

PATH – Collaborative Planning & Implementation (CPI)



Welcome! The Northwest Collaborative Planning Meeting will be starting shortly.

August 22, 2023



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE



CPI Participant Eligibility

The following entities are eligible and strongly encouraged to participate:

- Community Based Organization (CBO)
- County, City, or Local Government Agency
- Federally Qualified Health Center (FQHC)
- Managed Care Plans (MCPs)
- Medi-Cal Tribal and Designee of Indian Health Program
- Providers (including but not limited to hospitals and provider organizations)

We kindly ask vendors and sales people to remove themselves from the convenings and the collaborative. These regional convenings aim to be a safe and intimate place to resolve local implementation challenges.



Staff Intros & Meeting Navigation



Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.



Welcome and Community Inclusivity

PHIL Values:

- Co-Creation
- Equity
- Humility
- Innovation
- Learning and adaptive application

Challenge for today: Reflect on your role in this health delivery system that has *historically underserved populations*.

Frame your thoughts and creativity for *action steps through the end of this meeting* to be person-centered, trauma-informed, and anti-racist.



Agenda & Objectives

Agenda:

- **Partnership Health PHC Updates**
- CalAIM Feedback Solicitation
- **Growing a Business Mindset:** How to Sustain ECM and Community Supports Programming
- Solutioning Breakouts and Sharing
- Wrap Up and Next Steps

Objectives:

- Increase knowledge of **practical solutions**
- **Elevate the existing expertise**
- Gain practice using **evidence-based tools**
- **Leave with an action plan to progress**



PATH Collaborative Planning and Implementation (CPI) Foundational Slides



CPI Regions

➔ Northwest Region

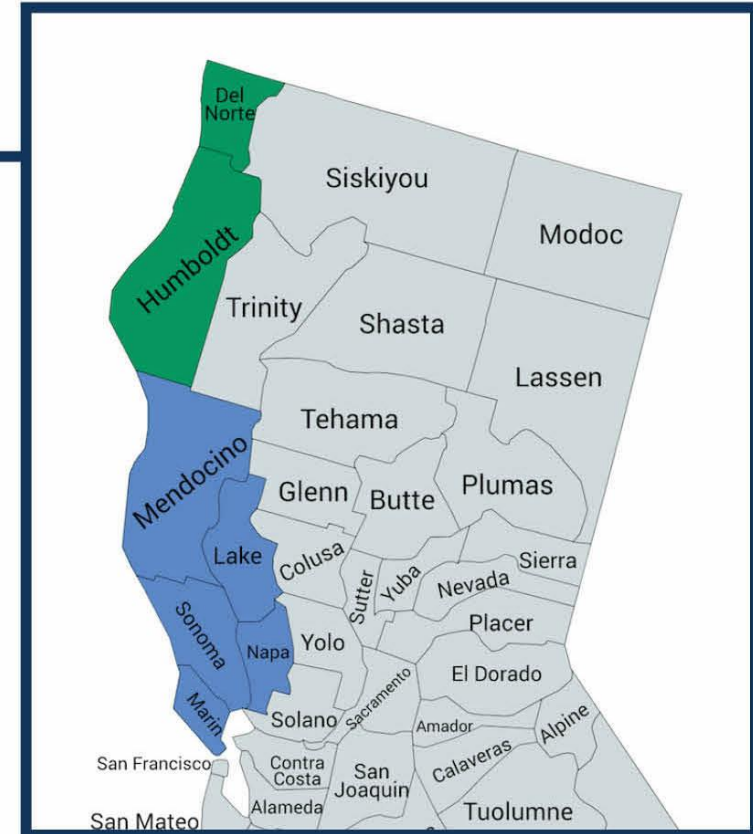
- Del Norte County
- Humboldt County

Southwest Region

- Mendocino County
- Sonoma County
- Marin County
- Lake County
- Napa County

Region Counties Supported by PHIL

-  Northwest
-  Southwest





Collaborative Planning & Implementation (CPI) Initiative

Regional collaborative planning groups will work together to:

- Identify needs and gaps in the current ECM / Community Supports
- Identify and resolve topical implementation issues
- Supporting Gap Filling plan efforts while avoiding duplication

CPI facilitator responsibility for this meeting:

- Identify potential resolution strategies and tactics to overcome challenges and conflicts, including identification and dissemination of successful practices to a diverse set of stakeholders.



Check-In

**Please share any ECM or
Community Supports
implementation “wins” or “aha
moments.”**



Statewide CalAIM survey

Confidential survey launched by the California Health Care Foundation to CBOs, healthcare organizations, managed care plans, local gov'ts, and other groups involved in the implementation of CalAIM.

Goals:



Learn about characteristics of participating organizations and level of involvement



Understand what aspects of CalAIM are working well in practice & what challenges are emerging



Hear from non-participating organizations about reasons for not being involved

Results will be made public and shared with key stakeholders

Survey open **until Fri Sept 8** with a **\$25 honorarium** for completion.

Take the survey here: bit.ly/CalAIMsurvey



Partnership Healthplan of California— Update on Process Improvements

- **ECM Authorizations:**

- Initial TARs are now being approved for 12 months
- Reauthorizations are approved in 6-month increments
- Working on updating all policies and training materials

- **Care Plans:**
- Are no longer required to be submitted with the initial TAR.
- Team is still working on the process for submission, but all providers are encouraged to submit a care plan as soon as practical. More details to follow.



