

COUNTY OF SANTA BARBARA

CalAIM California's Healthcare Reform Effort for Medi-Cal

Presenters:

**Terri Nisich - Assistant County Executive Officer
Lindsay Walter - Principal Management Analyst
Marina Owen - CenCal Health, Chief Executive Officer**



Presentation Overview

1. CalAIM overview

2. What is Medi-Cal?

3. CalAIM goals / key initiatives

4. County planning & readiness

5. Health Plan readiness

6. Next steps

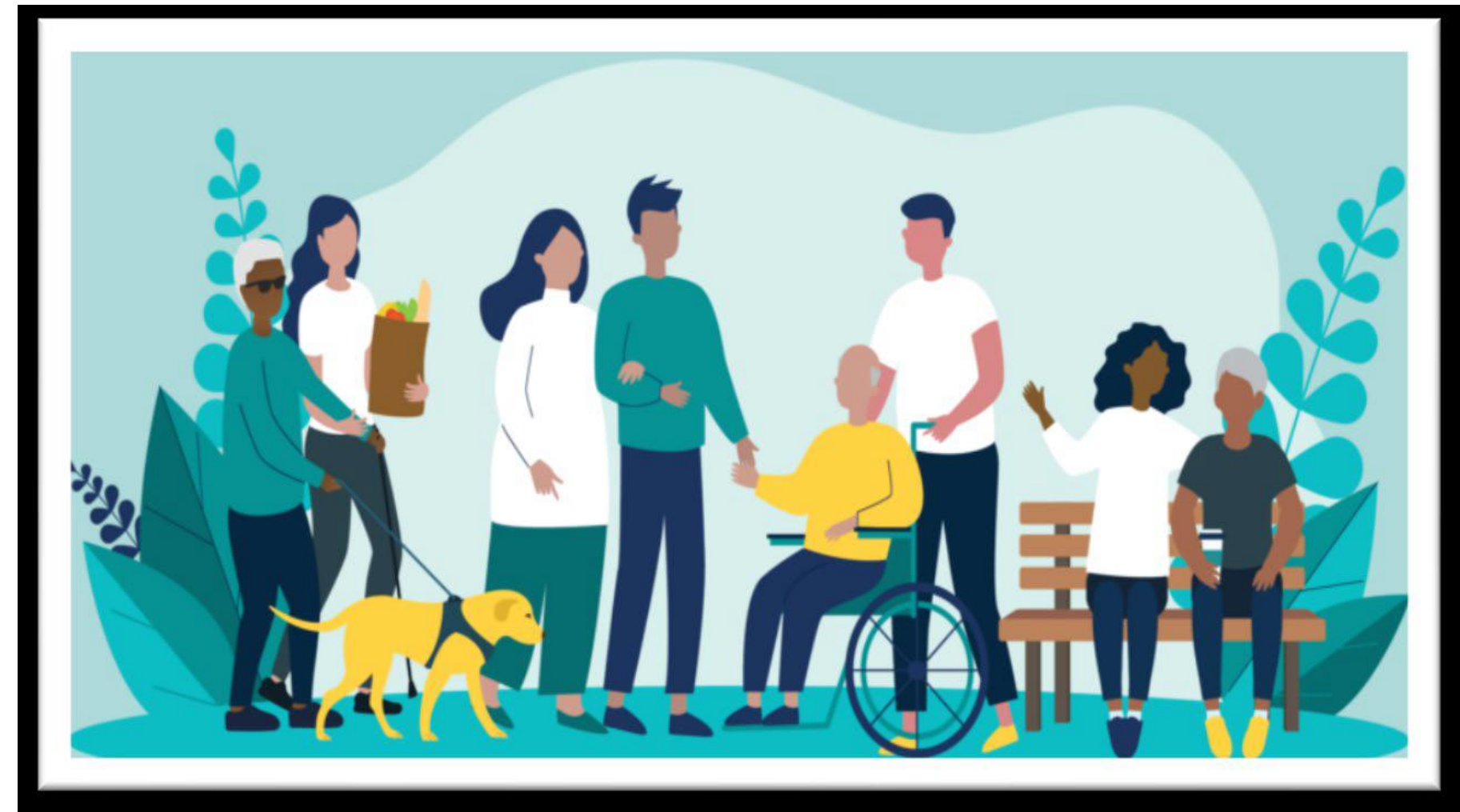


What is CalAIM?

CalAIM: California's Opportunity to Transform Medi-Cal

California Advancing and Innovating Medi-Cal (CalAIM) is a framework that encompasses broad-based delivery system program, and payment reform across the Medi-Cal Program.

CalAIM's bold mission to transform Medi-Cal requires the investment and sustained commitment of a broad network of health partners, including managed care plans, providers, and community-based organizations. It is creating a better Medi-Cal for 13M+ Californians, offering more equitable, coordinated, and person-centered care.



How can CalAIM Improve the Lives of People enrolled in Medi-Cal?

JESSICA/ MAX / ARI –

Mother pregnant, Dad has heart problems and diabetes, Son experiencing Asthma

Vision with CalAIM...

- *Mom assigned care manager who connects her to specialists
- *Dad provided nutrition services and medically-tailored meals
- *Son linked to asthma remediation services including air purifier and dehumidifiers for home
- * Ongoing check-ins and coordination



PHIL –

Suffers from Alcohol Addiction and Depression, Living in an Encampment

Vision with CalAIM...

- *Initial link to street medicine team
- *Sobering Center
- *Assigned Care Manager
- *Housing support services and benefit acquisition with initial deposits
- *Contingency Management and peer services with groups
- *Ongoing check-ins and coordination

The Building Blocks – What is Medi-Cal and the Managed Care Plan ?

Medi-Cal (California's Medicaid program) is a public health insurance program that provides health care coverage for low-income individuals and families who meet defined eligibility requirements.



What is Medi-Cal?

Medi-Cal is **NOT** the same as:



