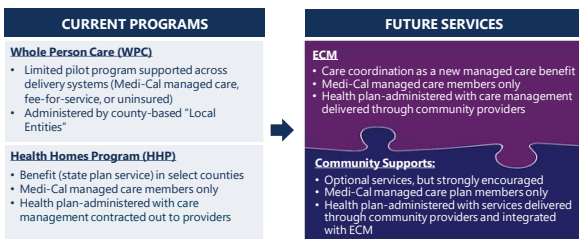


CalAIM Goals

- » Identify and manage member risk and need through whole-person care approaches and addressing social drivers of health
- » Move Medi-Cal to a more consistent and seamless system by increasing alignment across delivery systems, reducing complexity and increase flexibility
- » Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform

4

Enhanced Care Management (ECM) and Community Supports: Current and Future



5

Enhanced Care Management: Summary

- » Required in all Managed Care Plan (MCP) contracts as the highest tier care coordination benefit that MCPs will be required to make available to members.
- » Available to all MCP members who meet Enhanced Care Management (ECM) "Population of Focus" definitions.
 - » Eligible groups represent those who are high-need, high-cost members in Medi-Cal managed care.
 - » Every MCP member enrolled in ECM will have a dedicated care manager.
 - » Design takes elements of both Health Homes Program (HHP) and Whole Person Care (WPC):
- » Roles and responsibilities same as HHP (plan administers, with required partnership with providers for frontline care management).
 - » Emphasis on cross-sector care coordination spanning physical, behavioral health and social needs.
 - » Emphasis on high-touch care management provided primarily through in-person interactions with Members where they live, seek care or prefer to access services.

6

Community Supports: Summary

- » DHCS has selected 14 pre-approved Community Supports that it determined were medically appropriate and cost-effective alternatives to services/settings covered under the State Plan.
- » Optional for MCPs to provide and for managed care members to receive; MCPs are strongly encouraged to offer all pre-approved In Lieu of Services (ILOS) to comprehensively address needs of members.
- » MCPs must evaluate the medical appropriateness and cost-effectiveness of a Community Supports benefit as a substitute for a state plan service when determining whether to authorize Community Supports for a member.
- » MCPs have already preliminarily elected Community Supports for implementation in January 2022; plans can add Community Supports election every 6 months with notice/approval to DHCS.
- » Community Supports will be documented in the MCP contract and incorporated into future rates, consistent with CMS rules.

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Pre-Approved Community Supports (1 of 4)

| Service | Description |
|---|---|
| 1. Housing Transition Navigation Services | Assists individuals who are currently homeless, or at high risk of homelessness, with finding and obtaining housing. |
| 2. Housing Deposits | Assists individuals who are currently homeless, or at risk of homelessness, with identifying, coordinating, securing, and/or funding one-time services and modifications necessary to enable a person to establish a basic household. |
| 3. Housing Tenancy and Sustaining Services | Supports individuals who are currently homeless, or at risk of homelessness, in maintaining safe and stable tenancy once housing is secured. |
| 4. Short-term Post Hospitalization Services | Provides homeless individuals with significant medical or behavioral health needs with the opportunity to continue their medical / psychiatric / substance use disorder recovery immediately after exiting an institutional setting. |

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Pre-Approved Community Supports (2 of 4)

| Service | Description |
|--|---|
| 5. Recuperative Care (Medical Respite) | Provides individuals who are homelessness or who are at high-risk of homelessness who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) with a safe place to recuperate and receive integrated clinical/social care. |
| 6. Respite Services (for caregivers) | Provides coverage to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them. These services are non-medical in nature. |
| 7. Day Habilitation Programs | Assists individuals who are homeless or who have recently been housed in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the community. |

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Pre-Approved Community Supports (3 of 4)

| Service | Description |
|--|---|
| 8. Nursing Facility Transition / Diversion to Assisted Living Facilities (ALF), such as Residential Care Facilities for Elderly and Adult Residential Facilities | Assists individuals who have resided 60+ days in a nursing facility to transition from that nursing facility to an assisted living facility in the community. |
| 9. Community Transition Services / Nursing Facility Transition to a Home | Assists individuals who have resided 60+ days in nursing facility to transition back to the community and into a home. |
| 10. Personal Care and Homemaker Services | Assists with activities of daily living, such as bathing or feeding, and instrumental activities of daily living such as meal preparation for individuals at risk of hospitalization/institutionalization or who have functional deficits and no other support systems. |

