Sacramento PATH Collaborative Planning and Implementation (CPI) Meeting

June 21, 2023

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What we will accomplish together today:

Topic or Activity	Presented by	Time
Welcome and Introductions • Housekeeping (Agenda review)	Meghan Sevilla	2 min
Revisiting our PATHway Here • Introduction to Plan – Do – Study – Act (PDSA) • Discussion about updated North Star (Aim statement)	Rana Suliman	20 min
ECM/CS Enrollment Data Update & Referrals Next Steps • Updated ECM/CS Enrollment data • Community Referral Toolkit • Shared Platform: SharePoint preview!	Keri Arnold	25 min
Policy Headlines	Meghan Sevilla	2 min
Community Updates • Incentive Payment Program (IPP) Round 2 Update	Amber Kemp (Health Net), Tara Brickey (Anthem)	5 min
Justice-Involved Population 101	Sacramento Managed Care Plans (MCPs)	30 min
Wrap Up & Next Steps	Rana Suliman	3 min

Smile, you're on camera 🙂

We will start the recording of our Collaborative's session today to share with those who were not able to join us!

Preparing to Measure Our Progress: A Quick Overview of PDSAs
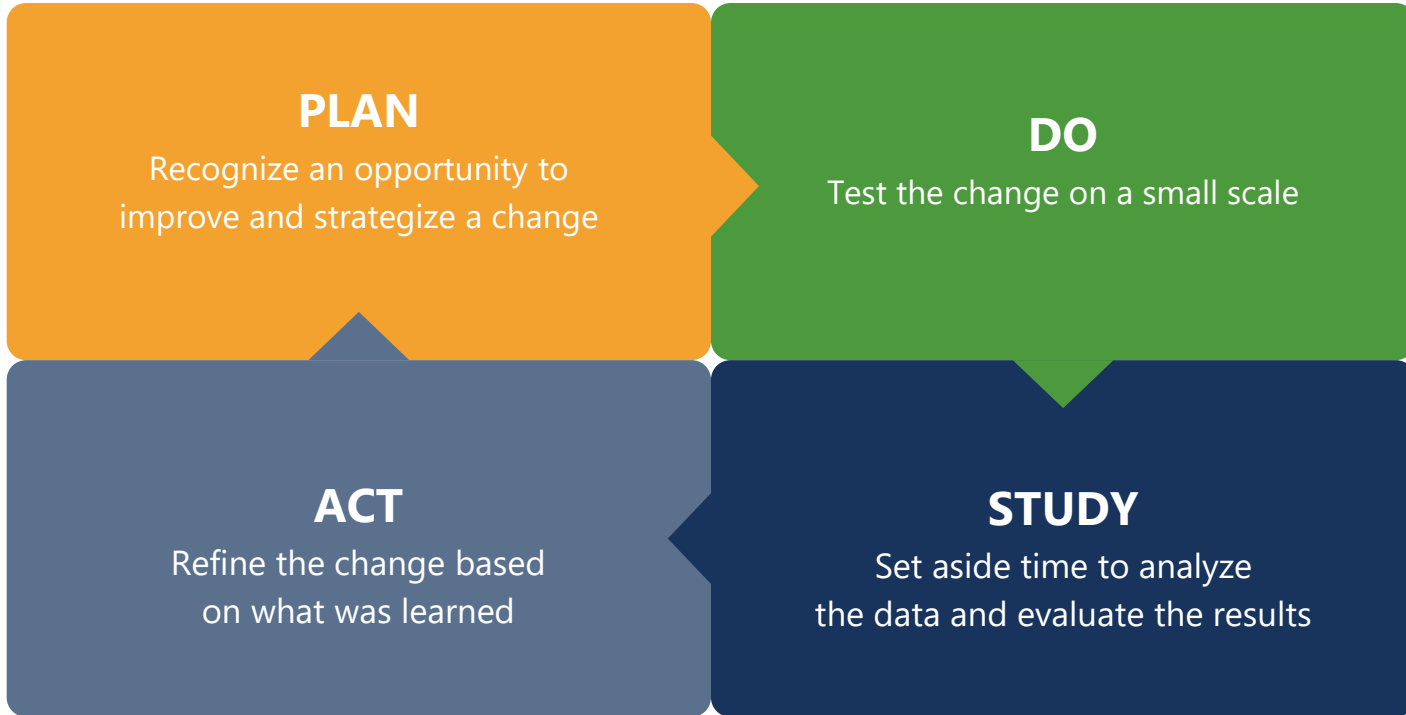
Up Next: Plan - Do - Study - Act (PDSA)

We will be instituting **PDSA cycles** to test a small change to determine its **efficiency and effectiveness** to reach our arching Collaborative Goals of increasing enrollment and referrals into ECM/CS Services

These **small** changes could be:

o Testing the provider directory to determine if it helps to streamline communication and access with and to other providers within Sacramento County, etc.

o Testing the usage of an outreach flyer to see if it increases the number of incoming referrals.