Medicare, which covers people over 65 or with disabilities

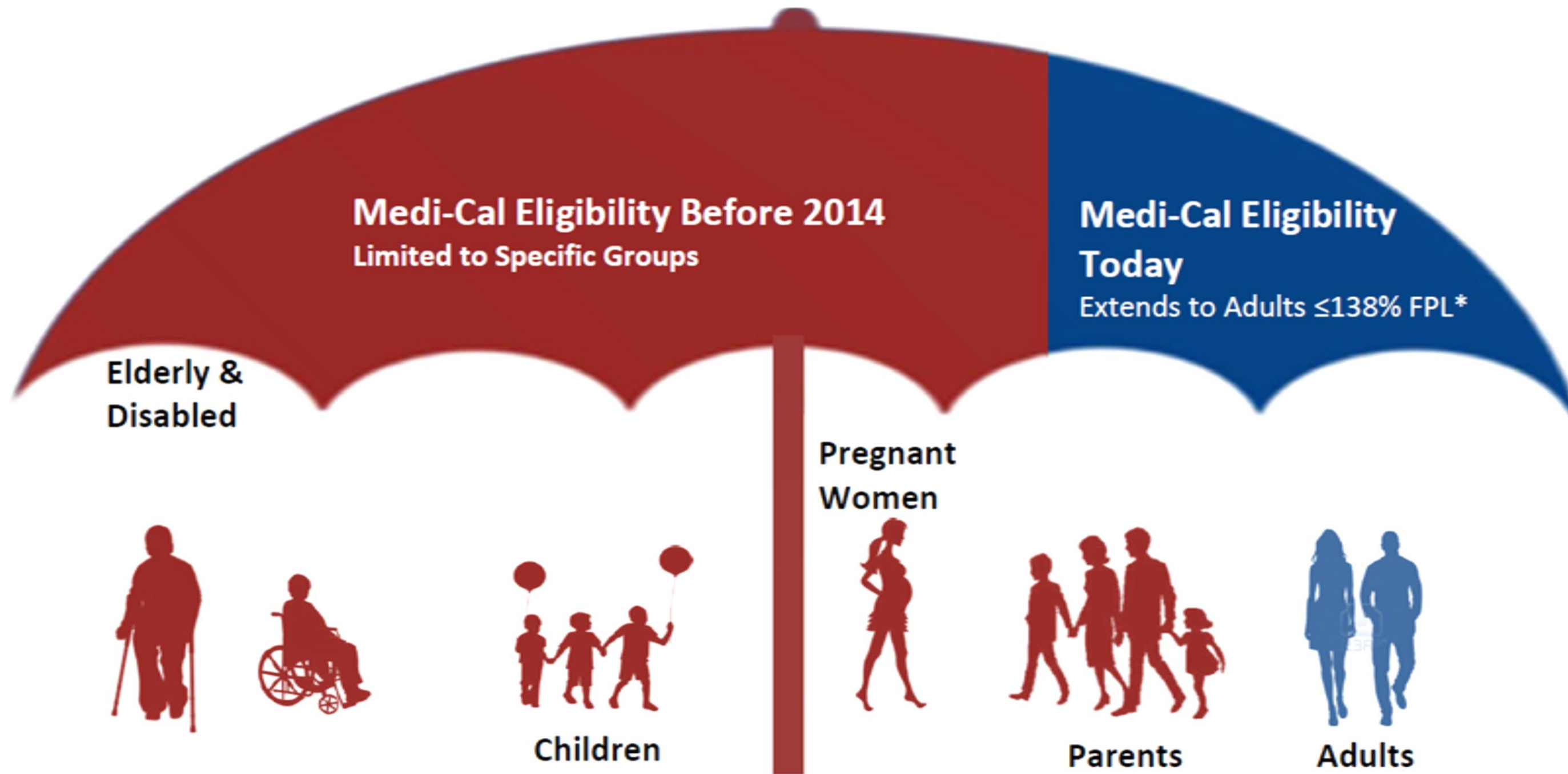


Commercial or individual health insurance, such as employer health insurance or Covered California



Who does Medi-Cal Cover?

MEDI-CAL ELIGIBILITY EXPANDED TO FILL COVERAGE GAPS FOR ADULTS



*138% FPL = \$17,609 for an individual and \$29,974 for a family of three in 2021

Medi-Cal Statistics

California

- ❑ As of January 2020: 13.6M recipients
- ❑ With COVID-19 coverage, projected increase to peak at 15M recipients in 2022
- ❑ Almost 1/3 of California population
 - ½ of children
- ❑ Total Medi-Cal Cost in FY 2019-20:
 - \$150B, with about 70% coming from federal government
- ❑ Projected Medi-Cal Cost in FY 2022-23:
 - \$123B; with \$2.8B for CalAIM initiatives



Santa Barbara

- ❑ As of July 2022: 167,468 recipients, including 79,789 families



Medi-Cal provides a core set of health benefits, including:



Source: California Department of Health Care Services



How does Medi-Cal Deliver Services?

Medi-Cal Fee-for-Service (FFS)

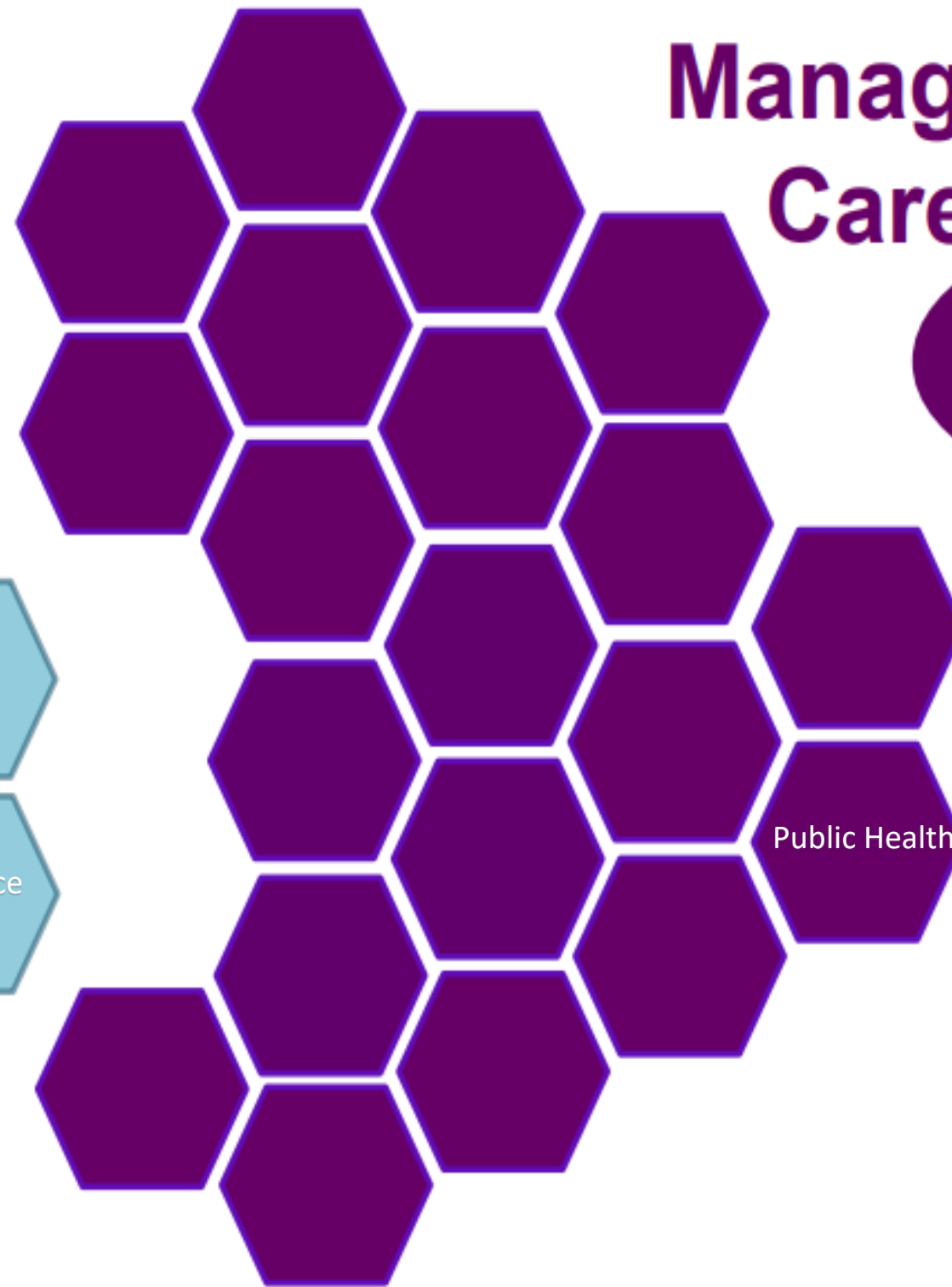
17% Medi-Cal enrollment



Services carved out of managed care

Medi-Cal Managed Care

83% Medi-Cal enrollment



Managed Care is CenCal Health in Santa Barbara County; the Department of Public Health is a provider

