

CALIFORNIA ADVANCING AND INNOVATING MEDI- CAL (CALAIM)

PRESENTERS:

DANA SEBASTIAN, CALAIM PROGRAM MANAGER
(SHE/HER/HERS)

DARLENE MOORE, CALAIM PROGRAM PLANNER
(SHE/HER/HERS)



AGENDA

- Overview of CalAIM
- New CalAIM Services
- CalAIM Behavioral Health Services (BHS) Initiatives
- CalAIM Cultural Considerations
- CalAIM Priorities and Anticipated Challenges
- What Does CalAIM Mean for the Mental Health Services Act (MHSA)?



CALAIM OVERVIEW

- What is CalAIM?

CalAIM is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal Members by implementing a broad delivery system, program, and payment reform across the Medi-Cal program.

CalAIM Goals



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

NEW CALAIM SERVICES - OVERVIEW

- Enhanced Care Management (ECM) and Community Supports (CS) Overview
 - California Department of Health Care Services (DHCS) developed CalAIM policies and contracts with Medi-Cal Managed Care Plans (MCPs)
 - MCPs contract with providers (e.g., Counties, Federally Qualified Health Centers (FQHCs), Community Based Organizations) for ECM/CS
 - Stakeholders provide feedback to inform implementation through Collaborative Planning & Implementation meetings every third Wednesday from 11:00 -12:30 PM



NEW CALAIM SERVICES - ECM

- What is Enhanced Care Management (ECM)?

A Medi-Cal **managed care benefit** that addresses clinical and non-clinical needs of high-need individuals through **coordination of services** and comprehensive case management. DHCS has published an [ECM Brief Overview](#) for reference.

NEW CALAIM SERVICES - ECM

ECM Core Services



NEW CALAIM SERVICES - ECM

- **ECM Services**

- All Members enrolled in ECM will be assigned a Lead Care Coordinator/Manager who is tasked with coordinating care and services among the physical, behavioral, dental, developmental, and social services delivery systems; making it easier for MCP Members to get the right care at the right time.
- ECM staff will meet Members wherever they are and wherever they prefer to access services – on the street, in the community, in their doctor's office, in their home, etc.

NEW CALAIM SERVICES - ECM

- Who is Eligible for ECM and How Does it Work?

ECM is available to Medi-Cal Managed Care Plan enrollees who meet "Population of Focus" criteria.

Eligible Enrollees...

- » Can be identified through their managed care plan (MCP), provider, family/caregiver, community-based organizations (CBOs), or via a self-referral
- » Are assigned an "ECM Provider" who best meets their needs. The ECM Provider makes sure the enrollee has a single "Lead Care Manager" who coordinates their care and services across Medi-Cal delivery systems and beyond.

NEW CALAIM SERVICES - ECM

ECM Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	<div style="border: 2px solid #005596; padding: 5px;"> <p>January 2022 (WPC/HH counties) ★</p> <p>July 2022 (all other counties)</p> </div>
4. At Risk for Institutionalization and Eligible for Long Term Care 5. Nursing Facility Residents Transitioning to the Community	<p>January 2023 (statewide)</p>
6. Children / Youth Populations of Focus	<p>July 2023 (statewide)</p>
7. Individuals Transitioning from Incarceration	<p>January 2024</p>
8. Pregnant & Postpartum Individuals (Adults & Youth) At-Risk of Perinatal Outcomes	

Reference: DHCS [“CalAIM Enhanced Care Management: Technical Assistance Webinar”](#)

NEW CALAIM SERVICES - ECM

How can I refer?

- Screen for eligibility using the following forms:
 - [Sacramento County Benefit Populations of Focus Screening Checklist](#)
 - [Sacramento County ECM Benefit Exclusionary Screening Checklist](#)
- If the MCP Member meets ECM eligibility, submit the [Sacramento County ECM Benefit Referral Form](#) to the appropriate MCP
- The MCP will refer the Member to appropriate ECM services (if the submitting party does not provide ECM services) and will notify the referrer regarding the Member's authorization status

***Members that are enrolled in a BHS Mental Health Plan (MHP) or Substance Use Prevention and Treatment (SUPT) outpatient program may be able to access ECM services through their outpatient provider. A Member or support person may ask the outpatient provider to be referred into the ECM program.**

NEW CALAIM SERVICES - ECM

- **ECM within BHS**

- ECM is embedded within all MHP Adult Community, Outreach, Recovery, Empowerment (CORE) and Full-Service Partnership (FSP) providers. Some programs may still be in ramp up.
- ECM is embedded within 4 of 5 SUPT outpatient providers (WellSpace Health has contracted directly with the MCPs and can still provide the service.)
- BHS ECM specific data pulled between 7/1/2022 to 10/11/2023:

ECM Referrals and ECM Enrolled	
Total ECM referrals to MCP	1370
Total Unduplicated ECM referrals to MCP	1335
Total ECM Enrolled since inception	969
Total Current ECM Enrolled	640

NEW CALAIM SERVICES - CS

- What are Community Supports (CS)?

