This event is being recorded.

The slides and recording will be available after the event at

pophealthinnovationlab.org/projects/PATH

Please mute your microphone and video during the presentation.
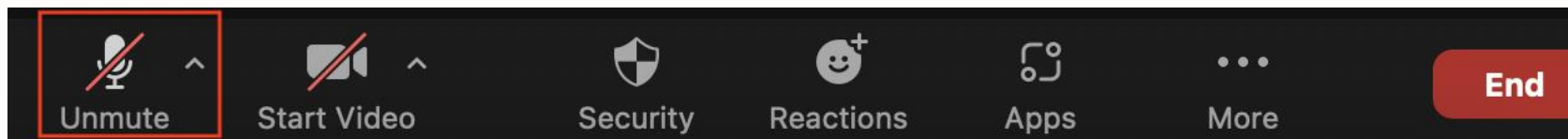
PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

Wednesday, January 17, 2024

POPULATION HEALTH
INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

Welcome!

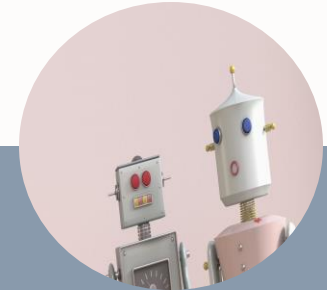### Roll Call
Please rename yourself as
Name, Organization
and share in the chat.

Chat Check-In
What song is sure to get you on the dance floor?

Participation Eligibility
Vendors and salespeople must remove themselves from this collaborative.

AI meeting tools restricted.
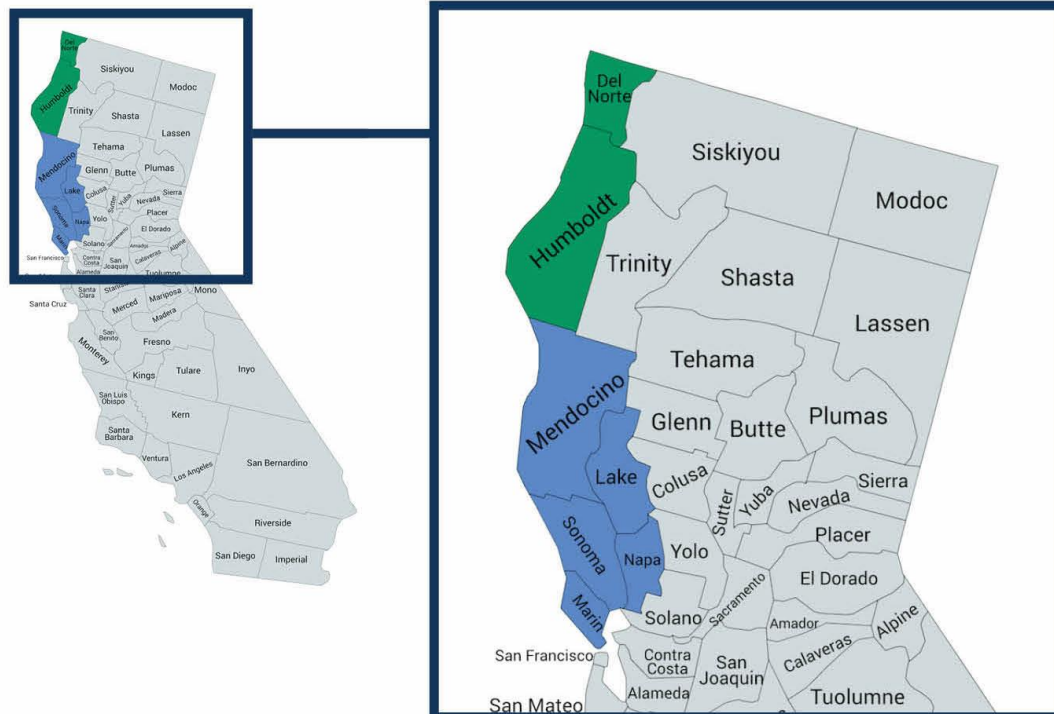
Collaborative Planning & Implementation Overview

Region Counties Supported by PHIL

■ Northwest

■ Southwest

CPI collaboratives will work together to identify, discuss, and resolve CalAIM implementation issues.

- Learn more about the PATH CPI initiative here.
- Catch up with us! Find meeting minutes, Readiness Roadmap Resources, and registration links on the PHIL website.

Agenda for Today

1 Welcome, Framing and Check-In

2 DHCS Priorities for ECM and Community Supports in 2023-2024

3 Update from Partnership HealthPlan of California and Kaiser Permanente

4 Southwest CPI Updates and Upcoming Events

5 Convening Evaluation

Objectives

1 Increase awareness of the Department of Health Care Service's (DHCS) priorities to increase client access and utilization of Enhanced Care Management and Community Supports.

2 Encourage ongoing learning and provide a platform for open dialogue with local Managed Care Plans, ensuring the timely acquisition of relevant information.

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.

Commitments to Community Inclusivity

Be Present, Brave, and Curious

- Encourage different opinions and respectful disagreement
- Embrace conflict which can deepen our understanding
- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Make use of opportunities to connect person-to-person

Create An Inclusive Space

- Invite the unheard voices
- Take responsibility for our own voices (make space)
- Resist the temptation to only witness the dialogue (take space)

Invite Anti-Racist Dialogue

- Be aware we all have a bias that may impact action; biases are learned and can be unlearned.
- Address racially biased systems and norms
- Recognize the vast and varied lived experiences participants have with racism.
- Be intentional about power dynamics and how you exercise your privilege
- Avoid defensive responses when people speak from lived experiences with racism

Be Accountable

- Foster awareness of unrepresented community members not "in the room"
- Respect each other's time - participate fully and prepare for each activity
- Commit to actions that move items beyond discussion
- Practice patience and persistence – we cannot solve everything in a single conversation and will revisit topics that require additional discussion

Evaluation Review and Updates
Hear from our MERLIN team

Southwest Collaborative

Review of 2023

Number of Organizations that are Contracted Providers

Number of Organizations (y-axis: 0, 5, 10, 15, 20, 25, 30)

x-axis:
- Q2 (April 23 - June 23)
- Q3 (July 23 - Sept 23)
- Q4 (Oct 23 - Dec 23)