Carve Outs are the Mental Health Plan and Substance Use “Organized Delivery System” operated by Department of Behavioral Wellness

CalAIM: The Big Picture



California Advancing and Innovating Medi-Cal (CalAIM)
Our Journey to a Healthier California for All

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

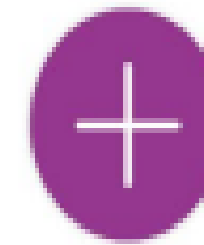
CalAIM Goals



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.



CalAIM's Purpose and Key Objectives

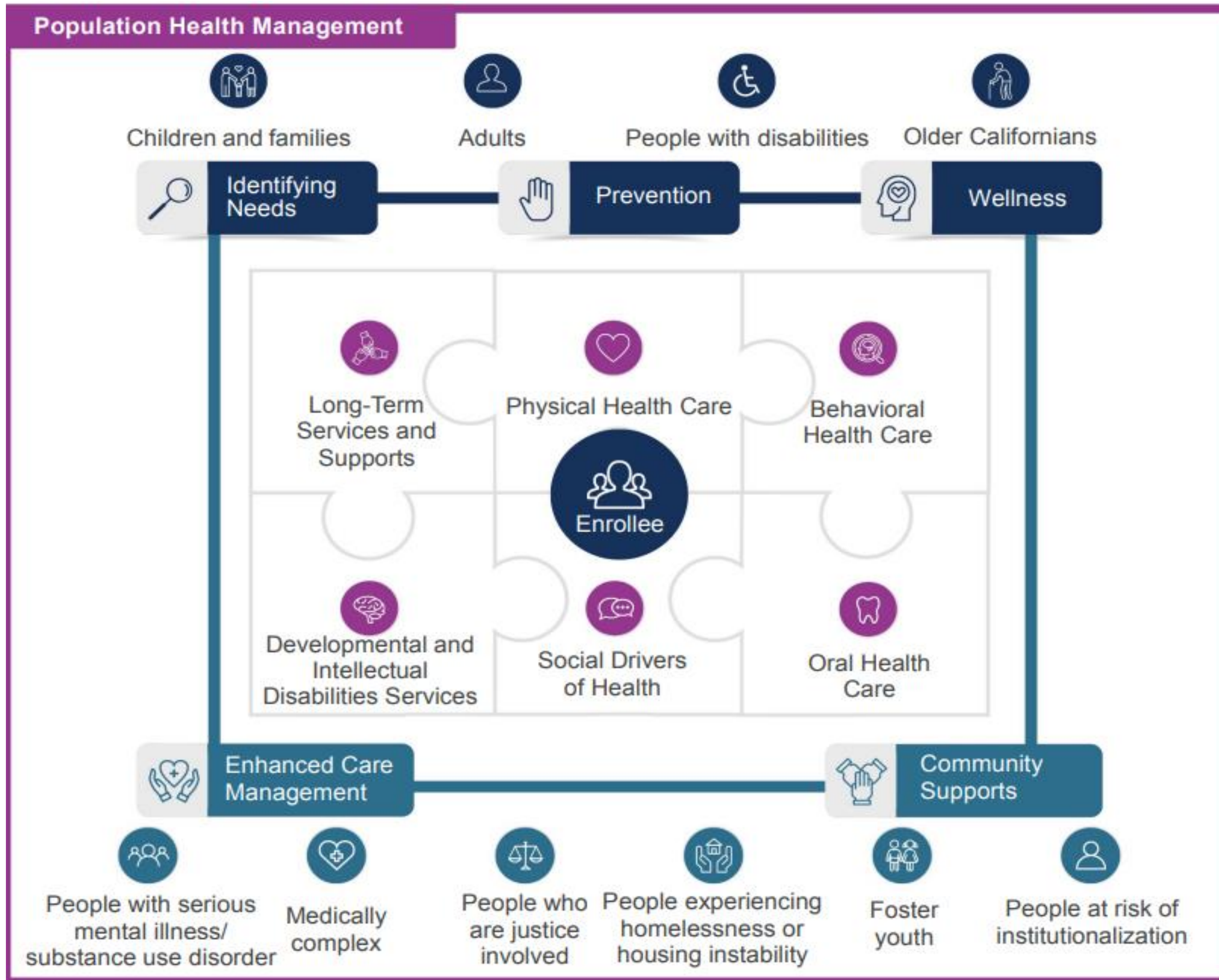
California's ambitious proposal to transform Medi-Cal

- Significant reforms to *expand, transform, streamline Medi-Cal service delivery and financing.*
- *Phased implementation over 5-years*, Jan 2022 thru Dec 2027.
- Developed *to succeed expiring federal waivers*, including the Medi-Cal 2020 Waiver, which created the Whole Person Care programs.
- Consists of federal waivers and state-only proposals and *aligns federal authority* for nearly all Medi-Cal managed care, specialty mental health, substance use disorder, and dental programs.

Key objectives

- Improve population health *using whole person care and social determinants of health.*
- *Reduce complexity and variation*, and increase flexibility across Medi-Cal.
- *Improve quality outcomes, reduce health disparities, and modernize systems* through value-based initiatives and payment reform.

Visualize the Future: California's Population Health Management



CalAIM(California Advancing & Innovating Medi-Cal)

Key Components

- Develop statewide *population health management strategy* & require submission of local plans
- Implement a new *statewide enhanced care management (ECM) benefit*
- Implement non-medical *community supports* (formerly called “in lieu of services”)
- Implement *incentive payments* to drive plans and providers to invest in necessary infrastructure, and build ECM and community supports capacity statewide
- Pursue participation in the *Serious Mental Illness (SMI) /Serious Emotional Disturbance (SED) demonstration opportunity*
- *Integrate behavioral health* and streamline administration, including *Drug Medi-Cal Organized Delivery System (ODS)*
- Justice –Involved improved access and requirement of screening and enrollment for *Medi-Cal prior to release from county jail*
- *Pilot full integration* of physical, behavioral, and oral health under one contracted regional/county entity
- Develop long-term plan for improving health outcomes among *foster care children and youth*

CalAIM(California Advancing & Innovating Medi-Cal)

Behavioral Health Policy Reforms

- **Simplify who can get care:** streamlining specialty mental health criteria (“medical necessity), allowing care prior to diagnosis, care of people with co-occurring mental health and substance use disorder, “no wrong door”
- **Improve experience and workforce retention:** simplifying documentation standards
- **Standardize entry points** into care across mental health and managed care plans: new screening tool
- **Standardize transitions** across mental health plans and managed care: new transition tool
- **Improve coordination and communication between counties and Medi-Cal**
- **Update the Drug Medi-Cal Organized Delivery system** from pilot to standard of care
- **Shift recoupment practices:** focus on fraud/waste and abuse, reduce audit risk
- **Payment reform** and payment structure updates

