Gold Coast Health Plan℠
A Public Entity

Integrity
Accountability
Collaboration
Trust
Respect

CalAIM, Managed Care Plans, & Enhanced Care Management

David Tovar
Incentive Strategy Manager

What is CalAIM?

- California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.
- Depending on the needs of the individual, some may need to access six or more separate delivery systems
  - (managed care, fee-for-service, mental health, substance use disorder, dental, developmental, In-Home Supportive Services, etc.).
- The need for care coordination increases with greater system fragmentation, greater clinical complexity, and/or decreased patient capacity for coordinating their own care.

CalAIM Goals

#1

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

#2

Improve quality outcomes, reduce health disparities, and transform the delivery system through valued-based incentives, modernization, and payment reform.

#3

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

CalAIM

DHCS

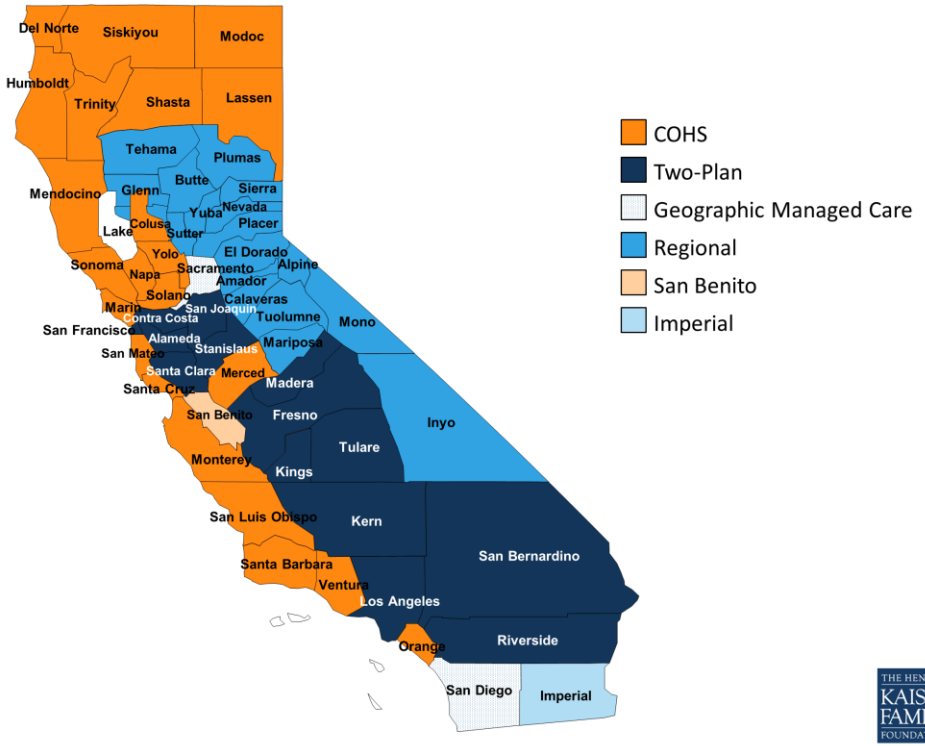
CalAIM Addresses Social Determinants (or Drivers) of Health

What is a Medi-Cal Managed Care Plan (MCP)?

- Insuring almost one-third of California's residents.
- Medi-Cal is a key source of health coverage in the state and the main source of coverage for low-income children, adults, and people with disabilities.
- Through managed care, the state contracts with health plans to deliver Medi-Cal benefits in exchange for a monthly premium, or "capitation" payment for each enrollee. The plans are accountable for and at financial risk for providing the services rather than the state.

