UNDERSTANDING CALAIM
FROM CONCEPTION TO IMPLEMENTATION

County of San Diego Health and Human Services Agency
Medical Care Services, San Diego Advancing and Innovating Medi-Cal (SDAIM)
November 2, 2022

LIVE WELL SAN DIEGO

OBJECTIVES FOR TODAY

1. Learn about California Advancing and Innovating Medi-Cal (CalAIM)

2. Provide a brief overview of the initial implementation of CalAIM in San Diego County

3. Understand how to access ECM and CS services in San Diego County

INTRO TO CALAIM

UNDERSTANDING CALAIM

Long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach

Ensure Medi-Cal's most vulnerable members receive the care they deserve

CALAIM GOALS

Identify and manage member risk and need through whole-person care approaches and by addressing Social Drivers of Health

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 through value-based initiatives, modernization of systems and payment reform

CALAIM IMPLEMENTATION

On January 1, 2022, the Department of Health Care Services (DHCS) launched the first components of CalAIM: Enhanced Care Management (ECM) and Community Supports (CS).

January 2022

Counties that previously participated in Whole Person Care and/or Health Home Program pilots began providing ECM and CS services to eligible Populations of Focus

July 2022

All counties statewide went live with providing ECM and CS services upon referral to eligible Populations of Focus

January 2023

ECM services will expand to additional Populations of Focus

Managed Care Plans (MCPs) are required to implement a Population Health Management program

CARE MANAGEMENT CONTINUUM

In 2023, Managed Care Plans (MCPs) are required to have a broad range of programs and services to meet the needs of all members in the following three areas:

Enhanced Care Management (ECM) is for the **highest-need** members and provides intensive coordination of health and health-related services

Complex Care Management (CCM) is for members at **higher-and medium risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions

Basic Population Health Management (BPHM) is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care

POPULATIONS OF FOCUS

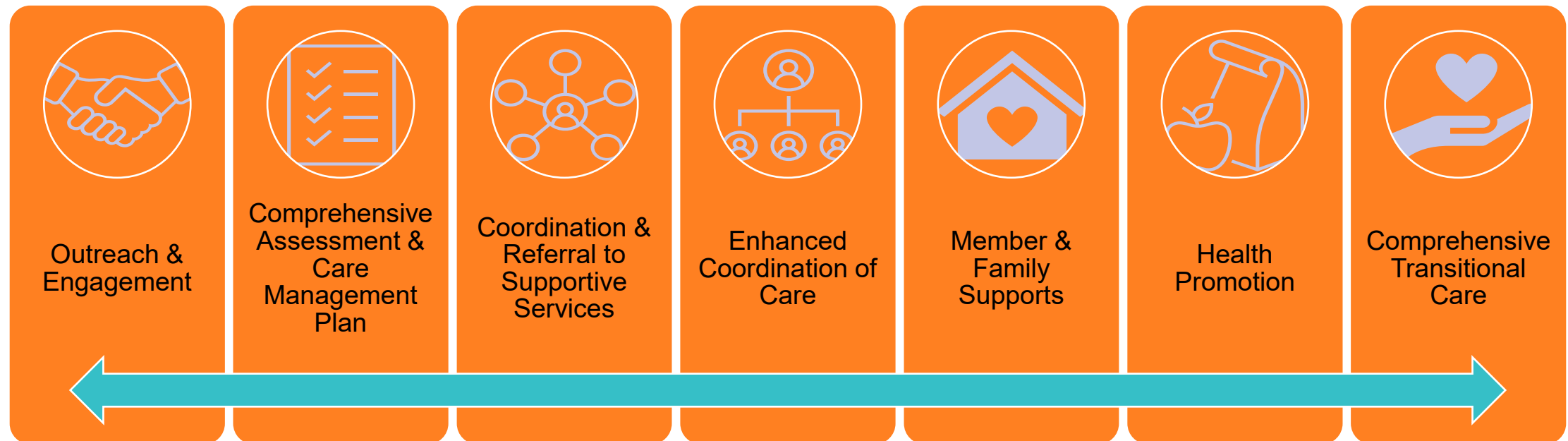| Go-Live Date	Populations of Focus
January 2022	1. Individuals and Families Experiencing Homelessness 2. Individuals At Risk for Avoidable Hospital or ED Utilization 3. Adults with Serious Mental Illness and/ or Substance Use Disorder Needs 4. Individuals with an Intellectual or Developmental Disability (who qualify for eligibility in another ECM Population of Focus
January 2023	5. Individuals At Risk for Institutionalization and Eligible for Long-Term Care 6. Nursing Facility Residents Transitioning to the Community
July 2023	7. Adults & Youth Incarcerated and Transitioning to the Community (anticipated to go live 7/2023, waiting for waiver approval) 8. Children and Youth Populations of Focus
January 2024	9. Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