County Readiness and Implementation Planning

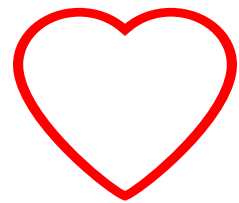
- *CalAIM reaches into the Health and Human Services Recovery Plan which was adopted in Fall 2021. The American Rescue Plan Act Board of Supervisors' investment included:*
 - Funding for high utilizer and coordination of “no wrong door” technology and services,
 - Creation of a community wellbeing dashboard, and
 - Community engagement strategies including Promotoras.
- *Leveraging strong, established partnerships.*
 - Regular meetings with CenCal Health, departments, and community based organizations,
 - Joint local advocacy with Department of Health Care Services (DHCS); and
 - Data sharing and reporting mechanisms with enhancements for all partners including focus on high utilizers, care coordination, and homeless and justice populations.
- *Seeking to collectively leverage as much federal and state funding as possible, through combination of:*
 - CalAIM incentives and reimbursement, and
 - Providing Access and Transforming Health (PATH) funding designated for justice and improving overall equity of access to healthcare.

Santa Barbara County Safety Net Impacts

<p>CEO</p> <p>Health and Human Services: (ex: Social Services, Public Health, Behavioral Wellness, Community Services, First 5)</p>	<ul style="list-style-type: none"> • Project Coordination • Facilities and data systems • Behavioral Health service delivery and payment structure • Housing and homelessness service delivery and reimbursement • Children’s Behavioral Health Initiative and service structure • Enhanced Care Management and Community Supports services • Eligibility and enrollment • Foster care services
<p>General Services / Information Technology</p> <p>Probation & Sheriff</p>	<ul style="list-style-type: none"> • Facilities and data systems • Pre-release Medi-Cal enrollment and services • Warm hand-off to behavioral health
<p>CenCal Health</p> <p>Hospitals</p>	<ul style="list-style-type: none"> • MAJORITY of CalAIM operations / financing, lead administrator • Service delivery and reimbursement • Public hospital financing programs
<p>Community clinics</p>	<ul style="list-style-type: none"> • Service delivery and reimbursement • Enhanced Care management and Community Supports services
<p>Housing providers</p>	<ul style="list-style-type: none"> • Service delivery and reimbursement



Key Initiatives for County Departments FY 22-23 and FY 23-24



Behavioral Wellness

- Quality Improvement Plan
- Payment Reform
- Infrastructure Grants
- Standardized assessment tools and documentation updates
- Medical Necessity Determination updates
- IT Electronic Health Records / Coordination Systems
- Expanded Benefits (i.e. contingency management, mobile crisis, community supports – sobering center)



Public Health

- Enhanced Care Management with CenCal Health
- Information Technology systems enhancement for ECM, care coordination, and billing
- Coordination of Population Management with CenCal
- PATH – CITED grant for improving access



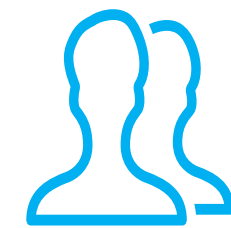
Community Services

- Community Supports coordination with CenCal Health and Community Based Organizations
- Housing and Homelessness Incentive Program (HHIP) with CenCal Health



Probation / Sheriff

- Enrollment and provision of targeted set of Medi-Cal services to eligible justice populations prior to release
- Initiation of linkage to behavioral health appointment and community supports / ECM at discharge
- Information technology and data sharing



Social Services

- Re-enrollment of members due to public health emergency ending
- Expanded populations for enrollment
- Pre-release enrollment

County Opportunities and Risks

OPPORTUNITIES

- Builds on Health and Human Services Recovery Plan,
- No Wrong Door for clients who will receive new Coordinated Case Management and transition easily with elimination of “Silos,”
- Common enrollment for members and aligned clinical assessment and treatment tools for all providers,
- Transition to outcomes based services by eliminating ineffective models (such as cost reporting or fragmented uncovered expenditures) and new service benefits, and
- Whole Person Care by full integration of physical health, behavioral health, and oral health services under one contracted entity as long term vision.



County Opportunities and Risks

RISKS

- **Funding**

- Rate Setting: New Behavioral Health Plan and Organized Delivery System Payment Structure,
- Shifting services, such as Community Services like housing supports, to CenCal Health, and
- Impact of COVID-19 and California economic factors during initial phases.

- **Healthcare Infrastructure “Readiness” for Systems Reform**

- Countywide workforce resources (County Staff, Providers, Partners),
- New County obligations, data sharing, and modernized electronic technology,
- CenCal Health preparedness and competition for current services provided by County with new opportunities,
- Possible restructuring of service delivery mechanisms in Departments,
- Accreditation of Medi-Cal Managed Care Plans and Subcontracted Entities by 2025,
- Preparation for preliminary ideas and DHCS timelines; the “unknown.”



County Departments' progress on initiatives and upcoming timelines:

Behavioral Wellness –

- Drug Medi-Cal ODS Program Renewal and Services ~ started [January 1, 2022](#)
- Update to Behavioral Health Medical Necessity and Criteria ~ started [January 1, 2022](#)
- Update Behavioral Health No Wrong Door Policy Streamlining Screening and Tools ~ guidance [January 1, 2022](#), implementation of new tools [January 1, 2023](#)
- Behavioral Health Quality Improvement Plan ~ started [July 1, 2022](#)
- Justice Discharge Coordination to Behavioral Health Appointments ~ [January 1, 2023](#)
- Serious Mental Illness/Serious Emotional Distress Demonstration (IMD Waiver) ~ [2023 or 2024](#)
- Behavioral Health Payment Reform ~ [July 1, 2023](#)
- Integrated Specialty Mental Health Services and Drug Medi-Cal ODS ~ [July 1, 2027](#)

[Safety Departments, Social Services and Public Health](#) ~ Identifying all key impacts, primarily focused on Enhanced Care Management, and monitoring DHCS' PATH Justice package. Public Health anticipates launching Enhanced Care Management by contracting with CenCal Health in [Fall 2022](#).

[Community Services](#) ~ Collaborating with CenCal Health to align Continuum of Care's Homeless Housing, Assistance, and Prevention Program (HHAP) Plan to new State homelessness incentive funds called Housing and Homelessness Incentive Program (HHIP) in [Fall 2022](#).

[County Departments](#) ~ Continue to partner with the lead agencies, CEO, community stakeholders, and the State during implementation.



Organizational Approach for CalAIM County Planning



Board of Supervisors

County Executive Office – Assistant CEO (ACEO) of Health and Human Services

Interagency Policy Committee (IAPC) –Health and Human Services(HHS) Departments and coordination with Public Safety

CalAIM Leadership Team –ACEO, Key HHS Department Heads, HHS Analyst

CalAIM Workgroups – 1. Information Technology, 2. Fiscal, 3. Justice

Subject Matter Expertise Teams – Ex: Housing and Homelessness Incentive Plan (HHIP) with Continuum of Care Board, Behavioral Health Continuum Infrastructure Program (BHCIP) with General Services, CEO, and BWell

HHS Departments

Ongoing Collaboration with CenCal Health, Community Based Organizations, and Residents





CenCalHEALTH[®]
Local. Quality. Healthcare.

