



# PATH – Collaborative Planning & Implementation (CPI)

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

Tuesday, March 19, 2024

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**INNOVATION LAB**

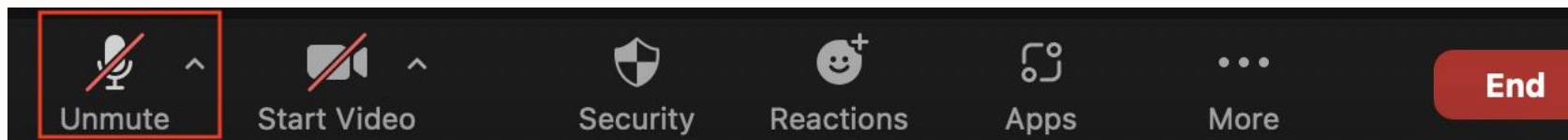
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# This event is being recorded.

The slides and recording will be available after the event at [pophealthinnovationlab.org/projects/PATH](https://pophealthinnovationlab.org/projects/PATH)

Please mute your microphone and video during the presentation.





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Northwest Collaborative Planning Meeting

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# Welcome & Housekeeping



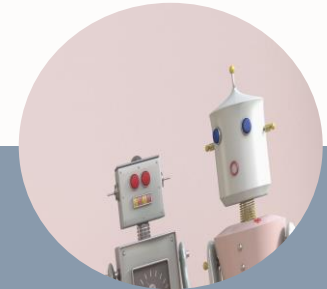
## Roll Call

Please rename yourself as  
*Name, Organization*  
and share in the chat.



## Chat Check-In

What is your primary  
source of receiving  
ECM and/or CS  
referrals?



## Participation Eligibility

Vendors and salespeople  
must remove themselves  
from this collaborative.

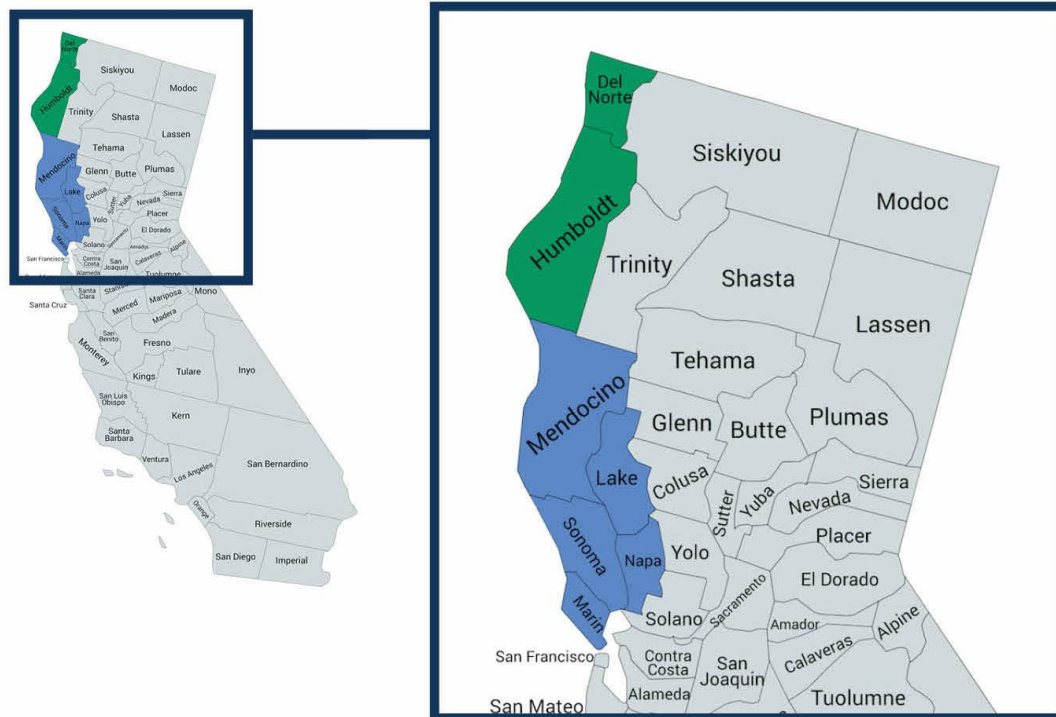
AI meeting tools  
restricted.



# 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

- Welcome, Framing, and Check-in
- Local Organization Spotlight
- Policy Briefs
- Update from Partnership HealthPlan of California and Kaiser Permanente
- Strengthening CalAIM Referral Pathways in the Ecosystem of Care
- CPI Updates and Upcoming Events
- Evaluation and Close



# Objectives

1

Facilitate an open forum to enhance transparency surrounding challenges, successes, and innovations in CalAIM Enhanced Care Management (ECM) and Community Supports services.

