PATH – Collaborative Planning & Implementation (CPI)

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

Wednesday, March 20, 2024
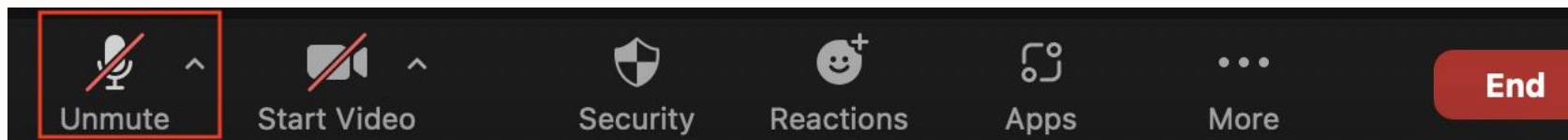
POPULATION HEALTH
INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

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, March 20, 2024

Thank you to our sponsors
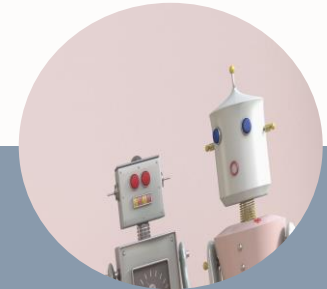
Welcome & Housekeeping

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
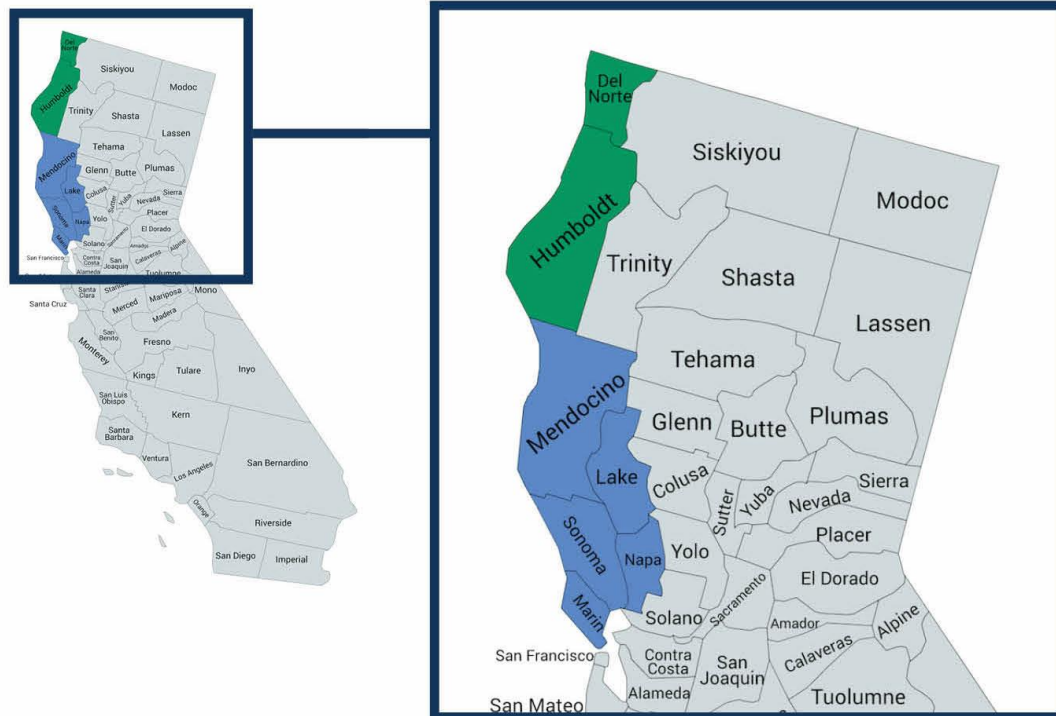Vendors and salespeople must remove themselves from this collaborative.

AI meeting tools restricted.

Collaborative Planning & Implementation Overview

Region Counties Supported by PHIL

- Northwest (green)
- Southwest (blue)

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.

Photo by Ralph (Ravi) Kayden on Unsplash

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

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
County-Based Targeted Case Management (TCM) & ECM	» Starting July 1, 2024, Members who meet Enhanced Care Management ("ECM") POF criteria should be enrolled in ECM and **may not enroll in ECM and County-based TCM Programs at the same time** (except as described below). » 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.
Dual-Eligible Members	» 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.
Use of Data to Monitor ECM: HCPCS	» MCPs must require their contracted ECM Providers to submit claims for the provision of ECM services using the national standard established in the ECM and Community Supports HCPCS Coding Guidance.

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

Updates on Referral and Authorization Processes

☑ 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.

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

Kaiser Permanente
Updates on CalAIM implementation

Andrew Tsang

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

Images From Partnership HealthPlan of California's Resource Materials, January 2024

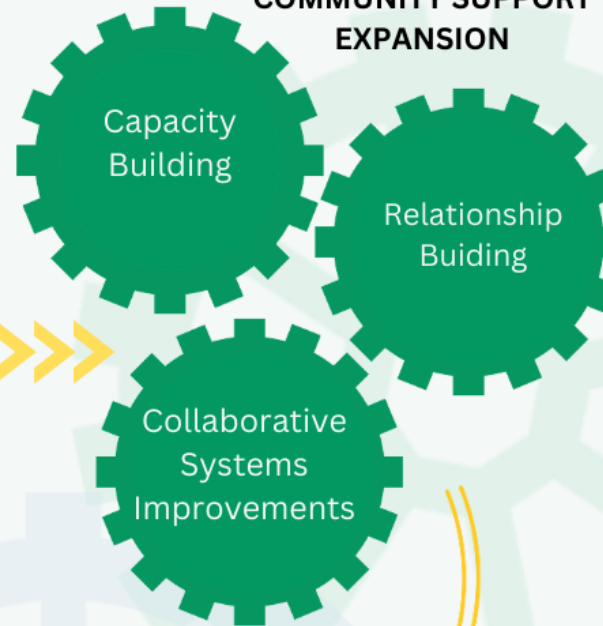# Southwest CPI Updates and Upcoming Events

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

- Capacity Building
- Relationship Building
- Collaborative Systems Improvements

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.*

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

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

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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Thank you!

Appendix