Plan - Do - Study – Act (PDSA)

PLAN
Recognize an opportunity to improve and strategize a change

DO
Test the change on a small scale

ACT
Refine the change based on what was learned

STUDY
Set aside time to analyze the data and evaluate the results

Why Do PDSAs Matter?

Because every improvement requires change but not all changes lead to improvement.

PDSA's help evaluate which factors worked, what should be changed and what factors were not efficient.

PDSA's are a living evaluation that can test the effectiveness of efforts to increase enrollment and referrals.

ECM and Community Supports are a new way of working with different providers with different areas of expertise. To support these valuable services being available to more individuals, we need to test how we can do our best work together.

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PDSAs – What is Your Role?

Why PDSAs?	Considerations
To test which of several possible or proposed changes will lead to the desired improvement	Review the objective
To decide which combinations of changes will have the desired effects	Consider the system that relates to that objective: what system will be affected by the improvement efforts?
To determine how much improvement a specific change might produce	Be sure that the team includes members familiar with all the different parts of the process. Who works within the process?

What is your role?
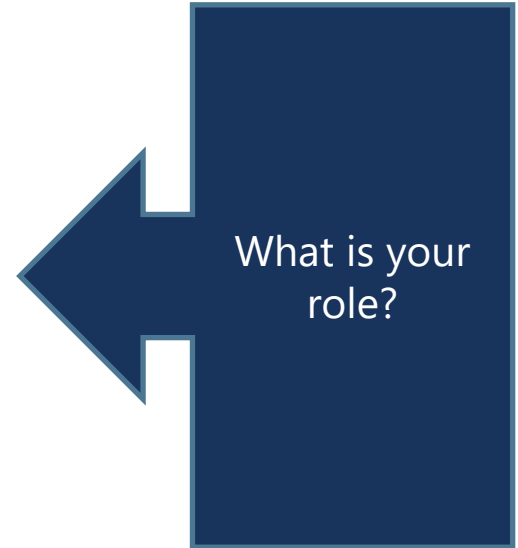
Plan
- Describe the test briefly
- Determine how you will know that the change is an improvement
- Think about what driver the change impact? What to you predict will happen?

Do
- Did we follow the plan? Were activities carried out according to plan?
- Record observations and data.
- What did you observe that was not part of the plan?

Act
- Are you Adopting, Adapting or Abandoning?
- Select changes to implement, improve and continue testing; discard the change

Study
- Did the results match your predictions?
- Compare the results of your test to previous performance
- What did you learn?

PLAN

- What is the objective?
- The idea or change to be tested?
- What questions do you want to answer?
- What do you predict are the answers?
- Develop a testing strategy?
- Data collection plan?

Global Aim: *The Happy Healthy Clinic is trying to improve the experience of patients and staff while increasing clinic efficiency.*

SMART Aim: *Reduce the time spent in the waiting area from 25 minutes to 10 minutes in clinic in four months.*

PLAN

Happy Health Clinic introduces one 10-minute huddle between one nurse, one physician, and one medical assistant in hopes that it'll minimize wait times.

They're planning to implement the huddle on a small scale: Implement the change (10-minute huddle) on one day of the week to assess efficiency of change.

DO

On a Monday, 1 nurse, 1 physician, and 1 medical assistant do a pre-clinic huddle.

All data collected on the day of implementation will be assessed.

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Global Aim: *The Happy Healthy Clinic are trying to improve the experience of patients and staff while increasing clinic efficiency.*

SMART Aim: *Reduce the time spent in waiting area from 25 minutes to 10 minutes in clinic in four months.*

STUDY

At the conclusion of the one-day test trial of the pre-clinic huddle, the team reviews the metrics collected:
1. Did all three people attend the pre-clinic huddle?
2. How long did the huddle take to complete?
3. Feedback from participants; and
4. Was the clinic's efficiency (e.g. time spent in the waiting room) positively or negatively impacted by the change?

ACT

After reviewing data that reported the pre-clinic huddle took 16-minutes to complete, not 10 minutes, the team decides to adapt their approach.

During the next small-scale test, the team will have clearly defined roles and clarity on information to be shared in the pre-clinic huddle.

After getting a quick rundown on what a Plan-Do-Study-Act (PDSA) cycle is, which of the following do you feel you can reasonably commit to completing a PDSA cycle on?

