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MEETING BEING RECORDED

California Advancing & Innovating Medi-Cal (CalAIM)

Enhanced Care Management (ECM) Overview & Stakeholder Input Forum

DECEMBER 2020

Hello!
Please share your name & organization in the chat.

Today's Objectives:

- Discuss key implementation updates and requirements
- Gather your input and questions

AGENDA

- ☐ Welcome
- ☐ CalAIM Updates
- ☐ ECM Overview
- ☐ Discussion
- ☐ Next Steps

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WELCOME

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CalAIM Implementation Overview and Updates

California Advancing & Innovating Medi-Cal (CalAIM)

- CA is moving away from the existing 1115 Waiver, known as ***Medi-Cal 2020***, to a new 1915(b) Waiver
  - January 1, 2022 implementation date

- New 1915(b) Waiver will include:
  - Medi-Cal Managed Care
  - Whole Person Care Pilots
  - Health Home Programs
  - Drug Medi-Cal Delivery System
  - Community-Based Adult Services

DHCS | CALIFORNIA ALL

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Drivers & Goals

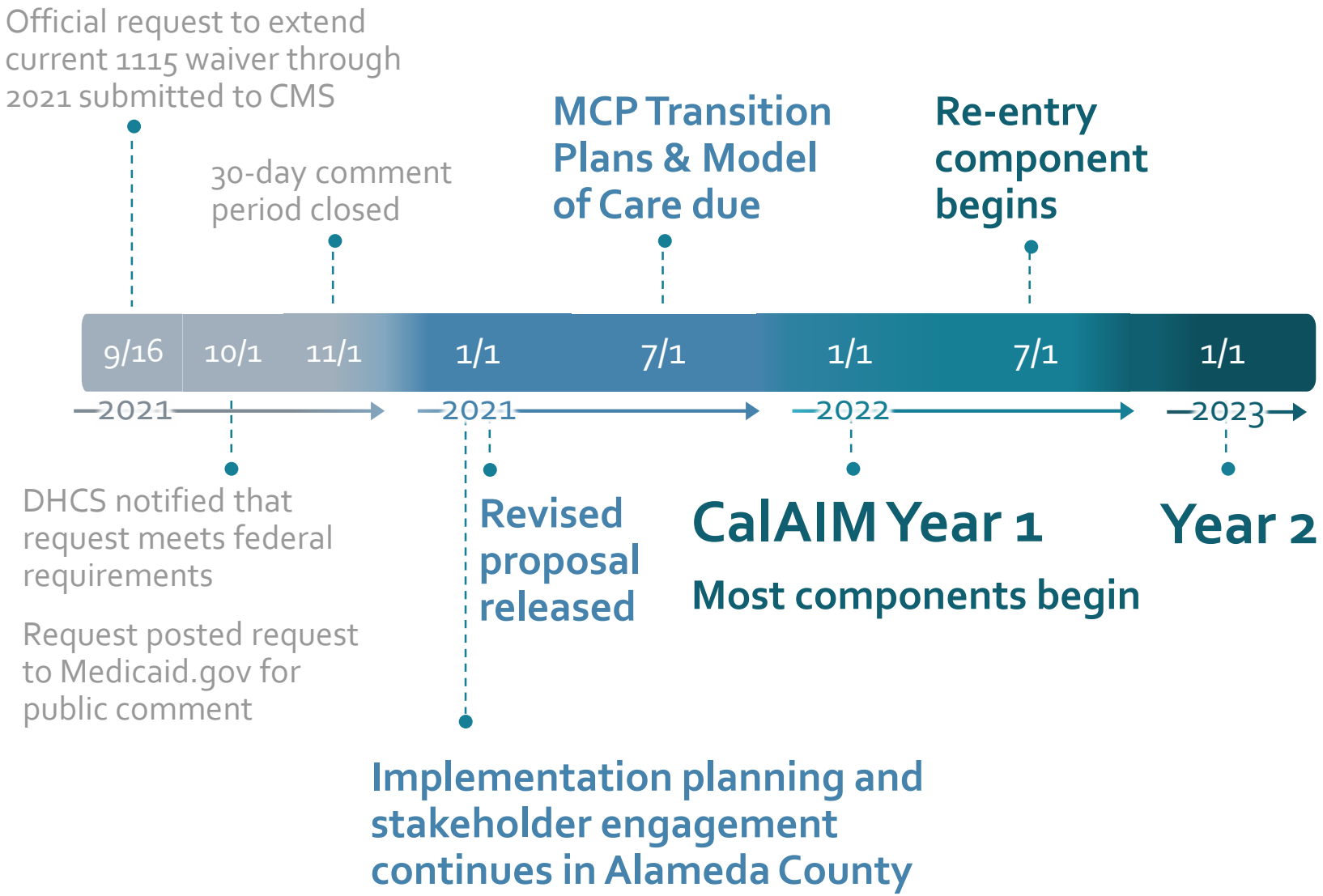
(condensed)