ECM: 5, 11, 12
CS: 3, 8, 10
Both ECM & CS: 8, 17, 30

Legend: ECM, CS, Both ECM & CS
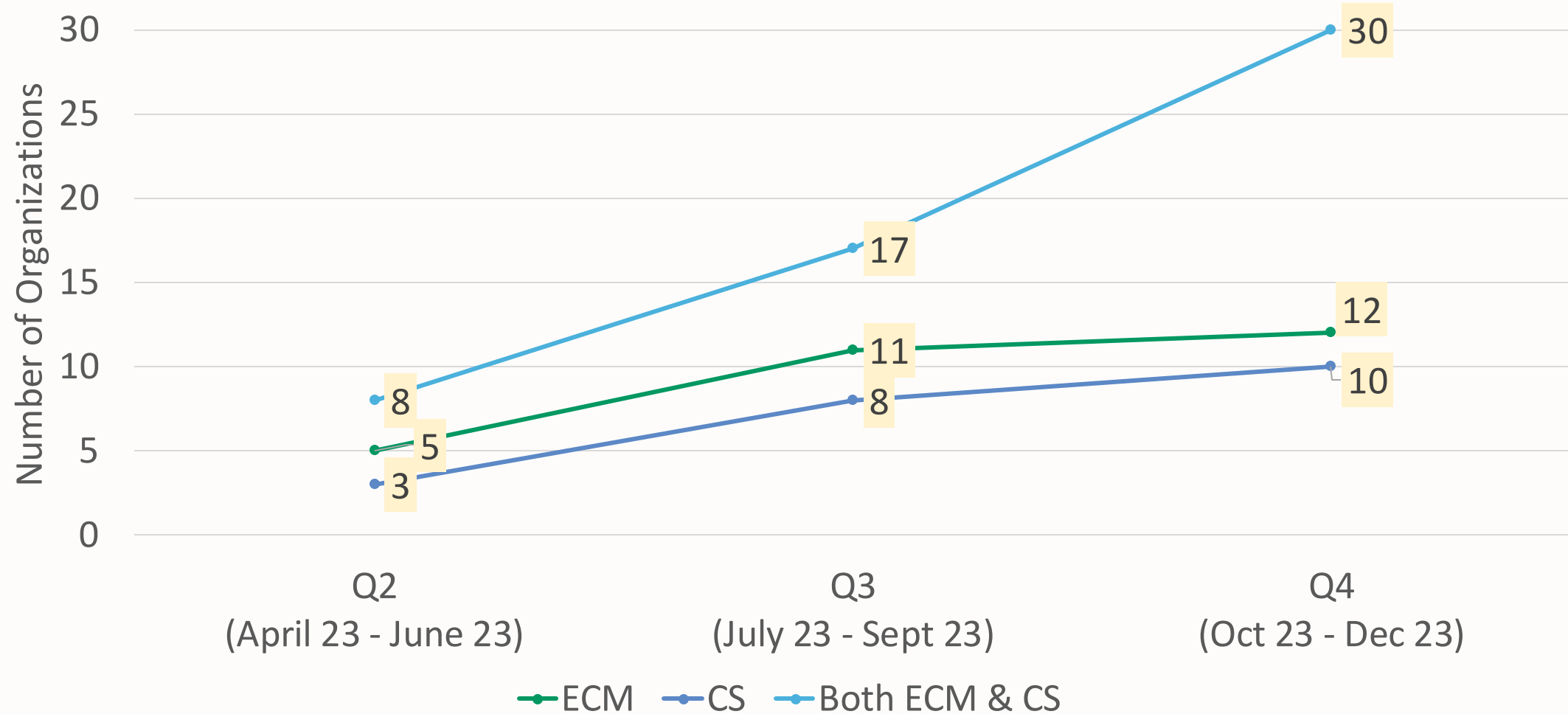
Number of TA Touch Points Provided to Registered Organizations by PHIL
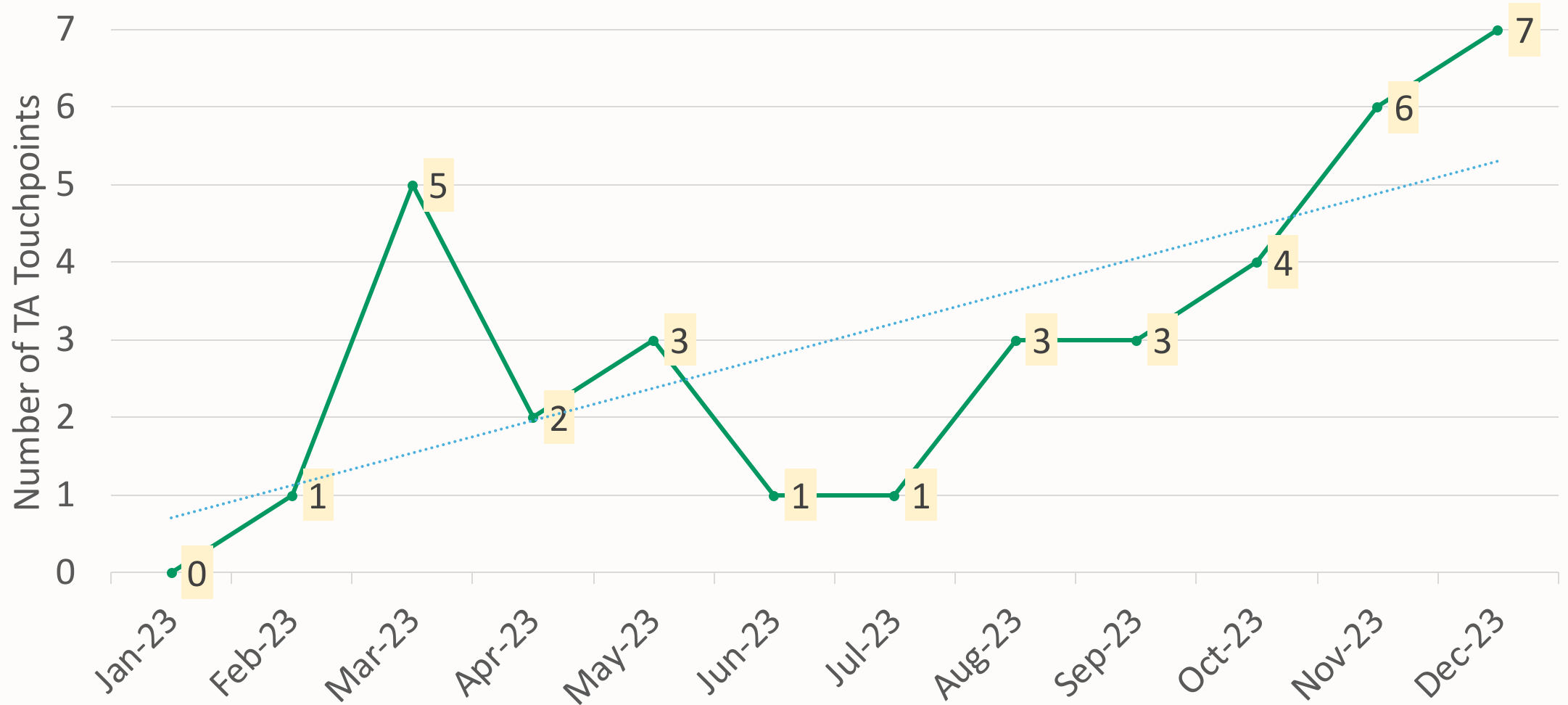
