

# CalAIM

# California Advancing and Innovating Medi-Cal

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# Populations of Focus (POFs)

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January 1, 2022

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- Adults transitioning from incarceration



January 1, 2023

- Adults eligible for Long-Term Care
- Adult nursing facility residents



July 1, 2023

- Children with special conditions: high utilizers, Serious Emotional Disturbance (SED), California Children's Services (CCS), Whole-Child Model (WCM), child welfare and transitioning from incarceration

# Program Transition

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- Build upon Health Homes Program (HHP) and Whole Person Care (WPC) infrastructure to ensure seamless transition
  - HHP
    - All HHP-enrolled members will automatically transition and be eligible to receive ECM services
  - WPC
    - DHCS will provide Member Transition List (MTL), which will identify members currently in WPC eligible for ECM services

# Enhanced Care Management (ECM)

# Enhanced Care Management (ECM)

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- Creates a single, intensive and comprehensive benefit
- Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries
- Uses a phased implementation approach based on Department of Health Care Services-defined POFs

Homeless

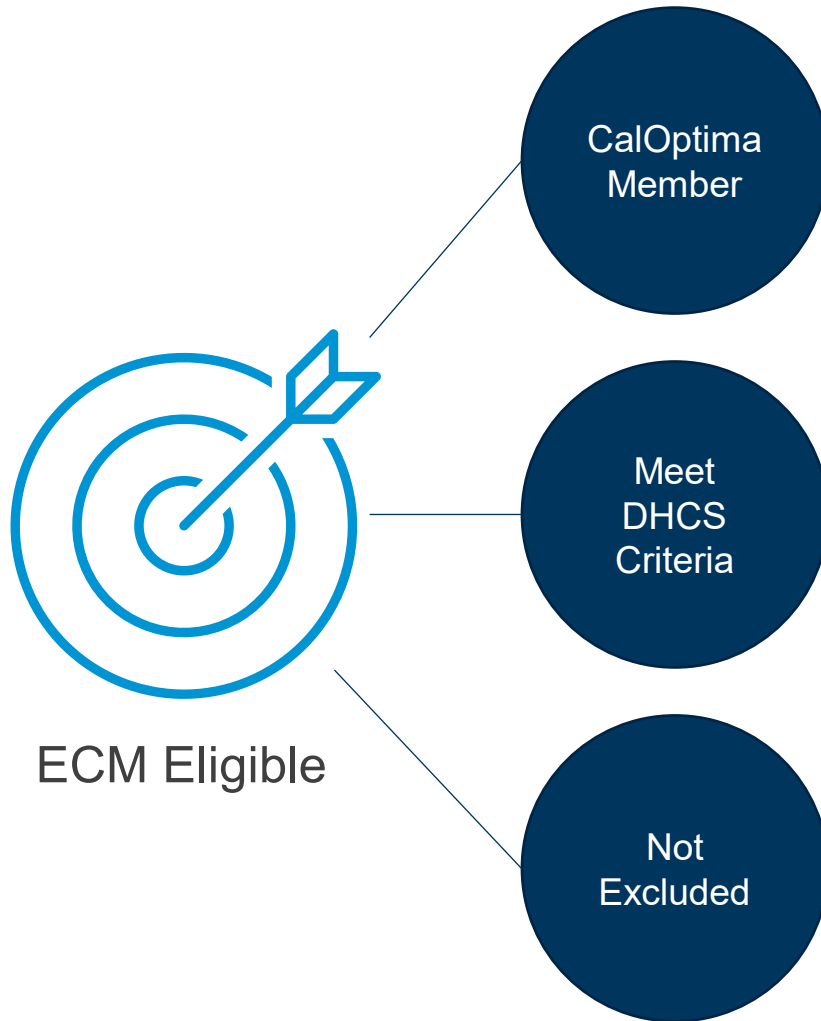
High  
Utilizers  
(Adults)

SMI/SUD  
(Adults)

Justice-  
Involved  
(Adults)

