PATH – Collaborative Planning & Implementation (CPI)

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

August 23, 2023

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.

Photo by Ralph (Ravi) Kayden on Unsplash

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

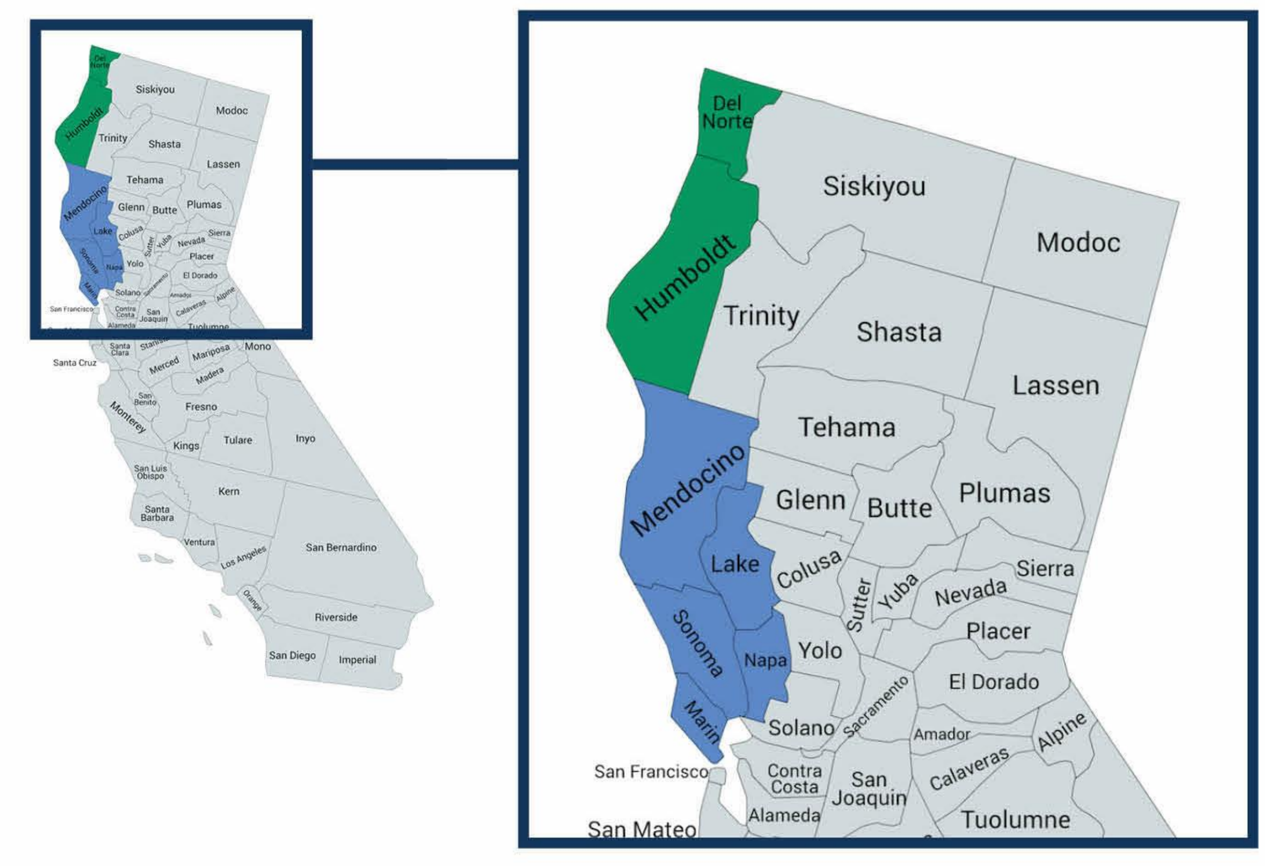
Northwest Region

- Del Norte County
- Humboldt County

Southwest Region

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

Region Counties Supported by PHIL



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 for12 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*

Resources:

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?

1. What are ECM & CS?

My colleagues are talking about these services. What are they? We are learning more about them.

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?

3. We have started to work on the contract!

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

4. We have a contract!

We are finalizing workplans and internal processes.

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.

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.

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.

(updated 4/15/23)

Realistic Roadmap

Community Supports

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!

