Welcome and Introductions
- Richard Sanchez, Chief Executive Officer

CalAIM Overview
- Rachel Selleck, Executive Director, Public Affairs

CalAIM Populations of Focus and Outreach Strategy
- Tracy Hitzeman, RN, CCM, Executive Director, Clinical Operations

Questions

January 2021: Department of Health Care Services (DHCS) released revised California Advancing and Innovating Medi-Cal (CalAIM) proposal

- Expands Medi-Cal Managed Care Plans’ responsibilities

- Addresses longstanding challenges in Medi-Cal
  - High cost of services for a small number with high needs
  - Significant variation and complexity in service delivery
Whole Person Care (WPC) (2016–21)
*Lead Entity: County of Orange*
*Services:*
- Housing Navigation and Sustainability (includes housing deposits)
- Recuperative Care

Health Homes Program (HHP) (2020–21)
*Lead Entity: CalOptima*
*Services:*
- Comprehensive Care Management*
- Housing Navigation and Sustainability

California Advancing and Innovating Medi-Cal (CalAIM) (2022–27)
*Lead Entity: CalOptima*
*Services:*
- Enhanced Care Management**
- Phase 1 In Lieu of Services (ILOS):
  1) Housing Transition Navigation Services
  2) Housing Tenancy and Sustaining Services
  3) Housing Deposits
  4) Recuperative Care

*Phase 1 Implementation:*
January 2022

**Comprehensive Care Management:** Care management addressing primarily clinical needs

**Enhanced Care Management:** Care management addressing both clinical and nonclinical needs

*Note:* CalOptima is concurrently planning for Phase 2 ILOS.
Goals

- Improve member and provider experience

- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

- Improve quality outcomes, reduce health disparities and drive delivery system transformation and innovation

Source: DHCS CalAIM site www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx
### CalAIM Initiatives

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Care Management (ECM) Benefit</td>
<td>January 2022</td>
</tr>
<tr>
<td>In Lieu of Services (ILOS)</td>
<td>January 2022</td>
</tr>
<tr>
<td>Plan Incentive Payments</td>
<td>January 2022</td>
</tr>
<tr>
<td>Shared Risk/Savings (Seniors and Persons With Disabilities/Long-Term Care Blended Rate)</td>
<td>January 2023</td>
</tr>
<tr>
<td>Discontinue Cal MediConnect and Require Dual Eligible Special Needs Plans</td>
<td>January 2023</td>
</tr>
<tr>
<td>Population Health Management Program</td>
<td>January 2023</td>
</tr>
<tr>
<td>Regional Managed Care Capitation Rates</td>
<td>January 2024</td>
</tr>
<tr>
<td>National Committee for Quality Assurance (NCQA) Accreditation¹</td>
<td>January 2026</td>
</tr>
<tr>
<td>Full Integration Plans²</td>
<td>January 2027</td>
</tr>
</tbody>
</table>

¹ CalOptima is already NCQA accredited and a top-rated plan in California

² CalOptima status: BH partially integrated; dental not integrated
CalAIM Populations of Focus and Outreach Strategy

Tracy Hitzeman, RN, CCM
Executive Director, Clinical Operations
Enhanced Care Management (ECM)

- Creates a single, intensive and comprehensive benefit
  - Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries

- Builds upon existing Health Homes Program (HHP) delivery system infrastructure

- Uses a phased implementation approach based on DHCS-defined Populations of Focus
### DHCS Preliminary Timeline

<table>
<thead>
<tr>
<th>Implementation Date</th>
<th>Population of Focus</th>
<th>WPC</th>
<th>HHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2022</td>
<td>Homeless*</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Adult High Utilizers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Adults with Serious Mental Illness/Substance Use Disorder (SMI/SUD)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>January 1, 2023</td>
<td>Members transitioning from incarceration</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Members eligible for Long-Term Care (LTC) or at risk of institutionalization</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Nursing facility residents transitioning to community</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>July 1, 2023</td>
<td>Child/Youth (High Utilizers; Serious Emotional Disturbance (SED)/high psychosis risk; California Children’s Services (CCS) or Whole Child Model (WCM); involvement/history of involvement with Child Welfare; and transitioning from incarceration)</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*To avoid disruption in service, children/youth currently served by HHP/WPC will transition into ECM on January 1, 2022, and be reassessed.*
WPC/HHP Member Transition to CalAIM