ENHANCED CARE MANAGEMENT

Enhanced Care Management is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care.

| Outreach & Engagement | Comprehensive Assessment & Care Management Plan | Coordination & Referral to Supportive Services | Enhanced Coordination of Care | Member & Family Supports | Health Promotion | Comprehensive Transitional Care |

COMMUNITY SUPPORTS

Community Supports are services that MCPs are strongly encouraged, but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Housing Transition Navigation Services	Housing Deposits	Housing Tenancy and Sustaining Services	Short-term Post-Hospitalization Housing	Recuperative Care (Medical Respite)
Respite Services	Day Habilitation Programs	Nursing Facility Transition/Diversion	Community Transition Services/Nursing Facility Transition to a Home	Personal Care and Homemaker Services
	Environmental Accessibility Adaptations (Home Modifications)	Meals/Medically Tailored Meals	Sobering Centers	Asthma Remediation

For more details, see Community Supports Policy Guide (August 2022)

CALAIM CASE EXAMPLES

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CALAIM CASE EXAMPLE

Faces of CalAIM: Meet Jackie

Jackie has diabetes and had a foot amputated. While recuperating in the hospital, Jackie was scared she wouldn't be able to manage living alone in her townhouse. In CalAIM's Community Supports services, Jackie's Enhanced Care Manager will work with a Community Supports navigator to help arrange home improvements like a ramp to her front door, and grab bars in areas like the bathroom, so she can live independently despite her new limited mobility. CalAIM will help Jackie live a full and dignified life.

CALAIM CASE EXAMPLE

Faces of CalAIM: Meet Frank

Frank has struggled with opioid addiction while living on the streets of San Diego for the past four years. Frank visited the emergency department seven times in the last two years because of overdoses and he returns to the streets after brief stays in shelters. In 2020, Frank contracted COVID-19 and continues to experience long-term symptoms. CalAIM's Enhanced Care Management connects Frank with a care manager. They can meet at a nearby food bank to make plans for him to see his mental health provider to get his medication adjusted, and to follow up with his primary care doctor. The care manager can also connect Frank to a local Community Supports provider who will help him secure safe, supportive housing.

Faces of CalAIM: Meet Jay

Jay is 59 years old and currently transitioning to the community from Vista Detention Facility. He has type 1 diabetes, anxiety, depression, and a substance use disorder. Jay and his family were experiencing homelessness prior to his incarceration. Under CalAIM, Jay will be enrolled in Medi-Cal prior to his release from the jail. He will meet with a care manager 90 days prior to his release and receive a physical and behavioral health consultation to assess his health, social, and economic needs to prepare for a successful transition. He will be provided with targeted pre-release services, which includes care coordination and "warm handoffs" to health care, behavioral health, and social service providers, as well as 30 days of medications and any needed medical equipment. Jay will have access to Enhanced Care Management and Community Support services upon release, which includes a care manager, medically tailored meals to help stabilize his diabetes, and housing supports so he and his family can improve their life trajectory.

