

# Sacramento County Health Authority Questions

## Re: DHCS Model of Care Part 1

Domain	#	A) Final DHCS Question - Part 1	B) Sacramento County Health Authority Commission Additional Questions/ Comments
<b>Enhanced Care Management (ECM)</b>			
A. ECM Provider Capacity	1	Describe the MCP's ongoing approach for ECM Provider network development and ensuring it has sufficient capacity to meet the needs of the ECM Population of Focus in a community-based manner through contracts with ECM Providers.	
	2	Describe the MCP's strategy for building and ensuring sufficient ECM Provider capacity at launch, and expanding Provider capacity over time to be able to serve all Members within each mandatory Population of Focus by 2024.	2B) What's your proposed timeline for implementation for each population? Do you plan to provide ECM for any additional populations? Please list proposed eligibility criteria for each ECM population.
	3	Provide an update on the status of the ECM Provider network development activities (i.e., complete, on-track, or delayed/off-track) and reasons if delayed/off-track. Describe any anticipated challenges that may cause the MCP to rely on the exceptions process outlined in Section 4 of the ECM and ILOS Contract. Describe mitigation strategies for any anticipated challenges, specifying to which county/service area they apply.	3B) Provide at least 1-2 specific examples of anticipated challenges and mitigation strategies

	4	Describe the MCP's coordination with Tribal partners, as applicable in the counties the MCP serves, to ensure sufficient and timely ECM Provider access for American Indian enrollees who are eligible to receive ECM.	4B) How do you plan to collaborate with urban American Indian health entities (i.e., SNAHC) and Tribal entities (i.e., Wilton Band of Miwok Indians)?
	5	<u>For MCPs in counties in which a local government agency (LGA) operates a Targeted Case Management (TCM) program:</u> List the TCM populations that LGAs are serving in each county, and explain how the MCP will coordinate with the LGA to ensure that Members receiving ECM do not receive duplicative TCM services.	
	6	Describe how the MCP will prioritize engagement of county behavioral health staff/providers to serve as the ECM Provider for the ECM adult Population of Focus with SMI or SUD, provided they agree and are able to coordinate all services needed by those Populations of Focus, not just their behavioral health services.	

<p>B. Transition of Whole Person Care and Health Homes Program to ECM</p>	<p>7</p>	<p>Transition and Coordination Questions for MCPs Operating in WPC and HHP Counties. Using the supplementary Excel template titled “MOC Excel File Part 1 ECM WPC-HHP Transition” provide the following information: i. The Whole Person Care Lead Entities (LEs) and Community-Based Care Management Entities (CB-CMEs) currently providing HHP and WPC care coordination services;</p> <p>ii. Which Target Populations, respectively, each currently serves; iii. Whether the MCP has contracted or intends to contract with the existing WPC LE or HHP CB-CME Providers to provide services as an ECM Provider and the ECM Population(s) of Focus each will serve; and iv. If the MCP anticipates that it will not contract or is not able to affirmatively report contracting status for a WPC LE or HHP CB-CME Provider, select the reason for not contracting, consistent with exceptions in Section 6 of the Contract. MCPs are required to submit a written request in accordance with Section 6 exceptions at the same time as submitting the MOC Excel File Part 1 ECM WPC- HHP Transition Excel template, along with a justification and/or supporting documentation for requesting a contracting exception.</p> <p>v. For all Providers where status is listed as To Be Determined (TBD), an updated Transition Template is required to be submitted 60 days after the initial submission.</p>	
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	8	<p><u>Transition and Coordination Question for MCPs Operating in HHP Counties.</u> If the MCP is currently operating a Model II or Model III in HHP, describe below how Members will continue receiving care management services under ECM and what the MCP's plan is to begin contracting with community-based Providers.</p>	
<b>In Lieu of Services (ILOS)</b>			
A. ILOS Election	9	<p>Indicate which of the DHCS pre-approved ILOS listed below the MCP plans to provide, indicating which county or counties will be served for each elected ILOS. Indicate the start date if it is different from 1/1/22, which can be 1/1/23 or any other date of a succeeding six (6)-month interval. Note that the MCP will be required to submit more detailed information outside of the MOC Template on ILOS offerings, for future rate setting and other purposes. This list is preliminary and the MCP may make modifications in Part 2.</p> <p>i. Housing Transition Navigation Services; ii. Housing Deposits; iii. Housing Tenancy and Sustaining Services; iv. Short-Term Post-Hospitalization Housing; v. Recuperative Care (Medical Respite); vi. Respite Services; vii. Day Habilitation Programs; viii. Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF); ix. Community Transition Services/Nursing Facility Transition to a Home; x. Personal Care (beyond In-Home Services and Supports) and Homemaker Services; xi. Environmental Accessibility Adaptations (Home Modifications); xii. Meals/Medically Tailored Meals; xiii. Sobering Centers; xiv. Asthma Remediation</p>	<p>9B) Will the MCP seek approval for any ILOS beyond the ILOS that DHCS has pre-approved? If so, describe the proposed additional target population(s), eligibility criteria, rationale for including each additional population, and when the MCP proposes to provide ECM to the additional population(s).</p>