- All WPC/HHP enrolled members will automatically be approved for ECM
  - Reassessment required within six months
    - Ensure appropriate level of case management (ECM, Complex Case Management, Basic Case Management) and non-duplication of services
    - Evaluate member’s current needs
    - Update member’s plan of care
Population of Focus: Homeless

Person experiencing homelessness*

Complex physical/behavioral/developmental health

Unable to self-manage health successfully

Health outcomes would improve with service coordination

OR

High-cost services would decrease with coordination

* New HUD homelessness definition: Lacks adequate nighttime residence, primary residence is public place not used for habitation, living in a shelter, exiting an institution to homelessness, will lose housing in next 14 days, unaccompanied youth, homeless families with children, victims fleeing domestic violence
CalOptima ECM-Eligible Population: Homeless

<table>
<thead>
<tr>
<th>CalOptima Homeless Population of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Only</td>
</tr>
<tr>
<td>OneCare/Medi-Medi</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeless Distribution of Complex Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>With a Complex Physical Condition</td>
</tr>
<tr>
<td>With a Complex Behavioral Health Condition</td>
</tr>
<tr>
<td>With a Developmental Health Condition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Network Member Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN/COD: 786</td>
</tr>
<tr>
<td>CHOC: 33</td>
</tr>
<tr>
<td>Monarch: 476</td>
</tr>
<tr>
<td>Arta Western: 329</td>
</tr>
<tr>
<td>AltaMed: 280</td>
</tr>
</tbody>
</table>
**Population of Focus: High Utilizers**

Frequent use of Emergency Department* could be avoided with better outpatient care/treatment adherence

OR

Frequent unplanned hospitalizations** could be avoided with better outpatient care/treatment adherence

OR

Frequent Skilled Nursing Facility stays*** could be avoided with better outpatient care/treatment adherence

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* 6 or more Emergency Department visits within 12 months
** 2 or more unplanned hospital admissions within 12 months
 ***2 or more skilled nursing facility stays (does not include custodial care/Long-Term Care)
CalOptima ECM-Eligible Population: High Utilizers

<table>
<thead>
<tr>
<th>CalOptima High Utilizer Population of Focus</th>
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</thead>
<tbody>
<tr>
<td>Medi-Cal Only</td>
</tr>
<tr>
<td>OneCare/Medi-Medi</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Network Member Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN/COD: 3,753</td>
</tr>
<tr>
<td>CHOC: 692</td>
</tr>
<tr>
<td>Monarch: 1,666</td>
</tr>
<tr>
<td>Arta Western: 1,003</td>
</tr>
<tr>
<td>AltaMed: 894</td>
</tr>
</tbody>
</table>
Population of Focus: SMI/SUD

County Specialty Mental Health/Drug Medi-Cal eligible

Complex social factor influencing health

At least one of the below

- At high risk for institutionalization
- Pregnant or parenting
- ER visit for SUD/alcohol use
- Use of crisis services/ER/urgent care/hospital for primary care
- Overdose/at risk of overdose
- At risk of suicide
- Admission for SUD/alcohol use
CalOptima ECM-Eligible Population: SMI/SUD

<table>
<thead>
<tr>
<th>CalOptima SMI/SUD* Population of Focus</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Only</td>
<td>16,819</td>
<td></td>
</tr>
<tr>
<td>OneCare/Medi-Medi</td>
<td>1,458</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Health Network Member Distribution</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN/COD: 3,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser: 1,014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Care: 560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOC: 684</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prospect: 896</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMVI: 252</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monarch: 3,018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Choice: 854</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPN-Regal: 166</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arta Western: 1,308</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talbert: 745</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMVI/Prospect: 49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AltaMed: 963</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noble: 381</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COD/Medi-Medi: 4,099</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Data sources for SUD member identification are pending
Population of Focus: Transitioning From Incarceration

Transitioning from incarceration*

Has one of these conditions

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Chronic disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic brain injury</td>
<td>HIV</td>
</tr>
<tr>
<td>Chronic mental illness</td>
<td>SUD</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>Developmental disability</td>
</tr>
</tbody>
</table>

* Within the past 12 months
Population of Focus: LTC

- Eligible for LTC and at risk of institutionalization
- Able to reside safely in community with support

OR

- A nursing facility resident who is a strong candidate for community transition
- Desires community living
Population of Focus: Child/Youth