- **ECM Portal with Point Click Care/Collective Medical:**

- New features in development
- Continuing to work with vendor. Team will continue to update providers.

Upcoming Webinars

NEW
Trainings
Available!

Audience: Contracted ECM/CS providers

Topic: Billing

Date: August 22, 2023

Time: 8 a.m. – 9 a.m.

To Register: [Click Here](#)

Topic: Billing

Date: September 27, 2023

Time: 10 a.m. – 11 a.m.

To Register: [Click Here](#)

Topic: Authorizations

Date: August 29, 2023

Time: 10 am-11 am

To Register: [Click Here](#)

Topic: Authorizations

Date: September 19, 2023

Time: 10 am-11 am

To Register: [Click Here](#)

Audience: All CBO's/providers interested in CalAIM

ECM Roundtables

- September 21
- October 19
- November 16
- December 14

Held from 12 pm-1 pm

[ECM Registration link](#)

CS Roundtables

- September 21
- November 16

Held from 9 am-10 am

[Meeting Link*](#)

**Advanced registration not required*

Helpful Links to CalAIM Resources:

- **PHC CalAIM Webpage:** <http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>
- **ECM Populations of Focus:**
http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Time%20Frames/ECM_Timeframes_Final.pdf
- **PHC ECM Referral Form:**
www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Referral%20Form.pdf
- **PHC CS Referral Form:**
<http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Referral%20Form.pdf>
- **CITED Funding**-DHCS awarded \$119 million for round 1. Round #3 coming Aug/Sep 2023!
<https://www.ca-path.com/cited>



Questions?



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.



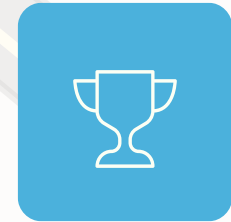
3. We have started to work on the contract!

Our team began the application. BUT... we may be experiencing roadblocks or challenges.



5. We are testing the service delivery and billing system.

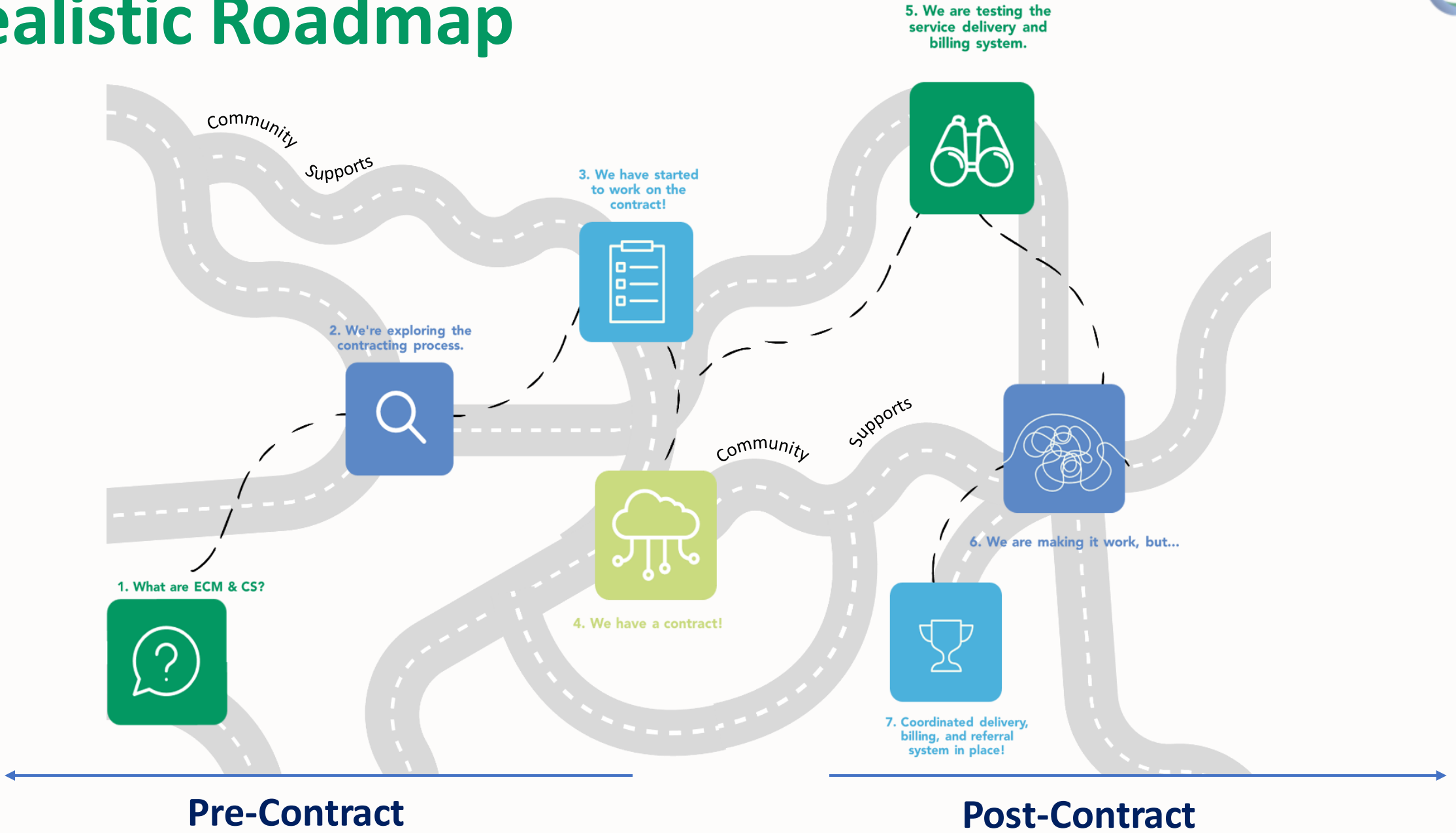
Eligibility confirmation, service delivery, claim submission and payment processes are ready to test on a small client group.