Community Supports

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

6. We are making it work, but...

7. Coordinated delivery, billing, and referral system in place!

Pre-Contract

Post-Contract

Poll Results

June CPI Convening for Northwest and Southwest Regions

Your Feedback

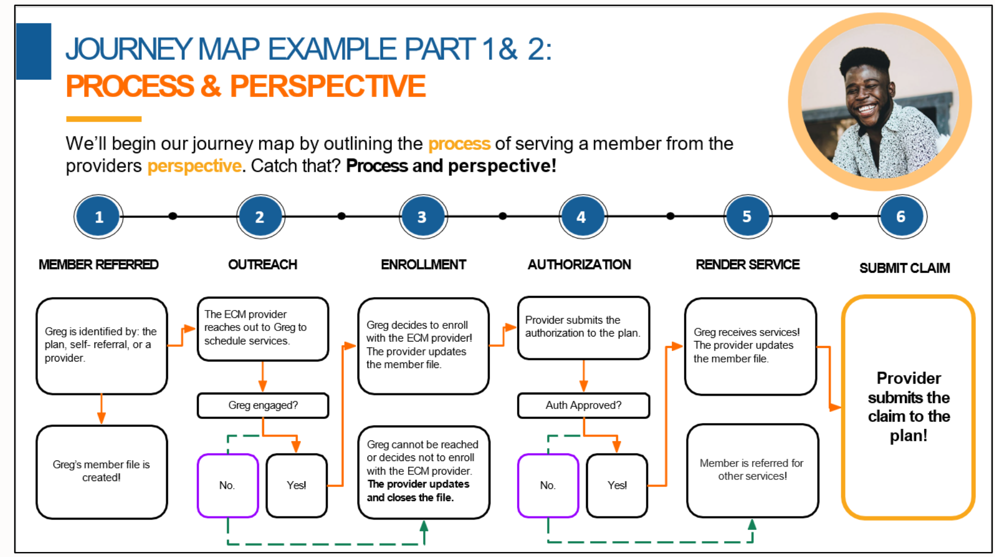
If your organization would like to create any process maps -- which of the following would be helpful to develop them?

	Collaboration with other CPI Participants	1:1 Technical Assistance with PHIL	1:1 Technical Assistance from the PATH TA Marketplace	Referencing example maps	Not interested	N/A
Northwest, n= 7	42.9%	28.6%	0.0%	28.6%	0.0%	0.0%
Southwest, n= 16	18.8%	12.5%	18.8%	37.5%	0.0%	12.5%

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/Stanislaus 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

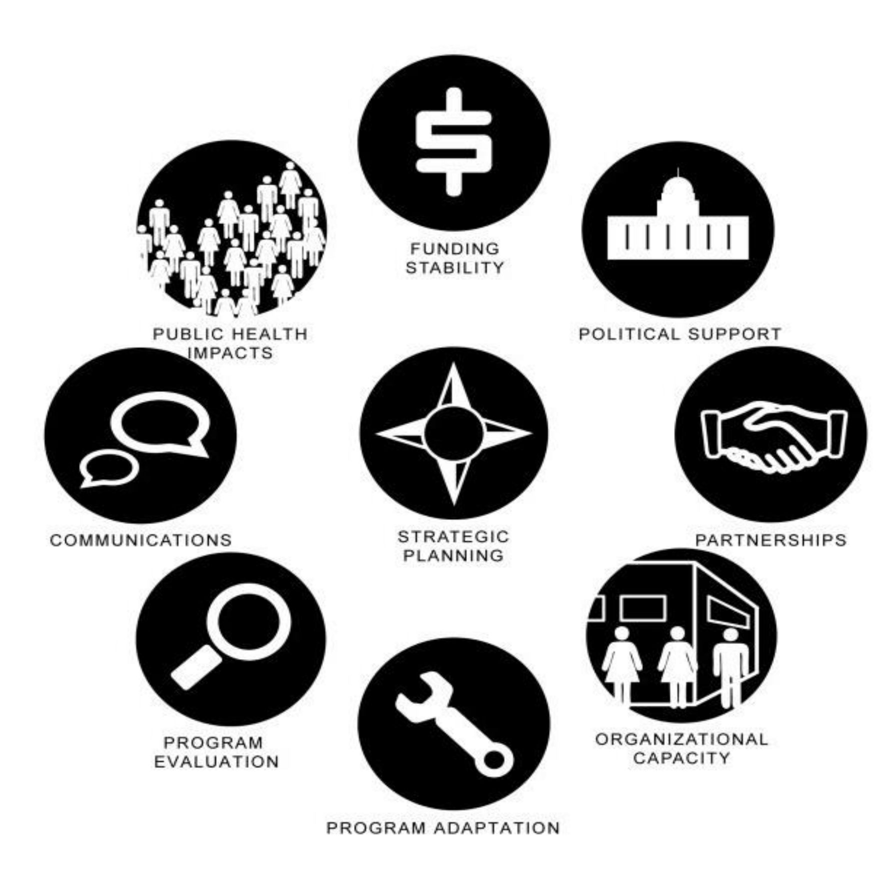
- **CITED** - Funding for Transition
- **CPI** –
- **JI** – Funding for Capacity
- **TAM** – Funding for Assistance

