CalOptima's CalAIM
Frequently Asked Questions (FAQ)

Enhanced Care Management (ECM):

1. What is ECM?

   ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social circumstances. Members are assigned an ECM Lead Care Manager (LCM) who provides high-touch, community-based, comprehensive care management and care coordination. ECM builds on both the design and the learning from the Whole-Person Care (WPC) pilots and the Health Homes Program (HHP). For more detailed information, please see page 4–5 of the Department of Health Care Services (DHCS) CalAIM Enhanced Care Management Policy Guide linked here.

2. What are the criteria for ECM?

   To be eligible for ECM, members must be enrolled in Medi-Cal Managed Care and meet the eligibility criteria of at least one of the CalAIM ECM Populations of Focus (POF). The POF definitions can be found on pages 11–17 of DHCS' CalAIM Enhanced Care Management Policy Guide.

3. Can some members have more than one POF?

   Yes, members may have more than one POF and will receive the same ECM services, regardless of POF.

4. Who will authorize the ECM services?

   The member's health network (HN) is responsible for evaluating member eligibility for ECM and for authorizing ECM services for their assigned members.

5. Who will provide ECM services?

   In Orange County, the majority of CalOptima's delegated HNs currently serve as CalAIM ECM providers and are responsible for providing the seven core components of ECM services including:

   1. Outreach and engagement
   2. Comprehensive assessment and care management plan
   3. Enhanced coordination of care
   4. Health promotion
   5. Comprehensive transitional care
   6. Member and family supports
   7. Coordination of and referral to community and social support services

Please see the DHCS CalAIM Enhanced Care Management Policy Guide Appendix B on page 48–56, linked here, for additional guidance and examples of ECM services.

CalOptima ECM providers (information available in CalOptima's Provider Directory):

- AltaMed Health Services
- AMVI Medical Group
- CalOptima Community Network
- CHOC Health Alliance
- Family Choice Medical Group
- Noble Mid-Orange County
- Optum Care Network Arta
- Optum Care Network Monarch
- Optum Care Network Talbert
- Prospect Medical Group
- United Care Medical Group

6. How does CalOptima define and identify members with needs related to social determinants of health (SDOH)?

   SDOH are the environmental conditions where people are born, live, learn, work, play, worship, as well as their age, that affect a wide range of health, functioning and quality-of-life outcomes and risks. For each POF, CalOptima will use all available data sources — including ICD-10 diagnoses — to identify one of the SDOH. Needs regarding SDOH are more frequently identified by a provider or community partner working with the member.

7. How does CalOptima plan to outreach to members at risk of being homeless and are limited English proficiency (LEP), as well as CalOptima members at risk of being homeless due to the pandemic?

   CalOptima's ability to identify members at imminent risk of homelessness will be largely based on information received from an impacted member, family member or from their health care team (provider, hospital, case manager, Community-Based Organization). In addition, CalOptima provides interpreter services, bilingual staff and materials in other languages to connect with individuals with LEP.

8. Is CalOptima planning on following the same system developed for HHP in terms of sending out a finalized engagement list (FEL) with eligible ECM members to the HNs?

   CalOptima is providing a monthly list to the HNs of their members meeting criteria for inclusion in a POF.

9. What is Orange County Behavioral Health Services' role in CalAIM?

    CalOptima is working with the county to coordinate the provision of ECM services through Orange County Behavioral Health Services for member who are authorized for ECM under the Serious Mental Illness (SMI)/Substance Use Disorder (SUD) POF.

10. Will the Orange County Health Care Agency be held to the same ECM provider requirements as the other ECM providers?

    Yes, the county is contracted as an ECM provider for members eligible in the SMI/SUD POF, and they are responsible for delivering the seven ECM core service components, which includes outreach and engagement services.

11. Who will be financially responsible for the ECM services provided by the county?

    Similar to the financial structure that CalOptima created to provide Community Supports to eligible members, CalOptima will be financially responsible for the ECM services provided by the county. The county will submit claims directly to CalOptima for payment.

12. How will a member be notified that they will receive ECM services from the county?

    If a member meets the criteria for ECM and is authorized for services, the county, CalOptima and the HNs will collaborate on providing approval of ECM services notices to the member.

13. How will the HNs and the county collaborate and share data?

    The county and HN case managers will be responsible for sharing information via SFTP, secure email, telephonically and CalOptima Connect.

14. What are the reassessment timescales for ECM (after the initial six months)?

    To ensure members receive the most appropriate level of care management or coordination of services, the frequency of ECM reauthorization will not be more than every six months.

15. Will CalOptima be sharing the staffing ratios expected for the ECM program or those that CalOptima Community Network (CCN) is planning on using?

DHCS did not provide a staffing ratio model for the number of members who can be served by each care manager. CalOptima is relying on its HHP experience to assist in the number of staff needed for ECM.

16. How will ECM providers be paid?

    ECM payment is on a Per Eligible Per Month basis. ECM providers will only receive payment if an ECM member received 12 units of service per month. Engagement and outreach services count towards the 12-unit threshold.

