CalAIM — Enhanced Care Management and Community Supports overview

February 2022 monthly update
Housekeeping

• All participants will be on mute.
• Use the Q&A feature to submit any questions during the presentation.
• Use the chat feature if you are experiencing any technical issues.
• Slides and a recording of the webinar will be distributed to all registered participants after the webinar.
Agenda

- Overview of CalAIM
- Enhanced Care Management (ECM)
- Community Supports (CS)
- Resources
CalAIM vision

**Goals:**
- Coordinate silos (behavioral, medical, social)
- Reduce costs
- Provide person-centered care
- Promote equity
- Improve quality

**Strategies:**
- Divide responsibilities between health plans and counties
- Define seven populations of focus
- Build on Whole-Person Care and Health Homes
- Provide ECM and CS
- Phase-in core services
Calling all providers

CS:
- Vocational or life skills services agency
- Housing provider with on-site support
- County-run service
- Respite agency (providing services in different settings)
- Licensed psychologist, social workers, registered nurse
- Home Health agency
- Professional fiduciary
- Case management agency (for example, Multipurpose Senior Services Program [MSSP])
- Adult Residential Care Facilities (ARF)/Residential Care Facilities for the Elderly (RCFE) operator
- 1915c Home and Community-based Alternatives (HCBA)/Assisted Living Waiver (ALW)/Money Follows the Person providers
- Personal care agency
- Area Agency on Aging (AAA)
- Meals on Wheels/delivered meal provider
- Sobering center, or other appropriate and allowable SUD facility
- Community Action Agency

ECM:
- Accountable care organization
- Physician or physician group (primary care or specialist)
- County-based behavioral health
- Community mental health center
- SUD treatment provider
- City/county government agency
- Housing or other continuum of care provider
- Jail-based organization
- Federally qualified health center, rural health center or Indian health center
- Hospital or hospital-based physician group
- School/school-based organization
- Case management agency (for example, MSSP)
## ECM and CS phase-in

<table>
<thead>
<tr>
<th>Whole-person care/Health Homes program counties</th>
<th>All other counties</th>
<th>Completed application</th>
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<tbody>
<tr>
<td>July 1, 2022</td>
<td>Additional CS</td>
<td>ECM and additional CS:</td>
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<td>• Homeless</td>
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<td>• SMI/SUD risk</td>
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<td>February 15, 2022</td>
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<td>January 1, 2023</td>
<td>ECM and additional CS:</td>
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<td>• <strong>NF</strong> diversion</td>
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<td>• <strong>NF</strong> transition</td>
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<td>July 1, 2023</td>
<td>ECM and additional CS:</td>
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<td>• Children and youth</td>
<td>February 15, 2023</td>
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<td>• Incarceration transition adults and youth</td>
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<td>Population</td>
<td>ECM seven core services</td>
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<td>• Homeless</td>
<td>• Outreach and engagement</td>
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<td>• High utilizers <strong>adults</strong></td>
<td>• Comprehensive assessment and care management plan</td>
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<td>• SMI/SUD risk <strong>adults</strong></td>
<td>• Enhanced coordination of care</td>
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<td>• Nursing facility diversion</td>
<td>• Health promotion</td>
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<td>• Nursing facility transition</td>
<td>• Comprehensive transitional care</td>
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<td>• Incarceration transition <strong>adults and youth</strong></td>
<td>• Member and family supports</td>
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<td>• Children and youth</td>
<td>• Coordination of and referral to community and social support services</td>
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Staffing and capacity

- Ratios:
  - 1:50 Lead Care Manager (LCM) to member – recommended
  - Tied to roster
- Required staffing:
  - LCM
  - Program Director
  - Clinical Consultant (credentialed)
- Recommended staffing:
  - Community health workers
- Conflict-free case management:
  - (42 CFR parts 431, 440, and 441)

Clinical Consultant:
- Physician
- Specialist physician
- Psychiatrist
- Psychologist
- Pharmacist
- Registered nurse
- Advanced practice nurse
- Registered dietician
- Licensed mental health clinician (LCSW, LMFT, LPCC)
- Certified Case Manager (CCM) with five years of experience
Referrals

- Referral sources:
  - Member self-referrals
  - ECM provider referrals
  - Other provider

- Process:
  - Submit via portal
  - Authorization
    - Supporting documentation
Payment structure

- Capacity building incentive: available one time per organization

- Rates:
  - Dual vs. non-Duals
  - New vs. transition
  - Outreach and engagement: one time per member
  - Per enrolled member per month (PMPM)
  - Performance Incentive: maximum PMPM equivalent
    - Percent enrolled
    - Percent of assessments and care plans within 60 days
    - Timely and accurate reporting
    - Capacity growth targets
• **CS** are a menu of services, which, at the option of an MCP and a member, can substitute for covered Medi-Cal Managed Care (Medi-Cal) services as cost-effective alternatives.

• CS providers are contracted providers of Department of Health Care Services (DHCS)-approved CS. CS providers are entities with experience and expertise providing one or more of the CS to individuals with complex physical behavioral, developmental, and social needs.

