# Welcome!

*The program will begin shortly…*

## Seizing Opportunity:

**Bringing Community into CalAIM**

ITUP
Insure the Uninsured Project

merced county rescue mission

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

hip
HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

# Seizing Opportunity:

Bringing Community into CalAIM

# Program Agenda

**9:30 am** **Welcome & Introductions**

- ***Katie Heidorn***, *Executive Director, Insure the Uninsured Project*
- ***Elisa Orona***, *Executive Director, Health Improvement Partnership*
- ***Stephanie Sonnenshine***, *Chief Executive Officer, Central California Alliance for Health*

**9:45 am** **Learning Together: California's Safety Net Health Care System and CalAIM**

- ***Katie Heidorn***, *Executive Director, Insure the Uninsured Project*

**10:05 am** **Collaboration Spotlight: CalAIM in the Central Valley**

- ***Jessica Hampton***, *Enhanced Care Management Manager, Central California Alliance for Health*
- ***David Carr*** *CADC-II, CHW, Chief Operations Officer, Merced County Rescue Mission*
- ***Don Borgwardt***, *Director of Hope Respite Care, Merced County Rescue Mission*
- ***Katie Heidorn***, *Executive Director, Insure the Uninsured Project (moderator)*

**11:05 am** **Call to Action & Closing Remarks**

- ***Jessica Hampton***, *Enhanced Care Management Manager, Central California Alliance for Health*

# Agenda & Introductions

***Katie Heidorn*** *(she/her)*
*Executive Director*
*Insure the Uninsured Project*

***Stephanie Sonnenshine*** *(she/her)*
*Chief Executive Officer*
*Central California Alliance for Health*

***Elisa Orona*** *(she/her)*
*Executive Director*
*Health Improvement Partnership of Santa Cruz County*

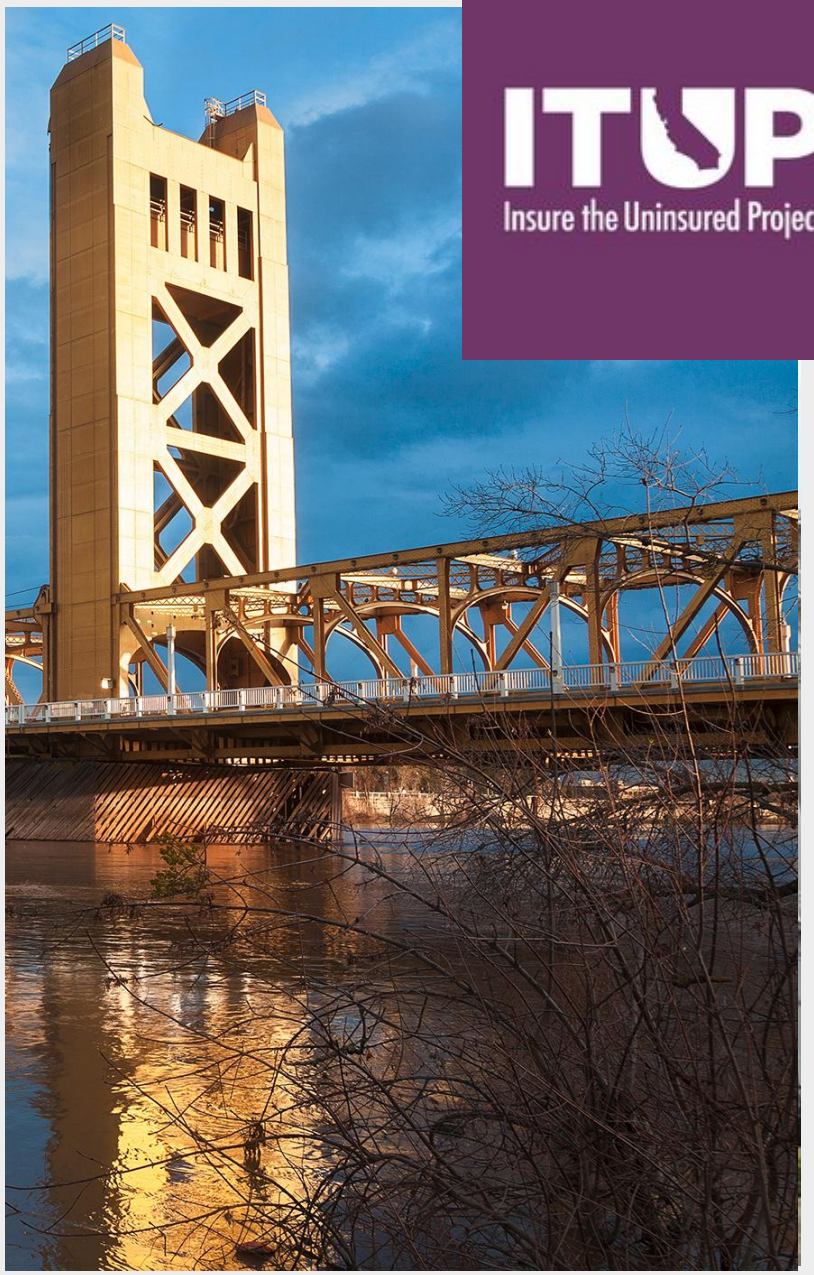
# Learning Together: California's Safety Net Health Care System and CalAIM

***Katie Heidorn*** *(she/her)*
*Executive Director*
*Insure the Uninsured Project*

# CalAIM 101

Katie Heidorn, MPA

Executive Director, Insure the Uninsured Project (ITUP)



# ITUP Mission & Vision

## Mission

ITUP's mission is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians. ITUP implements its mission through policy-focused research and broad-based stakeholder engagement.

## Vision

ITUP believes that all Californians should have a fair opportunity to live their healthiest lives.

# ITUP Values

## ITUP Seeks a Health Care System that is:

**Universal** – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health.

**Equitable** – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region.

**Accessible** – All Californians have access to coverage options and services that are available, timely, and appropriate.