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.

Realistic Roadmap





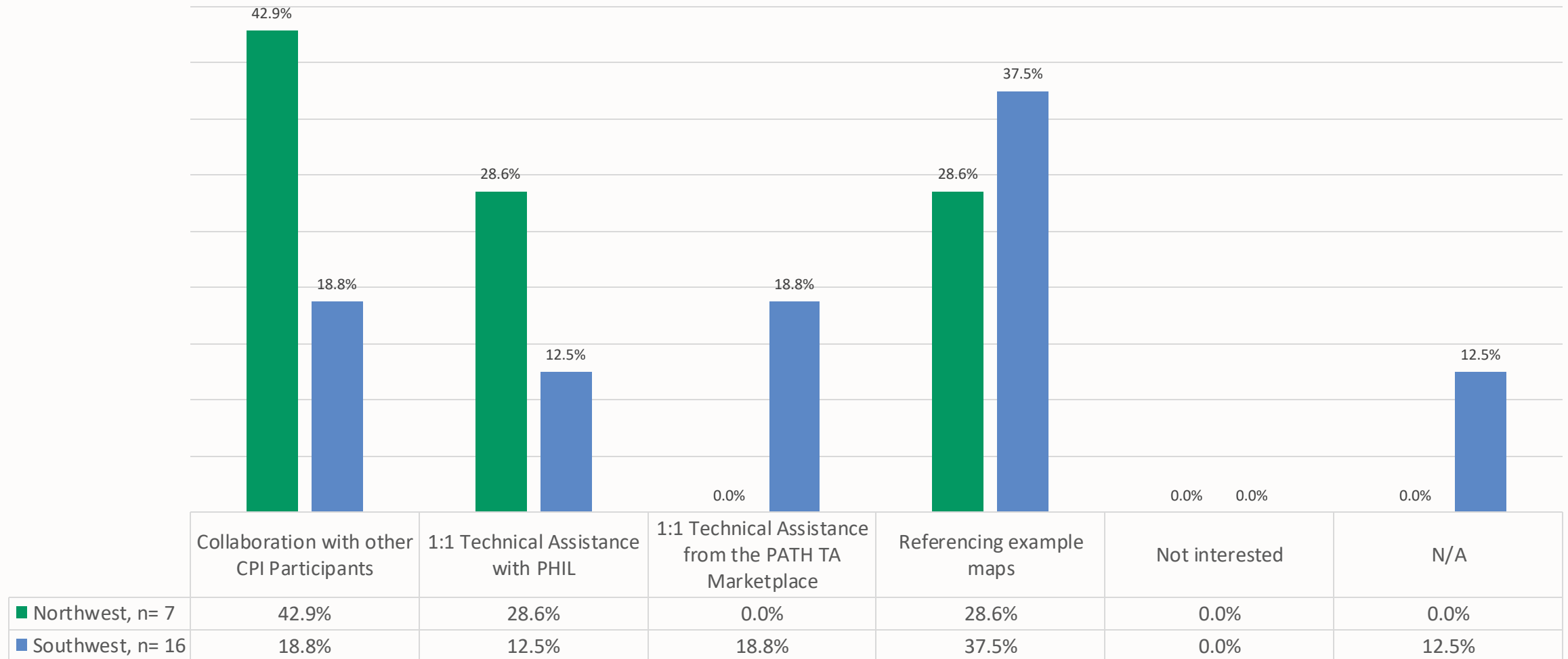
Poll Results

June CPI Convening for Northwest and Southwest Regions



Your Feedback

If your organization would like to create any process maps -- which of the following would be helpful to develop them?

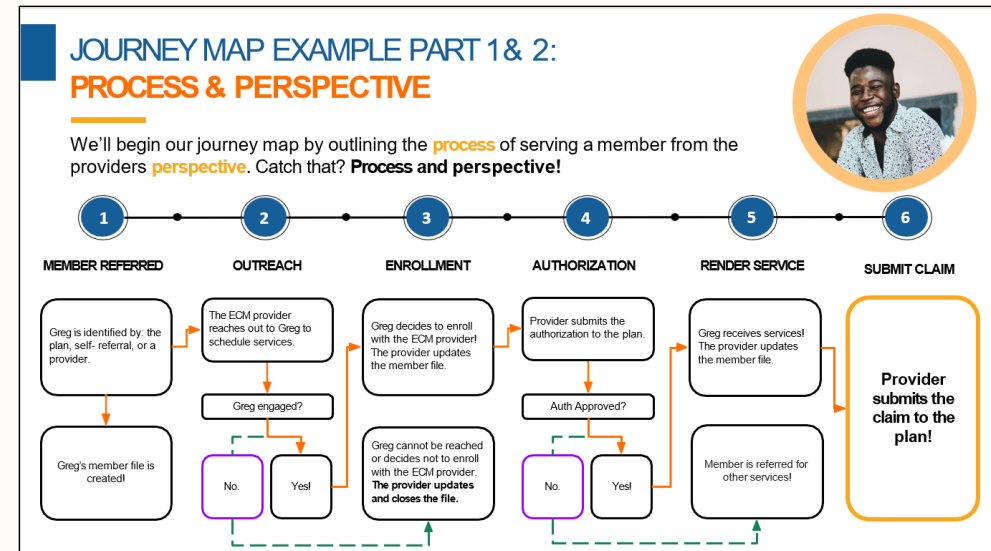




Journey Mapping to Solve Problems

A journey map is a visual representation of the steps someone takes to reach a specific destination.

