Southwest Collaborative Planning & Implementation Group

DHCS — CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

PUBLIC CONSULTING GROUP ™

Date: May 23, 2023	**Start/End Time**: 1:00 – 2:30 PM
Location: Zoom	**Facilitator Organization: Public Health Institute**
Total Number of Attendees: 45	

High Level Agenda

No.	Topic	Key Questions
1.	Welcome	-
2.	Context and Framing	-

3.	Responding to your requests for ECM and Community Supports knowledge and solutions	Breakout Room Options -- Addressing pain points along the Roadmap
		• *Roadmap Step 1*
		   o How will providing ECM / CS services benefit my organization?
		• *Roadmap Steps 2 & 3*
		   o Successful application processes (ECM/CS Provider contracting and CITED funds)
		• *Roadmap Steps 4-6*
		   o Systemic Challenges & Solutions of Delivering Services

4.	Updates from Partnership Health Plan	-
5.	CITED Application check-in	-
6.	Share updated Collaborative materials	• Aim Statement • Drivers and Support Strategies • Change Ideas
7.	Next steps and Upcoming Events	-

Notes/Meeting Summary

Key Takeaways & Discussion Themes by Agenda Topic

Topic	Discussion Themes/Key Takeaways	Actions Taken/Next Steps	Best Practices/Lessons Learned
Welcome	-	-	-

Context and Framing	**Review:**
	- PATH CPI regional collaborative planning goals
	- CPI facilitator responsibilities
	- Readiness Roadmap Poll
	- Note that Steps on the Readiness Roadmap are as follows:
	• *1. What are ECM & CS?*
	• *2. We're exploring the contracting process.*
	• *3. We have started to work on the contract!*
	• *4. We have a contract!*
		Readiness Roadmap Poll:
		1. In which month did you first attend a collaborative meeting?
		  a. January (4/17 responses)
		  b. February (1/17 responses)
		  c. March (7/17 responses)
		  d. April (0/17 responses)
		  e. May (4/17 responses)
		
		2. Where on the Readiness Roadmap was your organization then?
		  a. Step 1 (0/17 responses)
			Currently, many of our SW participants have participated with us since the beginning of the year and many have advanced at least one step along the Readiness Roadmap towards either becoming an ECM/CS Provider and/or more

	• *5. We are testing the service delivery and billing system.*
	• *6. We are delivering services and have an internal process, but are having issues with referrals, reimbursements, or other workflow complications.*
	• *7. Coordinated delivery, billing, and referral system in place and running smoothly!*
		b. Step 2 (1/17responses)
		c. Step 3 (2/17 responses)
		d. Step 4 (3/17 responses)
		e. Step 5 (3/17 responses)
		f. Step 6 (6/17 responses)
		g. Step 7 (2/17 responses)
		
		3. As of today, on which step of the Readiness Roadmap is your organization?
		    a. Step 1 (0/17 responses)
		    b. Step 2 (1/17 responses)
		    c. Step 3 (2/17 responses)
		    d. Step 4 (2/17 responses)
		    e. Step 5 (3/17 responses)
		    f. Step 6 (5/17 responses)
		    g. Step 7 (2/17 responses)
			successful implementation. We are also happy to have new participants this month! Most of the organizations have contracts and are actively addressing service delivery issues.

Responding to your requests for ECM and Community Supports knowledge and solutions	**Review PHIL's CPI efforts:** - Customer Dive: Through listening sessions, asset mapping, discovery calls, convenings, PHIL learned about topical implementation challenges with ECM and CS. - Problem Dive: Mutual challenges visual describes shared challenges among counties and entity types. **Next Steps:** - Solution Storm: Breakout rooms with peers and members of PHC will help to uplift problems, solutions, and strategies in different stages of the Readiness Roadmap.	Participants self-selected the Breakout Room they could learn from or contribute to the most. Jamboard Discussion **The breakout rooms were as followed:** Room 1: Roadmap Step 1 -- How will providing ECM / CS services benefit my organization? Room 2: Roadmap Steps 2-3 -- Successful application processes Room 3: Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services **Report Back:** Room 1: No attendees Room 2: Community Action agency collaboration in the PATH CPI space. Room 3: Resolution strategies surrounding TARs and billing barriers	See Appendix I for detailed notes. In summary, participants are still experiencing many challenges in delivering ECM/CS services due to systemic challenges (as detailed in the notes). Partnership Health remains open and willing to address as many of these issues as are feasible. We continue to foster solutions-based conversations and initiatives.
Updates from Partnership Health Plan	**Monthly updates from PHC**	PHC brought technical updates to present to the Collaborative; PHC is actively working on resolving specific issues that providers have brought to their attention as well as known issues.	Participants crave hearing from PHC about the issues that they're working on to resolve known problems. Technical updates from PHC remain much appreciated.