**Effective** – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality.

**Affordable** – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers

# Policy Priority Areas

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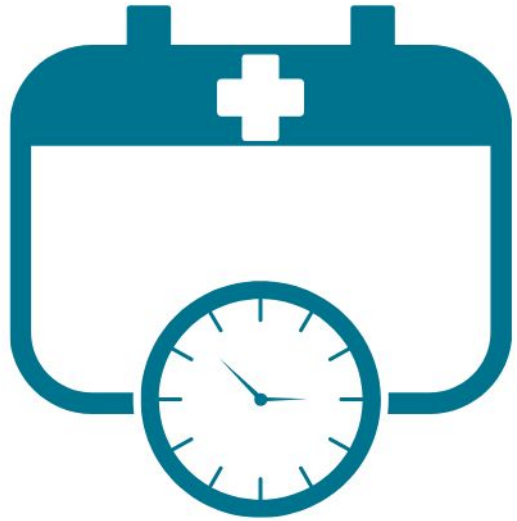
## Coverage and Access

## Delivery System Transformation

## The Future of Health



# Overview: Medi-Cal

- Government (Federal and State) Funded Health Insurance
  - Administered by:
    - Federal: Centers for Medicare and Medicaid Services (CMS)
    - State: Department of Health Care Services (DHCS)
  - Eligible Californians Include:
    - Adults ≤ 138% Federal Poverty Level (FPL)
      - 138% FPL= $18,755 for a single adult or $38,295 for a family of four, annually.
    - Children ≤ 266% FPL
    - Seniors and Persons with Disabilities up to ≤ 250% FPL, depending on eligibility
    - Undocumented Californians*

*All income-eligible, undocumented Californians will be covered by 2024.

# Medi-Cal Benefits

**Medi-Cal Covered Benefits Available to Full Scope Medi-Cal Members**

Doctor Visits
Hospital Care
Immunizations
Pregnancy-Related Services

Nursing Home Care
Behavioral Health
Prescription Drugs
Laboratory Services
Dental and Vision Services

# Medi-Cal Delivery Systems: Managed Care vs. Fee-for-Service (FFS)

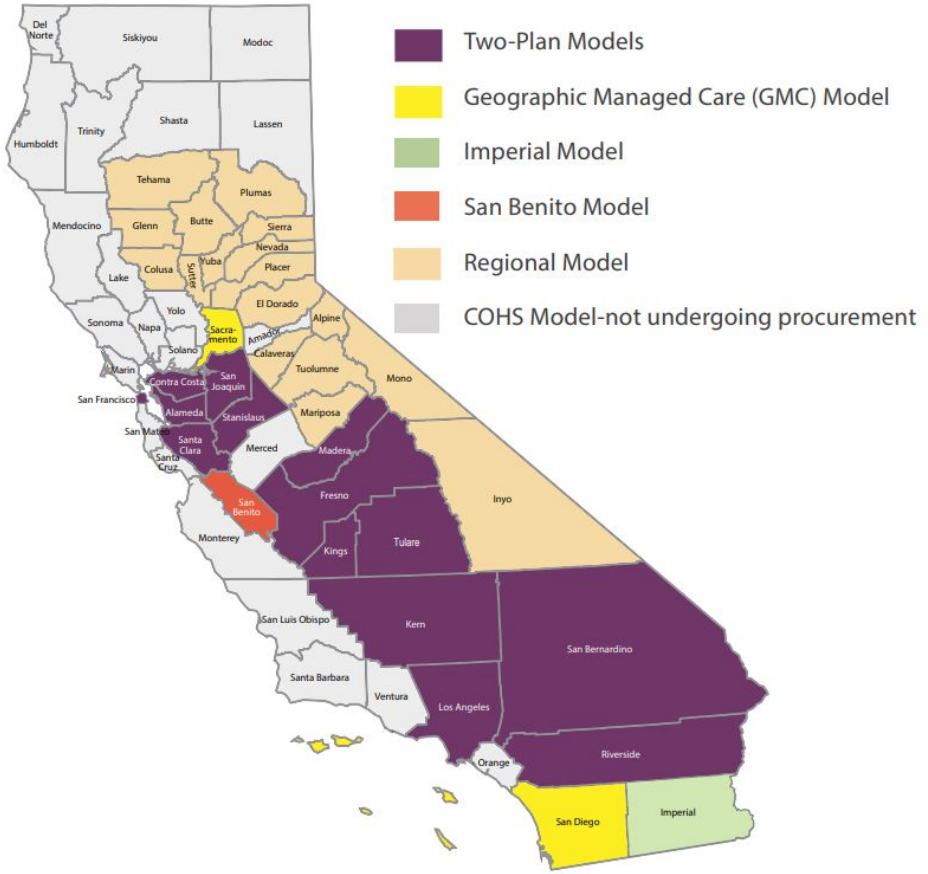
**Managed Care: ~85% of Medi-Cal Enrollees**

- DHCS Contracts with Managed Care Plans (MCPs) to Provide Covered Benefits and Services to Medi-Cal Members
- MCPs are Paid a Set Payment (called Capitation) per Month to Deliver Medi-Cal Services
- Six Managed Care Model Types Throughout California Counties

**Fee-for-Service**

- FFS Providers Offer Services and are Reimbursed for Each Individual Service or Visit