The journey map will show where we experience pain points in the process in order to develop specific solutions.



Journey maps focus on the same key attributes, even if they look different.

- 1. Process:** They outline the steps in a process from beginning to end.
- 2. Perspective:** Journey maps center around a specific experience. In our case, *the provider*.
- 3. Layers:** They add layers, such as **pain points** and **solutions**, to better understand your specific experience.

Many Thanks to the San Joaquin/Stanslaus CPI and HealthBegins for sharing their maps. See the "Resources" slide for more information.



Growing a Business Mindset:

Tips and Tools for Sustainable Planning and Implementation



Business Planning for your future *PATH*



PROVIDING ACCESS & TRANSFORMING HEALTH Initiative

- **CITED** - Funding for Transition
- **CPI** –
- **JI** – Funding for Capacity
- **TAM** – Funding for Assistance

BUSINESS PLANNING

1. **People**
2. **Process**
3. **Technology**
4. **Cash Flow**



Business Planning for your future *PATH*

“PATH supports are not just a new benefit; they are a shift in the delivery system. It means looking at the organizational plan as a whole and figuring out how to **weave this into existing operations at every layer of the organization.**”



From: [Public health program capacity for sustainability: a new framework](#)



Elevating the Expertise of Local Partners

**Local approaches to pain points and solutions
in the ECM and CS implementation journey.**

Welcome:

Arcata House

and

North Coast Community Clinics





Solutioning Breakouts



Breakout Room Instructions

- Choose Your Breakout!
 - Pre-Contracted Providers Solutions
 - Contracted Providers Solutions
- Each group has a local guide and a PHIL staff for support.
- You will receive the journey maps, solutions and tools to follow along and click links.
- **This is a peer-sharing, crowd sourcing opportunity to build local capacity!**



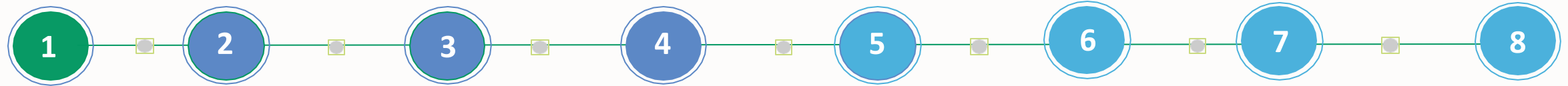
Join Breakouts:

Option to Stay in Main Room for Q & A



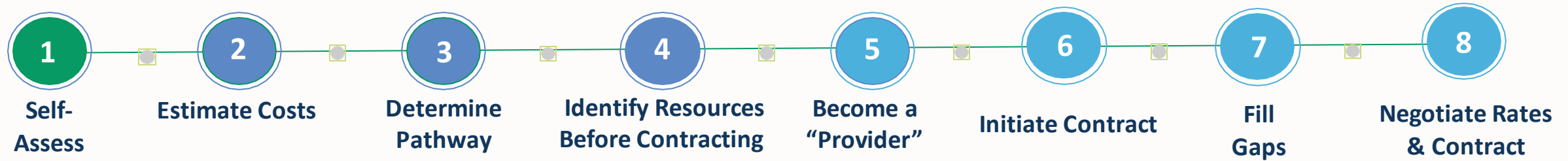
Journey Mapping The Pre-Contracting Process

Process Steps



1	2	3	4	5	6	7	8
Self-Assess	Estimate Costs	Determine Pathway	Identify Resources Before Contracting	Become a "Provider"	Get certified	Fill Gaps	Negotiate Rates & Contract
							
What are ECM & CS?	We're exploring the contracting process.			We have started to work on the contract!			

The Pre-Contracting Process: Best Practices



Best Practice

- 1) [Connect](#)
- 2) [Research](#)
- 3) [Assess](#)

Best Practice

Before submitting interest statement to MCP, start to estimate cost and return on investment of program delivery.

CS Tool:
Review the [Non-Binding ILOS Pricing](#)

Best Practice

Direct Contracting with MCP

Best Practice

Explore administrative and data [collaboration](#) opportunities in your local area.

Funding Resources

[CITED](#), [TAM](#), [IPP](#), [JUSTICE INVOLVED](#) (County agencies).

Training and partnership resources: CPI, DHCS webinars, MCP trainings.

Obtain a National Provider Identifier number (NPI).

Tool: [National Provider Identifier Application](#)

Once NPI is received.

Express interest with Partnership by completing a [readiness assessment](#)*.

* Approval of assessment meets "in process of contracting with MCP" requirement for PATH CITED Grants.

Best Practice

Leverage [funding resources](#) to fill the deficiencies plans have identified.

Best Practice

Reference the initial self assessment your organization conducted

Layering Pain Points & Solutions



Steps 1 – 4

1

Self-Assess



2

Estimate Costs



3

Determine Pathway



4

Identify Resources Before Contracting

Should we contract?