CITED Application check-in	- CITED check-in poll - CalAIM to CITED pathway - Round 2 application reminder - CITED Round 2 funding goals	**CITED Poll:** 1. Have you applied yet? a. No. (5/11 respondents) b. Yes! (6/11 respondents) 2. Have you been awarded for cycle I? a. N/A (1/11 respondents) b. No. (5/11 respondents) c. Yes! (5/11 respondents) 3. Are you interested in learning more about CITED? a. I can help folks in my region learn more about CITED. (2/11 respondents) b. No. (5/11 respondents) c. Yes! (4/11 respondents)	It's important to remain aware of and disseminate information for complimentary funding, services and other opportunities that would benefit CPI participants. Many remain interested in current or future CITED funding, for example. It's wonderful that 2 organizations reported being able to help other organizations learn more about CITED.
Share updated Collaborative materials	Review collaborative aim, support strategies, and timeline. - See Appendix II	**Solutions Network:** - PHIL announced an informal introduction to the "Solutions Network" as an opportunity to dig deeper into topical implementation challenges and systems change. - Participants interested in participating in the solutions network, please email PATH@pophealthinnovationlab.org	At this point in the year, participants are less interested in viewing deliverables and more interested in solving specific implementation issues, which we plan to continue addressing in various ways, including the development of the Solutions Network. Regardless, all deliverables will be available on our website.
Next steps and Upcoming Events	**Upcoming collaborative events:** - Pop-up: PATH CPI Asset Map Demo on Monday, June 12 - June CPI regional meeting is June 27 (virtual) **Request for volunteers to pilot the updated Asset Maps:** Please reach out to PATH@pophealthinnovationlab.org **Resources:** - CITED office hours	**Calendar updates:** Collaborative meeting invites will be updated and forwarded to CPI participants. **The upcoming monthly events will be as followed:** June 28 – 11:00 am - 12:30 pm (virtual) July 26 – 11:00 – 2:00 pm (in-person, location tbd)	It will be helpful to have participants help hone use-case scenarios for our Asset Mapping Demo. To thoroughly plan and to honor participants' time and effort in our regions, we will be meeting in-person every third month instead of every

			second month. We will continue holding virtual convenings for both months in-between in-person gatherings.

Identified Gaps/Challenges in CalAIM/ECM/Community Supports

Topic	Gaps/Challenges Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Examples from Room 1 (see appendix with notes for more content): Roadmap Step 1 -- How will providing ECM / CS services benefit my organization?			
No attendees			
Examples from Room 2 (see appendix with notes for more content): Roadmap Steps 2 & 3 -- Successful application processes			
Contracting with ECM versus Community Supports	Understanding the different requirements to getting a contract with ECM or Community Supports. The feasibility differs by organization.	PHIL is collecting these questions and placing them into the strategic overview. These questions will be addressed by either the Solutions Network, or through capacity building opportunities.	Contracts and agreements with PHC are complex. 1:1 support from PHC is helpful but can be duplicative. **Opportunity:** Standardizing FAQ's and general communication will be helpful for participants in the earlier stages of the RR.
Examples from Room 3 (see appendix with notes for more content): Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services			
Common themes among those with a contract and in steps 4-7 of the RR.	o Defining Roles: Who is doing what in the region? o Collaboration: How to successfully work with referrals? o Processes o TARs – processes o County-level collaboration o Care model / staffing	PHIL is collecting these questions and placing them into the strategic overview. These questions will be addressed by either the Solutions Network, or through capacity building opportunities.	**Opportunity:** Categorizing barriers and themes in the Solutions Network can bring forth clarity and resolution for topical implementation challenges.

Identified Successes Experienced by Participants

Topic	Successes Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
CITED awarded	5 participants were granted CITED awards.	Follow-up with CITED awardees.	4/17 Participants are interested in learning more about CITED. PHIL will integrate more CITED resources in communication.
Movement on the Readiness Roadmap (RR)	One participant reported moving from stage 6 to stage 7.	Identify strengths and opportunities among participants when moving along the Roadmap.	Most entities are within the later stages of the RR and require more systematic approach to topical implementation challenges.