Category	Percentage
Shared Platform (SharePoint) usage	13%
Points of Contact: MCP support for referral completion	11%
Case study on successful referrals and enrollments transitioning from Project Room Key (PRK) Motels	13%
Client outreach and education	28%
Provider outreach and education	17%
Utilization of referral toolkit (iterative, will continue to evolve)	8%
ECM/CS referral trainings (TBD)	11%

Updated ECM/CS Enrollment Data

Updated June 2023

ECM Population of Focus	Aetna*			Anthem			HealthNet			Kaiser Permanente			Molina			Total		
	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023
Adult – At Risk for Institutionalization eligible for LTC			36	1	3	5	-	1	3	-	-	-	-	-	2			**46**
Adult – Experiencing Homelessness			60	97	117	129	141	137	156	135	129	117	188	199	249			**711**
Adult – High Utilizers			232	285	328	59	297	456	440	86	91	80	423	401	347			**1,158**
Adult – Intellectual or Developmental Disabilities (Not reported to state)			0	-	-	-	-	-	-	-	-	-	-	-	-			**-**
Adult- Nursing Home Transitioning to Community			8	-	-	1	1	1	1	-	-	-	-	-	-			**10**
Adult – Transitioning from Incarceration (WPC)			0	-	1	3	5	7	9	-	-	-	2	5	7			**19**
Families – Experiencing Homelessness			-	-	-	-	-	-	-	-	-	-	-	-	-			**-**
Adult – SMI/SUD			206	323	411	97	297	227	265	92	96	95	128	153	221			**884**
Child – Homelessness			-	-	4	-	-	1	1	4	4	4	2	1	1			**6**
Child – High Utilizers*			-	4	5	-	7	3	6	2	1	1	24	23	19			**26**
Child – SED*			-	5	7	-	3	3	1	1	-	-	3	2	1			**2**
Child - Child Welfare*			-	-	-	-	-	-	-	-	-	-	-	-	-			**-**
Child - CCS*			-	-	-	-	3	-	-	-	-	-	-	-	-			**-**
Total			542	715	876	294	754	836	882	320	321	297	770	784	847			**2,864**

Aetna's 2022 Q3 and Q4 data is being finalized with DHCS.

Community Support	Aetna*			Anthem			HealthNet			Kaiser Permanente			Molina			Total		
	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023	Q3 2022	Q4 2022	Q1 2023
Housing Transition Navigation Services			125	600	297	329	83	171	125	296	359	416	199	212	263			**1,258**
Housing Deposits			9	39	35	40	-	1	5	-	-	31	11	14	16			**101**
Housing Tenancy and Sustaining Services			1	305	15	40	21	16	21	50	39	31	21	20	10			**103**
Short-Term Post-Hospitalization			2	4	35	5	-	-	1	-	-	-	0	3	4			**12**
Recuperative Care (Medical Respite)			15	48	-	35	1	-	2	-	-	-	7	11	9			**61**
Respite Services			-	-	-	-	-	-	-	-	-	-	0	1	2			**2**
Day Habilitation Programs			-	-	-	-	-	-	-	-	-	-	0	0	0			**0**
Nursing Facility Transition/Diversion to Assisted Living Facilities			-	-	-	10	-	-	-	-	-	-	0	0	0			**10**
Community Transition Services/Nursing Facility Transition to a Home			-	-	-	-	-	-	-	-	-	-	0	0	0			**0**
Personal Care and Homemaker Services			-	-	-	2	-	-	-	-	-	-	1	1	0			**2**
Environmental Accessibility Adaptations (Home Modifications)			-	-	-	4	-	-	-	-	-	-	0	0	0			**4**
Medically Tailored Meals/Medically-Supportive Food			8	-	-	54	18	19	22	-	-	-	28	16	17			**101**
Sobering Centers			18	-	-	-	-	7	17	-	-	-	1	6	14			**49**
Asthma Remediation			-	-	-	-	-	-	-	-	-	-	0	0	0			**0**
Total			178	996	382	519	123	214	193	346	398	478	268	284	335			**1,701**

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*Aetna's 2022 Q3 and Q4 data is being finalized with DHCS.

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Changes to the Sacramento Collaborative's Aim Statement

To strengthen system-wide support and create a clear direction for Enhanced Care Management (ECM) and Community Supports (CS) services in Sacramento County

»»

To increase Enhanced Care Management (ECM) enrollments by 10% and Community Support (CS) enrollments by 5% in Sacramento County by December 31, 2023.

- In Sacramento County, increased enrollments will be achieved through a focus on increasing **referrals**.

Working Towards Progress

☑ Capacity-building trainings to support implementation efforts

☑ Need for more client and community awareness about ECM and/or CS

☑ Variations in referral processes

☑ Providers don't know who provides which ECM/CS services and to which population within their communities

☑ Central location to store and access resources (community or otherwise)

☐ Billing and Claims 📢 *Upcoming: Billing and Claims Workgroup for Sacramento ECM/CS Service Providers*

COMING SOON
STAY TUNED

SacPATH@transformhc.com

Sacramento Collaborative Resource Sharing

Types of resources that will be available on our SharePoint Site:

o Collaborative Meeting Presentations

o Meeting Recordings

o Upcoming Community Referral Toolkit

o Resources submitted to be shared from our Collaborative Partners

o Provider Directory

o Links to upcoming relevant events

Community Referral Toolkit: Proposed Contents

⚙ **Referral Forms**
- Joint ECM Referral Form
- Joint CS Referral Form:
🎉COMING SOON! (for Sacramento only)

⚙ **Outreach Materials**
- Client Outreach
- Community Outreach
- Provider to Provider Outreach

⚙ **MCP Resources**
- Pre-Referral
- Making a Referral
- Post-Referral

⚙ **Community Resources**
- Provider Directory
- Community Sourced ECM/CS Forms
- Bank of Best Practices

Sacramento Collaborative Resource Sharing

Let Us Know!

