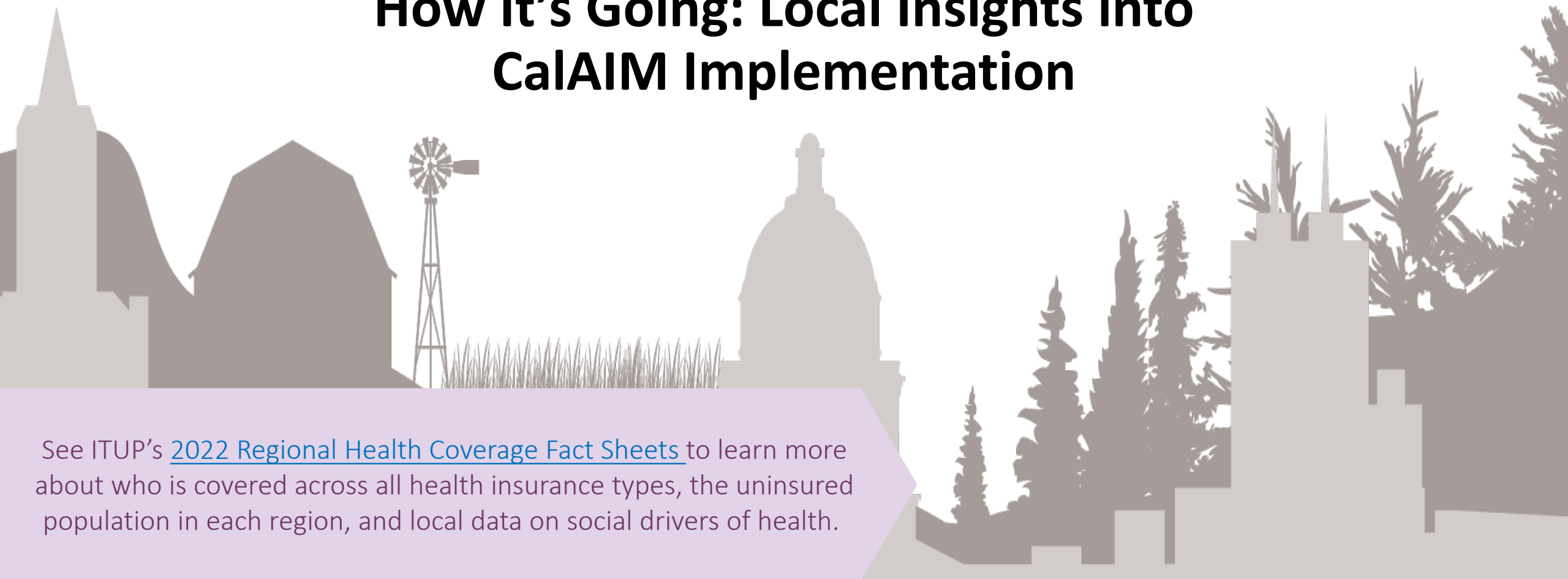
2022 ITUP Regional Workgroups

How It's Going: Local Insights into CalAIM Implementation



See ITUP's 2022 Regional Health Coverage Fact Sheets to learn more about who is covered across all health insurance types, the uninsured population in each region, and local data on social drivers of health.

CalAIM is a multiyear initiative by DHCS to enhance care coordination and improve the quality of care provided to Medi-Cal members by implementing broad delivery system, program, and payment reforms.

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9 Regional Workgroups/Listening Sessions: ITUP convened 9 listening sessions across the state to learn about CalAIM implementation with the partners carrying out this work, including:

- Medi-Cal Managed Care Plans (MCPs)
- Hospitals and Health Clinics
- County Officials
- Community-Based Organizations (CBOs)

Conversations Focused on Enhanced Care Management (ECM) and Community Supports Implementation: These listening sessions focused on the implementation experiences of local organizations as they build new partnerships between the health care delivery system and CBOs to provide the ECM benefit and Community Supports.

For more information on CalAIM: Check out **ITUP's CalAIM Summary and Timeline** for an overview of objectives, key initiatives, and implementation dates.