Drivers	•Program fragmentation & duplication •Growing healthcare expenses •Rapid expansion of Medi-Cal programs •Uncoordinated care across multiple delivery systems
DHCS Stated Goals	•Identify & manage member risk & need through Whole Person Care (WPC) approaches & addressing social determinants of health (SDOH) •Move Medi-Cal to a more consistent & seamless system by reducing complexity increasing flexibility; & •Improve quality outcomes & drive delivery system transformation through value-based initiatives, modernization of system
Additional Goals	•Waiver/Program consolidation •Payment reform •Increased oversight •Utilization of current infrastructures •Promotion of Gov. Newsom's key priorities

Plans will establish a population health management program by 2022

Key components:

- Population Assessment
- Risk assessment
- Predictive analysis to manage emerging risks
- SDOH Focus
- Potential ILOS
- Integration of CHR



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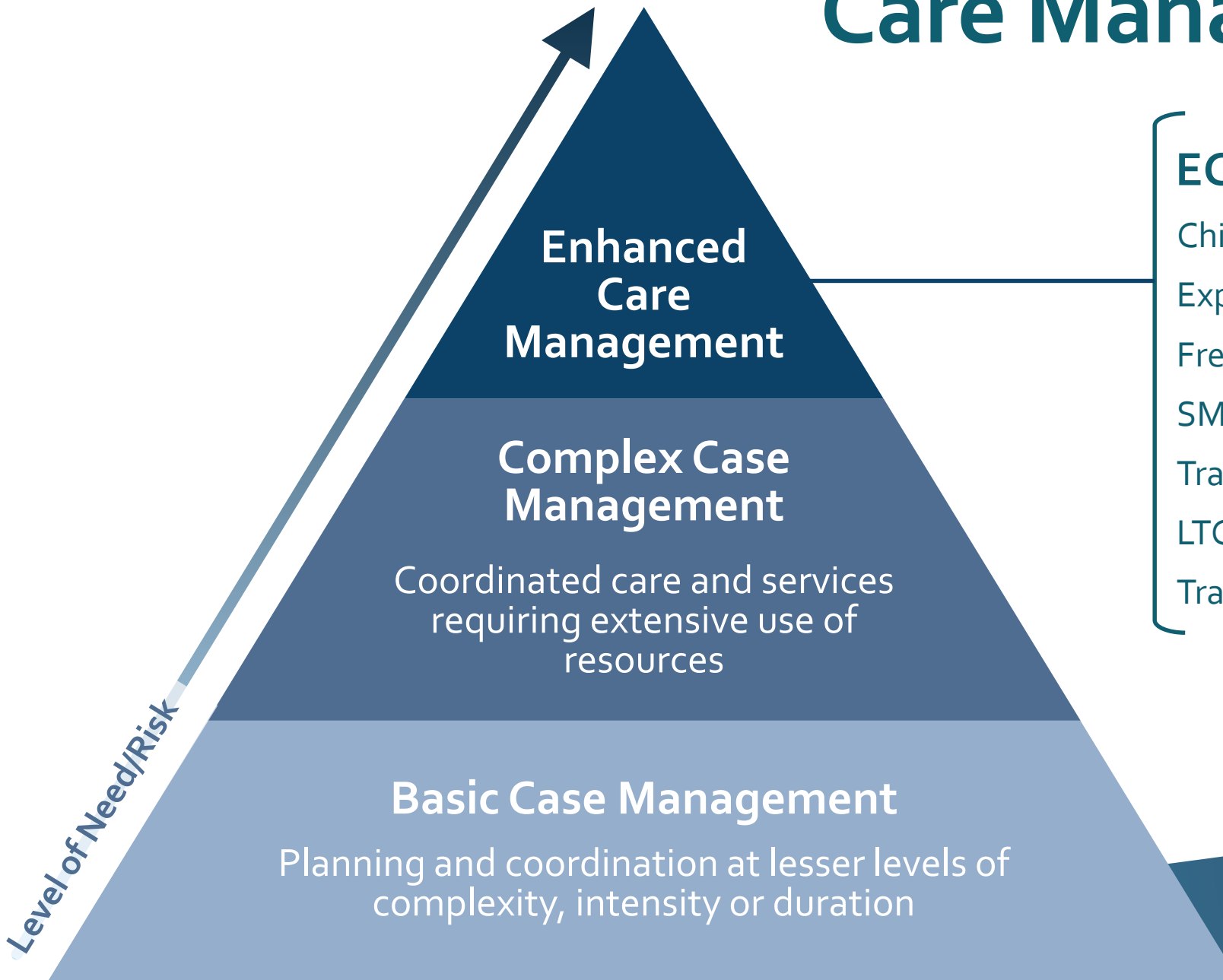
Enhanced Care Management Overview