**Medi-Cal Managed Care Models, by County (Until 2024)**

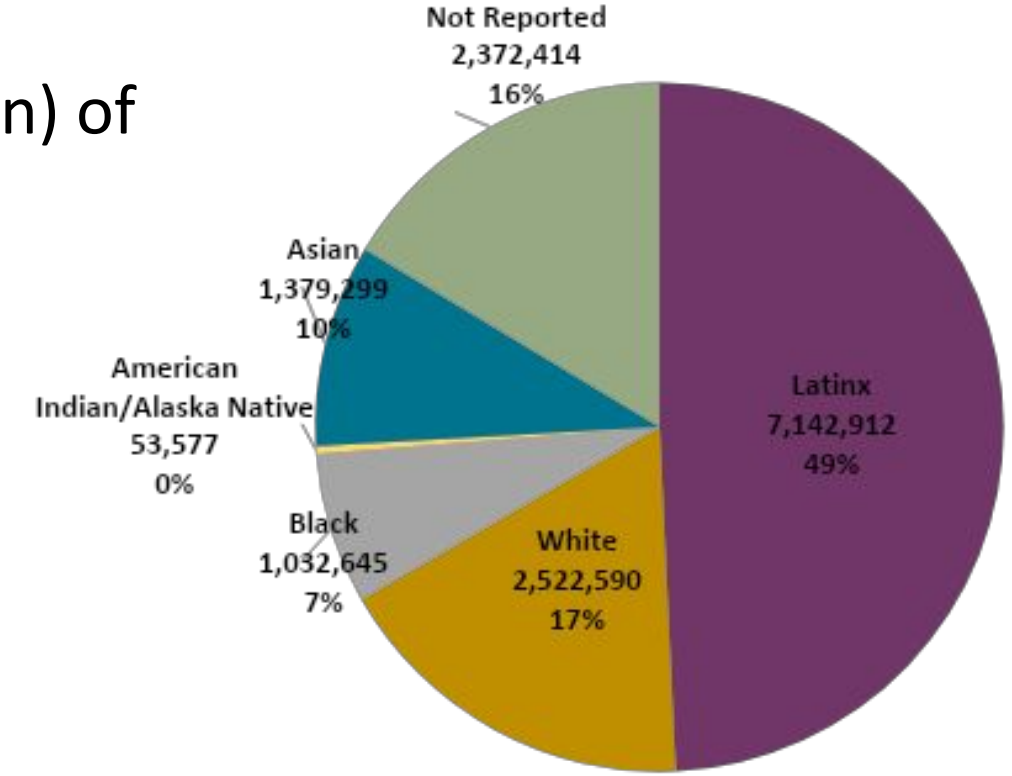



Department of Health Care Services, Medi-Cal Managed Care, February 2022
Department of Health Care Services, Medi-Cal and Fee-For-Service Expenditures, May 2022

# Medi-Cal Coverage Snapshot

- Covers Approx. One-Third (14.6 million) of Californians
- 561,433 Medi-Cal Enrollees are Undocumented
- Latinx Members Make Up Largest Enrollment Group (49%)

**STATEWIDE MEDI-CAL ENROLLMENT BY RACE/ETHNICITY, 2022**




United States Census Bureau, 2020 Census Redistricting Data, Accessed July 20,2022
Department of Health Care Services, Medi-Cal Certified Eligibles Data Table by County and Dual Status, April 2022, Accessed July 12, 2022
Department of Health Care Services, Medi-Cal Certified Eligibles Data Table by County and Aid Code Group, April 2022 , Accessed July 12, 2022

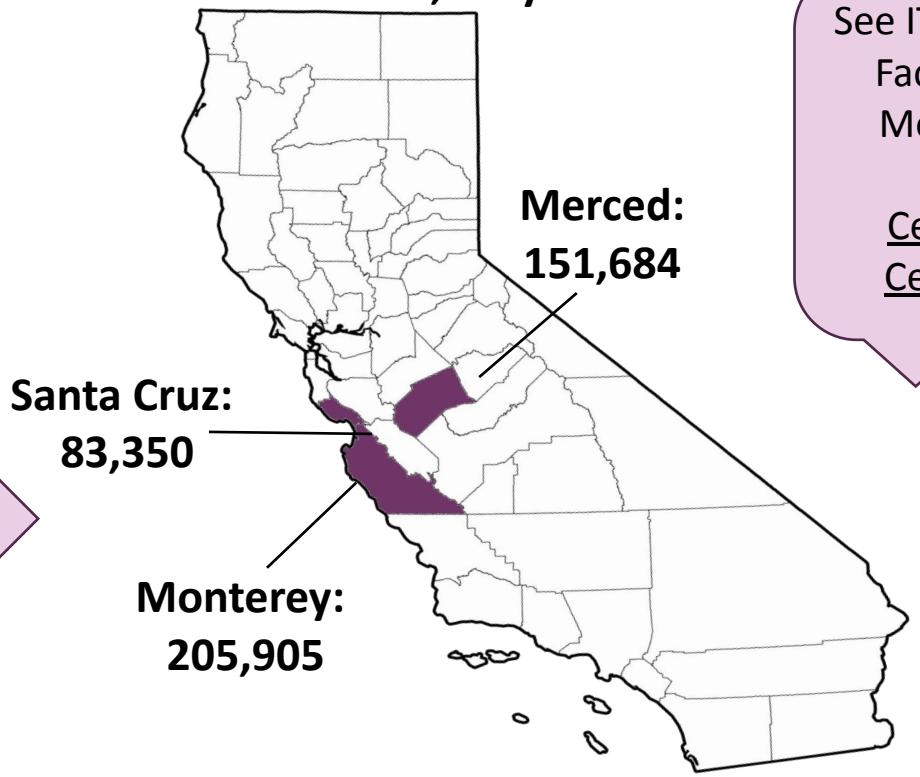
# Who is Enrolled in Medi-Cal?

**14.6 Million**
People are Enrolled in Medi-Cal Statewide

**What Percent of County Populations are Enrolled in Medi-Cal?**

- Monterey: 46.9%
- Santa Cruz: 56.0%
- Merced: 53.9%

**Medi-Cal Enrollment, May 2022**




See ITUP's Regional Fact Sheets for More Info and Data!
Central Coast
Central Valley

United States Census Bureau, 2020 Census Redistricting Data, Accessed July 20, 2022
Department of Health Care Services, Medi-Cal Certified Eligibles Data Table by County and Dual Status, May 2022, Accessed August 2, 2022

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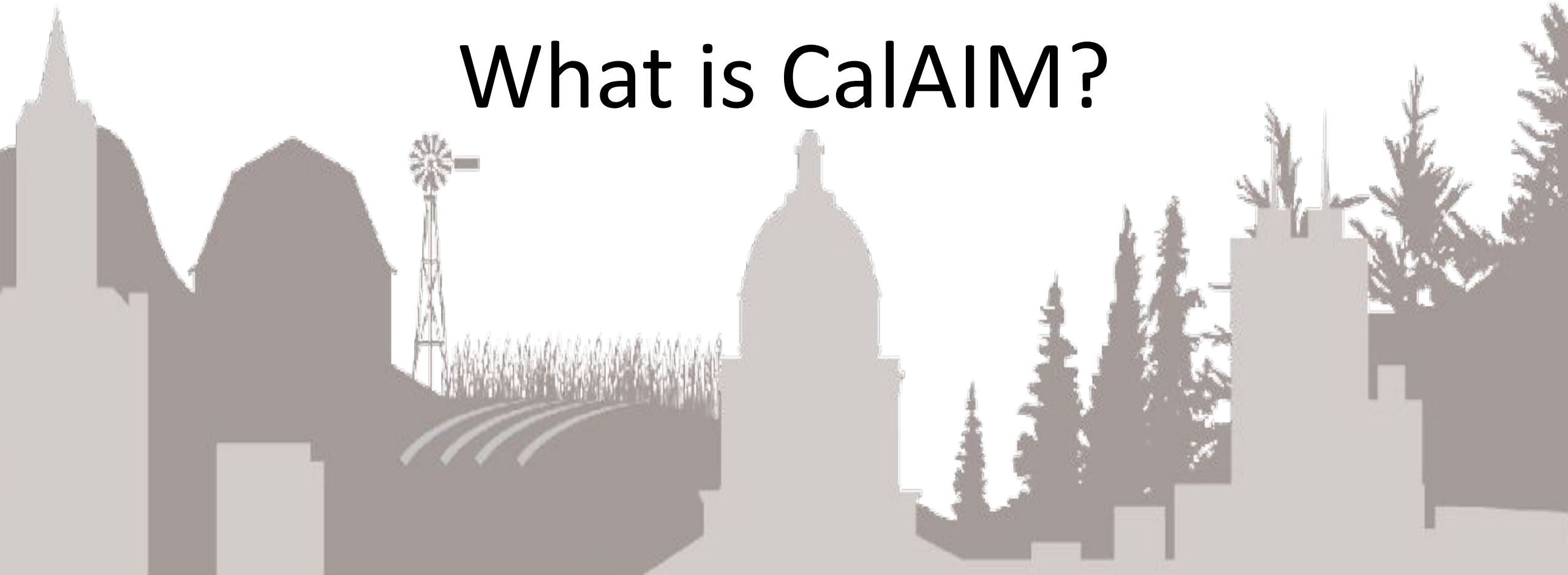
# What is CalAIM?