2

Share local referral and coordination successes and challenges to strengthen care coordination, collaboration, and process improvement opportunities.

3

Encourage shared learning and provide a platform for open dialogue with CalAIM providers, local Managed Care Plans, and other local stakeholders to strengthen a culture of collaboration.





# 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



# Elevating the Expertise of Local Partners

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

Welcome:

Arcata House Partnership

&

Adult Day Care of Mad River



# Department of Health Care Services Policy Briefs

# DHCS Policy Guidance Updates

## Recently Released or Updated Policy Guidance

- ECM Policy Guide - [updated](#) February 2024

## New Resource

- [ECM for Individuals and Families Experiencing Homelessness Spotlight](#)

*Coming Soon:* ECM Birth Equity POF FAQ Document  
*Update:* Referral and Authorization Processes



***Please continue to share this resource widely with your networks!***

# ECM Policy Guide: February 2024 Updates

DHCS released an updated Enhanced Care Management (ECM) [Policy Guide](#) in February 2024 on the ECM and ILOS webpage. Please refer to the ECM Policy Guide for full guidance on each of these topics.

Section	Policy Guide Update
<b>County-Based Targeted Case Management (TCM) &amp; ECM</b>	<ul style="list-style-type: none"><li>» Starting July 1, 2024, Members who meet Enhanced Care Management (“ECM”) POF criteria should be enrolled in ECM and <b>may not enroll in ECM and County-based TCM Programs at the same time</b> (except as described below).</li><li>» One-Year Exceptions: (1) County-based TCM for communicable diseases or (2) County-based TCM for home visiting programs for the purpose of promoting the well-being of children and families.</li></ul>
<b>Dual-Eligible Members</b>	<ul style="list-style-type: none"><li>» Updates guidance on provision of ECM for MCP Members who are enrolled in a Non-EAE D-SNP who have an active authorization to receive ECM at the end of 2023.</li></ul>
<b>Use of Data to Monitor ECM: HCPCS</b>	<ul style="list-style-type: none"><li>» MCPs must require their contracted ECM Providers to submit claims for the provision of ECM services using the national standard established in the <a href="#">ECM and Community Supports HCPCS Coding Guidance</a>.</li></ul>

# Updates on Referral and Authorization Processes

As of February 2024



## DHCS Actions Previously Taken

### ECM

- Standardized authorization and re-authorization timelines.

### ECM & Community Supports

- Encouraged presumptive authorization.
- Reinforced expectation that majority of referrals should be sourced from the community.

Sources: [ECM](#) and [Community Supports](#) Policy Guides

## 2024 Update on ECM referral and authorization standards

- DHCS has started design work to standardize ECM referrals and authorizations.
- DHCS is conducting stakeholder interviews with MCPs on their existing processes and soliciting feedback on universal ECM referral standards.
- Goal: Bring draft guidance to CPI Facilitators for feedback during next meeting.

Source: PATH Collaborative Planning & Implementation Initiative, DHCS-Facilitator Meeting, 03/24/2024.



Questions?





# Partnership HealthPlan of California Presentation

Updates on CalAIM implementation

Ashley Peel

Paola Sanchez De La Cruz



# 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.
- [Register](#) for the monthly ECM Roundtable
- [Register](#) for Community Supports Provider Roundtable

# Strengthening CalAIM Referral Pathways in the Ecosystem of Care





# Let's Talk Referrals!

- The Department of Health Care Services (DHCS) has outlined a “no wrong door” approach for all CalAIM referrals!
- Managed Care Plans have implemented and continue to refine no-wrong-door policies and procedures.
- Contracted providers are encouraged to identify members they may encounter during their daily work.
- Once identified as potentially meeting CalAIM criteria, a contracted provider can move straight to the Treatment Authorization Request.
- Or refer the member directly to another contracted provider to assure a local connection and expedite services for that individual.



# Coordinating Within the Local CalAIM Ecosystem of Care

## Community Referrals

Individual, family, friend, authorized representative, county, etc.