CalAIM: California Advancing and Innovating Medi-Cal DHCS: CA Department of Health Care Services

Key CalAIM Stakeholders

State Oversight

- CA Department of Health Care Services (DHCS)

County/Regional Organizations

- County Agencies
- Medi-Cal Managed Care Plans (MCPs)

As part of CalAIM, MCPs contract with local providers & county agencies to provide ECM and Community Supports to qualifying Medi-Cal members.

Local Providers

- Hospitals
- Community-Based Organizations (CBOs)
- Health Clinics

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Focus on Enhanced Care Management and Community Supports

Enhanced Care Management (ECM)

- A Medi-Cal benefit offered by MCPs that provides case management for certain members with complex needs
- MCPs share monthly data files with ECM providers on their assigned members
- Designated "Populations of Focus" are being phased-in, which include:
  - Individuals Experiencing Homelessness
  - Adults At Risk for Avoidable Hospital or ED Utilization
  - Foster Youth
  - Individuals Transitioning from Incarceration
  - Adults Living in the Community and At Risk for LTC Institutionalization
  - Individuals with Certain Complex Medical Needs
  - Individuals with SMI or SUD

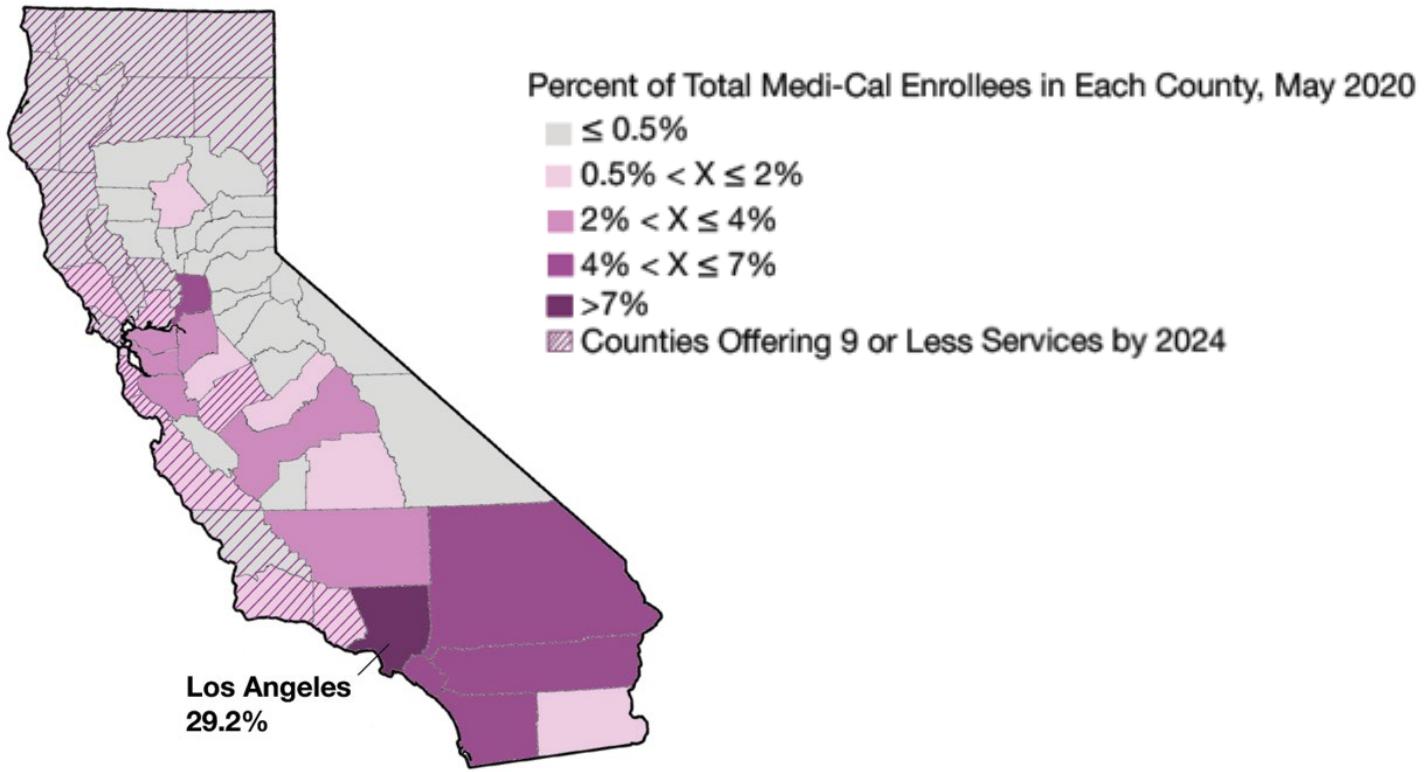
Community Supports

- Medically appropriate and cost-effective alternative services or settings offered by MCPs to meet health and health-related needs by addressing SDOH
- Available to any qualifying Medi-Cal member by referral
- Each Community Support has its own authorization process and payment structure, and each MCP may offer different Community Supports
- There are currently 14 Community Supports pre-approved by DHCS, which include:
  - Medically Tailored Meals
  - Housing Supports
  - Personal Care and Homemaker Services
  - Caregiver Respite
  - Nursing Facility Diversion and Transition Services
  - Sobering Centers

