
CalAIM

BEHAVIORAL HEALTH CHANGES FOR PLACER MHP AND DMC-ODS

WHAT IS CalAIM?

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (Cal-AIM)

CalAIM Brief Overview

The Department of Health Care Services (DHCS) is innovating and transforming the Medi-Cal delivery system!

CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. The vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care.

CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their **physical, behavioral, developmental, dental, and long-term care needs**, throughout their lives, from birth to a dignified end of life.

CalAIM is a long-term commitment to transform Medi-Cal to make the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory

A Better Medi-Cal for Californians

CalAIM SEEKS TO TRANSFORM HEALTH CARE FOR CALIFORNIANS THROUGH:

- Population Health Management
- **Enhanced Care Management***
- **Community Supports (also known as “In Lieu of Services”)***
- **Behavioral Health Delivery System***
- Transformation Services and Supports for Justice-Involved Adults and Youth
- New Dental Benefits
- Transition to Statewide Dual Eligible Special Needs Plans and Managed Long-Term Services and Supports
- Standard Enrollment with Consistent Managed Care Benefits
- Delivery System Transformation

*Services provided by Placer County

CalAIM Goals

1

Identify and manage comprehensive needs through whole person care approaches and social drivers of health

2

Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

3

Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility



Medi-Cal Managed Care
L.A. Care

CalAIM Enhanced Care Management and Community Supports

Provider introductory presentation



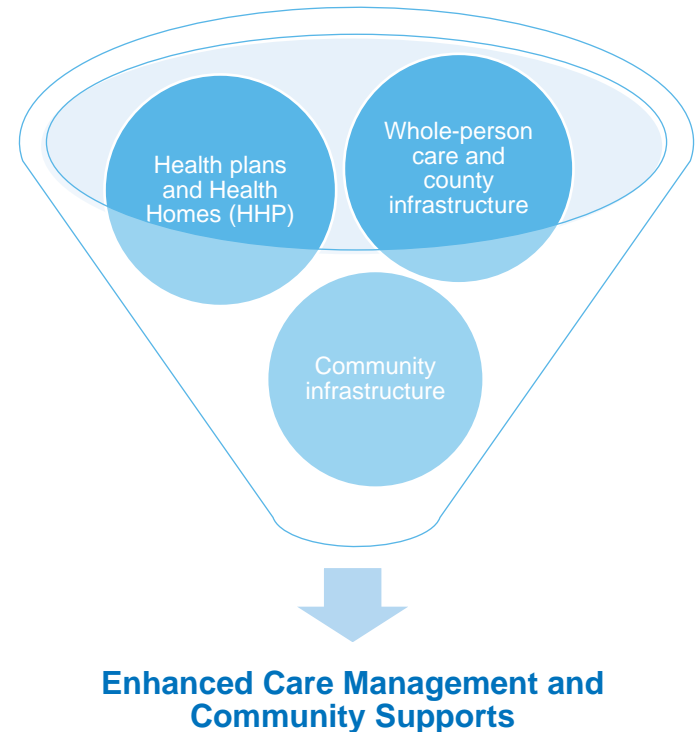
CalAIM vision

Goals:

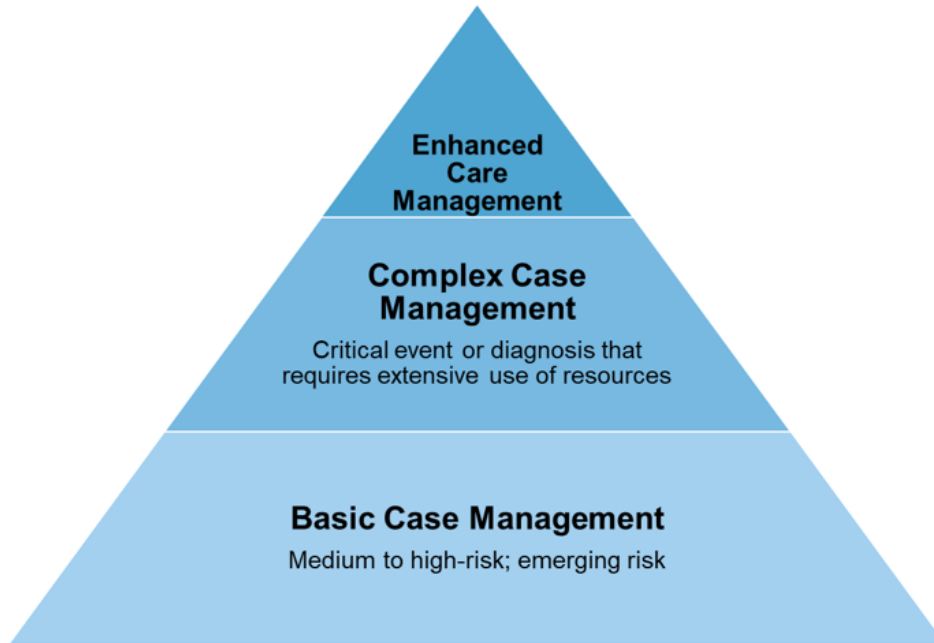
- Coordinate silos (behavioral, medical, social)
- Reduce costs
- Provide person-centered care
- Promote equity
- Improve quality