Care Management Levels



ECM Populations

- Child or youth with complex care needs
- Experiencing (or at risk of) chronic homelessness
- Frequently utilizing emergency services
- SMI, SUD, or SED
- Transitioning from SNF
- LTC Diversion
- Transitioning from Incarceration

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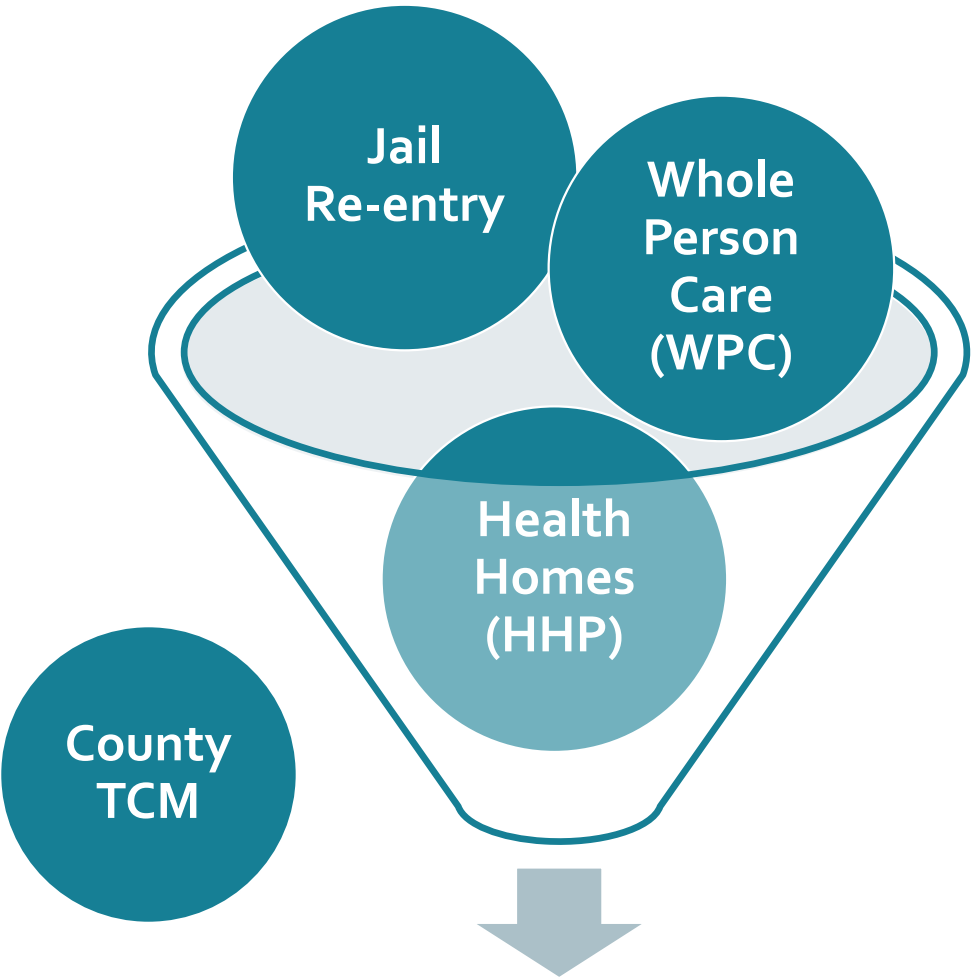