Figure 1

Medi-Cal Managed Care Models, by County



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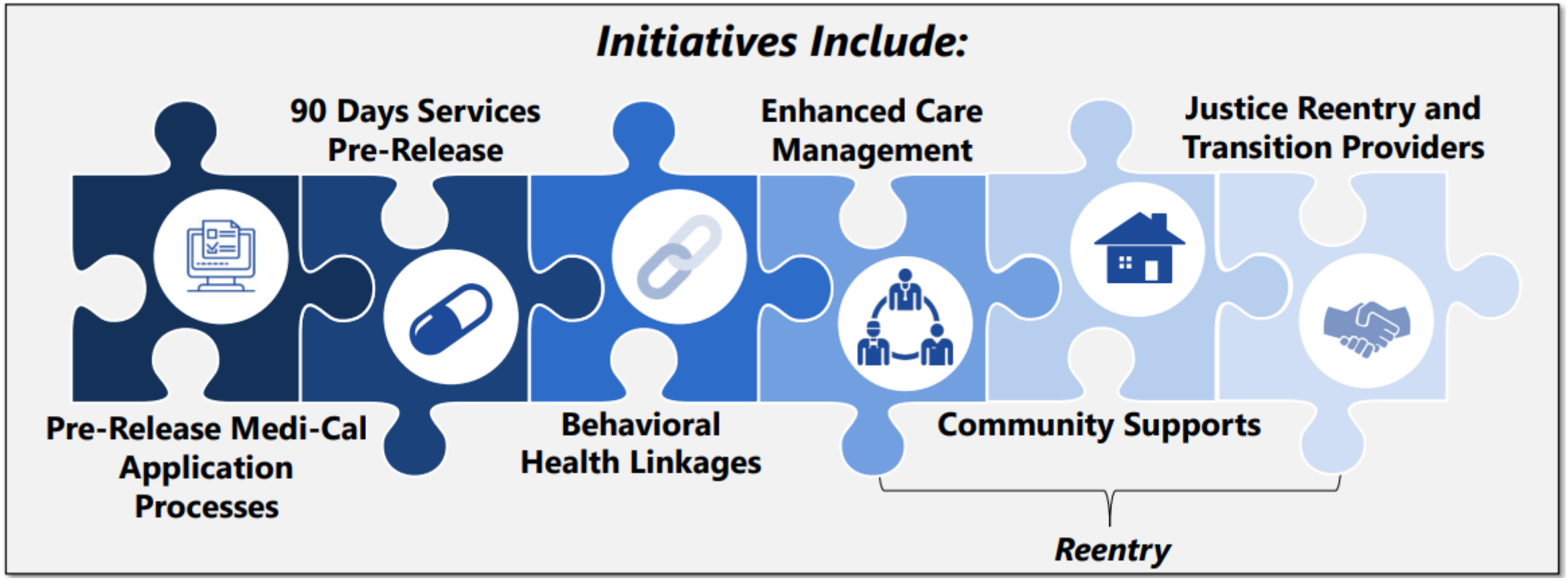