If you have templates or outreach materials you would like to share with the Collaborative, please send them to us at SacPATH@transformhc.com and we will post them on the Sacramento Collaborative SharePoint site.

Policy Updates

Policy Headlines

- Upcoming DHCS Webinar on Children and Youth Population of Focus (POF)
  - Webinar will be held on June 23rd at 1-2:30 pm PT

- Upcoming DHCS Changes for ECM and Community Supports
  - Improving transparency of implementation data
  - Increasing ECM and Community Supports uptake through more standardization
  - Establishing continuity of care policies for ECM and Community Supports in the 2024 MCP transition

- Resources and Funding Opportunities for ECM/CS Providers
  - PATH TA Marketplace - Marketplace provides no-cost TA resources to providers, counties, hospitals, CBOs and others.
  - DSA Signatory Grant Opportunities
    - TA grants for meeting DSA requirements
    - Qualified Health Information Organization (QHIO) Onboarding Grants for initial costs of connecting to QHIO.

Community Updates

Public Consulting Group (PCG) Survey Reminder

If you've not yet done so, please complete the CA PATH CPI Participant Experience Survey, created and managed by the Third-Party Administrator, PCG:

https://pcgus.jotform.com/231447482540859

June

30

Last day to submit!

CalAIM Incentive Payment Program (IPP) Round 2

PATH CPI Meeting

June 21, 2023

CalAIM Incentive Payment Program (IPP) Overview

- The launch of ECM and CS requires significant investments in care management capabilities, infrastructure, IT and data exchange, and workforce capacity at both MCP and provider levels.

- The State views incentive payments as a **critical component** of CalAIM to **promote MCP and provider participation in and capacity building** for ECM and CS and other CalAIM initiatives.

- **This is the second round of CalAIM IPP Funding**. The grant period is January 1, 2023 - June 30, 2024, contingent on availability of funding. Funds awarded in this round must be spent within the grant period.

- **CalAIM IPP is intended to support the implementation and expansion of CalAIM provider networks** in the following ways:
  - Build appropriate and sustainable capacity and capabilities;
  - Drive MCP investment in necessary delivery system infrastructure;
  - Bridge current silos across physical and behavioral health care service delivery;
  - Reduce health disparities and promote health equity;
  - Achieve improvements in quality performance; and
  - Incentivize MCP take-up of CS.

Applying for IPP Round 2

The MCPs have jointly developed an application for Sacramento County. **The application was released on June 15. The submission portal opens July 14.**

This is the second round of IPP Funding.

The grant period is **January 1, 2023 – June 30, 2024,** contingent on available funding.

The application is intended to **focus on investments that will directly impact priority areas defined by DHCS** and for
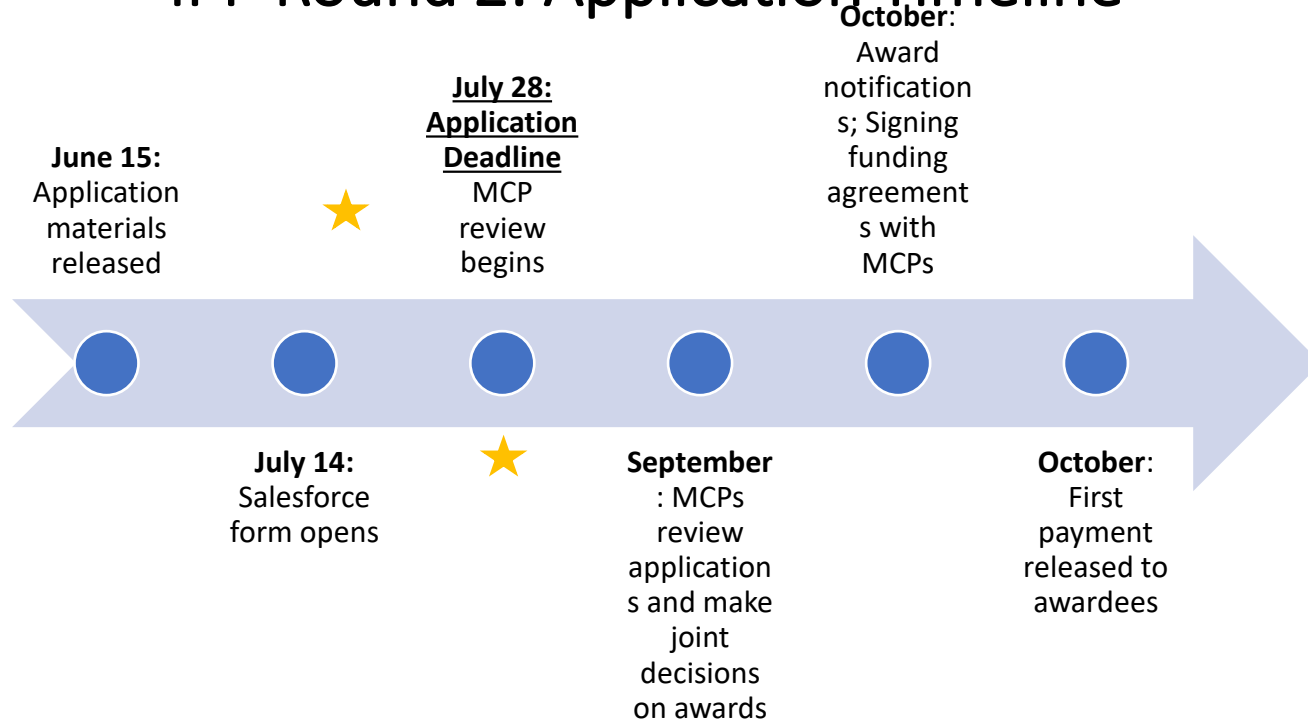
Applications are to be submitted online, starting Friday, July 14 and closing at **5:00 PM PST on Friday, July 28.**

