CalAIM

California Advancing and Innovating Medi-Cal

May 14, 2021

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Agenda

- Welcome and Introductions
  - Richard Sanchez, Chief Executive Officer

- CalAIM Overview
  - Rachel Selleck, Executive Director, Public Affairs

- CalAIM Populations of Focus and Outreach Strategy
  - Tracy Hitzeman, RN, CCM, Executive Director, Clinical Operations

- Questions

Background

○ January 2021: Department of Health Care Services (DHCS) released revised California Advancing and Innovating Medi-Cal (CalAIM) proposal

○ Expands Medi-Cal Managed Care Plans' responsibilities

○ Addresses longstanding challenges in Medi-Cal
- High cost of services for a small number with high needs
- Significant variation and complexity in service delivery

Background (Cont.)

Whole Person Care (WPC) (2016–21)
Lead Entity: County of Orange
Services:
- Housing Navigation and Sustainability (includes housing deposits)
- Recuperative Care

Health Homes Program (HHP) (2020–21)
Lead Entity: CalOptima
Services:
- Comprehensive Care Management*
- Housing Navigation and Sustainability

California Advancing and Innovating Medi-Cal (CalAIM) (2022–27)
Lead Entity: CalOptima
Services:
- Enhanced Care Management**
- Phase 1 In Lieu of Services (ILOS):
  1) Housing Transition Navigation Services
  2) Housing Tenancy and Sustaining Services
  3) Housing Deposits
  4) Recuperative Care
Phase 1 Implementation: January 2022

Comprehensive Care Management: Care management addressing primarily clinical needs

**Enhanced Care Management:* Care management addressing both clinical and nonclinical needs

Note: CalOptima is concurrently planning for Phase 2 ILOS.

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Goals

○ Improve member and provider experience

○ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

○ Improve quality outcomes, reduce health disparities and drive delivery system transformation and innovation

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CalAIM Initiatives

Initiatives	Implementation Date
Enhanced Care Management (ECM) Benefit	January 2022
In Lieu of Services (ILOS)	January 2022
Plan Incentive Payments	January 2022
Shared Risk/Savings (Seniors and Persons With Disabilities/Long-Term Care Blended Rate)	January 2023
Discontinue Cal MediConnect and Require Dual Eligible Special Needs Plans	January 2023
Population Health Management Program	January 2023
Regional Managed Care Capitation Rates	January 2024
National Committee for Quality Assurance (NCQA) Accreditation[1]	January 2026
Full Integration Plans[2]	January 2027

[1] CalOptima is already NCQA accredited and a top-rated plan in California

[2] CalOptima status: BH partially integrated; dental not integrated

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CalAIM Populations of Focus and Outreach Strategy

Tracy Hitzeman, RN, CCM
Executive Director, Clinical Operations

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Enhanced Care Management (ECM)

- Creates a single, intensive and comprehensive benefit
  - Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries

- Builds upon existing Health Homes Program (HHP) delivery system infrastructure

- Uses a phased implementation approach based on DHCS-defined Populations of Focus

DHCS Preliminary Timeline

Implementation Date	Population of Focus	WPC	HHP
January 1, 2022	Homeless* Adult High Utilizers Adults with Serious Mental Illness/Substance Use Disorder (SMI/SUD)	**Yes** Yes **Yes**	Yes **Yes** **Yes**
January 1, 2023	Members transitioning from incarceration Members eligible for Long-Term Care (LTC) or at risk of institutionalization Nursing facility residents transitioning to community	No No No	No No No
July 1, 2023	Child/Youth (High Utilizers; Serious Emotional Disturbance (SED)/high psychosis risk; California Children's Services (CCS) or Whole Child Model (WCM); involvement/history of involvement with Child Welfare; and transitioning from incarceration)	No	No