Services that Medi-Cal **MCPs are strongly encouraged but not required to provide** to help avoid utilization of other services or settings such as hospital or skilled nursing admissions, discharge delays, or emergency department use. DHCS has published a [CS Brief Overview](#) for reference.

NEW CALAIM SERVICES - CS

Housing Support

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy & Sustaining Services

Post-Acute Support Services

- Short Term Post Hospitalization Housing
- Recuperative Care (Medical Respite)
- Sobering Centers
- Respite Services
- Day Habilitation Programs

Transition Support

- Nursing Facility (NF)
Transition/Diversion to Assisted Living
Facilities
- Community Transition Services/ NF
Transition to a Home

At Home Support

- Personal Care & Homemaker Services
- Home Modifications
- Meals / Medically Tailored Meals
- Asthma Remediation

NEW CALAIM SERVICES - CS

- How Can I Refer?

Each Managed Care Plan has their own referral process. Please click on the MCP associated with your Member below to learn about their CS referral process.

- [Aetna](#)
- [Anthem](#)
- [Health Net](#)
- Kaiser – Email: Regmcdurns-kpnc@kp.org OR Phone: 1-833-721-6012 (Greater Sacramento Valley & Central Valley Area)/ 1-833-843-6363 (all Other Areas)
- [Molina](#)

CALAIM BHS INITIATIVES — NO WRONG DOOR

- What is No Wrong Door?

This policy ensures that **Medi-Cal Members receive timely mental health services without delay regardless of the delivery system where they seek care**, and that Members are able to maintain treatment relationships with trusted providers without interruption.

CALAIM BHS INITIATIVES – NO WRONG DOOR

No Wrong Door Policy

Clinically appropriate and covered NSMHS and SMHS services are covered and reimbursable Medi-Cal services even when:

- 1 Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met;
- 2 The beneficiary has a co-occurring mental health condition and substance use disorder (SUD);
- 3 Services are not included in an individual treatment plan*; **OR**
**Applies to NSMHS per APL; SMHS guidance forthcoming via BH Documentation Reform*
- 4 NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

- NSMHS: Non Specialty Mental Health Services
- SMHS: Specialty Mental Health Services

CALAIM BHS INITIATIVES — BEHAVIORAL HEALTH INTEGRATION

- DHCS has announced that all County Behavioral Health Service departments shall be integrated by 2027
- What does this mean?
 - The Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) will have a combined DHCS contract (currently they are separated)
 - An integrated MHP/DMC-ODS Access point will be implemented
- Additional information is forthcoming

CALAIM BHS INITIATIVES – ADDITIONAL INITIATIVES

- **Documentation Reform:**

Sacramento County BHS has updated policies and procedures to be in line with CalAIM documentation reform initiatives

- **Payment Reform:**

As of July 1, 2023, BHS has updated its billing system to leverage Current Procedural Terminology (CPT) Procedural Billing Codes and an Intergovernmental Transfer (IGT) Process for claiming and reimbursement

- **New Electronic Health Record:**

As of July 1, 2023, BHS has opted into CalMHSA's semi-statewide electronic health record (EHR)

CALAIM BHS INITIATIVES – CULTURAL CONSIDERATIONS

- Provider involvement in system navigation builds in support for Members with need for interpretation services, special accommodations, etc. by accessing resources for Members.
- Emphasis on outreach services helps engage Members that are unserved, underserved, and inappropriately served in our community.
- Emphasis on hiring staff that are reflective of the diverse population of Sacramento County aids in providing culturally responsive services.
- Providing culturally specific resources in the community aids Members with building support networks.

CALAIM PRIORITIES AND CHALLENGES

Local Priorities

- Implementing DHCS mandated CalAIM initiatives
- Supporting Managed Care Plans (MCP) ECM/CS implementation, including identifying and addressing system gaps
- Developing and launching the Social Health Information Exchange to enable more robust data sharing and communication

Current & Anticipated Challenges

- Coordination and standardization across 4-5 MCPs and integration with existing Sacramento County systems
- Billing across different MCP systems, especially for social service programs providing ECM and CS
- Change management

WHAT DOES CALAIM MEAN FOR MHSA?

- MCPs will fund activities not traditionally covered by Medi-Cal through ECM and CS

Implications: With new covered benefits through ECM and CS, MHSA dollars can go farther.

- MCPs may contract with a wide variety of community-based organizations that may or may not have Medi-Cal contracts

Implications: ECM and CS services may give providers without access to MHSA funds an avenue to bill for preventative and barrier reducing services

- Future integration of Mental Health and Substance Use Prevention and Treatment services make it easier to provide care to those with co-occurring disorders.

Implications: Individuals served with co-occurring disorders in MHSA funded programs may receive better and more seamless care.

QUESTIONS AND DISCUSSION



THANK YOU

DANA SEBASTIAN, CALAIM HEALTH
PROGRAM MANAGER

SEBASTIAND@SACCOUNTY.GOV

DARLENE MOORE, CALAIM HUMAN
SERVICES PROGRAM PLANNER

MOOREDA@SACCOUNTY.GOV

ENHANCED CARE MANAGEMENT
INFORMATION

BHS-ECM@SACCOUNTY.GOV

