uchey Dijeh – 00:57:28	One other thing that we did is, in our main office in the clinic, we actually have a room that we have made available in case the members actually want to come in to do an in person or to see the ECM coordinator in person to sign maybe or to go through a documentation or to go through anything like IHSS or disability thing that they need to review with their care coordinator. We have also made that available so that they feel safe. We abide with all the COVID-19 regulations to make sure that it's a safe engagement with them.
Slide 15	Dr. Uchey Dijeh – 00:58:06	We keep trying to expand and explore all these potentials and possibility of trying to engage. Members feel more connected when they can talk to the person face to face. You are able to identify more barriers or whatever issues is going on. They seem more comfortable when they engage that, rather than the phone conversation; you might not be able to identify a lot of things or they might not be able to say a lot of things.

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Slide 15	Dr. Uchey Dijeh – 00:58:34	It's something that we are trying to explore as we move forward with COVID and everything, just making sure that the members feel safe and that our staff is able to conduct these engagements and encounters in line with COVID 19 regulations currently in place right now.
Slide 15	Juliette Mullin – 00:58:55	Great, thank you for sharing that.
Slide 15	Juliette Mullin – 00:58:56	I know we've come up at time. There was one last question in the chat I would love to close with because I think it's a very nice closing on this one. This is for Dana Durham.
Slide 15	Juliette Mullin – 00:59:06	I know you've been engaged on a number of different major areas at DHCS, Dana, on how we can leverage collaboration to support the implementation of CalAIM. We have a question in the chat from a provider who just started providing ECM services and wants to learn from their colleagues. Could you share a little bit about the component of CalAIM that help to support that collaboration?
Slide 15	Dana Durham – 00:59:30	Sure. I'll mention some, but if others think of different that I don't mention then I would love for that to feel free to weigh in.
Slide 15	Dana Durham – 00:59:41	We are in the process of finalizing our population health management strategy, and it's been out for comment. That sets the base for care coordination. It has where every individual really fits into a strategy that the plan must have to ensure that one's coordination needs are addressed on an individual basis. There are ways that a plan will look at types of illnesses or types of conditions, so that sets the base and gives you a little bit of history.
Slide 15	Dana Durham – 01:00:18	We went ahead and started ECM, and our community supports are what is known as In-Lieu of Services First, and those in-Lieu of Services and ECM really do form a bridge to what was previously Whole Person Care and Health Homes. These initiatives really deal with those who have immediate, really intense needs and could benefit immediately from care coordination.

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Slide 15	Dana Durham – 01:00:50	There are two programs that really butchers up the support for the infrastructure that has to do with ECM and community supports. The first is the Incentive Payment Program. That is run through the Managed Care Plans. First, you would engage with your Managed Care Plan to initiate a relationship regarding ECM or community supports. Once you've done that, then you could possibly be a candidate for the Incentive Payment Program.
Slide 15	Dana Durham – 01:01:24	There's another program that is called H-HIP. Those are incentives for housing. If you're particularly involved in the housing sphere, you could work with your Managed Care Plans regarding potential incentives for H-HIP. There are also incentives regarding specialty mental health. If you're in that field, that is a great place that you could go to get some help with infrastructure and data coordination and coding.
Slide 15	Dana Durham – 01:01:57	Finally, there is our PATH program. That program is just getting started, and it is meant to help those who aren't helped through other programs. We should go to the other programs first to grow their community supports and/or ECM.
Slide 15	Dana Durham – 01:02:16	There are several venues for that. One is, at every local level, they'll be a collaborative, and we encourage everyone to take part in those collaboratives. They're just getting started, but that is where, at a local level, people should be able to have cross communication and really know what's going on.
Slide 15	Dana Durham – 01:02:35	Another one is our Cited Program, and that program is specifically for those who have relationships with plans but, for whatever, reason their needs aren't being able to be addressed through a different incentive program. One can apply for those cited funds, and the application for those is active on the website right now.
Slide 15	Dana Durham – 01:02:58	Finally, we're going to have Technical Assistance Marketplace, and that Technical Assistance Marketplace actually will start around the end of this year/beginning of next year. That is to help those who are providing community supports or ECM with some of the training and/or different needs that aren't supplied through a different venue.
Slide 15	Dana Durham – 01:03:20	I know that was a lot of information, but I just wanted to make sure I got it all out there.

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Slide 15	Juliette Mullin – 01:03:27	No, that was perfect. That's why I asked, Dana. Thank you for sharing that. I think that's a great place for us to close with resources for individuals who have joined today who may be looking for support in participating in CalAIM or bolstering your organization to participate further in CalAIM.
Slides 15, 19	Juliette Mullin – 01:03:45	With that, again, I could have kept talking with you all for another hour. This has been a really fun conversation. I've learned a lot. I think our participants have learned a lot today, so thank you all for joining. We will wrap here and wish everyone a great afternoon.
Slide 19	Julian – 01:04:05	Thank you for joining. You may now disconnect.