Tools:

1) Connect

- [Provider Directory – Navigation Demo](#)
- [PHIL Support](#)

2) Research

- [DHCS Standard Terms](#)
- [PHC ECM Info](#)
- [PHC CS Info](#)

3) Assess

Understanding VOI

Tools:

- [Medicaid Return on Investment](#)
- [Value case for complex care toolkit](#)
- [CS pricing guidance](#)
- [CalAim Billing and Invoicing](#)

Administrative Burden

Tools:

- Talk with your [local ACH](#) and other local collaboratives.
- [Humboldt Community Health Trust \(NCHIIN\)](#)
- Continuum of Care

Capacity Building & Contracting Knowledge

Funding Resources:

- [CITED](#)
- [TA Marketplace Explained](#)
- [Incentive Payment Program](#)
- [JUSTICE INVOLVED](#)
- [Data Exchange Framework](#)
- County agencies (CoC)
- Consider all options for funding combined with payment.

Layering Pain Points & Solutions



Steps 5 – 8

5

Become a
“Provider”

Who do I contact?

Humboldt / Del Norte:

Vicky Klakken

- NW Regional Manager, PHC
- Phone: (707) 430-4841, ext 4841
- E-mail: vklakken@partnershiphp.org

6

Get
certified

Burdensome Process

Tools:

NEW DHCS Policies to reduce burden

- [ECM Policy Update](#)
- [Community Supports Policy Update](#)

7

Fill
Gaps

Upfront Costs

Key Actions:

- Request an attestation to apply for funding during the contracting planning phase.
- Explore the [TA Marketplace](#) for custom support.
- [Tips for the TAM](#)-See TA Marketplace Links at bottom.

8

Negotiate Rates
& Contract

Sustainability

Key Action:

- Negotiate a [rate](#) that will sustain programming.



Current ECM Populations of Focus

ECM Population of Focus	Adults	Children & Youth	Current PHC Populations
1. Individuals Experiencing Homelessness	X	X	X
2. Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	X	X	X
3. Individuals with Serious Mental Health and/or SUD Needs	X	X	X
4. Individuals Transitioning from Incarceration	X	X	X
5. Adults living in the Community At Risk for LTC Institutionalization	X		X
6. Adult Nursing Facility Residents Transitioning to the Community	X		X
7. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		X	X
8. Children and Youth Involved in Child Welfare		X	
9. Individuals with I/DD	X	X	
10. Pregnant and Postpartum Individuals; Birth Equity Population of Focus	X	X	



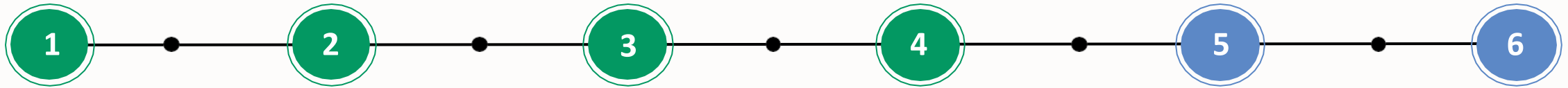
Current Partnership HealthPlan Community Supports

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Personal Care and Homemaker Services
- Medically Tailored Meals or Medically Supportive Food



Journey Mapping The Contracting Process

Process Steps



**Member
Referred**

Outreach

Enrollment

Authorization

**Render
Service**

**Submit
Claim**



We are testing the service delivery and billing system.

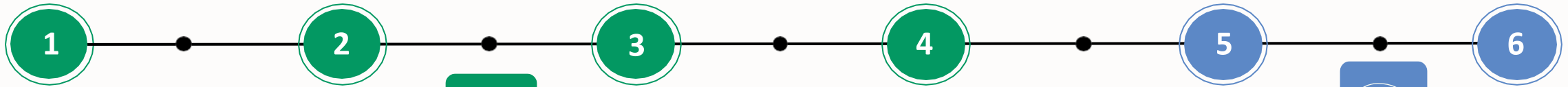


We are making it work but...



Journey Mapping the Contracting Process

Steps:



Member Referred

Outreach

Enrollment

Authorization

Render Service

Submit Claim

Phylis is identified by: *PHC, self-referral, or a provider.*

The ECM provider reaches out to Phylis to schedule services.

Phylis decides to enroll with the ECM provider! The provider updates the member file.

Provider submits the authorization to the plan.

Phylis receives services! The provider updates the member file.

Provider submits the claim to the plan!

Phylis member file is created!

Phylis engaged?

Phylis cannot be reached or decides not to enroll with the ECM provider. **The provider updates and closes the file.**

Auth Approved?

Member is referred for other services!

No.

Yes!

No.

Yes!