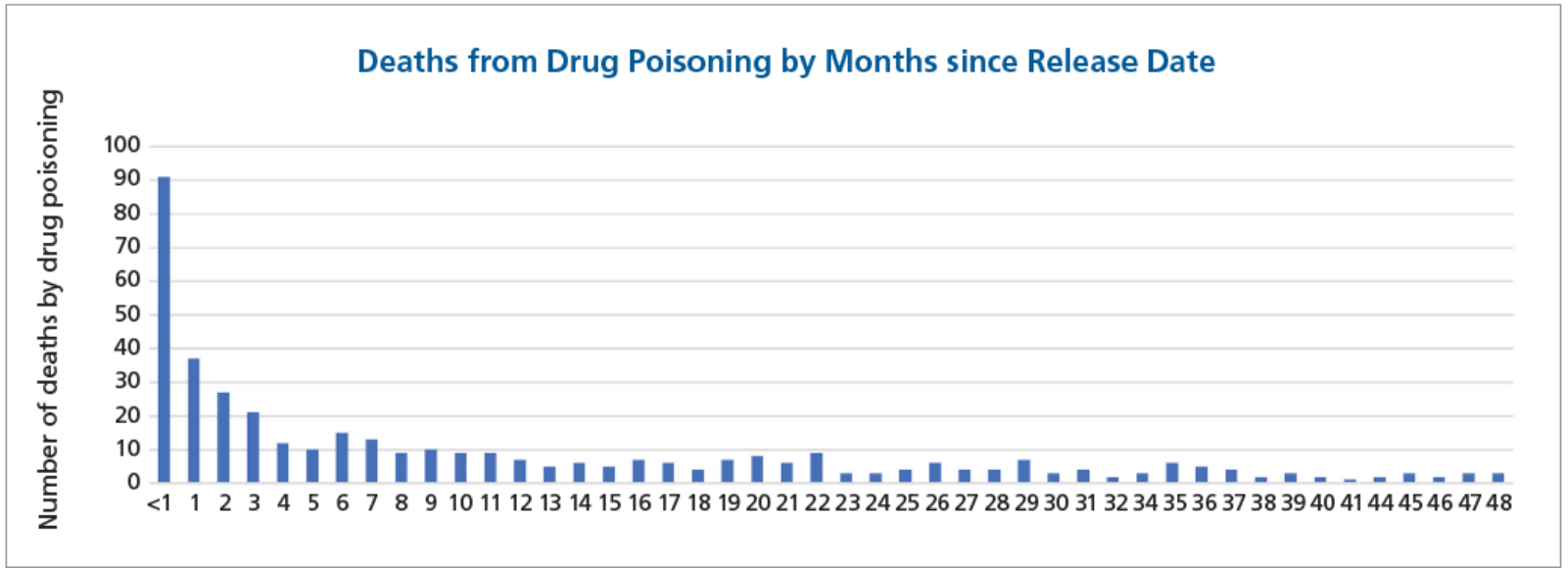
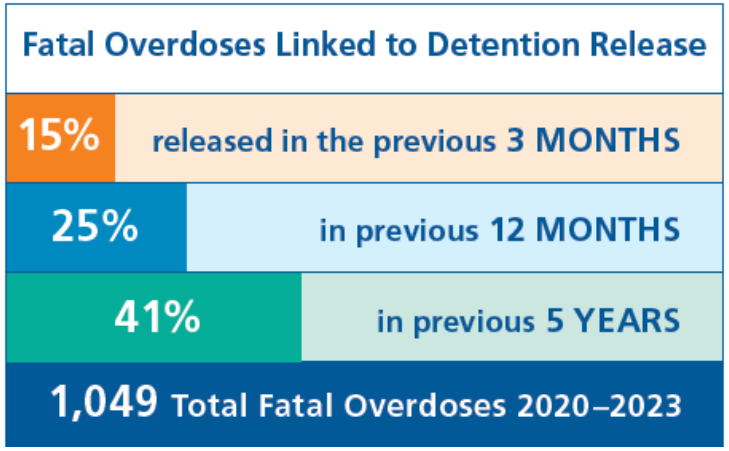
MCPs and Justice Services