Strategies:

- Divide responsibilities between health plans and counties
- Define seven populations of focus
- Build on whole-person care and Health Homes
- Provide Enhanced Care Management (ECM) and Community Supports (formerly known as in-lieu of services)
- Phase-in core services



Enhanced care management



ECM seven core services:

Outreach and engagement

Comprehensive assessment and care management plan

Enhanced coordination of care

Health promotion

Comprehensive transitional care

Member and family supports

Coordination of and referral to community and social support services

Enhanced care management (cont.)

Populations of focus (PoF):

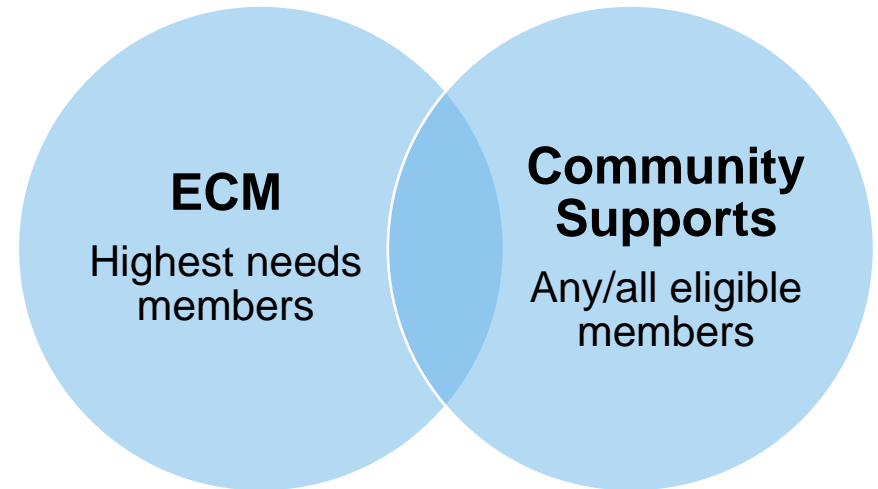
Population	Description
Homeless	Individuals and families (including children) experiencing homelessness and who have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage
High utilizers adults	Adult high utilizers with five or more preventable emergency room visits, or three or more unplanned hospital and/or short-term skilled nursing facility (NF) stays in a 6-month period
SMI/SUD risk adults	Adults with county severe mental illness (SMI) or substance use disorder (SUD) diagnosis <i>and</i> experiencing one complex social factor, and are (high risk or institutionalization, or user of crisis services, two or more ED visits or IP in past 12 months due to SMI/SUD-related hospitalizations, or pregnant)
Nursing facility diversion	Adults at risk for long-term care (LTC) institutionalization who, in the absence of services and supports, would otherwise require care for 90 consecutive days or more in an inpatient NF
Nursing facility transition	Adult NF residents who want and, with supports, are able to transition to the community
Incarceration transition	Members transitioning from incarceration in the past 12 months who have a chronic mental illness, chronic disease, SUD, intellectual or developmental disability, traumatic brain injury (TBI), HIV, or are pregnant
Children and youth	High utilizers; complex physical, behavioral, or developmental health needs; serious emotional disturbance; California Children's Services (CCS), child welfare (including foster care); incarcerated and transitioning

Calling all ECM providers

- 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)