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]

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

1. Self-Assess
2. Estimate Costs
3. Determine Pathway
4. Identify Resources Before Contracting
5. Become a "Provider"
6. Initiate Contract
7. Fill Gaps
8. Negotiate Rates & Contract

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

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

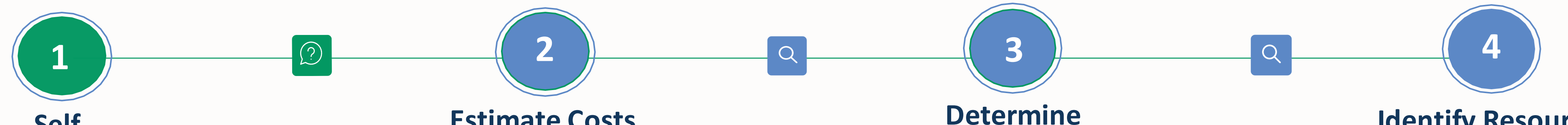
Leverage funding resources to fill the deficiencies plans have identified.

Best Practice

Reference the initial self assessment your organization conducted

Layering Pain Points & Solutions

Steps 1 – 4



Self-Assess

Estimate Costs

Determine Pathway

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.
- North Coast Opportunities
- Health Action Sonoma
- Continuum of Care

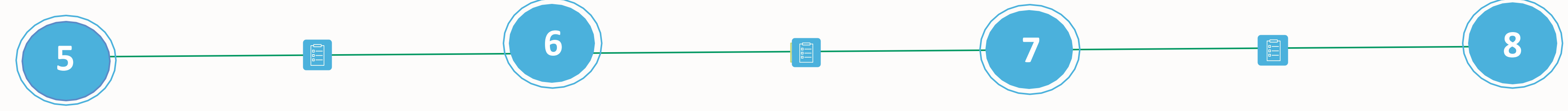
Capacity Building & Contracting Knowledge

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



Become a "Provider"

Get certified

Fill Gaps

Negotiate Rates & Contract

Who do I contact?

Lake, Napa, Marin, Mendocino, Sonoma:

Lynn Scuri

- Regional Director
- Phone: (707) 863-4146
- E-mail: lscuri@partnershiphp.org

Burdensome Process

Tools:

NEW DHCS Policies to reduce burden

- ECM Policy Update
- Community Supports Policy Update

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.

Sustainability

Key Action:

- Negotiate a rate that will sustain programming.
- **Please note: Partnership uses uniform fee schedule for all providers

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 Childe 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

1	2	3	4	5	6
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:

1 — **Member Referred**

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

Phylis member file is created!

2 — **Outreach**

The ECM provider reaches out to Phylis to schedule services.

Phylis engaged?

No.

Yes!

3 — **Enrollment**

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

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

4 — **Authorization**

Provider submits the authorization to the plan.

Auth Approved?

No.

Yes!

5 — **Render Service**

Phylis receives services! The provider updates the member file.

Member is referred for other services!

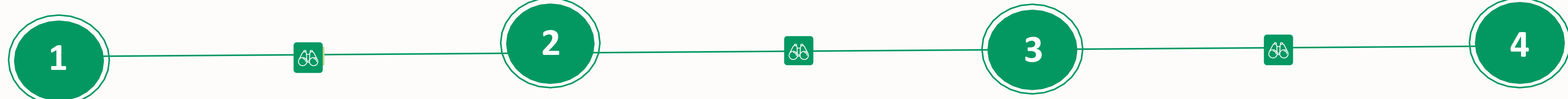
6 — **Submit Claim**

Provider submits the claim to the plan!