We are excited about the opportunity these investments will afford in building the infrastructure and capacity necessary to deliver on the promise of CalAIM.

IPP Round 2: Application Timeline

June 15: Application materials released

July 14: Salesforce form opens

July 28: Application Deadline MCP review begins

September: MCPs review applications and make joint decisions on awards

October: Award notifications; Signing funding agreements with MCPs

October: First payment released to awardees

IPP Round 2: Eligibility Criteria

To apply for IPP funds, applicants must:

- Currently contract with or be in the process of contracting with one or more MCPs for services related to the application. <u>Providers eligible for Round 2 funding must meet one of the following:</u>
    - Offering Enhanced Care Management for new populations:
        - Adults at risk of institutionalization and eligible for long-term care
        - Adult nursing facility residents transitioning to the community
        - Children and Youth
        - Individuals with Developmental Disabilities
        - Individuals Transitioning from Incarceration
        - Birth Equity Population
    - Did not receive IPP Round 1 funding
    - Adding a new service since Round 1
    - Has not previously received IPP or PATH CITED funding for the same scope

    MCPs will also be prioritizing:
    - Providers who specialize in serving diverse and/or underserved populations
    - Housing-related providers addressing racial disparities

- Attend a CalAIM Incentive Payment Program (IPP) Application webinar or watch a recording of the webinar by July 13 at 12 PM.

How to Apply

Application was emailed on 6/15/23 to providers

Compile application materials and prepare submission from 6/15/23 to 7/28/23

Complete **electronic application via Salesforce** starting 7/14/2023. **Paper copies will not be accepted.**

Submit your application by no later then 5:00 pm PST on **7/28/2023**

Need Help?

- Join the June 29 3 PM Training Webinar. Register here: https://us06web.zoom.us/webinar/register/WN_B0yTTkwaQPyPEysXJJAJiA#/registration

- Watch the training webinar recording, when available. Email saccalaimroundtable@transformhc.com
  - Please note, to be eligible to apply for IPP Round 2 funding you must attend a webinar or watch the recording by July 13 at 12pm.

- Email us if you have any questions or need technical support, please at: saccalaimroundtable@transformhc.com
  - Transform Health checks this inbox every day and will respond within 3 business days
  - If the question is complex or requires MCP input, Transform Health will provide an update on when you can expect a response

Justice-Involved Population 101

Sacramento Managed Care Plans

Smile, you're on camera ☺

We will stop the previous recording and start it again to capture the Justice-Involved Population presentation separately.

CalAIM Enhanced Care Management
Justice-Involved Population of Focus Overview

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness*	✓	
1b	Individuals Experiencing Homelessness: *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness*	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (*Formerly "High Utilizers"*)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Individuals with I/DD	✓	✓
10	Pregnant and Postpartum Individuals; Birth Equity Population of Focus	✓	✓

Source: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf

Enhanced Care Management Justice-Involved Population of Focus Overview

Population of Focus Eligibility Criteria – Adults Transitioning from Incarceration

Adults who:

(1) Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months;

AND

(2) Have at least one of the following conditions (See Appendix C for definitions):

(i) Mental illness;

(ii) SUD;

(iii) Chronic Condition/Significant Clinical Condition;

(iv) I/DD;

(v) Traumatic Brain Injury (TBI);

(vi) HIV/AIDS;

(vii) Pregnancy or Postpartum.

Enhanced Care Management Justice-Involved Population of Focus Overview

These eligibility criteria align with the eligibility criteria for targeted pre-release services that will be available to Members in correctional facilities as requested in California's 1115 Demonstration Amendment and Renewal Application. As such, all Members who receive pre-release Medi-Cal services will be eligible to receive ECM until reassessment is conducted by the MCP, which may occur up to 6 months after release.