Partnering on CalAIM and Beyond

Marina Owen, CEO

Mission • Vision • Values 2022

As the first Medi-Cal Managed Care Plan in the nation to pilot this model, **innovation is who we are.**

Our Mission

To improve the health and wellbeing of the community we serve by providing access to high-quality health services, along with education and outreach, for our members.

Our Vision

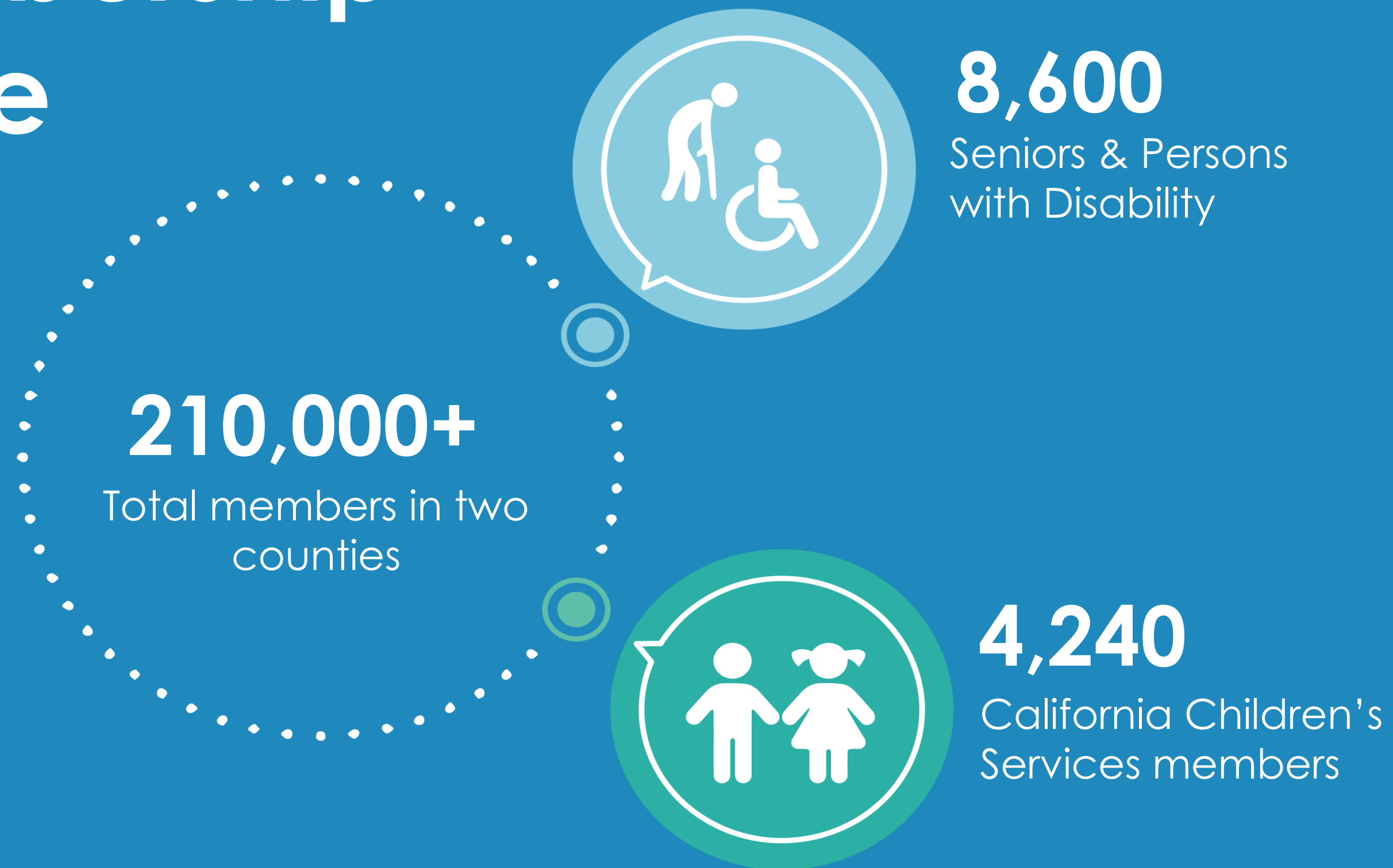
“To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.”

Our Values

- **Compassionate Service**
Serving and advocating for all customers with excellence.
- **Collaboration**
Coming together to achieve exceptional results.
- **Integrity**
Doing the right thing, even and especially when it is hard.
- **Improvement**
Continually improving to ensure our growth, success, and sustainability.