SAN DIEGO ADVANCING AND INNOVATING MEDI-CAL (SDAIM)

SDAIM, SAN DIEGO COUNTY'S CALAIM APPROACH

San Diego Advancing and Innovating Medi-Cal (SDAIM)

- SDAIM refers to the County of San Diego's local approach to CalAIM

- Aligns with the Board of Supervisor's Framework for the Future for San Diego County

- SDAIM partners and collaborates with community providers, direct service providers, County departments, Medi-Cal Managed Care Plans, and local government to assist in coordinating the goals of CalAIM at a local level to ensure:

  - Meaningful Coordination, Collaboration, and Transparency

  - Person-Centered Care Coordination

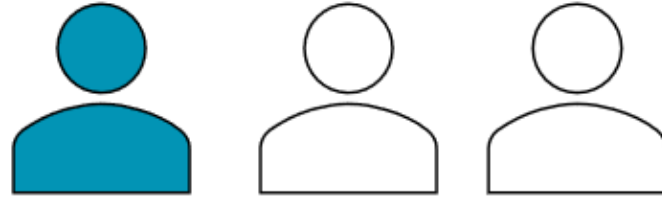 - Data Sharing/Information Technology (IT) Infrastructure
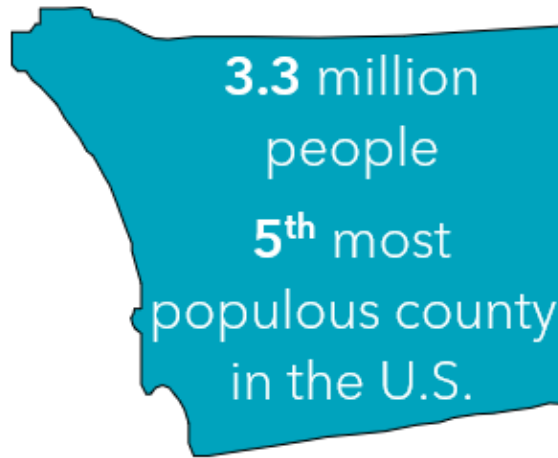
WHY IS MEDI-CAL IMPORTANT IN SAN DIEGO COUNTY

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Medi-Cal provides health insurance coverage for nearly **1,000,000** in San Diego County in 2022

Almost 1 out of 3 people in San Diego County are Medi-Cal beneficiaries

3.3 million people

5th most populous county in the U.S.

5% of enrollees with the highest-cost needs **account for over half of Medi-Cal spending**

San Diego County has the **2nd largest Medi-Cal population** in California
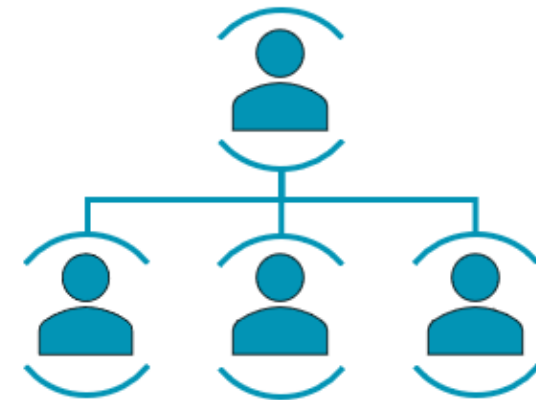
191% increase in recipients in San Diego County since 2010

LOCAL IMPLEMENTATION

- Healthy San Diego is the Medi-Cal Managed Care system in San Diego County

- Unique partnership which includes:
  - Consumers
  - Advocates
  - Providers
  - Hospitals
  - Managed Care Plans
  - County of San Diego
  - State Department of Health Care Services/Medi-Cal Managed Care Division