Note: Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in prisons, county jails and youth correctional facilities for up to 90 days prior to release.

Enhanced Care Management Justice-Involved Population of Focus Overview

Population of Focus Eligibility Criteria – Children and Youth Transitioning from a Youth Correctional Facility

Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months.

No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

Note: Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-CAL services to youth and adults in prisons, county jails and youth correctional facilities for up to 90 days prior to release.

Enhanced Care Management Justice-Involved Population of Focus Overview

Definition of Adults and Children & Youth

- "**Adult**" is defined as an individual who is 21 years of age or older
- "**Child or youth**" is defined as an individual up to age 21, which means that Children and Youth definitions for ECM apply up to age 21 (with limited exceptions as called out in following slides).

*Note - When a Member under 21 is served in ECM and does meet adult ECM criteria upon turning 21, the Member should not be disenrolled from ECM; rather, the ECM Provider and MCP should apply usual "graduation" criteria to determine when the Member is ready to disenroll.

California's 1115 Waiver Approval

California's 1115 Waiver Approval

California is the first state in the nation to get federal approval to provide pre-release services.

• In 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) which requires HHS to provide guidance to states on how to seek 1115 demonstration authority to waive the inmate exclusion in order to improve care transitions to the community for incarcerated individuals.

• Prior to HHS' release of guidance, California, along with 14 other states, submitted 1115 demonstration requests to provide pre-release services to justice-involved populations.

• Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in state prisons, county jails and youth correctional facilities for up to 90 days prior to release.

DHCS' Justice-Involved Reentry Initiative Goals

The 1115 Waiver demonstration approval represents a first-of-its-kind section initiative, focused on improving care transitions for incarcerated individuals. With the implementation of this demonstration, DHCS hopes to achieve the following:

Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.

Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.
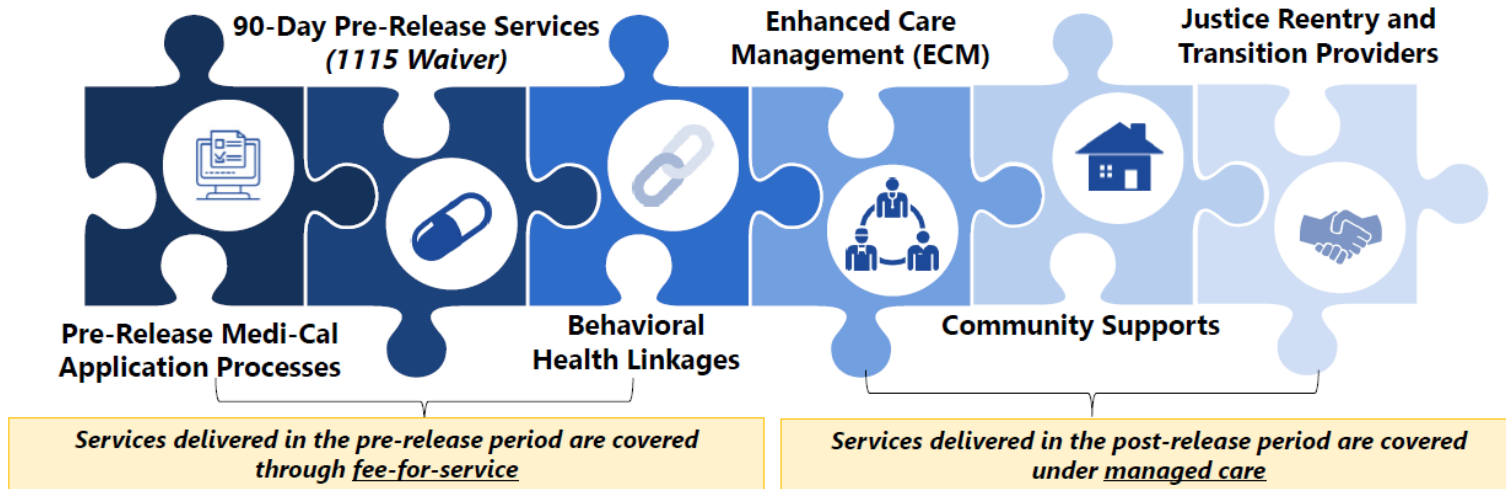
Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

Components of the CalAIM Justice-Involved Initiative

The CalAIM Justice-Involved Initiative support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.

Justice-Involved Initiative Include:

90-Day Pre-Release Services (1115 Waiver)

Enhanced Care Management (ECM)

Justice Reentry and Transition Providers

Pre-Release Medi-Cal Application Processes

Behavioral Health Linkages

Community Supports

Services delivered in the pre-release period are covered through _fee-for-service_

Services delivered in the post-release period are covered under _managed care_

DHCS: CalAIM Monthly MCP Technical Assistance Meeting – Apr 25, 2023

Covered Pre-Release Services

The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services covered under DHCS's Medicaid and Children's Health Insurance Program (CHIP) State Plans.