Summary of Complaints & Grievances

Topic	Summary of Complaint/Grievance	Actions Taken	Next Steps
Contracting length	It takes too long to wait for an ECM/CS contract to be awarded after application submission	Partnership has heard.	We don't know where the bottleneck lays.

Specific comments, questions, or concerns regarding policy/implementation/change goals for TPA/DHCS

Topic	Comment/Concern/Question	Actions Taken	Next Steps
Care plan	Many participant organizations are spending too long on the Care Plan in advance of being able to enroll a client – only to find that the client is already enrolled with another provider.... and no way to bill for the work that was done.	Some organizations call Collected Medical to confirm whether the client is already enrolled. Some submit a small Care Plan enough to enroll (but that's still a lot of work). These are still insufficient workarounds.	Allow a provider to enroll a client with basic eligibility for at least 30 days before having to submit a care plan for which they are assured a billable client.

Shared Collaborative Resources

#	Resource	Category/Type	Link/Access Information
1.	DHCS PATH website	Website	https://www.ca-path.com
2.	PHIL PATH CPI website	Website	https://pophealthinnovationlab.org/projects/path/
3.	PHIL PATH CPI Resources page	Website	https://pophealthinnovationlab.org/projects/path/path-cpi-resources/
4.	Jamboard: Shared learning space for different steps of the Readiness Roadmap.	Interactive webpage	https://jamboard.google.com/d/1af9DvGgutQYsp2sL-2rnxDjXfD8L2GF6x6EKUJdS6Tc/edit?usp=sharing
5.	DHCS CITED website	Website	https://www.ca-path.com/cited
6.	DHCS TA Marketplace	Website	https://www.ca-path.com/shop-tam/select-service
7.	Partnership Healthplan of California (PHC) ECM Roundtable Registration form	Registration website	https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/d599c05f7dba418daa6ec5de6304a8e0
8.	Northwest Collaborative Aim, Readiness Roadmap, Support Strategies	One-pager	https://pophealthinnovationlab.org/wp-content/uploads/2023/05/05.08.23_Aim-Readiness-Roadmap-Support-Strategies.pdf
Resources shared by collaborative participants			

#	Resource	Category/Type	Link/Access Information
9.	TARS and Billing Cheat Sheet	Resource	Community Supports Network_MONTHLY BUDGET TOOL.pdf
10.	Community Supports Roundtable	Website	http://www.partnershiphp.org/Community/Pages/Community-Supports.aspx
11.	PATH Guidance: Capacity and Infrastructure Transition Expansion and Development (CITED) Initiative	Report	https://www.dhcs.ca.gov/CalAIM/Documents/PATH-CITED-Guidance-Update-for-Round-2.docx

Individuals in Attendance

	Name	Organization	Position / Title	MCP Y/N	Email
1.	14803299322	Unknown	Unknown	Unknown	Unknown
2.	16128041756	Unknown	Unknown	Unknown	Unknown
3.	19253819387	Unknown	Unknown	Unknown	Unknown
4.	Alaina Cantor	North Marin Community Services	LCSW, Director of Wellness	Unknown	
5.	Amy Anderson	Aliados Health	Sr. Program Manager/ CalAIM	N	aanderson@rchc.net
6.	Ashley Peel	Partnership Healthplan of California	Program Manager, ECM	Y	apeel@partnershiphp.org
7.	Beth Paul	Aliados Health	Director Population Health	N	bpaul@rchc.net
8.	Casey Armstrong	Turning Point Community Programs	Director of ECM & CS	N	caseyogelvie-armstrong@tpcp.org
9.	Cathryn Couch	Ceres Comm Project/CalFIMC	Chief Executive Officer	N	ccouch@ceresproject.org
10.	Cayenne Bierman	Marin Community Clinic	Director of Complex Care	N	cbierman@marinclinic.org
11.	Charlotte Hajer	Hanna Center	Senior Director, Community Mental Health Hub	N	chajer@hannacenter.org
12.	Christy Palomo	WPC	WPC Supervisor	N	PalomoC@anchorhm.org
13.	Cynthia King	Community Action Partnership Sonoma County	Executive Director, Director of Services	N	cking@capsonoma.org
14.	Dana Swilley	Sonoma Connect Sonoma Unidos	Senior Program Manager	N	dswilley@sonomaconnect.org
15.	Emily Alona	Hanna Center	LCSW	N	Unknown
16.	Erin Hawkins	Community Action Marin	Vice President of Programs	N	ehawkins@camarin.org