Percent of Organizations Demonstrating PATH Readiness Roadmap Progress
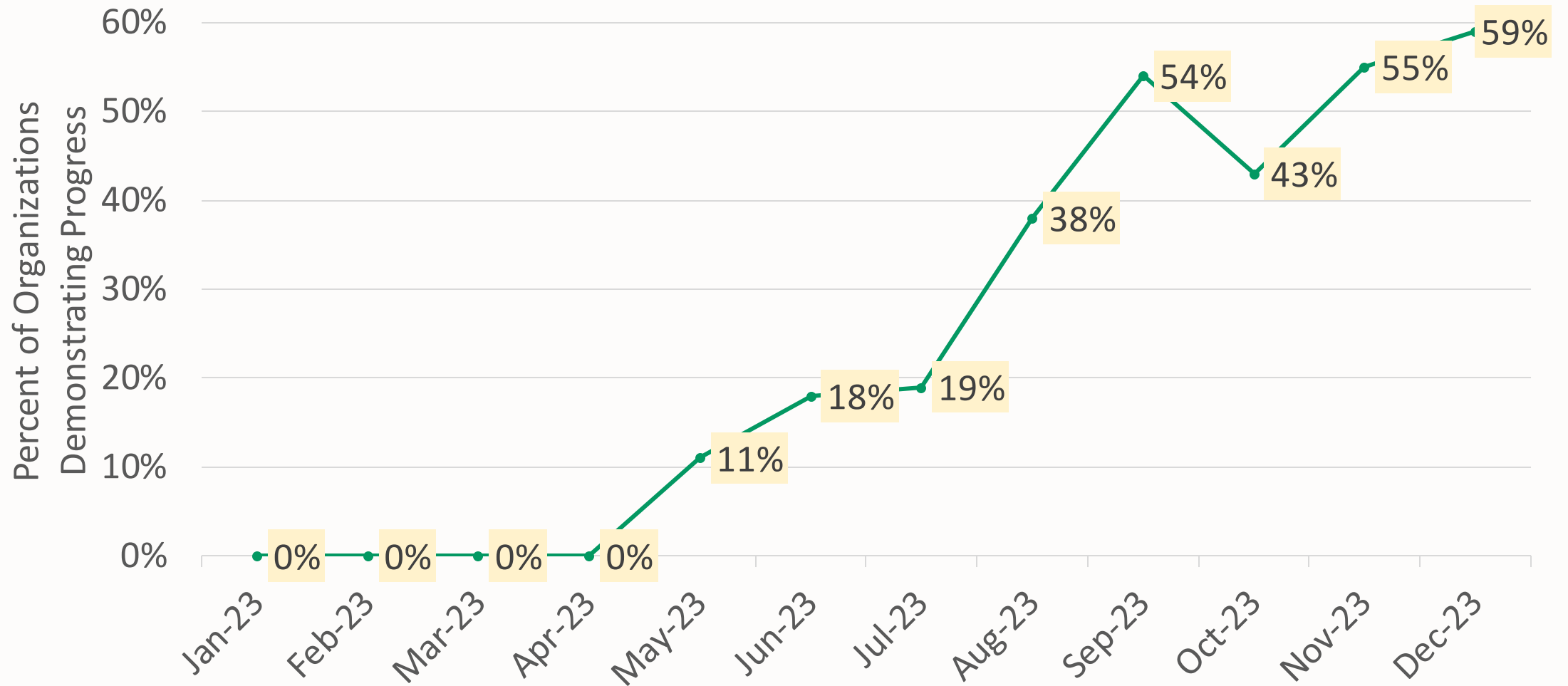
Median of Each Organization Readiness Roadmap Step
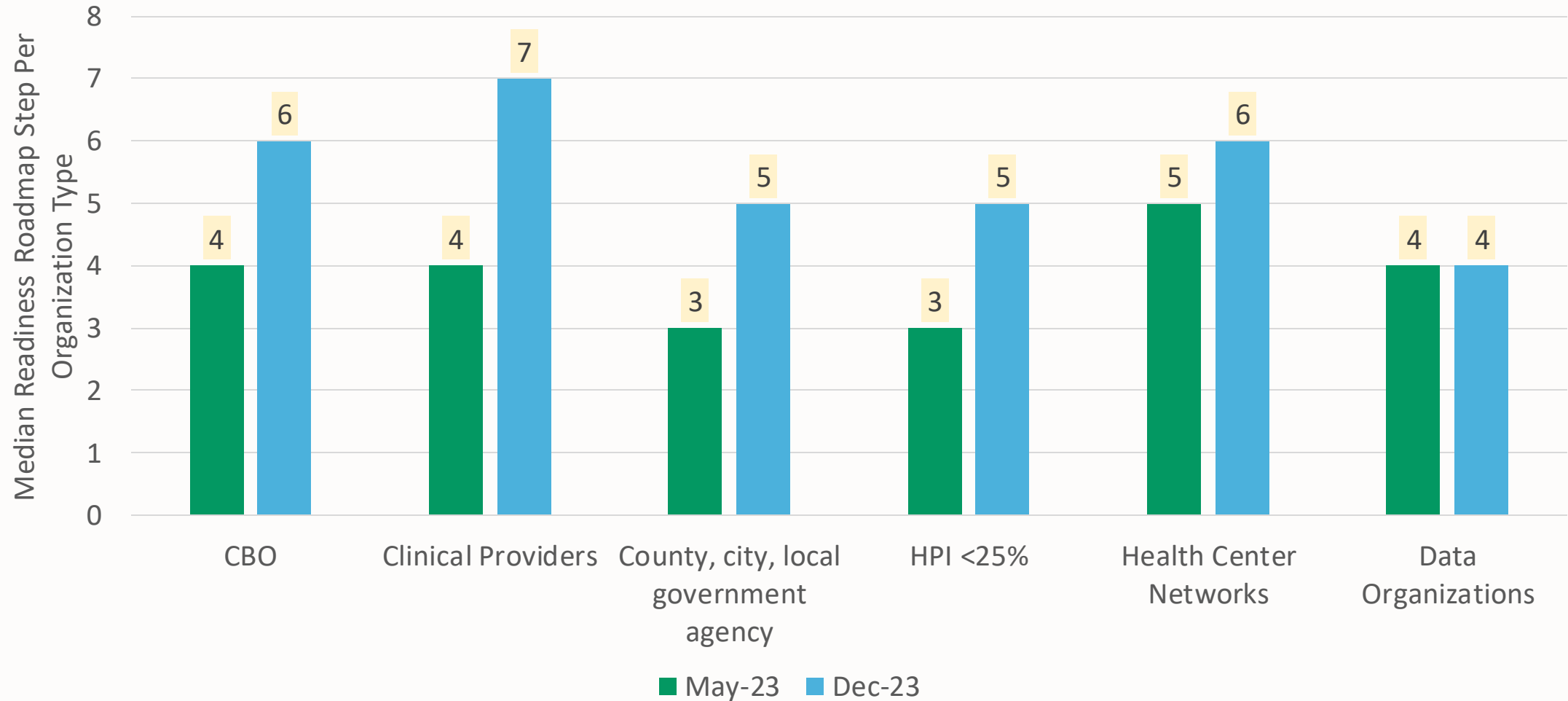
Questions, Thoughts, Reflections?
Feel free to share them in the chat!