ED: Emergency Department LTC: Long-Term Care SMI: Serious Mental Illness SUD: Substance Use Disorder SDOH: Social Drivers of Health

Community Support Summary from DHCS' CalAIM Community Supports – Managed Care Plan Elections, Released June 2022

By 2024, 67% of MCPs operating in each county intend to offer all 14 services



Percentage of MCPs Operating in Each County Planning to Offer Each Community Support by 2024	
Pre-Approved Services	**% of MCPs**
1. Housing Transition/Navigation	98%
2. Housing Deposits	92%
3. Housing Tenancy & Sustaining Services	98%
4. Short-Term Post-Hospitalization Housing	90%
5. Recuperative Care (Medical Respite)	94%
6. Respite Services	86%
7. Day Habilitation Programs	69%
8. Nursing Facility Transition/Diversion	71%
9. Community Transition Services/Nursing Facility Transition to a Home	71%
10. Personal Care and Homemaker Services	86%
11. Environmental Accessibility Adaptations	75%
12. Medically-Supportive Food/Meals/Medically Tailored Meals	95%
13. Sobering Centers	74%
14. Asthma Remediation	73%

Early Phases of Implementation

Where Are We Now?

What's Next in 2023?

January 2022

- Counties that previously participated in WPC and/or HHP pilots began providing Community Supports upon referral as well as ECM services to certain populations of focus

July 2022

- All counties statewide went live with providing Community Supports upon referral and ECM for certain populations of focus
- WPC and HHP counties continue to transition more populations of focus into ECM

January 2023

- ECM services expanded in all counties to two new populations of focus
- MCPs required to implement a population health management program
- Long-Term Care ECM services provided by all MCPs statewide
- County jails and youth correctional facilities implement pre-release Medi-Cal application

WPC: Whole Person Care HHP: Health Homes Program

Available DHCS Implementation Funds

CalAIM Incentive Payment Program (IPP)