17.	Esmeralda Salas	Population Health Innovation Lab	Research Associate II	N	esalas@phi.org
18.	Hector Medina	Serene Health	Senior Vice President	N	hector@serenehealth.com
19.	Helen Myers	Food For Thought	Director of Community Engagement	N	HelenM@FFTfoodbank.org
20.	James Valerio	MedZed	Client Success Manager	N	james.valerio@mymedzed.com
21.	Jessica Sanchez	Population Health Innovation Lab	Project Coordinator	N	JSanchez2@phi.org
22.	Jonathan Portney	Lake County Health Department	Director	N	jonathan.portney@lakecountyca.gov
23.	Karin Pimentel	Ceres Community Project	Contracts & Business Development Manager	N	kpimentel@ceresproject.org
24.	Kathryn Power	Partnership Healthplan of California	Community Relations and Policy Manager	Y	kpower@partnershiphp.org
25.	Kathryn Stewart	Population Health Innovation Lab (PHIL)	Director of Learning and Action	N	Kastewart@phi.org
26.	Katie Christian	Population Health Innovation Lab	Communications Coordinator	N	KChristian@phi.org
27.	Kerry Landry	Kerry Landry Health Care Consulting, LLC	Consultant	N	kerry@klhcc.com
28.	Kym Centaro	Community Support Network	Director		kym@csn-mh.com
29.	Lauren Jacobson	BluePath Health	Manager		lauren.jacobson@bluepathhealth.com
30.	Lisa Santora	Marin HHS	Deputy Public Health Officer	N	LSantora@marincounty.org
31.	Lynn Scuri	Partnership Healthplan of California	Regional Director	Y	lscuri@partnershiphp.org
32.	Max Chavez	Population Health Innovation Lab	Research Assistant II	N	MChavez@phi.org
33.	Megan Van Sant# County of Mendocino	County of Mendocino	Senior Program Manager	N	vansantm@mendocinocounty.org

34.	Rachel McCullough-Sanden	Population Health Innovation Lab (PHIL)	PATH CPI Program Manager	N	rmcculloughsanden@phi.org
35.	Ramon Anguiano	Serene Health Group	Unknown	N	Unknown
36.	Sage Wolf	Redwood Community Services	Director of Integrated Health	N	wolfs@redwoodcommunityservices.org
37.	Seun Aluko	Population Health Innovation Lab (PHIL)	Research Scientist II	N	saluko@phi.org
38.	Shannon Wiseman	COTS	Unknown	N	swiseman@**cots**.org
39.	Stefani Hartsfield	Hartsfield Consulting	Consultant	N	stefani@hartsfieldhealth.com
40.	Sue Grinnell	Population Health Innovation Lab (PHIL)	Director	N	SGrinnell@phi.org
41.	Teresa Tillman	Committee on the Shelterless	CalAIM Implementation Consultant	N	teresat319@gmail.com
42.	Tiara smith	Public Consulting Group	Business Analyst	N	tiasmith@pcgus.com
43.	Tim Stevens	Home Safety Services	Unknown	N	tim@homesafety.net
44.	Whitney Vonfeldt	Redwood Quality Management Company	ECM Program Director	N	vonfeldtw@anchorhm.org
45.	Zenia Leyva Chou	North Coast Opportunities	North Coast Opportunities	N	zchou@ncoinc.org

MCP Engagement (List all MCPs who should be engaged regardless of attendance)

MCP	Current Status of Relationship	MCP Engagement in Collaborative	Engagement Concerns & Notes
Partnership Healthplan of California (PHC)	Supportive – 3-4 representatives actively participated in our meetings and specifically asked for participants' feedback and grievances throughout the meeting. They also shared updates they were working on internally.	Participating monthly with PHC updates and knowledge experts for Q&A in breakout rooms.	• PHIL and participants are grateful for the active participation of PHC in the collaborative. • PHIL is curious about the possible duplication of Q&A among other CPI collaboratives and are connected with other Northern California

				facilitators (I.e., Camden and HealthBegins).