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.

In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

DHCS: CalAIM Monthly MCP Technical Assistance Meeting – Apr 25, 2023

Eligibility Criteria for Pre-Release Services

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the **90-day period** prior to release from correctional facilities.

Medi-Cal Eligible:
- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:
- Youth under 19
- Pregnant or postpartum

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

✓ Be part of a **Medicaid or CHIP Eligibility Group**, <u>and</u>
✓ Meet **one** of the following health care need criteria (Adults)
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)
  - Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

DHCS: CalAIM Monthly MCP Technical Assistance Meeting – Apr 25, 2023

ECM Enrollment: Correctional Facility Assigns Pre-Release Care Management/Post-Release ECM Provider

Correctional facilities will be responsible for assigning a pre-release care management provider to individuals who receive pre-release services.

» This pre-release care manager will either:
  1. Become the individual's post-release ECM provider (if the correctional facility uses an in-reach care management model); or
  2. Initiate a warm handoff prior to release with the care manager that will become the Lead Care Manager ECM provider, (if the correctional facility leverages an embedded care management model).

» DHCS encourages MCPs and correctional facilities to collaborate as appropriate on a county-specific process to determine the appropriate ECM provider assignment for each member.
  • The correctional facility should use the MCP provider directory to identify a JI ECM provider to serve the individual.
  • The correctional facility may seek assistance from MCPs, especially if the individual's MCP assignment is already known.

» Provider assignment requirements for individuals releasing to different county than correctional facility:
  • Correctional facilities must assign a pre-release, in-reach care management/post-release ECM provider that works in the county in the county of residence listed in MEDS.
  • If this provider is located in a different county than the correctional facility, pre-release services, including the warm handoff, may be conducted via telehealth.
  • Correctional facilities from out of county may reach out to the MCP contact in the county of release for assistance.

Correctional facilities will leverage the MCP Provider Directory to identify and assign pre-release care management/post-release ECM providers, so it will be critical that correctional facilities can easily identify JI ECM providers, including those that provide FFS pre-release services, in the Provider Directory.

Supporting Transition into Managed Care

The MCP must support pre-release care management providers and ECM providers (if different), with the development of a Reentry Care Plan for individuals who will be enrolled into managed care upon release.

MCPs must have processes in place to :

» Receive **member data** from correctional facility.

» Receive **reentry care plan** as part of the warm hand off.

MCPs must also ensure that the member's ECM provider:

» **Conducts a warm handoff** ideally in the pre-release period, but within one week of release if not possible pre-release.

» **Makes behavioral health linkages,** including participating in behavioral health transition meetings, warm handoffs, and follow-up planning.

» **Schedules community-based services,** including physical, behavioral health and social service appointments.

» **Connects member to Community Supports,** if offered by the plan and needed by the member.

» **Sets up non-emergency medical transportation (NEMT)** to post-release services, including on the day-of release.

Post-Release ECM Services

Once a JI individual enrolled in Medi-Cal is released into the community, the MCP is responsible for ensuring timely access to ECM services and that their reentry care plan is executed.

Reminder

MCP Enrollment will be effectuated on the day of release, so MCPs should begin to provide services (including ECM) as soon as the individual reenters the community.

Requirements

✓ MCPs must ensure that ECM services become available the day of release or as close to the day of release as possible.

✓ MCPs must ensure that ECM providers meet the JI individual within one to two days of release.

✓ MCPs must ensure that ECM providers conduct a second follow-up appointment with recently released individuals within one week of release to ensure continuity of care, a seamless transition, and to monitor progress and the implementation of the reentry care plan.

Best Practice *ECM providers should meet individuals at release.*

Care Management Plan

All ECM providers must develop a care management plan for the members that they serve. For JI individuals, the reentry care plan developed in the pre-release period will become the 'care management plan' in the post-release period.

» The ECM provider should reassess the Member's progress and changes in their needs on an ongoing basis and update their Reentry Care Plan/Care Management Plan as necessary.

» The ECM care management provider must ensure that the Reentry Care Plan reflects all Care Management Plan requirements described in the ECM Policy Guide.

Enhanced Care Management Justice-Involved Network Development

ECM Justice-Involved Population of Focus Network Development

Evidence shows and stakeholders, including individuals with lived experience, have shared with DHCS the importance of continuity of a trusted care management provider across the pre- and post-release periods. The Justice Involved Initiative accounts for the importance of this relationship through its care management model, which establishes policies that promote continuity between pre-release care management and post-release ECM providers.

The following policies promote continuity of care management in the pre- and post-release periods and require cross-MCP collaboration to execute.