17. Can a member's Personal Care Coordinator (PCC) be the LCM?

    Yes, a PCC can be the LCM, but they must be working with a registered nurse as part of the member's care team. The LCM is responsible for interacting directly with the member and/or family, authorized representatives (ARs), caretakers, and/or other authorized support persons, as appropriate. At a minimum, they are also responsible for engaging with a multidisciplinary care team to identify gaps in the member's care and ensure appropriate input is obtained to effectively coordinate all primary, behavioral, developmental, oral health, Long-Term Services and Supports (LTSS), Community Supports and other services that address SDOH, regardless of setting.

18. How do the HNs track referrals and what information does CalOptima need? Is there a universal procedure for this, such as a predetermined format for Community Supports providers to report back to the HNs or do they create their own?

    The HNs would need to track both authorized services for their assigned members and be able to track whether services have been initiated. HNs can create their own procedure for this and will be required to submit this information for reporting purposes to CalOptima.

19. If CalOptima already has it in place, can CalOptima provide a list of the file names, frequency of when they are sent to the HN each month, and location (if different than the secure file transfer protocol (SFTP)) for CalAIM?

    The ECM Activity Log will be provided weekly, and the Outbound ECM member eligibility will be provided Monthly.

Community Supports:

20. What are Community Supports?

    Community Supports are wrap-around services that CalOptima may offer in place of services or settings covered under the California Medicaid State Plan that are medically appropriate and cost-effective alternatives to State Plan Covered Services. Members

may choose to receive services if they are eligible. The following are CalOptima's Community Supports offerings and their effective dates of implementation:

No sooner than January 1, 2022:

1. Housing navigation transition services
2. Housing deposits
3. Housing tenancy sustaining services
4. Recuperative care

No sooner than July 1, 2022:

5. Short-term post-hospitalization housing
6. Day habilitation programs
7. Personal care and homemaker services
8. Medically tailored meals
9. Sobering centers

No sooner than January 1, 2023:

10. Respite services
11. Nursing facility transition/diversion to assisted living facilities
12. Community transition services/nursing facility transition to a home
13. Environmental accessibility adaptations (home modifications)
14. Asthma remediation

For more detailed information, please see page 3–5 of the DHCS CalAIM Community Supports Policy Guide linked here.

21. What are the criteria for Community Supports?

Community Supports are medically appropriate and cost-effective alternatives to services covered under the State Plan. For a list of the 14 preapproved Community Supports and their eligibility criteria, please see the DHCS CalAIM Community Supports Policy Guide on page 7–55 linked here.

22. Are there specific providers that all HNs will be required to use for Community Supports?

CalOptima will be financially responsible for Community Supports, and the HNs will remain responsible for authorization and care coordination for members receiving Community Supports. CalOptima will notify HNs of all contracted Community Supports providers and expects HNs to collaborate with CalOptima to coordinate care.

CalOptima's existing Community Supports provider network includes:

- American Family Housing
- Blue Sky Manor Inc.
- Community Action Partnership of Orange County
- Friendship Shelter
- Jamboree Housing
- Lutheran Social Services of Southern California
- Mercy House
- Volunteers of America of Los Angeles

23. If a client is authorized for housing navigation or sustaining services, are they automatically authorized for a housing deposit?

    Housing navigation is a separate Community Support from housing deposits. A separate referral and authorization is needed for housing deposits.

Other CalAIM:

24. Under CalAIM, will some or all specialty Medi-Cal mental health services managed by the county be integrated into a single managed care network overseen by CalOptima (e.g., Medi-Cal-funded children's outpatient mental health clinics)?

    As currently proposed in the CalAIM proposal, the full integration plan proposal will occur no sooner than 1/1/2027.

25. Will entities and groups like emergency shelters and field-based teams that are currently access points for services be able to receive payment for making referrals?

    Anyone can make a referral; however, there are no payments for referring members to ECM/Community Supports services.

26. Do CalOptima members have appeal rights?

    Per DHCS guidance and CalOptima Policy, members have a right to appeals for ECM and Community Supports services. For members who were not authorized to receive ECM, CalOptima must follow its standard Grievances and Appeals process outlined in Exhibit A, Attachment 14, Member Grievance and Appeal System, and APL 17-006: Grievance and Appeal Requirements and Revised Notice Templates and "Your Rights" Attachments. Members always retain the right to file appeals and/or grievances if they request one or more Community Support offered by CalOptima but were not authorized to receive the requested Community Support because of a determination that it was not medically appropriate or cost effective.

27. Do CalAIM members qualify for CalOptima's Pay for Value (P4V) program?

CalOptima's P4V programs apply to all contracted networks and CCN PCPs. All members are included to the extent that they qualify for Healthcare Effectiveness Data and Information Set (HEDIS) measures. There are no measures specific to CalAIM, and the P4V program does not extend to providers who are not designated PCPs.