Enhanced Care Management

ECM Population Descriptions

Children with complex needs	Children or youth with complex physical, mental, developmental & oral health needs (i.e., CCS, foster care, clinical high-risk syndrome, 1st episode psychosis)
Homeless and at-risk	Individuals experiencing chronic homelessness, homelessness or who are at risk of becoming homeless
High utilizers	High utilizers with frequent hospital admissions, short-term skilled nursing facility stays or ERvisits
People w/ SMI, SUD or SED	Persons with serious Mental Health or Substance Abuse issues and chronic health issues, at risk for institutionalization
SNF Residents	Nursing facility residents who want/are able to return to the community
LTC diversion	Individuals at risk for institutionalization, eligible for long-term care
Transition from Incarceration	Individuals coming out of the justice system and re-entering the community

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In-Lieu-Of Services

Potential ILOS Benefits

- ILOS is Optional for the Plan

- Flexible wrap-around supports that are traditionally not funded by plans

- Similar to Whole Person Care Services and SDOH efforts

- Would require building a new network

SNF Transition Services

Homeless related services

Home based services

Day Habilitation Programs

Sobering Centers

Respite (for caregivers)

What clarifying questions do you have?

What are some strategies to improve and sustain effective care coordination in this kind of program?

- What care coordination challenges will be important to watch out for?

What operational changes do you think you would need to implement to prepare for CalAIM?

- What support would your organization need from the MCPs?
  - From the County?

In what ways can CBCMEs (current Health Homes Program providers) and other providers support each other?

What communication and messaging around this transition will be crucial for the community to hear?

- What different roles do different organizations play in getting the word out to the community?

What other questions do you have about this transition?

Questions & Discussion

What's Next?

January – June

- Continue Stakeholder Engagement
- Implementation Planning

July

- Submit Implementation Plans

Contact **jmiller@alamedaalliance.org** to sign up for the mailing list and to stay engaged in the planning process!

Julie Anne Miller

Sr. Director, Health Care Services
Alameda Alliance for Health
jmiller@alamedaalliance.org

Beau Hennemann

Director, Special Programs
California Medicaid Health Plan
Anthem Blue Cross
Beau.Hennemann@anthem.com

Thank you!

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APPENDIX

Housing transition navigation services: housing transition services to assist beneficiaries in obtaining housing

Housing deposits: assist with identifying, coordinating funding and modifications necessary to enable a person to establish a basic household

Housing tenancy and sustaining services: service provides tenancy and sustaining services, with a goal of safe and stable tenancy once housing is secured

Short-term post-hospitalization housing: housing provides beneficiaries who are homeless with high medical or mental health needs the opportunity to continue their recovery, immediately after an exiting an inpatient in a setting to support recuperation

Recuperative care (medical respite): short-term residential care for individuals who no longer require hospitalization, but still need to heal

Respite services: short-term services provided to caregivers of participants who require intermittent temporary supervision to give relief to the caregiver

Day habilitation programs: program to provide services in or out of a participant's home to assist the participant in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in the person's natural environment

ILOS Descriptions

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Nursing facility transition/diversion: services to assist individuals to live in the community and/or avoid institutionalization when possible

Community transition services/nursing facility transition to home: assists individuals to live in the community and avoid further institutionalization

Personal care and homemaker services: services provided for individuals who need assistance with activities of daily living or with instrumental activities of daily living

Meals/medically tailored meals: meals help individuals achieve their nutrition goals so they can regain and maintain their health

Sobering centers: centers used as alternative destinations for individuals who are found to be publicly intoxicated and would otherwise be transported to the emergency department or jail

Environmental accessibility adaptions — home modifications: physical adaptions to a home that are necessary to ensure the health, welfare and safety of the individual

ILOS Descriptions, cont.

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