* To avoid disruption in service, children/youth currently served by HHP/WPC will transition into ECM on January 1, 2022, and be reassessed.
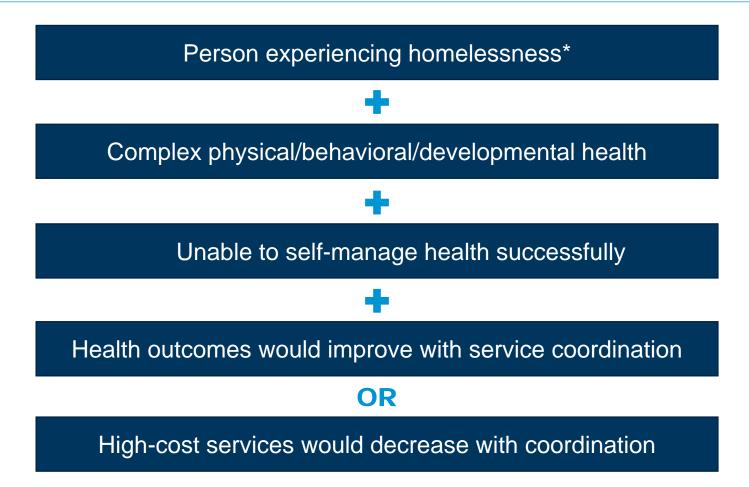
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WPC/HHP Member Transition to CalAIM

○ All WPC/HHP enrolled members will automatically be approved for ECM

  ▪ Reassessment required within six months

    • Ensure appropriate level of case management (ECM, Complex Case Management, Basic Case Management) and non-duplication of services

    • Evaluate member's current needs

    • Update member's plan of care

Population of Focus: Homeless

Person experiencing homelessness*

+

Complex physical/behavioral/developmental health

+

Unable to self-manage health successfully

+

Health outcomes would improve with service coordination

OR

High-cost services would decrease with coordination

* New HUD homelessness definition: Lacks adequate nighttime residence, primary residence is public place not used for habitation, living in a shelter, exiting an institution to homelessness, will lose housing in next 14 days, unaccompanied youth, homeless families with children, victims fleeing domestic violence

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CalOptima ECM-Eligible Population: Homeless

CalOptima Homeless Population of Focus			
Medi-Cal Only	2,863	OneCare/Medi-Medi	439

Homeless Distribution of Complex Conditions	
With a Complex Physical Condition	2,175
With a Complex Behavioral Health Condition	1,933
With a Developmental Health Condition	232

Health Network Member Distribution		
CCN/COD: 786	Kaiser: 60	United Care:58
CHOC: 33	Prospect: 150	AMVI: 49
Monarch: 476	Family Choice: 145	HPN-Regal: 25
Arta Western: 329	Talbert: 122	AMVI/Prospect: 1
AltaMed: 280	Noble: 113	COD/Medi-Medi: 346

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Population of Focus: High Utilizers

Frequent use of Emergency Department* could be avoided with better outpatient care/treatment adherence

OR

Frequent unplanned hospitalizations** could be avoided with better outpatient care/treatment adherence

OR

Frequent Skilled Nursing Facility stays*** could be avoided with better outpatient care/treatment adherence

* 6 or more Emergency Department visits within 12 months
** 2 or more unplanned hospital admissions within 12 months
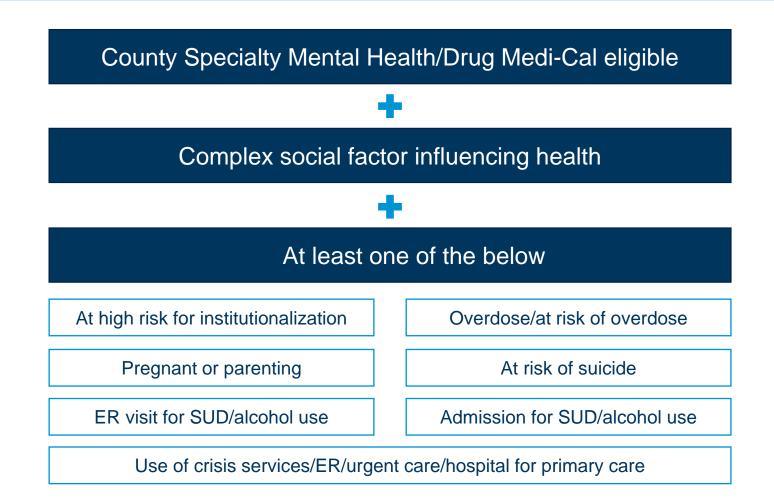***2 or more skilled nursing facility stays (does not include custodial care/Long-Term Care)