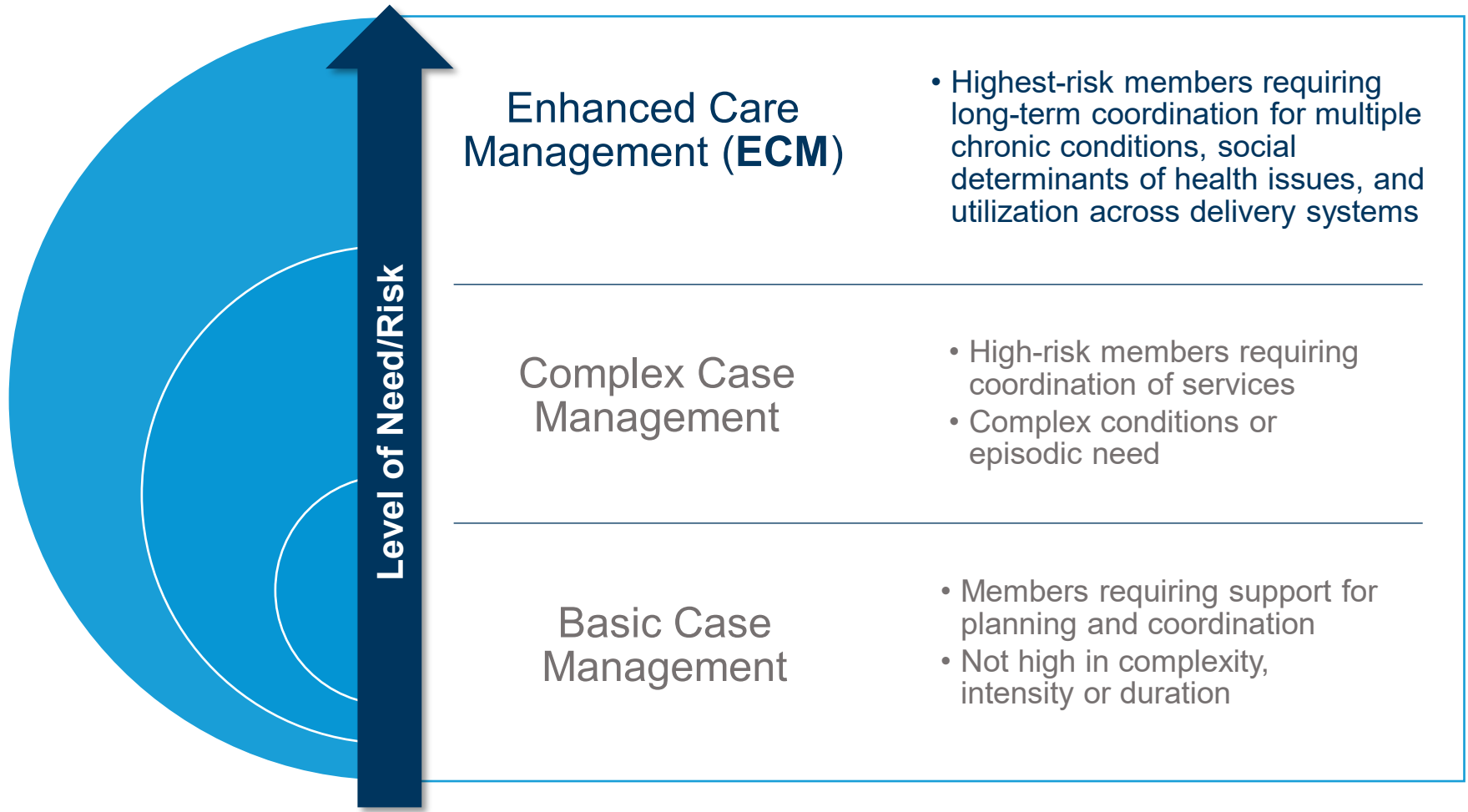
# ECM Eligibility

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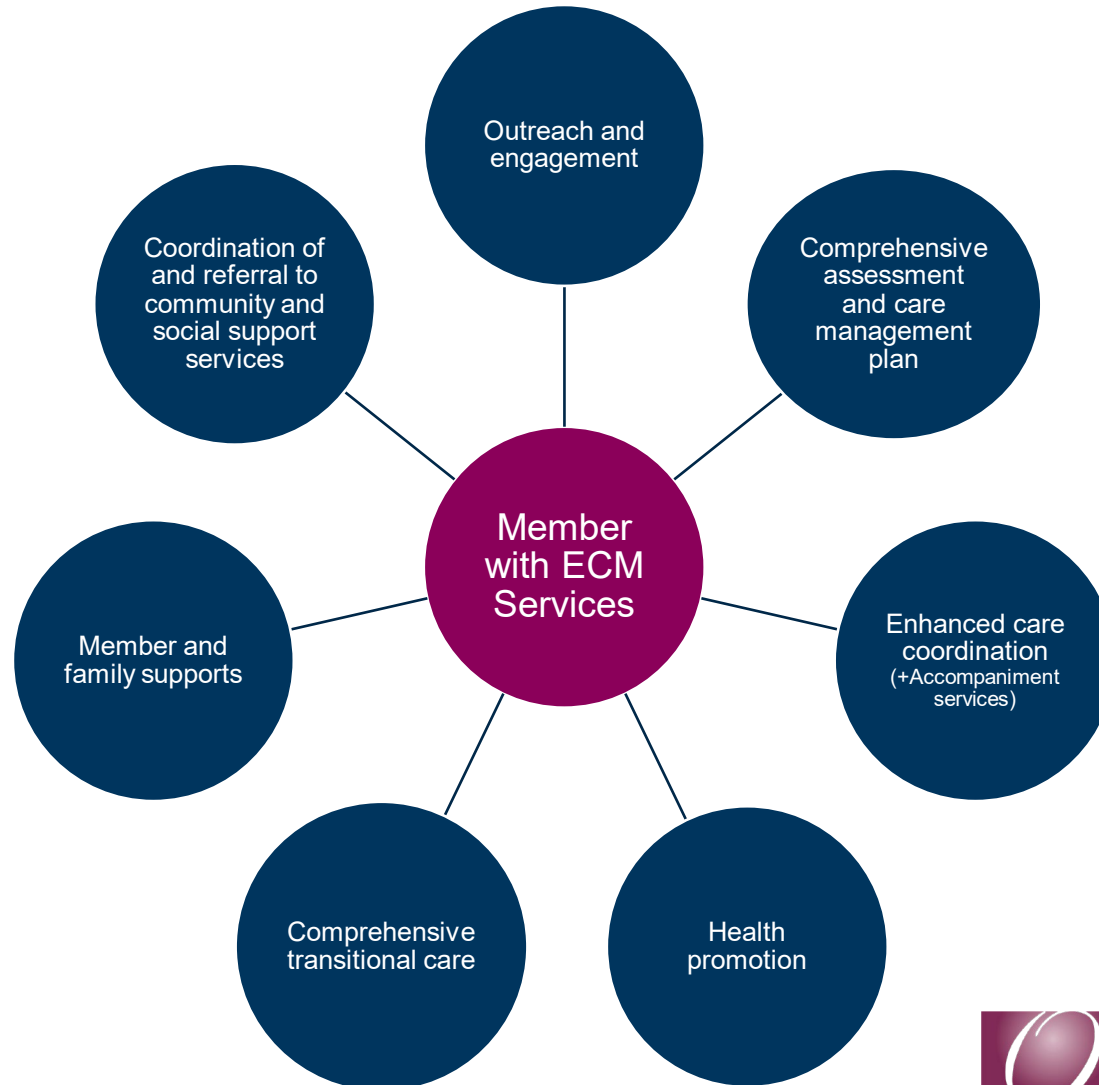
- No Share of Cost
- Medi-Medi can be referred but not included in outreach efforts
- Member in DHCS-defined POFs
- Exclusions include:
  - Enrolled in OneCare Connect
  - Enrolled in PACE
  - Enrolled in 1915(c) Waiver Program
    - HIV/AIDS
    - Home and community alternatives
    - MSSP
    - HCBS

# Levels of Care Management



# ECM Core Service Components

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# ECM Authorization

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- Valid for six months
- Reassess member every six months and re-auth as needed for correct level of care
- ECM authorization denials based on eligibility

# ECM Referral



## CalAIM Enhanced Care Management (ECM) Referral Form

**Note:** Member must be eligible with CalOptima.

**Step 1:** Please fill out all applicable information below and proceed to Steps 2 and 3.

### Referral Information:

Referral Date: _____	Referred by: _____
Agency/Relationship to Member: _____	Referring Provider NPI (if applicable): _____
Phone: _____	Referral Source Email: _____

### Member Information:

#### Member's Preferred Language: \_\_\_\_\_

Member Name: _____	Medi-Cal CIN: _____
Birthdate: _____	Primary Physician: _____
Member Phone: _____	Member Email: _____