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Pre-Approved Community Supports (3 of 4)

| Service | Description |
|--|--|
| 11. Environmental Accessibility Adaptations (Home Modifications) | Provides physical adaptations to a home that are necessary to ensure the health, welfare, and safety of individuals who are at risk of institutionalization in a nursing facility. |
| 12. Medically Tailored Meals / Medically Supportive Foods | Provides meals / foods following discharge to individuals from a hospital or nursing home, individuals with extensive care coordination needs, or to those with chronic diseases. |
| 13. Sobering Centers | Provides an alternative setting for individuals who are 18+ , found to be publicly intoxicated but are conscious and free from medical distress, to enable them to avoid an emergency room stay. |

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Pre-Approved Community Supports (4 of 4)

| Service | Description |
|------------------------|--|
| 14. Asthma Remediation | <p>To provide the physical modifications to a home environment (e.g., installation of air filters) that are necessary to ensure the health, welfare, and safety of the individual, or to enable the individual to function in the home, and without which acute asthma episodes could result in the need for emergency services and hospitalization.</p> <p>Service is only available to individuals with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test).</p> |

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ECM & Community Supports Implementation Timeline

Beginning on January 1, the ECM go-live will occur in stages, while Community Supports will launch statewide; MCPs in all counties may elect to offer additional Community Supports every six months.

| Go-Live Timing | Populations of Focus |
|---|--|
| January 2022 ¹ (WPC/HH counties); July 2022 (other counties) | <i>MCPs in all counties are able to offer Community Supports</i> 1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) |
| January 2023 | 4. Adults & Children/Youth Incarcerated and Transitioning to the Community 5. At Risk for Institutionalization and Eligible for LTC 6. Nursing Facility Residents Transitioning to the Community |
| July 2023 | 7. Children / Youth Populations of Focus |

1. In January 2022, the Adults & Children/Youth Transitioning from Incarceration Population of Focus will also go live in the WPC counties where the services provided in the Pilot are consistent with those described in the ECM Contract.

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Resources

» ECM/Community Supports (ILOS) Resources

» For the most up to date information about ECM and Community Supports, please see the DHCS ECM/ILOS webpage.

» ECM/Community Supports Questions

» Questions about ECM or Community Supports may be directed to CalAIMECMILOS@dhcs.ca.gov.

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Managed Care Benefit Standardization

Background

Medi-Cal managed care exists statewide, but operates under six different model types that differ based on whether certain benefits are part of the Medi-Cal managed care plan's responsibility or provided through a different delivery system.

Goals

DHCS is standardizing the benefits that are provided through Medi-Cal MCPs statewide, so that regardless of a beneficiary's county of residence or plan in which they are enrolled, they will have the same set of benefits delivered through their MCP as they would in another county or plan.

Benefits

- Beneficiaries no longer have to deal with confusion that may arise when moving counties/plans (e.g., different benefits covered by their new plan).
- Standardization reduces administrative burdens and challenges associated with developing capitation payment rates on a county-by-county and plan-by-plan basis.

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Managed Care Benefit Standardization: Timeline and Major Milestones

| Major Milestones | Timeline |
|--|----------------------------|
| Planning (information technology (IT) systems, data and reporting, payment and contracts, plan readiness, etc.) | Q4 2020 – present |
| Beneficiary Outreach | Q4 2021 |
| Implementation: Phase 1 <ul style="list-style-type: none"> Major organ transplants will be added to all MCPs statewide for all Medi-Cal members enrolled in a plan The Multipurpose Senior Services Program will be removed from Medi-Cal MCPs in seven Coordinated Care Initiative counties | January 1, 2022 |
| Implementation: Phase 2 Institutional long-term care services will be added to all MCPs statewide for all Medi-Cal members enrolled in a plan | January 1, 2023 |
| Implementation: Phase 3 Specialty mental health services that are currently included for Medi-Cal members enrolled in Kaiser in Solano and Sacramento counties will be removed from all Medi-Cal MCPs | July 2023 (pending) |

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Mandatory Managed Care Enrollment

Background

The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or the aid code for which the beneficiary is determined to qualify.

Goals

Starting in January 2022, select aid code groups and populations will transition into mandatory managed care enrollment or mandatory FFS enrollment.