- High Utilizers

  OR

- SED/high psychosis risk

  OR

- Involvement/history of involvement with Child Welfare*

  OR

- Transitioning from incarceration to community

  OR

- WCM and additional needs

* Including foster youth up to age 26
CalAIM ECM Outreach Plan

- Designed to meet the unique needs of each Population of Focus
  - Homeless population outreach
    - Personal Care Coordinators offer services at shelters, navigation centers and recuperative care facilities
    - Clinical Field Team/Homeless Response Team are in-person contacts
  - High utilizer outreach
    - During discharge planning
    - At Interdisciplinary Care Team meetings
    - Multimodal approach (telephonic, e-communication, in-person)
  - SMI/SUD outreach
    - At Interdisciplinary Care Team meetings
    - Offer services where members receive care
In Lieu of Services (ILOS)

- Definition of ILOS
  - Flexible wrap-around services
  - Authorized and identified in the state’s Medi-Cal Managed Care Plan contracts
  - Optional for both the plan to offer and the beneficiary to accept
  - Provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission, emergency department use or delay in discharge
## DHCS ILOS Options

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2. Housing Deposits</td>
<td>9. Community Transition Services/Nursing Facility Transition to a Home</td>
</tr>
<tr>
<td>3. Housing Tenancy and Sustaining Services</td>
<td>10. Personal Care and Homemaker Services</td>
</tr>
<tr>
<td>4. Short-Term Post-Hospitalization Housing</td>
<td>11. Environmental Accessibility Adaptations (Home Modifications)</td>
</tr>
<tr>
<td>5. Recuperative Care (Medical Respite)</td>
<td>12. Meals/Medically Tailored Meals</td>
</tr>
<tr>
<td>6. Respite Services</td>
<td>13. Sobering Centers</td>
</tr>
</tbody>
</table>

Refer to Appendix J: In Lieu of Services Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations
CalOptima’s Proposed Approach

- Build upon WPC and HHP infrastructure
- ECM/ILOS providers will need to pass readiness assessment

<table>
<thead>
<tr>
<th></th>
<th>ECM</th>
<th>ILOS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contracting</strong></td>
<td>CalOptima to contract with HHP Community-Based Care Management Entities (CB-CMEs)</td>
<td>CalOptima to contract directly with WPC and HHP ILOS providers</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>State funded</td>
<td>No initial funding expected from State</td>
</tr>
</tbody>
</table>
Providers Readiness Assessment

CalOptima will collaborate with ECM and ILOS providers to ensure readiness on the following, as applicable, but not limited to:

- WPC and HHP transition plan
- Model of Care expectations
- Network adequacy
- Provider capacity
- Policies and procedures compliance

<table>
<thead>
<tr>
<th>Proposed Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2021</td>
</tr>
<tr>
<td>Request for Proposal and Consultant selection</td>
</tr>
<tr>
<td>Fall 2021</td>
</tr>
<tr>
<td>Conduct Readiness Assessment</td>
</tr>
</tbody>
</table>
Provider Training

- Provider training will be conducted either via in-person sessions, webinars and/or calls
- Training shall encompass:
  - Program overview
  - Member care plan, care coordination and care transitions expectations
  - Community resources, referral process, as well as operational and condition-specific trainings
  - Special populations
  - Social determinants of health
  - Motivational interviewing, trauma-informed care
  - Health literacy assessment and information sharing
## Next Steps

<table>
<thead>
<tr>
<th>2021–22</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2021</td>
<td>Seek CalOptima Board approval for DHCS submission</td>
</tr>
<tr>
<td>July 2021</td>
<td>Submit completed Model of Care (MOC) Template Part 1 to DHCS</td>
</tr>
<tr>
<td>Late Summer</td>
<td>Obtain DHCS approval of completed MOC Template Part 1</td>
</tr>
<tr>
<td>October 2021</td>
<td>Submit completed MOC Template Part 2 (provider capacity and contract templates) deliverable due to DHCS</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>Hold stakeholder planning event</td>
</tr>
<tr>
<td>Fall 2021</td>
<td>Complete readiness assessments and provider training</td>
</tr>
<tr>
<td>December 2021</td>
<td>Sunset WPC and HHP</td>
</tr>
<tr>
<td>January 2022</td>
<td>Go-live with ECM and Phase 1 ILOS</td>
</tr>
</tbody>
</table>
Questions

businessintegration@caloptima.org
Our Mission
To provide members with access to quality health care services delivered in a cost-effective and compassionate manner