New Action Items (Identified this Meeting)

No.	Action Item	Owner	Created	Deadline	Status
1.	Updating stakeholder tool with participants' positions on the readiness roadmap to track advancement towards our Aim.	PHIL	05/30/2023		
2.	Incorporating breakout discussions into our Solutions Network strategy	PHIL	05/30/2023	06/12/2023	Strategizing
3.	Propose monthly meeting with Camden and HealthBegins and Partnership to efficiently collate common issues among CPI collaboratives across Northern California counties	PHIL	05/30/2023	06/05/2023	Strategizing
4.	Re-vamp website with developing resource and information needs to continue serving current and prospective CPI participants	PHIL	05/30/2023	06/14/2023	Planning content and dates

Action Items (Ongoing)

No.	Action Item	Owner	Created	Deadline	Status
1.	Develop *collaborative systems improvement* strategies	PHIL	04/21/23	Continuous	Strategizing
2.	Identify specific *capacity building* trainings.	PHIL	04/21/23	Continuous	Planning content and dates
3.	*Network and relationship building* with new members added to the asset maps.	PHIL	04/21/23	Continuous	Strategizing
4.	Recruitment of new CPI participants	PHIL and CPI Partners	Start of initiative	Continuous	Implementing
5.	Re-connecting with participants with whom we've had discovery calls and other forms of communication to assess progress and satisfaction	PHIL	05/30/2023	Continuous	Implementing

Open Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	Create a concrete plan with what PHIL intends to do with the data collected for Asset Mapping	PHIL + MERLIN	04/21/23	05/15/23	Strategizing
2.	PATH CPI Asset Mapping Survey	PHIL	January	May 15	Completed
3.	Identify existing coalitions, collaboratives and roundtables for ECM, Community supports	PHIL and CPI Partners	3/30	After April in-person meeting	Data synthesized by mapping project will help to identify these initiatives.

No.	Action Item	Owner	Created	Deadline	Status
4.	A report of the initial Asset Mapping Survey findings is to be shared with the participants on the website. **UPDATE: Integration of new data**	MERLIN	04/21/23	06/05/23	Editing
5.	MERLIN to review accuracy of maps (ie. Redwood Quality Management were combined with Aliados) **UPDATE: Integration of new data**	MERLIN	04/21/23	06/30/23	Editing

Closed Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	Incorporating charter feedback	PHIL	01/01/2023	03/31/23	Completed
2.	Strategize methods of collecting the stop all participants are at on the Readiness Roadmap (polled during meetings as well as follow-up conversations)	PHIL	04/21/23	05/05/23	Planning

Southwest CPI Collaborative Agenda
May 2023

Full room discussion notes:

- Kym: Our billing person has been very successful in navigating claims for us as a CBO
- Summer: Learned through trial and error, and ECM website has good information that will walk you through billing
- Amy: A cheat sheet would be very helpful
- Kym: Billing is very receptive if you have any questions

Breakout Room 2 Harvest Notes:
- Cynthia: We were all community action agencies, nice to connect and compare. Discussed the potential of a community action agency to play a role in collaborating and bring partners together across regions, Talked about reverse referrals, as well as how to do referrals as transparent as possible to reduce duplication

Breakout Room 3 Harvest Notes:
- Amy: We focus a lot around TARs and initial engagement with patients, trying to work through making sure relationships are built with members and engagement is there
  An important point for Partnership is that member engagement is important
- Lynn: It was very helpful to hear the challenges that providers face, and will be bringing this back to the team

Breakout Room 1: No participants
Roadmap Step 1 -- How will providing ECM / CS services benefit my organization?

Breakout Room 2: Stefani and Max
Roadmap Steps 2 & 3 – Getting through successful application processes (ECM/CS Provider contracting or CITED funds)

Notes:

- Participants: Ashley Peel, Erin Hawkins, Cynthia King, Kerry Landry. Zenia Leyva Chou, Tiara Smith
- Context: Erin and Cynthia both interested in implementing ECM at Community Action
- Questions:
  - Cynthia: We are starting to do contracting, and offer a variety of services. Could we add Community Support services after the contract is executed?
    - Ashley: For Community Supports you can amend your contract, for ECM it would be creating a new contract to add any additional services
  - Erin: We currently have a Community Supports grant, and are considering an ECM grant in the future. Would the other room be more beneficial to join?
    - Stefani: Based on who is in there, it looks like it will mainly be ECM questions
    - Erin: Have contracted with Aliados Health to help navigate billing
      - Doing housing navigating work in Community Supports
        - Same for Cynthia- Cynthia is thinking about how to use their existing kitchen with Head Start to offer more Community Supports
        - Cynthia: Also thinking about the respite options, what requirements are there for respite in Community Supports Benefit? Are patients eligible if they are not independent/require other assistance?
          - Ashley will check in with PHC
  - Stefani: With Community Supports, in order to get that benefit, do the folks need to come off the MIF? Or can anyone that they serve be eligible for the benefit?
    - Ashley: Members do not need to receive ECM in order to receive Community Supports and vice versa
    - Kerry: We are working with something called reverse referrals, meaning that orgs can identify members for Partnership and get them on the MIF, rather than Partnership identifying and then sending list to providers to cold call members
      - Hoping to create an expedited way for providers to identify members and then getting them referred
    - Ashley: Right now there is not a lot of transparency for which members are receiving services from who, hoping updates from DHCS can make this process more transparent to prevent duplication
  - Cynthia: I recently presented to a group about First 5. Could you talk more about the children's benefit for ECM?
    - Ashley: Right now children experiencing homelessness are eligible for ECM, but the population of focus will be expanding on July 1, 2024
      - We are doing internal work at PHC to find out how to best support providers
    - Kerry: There are already a lot of existing case management programs, but more work needs to be done to see how to make these programs more effective and sustainable
      - Without this, it could result in several youth that have duplicative services/already being seen by multiple providers
      - Whether people like it or not, this is going to happen across the state
    - Cynthia: Feels that there is hesitancy among partners about expanding children programs since there are already so many, and some do not see the reason for adding ECM/Community Supports

- Stefani: There needs to be agreement and common language across partners to ensure effectiveness
  - Stefani: Ashley, do you have any tips for first starting ECM and/or Community Supports?
    - Ashley: Tips and tricks are hard since it depends on the organization, where they are, and how familiar they are with CALAim/ if they're already doing this work. Contract can take a long time.
    - Kerry: Because of the complexities of these programs, it makes it overwhelming for the smaller orgs. Having a centralized administrative space for support would be very helpful for new and existing orgs
      - How can partners come together so people can rely on each other rather than everyone doing it all by themselves
      - How can we build infrastructure that supports those doing ECM/Community Supports so we can better serve our clients
    - Cynthia: Wrote in a medical billing person for the grant, and is hopeful that they can begin the work of becoming that centralized support
  - Erin: Do any orgs do ECM?
    - Zenia: Yes, it is hard to do since we are at the beginning, but have submitted referrals and are thinking about future processes for TAR
      - Have gotten some Community Supports referrals to be billed, but have not submitted yes due to some confusion
      - Community Supports feels more feasible since there aren't as many requirements
  - Stefani: Ashley, what do you know about meals for Community Supports billing? Can they bill Community Supports for those?
    - Ashley: Would have to double check for that answer
  - Sue: Erin, you are contracting with Aliados, what role are they playing?
    - Erin: They are only supporting with billing

Breakout Room 3: Rachel McCullough-Sanden & Kathryn Stewart
Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services

Participants: Amy Anderson (Aliados Health), Teresa Tillman (Committee on the Shelterless), Beth Paul (Aliados Health), Casey Armstrong (Turning Point Community Programs), Cayenne Bierman (Marin Community Clinic), Charlotte Hajer (Hanna Center), Dana Swiley (Sonoma Connect Sonoma Unidos), Emily Alona (Hanna Center), Helen (Food for Thought), James Valerio (MedZed), Kym Centaro (Community Support Network), Lisa Santora (Marin HHS), Ramon Anguiano (Serene Health Group), Sage (Redwood Community Services), Shannon Wiseman (COTS), Tiara Smith (PCG), Whitney Vonfeldt (Redwood Quality Management Company), Lauren Jacobson (BluePath Health), Karin Pimental (Ceres Community Project), Heather Criss (County of Mendocino), Christy Poloma (WPC), Lynn Scurri (Partnership Healthplan)

- Themes from Jamboard related to pain-points and challenges in the current system:
    - Defining Roles
    - Collaboration
    - Processes
    - TARs – processes
    - County level collaboration
    - Care model / staffing

- Lynn (Partnership Healthplan) – It would be helpful to learn more about the pain-points and challenges that are being experienced on the ground so that she can understand key challenges and take them back to her team to troubleshoot. Hearing additional context and possible solutions / suggestions for improvement are very helpful.