Benefits

- Mandatory managed care enrollment will **standardize and reduce the complexity of the varying models of care delivery in California.**
- Medi-Cal MCPs can **provide more coordinated and integrated care and provide beneficiaries with a network of primary care providers and specialists.**
- DHCS can move to a regional rate setting process to **reduce excessive administrative work.**

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Mandatory Managed Care Enrollment: Timeline and Major Milestones

| Major Milestones | Timeline |
|--|--------------------------|
| Planning (IT systems, data and reporting, payment and contracts, plan readiness, etc.) | Q4 2020 – present |
| Beneficiary Outreach | Q4 2021 |
| Select populations/aid code groups (e.g., non-dual beneficiaries living in rural zip codes) that currently receive benefits through the FFS delivery system would transition to mandatory Medi-Cal managed care. | January 1, 2022 |
| Select populations/aid code groups (e.g., those covered under the Omnibus Budget Reconciliation Act (OBRA) in Napa, Solano, and Yolo counties) that currently receive benefits through Medi-Cal managed care will transition into mandatory FFS enrollment. | January 1, 2022 |
| All dual populations/aid code groups, except share of cost or restricted scope, will be mandatory Medi-Cal managed care. Dual and non-dual individuals in long-term care will also be mandatory in Medi-Cal managed care. | January 1, 2023 |

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Slide 18

DA1 In future slide decks it seems we should mention outreach for duals and LTC 2023 changes?

Dodson, Anastasia@DHCS, 11/12/2021

Managed Care Procurement

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Managed Care Procurement Objective

- » Procure commercial plans to provide high quality, accessible, and cost-effective health care through established networks of organized systems of care, which emphasize primary and preventive care.
- Managed care is the foundational delivery system that provides coverage for health care, including medical and non-specialty mental health services, for approximately 84% of the Medi-Cal population through Medi-Cal MCPs.
- DHCS is currently restructuring the MCP contract and will release a Request for Proposal (RFP) for commercial MCPs statewide.
- The managed care procurement and updated standard contract conveys expectations for the MCPs and will be a primary vehicle by which the Department will ensure quality, transparency, and accountability in the managed care program.

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Managed Care Procurement Update

- » On October 8, DHCS announced that the release date of the Medi-Cal managed care plan (MCP) Request for Proposal (RFP) has been adjusted from the end of 2021 to February 2, 2022.
- » This change will not affect the implementation date of January 1, 2024.
- » Updates regarding the RFP schedule are posted on the [DHCS website](#).

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Long-Term Care Carve In



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Facility Types

- » LTC means care that is provided in a skilled nursing facility (SNF), intermediate care facility (ICF), or sub-acute facility.
1. Freestanding Skilled Nursing Facilities Level-B (FS/NF-B) (SNFs)
 2. Adult Freestanding Subacute Facilities Level- B (FSSA/NF-B)
 3. Distinct Part Subacute Facilities Level-B (DP/NF-B)
 4. Adult Distinct Part Subacute Facilities Level-B (DPSA/NF-B)
 5. NF-Bs designated as Institutions for Mental Diseases (IMD)
 6. Distinct Part Pediatric Subacute (DP/PSA)
 7. Freestanding Pediatric Subacute Facilities (FS/PSA)
 8. Intermediate Care Facility for Developmentally Disabled (ICF/DD).
 9. Intermediate Care Facility for Developmentally Disabled with Habilitative (ICF/DD-H)
 10. Intermediate Care Facility for Developmentally Disabled with Nursing (ICF/DD-N).

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Engagement Process and Milestones

- » **Purpose: Identify key implementation questions, considerations, and opportunities for scaling successful strategies based on CCI county and COHS experience with LTC carve-in**

| Major Milestones | Timeline |
|-------------------------------|-----------------------|
| Design LTC Engagement Process | Through December 2021 |
| Kick-off LTC Workgroup | By January 2022 |
| Convene Workgroup Sessions | Through Summer 2022 |

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Potential LTC Workgroup Topics

- » Payment and billing issues
- » Network adequacy
- » Continuity of care
- » Model contract language
- » Delegate entity issues
- » Eligibility/enrollment issues
- » Automated crossover process
- » Member communication
- » Data sharing
- » Building capacity at the plan level
- » Strategies to build rapport between plans and facilities
- » Consumer support through ombudsman programs
- » DHCS oversight
- » DHCS data publishing

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