Welcome to Year 2 with PHIL as your PATH CPI Facilitator
What to expect in 2024

Goals and Expectations as Your 2024 CPI Facilitator

- Collaborative Meetings
  - 1 per month
  - 2 in-person convenings/year
- Office Hours
- Work groups (as needed)
- Process improvements -Tests of Change
- Best Practice reports and library
- Measurement Strategy
- Recruitment and Retention Strategy
- Build awareness and alignment of CalAIM activities

DHCS 2024 Policy Action Plan
Priority Levers for ECM and Community Supports Implementation

DHCS Identified Action Levers to Improve ECM and Community Supports Implementation

1) Standardizing Eligibility

2) Increasing Referral Sources and Streamlining Processes

3) Streamlining Authorization Processes (TARs)

4) Expanding Provider Networks and Streamlining Payment

5) Strengthening Market Awareness

6) Improving Data Exchange

DHCS Approach to Continuous Improvement: July 2023

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

DHCS Approach to Continuous Improvement: November 2023

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

PATH CPI Collaboratives

2024 Feedback Loop Focus

Systematically share new and revised material with CPI collaboratives (e.g., Policy Guide updates, new billing guidance) & focus on regional implementation issues

Share feedback from the CPI collaboratives and field

Overarching Question

How can DHCS best support local providers in policy by being prescriptive to the MCPs, but not too prescriptive to allow for changes and variation at the local level?

DHCS 'Action Plan' Lever #1:
Standardizing Eligibility

DHCS Actions Taken

ECM:

- MCPs may <u>not</u> impose additional requirements for authorization

- MCPs may expand criteria to broaden eligibility for Individuals at Risk for Avoidable Hospitalization or ED Utilization POFs

Community Supports:

- MCPs cannot restrict eligibility and must adhere to service definitions

Updated service definitions. Share your thoughts!

DHCS 'Action Plan' Lever #2:
Increasing Referral Sources and Streamlining Processes

DHCS Actions Taken

ECM & Community Supports:

- Reinforced expectation that majority of referrals should be sourced from the community

- Sources of referrals should include non- contracted providers / CBOs

Standard referrals statewide. Share your thoughts!

DHCS 'Action Plan' Lever #3:
Streamlining Authorization Processes

DHCS Actions Taken

ECM:

- Standardized authorization and re-authorization
- Timelines

ECM & Community Supports:

- Reinforce expedited authorization requirements for time-sensitive services
- Encouraged presumptive authorization/retrospective authorizations based on data

Updated service definitions. Share your thoughts!

DHCS 'Action Plan' Lever #4:
Expanding Networks and Streamlining Payment

DHCS Actions Taken

ECM:

- Clarified expectation that MCPs are strongly encouraged to contract with specific ECM Provider types specializing in each POF

ECM & Community Supports:

- Reinforced requirements to MCPs for timely provider payments

- Summarized distinctions between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures via a Provider Cheat Sheet

Continued refinement and standardization of payments and rate setting statewide. Share your thoughts!

DHCS 'Action Plan' Lever #5:
Strengthening Awareness of ECM and Community Supports

DHCS Actions Taken
ECM & Community Supports:

- Added additional requirements for MCPs' public Provider Directories.

DHCS review of MCP Provider listing websites for accuracy. And...DHCS created marketing materials to promote awareness of ECM and Community Supports.

DHCS 'Action Plan' Lever #6:
Improving Data Exchange

DHCS Actions Taken

Released updated ECM and Community Supports data sharing guidance:

- [Community Supports Member Information Sharing Guidance](#) - NEW

- [ECM Provider Member Information Sharing Guidance](#)

- [Billing & Invoicing Guidance](#)

Reinforcement that MCPs must not require ECM or Community Supports Providers to use an MCP-specific portal for day-to- day documentation of services.

Mandated [HCPCS Guidance](#). Standardized Statewide.