# CalAIM Overview

"CalAIM" = California Advancing and Innovating Medi-Cal

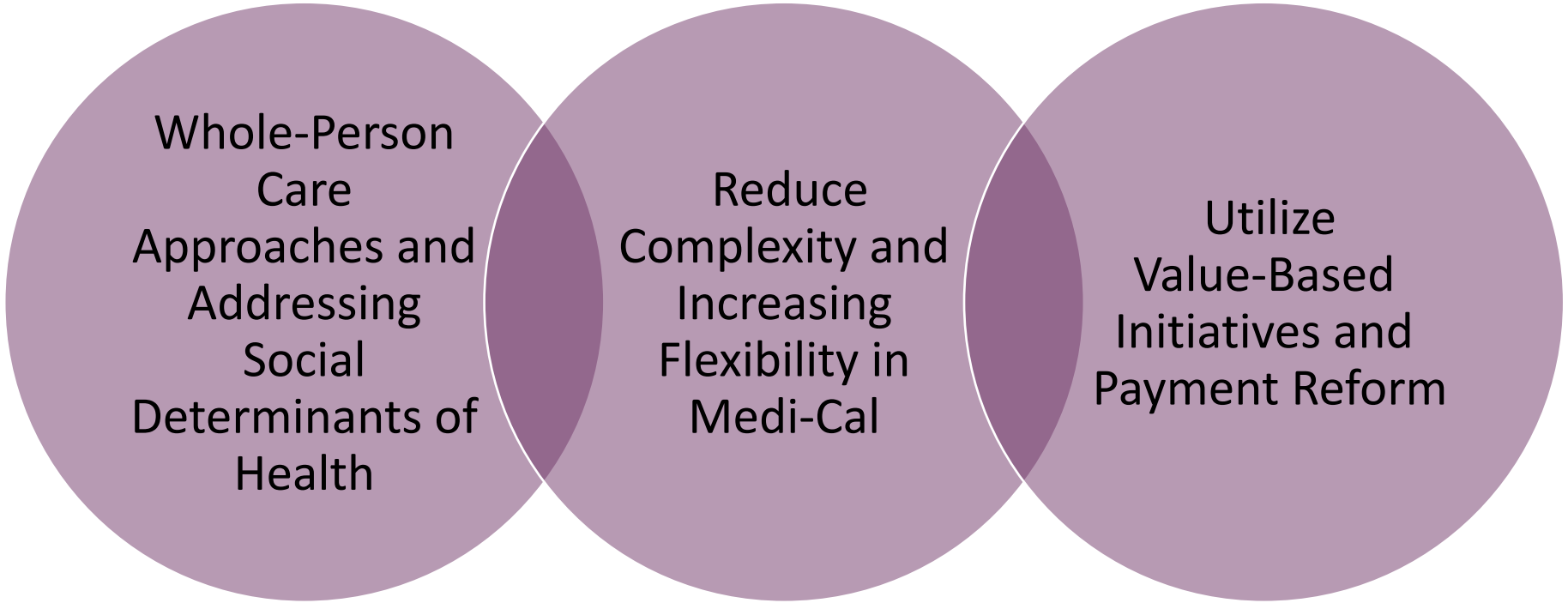
- Multi-Year Initiative by DHCS
- Enhance Care Coordination and Improve the Quality of Care
- Implementing Broad Delivery System, Program, and Payment Reforms
  - Builds on Prior Medi-Cal Pilot Projects:
    - Whole Person Care (WPC)
    - Health Homes Program (HHP)