Layering Pain Points & Solutions



Steps 1 – 4

1

Care
Coordination

Network

Tools:

- [PHC Provider Directory](#)
- [Directory navigation](#)
- Schedule a 1:1 with PHC Regional Managers:
 - [Vicky Klakken](#)
- Identify cross-sector facilitators in your region (See Data Availability and Sharing)
- Real-time data input improved member visibility on PointClickCare



2

Data Availability &
Sharing

Information

Tools:

- Participate with your local [Community Information Exchange](#), [Accountable Communities for Health](#) or other local cross-sector facilitator: [NCHIIN](#)
- [Contact PHC](#) to request monthly referral files
- [TA Marketplace](#)



3

Financial and
Billing

Fiscality

Tools:

- [Strategies for Financial Sustainability](#), [Medicaid ROI](#), [Value case for complex care toolkit](#), [CS pricing guidance](#), [CHW benefit](#) and [certification](#)
- [CalAIM Billing and Invoicing](#), [PHC recording](#), [PHC billing tips](#), [CSN- ECM & Community Supports Billing cheat sheet](#)



4

Operations

Implementation

Tools:

- [ECM Implementation](#)
- Peer learning with CPI
- [ECM/ Community Supports Policy “Cheat Sheet”](#)
- [Quality Improvement tools](#) for case management
- [TA Marketplace](#)
- [TAR cheat sheet](#), [recorded training](#), [COTS resource on eligibility and TARS Submission](#)

Layering Pain Points & Solutions



Steps 5 – 6



Referrals



Systems Coordination

Enrollment Numbers

Tools:

- [PHC Referral Form](#)
- [PHC Provider Directory](#)
 - [Directory navigation](#)
- Participate with your local [Community Information Exchange](#), [Accountable Communities for Health](#) or other local cross-sector facilitator.
- [Organizational outreach efforts](#)
- [Contact PHC](#) for monthly referral files

Transformation

Tools:

- [PHC Roundtables](#) share policy and member visibility updates.
- Participate with your local [Community Information Exchange](#), [Accountable Communities for Health](#) or other local cross-sector facilitator.
- [Contact PHC](#) for monthly report of ECM members.
 - Utilize the Provider Portal to look up their members and see if they have an active TAR with another provider



Shared Learning from Breakouts

What concrete action step are you leaving with?



Next Steps

- Tell us how we did! Please complete the August CPI convening evaluation: <https://bit.ly/47U72Ob>
- Next CPI regional meeting is virtual
 - Northwest Region: September 19, 2023 | 1:00pm – 2:30pm
 - Southwest Region: September 20, 2023 | 1:00pm – 2:30pm
- Check out the PATH Collaborative Planning and Implementation page on the PHIL website:
<https://pophealthinnovationlab.org/projects/path/>



Thank You!

Feel free to contact our CPI team:

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Thank you!





Appendix



Resources

- Many thanks to the CPI Facilitators and Participants in other counties for sharing their shared ideas journey maps. Special shout out to [Health Begins](#) and the [Stanislaus / San Joaquin](#) Region for the base maps used today.
- Please check out this amazing guide put together by the HealthBegins team: [A CONTRACTING BEST PRACTICES GUIDE FOR BECOMING A MEDICAID COMMUNITY SUPPORTS PROVIDER](#)



Resources for Networking Community Organizations

1. [Model Contracts for Community Based Integrated Care Networks](#)
2. [Connecting Those at Risk to Care: The Quick Start Guide to Developing Community Care Coordination Pathways](#)
3. [Improving Health And Well-Being Through Community Care Hubs](#)
4. [Working with Community Care Hubs to Address Social Drivers of Health: A Playbook for State Medicaid Agencies](#)



Data Exchange Framework Resources

1. [Information is Power](#) – May 2023 Slides
2. [DSA Signatory Grants Guidance Document](#)
3. [Data Exchange Framework \(DxF\) Glossary of Defined Terms](#)
4. Upcoming Webinar:
 - **DxF Webinar 11 (8/24/2023, 1:30 PM – 2:30 PM PT): [Register](#)**



Data Exchange Framework

- DSA Signatory Grant Applications Round 2 is Open!
 - The [DxF Grant Portal](#) is now accepting applications from DSA Signatories who demonstrate an HIT need in order to meet DxF requirements.
- In July 2022, CalHHS released the Data Exchange Framework, Data Sharing Agreement, and initial set of Policies and Procedures. Please see the Data Exchange Framework section for more information.
 - [View the Executive Summary.](#)
 - [Frequently Asked Questions \(FAQ\)](#)



Data Exchange Framework Initiative

- What is the Data Exchange Framework?
 - The data exchange framework is an agreement across health and human services systems and providers to share information safely. That means every health care provider can access the information they need to treat you quickly and safely; health care, behavioral health and social services agencies can connect to each other to deliver what Californians need to be healthy; and our public health system can better assess how to address the needs of all communities.
- Why is it needed?
 - Every Californian, no matter where we live, should be able to walk into a doctor's office, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.



DSA Signatory Grants Guidance

- This DSA Signatory Grants Guidance Document provides a comprehensive overview of the DSA Signatory Grants, a component of the Data Exchange Framework (DxF) Grant Program launched in May 2023.
- Administered by the California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII), the DSA Signatory Grants program will support Signatories of the DxF Data Sharing Agreement (DSA) by subsidizing their investments to meet DSA requirements. [In this document](#), readers will find:
 - A guide to understanding and choosing between the two types of grants in the program, which are: o Technical Assistance Grants; and o QHIO Onboarding Grants;
 - Details on eligibility and permissible uses of grant funding;
 - An overview of the application process; and
 - Information on how awarded grantees will receive funding upon completion of standard milestones.