Available to MCPs

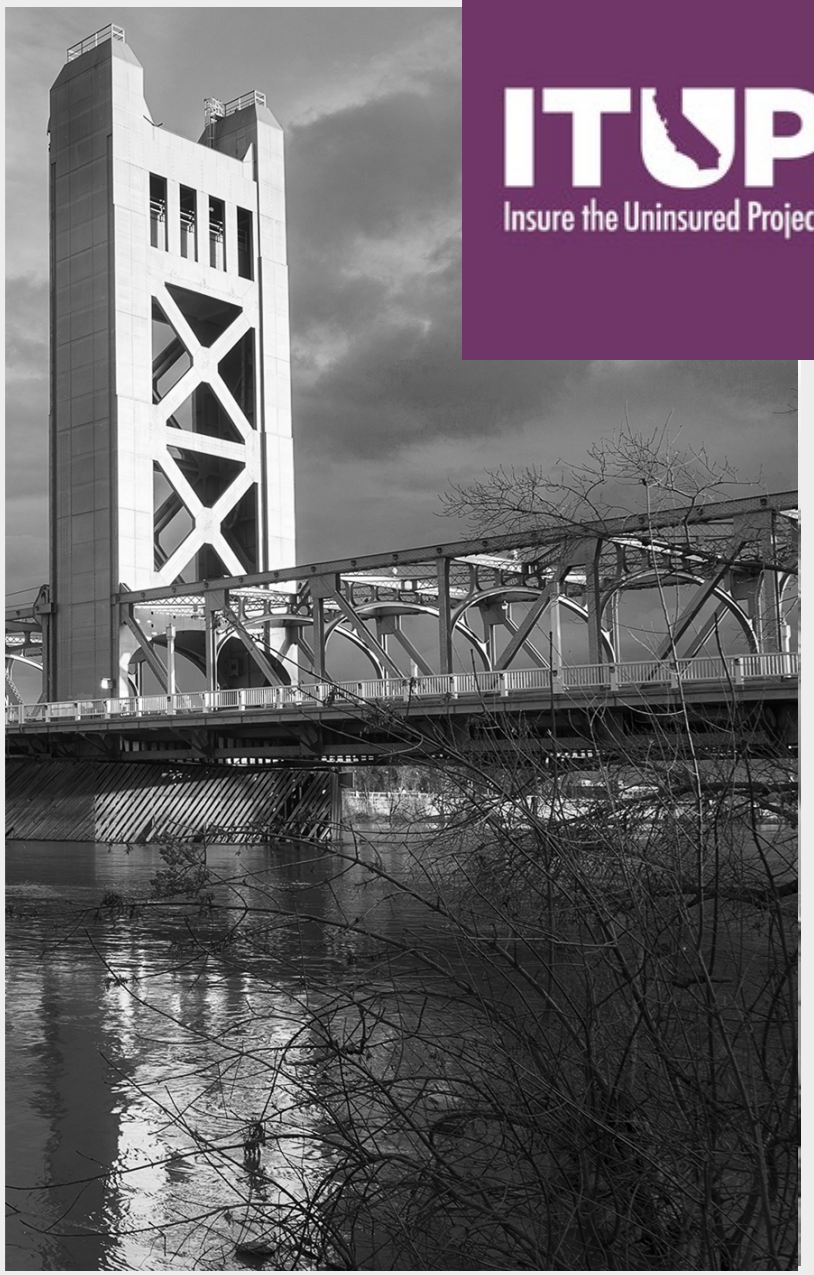
- Multiple submission rounds & funding dispersed until June 2024
- Can be used for a variety of activities to support ECM and Community Supports
- MCPs can distribute IPP funds across their ECM and Community Support provider networks

Providing Access and Transforming Health (PATH) Program Initiatives

Available to Counties and Local Providers

1. **Justice-Involved Capacity Building.** *Applications Open & Funds Dispersed on Rolling Basis*
   Funding to develop and maintain pre-release Medi-Cal enrollment services in 2022 & 2023.
2. **Collaborative Planning and Implementation Initiative.** *Local Stakeholders can Register to Participate in Future Workgroups*
   Facilitated regional workgroups to increase collaboration around ECM and Community Supports.
3. **Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative.** *Round 1 Application Closed; Future Opportunities to Apply for Funding*
   Funding to develop and expand ECM and Community Support capacity and infrastructure.
4. **Technical Assistance Marketplace Initiative.** *Anticipated January 2023*
   A hub to provide resources and individualized technical assistance to local providers.

Local Insights and Additional Opportunities to Support Implementation



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Insight #1

Multiple Sources of Communications Being Provided to CalAIM Stakeholders

1. **Information about CalAIM is not reaching local providers.**
   - MCPs and County Officials are generally familiar with CalAIM
   - However, resources and updates are not trickling down to hospitals, health clinics, and CBOs, specifically:
     - Information about implementation funds, like CalAIM IPP and PATH funding
     - CalAIM webinars that highlight real-world examples and program spotlights

2. **DHCS meets separately with individual county departments within the same county instead of at a county-wide coordinating table.**
   - Participants from county departments report difficulties with coordinating planning efforts, especially with informal, verbal communications