Building on a legacy

Membership Profile



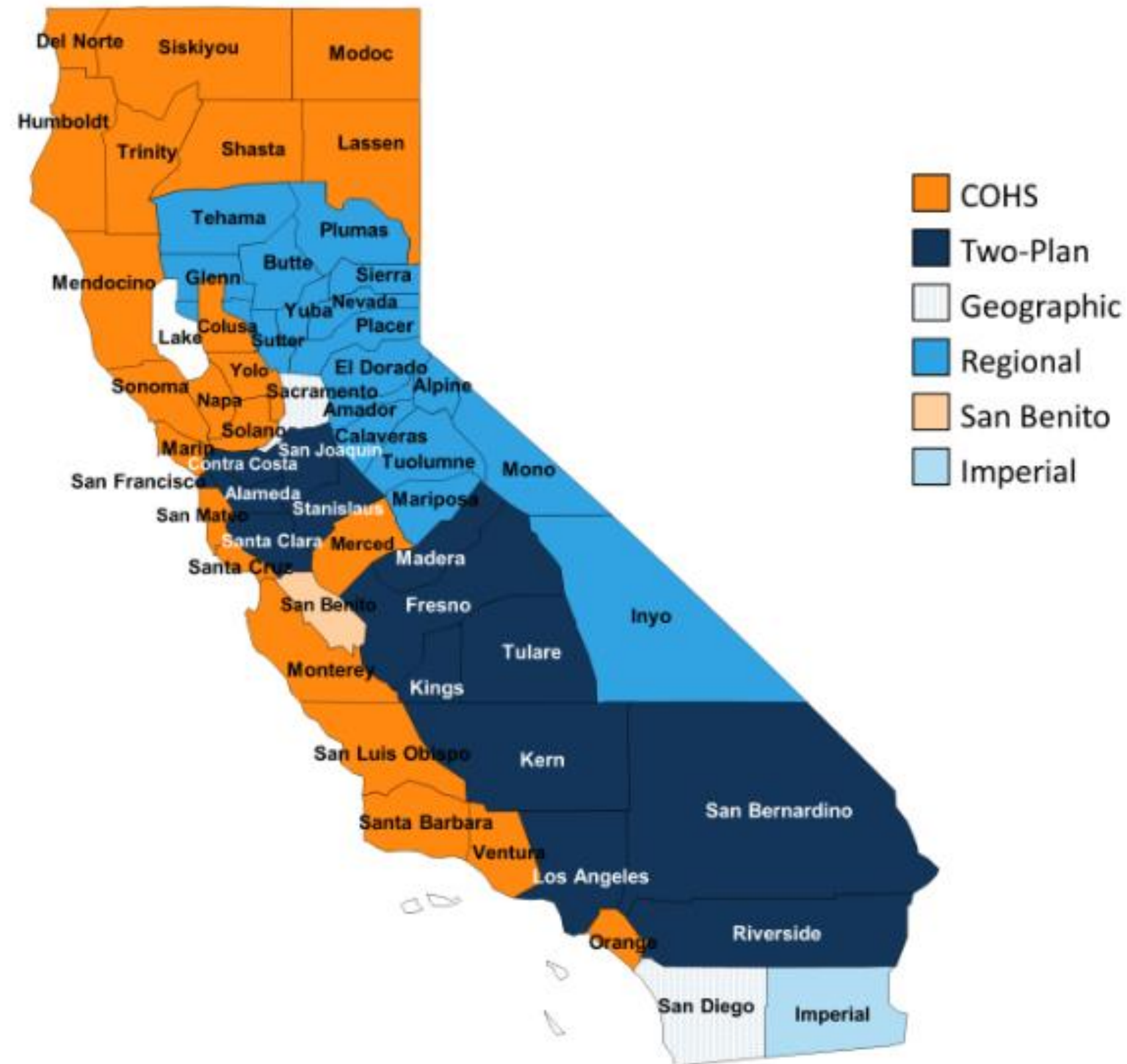
Role and Reach



We serve 1 in 4 residents in
Santa Barbara County

English: 59% • Spanish: 40%

Male: 47% • Female: 53%



Considering the Environmental Factors

COVID-19 reshaped workforce & community health environment

Cal-AIM Transformations

- Enhanced Care Management / Community Supports
- Population Health Management

2024 DHCS Contract Requirements

- Transparency, oversight & reporting
- Quality requirements
- Health equity/disparities
- Community engagement requirements

Enrollment & Market Considerations

- Dual-Eligible Special Needs Plans (D-SNP)
- Potential Covered California & Medicare Advantage opportunities
- Uncertain Medi-Cal enrollment future with contradictory forces
- Paying attention to revenue in the future

Strategic Plan Framework

2023 – 2025

Objectives

Facilitate community collaboration to strengthen the health system

Engage locally on health equity

Exceed quality standards and expectations

Reduce health disparities in our populations

Prepare to serve new members

Develop new Medi-Cal programs and benefits

Advance organizational readiness to support strategy

Foster employee growth and inclusion towards a diverse culture

Leverage and adapt technology and analytics to enable transformation

Ensure financial performance to support sustainability

Priorities

Cultivate Community Partnerships

Advance Quality and Health Equity for All

Expand our Service Role and Reach

Organize for Impact and Effectiveness

Emerging Vision

To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together



CalAIM Initiatives

- Mandatory Managed Care Enrollment ~ 1/1/22
- Standardized Managed Care Benefits ~ 1/1/22 – 1/1/23
- **Enhanced Care Management ~ 7/1/22**
- **Community Supports + Incentive Payments ~ 7/1/22**
- Population Health Management ~ 1/1/23
- Mandatory Application for Justice-involved Persons ~ 1/1/23
- Statewide Managed LTSS (D-SNP) ~ 1/1/25
- NCQA Accreditation for MCPs ~ 1/1/26
- Full Integration: Physical /Behavioral/Dental Health ~ 1/1/27
- Long-term Plan for Foster Care ~ TBD



ECM and CS Overview

- Provides a whole-person approach to address clinical and non-clinical circumstances
- Provides a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to individuals
- Builds on Health Homes Program (HHP) & Whole Person Care (WPC) Pilots
- Flexible wrap-around services to be implemented into Population Health Strategies
- Substitutes or avoids other services such as hospital or SNF admission



ECM and Community Supports



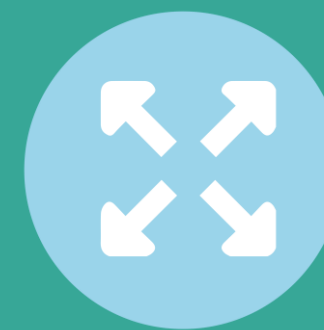
Enhanced Care Management (ECM) is a new benefit under **CalAIM**, available as of July 1 for eligible members.



Community Supports are optional services, not funded by DHCS, which health plans may offer and which seek to improve SDOH.



CenCal Health currently contracts with **three ECM providers** and offers two Community Supports.



CenCal Health seeks to **continue expanding ECM capacity** and will add four additional Community Supports in January 2023.

ECM and CS Program Status

- **Enhanced Case Management** *(Live 7/1/22)*
 - *Good Samaritan*
 - *Partners in Care*
 - *Independent Living Systems*
- **Medically Tailored Meals / Medically Supportive Food** *(Live 7/1/22)*
 - *Tangelo*
 - *Mom's Meals* *(finalizing)*
- **Recuperative Care (Medical Respite)** *(ongoing)*
 - *Transitioning service agreement to shelters*



ECM Timeline

Populations of Focus (POFs)

Effective Dates

PHASE ONE

1. Individuals & Families Experiencing Homelessness
2. High Utilizer Adults
3. Adults with Severe Mental Illness (SMI) / Substance Use Disorder (SUD)

7/1/2022

PHASE TWO

4. Individuals Transitioning from Incarceration (adults, children/youth)
5. Members Eligible for Long Term Care (LTC) and At Risk for Institutionalization
6. Nursing Home Residents Transitioning to the Community

1/1/2023

PHASE THREE

7. All Other Children & Youth

7/1/2023



Proposed Community Supports

Effective January 1, 2023

- Housing Transition Services
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Sobering Centers

WHY?

- Community and Provider partner feedback indicates a need for housing solutions and support.
- Individuals experiencing homelessness or at risk of homelessness have experienced some of the most challenging barriers during and post-pandemic.
- High prevalence of mental illness and substance use disorders within the homeless population.

Housing and Homelessness Incentive Program (HHIP)

CATEGORY	DETAIL
Description of Intent	Incentivize investments in activities to address homelessness and keep people housed
Timeframe	January 2022 through December 2023
CenCal's Previously Identified Need	Become coordinated entry system, expand street medicine, implement housing CS, provide training and engagement for homeless members
Amount Awarded to CenCal Health	\$27,032,597
Entities Eligible to Receive/Use Funding	CoC, Counties, Public Health, Housing Agencies, County Mental Health, DMC-ODS
Awarded Entities	None to date
Relevant Documentation	Letter of Interest, Local Homeless Plans for Santa Barbara and SLO Counties

- \$1.28 Billion (State [ARPA] & Federal Medicaid) Funding over Two Years
- Voluntary Program for Managed Care Plans
- CenCal Health Applied & Was Notified up to \$27 Million
- Strategic Approach to Build Capacity, Infrastructure and Increase Medi-Cal Member Engagement
- Activities & Projects Based on Strategic Needs From “*Local Homelessness Plan*” (LHP) and Investment Plan

Incentive Payment Program (IPP)

CATEGORY	DETAIL
Description of Intent	Support the implementation and expansion of ECM and Community Supports
Timeframe	January 2022 through December 2024
CenCal's Previously Identified Need	Building shared platform for data sharing, strengthen ability to ID homeless, develop/deploy annual training, expand MTM and sobering center services
Amount Awarded to CenCal Health	\$12,824,346
Entities Eligible to Receive/Use Funding	Health Plans, Current/Planned ECM or CS Entities
Awarded Entities	None to date
Relevant Documentation	Gap-Filling Plans for Santa Barbara and SLO Counties, Needs Assessment

Incentive Payment Programs

Intent: Optional funds made available by DHCS to support the implementation and expansion of ECM and Community Supports.