CalHHS Data Exchange Framework Frequently Asked Questions (FAQ)

- How are signatories to the Data Sharing Agreement (DSA) supposed to share data?
 - The Data Exchange Framework allows Participants to provide access to or exchange information including through any health information exchange network, health information organization, or technology that adheres to the DSA and Policies and Procedures found on our web site at Data Sharing Agreement and Policies & Procedures. The DxF is not intended to be an information technology system or single repository of data, rather it is a collection of organizations that are required to share health information using national standards and a common set of policies.
- Many more helpful FAQ's here: <https://tinyurl.com/4uh9kv9b>



Community Information Exchange



What Is A Community Information Exchange (CIE)?

- The North Coast Care Connect (Care Connect) is a network of health and social service providers (a Community Information Exchange) who have partnered together to coordinate care for persons in need of assistance. When persons consent to share their information with the network, Partner Agencies are able to share client information using a secure data platform and to provide coordination and electronic referrals for services.
- People can often benefit from connecting to multiple service providers for their various needs. As clients and their families seek supportive services, opting into CIE can reduce the amount of times persons are asked to repeat basic information when they get referred from one agency to another and avoid being referred to programs that they already accessed. This allows care coordinators from different agencies to work together and provide warm handoffs and electronic referral.



Accountable Communities for Health



ACHs are Multisector Collaboratives

Multisector collaboratives (MSCs) are formed when multiple organizations in various sectors, such as hospitals, schools, local government, and community-based organizations develop partnerships that “take a systems approach to their work and are driven by a common goal and accountability to the communities they serve.”



ACH Essential Elements

ACHs are health-focused multisector collaboratives (MSCs) that create shared responsibility and accountability for the health of a community

Figure 1: Essential Elements of ACHs





Aligning Systems for Health with ACHs

Research exploring how collaboration & alignment among public health, health care, & social service sectors—in partnership with community residents & tribal nations—leads to outcomes in 22 Accountable Communities of/for Health (ACHs) in Washington & California.





CPI Foundational Slides



CPI Regions

➔ Northwest Region

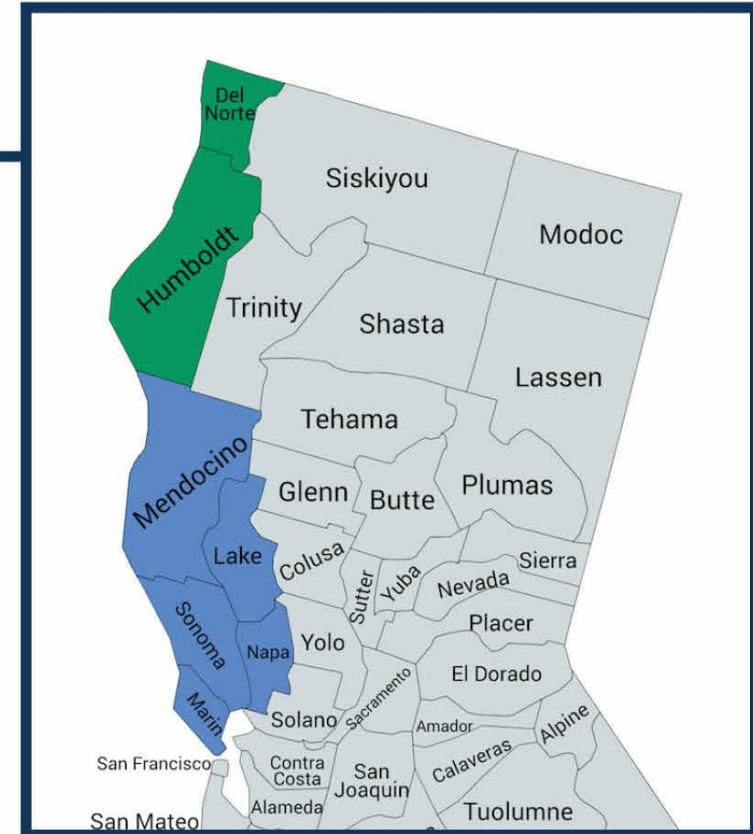
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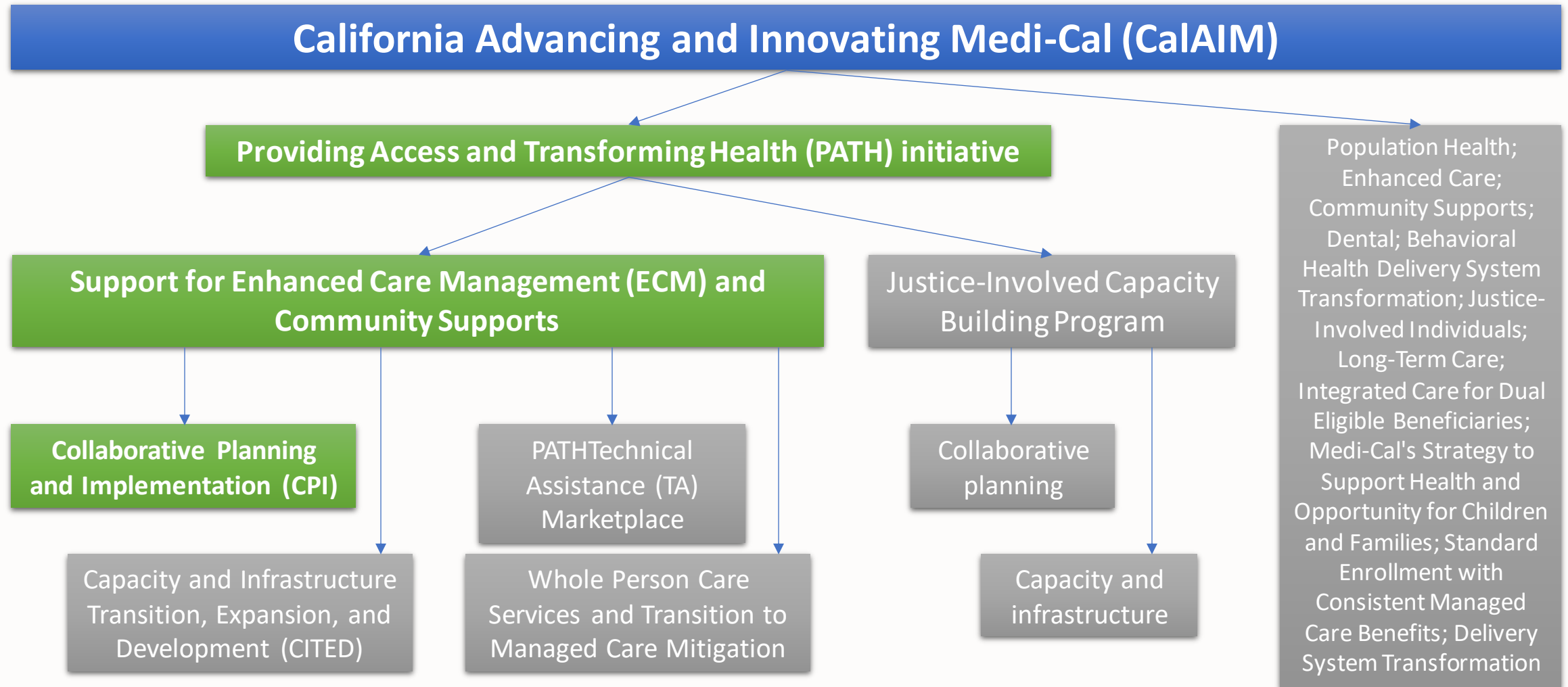
Region Counties Supported by PHIL