- Theme of focus for discussion: Billing and TARs

    - Initial items and pain-points shared related to billing and TARS:
        - No more care plans prior to TAR approval
        - Process of managing TARS
        - Extensions
        - Billing and coding

    - Question from Partnership: What about the TAR process is causing so many issues?

        - <u>The Care Plan</u> – it takes too much time to do the care plan – they go through a huge process of identifying and engaging the patient and submit the care plan and then find out they are engaged with someone else.
        - Possible solutions / suggestions from participants to make the process easier:
            - Somehow figuring out if there could be an "intent to commit" that could trigger the TAR without having to do a full care plan.
            - Doing a 1 month or 3 month care plan / TAR would make it more doable
            - there any way they could do an initial care plan that is not as detailed and then do a more detailed plan at 6 months
        - Having participated in other PATH CPI Collaborative meetings, it was learned that some MCPs will do a 30 day period to build the care plan – Contra Costa HP does this – might be because they are on EPIC and this allows them more flexibility as they establish eligibility
        - Lynn (Partnership Healthplan) acknowledges that people are willing to do a care plan when they know that the person is eligible, enrollable, and available – and the current system is a challenge – she will FU with her team.

        - <u>Coding for services</u> is really confusing – difficult to even figure out what questions to ask.
        - Possible solutions / suggestions

- A cheat sheet that was clearer on what codes to use for what scenarios would be super helpful – there are too many options and it is challenging to figure out what to use for what scenario.
- Action Item: FU with Kym on the solution she was offering related to navigating claiming – her billing department has developed a cheat sheet that has made the process much smoother. She will share with the PHIL team.

- <u>Enrollment</u> - How are we supposed to know if they are enrolled somewhere else? It takes a very long time and a lot of work to go through the process – when you find out they are already enrolled with another provider it feels like a waste of time.
- Response from Partnership:
  - You can call PHC and they will tell you if someone is already enrolled with another provider.
    - Question: Who is it that we should call?
  - Partnership Healthplan is also working on developing an online system where you will be able to see who is enrolled and who is not. Hoping to develop a system that is an easy reference for providers.

- <u>Referral Quality Control</u> - Need more quality referrals from the plan – not everyone can do "in reach" or has a pool of patients they can reach. Often referral lists include non-viable referrals
  - Ex. Person has died, is in jail, is in nursing home, someone who is listed as being homeless but is in fact sheltered, someone with SUD but is actually in recovery

Collaborative Planning and Implementation (CPI) Initiative for the Northwest & Southwest Regions
Aim, Readiness Roadmap and Support Strategies

Collaborative Aim:

The PATH Collaborative Planning and Implementation (CPI) initiative will support the advancement of CPI participants at least one step along the *Readiness Roadmap* towards successfully implementing Enhanced Care Management (ECM) and Community Supports services within the Medi-Cal delivery system through collaborative solutions that expand CPI participants' capacity and infrastructure needed to move towards an equitable, coordinated, and accessible Medi-Cal system by Dec 31, 2023.
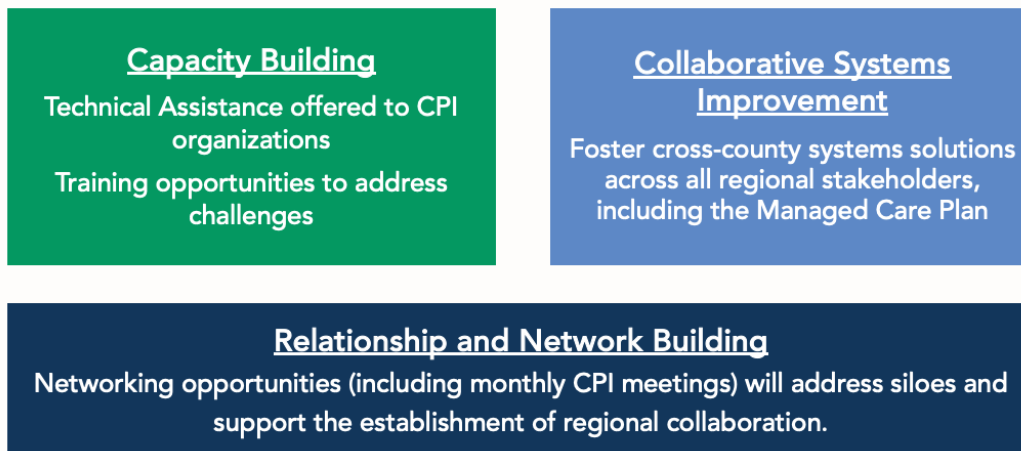
Readiness Roadmap:

WHERE IS OUR ORGANIZATION ON THE READINESS ROADMAP?