Funds can be used for:

- Infrastructure development
- Staffing
- Operations
- Training
- Other identified community or health plan needs



CenCal Health Application Focus:

- Data sharing and case management
- Member identification and engagement (e.g. homeless members)
- Annual training
- Expansion of ECM and CS capacity

Provider Feedback

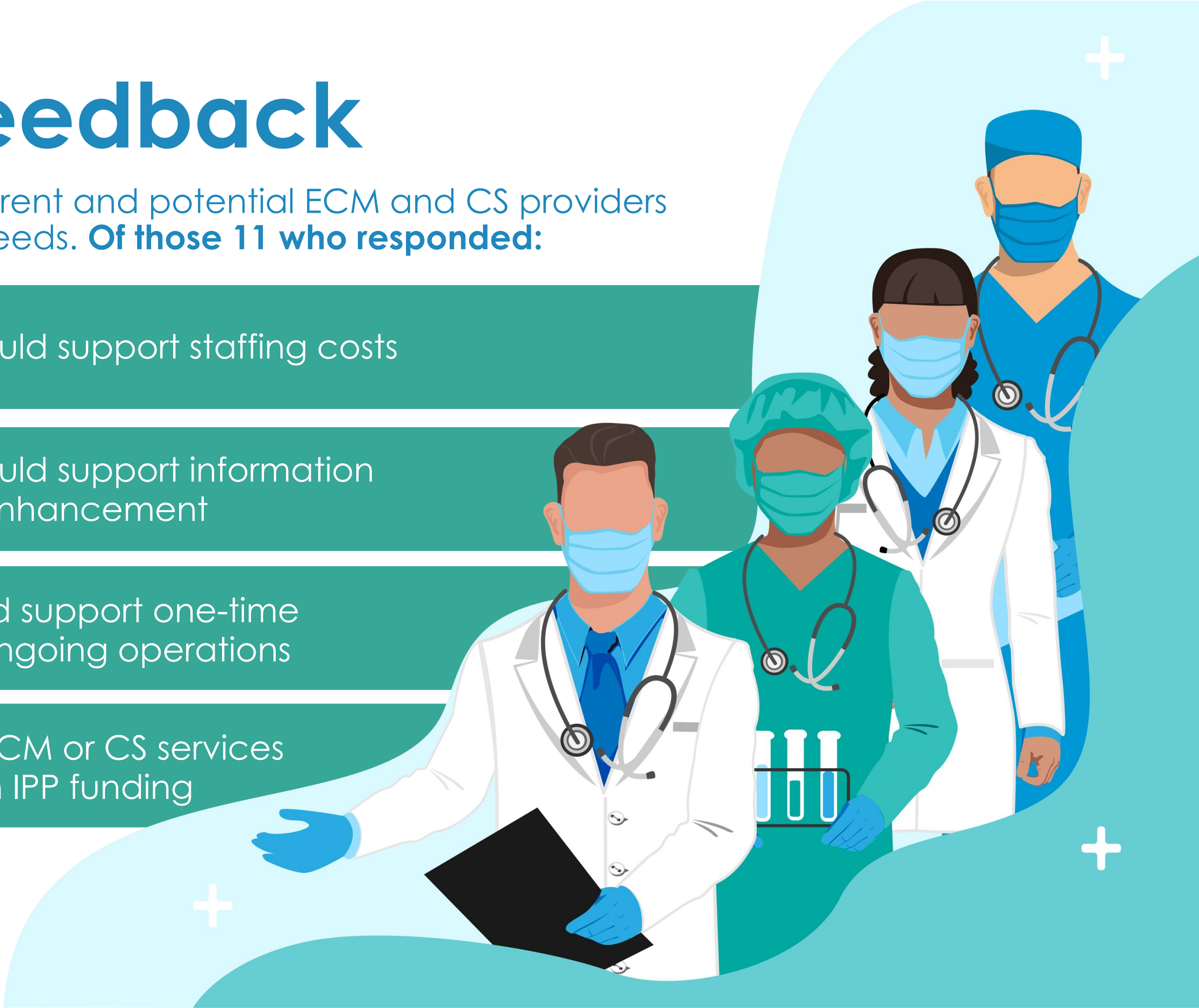
CenCal Health surveyed current and potential ECM and CS providers to understand IPP funding needs. **Of those 11 who responded:**

100% Said funding would support staffing costs

72% Said funding would support information technology or enhancement

64% Said funds would support one-time expenses and ongoing operations

36% Said providing ECM or CS services is dependent on IPP funding



CenCal Health Incentive Assessment Process

ASSESS

Determine stakeholder needs, including:

- Internal staff
- Providers
- Members
- Community organizations
- Local coalitions

DESIGN

Evaluate assessed needs against incentive parameters, including:

- Funding intent
- Desired outcomes
- Required timeframe
- Limitations or restrictions

IMPLEMENT*

Develop and execute a transparent incentive administration program, including:

- Funding application
- Assessment process
- Funding agreement
- Defined goals and objectives