LOCAL MEDI-CAL MANAGED CARE PLANS

- Aetna Better Health

- Blue Shield Promise Health Plan

- Community Health Group

- Health Net

- Kaiser Permanente

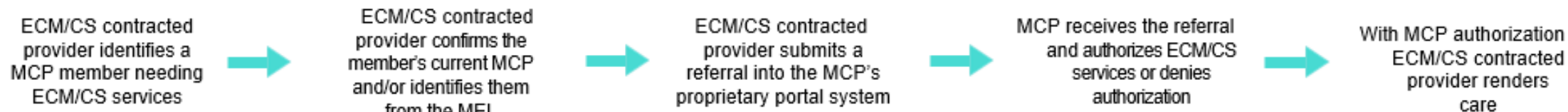- Molina Healthcare

- UnitedHealthcare

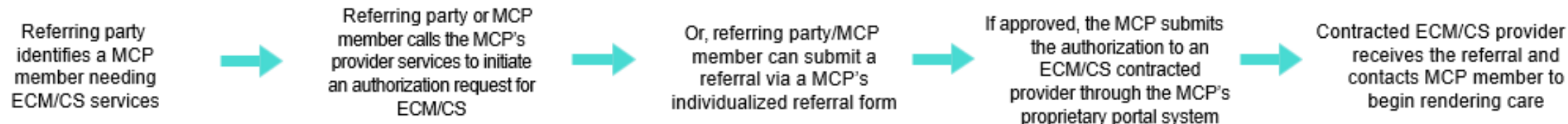| Community Supports	Housing Transition /Navigation	Housing Deposits	Housing Tenancy & Sustaining Services	Short-Term Post-Hospitalization Housing	Recuperative Care (Medical Respite)	Respite Services	Day Habilitation Programs	Nursing Facility Transition/ Diversion	Community Transition Services/ Nursing Facility Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically-Supportive Food/Meals/ Medically Tailored Meals	Sobering Centers	Asthma Remediation
Aetna Better Health of California	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022
Blue Shield of California Promise	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	July 1, 2022	Jan 1, 2023	Jan 1, 2023	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	July 1, 2022
Community Health Group	Jan 1, 2022	July 1, 2022	Jan 1, 2022	July 1, 2022	Jan 1, 2022	July 1, 2022	July 1, 2022	Jan 1, 2022	July 1, 2022	July 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022
Kaiser Permanente	Jan 1, 2022	TBD	Jan 1, 2022	Jan 1, 2023	Jan 1, 2022	Jan 1, 2024	TBD	Jan 1, 2023	Jan 1, 2023	TBD	Jan 1, 2024	Jan 1, 2022	TBD	Jan 1, 2024
United-Healthcare	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	July 1, 2022	Jan 1, 2023	Jan 1, 2023	Jan 1, 2023	Jan 1, 2023	Jan 1, 2022	Jan 1, 2022	July 1, 2022
Health Net	Jan 1, 2022	July 1, 2022	Jan 1, 2022	Jan 1, 2023	Jan 1, 2022	Jan 1, 2023	Jan 1, 2023	Jan 1, 2023	Jan 1, 2023	Jan 1, 2023	July 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022
Molina Healthcare of California	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022	Jan 1, 2023	Jan 1, 2022	July 1, 2023	July 1, 2022	Jan 1, 2024	Jan 1, 2022	Jan 1, 2022	July 1, 2023	Jan 1, 2022	Jan 1, 2022	Jan 1, 2022

HOW TO REFER TO ECM & CS

Current ECM/CS Contracted Providers

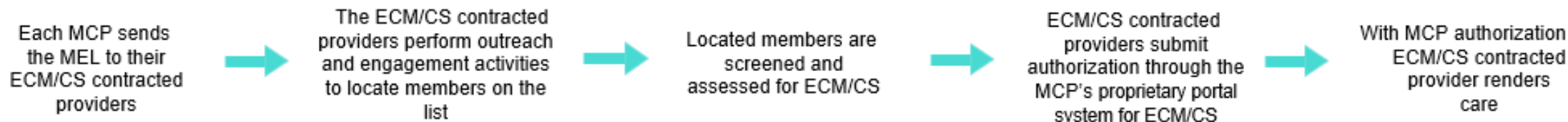ECM/CS contracted provider identifies a MCP member needing ECM/CS services → ECM/CS contracted provider confirms the member's current MCP and/or identifies them from the MEL → ECM/CS contracted provider submits a referral into the MCP's proprietary portal system → MCP receives the referral and authorizes ECM/CS services or denies authorization → With MCP authorization ECM/CS contracted provider renders care