**14 DHCS-approved CS:**

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining
- Short-term post-hospitalization housing (7/1/23)
- Recuperative care (medical respite)
- Respite services
- Day habilitation programs
- NF transition/diversion to assisted living facilities (1/1/23)
- Community transition services/NF transition to a home (1/1/23)
- Personal care and homemaker services
- Environmental accessibility adaptations (home modifications)
- Meals/medically tailored meals
- Sobering centers (1/1/24)
- Asthma remediation
CS (cont.)

- CS are designed to complement ECM; however, the eligibility criteria is not as strict.
- CS went live in every county January 2022, dependent on county readiness.
- Additional CS may be added in a county as the county becomes ready, on a bi-annual basis: (January or July).

**ECM**
Highest needs members

**CS**
Any/all eligible members
CS provider requirements

- CS providers for whom a state-level enrollment pathway exists, shall enroll in Medi-Cal – see APL 19-004, see [DHCS CalAIM ECM and CS FAQs](#)
  - If APL 19-004 does not apply to an CS provider, the CS provider will complete the Anthem process for vetting the CS provider
- Experience and training in the elected CS.
- The CS provider must have the capacity to provide the CS in a culturally and linguistically competent manner, as demonstrated in the CS readiness application
- If the CS provider subcontracts to administer its CS functions, then the CS provider will submit subcontract agreements with its application.
CS provider responsibilities

- Deliver contracted CS services in accordance with DHCS CalAIM service definitions and requirements, see DHCS CalAIM proposal.
- Maintain adequate staffing that allows for timely, high-quality service delivery of the CS that it is contracted to provide.
- Accept and act on member referrals from Anthem for authorized CS, unless the CS provider is at predetermined capacity;
- Conduct outreach to the referred member for authorized CS as soon as possible, including by making best efforts to conduct initial outreach within 24 hours of assignment, if applicable;
- Be responsive to incoming calls or other outreach from Members, including by maintaining a phone line that is staffed or able to record voicemail 24/7.
CS provider responsibilities (cont.)

- Coordinate with other providers in the member’s care team, including ECM providers, other CS providers and the Anthem.
- Comply with cultural competency and linguistic requirements.
- Comply with nondiscrimination requirements set forth in state and federal law.

Authorization of CS

- Anthem will validate member eligibility for CS based on approved CS service definitions and eligibility criteria. Authorizations are processed in a nondiscriminatory and equitably applied manner.
- Expedited authorization of CS
  - Some CS are designed to meet urgent needs.
• All CS services are subject to Anthem authorization prior to paying a provider for services.

• If an CS is discontinued for any reason, CS provider shall support transition planning for the member into other programs or services that meet their needs.

• Send referrals for additional CS services, if applicable.
Payment for CS

- CS providers should send a claim or invoice for CS rendered.
- In the event a CS provider is unable to submit claims, the CS provider shall submit invoices with minimum necessary data elements defined by DHCS, which include:
  - Provider identifiers
  - Member identifiers
  - Service details
Provider Portal

• Goals:
  ◦ One-stop shop
  ◦ Improved timeliness, compliance and data integrity
  ◦ Clinical tool
  ◦ Inform regulatory reporting

Functions:
• Referrals and authorizations
• Submit claims and encounters:
  ◦ Outreach
  ◦ Enhanced care management
  ◦ Community supports
• Submit assessments
• View claims status
• CM resources:
  ◦ Link to findhelp*
  ◦ Link to Patient360
  ◦ Referrals (closed loop to community supports)
Before you apply

Please consider:

• For ECM:
  ◦ When the population(s) you intend to serve will phase in
  ◦ Requirement to demonstrate experience with the population
  ◦ Anthem will prioritize agencies able to serve all types of people in a population of focus

• For CS:
  ◦ Phase in new CS services every six months; all who submit a Letter of Intent (LOI) will receive updates

• For all:
  ◦ Anthem will accept new providers for existing populations and services on a quarterly basis
  ◦ Submit early; knowing what is available will inform rollout decisions
Next steps and timelines

1. Provider submits LOI to Anthem at: *Anthem ECM/CS LOI Form*

2. Provider submits ECM/CS application

3. Execute contract

4. Go Live
Suggested reading

- CalAIM proposal
  - Populations of Focus: page 142
  - CS: page 168

- Model of care:
  - ECM and ILOS Provider Standard Terms and Conditions
  - DHCS MCP ECM and ILOS Contract Template Provisions

Other resources: https://www.dhcs.ca.gov/Pages/ECMandCS.aspx
Suggested reading

- ECM Policy Guide
- Community Supports Policy Guide (formerly In Lieu Of Services [CS])
- Other resources: https://www.dhcs.ca.gov/Pages/ECMandCS.aspx
- Referral form https://providers.anthem.com/docs/gpp/california-provider/CACA_CA_EnhancedCareMngmtReferral.pdf?v=202109031912

If you have questions or concerns, email CalAIM@anthem.com.
Referrals

- ECM providers will be reimbursed only for services that are authorized by Anthem.
- Referrals must be submitted to Anthem prior to ECM service delivery.
- Referrals for CS services must be submitted to Anthem for authorization prior to service delivery.
  - First date of eligibility will first date of authorization.
- Approved ECM referrals will be available on the Member Information File (MIF) in Care Central.
- CS Referrals for Anthem contracted Providers can be found in Care Central within the Authorization and referral tab and authorized list.
Questions?
* Findhelp is an independent company providing social care network services on behalf of Anthem Blue Cross.

https://providers.anthem.com/ca

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