Reference Guide for the DHCS Policy Action Plan Levers

Del Norte Providers

County	Organization name	Organization currently contract status with an MCP to provide ECM or Community Supports (Y/N)	Enhanced Care Management (ECM) population	Community Supports provided
Del Norte	24 Hour Home Care	Yes	None	Respite Services; Personal Care/ Homemaker Services (beyond IHSS)
Del Norte	Emcara Health	Yes	None	NA
Del Norte	Home Cooperative	Yes	Adults only	NA
Del Norte	North Coast Opportunities Inc	Yes	Both adults and children	Not reported by MCP
Del Norte	Providence	Yes	Adults only	NA
Del Norte	Providence CARE Network, ECM	Yes	Adults only	NA
Del Norte	Redwoods Rural Health Center	Yes	Both adults and children	Housing Transition Navigation Services; Housing D...
Del Norte	Serene Health	Yes	Both adults and children	Housing Transition Navigation Services; Housing D... Housing Tenancy and Sustaining Services; Short-Te... Hospitalization Housing; Recuperative Care (Medic... Respite); Respite Services; Personal Care/ Homem... Services (beyond IHSS); Medically Tailored Meals ... Medically Supportive Food
Del Norte	Health Management Associates	No	None	NA
Del Norte	Hospital Council - Northern & Central California	No	None	NA
Del Norte	Humboldt County WIC	No	None	NA
Del Norte	Independent Living Systems	No	None	NA
Del Norte	Innovation Horizons	No	None	NA
Del Norte	North Coast Clinics Network	No	None	NA
Del Norte	North Coast Health Improvement and Information Network (NCHIN)	No	None	NA

DHCS 'Action Plan' Lever #1:
Standardizing Eligibility

☑ DHCS Actions Taken

ECM:
- MCPs may not impose additional requirements for authorization for ECM services beyond eligibility criteria.
- MCPs may expand criteria to broaden eligibility for Individuals at Risk for Avoidable Hospitalization or ED Utilization POF.

Community Supports:
- MCPs cannot restrict eligibility and must adhere to service definitions by 1/1/2024.

Sources: ECM and Community Supports Policy Guides

👥 Question for CPI Participants

1. **What service definitions need improvements? How?**

2. Uptake for **SNF Transition Community Supports** have been low, and DHCS hears confusion on intersection with ECM and HCBS waiver services. What service definition adjustments could help increase uptake?

3. What feedback have you heard about **Medically Tailored Meals** for pediatric patients? What service definition / eligibility enhancements might DHCS consider?

📅 Upcoming DHCS Actions

Community Supports: Begin updating service definitions for adoption in mid-2024.

Next Steps...

DHCS is listening. How to send our counties' message. [Launch Poll]

Partnership HealthPlan of California Presentation
Updates on CalAIM implementation

Kaiser Permanente
Updates on CalAIM implementation

Arif Shaikh, Director

PATH CPI Southwest Collaborative Monthly Convening

Kaiser Permanente Updates

January 17, 2024

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Enhanced Care Management (ECM) Providers in Marin, Napa, and Sonoma Counties

Organizations listed have executed contracts with KP as of 1/11/24.
Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services/Populations of Focus	Phone Number	Counties Served
Aldea	Children and Youth PoF	707-224-8266	Napa and Sonoma
Alternative Family Services	Children and Youth PoF	707-576-7700	Sonoma
Home and Health Care Management	Adults, Children, and Youth PoF	530-343-0727	Napa and Sonoma
Independent Living Systems	Adults, Children, and Youth PoF	888-262-1292	Marin, Napa, and Sonoma
J&M Homecare Services, LLC	Adults, Children, and Youth PoF	925-552-6500	Marin
Seneca Family of Agencies	Children and Youth PoF	415-482-6182 (Marin) 707-545-2700 (Sonoma)	Marin and Sonoma
Serene Health IPA	Adults, Children, and Youth PoF	844-737-3647	Napa
Side by Side	Children and Youth PoF	Pending	Marin Napa, and Sonoma
Star Nursing Inc	Adults, Children, and Youth PoF	877-687-7399	Marin Napa, and Sonoma
Sterling Hospitalist Medical Group, Inc	Adults, Children, and Youth PoF	714-897-1085	Sonoma
TLC Child & Family Services	Children and Youth PoF	707-528-3020	Sonoma
Victor Community Support Services	Children and Youth PoF	844-547-1442	Sonoma

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Community Supports (CS) Providers in Marin, Napa, and Sonoma Counties

Organizations listed have executed contracts with KP as of 1/11/24.
Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services	Phone Number	Counties Served
Accentcare of California	Respite Services and Personal Care & Homemaker Services	Pending	Marin, Napa, and Sonoma
Alegrecare, Inc	Personal Care & Homemaker Services	800-598-4777	Marin, Napa, and Sonoma
Assured Independence	Environmental Accessibility Adaptations	425-516-7400	Marin, Napa, and Sonoma
Connect America West	Environmental Accessibility Adaptations	Pending	Marin, Napa, and Sonoma
Home Safety Services, Inc	Environmental Accessibility Adaptations	888-388-3811	Marin, Napa, and Sonoma
Evolve Emod	Asthma Remediation	844-438-7577	Marin, Napa, and Sonoma
Independent Living Systems	Housing services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home	888-262-1292	Marin, Napa, and Sonoma
J&M Homecare Services, LLC	Respite Services and Personal Care & Homemaker Services	925-552-6500	Marin and Sonoma
Mom's Meals	Medically Tailored Meals	877-508-6667	Marin, Napa, and Sonoma
Lifeline Systems Company	Environmental Accessibility Adaptations	800-451-0525	Marin, Napa, and Sonoma
Serene Health IPA	Housing services, Short-Term Post-Hospital Housing, Community Transition Services/Nursing Facility Transition to a Home	844-737-3638	Marin, Napa, and Sonoma
Star Nursing Inc	Housing transition and navigation services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Respite services, personal care and homemaker services	877-687-7399	Marin, Napa, and Sonoma
Sterling Hospitalist Medical Group, Inc	Housing services	714-897-1071	Sonoma

How a community-based organization can serve KP members

KP is working with three NLEs to develop a network of community-based ECM, CS, and CHW providers.

If your organization wishes to become part of an NLE's network, you may send an email message to:

network@fullcirclehn.org
Phone number: 888-749-8877

ILSCAProviderRelations@ilshealth.com
Phone number: 305-262-1292

*

Hubinfo@picf.org
Phone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

*Partners in Care only serves the Southern California region at this time.

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How to Submit a Referral for ECM or Community Supports

KP has a no-wrong-door approach for referrals
- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. Simply send the completed form to the same KP email address noted below.
- Referrals may be placed via email or via phone.

	Sacramento/Central Valley	Rest of Northern California	Southern California
Cities	Amador, El Dorado, Fresno, Kings, Madera, Mariposa, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare*, Yolo, Yuba	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,	Kern, Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare*, Ventura,
Phone	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-833-952-1916 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line "ECM Referral" or "CS Referral"		Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line "ECM Referral" or "CS Referral"

*Tulare Central Valley: 93618, 93631, 93646, 93654, 93666, 93673; Tulare Southern CA: 93238, 93261.

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For More Information About Kaiser Permanente

Arif Shaikh
Senior Director
Medi-Cal Policy & Engagement

Kaiser Permanente
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(657) 453-4290 (mobile phone)
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Lisa Kolbe
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lisa.a.kolbe@kp.org

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Questions?