**Learn More About CalAIM**

ITUP's CalAIM Fact Sheet

ITUP's CalAIM Quick Links

# Primary CalAIM Goals



# Key CalAIM Initiatives

Shift Towards Population Health Management Approach

Standardized Managed Care Benefits

Mandatory Medi-Cal Managed Care Plan Enrollment for Dual-Eligibles

Behavioral Health System Transformation

Department of Health Care Services, CalAIM, Accessed August 2, 2022

# TODAY'S FOCUS:
# Enhanced Care Management and Community Support Services

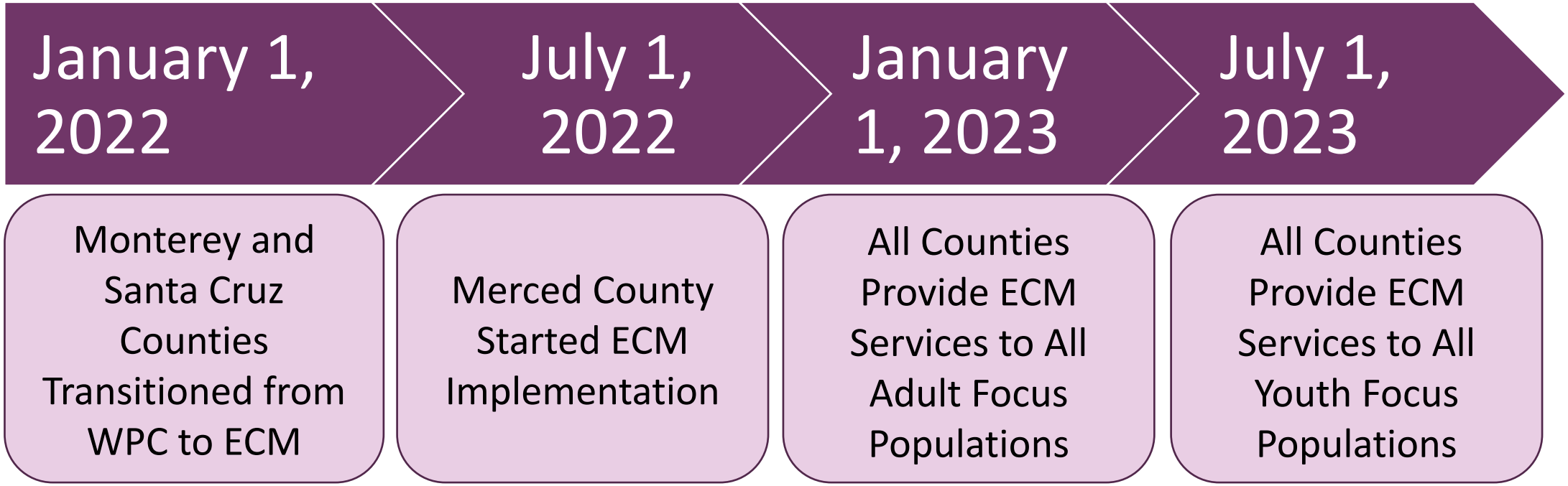
# Enhanced Care Management (ECM)

- ECM
  - Medi-Cal Benefit for Focus Populations
  - Coordinates Complex Care and Services
  - Provides Services to Enrollees in Non-Traditional Settings, including:
    - Street Medicine
    - Shelters
    - Home

**Focus Populations of ECM**

- Individuals Experiencing Homelessness
- High Utilizers of Care
- Individuals Transitioning to the Community from Incarceration
- Foster Youth
- Individuals with Serious Mental Illness or Substance Use Disorder
- Individuals at Risk of Institutionalization

# ECM Implementation Timeline




Department of Health Care Services, ECM Policy Guide, May 2022, Accessed August 2, 2022

# Community Support (CS) Services

- CS Services
  - CS are non-Health Care Services provided in place of Traditional Health Care Services to improve a person's health
  - State Department of Health Care Services (DHCS) Pre-Approved 14 CS Services
  - Services are Provided by Medi-Cal Managed Care Plans (MCPs)
    - MCPs Decide:
      - Which CS are Available
      - Whether or Not Members Qualify to Receive CS Services
      - Which Providers Administer the Services
  - NOTE: MCPs may cover all or only some of the 14 CS, and it varies by county and by health plan
  - CS are Available to Qualifying Medi-Cal Members by Referral

# Community Supports Currently Offered

**Offered in Monterey, Merced, and Santa Cruz Counties:**

- Housing Transition/Navigation
- Housing Deposit
- Housing Tenancy & Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Medically-Supportive Food/Meals/Medically Tailored Meals
- Sobering Centers (Not Offered in Santa Cruz)
- Environmental Accessibility Adaptations (Offered in 2023)

**Other CS Offered in Medi-Cal (not currently offered in Monterey, Merced, and Santa Cruz Counties):**

- 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
- Asthma Remediation

# **Snapshot:**
# CalAIM Implementation in Local Communities Across California

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# ITUP Regional Workgroups Overview


- 10 Regional Workgroups Across the State
- Listening sessions with MCPs, County Officials, Hospitals, Health Clinics, and Local CBOs around the Implementation of CalAIM
  - Experiences of Local Organizations
  - Building New Partnerships Between the Health System and CBOs
  - Identifying Areas for Improvement

# High Level Takeaways from 10 ITUP Regional Workgroups in 2022

## Early Needs for Success in CalAIM Implementation:

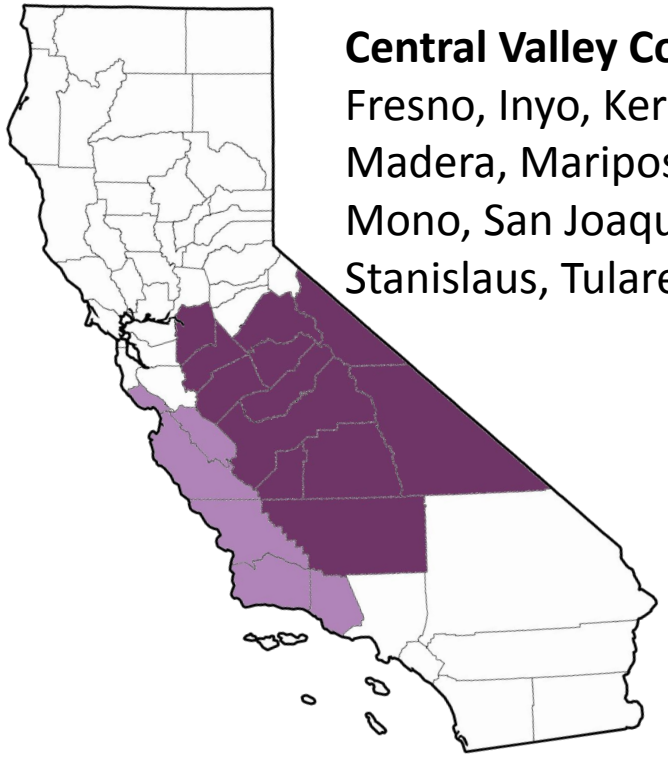
- Better Communication Between: MCPs, Health Clinics, CBOs
- Technical Assistance for Health Clinics and CBOs
- Funding to Support Capacity-Building for Health Clinics and CBOs

Counties and MCPs Across the State Have Varying Levels of Existing Partnerships With Local CBOs

**Local Implementation CalAIM Notes!**

ITUP, Early Key Takeaways from ITUP Listening Sessions on CalAIM Implementation, July 2022

# Lessons Learned from the Central Coast and the Central Valley



**Central Valley Counties:**
Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne

**Central Coast Counties:**
San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Monterey, Ventura

**Challenges Identified:**

- Operational Capacity Varies Across Counties
- Communication from State and Others is Overwhelming and County Partners Need More In-Depth Guidance
- Medi-Cal Contracting for CBOs is Difficult
  - Transitioning from Grant-Based Funding to Medi-Cal Funding

**Successful Insights:**

- Target Technical Assistance Toward Non-Pilot Counties
- Create Avenues for Active Communication Among On-the-Ground Partners