Receive Payment

Layering Pain Points & Solutions

Steps 1 – 4



Care Coordination

Data Availability & Sharing

Financial and Billing

Operations

Network

Tools:

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

Information

Tools:

- Participate with your local Community Information Exchange, Accountable Communities for Health or other local cross-sector facilitator: Lake, Marin, Mendocino, Napa, Sonoma
- Contact PHC to request monthly referral files
- TA Marketplace

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

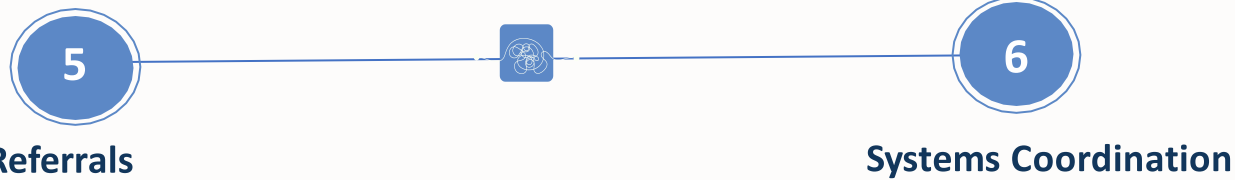
Implementation

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:

Rachel McCullough-Sanden
Program Manager
rmcculloughsanden@phi.org

Jessica Sanchez
Project Coordinator
jsanchez2@phi.org

Kathryn Stewart
Director of Learning and Action
kastewart@phi.org

Sue Grinnell
Director of PHIL
sgrinnell@phi.org

Stephanie Bultema
Director of MERLIN
sbultema@phi.org

Stefani Hartsfield
Consultant
stefani@hartsfieldhealth.com

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)

Center for Data Insights and Innovation. (2022, November 15). *Data Exchange Framework*. Data Exchange Framework. https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/

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.

American Academy of Pediatrics-CA1. (n.d.). Data Exchange Framework Initiative. Data Exchange Framework Initiative. Retrieved July 22, 2023, from https://aapca1.org/data-exchange-framework-initiative/

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.

Center for Data Insights and Innovation (CDII). (2023). DSA Signatory Grants Guidance Document. https://www.cdii.ca.gov/wp-content/uploads/2023/07/DSA-Signatory-Grants-Applicant-Guidance-Document-07.11.23_UPDATE_FINAL-1.pdf

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

Center for Data Insights and Innovation. (2023). *CalHHS Data Exchange Framework Frequently Asked Questions (FAQ)*. https://www.cdii.ca.gov/wp-content/uploads/2023/04/Data-Exchange-Framework-FAQ-2023-4-3-006.pdf

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.

NCHIIN. (2022a, June 21). *What Is A Community Information Exchange (CIE)?* Community Information Exchange. https://www.nchiin.org/cie/

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."

Source: *Powering Change Curriculum,* Population Health Innovation Lab

ACH Essential Elements

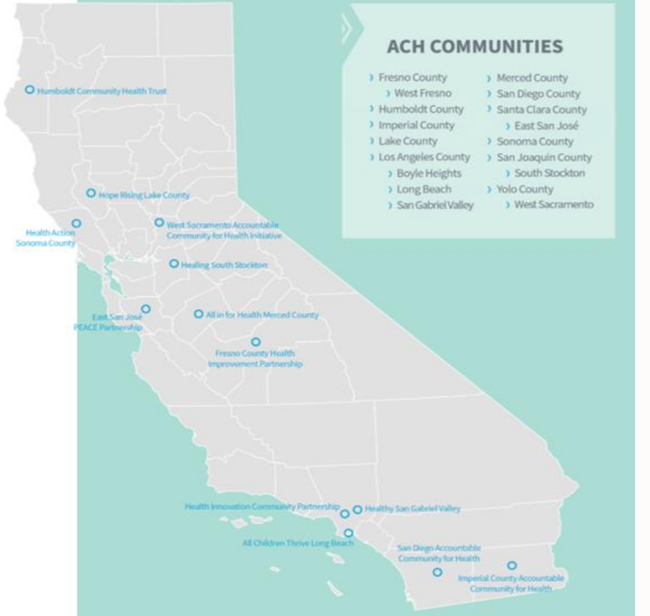
ACHs are health-focused multisector collaboratives (MSCs) that create shared responsibility and accountability for the health of a community

Figure 1: Essential Elements of ACHs

Source: Funders Forum on Accountable Health.