Southwest CPI Updates and Upcoming Events

Be on the Lookout

- Pop-Up Tech Showcases
- Demo: Go, No-Go Feasibility Tool for CalAIM
- Translational Policy Briefs
- Data Sharing
- Cross-Sector Care Coordination 201
- How To: Complex Care Case Conferencing
- Requests and Offers
- And more....

Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete this brief survey. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.

https://bit.ly/48XclMu

Upcoming PATH CPI Events

Our next CPI regional meeting is hybrid. We hope to see you in person!

- NW: Wednesday, February 21 | 11:00 – 2:00 pm PT*
- SW: Thursday, February 22 | 11:00 – 2:00 pm PT

  Note: This is an updated event date amended to promote a hybrid experience.

Office Hours: Utilize to help prepare for your CITED application!

- Monday, January 22 | 1:00 – 2:00 pm PT
- Wednesday, February 14 | 12:00 – 1:00 pm PT
- Monday, February 26 | 1:00 – 2:00 pm PT

Upcoming PATH Events

PATH CITED Round 3 Informational Webinars:

- CITED Round 3 Informational Session: January 12, 9 a.m. PT (advance registration required)

- How to Make Your Grant Application Stronger Part 1: January 16, 10 a.m. PT (advance registration required)

- CITED Round 3 Application Office Hours: **Multiple Dates!** January 22, 12 p.m. PT (advanced registration required)

- How to Make Your Grant Application Stronger Part 2: January 23, 10 a.m. PT (advance registration required).

Upcoming PATH Events

PATH Technical Assistance (TA) Marketplace Quarterly TA Recipient Webinar:

- February 29 | 9:00 am PT
- Please visit the TA Marketplace website for more information.

Upcoming Partnership HealthPlan Events

PHC Roundtables:

- If you were unable to attend the last **ECM RoundTable** and would like the **Chat Q&A**: Please let Vicki, Lynn, or the PHIL team know and one of us will get those out to you. (See slide Appendix for more details)

- Register for the monthly ECM Roundtable

- Register for Community Supports Provider Roundtable

PHC Webinar:

- PHC invites their ECM and CS providers to attend an educational training session on providing assistance and resources for identifying referral sources on January 30, 2024 from 1:00 pm – 2:00 pm PT.

- Register for the Referral Source Webinar

Reminder: Mark Your Calendars!

- Register for Southwest monthly collaborative meetings through December 2024!
  - 3rd Wednesday of the month at 1:00pm – the June convening will be held on the 3rd Thursday due to Juneteenth
  - In-person convenings in February and August on the 3rd Thursday of the month from 11:00am – 2:00pm

- Register for Office Hours through 2024!
  - 2nd Wednesday every month from 12:00pm -1:00pm (Except December)
  - 4th Monday of the month from 11:00am - 12:00pm

Thank You!

Feel free to contact our PATH CPI team

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Program Associate

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For general inquiries, please feel free to email path@pophealthinnovationlab.org

Thank you!

Reference

Content presented in this convening was adapted from a presentation by the California Department of Health Care Services at a PATH CPI Facilitator convening on November 8, 2023. The original content is included in the appendix.

If you have any questions or would like additional information, please reach out to path@pophealthinnovationlab.org.

Appendix

DHCS Priorities for ECM and Community Supports in 2023-2024

DHCS aims to ensure that ECM and Community Supports are accessible and available to all who need it. Informed by data and stakeholder feedback, DHCS has identified the following priorities to increase utilization of the services:

DHCS Policy 'Action Plan'

Six levers to improve utilization:
- Standardizing Eligibility
- Standardizing Referrals
- Streamlining Authorizations
- Expanding Provider Networks and Streamlining Payment
- Strengthening Market Awareness
- Improving Data Exchange

Data Transparency

- Transition to Monthly Reporting for MCPs
- Quarterly Data Reports with County- And Plan-Level Information

Policy Guidance & TA

- Ongoing Policy Guidance
  - Policy Document Updates
  - New ECM Resources by POFs
  - Future Webinars
- Technical Assistance through PATH
  - TA Marketplace
  - CITED Funding

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DHCS' Approach to Continuous Improvement

DHCS regularly engages with stakeholders to inform updates to Community Supports policies.

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

PATH CPI Collaboratives

Feedback Loop

- Systematically share new and revised material with CPI collaboratives (e.g., Policy Guide updates, new billing guidance) & focus on regional implementation issues

- Share feedback from the CPI collaboratives and field

DHCS 'Action Plan' Lever #1: Standardizing Eligibility

DHCS Actions Taken

ECM:
- MCPs may <u>not</u> impose additional requirements for authorization for ECM services beyond eligibility criteria.
- MCPs may expand criteria to broaden eligibility for Individuals at Risk for Avoidable Hospitalization or ED Utilization POF.

Community Supports:
- MCPs cannot restrict eligibility and must adhere to service definitions by 1/1/2024.

Sources: ECM and Community Supports Policy Guides

Upcoming DHCS Actions

Community Supports: Begin updating service definitions for adoption in mid-2024.

Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

Uptake for **SNF Transition Community Supports** have been low, and DHCS hears confusion on intersection with ECM and HCBS waiver services. What service definition adjustments could help increase uptake?

What feedback have you heard about **Medically Tailored Meals** for pediatric patients? What service definition / eligibility enhancements might DHCS consider?

Opportunities for CPIs and PATH initiatives

Some ways CPIs could help advance this priority include:

- Spreading the word on latest guidance & **escalating implementation issues** to DHCS.

- **Sharing feedback** received by stakeholders about potential improvements to Community Supports service definitions.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

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DHCS 'Action Plan' Lever #2: Increasing Referral Sources and Streamlining Processes

☑ DHCS Actions Taken

ECM & Community Supports
- Reinforced expectation that majority of referrals should be sourced from the community.
- Sources of referrals should include non-contracted providers / CBOs

Sources: ECM and Community Supports Policy Guides

📅 Upcoming DHCS Actions

- **ECM:** Design work to roll out ECM referral standards for statewide adoption in 2024.

- **Community Supports:** Begin updating referrals standards for adoption in 2024.

Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

What are the **biggest barriers to ECM/Community Supports referrals** that could be addressed by statewide referral standards?

Is there appetite for **standard referral forms**? Have such forms been used by the community which can be lifted up and shared (i.e., universal referral form to be used by Counties, CBOs)?