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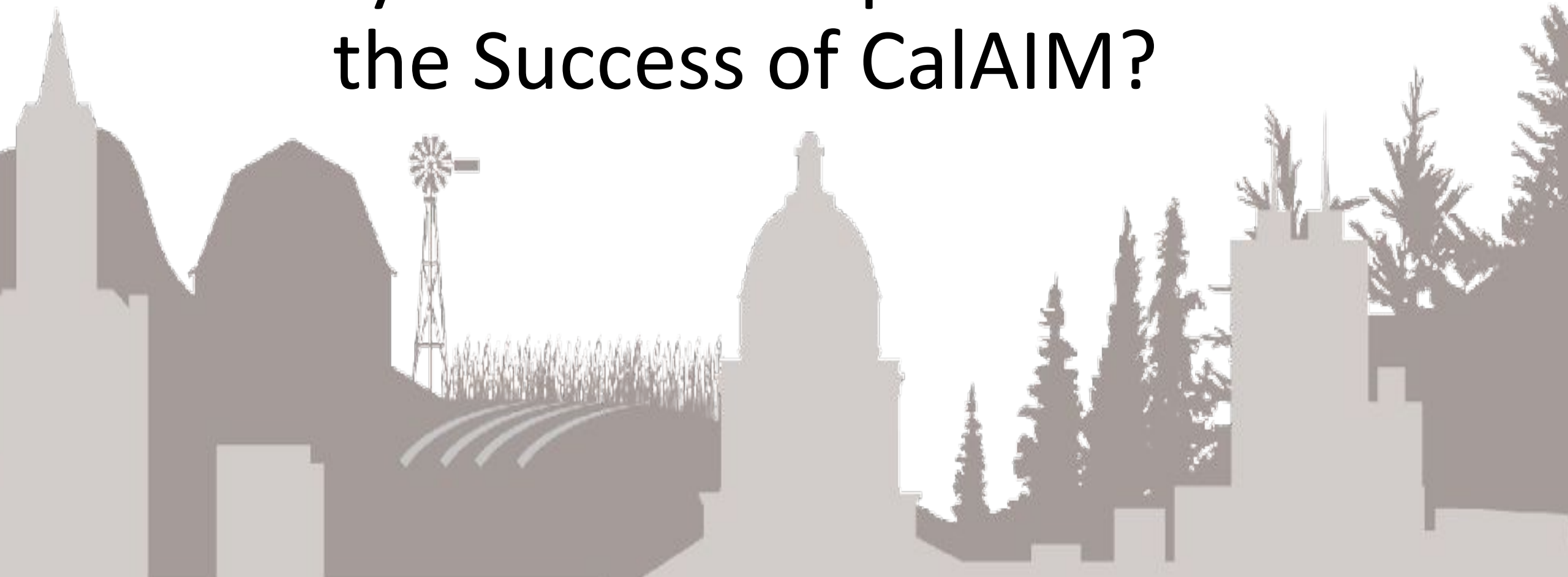
# Why are CBOs Important for the Success of CalAIM?

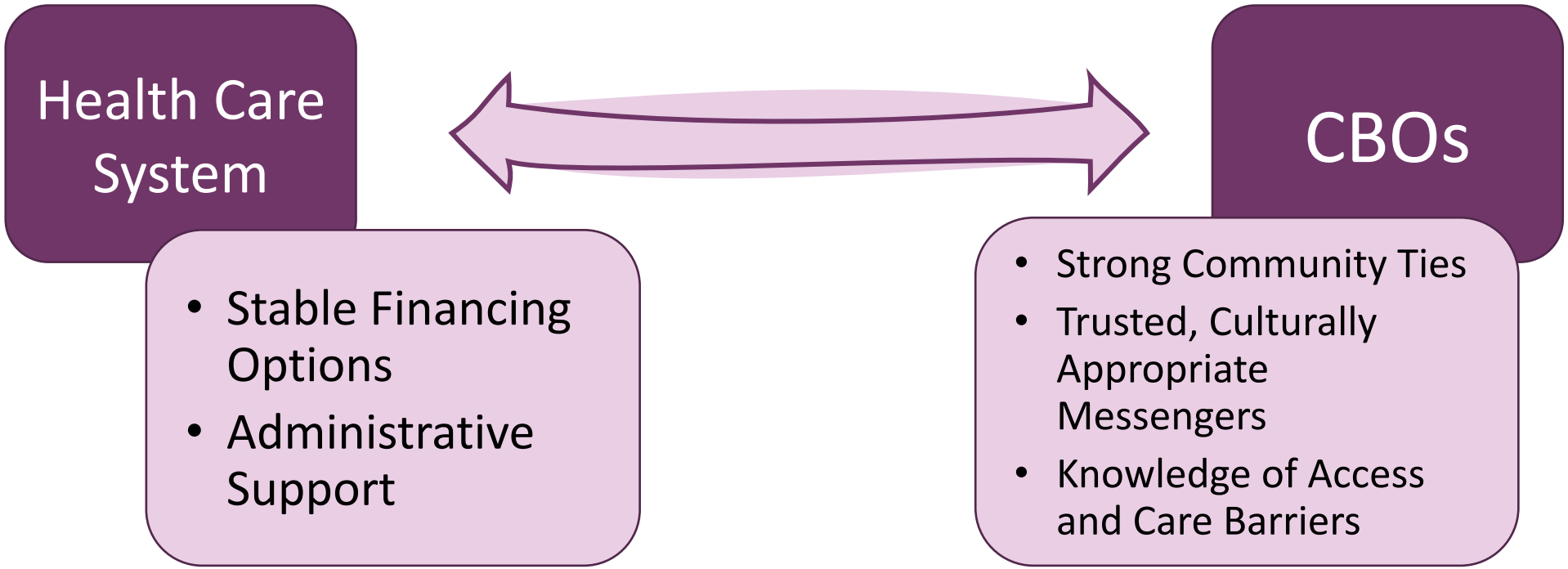


# Roles of CBOs in CalAIM

Insure the Uninsured Project

- Increase Quality and Access to Care for Hard-To-Reach Patients
- Effective and Equity-Driven Strategy for a “Whole-Person” Care Approach
- Address Social Determinants of Health

# Mutual Benefits for Health System and CBO Collaboration




Association of State and Territorial Health Officials, Collaborations Between Health Systems and Community-Based Organizations, January 2020