Community Supports

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



Community Supports — 14 approved

- **Housing/homelessness (four services):**
 - Housing transition navigation services
 - Housing deposits
 - Housing tenancy and sustaining
 - Day habilitation
- **Facilities (three services):**
 - Short-term post-hospitalization housing (STPH)
 - Recuperative care (medical respite)
 - Sobering center
- **In-home supports (two services):**
 - Respite services (can also be provided in a facility setting)
 - Personal care and homemaker services
- **Nursing homes linked (two services):**
 - NF transition/diversion to assisted living facilities
 - Community transition services/NF transition to a home
- **Construction/equipment (two services):**
 - Environmental accessibility adaptations (home modifications)
 - Asthma remediation
- **Meals (one service):**
 - Meals/medically tailored meals

Calling all Community Support providers

- 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

Certification, application, and contracting

Step	Anticipated timeframes
Submit <i>Letter of Interest (LOI)</i>	Now
Complete and submit certification tool	1 month
Review certification tool and conduct gap analysis	1 to 2 months
Contracting	30 to 90 days*
Total time	3 to 6 months

New providers will be added quarterly to expand capacity and service gaps (January, April, July, October).

* Dependent upon provider types

Certification helpful hints — ECM and Community Supports

Recommended evidence may include:

- Policies/procedures
- Program description
- Organizational charts or job descriptions
- Workflows
- Staff tools (e.g., care plan templates)
- Required staff training modules
- Screenshots of various digital platforms such as: EMR/EHR, HIE, closed loop referral platforms, etc.

If you'd like to provide services in multiple counties or add additional PoF/CS, be prepared to provide additional evidence.

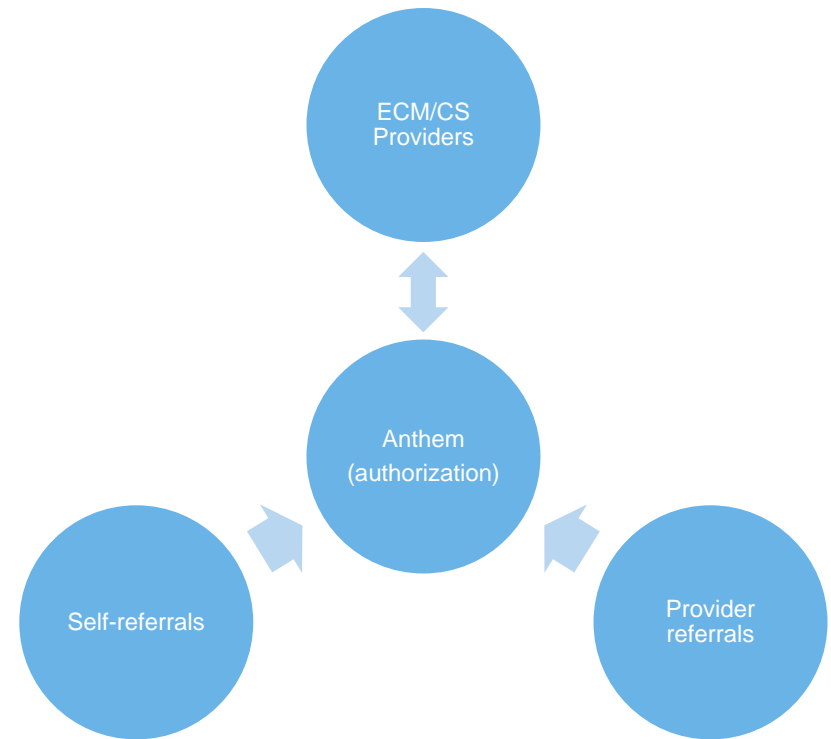
- Paint a clear picture of how your organization will be able to accomplish each of the required components.
- Required components fluctuate dependent on type of service.

Credentialing hot topics

- All ECM and CS providers need to [obtain a NPI number](#).
- All providers are encouraged to [obtain a Medicaid Identification Number \(PAVE\)](#).
 - Providers that are unable to obtain a Medicaid number may be exempted.
- All providers are encouraged and will be required to submit claims. Anthem will provide technical assistance to help any providers that are new to medical claims and claim submission.
- The ability to share member data electronically is required for some services but strongly encouraged for all service providers.

Referral and communication flow

- **Targeted Enrollment List (TEL):**
 - To ECM provider: monthly list of pre-identified members that may meet eligibility criteria or members referred and authorized to receive services
 - To Anthem: status of each member on the list (pending, outreach, enrolled, excluded)
- **Provider and self-referrals:**
 - To Anthem: any ECM/Community Supports
 - Provider and/or other existing providers may refer a member for ECM/Community Supports.
 - Referrals may be done by phone, email, or fax. Authorized referrals will be added to the appropriate *TEL* or forwarded to *CS Provider*.