Insight #2

Counties, Health Clinics, and CBOs are Short-Staffed and Pivoting from COVID-19 to CalAIM Implementation

1. **Local providers are interested in getting involved with CalAIM, but find it burdensome to complete the contracting process and develop billing systems.**
   - Despite the supports being provided by MCPs, there are reports of “drop offs” as local providers struggle to become ECM or Community Support providers

2. **Counties, health clinics, and local CBOs, especially those in rural regions, are understaffed and struggling to hire at all levels.**
   - We have heard from some counties that progress with CalAIM initiatives will depend on how quickly they can address workforce constraints
   - Local resource capacity issues in these regions may limit which Community Supports can be offered

Requested DHCS Resource: CBO Communications Toolkit

To engage new CBOs in becoming Medi-Cal providers, ITUP Regional Workgroup participants showed interest in a communications toolkit that highlights the ***opportunity for sustainable funding*** and ***the available technical supports to implement new changes.***

Insight #3

Differing Levels of Partnerships with Local Providers Contribute to Variations in CalAIM Progress Across Counties

WPC and HHP Counties Across California

1. **Approximately half of counties across the state operated WPC and/or HHP programs.**
   - Many of these counties experienced easier transitions to provide ECM and Community Supports by contracting with the same providers
   - Some WPC counties cite struggles with contracting rates to make WPC partnerships work under CalAIM

2. **Some non-pilot counties are still in the planning phase despite the intended July 2022 launch for ECM and Community Supports.**
   - They are primarily focused on developing partnerships and assessing local capacity to identify service gaps

Whole Person Care (WPC) Pilots coordinated the medical, behavioral health, and social needs in a patient-centered manner and informed the development of ECM and Community Supports.

Health Homes Programs (HHP) served Medi-Cal members with complex medical needs and chronic conditions who might have benefited from amplified care management and coordination. The ECM benefit of CalAIM builds upon this earlier initiative.

Insight #4

MCPs Across the State are Experiencing the Same Challenges with ECM Regardless of Geographic Location

Identified Barriers Include:

1. **Restrictive Eligibility Requirements**. One MCP noted that members receiving at least one Community Support should often be enrolled in ECM with either high- or low-touch interventions.
2. **Outreach and Engagement for Target Populations.** ECM eligible members have complex needs and often distrust the traditional health system, which can make them difficult to engage.
3. **Data-Sharing Pitfalls to Identify Eligible Members.** The data-sharing process is manual, can cause issues if there are delays, and smaller organizations often lack the proper data infrastructure.
4. **Local Providers Cannot Identify ECM patients.** For a patient that receives ECM, hospitals, health clinics, and local CBOs would like to be able to identify the patient's Medi-Cal plan and case manager so that they can properly triage cases.
5. **Community-Based Care Teams in Rural Locations.** MCPs are encountering both broadband and workforce issues in creating local care teams to deliver necessary in-person interventions to members.

Insight #5

Multiple Barriers Limit the Ability of MCPs to Provide Community Supports

1. **In 2022, all MCPs offer at least some of the 14 Community Supports approved by DHCS.**
   - Some MCPs are ramping up quickly while others begin with familiar services and scale-up over time

2. **In one-third of CA's counties, Medi-Cal members have the choice to enroll in one of multiple MCPs. This creates an environment where different Community Supports are available for a member depending on their MCP.**