# Where to Learn More and Become a CS or ECM Provider?

- **Connect with Your Local Health Plan**
  - Central California Alliance for Health
- **DHCS Funding/Webinars**
  - ECM, CS Services, and Incentive Payment Program
    - Webinar
  - Providing Access and Transforming Health (PATH) Initiative
    - Webinar
- **ITUP Resources**
  - CalAIM Fact Sheet
  - CalAIM Quicklinks
  - Workgroup Takeaways – CalAIM Implementation

# Thank You!

info@itup.org

www.itup.org

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@InsuretheUninsuredProject

@InsuretheUninsuredProject

www.itup.org

# Collaboration Spotlight: CalAIM in the Central Valley

***Jessica Hampton*** *(she/her)*
*Enhanced Care Management*
*Central California Alliance for Health*

***David Carr*** *CADC-II, CHW (he/him)*
*Chief Operations Officer*
*Merced County Rescue Mission*

***Don Borgwardt*** *(he/him)*
*Director of Hope Respite Care*
*Merced County Rescue Mission*

Moderated by Katie Heidorn, ED, Insure the Uninsured Project

# Enhanced Care Management (ECM) and Community Supports Provider Information

# CalAIM ECM and Community Supports **Background**

**CalAIM is a multi-year DHCS initiative to improve the quality of life and health outcomes for Medi-Cal beneficiaries by implementing broad delivery system, program, and payment reforms.**

## Enhanced Care Management (ECM)

- The ECM benefit will provide intensive whole-person care management and coordination to help address the clinical and nonclinical needs of Medi-Cal MCP's highest risk members. 
- MCPs will and oversee ECM benefits, identify target populations and assign them to ECM Providers who will be responsible for conducting outreach and coordinating and managing care across physical, behavioral and social service providers.
- ECM services will be community-based with high-touch, on-the ground, face-to-face, and frequent interactions between members and ECM Providers.

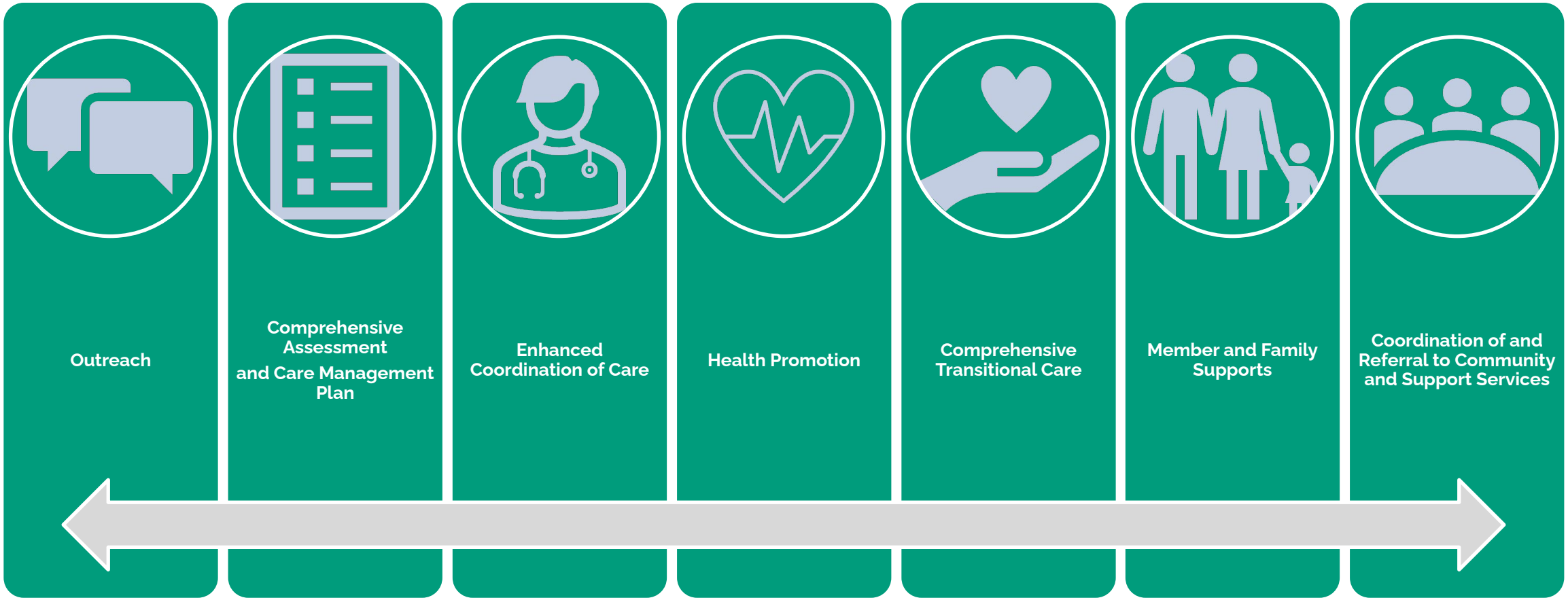
## Community Supports

- Community Supports are cost-effective, health-supporting and typically non-medical activities that may substitute for State Plan-covered services.
- DHCS plans to authorize 14 Community Supports categories, including housing transition and navigation services, respite care, day habilitation programs, and nursing facility transition support to Assisted Living Facilities or a home.
- Optional to MCPs - Highly encouraged by DHCS

# ECM Populations of Focus **Timeline**

| | |
|---|---|
| Phase I-July 2022 | • Individuals and Families Experiencing Homelessness<br>• High Utilizer Adults<br>• Adults who have SMI/SUD conditions |
| Phase II- Jan. 2023 | • Eligible for LTC and at risk for Institutionalization<br>• Nursing Facility Residents who want to transition back to community |
| Phase III-no sooner than July 2023 | • Children and Youth who are high utilizers, SED, CCS with needs beyond physical needs, child welfare<br>• Adults & Children/Youth Transitioning from Incarceration |

# ECM Core Service **Components**




**DHCS Links:** https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-Updated-May-2022-v2.pdf

# Community Supports **Offered**

| Community Supports |
| --- |
| Environmental Accessibility Adaptations (EAA) *[Jan 1, 2023]* |
| Housing Transition Navigation Services |
| Housing Deposits |
| Housing Tenancy and Sustaining Services |
| Medically Tailored Meals |
| Recuperative Care |
| Short-term Post Hospitalization Housing |
| Sobering Centers |