Opportunities for CPIs and PATH Initiatives

Some ways CPIs could help advance this priority include:

- Spreading the word on latest guidance & **escalating implementation issues**.

- **Collaborating with DHCS** on design/ implementation of new referral standards – *more to come.*

- Continuing to **troubleshot regional referral issues** and share feedback to inform statewide solutions.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

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DHCS 'Action Plan' Lever #3: Streamlining Authorization Processes

☑ DHCS Actions Taken

ECM
- Standardized authorization and re-authorization timelines

ECM & Community Supports
- Reinforce expedited authorization requirements for time-sensitive services
- Encouraged presumptive authorization/retrospective authorizations based on data

Sources: ECM and Community Supports Policy Guides

📅 Upcoming DHCS Actions

- Better understand "model examples" of MCPs and ECM/Community Supports Providers who are pursuing presumptive/retrospective authorizations.

👥 Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

What are some models or examples of effective **Presumptive Authorizations or Retrospective Authorizations** agreements between MCPs and ECM/Community Supports Providers in your collaboratives?

Which **specific Community Supports** are ripe for presumptive or retrospective authorization agreements?

💡 Opportunities for CPIs and PATH Initiatives

Some ways CPIs could help advance this priority include:

- Spreading the word on latest guidance & **escalating implementation issues**.

- **Supporting efforts to establish presumptive authorization agreements** between Providers and MCPs in their regions.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

DHCS 'Action Plan' Lever #4: Expanding Provider Networks and Streamlining Payment

☑ DHCS Actions Taken

ECM:
- Clarified DHCS' expectation that MCPs are strongly encouraged to contract with specific ECM Provider types specializing in each POF

ECM & Community Supports:
- Reinforced requirements to MCPs for timely provider payments
- Summarized distinctions between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures via a Provider Cheat Sheet

Sources: ECM and Community Supports Policy Guides; APL 23-020

🗓 Upcoming DHCS Actions

- **ECM:** Further standardize thresholds for ECM PMPM payments to providers based on additional analysis.
- **Community Supports:** Continue to refine Community Supports rate setting, including considering payment for outreach and engagement.

👥 Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

What strategies/approaches have been successful in **promoting contracting**? For ECM Providers serving pregnant/postpartum individuals with SMI/SUD (where DHCS is seeing gaps)?

What do you hear from CBOs about their **rates discussions** with MCPs? Is this a major barrier to contracting?

What are you hearing from stakeholders in your area about **workforce capacity** and strategies for growth (including CHW workforce)?

💡 Opportunities for CPIs and PATH Initiatives

Some ways CPIs could help advance this priority include:

- Spreading the word on latest guidance & **escalating implementation issues**.
- **Identifying challenges** around expanding Provider networks for specific POFs and services.
- **Promoting contracting** between MCPs and Providers in your region.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

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DHCS 'Action Plan' Lever #5: Strengthening Market Awareness

☑ DHCS Actions Taken

ECM & Community Supports
- Added additional requirements for MCPs' public Provider Directories.

  Sources: ECM and Community Supports Policy Guides

📅 Upcoming DHCS Actions

- Review **MCP websites** and handbooks to ensure they include the most up-to-date information about ECM and Community Supports.

- Release simple **"stock" marketing materials** to be shared with and disseminated by MCPs to their contracted networks of Providers promoting awareness of ECM and Community Supports.

Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

How are MCPs continuing to **promote general awareness** about ECM and Community Supports in the counties/ communities where they operate?

What strategies have been successful in training and promoting awareness about **referring providers**?

Opportunities for CPIs and PATH Initiatives

Some ways CPIs could help advance this priority include:

- Partnering with local stakeholders on **regional efforts to increase member and provider awareness** of ECM and Community Supports.

- Supporting and promoting local **roadshows/trainings for referring providers**.

- Sharing **communications best practices** in their region and promoting peer-to-peer learning forums.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

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DHCS 'Action Plan' Lever #6: Improving Data Exchange

☑ DHCS Actions Taken

- Released updated ECM and Community Supports data sharing guidance
  - Community Supports Member Information Sharing Guidance - *NEW*
  - ECM Provider Member Information Sharing Guidance
  - Billing & Invoicing Guidance

- Reinforcement that MCPs must not require ECM or Community Supports Providers to use an MCP-specific portal for day-to-day documentation of services.

  Sources: ECM & Community Supports Website; ECM Policy Guide

📅 Upcoming DHCS Actions

- Update **HCPCS Coding Guidance** *(near completion)* and clarify DHCS' expectation that MCPs may not require or allow ECM and Community Supports Providers to report codes or modifiers beyond those included in this guidance.

❓ Questions for CPIs

DHCS wants to know what CPIs are hearing in their collaborative to inform design work on this Action Plan lever:

What **ongoing challenges** related to data exchange and billing are you seeing in your regions, and what approaches have been effective in addressing these challenges?

How are MCPs/Providers leveraging **ADT feeds** for ECM, and what are some the successes/challenges?

💡 Opportunities for CPIs and PATH Initiatives

Some ways CPIs could help advance this priority include:

- Spreading the word on latest guidance & **escalating implementation issues**.

- Promoting and/or **supporting training opportunities** for Providers on data sharing and billing, including via the TA Marketplace.

What other approaches are CPIs taking here? How can the TA Marketplace and/or CITED be leveraged?

Data Transparency

DHCS is planning for more regular public data releases for ECM and Community Supports that include information about plan- and county-level implementation.

» **In November 2023**, DHCS will release an *Implementation Update* summarizing state-level data through the second quarter (Q2) of 2023.

- Update will follow the "fact sheet" template used earlier this year: https://www.dhcs.ca.gov/CalAIM/Documents/ECM-and-CS-Fact-Sheet-Q1-Q3.pdf

» **In December 2023**, DHCS will update the *Implementation Report* with detailed county- and plan-level data through Q2 2023.

- Update will be similar to the "2022 Implementation Report": https://storymaps.arcgis.com/collections/53cc039bc1d54e2e9fc0ac92f5b6511a

» **Quarterly in 2024,** DHCS will refresh the *Implementation Report* with detailed County- and Plan-level data each quarter.

- DHCS expects to update the report with Q3 2023 data in Q1 2024.