All Other Referring Parties and Self-Referrals
(not including current EMC/CS Contracted Providers)

Referring party identifies a MCP member needing ECM/CS services → Referring party or MCP member calls the MCP's provider services to initiate an authorization request for ECM/CS → Or, referring party/MCP member can submit a referral via a MCP's individualized referral form → If approved, the MCP submits the authorization to an ECM/CS contracted provider through the MCP's proprietary portal system → Contracted ECM/CS provider receives the referral and contacts MCP member to begin rendering care

EMC/CS Contracted Providers Outreach and Engagement

Each MCP sends the MEL to their ECM/CS contracted providers → The ECM/CS contracted providers perform outreach and engagement activities to locate members on the list → Located members are screened and assessed for ECM/CS → ECM/CS contracted providers submit authorization through the MCP's proprietary portal system for ECM/CS → With MCP authorization ECM/CS contracted provider renders care

Legend

- ECM- Enhanced Care Management
- CS- Community Supports
- MCP- Managed Care Plan
- MEL- Member Eligibility List

Process current as of 7/20/22. Verified by HSD

ACCESSING CALAIM SERVICES

- Referrals can be made by contacting a member's Medi-Cal Managed Care Plan (MCPs) by phone or by submitting a referral

- There are currently seven MCPs in San Diego County, below are the phone numbers for each of the MCP's Member Services:

  - Aetna: 1-855-772-9076

  - Blue Shield Promise: 1-855-699-5557

  - Community Health Group: 1-800-224-7766

  - Health Net: 1-800-675-6110

  - Kaiser: 1-800-464-4000

  - Molina:1-888-665-4621

  - United Health Group: 1-866-270-5785

DEPARTMENT OF HEALTH CARE SERVICES
CALAIM FUNDING OPPORTUNITIES

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AVAILABLE FUNDING TO SUPPORT CALAIM IMPLEMENTATION

CalAIM Incentive Payment Program (IPP)
Available to MCPs who then provide funding to ECM/CS providers or entities who intend to become a contracted ECM/CS provider

- Multiple submission rounds & funding dispersed until June 2024
- Can be used for a variety of activities to support ECM and Community Supports
- MCPs can distribute IPP funds across their ECM and Community Support provider networks

Providing Access and Transforming Health (PATH) Program Initiatives
Available to Counties and Local Providers who are contracted EMC/CS providers or plan to become a contracted EMC/CS provider

1. **Justice-Involved Capacity Building**. Funding to develop and implement pre-release Medi-Cal enrollment and suspension processes. Round 1 application closed; Round 2 application is due on December 31, 2022.

2. **Collaborative Planning and Implementation Initiative**. Local Stakeholders can register to participate in future facilitated regional workgroups to increase collaboration around ECM and Community Supports.

3. **Capacity and Infrastructure Transition, Expansion, and Development (CITED)**. Round 1 application closed; future opportunities to apply every four months to develop and expand ECM and Community Support capacity and infrastructure.

4. **Technical Assistance Marketplace**. A hub to provide resources and individualized technical assistance to local providers, anticipated to be available January 2023 .

DISCUSSION & Q&A

DISCUSSION

- How does CalAIM impact your organization?

- How would you like to leverage CalAIM?

- Are there areas of CalAIM you are interested in learning more about?

- How can the County's SDAIM team support your organization?

QUESTIONS

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