# ECM Program for the Alliance

<u>The Alliance's role is to ensure:</u>

- Benefit administered in compliance with DHCS requirements
  - Data sharing
  - State reporting
  - Member outcomes/documentation
- Provider payments are maximized to support adequate network
- Improvement in service delivery (volume and quality)
- Execution of an individualized person centered approach for all populations of focus

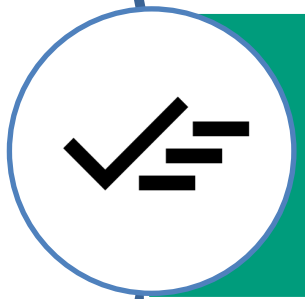
# Provider **Roles and Responsibilities**

# Provider Qualifications

- ❑ Ability to accept referrals for services authorized by Plan
- ❑ Experience providing service to Medi-Cal population
- ❑ Ability to submit claims or invoices for services
- ❑ Possess a National Provider Identifier (NPI) number
- ❑ Proof of insurance coverage

# ECM/Community Supports Entities

Let the Alliance know by email (ECMILOSProgram@ccah-alliance.org ) that you are interested in next steps; expect a follow-up questionnaire



The Alliance assesses ECM or Community Supports organizational readiness based off additional information obtained

The Alliance will initiate contracting/credentialing activities with those who decide to proceed and for whom the Alliance has confirmed readiness

- ECM and Community Supports programs require significant investments in care management capabilities, community supports infrastructure, information technology and data exchange, and workforce capacity at the provider level.
- **CalAIM Incentive Payment Program (IPP)**
- **PATH Cited Funding**

# Referrals- **Getting Services to People**

- No wrong door approach
- Types of Referrals
  - Provider Referral Form
  - Member Referral Form
  - Call ECM line
- Referrals can be initiated by:
  - Contracted Providers
  - Non-contracted providers
  - Members
  - Family

# Care Management Platform and Closed Loop Referral System

- Care Management Platforms (*optional, but encouraged*):
  - Activate Care
  - Unite Us (Merced and Santa Cruz Co.)
- Closed Loop Referrals (*required*)
  - Unite Us
  - Smart Referrals (Monterey Co.)

# Provider Specific Support and Trainings

- Alliance
  - ECM Team
  - Provider Services
  - Claims
- Health Management Associates (HMA)
  - Contracted vendor used to conduct trainings, technical assistance, and coaching with our ECM and CS providers.
    - Quarterly Learning Sessions
    - Bi-Monthly Webinars
    - 1:1 Coaching


# HOPE Respite Care

## *Merced, CA*

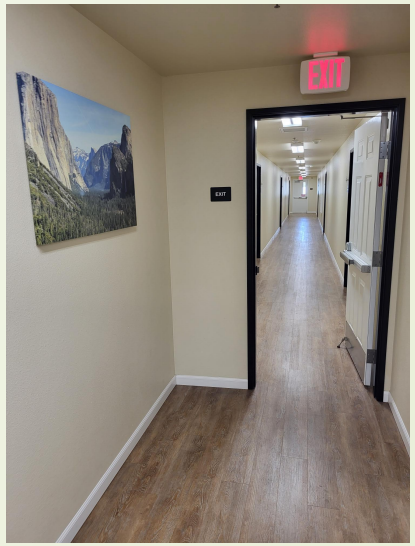
mission merced incorporated

David Carr – Chief Operating Officer

Don Borgwardt – Director Hope Respite Care

# HOPE Respite Care Facility

**32 bed facility**
**12- women bed's**
**20- men beds**
**14 beds-Sobering Center**




**14 full and part-time staff**

# Who we are….

- The HOPE Respite Care Program is a division of the Merced County Rescue Mission.
- Our Mission is to provide hope, medical and life support services to people without housing in Merced County.
- Mission Merced Respite Program started in 2015 with 1 house and 10 beds. In 2019 the program expanded to 2 houses and a total of 20 beds.
- In March 2021 the Hope Respite Program became a pilot RCP program partnering with Central California Alliance for Health.
- On March 2022, the Hope Respite Program moved into its new facility and increased to 32 beds capacity
- July 1st, 2022 the Hope Respite Program transferred to the CalAim Program as an ECM/CS provider.

# Who we work with…

- Clients are received by referral from local hospitals such as; Dignity Healthcare, Sutter Hospital, Memorial Hospital, Doctors Hospital and Emanual Hospital.
- Additionally, we receive referrals for multiple healthcare providers; recuperative care facilities, nursing facilities; physician groups and other sources.

# Typical services we provided…

- Income assessment
  - Assistance with SSI and SSDI
- Insurance assessment
  - Assistance with securing insurance
- Connection to primary care and specialist physicians
- Connection to pharmacy services and vaccines
- Perform mental health assessments and connect to services
- Provide assistance with CA Identification, SSI cards, birth certificates etc.
- Continuous monitoring of client medication, vitals, nutrition, physical health and recouperation.
- Provision of housing services with vouchers, HDAP, SLE or Bridge housing.

# Transition to Community Support…

- On August 1st , 2021 Hope Respite Care began working in partnership with Central California Alliance for Health (CCAH) on Recuperative Care Respite Program. This pilot was to be for two years but after one year the RCP was transitioned to CalAIM.
- Since the pilot program had gone so well it was an easy decision to move to CS/ECM Provider.
- Much of what we were doing already were the same functions under the CS/ECM functions.
- Reporting and tracking changed, and some items were designated as different components.

# Services we provide as Community Support…

- Recuperative Care (Medical Respite)
- Short-Term Post-Hospitalization Housing
- Sobering Center Services
- Housing Transition Navigation Services
- Housing Deposits

# Services provided by MCRM - ECM Services…

- Individuals experiencing homelessness thorough outreach, housing and case management services
- Adults who are high utilizers of avoidable emergency services connecting to respite services.
- Adults with substance use disorder
- Adults who are incarcerated and transitioning to the community – though housing and recovery programs

# Lessons Learned…

- Tracking and documentation will be robust so develop good means of tracking data.  Create spreadsheets to assist with maintaining information.
- Personal interaction with clients is a key to success and acceptance of healthy lifestyle choices.
- Develop relationships with providers and services to help with appointments and client needs.
- Continue growing your organization through outreach to organizations and businesses that refer to you.

# Resources

**ITUP Older Adults and Duals Fact Sheet/Infographic:**
https://www.itup.org/medicare-fact-sheet/

**ITUP CalAIM Summary Infographic:**
https://www.itup.org/itup-blog-calaim-summary-and-timeline/

*Jessica Hampton*
*Enhanced Care Management*
*CCAH*
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