Guidance to the Field from DHCS

Policy Guidance to the Field
New
• [CalAIM Data Sharing Authorization Guidance 2.0](#)   • [CalAIM JI Policy and Operational Guide](#)   • [2024 Managed Care Plan Transition Policy Guide](#)   • [ECM and Community Supports Policy Cheat Sheet](#)
Coming Soon
• Revised HCSPCS Coding Guidance   • Transitional Care Services Policy Guide   • Additional Guidance for Monthly JSON Reporting for MCPs in 2024

Forthcoming Resources
ECM Population of Focus Spotlights
• *Just Released:* [Children and Youth POFs](#)   • *Coming Soon:* Individuals Experiencing Homelessness; Long-Term Care POFs
Upcoming DHCS Webinars
• January 2024: ECM Birth Equity POF   • Spring 2024: Housing Community Supports

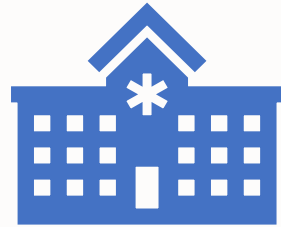*Please continue to share these resources widely with your networks!*

Policy Landscape Updates
DHCS and CalAIM Strategy

DHCS Updates

Managed Care Organization (MCO) Tax Federal Approval

On Dec. 15th , the Centers for Medicare and Medicaid Services (CMS) approved the waiver for the federal tax outlined in assembly Bill 119. The MCO Tax is estimated to provide $19.4 billion in net non-federal funding over the 3.75-year tax period. Subject to appropriation and federal approval of applicable payment and rate methodologies, **MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members** and promote provider participation in the Medi-Cal program.

Age 26-49 Adult Full Scope Medi-Cal Expansion Implementation

On December 11, DHCS provided certification of system readiness to the Department of Finance to implement the Age 26-49 Adult Expansion. The Age 26-49 Adult Expansion will provide individuals 26-49 years of age with full scope Medi-Cal benefits **regardless of immigration status, if they meet all other Medi-Cal eligibility criteria.** DHCS will complete the transition of Age 26-49 Adult Expansion individuals in restricted scope Medi-Cal to full scope Medi-Cal effective January 1, 2024. For more information about the Age 26-49 Adult Expansion, please visit the Age 26-49 Adult Expansion Webpage. For questions about the Age 26-49 Adult Expansion, please email AdultExpansion@dhcs.ca.gov.

Fee Schedule Updates

Medi-Cal Rate Increases

- On December 1, DHCS published the new FFS rates on the <u>DHCS website</u>, effective January 1, 2024
- The affected services are primary care services, including those provided by physician and non-physician professionals, obstetric and doula services, and non-specialty mental health services. Due to the need for MCPs to update their systems and provider contracts, the increased rates will not be paid in the managed care delivery system immediately. DHCS will formally establish, through written guidance, compliance timeframes for MCPs to fully implement the increased payment levels, as applicable, on a go-forward basis as well as retroactively to January 1, 2024.

Local Educational Agencies (LEA) Approved to Participate in CYBHI Multi-Payer Fee Schedule

- DHCS announced the first cohort of 47 LEAs (across 25 counties) approved to participate in the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule, which will launch in January 2024, and statewide provider network. As part of the CYBHI, DHCS is expanding access to school-based (or school-linked) behavioral health services provided to students at a school site. This fee schedule establishes a scope of services (e.g., psychoeducation, screening/assessment, treatment, and care coordination services), identifies billing codes and rates, and specifies provider types eligible to bill for services. Under state law, Medi-Cal managed care plans (MCP), commercial health plans, and disability insurers are obligated to reimburse eligible school-linked providers, including LEAs (e.g., services performed by pupil personnel services credentialed practitioners) and school-linked affiliated community-based organizations.

- More information about the CYBHI fee schedule program is available on the <u>Statewide Multi-Payer School-Linked Fee Schedule webpage</u>.

Community Health Worker Policy

- The Department of Health Care Services offered a training webinar pertaining to program policy and coverage for Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) on submitting claims to the Department of Health Care Services for community health workers and asthma preventive services provided to fee-for-service members.

- CBOs and LHJs will be able enroll as providers with Medi-Cal through the Provider Application and Validation for Enrollment portal, starting January 8, 2024. Providers may also reference the New Medi-Cal Providers webpage for additional information fee-for-service claims submission.

- Find more information and a recording of the December 19th training on the Medi-Cal Learning Portal.

2024 Medi-Cal MCP Transition Policy Guide

- DHCS released frequently asked questions (FAQs) as a companion resource to the most recent version of the 2024 Medi-Cal MCP Transition Policy Guide .

- The latest version includes a summary of communications resources, a transition policy for assessment and screening tools, and updates to the data sharing section and Appendix.

- Please email questions about the policy guide to MCPTransitionPolicyGuide@dhcs.ca.gov. The policy guide and FAQs will be updated throughout the remainder of this calendar year to keep MCPs informed of new and developing guidance.

Children and Youth ECM Spotlight

Now Available: Enhanced Care Management for Children and Youth Populations of Focus Spotlight

- DHCS recently published the <u>Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) Spotlight</u>, which is designed to help contracted and prospective ECM providers serving children and youth develop and enhance their ECM models.

- It is also intended to support provider organizations that are considering if ECM for children and youth is right for them.

ECM Is Available for Children and Youth in the Following Populations of Focus (POFs):

	Children and Youth Experiencing Homelessness
	Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
	Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
	Children and Youth Involved in Child Welfare

Note: In January 2024, ECM will also launch for Individuals Transitioning from Incarceration and Birth Equity POFs, which are inclusive of children and youth.

Funding Opportunities

Funding for Tribal Entities

- The Robert Wood Johnson Foundation will award up to $4 million in grants through the Evidence for Action program to support research driven by Indigenous communities focused on advancing "upstream" solutions to promote health equity and well-being for Indigenous peoples. Brief proposals are due March 1, 2024, at 3:00 p.m. (ET). Learn more (PDF) about the proposal process and how to apply.

Data Exchange Framework Resources

1. State released Data Sharing Authorization Guidance 2.0 (Dec. 2023)
   - Created to provide guidance on data sharing under the CalAIM provisions of Assembly Bill (AB) 133, a 2021 law that makes it easier for a wide range of providers to share data for the purposes of implementing CalAIM.

2. DSA Signatory Grants Guidance Document

3. Data Exchange Framework (DxF) Glossary of Defined Terms

Data Exchange Framework

- View the CalHHS Data Exchange Framework, Data Sharing Agreement, and initial set of Policies and Procedures released to aid collaboration.
  - View the Executive Summary.
  - Frequently Asked Questions (FAQ)

- 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.

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