-  Northwest
-  Southwest





CaAIM → PATH → CPI



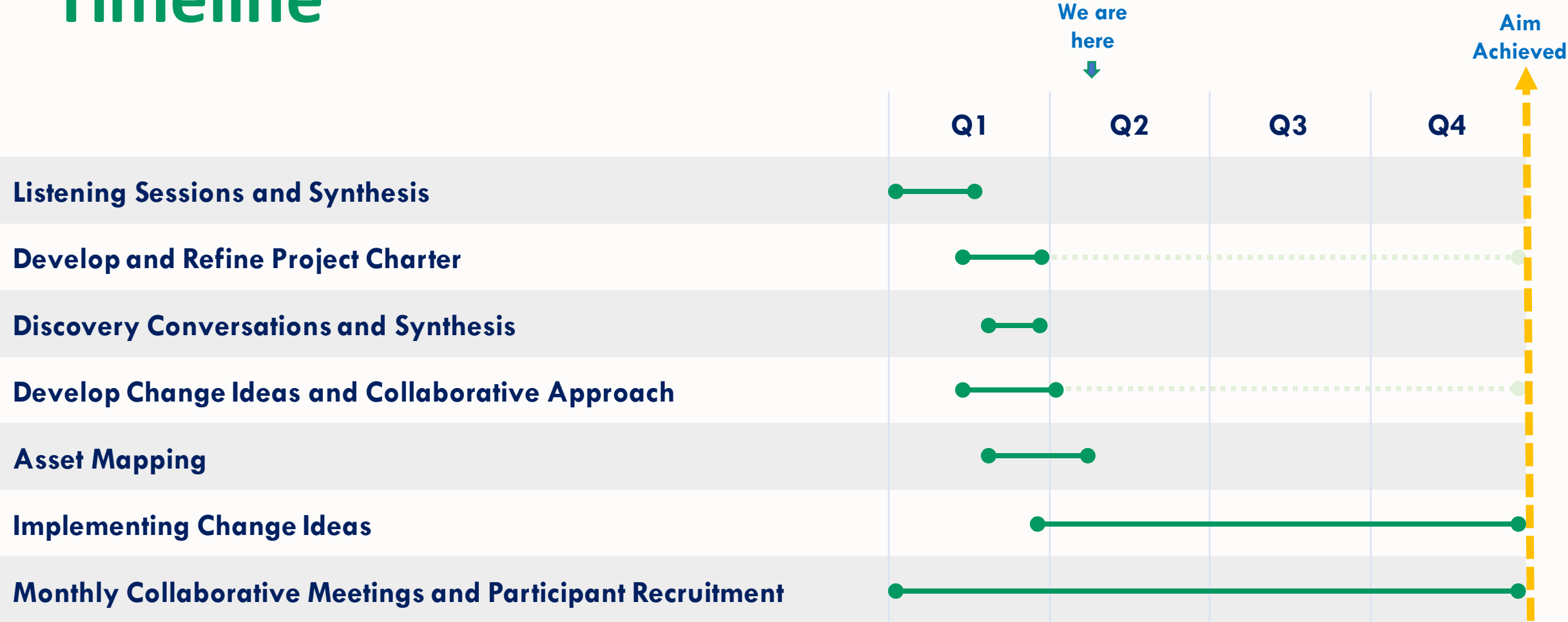


Goal / Aim Statement

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.



Timeline





Support Strategies to Achieve Our Aim

We propose a multi-pronged approach:

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.