<p>B. ILOS Provider Capacity</p>	<p>10</p>	<p>For each elected, pre-approved ILOS, describe the MCP's approach to ILOS Provider Network development. Descriptions must indicate if the MCP intends to restrict the elected service in any way.</p>	<p>10B) For each ILOS, please indicate if the MCP will provide it direct or sub-delegate it. If the MCP provides it inhouse, how will they work with the delegated provider? Please describe your experience with the provision of these or similar services (including whether the model was direct or sub-delegated).</p>
	<p>11</p>	<p>For each elected, pre-approved ILOS, if the ILOS Provider network/capacity will not reasonably allow for county-wide provision of ILOS to all eligible Members in the county at the time of implementation, provide a brief overview of the MCP's approach to expanding Provider network/capacity over a three (3)-year timeframe.</p>	

<p>C. Transition and Coordin- ation Questions for MCPs Operating in WPC Counties</p>	<p>12</p>	<p>12. Using the supplementary Excel template titled “MOC Excel File Part 1 ILOS Preliminary Election &amp; WPC-HHP Transition,” provide the following information:</p> <p>i. The WPC LEs) and HHP CB-CMEs currently providing ILOS- equivalent HHP and WPC services.; ii. Which counties, respectively, each currently serves.; iii. Whether the MCP has contracted or intends to contract with the existing WPC LE or HHP CB-CME Providers to serve as an ILOS Provider.; iv. If the MCP anticipates that it will not contract or is not able to affirmatively report contracting status for a WPC LE or HHP CB-CME Provider, describe the reason for not contracting, consistent with exceptions in Section 6 of the Contract. MCPs are required to submit a written request in accordance with Section 6 exceptions at the same time as submitting the Transition Template, along with a justification and/or supporting documentation for requesting a contracting exception.; v. List each ILOS-equivalent service offered as part of WPC Pilot or as part of the HHP.</p> <p>vi. Indicate whether the WPC or HHP service will be transitioned to it corresponding ILOS. MCPs can leverage the DHCS-developed crosswalk of these services, titled “WPC Data Mapping,” as needed for reference. DHCS will review the MCP crosswalk of existing WPC services against corresponding ILOS using the WPC Data Mapping crosswalk.; vii. If the services will NOT be transitioned, describe why, and explain how the MCP will meet the needs of the individuals previously receiving the service. viii. For all Providers where status is listed as To Be Determined, an updated Transition Template is required to be submitted 60 days after the initial submission.</p>	
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	13	For those WPC services or HHP services that the MCP does not transition to a related ILOS in the county, briefly explain how the needs of the Members previously receiving these services will be met.	13B) If the MCP is intending to not transition any WPC/HHP service and provide it as an ILOS, please describe why and additional services that will be provided to meet the Members' needs.
<b>Coordination across MCPs</b>			
	14		14) Describe how you are coordinating with existing Medi-Cal managed care plans for ECM and ILOS. How, if at all, are you working with other Sacramento County GMC MCPs to ensure consistency of ECM/ILOS services offered, eligibility requirements, referral and authorizations processes?

	15		<p>It is important that providers have the ability to make referrals, and for consistency in services offered, eligibility criteria, and referral processes across MCPs. Please describe your future plans to coordinate and ensure consistency across MCPs.</p>
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