Other MCP/MCOs

- Most MCP/MCOs are using a joint or similar application and certification process.
- Anthem will accept certification applications from other MCPs. Feel free to forward the same information to us.
- The opposite is also true. Forward any Anthem certification/applications to other MCP's for their review.
- There may be some regional/county differences regarding structure and coordination. Our regional program managers will assist your organization in navigating these differences.

Timelines – ECM/CS

Go live date	Whole person care/Health Homes program counties	All other counties	Recommended certification application submission date
January 1, 2022	<ul style="list-style-type: none"> • ECM PoF: <ul style="list-style-type: none"> • Homeless • High utilizers (adults) • SMI/SUD risk (adults) • Community supports 	Community supports	August 30, 2021
July 1, 2022	Additional community supports	<ul style="list-style-type: none"> • ECM PoF: <ul style="list-style-type: none"> • Homeless • High utilizers (adults) • SMI/SUD risk (adults) • Additional community supports 	February 15, 2022
January 1, 2023	<ul style="list-style-type: none"> • ECM PoF: <ul style="list-style-type: none"> • NF diversion • NF transition • Incarceration transition (adults and youth) • Additional community supports 		August 1, 2022
July 1, 2023	<ul style="list-style-type: none"> • ECM PoF: Children and Youth • Additional community supports 		February 1, 2023

* Some pilot counties have varying timelines.

Suggested reading

- [ECM Policy Guide](#)
- [ILOS Policy Guide](#) (community supports)
- Other resources: <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

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



Questions?



* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross.

<https://providers.anthem.com/ca>

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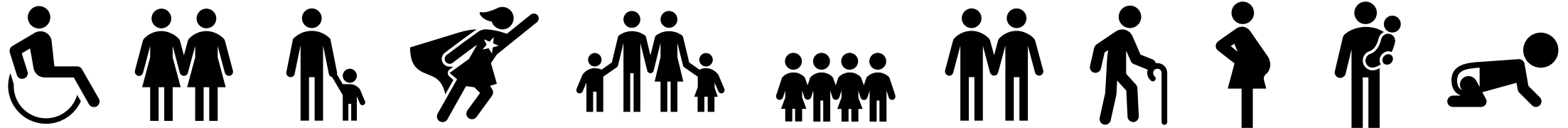
ACAPEC-3196-21 October 2021