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CalOptima ECM-Eligible Population: High Utilizers

CalOptima High Utilizer Population of Focus

Medi-Cal Only	11,432	OneCare/Medi-Medi	605

Health Network Member Distribution

CCN/COD: 3,753	Kaiser: 386	United Care: 337
CHOC: 692	Prospect: 652	AMVI: 143
Monarch: 1,666	Family Choice: 475	HPN-Regal: 120
Arta Western: 1,003	Talbert: 443	AMVI/Prospect: 12
AltaMed: 894	Noble: 347	COD/Medi-Medi: 1,088

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Population of Focus: SMI/SUD

County Specialty Mental Health/Drug Medi-Cal eligible

+

Complex social factor influencing health

+

At least one of the below

At high risk for institutionalization	Overdose/at risk of overdose
Pregnant or parenting	At risk of suicide
ER visit for SUD/alcohol use	Admission for SUD/alcohol use

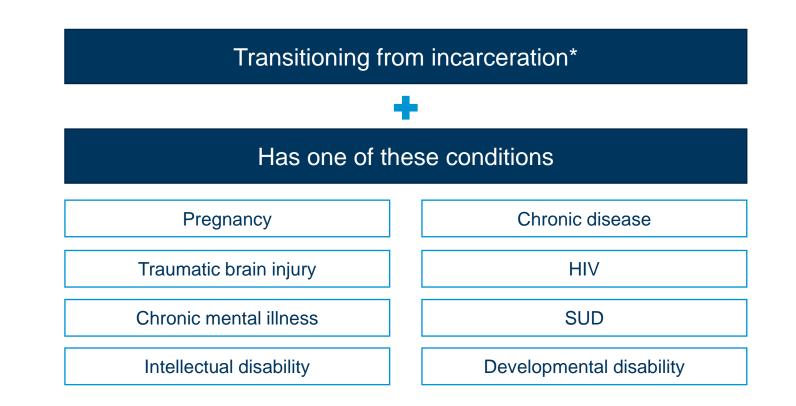Use of crisis services/ER/urgent care/hospital for primary care

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CalOptima ECM-Eligible Population: SMI/SUD

CalOptima SMI/SUD* Population of Focus

Medi-Cal Only	16,819	OneCare/Medi-Medi	1,458

Health Network Member Distribution

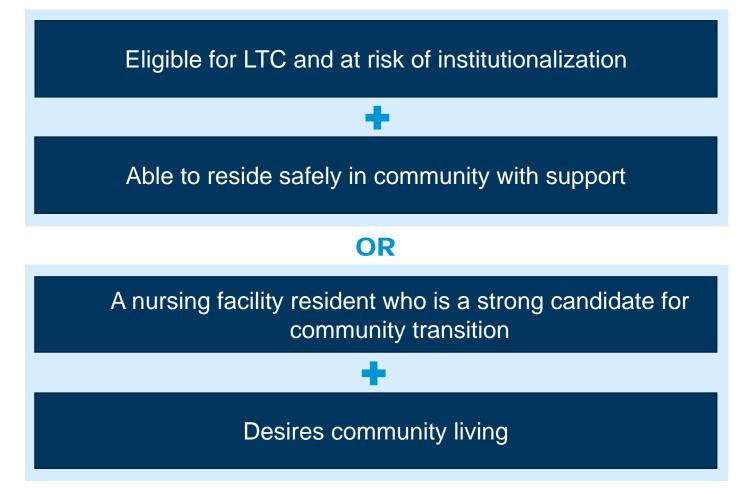| CCN/COD: 3,248	Kaiser: 1,014	United Care: 560
CHOC: 684	Prospect: 896	AMVI: 252
Monarch: 3,018	Family Choice: 854	HPN-Regal: 166
Arta Western: 1,308	Talbert: 745	AMVI/Prospect: 49
AltaMed: 963	Noble: 381	COD/Medi-Medi: 4,099