Overdose Deaths After Release





MCP's Justice Liaison

- An individual or a team (i.e., a live person not an automated hotline) who is available to support correctional facilities, pre-release care managers, and/or ECM providers as needed.
- Justice Liaison's will assist with:
  - Validation of MCP assignment
  - ECM provider assignment
  - Authorizations for community supports and other vital services

What is ECM?

ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs.

ECM provides systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered.

ECM builds on both the design and the learning from the Whole Person Care and Health Homes Pilot Programs.

ECM, with Community Supports, replaces both initiatives, scaling up the interventions to form a statewide care management approach that is a key component of the overall PHM Program.

ECM Populations of Focus

			ADULTS*	CHILDREN & YOUTH
	1	Individuals or Families Experiencing Homelessness	✓	✓
	2	Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called “High Utilizers”)	✓	✓
	3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
★	4	Individuals Transitioning from Incarceration	✓	✓
	5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	n/a
	6	Adult Nursing Facility Residents Transitioning to the Community	✓	n/a
	7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	n/a	✓
	8	Children and Youth Involved in Child Welfare	n/a	✓
	9	Birth Equity	✓	✓

Adults are ages ≥21; children & youth are ages <21 except foster youth is up to age 26 per DHCS

Adults Transitioning from Incarceration

1. Are transitioning from a correctional or transitioned from correctional facility within the past 12 months; and,
2. Have at least one of the following conditions:
   I. Mental illness;
   II. SUD;
   III. Chronic Condition/Significant Non-Chronic Clinical Condition;
   IV. Intellectual or Developmental Disability (I/DD);
   V. Traumatic Brain Injury (TBI);
   VI. HIV/AIDS;
   VII. Pregnant or Postpartum

MCPs may not impose additional eligibility requirements for authorization of ECM.

Children and Youth Transitioning from a Youth Correctional Facility

- Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months.
- No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

MCPs may not impose additional eligibility requirements for authorization of ECM.

Examples of Eligible Justice Involved Individuals

An individual with an SUD diagnosis, was incarcerated 3 months ago in a jail for 2 days, did not receive pre-release services while incarcerated, and was referred to the MCP by a FQHC.

A person who has HIV, was incarcerated in a California state prison for two years, was found eligible for and received targeted pre-release services which included pre-release care management, and began receiving post-release ECM services beginning the day of their release.

A youth was incarcerated in a youth correctional facility for 30 days, was found eligible for and received targeted pre-release services, and began receiving post-release ECM services beginning the day of their release.

MCPs may not impose additional eligibility requirements for authorization of ECM.

ECM Core Services

- Outreach and engagement
- Comprehensive assessment and care management planning
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family supports
- Coordination and referral to community and social support services

Additional Justice ECM Services

Develop and facilitate a care plan to help stabilize conditions prior to release

Maximize continuity of care management and access to services, as individuals transition between incarceration and reenter the community

Build trusted relationships between the individual who is incarcerated and the care manager, who will support the individual's transition back to the community

Create and implement a reentry care plan in consultation and collaboration with the individual and other providers

What are Community Supports (CS)?

Supports for Housing Insecurity

PoF: Individuals experiencing homelessness

1. **Housing Transition Navigation Services**
2. **Housing Deposits**
3. **Housing Tenancy & Sustaining Services**
4. **Short-Term Post Hospitalization Housing**
5. **Recuperative Care (Medical Respite)**
6. **Day Habilitation**

Supports to Keep People at Home

PoF: Individuals at risk for institutionalization in a nursing home

7. **Respite Services (for caregivers)**
8. **Nursing Facility Transition/ Diversion to Assisted Living Facilities**
9. **Community Transition Services/ Nursing Facility Transition to a Home**
10. **Personal Care & Homemaker Services**
11. **Environmental Accessibility Adaptations (Home Modifications)**

Supports to Improve a Chronic Condition

PoF: Individuals who have certain chronic conditions and require support

12. **Meals/Medically Tailored Meals**
13. **Asthma Remediation**

Support to Recover from Acute Intoxication

PoF: Individuals found publicly intoxicated to divert from jail or the Emergency Department

14. **Sobering Centers**

Note: majority of the referrals for this service are from law enforcement and stays must be less than 24 hours.

Community Supports (CS) are non-medical, wrap-around services provided as a substitute or support to avoid other Medi- Cal covered services such as emergency room visits, an avoidable hospital or skilled nursing facility admission, or a discharge delay.

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Questions?

Contact:
David Tovar
Dtovar@goldchp.org

Additional Information and Resources

- Gold Coast Health Plans website
- PATH-CITED funding – through Department of Health Care Services
- Medi-Cal ECM Policy Guide
- Medi-Cal Community Supports Policy Guide
- National Provider Identifier (NPI) - required for ECM & CS Providers
- Non-Binding ILOS Pricing Guide- for Community Supports
- California Health Foundation- Resources for New CalAIM Providers
- DHCS- Community Supports Member Sharing Guidance