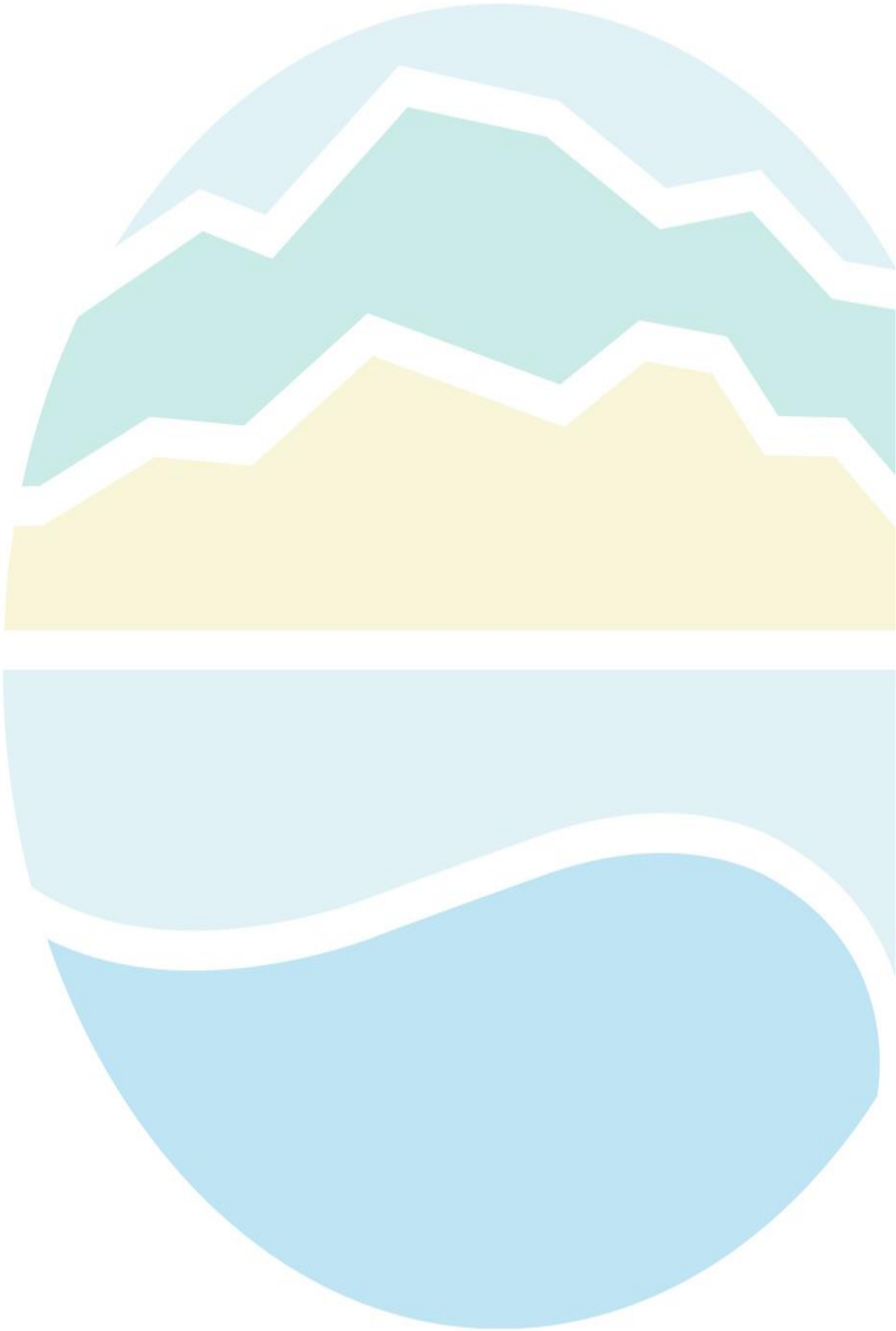
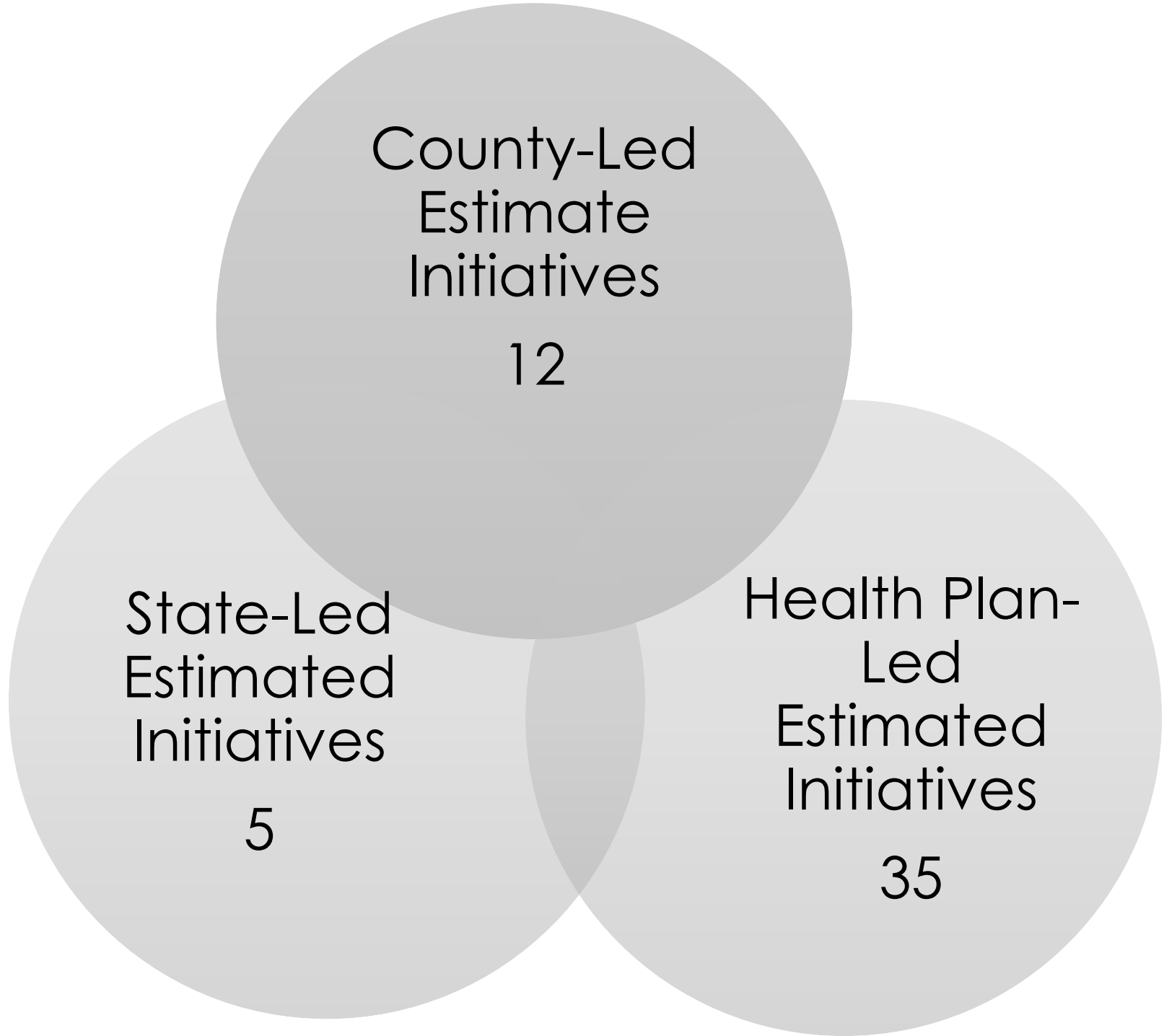
MONITOR

Monitor incentive program outcomes and effectiveness, including:

- Progress against identified goals
- Member and community impact
- State reporting

**CenCal Health will implement an incentive funding program which is transparent in its goals, funding criteria, and issued awards, and for which regular updates are provided.*

CalAIM Collaboration



WHAT IS SUCCESS?



- * Patients with a sustainable and reliable network of services around them.
- * Reduction in emergency department visits.
- * Reduction in inpatient hospitalizations and readmissions.
- * Development of safe and stable housing continuums and overall reduced costs.
- * Easier access to health care services and array of coordinated community services.
- * Enhanced patient satisfaction.
- * Transformed philosophy of client service and business: whole person care.
- * Improved health outcomes and well-being.



Next Steps

- ❖ Request that the Board of Supervisors receive and file report and provide direction as appropriate,
- ❖ Ongoing collaboration of partners on upcoming CalAIM initiatives; and to
- ❖ Continue progress and recognize accomplishments.