PLACER COUNTY SYSTEM OF CARE

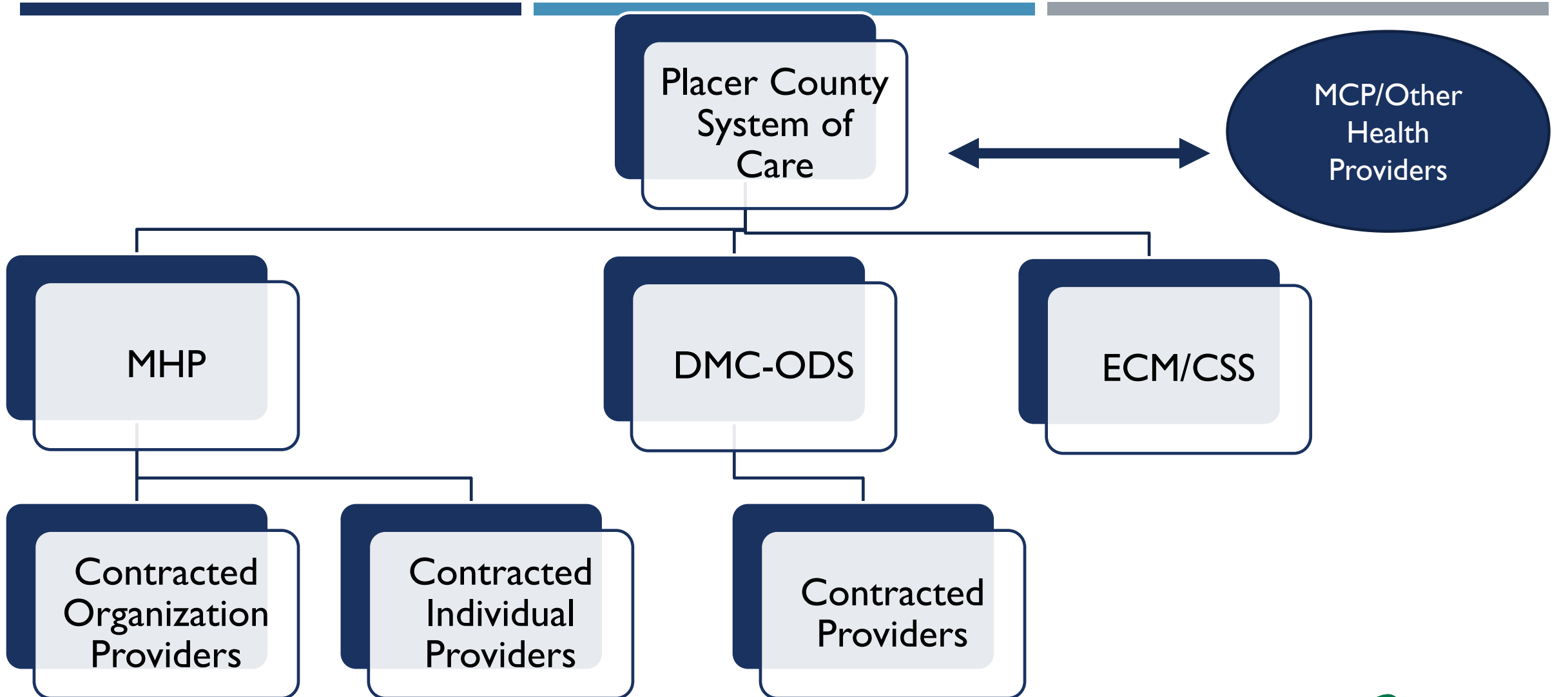
CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (Cal-AIM)

What Will Change for Behavioral Health

- Placer's Behavioral Health Delivery Systems are called the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- The MHP and DMC-ODS include both Placer staff and contracted provider staff who delivery both specialty mental health services (SMHS) as well as substance use disorder services (SUDS).
- Both the MHP and the DMC-ODS will see changes and improvements in the way we delivery services to people and families in our community.



*While ECM and CSS are also services being offered by Placer County, the Behavioral health changes discussed for the purpose of this presentation will focus on mental health and substance use services.



CalAIM Proposals for Behavioral Health

Below are the broad categories for change and improvements under CalAIM. Placer QM along with the Directors and Managers developed an Implementation Plan for these items. Plans will be rolled out in phases along with all other counties in California who are also working on their plans in a large effort to make these improvements.

***Medical
Necessity**

***DMC-ODS
Renewal**

***ECM/CSS**

***Payment
Reform**

***MH/SUD
Integration**

**SMI/SED IMD
Waiver**

**Full
Integration
Pilot**

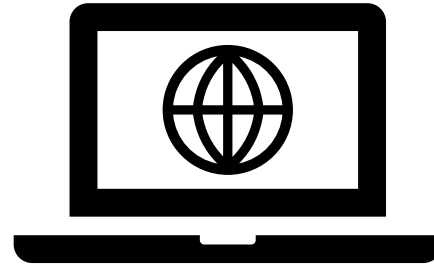
**Long Term
Plan for
Foster Youth**

***Peer
Support
Services**

WHY?

Over the years the community, providers and staff have been pushing for change that will make things easier for everyone like:

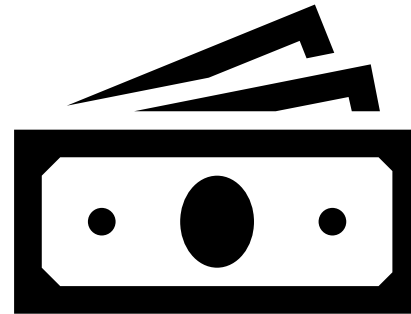
- Reducing barriers so people can get the care they need when they need it.
- Less paperwork and documentation, which equals more time for client care.
- Getting to bill and get paid for care provided even if the paperwork isn't finished
- Parity or similar rules between systems.



Less paperwork and reduced documentation



More time to focus on client care



Get reimbursed for more of the actual work we do



Less Barriers for Clients

WHAT DOES THIS MEAN TO ME?