## Provider Referrals

Facility staff identify members within their organization who would be a good fit





# Northwest CPI Updates and Upcoming Events

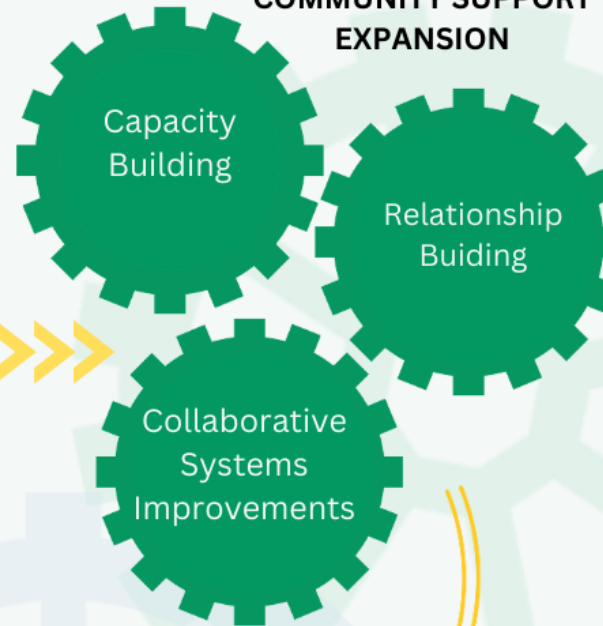
### CURRENT ENVIRONMENT

- Policy is constantly changing.
- DHCS is transforming Medi-Cal through various initiatives, including CalAIM.
- Such initiatives have complex and unique roll-outs.
- Regional providers have variable levels of capacity and interest to implement Enhanced Care Management and Community Supports.
- Organizations are working with new external partners and new systems.
- Providers contracted by local Managed Care Plan include non-local providers.
- Siloed approaches to implementing CalAIM.

### KEY ELEMENTS

Shared Vision & Goals
Shared Knowledge
Engagement and Retention
Testing and Innovation
Gap Identification and Solution

### STRATEGIES TO EFFECTIVELY COLLABORATE FOR ECM AND COMMUNITY SUPPORT EXPANSION



### Long Term Results

(2-3 years)

Improve access to contracted providers by helping increase the number of providers, increasing enrollment, and increasing the quality of services for members who are eligible for Enhanced Care Management and Community Supports.

### Short Term Results

(1 year)

Resource compilation  
Increase peer networks  
Gap identification  
Shared learning and sharing  
Increased partnerships  
Increase alignment in CalAIM participation  
Relationship building among local providers

### TEAM

CPI Participants  
PHIL  
MCPs  
PCG/ DHCS

### Collaborative Supports

Monthly and Pop-Up Convenings  
Office Hours and Technical Assistance  
Workgroups  
Peer-to-Peer Learning  
Resource Hub  
Skill Building and Training Hub



# CalAIM Revenue Estimator & Budget Tool - Camden Coalition

- PHIL partnered with Camden Coalition over the past year to pilot and help inform a new tool (with CBO's specifically in mind).
- The result is a new expense and revenue estimating tool for ECM, the Community Supports housing trio and Medically Tailored Meals.
- The output is an estimate of margin or extent to which the projected revenue for the designated service will cover expenses based on the data input by the user.
- **Pre-contracting** tool to consider scenarios and estimate revenues.
- **Provider tool** to project annual CalAIM service revenue for budget purposes and braid with other program funding.

*Training and distribution dates are forthcoming.*





# Upcoming PATH CPI Events

**Our next CPI regional meeting is virtual. We hope to see you online!**

- NW: Tuesday, April 16 from 1:00 – 2:00 pm ([Register here](#))
- SW: Wednesday, April 17 from 1:00 – 2:00 pm ([Register here](#))

## **PATH CPI Office Hours:**

- Monday, March 25 from 12:00 – 1:00 pm ([Register here](#))
- Wednesday, April 10 from 1:00 – 2:00 pm ([Register here](#))
- Monday, April 22 from 12:00 – 1:00 pm ([Register here](#))



# Upcoming PATH Events:

## TA Marketplace Vendor Fair Events

1. Domain 1: Building Data Capacity – Data Collection, Management, Sharing and Use on [March 28 from 9 - 10:30 a.m.](#)
2. Domain 2: Community Supports – Strengthening Services that Address the Social Drivers of Health; and Domain 7: Workforce – Recruiting and Retaining a Well-Prepared, High-Performing Workforce on [April 9 from 9 - 10:30 a.m.](#)
3. Domain 5: Promoting Health Equity; and Domain 6: Supporting Cross-Sector Partnerships on [April 25 from 9 - 10:30 a.m.](#)

*Advance registration for each event is required*



# Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete the brief survey that pops up in a new tab at the close of the meeting. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.



# Thank You!

Feel free to contact our PATH CPI team

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*For general inquiries, please feel free to email [path@pophealthinnovationlab.org](mailto:path@pophealthinnovationlab.org)*

A healthcare professional, likely a nurse or doctor, is shown from the chest up, wearing blue scrubs. They are holding a pink stethoscope that is shaped into a heart. The stethoscope's tubing forms the outline of the heart, and the chest piece is visible at the bottom. The person has pink nail polish and is wearing several rings. The background is a plain, light-colored wall.

Thank you!

# Appendix