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

- Del Norte County
- Humboldt County

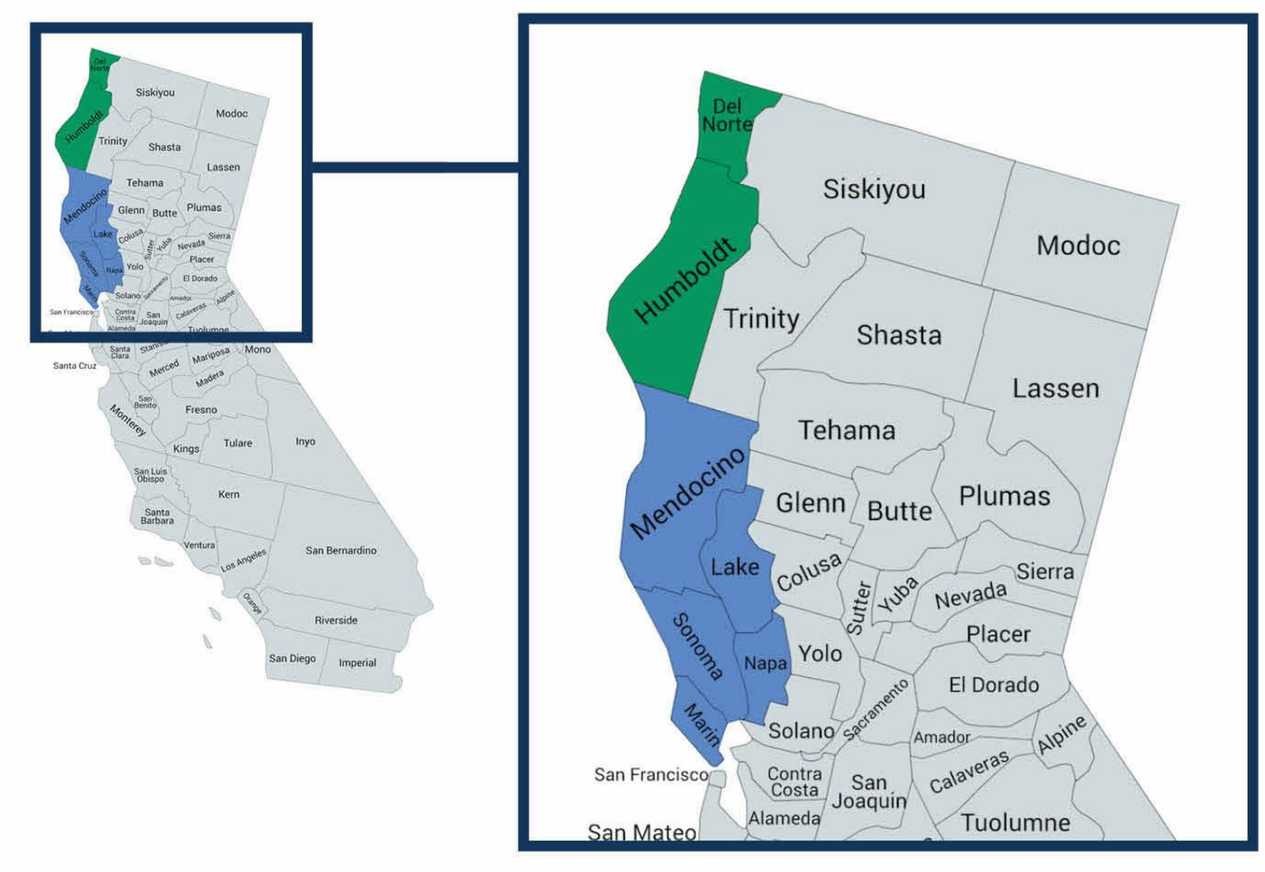
Southwest Region

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

Region Counties Supported by PHIL

Northwest

Southwest



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.

(updated 4/15/23)

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.