2. We're exploring the contracting process.
What are the steps to becoming an ECM or CS provider? How can I be sure my organization can manage?

4. We have a contract!
We are finalizing workplans and internal processes.

6. We are making it work, but...
We are delivering services and have an internal process, but are having issues with referrals, reimbursements, or other workflow complications.

1. What are ECM & CS?
My colleagues are talking about these services. What are they? We are learning more about them.

3. We have started to work on the contract!
Our team began the application. BUT... we may be experiencing roadblocks or challenges.

5. We are testing the service delivery and billing system.
Eligibility confirmation, service delivery, claim submission and payment processes are ready to test on a small client group.

7. Coordinated delivery, billing, and referral system in place!
Our organization is part of a regional system delivering seamless and equitable cross-sector ECM & CS services.

Support Strategies:

To address some of the implementation challenges, we propose a multi-pronged approach to providing support to organizations, counties, and the region.

Capacity Building
Technical Assistance offered to CPI organizations
Training opportunities to address challenges

Collaborative Systems Improvement
Foster cross-county systems solutions across all regional stakeholders, including the Managed Care Plan

Relationship and Network Building
Networking opportunities (including monthly CPI meetings) will address siloes and support the establishment of regional collaboration.

POPULATION HEALTH INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

16

HOUSING & WELLNESS PROGRAM

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Santa Rosa, CA 95404

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ECM & COMMUNITY SUPPORTS BILLING TIPS

**Billing questions- email Partnership claims team at
claimsecmhelpdesksr@partnershiphp.com** or call (800)863-4155**

My name is Summer Hale and I am the ECM/Community Supports Biller at CSN Housing and Wellness Program. I am available and will be happy to walk you through the process until you find your flow or answer any questions that may arise. I can be reached at (707) 757-7891 and my email address is summer@csn-mh.com.

ECM BILLING CODES

When submitting TARs always leave the units field blank

G9012- No modifier
Enrollment $150.00
Billed only once per member
When requesting authorization, the quantity is 1

G9012- modifier U2
Case Management $350.00
Billed once every month
When requesting authorization, the quantity is 999

COMMUNITY SUPPORTS BILLING CODES

H0043- modifier U6
Housing Navigation $386.00
Billed once every month
When requesting authorization, the quantity is 6

H0044- modifier U2
Housing Deposit- Partnership will pay up to $5000.00 for this service. This also includes utility deposits.
Billed once in a member's lifetime.
**Before requesting authorization, the member will have had to have been receiving Housing Navigation services for a minimum of two months. You are required to attach a summary/letter explaining the need and what steps the member has been taking to become stable enough to sustain housing and why you think they are ready. **

H0044- modifier U3
Short-Term Post Hospitalization $108.00 a day up to 6 months
This is a date range code. I would bill monthly.
When requesting authorization, the quantity would be the amount of days the member would be residing in the place of choosing

T2040- modifier U6 (If a member is housed this is the CS you would get authorization on.)
Financial Management/ Sustaining Services $222.00
When requesting authorization, the quantity is 12
This service can be billed twice a month on separate dates of service at $222.00 each date.

An example of the way I bill- The Case Manager goes out to do an intake (enrollment- G9012 $150). Once that intake has been completed the Case Manager sees that person throughout the month (Case Management- G9012 $350). If that person is homeless, I get authorization for them to get "Housing Navigation" services (H0043 $386.00). Below is what I would invoice Partnership for this member at the end of the month.

G9012   Enrollment $150.00
G9012-U2   Case Management $350.00
H0043-U6   Housing Navigation $386.00

Each month after that I would bill the same except remove the enrollment.

If a member is housed the only thing, I do differently is get authorization for Financial Management Services (T2040 $222.) Their billing would look like this-

```
G9012      Enrollment           $150.00
G9012-U2   Case Management       $350.00
T2040-U6   Financial Management $222.00
T2040-U6   Financial Management $222.00
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