* Data sources for SUD member identification are pending

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Population of Focus: Transitioning From Incarceration

Transitioning from incarceration*

+

Has one of these conditions

Pregnancy	Chronic disease
Traumatic brain injury	HIV
Chronic mental illness	SUD
Intellectual disability	Developmental disability

* Within the past 12 months

Population of Focus: LTC

Eligible for LTC and at risk of institutionalization

+

Able to reside safely in community with support

OR

A nursing facility resident who is a strong candidate for community transition

+

Desires community living

Population of Focus: Child/Youth

High Utilizers

OR

SED/high psychosis risk

OR

Involvement/history of involvement with Child Welfare*

OR

Transitioning from incarceration to community

OR

WCM and additional needs

* Including foster youth up to age 26

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CalAIM ECM Outreach Plan

○ Designed to meet the unique needs of each Population of Focus

- Homeless population outreach

  - Personal Care Coordinators offer services at shelters, navigation centers and recuperative care facilities

  - Clinical Field Team/Homeless Response Team are in-person contacts

- High utilizer outreach

  - During discharge planning

  - At Interdisciplinary Care Team meetings

  - Multimodal approach (telephonic, e-communication, in-person)

- SMI/SUD outreach

  - At Interdisciplinary Care Team meetings

  - Offer services where members receive care

In Lieu of Services (ILOS)

○ Definition of ILOS

- Flexible wrap-around services
- Authorized and identified in the state's Medi-Cal Managed Care Plan contracts
- Optional for both the plan to offer and the beneficiary to accept
- Provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission, emergency department use or delay in discharge

DHCS ILOS Options

1. Housing Transition Navigation Services	8. Nursing Facility Transition/Diversion to Assisted Living Facilities
2. Housing Deposits	9. Community Transition Services/Nursing Facility Transition to a Home
3. Housing Tenancy and Sustaining Services	10. Personal Care and Homemaker Services
4. Short-Term Post-Hospitalization Housing	11. Environmental Accessibility Adaptations (Home Modifications)
5. Recuperative Care (Medical Respite)	12. Meals/Medically Tailored Meals
6. Respite Services	13. Sobering Centers
7. Day Habilitation Programs	14. Asthma Remediation

Refer to Appendix J: In Lieu of Services Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations

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CalOptima's Proposed Approach

- ○ Build upon WPC and HHP infrastructure
- ○ ECM/ILOS providers will need to pass readiness assessment

	ECM	ILOS
Contracting	CalOptima to contract with HHP Community-Based Care Management Entities (CB-CMEs)	CalOptima to contract directly with WPC and HHP ILOS providers
Funding	State funded	No initial funding expected from State

Providers Readiness Assessment

○ CalOptima will collaborate with ECM and ILOS providers to ensure readiness on the following, as applicable, but not limited to:

- WPC and HHP transition plan
- Model of Care expectations
- Network adequacy
- Provider capacity
- Policies and procedures compliance

Proposed Timeline	
Summer 2021	Request for Proposal and Consultant selection
Fall 2021	Conduct Readiness Assessment

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Provider Training

○ Provider training will be conducted either via in-person sessions, webinars and/or calls

○ Training shall encompass:

- Program overview

- Member care plan, care coordination and care transitions expectations

- Community resources, referral process, as well as operational and condition-specific trainings

- Special populations

- Social determinants of health

- Motivational interviewing, trauma-informed care

- Health literacy assessment and information sharing

Next Steps

2021–22	Actions
June 2021	Seek CalOptima Board approval for DHCS submission
July 2021	Submit completed Model of Care (MOC) Template Part 1 to DHCS
Late Summer	Obtain DHCS approval of completed MOC Template Part 1
October 2021	Submit completed MOC Template Part 2 (provider capacity and contract templates) deliverable due to DHCS
Fall 2021	Hold stakeholder planning event
Fall 2021	Complete readiness assessments and provider training
December 2021	Sunset WPC and HHP
January 2022	Go-live with ECM and Phase 1 ILOS

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Questions

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Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

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