Providers Must Meet Minimum Requirements	**MCPs Must Pursue Network Overlap**	**MCPs Must Ensure Network Sufficiency**

Note: *This deck does not outline all requirements for JI ECM Provider Network Development; rather it focuses on requirements that require collaboration across MCPs in a county. Please see Section 13 of the CalAIM Justice-Involved Reentry Initiative Policy and Operations Guide for complete requirements.*

ECM Justice-Involved Provider Requirements

JI ECM Providers must meet standard ECM Provider Requirements that apply to all POFs in addition to specific requirements that apply only to ECM providers that serve the JI POF.

Requirements that Apply to All ECM Providers See ECM Policy Guide for all ECM Provider requirements.	Additional JI ECM Provider Requirements
Enroll through state-level Medi-Cal enrollment pathway.	• For the JI POF, all JI ECM providers must enroll through the Provider Application and Validation for Enrollment (PAVE) system in order to provide FFS Medi-Cal services. • For CBOs that do not yet have a pathway in PAVE, DHCS is developing Medi-Cal enrollment pathway for CBOs that serve as JI ECM providers in PAVE. *DHCS will establish a glidepath for this requirement. Additional details are forthcoming.*
Have experience serving the POF.	⭐ **Best Practice** MCPs should prioritize contracting with JI ECM providers that employ individuals with lived experience, including community health workers (CHWs) *(note that this is not a requirement).*
Have capacity to provide culturally appropriate and timely in-person care management activities.	No additional requirements or recommendations that apply to JI ECM providers.
Have formal agreements and processes in place to engage and cooperate with other entities to coordinate care as appropriate for each member.	MCPs must have operational processes in place to engage and coordinate with correctional facilities.
Have expertise in providing core ECM-like services.	No additional requirements or recommendations that apply to JI ECM providers.
Must use a care management documentation system or process that supports documentation of integrated services and information.	No additional requirements or recommendations that apply to JI ECM providers.
Ensure each Member is assigned a Lead Care Manager who interacts directly with the Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate.	• **If correctional facility uses in-reach model:** Lead Care Manager must be the same person as the pre-release care management provider. • **If correctional facility uses embedded model:** Lead Care Manager must conduct a warm handoff with the pre-release care manager during the pre-release period, if possible.
Submit claims for the provision of ECM-related services to MCP using the national standard specifications and code sets to be defined by DHCS, or invoices, adhering to DHCS' billing and invoicing standards.	No additional requirements or recommendations that apply to JI ECM providers.

Questions

THANK YOU

Meeting Wrap-Up

What's Up Next?

Proposed Upcoming Topics

July

- PDSA next steps

- ECM/CS 101 training

- Children and Youth Population 101

- ECM and CS referrals training

August

- Data Sharing (in person meeting)

- SHIE Updates

- Discussion of short-term data sharing solutions

Contact Us!

- **PATH Collaborative Meetings**
  - Next meeting: Wednesday, July 19, from 11:00 AM-12:30 PM

- **Email us:** SacPATH@transformhc.com
  - Schedule a one-on-one with us!
  - Send us community updates!
  - Ask us questions!

- **Check out the PATH Collaborative website:** https://ca-path.com/collaborative

Sacramento PATH Collaborative June Appendix

Resources & Funding Opportunities for ECM/CS Providers

PATH TA Marketplace

- Marketplace provides no-cost TA resources to providers, counties, hospitals, CBOs and others.

- Register with the marketplace as a TA Recipient.

- After approval, you will be invited to shop and apply for TA through the Marketplace.

DSA Signatory Grant Opportunities

- Two grant opportunities for DxF Data Sharing Agreements (DSA) signatories:
  - **TA grants** for meeting DSA requirements
  - **Qualified Health Information Organization (QHIO) Onboarding Grants** for initial costs of connecting to QHIO.
- Three rounds of grants in 2023:
  - *Now Open!* Round 1 is open here until June 15
  - Round 2: June 30 – July 28 (est.)
  - Round 3: July 31 – Sept. 30 (est.)
- For more information, see the "DxF Grant Program" section of the DxF website.

Upcoming DHCS Webinar on Children and Youth Population of Focus (POF)

- Reminder: the Children and Youth POF goes live July 1, 2023.

- On the webinar, DHCS, providers, CBOs, and MCPs will provide:
  - Design and operational guidance on the Children and Youth POF.
  - Examples of how providers are preparing to launch ECM for these populations.
  - Guidance to MCPs, counties and providers on contracting for ECM benefit.

- Webinar will be held on **June 23rd at 1-2:30 pm PT**

- Register here: https://manatt.zoom.us/webinar/register/WN_n5LvEB_9TbW2rJYzfUvCIw#/registration

Justice-Involved Initiative Resources

New resources from DHCS on the Justice-Involved Initiative:

- Medi-Cal CalAIM [Factsheet on the Justice-Involved Initiative](#)

- [DHCS Justice-Involved Waiver Stakeholder Toolkit](#)
    - Includes communications tools such as social media posts and talking points as well as FAQs for members and providers.

A **historic Medi-Cal initiative** is providing coverage & targeted health services to eligible Californians released from prisons, jails, and youth correctional facilities.

Medi-Cal