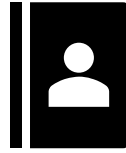
I AM A:

Provider

Case
Manager

Family
Member

Community
Member



Provider



- Changes are underway if you are billing Medi-Cal as part of Placer MHP or ODS (or for another county or entity), be in the know and keep yourself informed. Attend QM meetings and trainings and read the newsletters.
- Your input matters! Get involved in the discussion and workgroups.
- Be prepared to explain the changes to staff, clients and families.



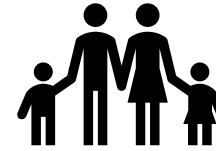
Case Manager



- Changes are underway if you are billing Medi-Cal as part of Placer MHP or ODS (or for another county or entity), be in the know and keep yourself informed.
- Be prepared to explain the changes to clients and families
- Understand the new services available and how to connect to them, the eligibility criteria, AND take comfort in knowing that there is no wrong door.



Family Member



- Know that the systems are making changes to make things easier for you and your loved ones.
- Understand the new services may be available for your family, or there may be changes in the way things are done.
- Take comfort in knowing there is no wrong door, come on in!



Community Member



- Know that changes are underway. Be prepared to explain the changes to people in your community.
- Understand that new services may be available or different, know how to help people connect to them, AND take comfort in knowing that there is no wrong door.



IMPLEMENTATION TIMELINE

WHAT COMES NEXT



What Is Placer Doing About it

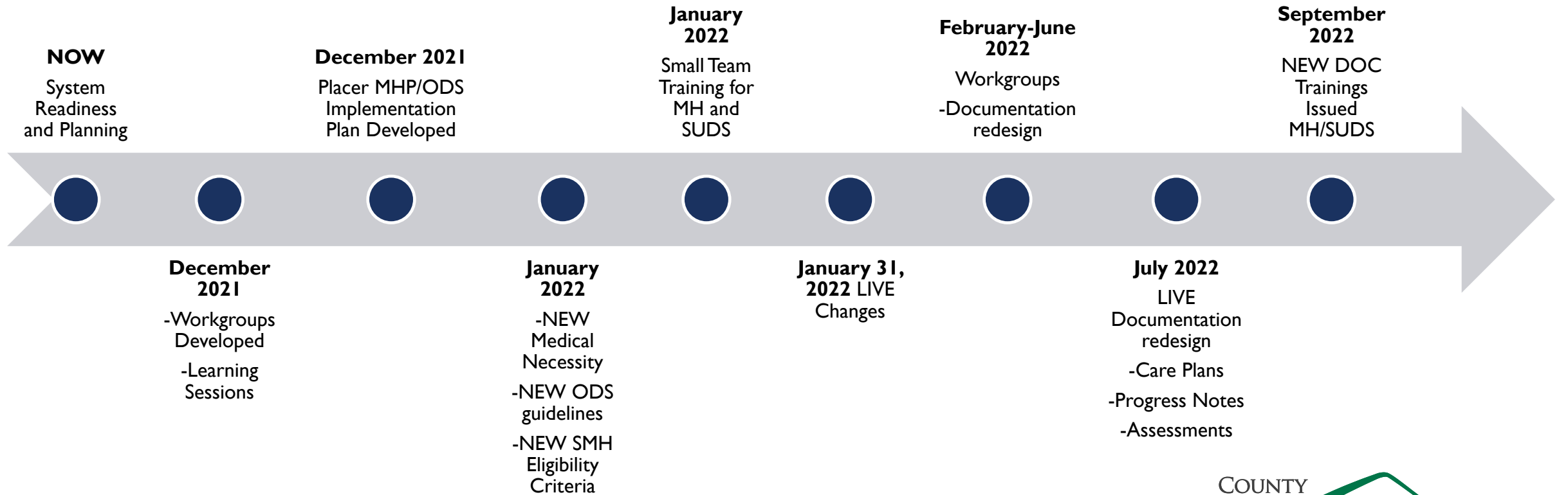
- Planning and hosting workgroups and learning sessions for providers,
- Partnering with contracted providers and partners on changes to their systems, and increase communication and coordination
- Launching a community learning campaign to inform current and potential clients and customers,
- Continuing to advocate for positive change,
- Focusing on equitable implementation and access.

BEHAVIORAL HEALTH INITIATIVES TIMELINE

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

While it is exciting, DHCS has not released full complete guidance on how to implement many of the proposals. DHCS has released a tentative timeline of when things should be implemented. Some as soon as January 2022.

2022 Timeline





Questions

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