Barriers that Limit Service Capacity

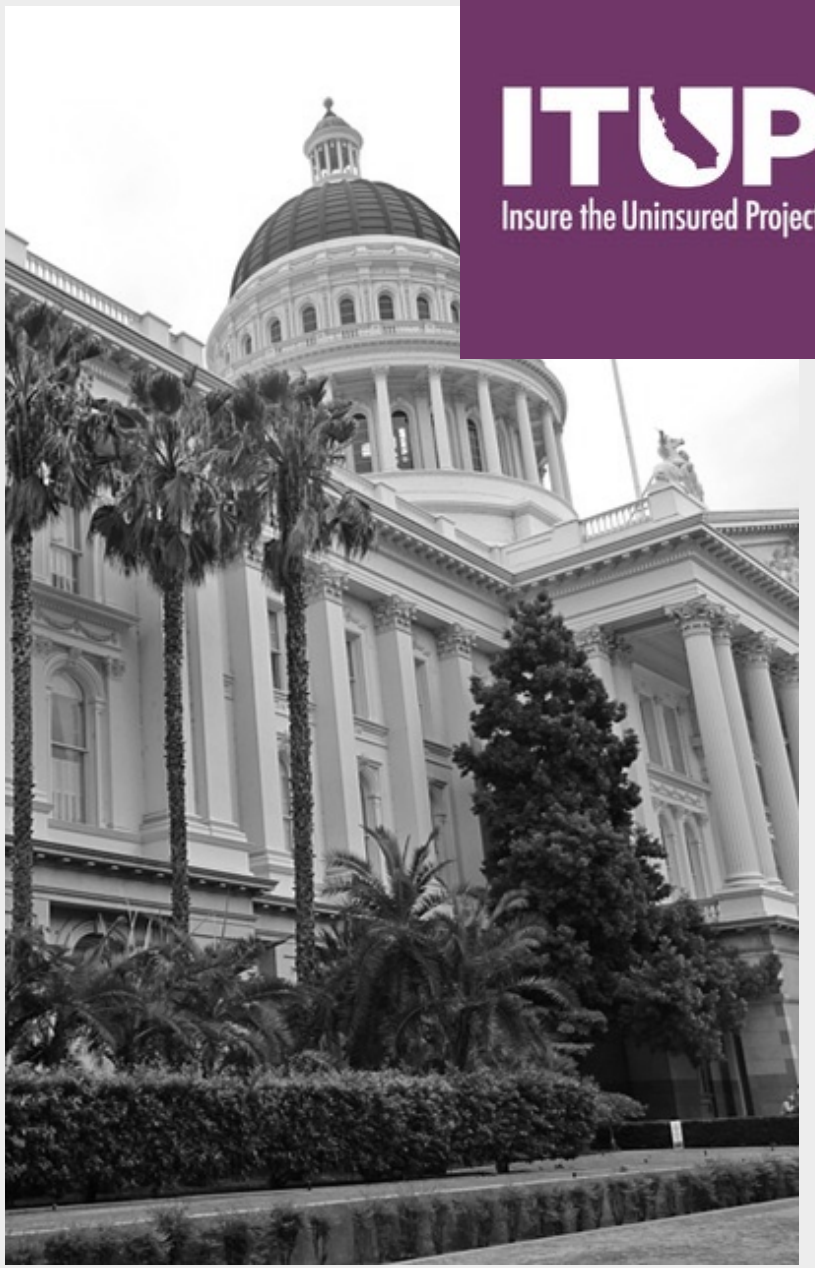
- Complex Billing and Referral Processes due to Unique Structures for Each Community Support
- Non-ECM Providers Struggle to Submit Community Support Referrals
- Automating Closed Loop Referral Systems
- Shortage of Available Homes and Housing Vouchers in Certain Regions

Strategies to Improve the Delivery of Community Supports

1. **Streamline paperwork and processes** for providers in counties where multiple MCPs operate
2. **Share local innovations around referrals**. For example, one MCP is implementing a “no wrong door” referral policy; another created a help desk to support referrals from local providers.
3. **Adopt “Community Supports Checklists”** among MCP provider networks to identify Medi-Cal members with additional needs.
4. **Educate health provider networks** on coding with SDOH indicators to help identify members that could benefit from Community Supports.

Policy Considerations

1. How will the state monitor utilization and the effectiveness of Community Supports to ensure accessibility and that the right services are being offered? Should additional services (e.g., internet connectivity supports) be approved to support the overall well-being of Medi-Cal members?
2. How can CalAIM requirements better align with the current operations and services of CBOs to ease growing pains?
3. What is the best use of state technical assistance funds to build capacity and develop infrastructure?
4. ITUP heard, nearly unanimously, that local stakeholders are "building the plane as they're flying it." How will the state balance the CalAIM timeline with providing sufficient guidance to support local implementation?



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