### Step 2. Check all conditions that apply and attach supporting information:

<input type="checkbox"/> Homelessness	<input type="checkbox"/> High Utilization of Health Care	<input type="checkbox"/> Serious Mental Illness/Substance Use Disorder
<u>Member eligibility criteria</u> (Select all that apply): <input type="checkbox"/> Homeless <input type="checkbox"/> Chronic homelessness <input type="checkbox"/> At risk of homelessness (next 30 days) <b>AND</b> one of the following: <input type="checkbox"/> Serious medical condition, or <input type="checkbox"/> Serious behavioral condition, or <input type="checkbox"/> Serious developmental disorder	<u>Member eligibility criteria</u> (Select one that apply): <input type="checkbox"/> 5 or more ER visits in the past 6 months, or <input type="checkbox"/> 3 or more unplanned hospitalizations in the past 6 months, or <input type="checkbox"/> 3 or more short-term skilled nursing facility stays within the past 6 months	<u>Member eligibility criteria</u> (Select all that apply): <input type="checkbox"/> Serious Mental Health Condition, and/or <input type="checkbox"/> Substance Use Disorder <b>AND</b> one of the following: <input type="checkbox"/> High risk for psychiatric institutionalization, or <input type="checkbox"/> Use of crisis services, urgent care, the ER or hospital as sole source of health care, or <input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or <input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or <input type="checkbox"/> High risk for overdose and/or suicide, or <input type="checkbox"/> Is pregnant or postpartum (12 months from delivery) <b>OR</b> <input type="checkbox"/> Receiving services through the County that are similar to ECM, but not covered by Medi-Cal

## ○ Receive referrals from

- Providers
- Community-based organizations (CBOs)
- County of Orange
- Member/Authorized Rep/Family/Guardian
- Field-based teams: Homeless Response Team or Clinical Field Team
- [ECM Referral Form](#)

# Community Supports

# Community Supports

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- Flexible wrap-around services
- Optional for both the plan to offer and the beneficiary to accept
- Provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission, emergency department use or delay in discharge

# Community Supports: January 1, 2022

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## RECUPERATIVE CARE

- Interim housing
  - Bed and healthy meals
- Physical and mental health monitoring
  - Vitals
  - Assessments
  - Wound care
  - Medication
- Short-term assistance
- Coordination of transportation
- Medical stability

## HOUSING SUPPORT

- Housing navigation
  - Assessment
  - Search and support plan
  - Address barriers
- Housing deposits
  - One-time funding
  - First and last
  - Utilities, etc.
- Housing sustaining services
  - Intervention
  - Training
  - Relationships

# Community Supports Referral and Authorization

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- Who can refer?
  - Shelters
  - Community Providers
  - Families
  - Anyone...
- Referrals lead to an Authorization Request by the assigned Community Supports Provider
- Authorization required prior to service delivery
- DHCS criteria for authorization is specific to each Community Supports
- Service must also be cost-efficient and result in improved outcomes

# Community Supports Referral



## CalAIM Community Supports Referral Form

**Note:** Member must be eligible with CalOptima.

**Step 1:** Please fill out all applicable information below and proceed to Steps 2 and 3.

### Referral Information:

Referral Date:	Referred by:
Agency/Relationship to Member:	Referring Provider NPI (if applicable):
Phone:	Referral Source Email:

### Member Information:

### Member's Preferred Language:

Member Name:	Medi-Cal CIN:
Birthdate:	Primary Physician:
Member Phone:	Member Email:

### Step 2. Select the Requested Community Supports Services:

<input type="checkbox"/> <b>Recuperative Care (Medical Respite)</b> <i>(Provide short-term residential care, including interim housing, meals and monitoring of a member's medical or behavioral health condition.)</i> <b>Urgent Request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>Housing Transition Navigation Services</b> <i>(Assist member with obtaining housing and preparing for move-in)</i>	<input type="checkbox"/> <b>Housing Deposit</b> <i>(Identify, coordinate and fund move-in costs and services for a basic household, excluding room and board. Member must be receiving Housing Transition Navigation Services. Available once in a lifetime unless a limited exception applies.)</i>	<input type="checkbox"/> <b>Housing Tenancy and Sustaining Services</b> <i>(Provide education, coaching and support to maintain a safe and stable tenancy once housing is secured. Available for a single duration in a lifetime unless a limited exception applies.)</i>
<b>Member eligibility criteria (Select all that apply):</b> <input type="checkbox"/> Homeless/at risk of homelessness and too ill or frail to recover from illness or injury <input type="checkbox"/> Lives alone with no formal supports and too ill or frail to recover from illness or injury <input type="checkbox"/> At risk of hospitalization or after hospitalization. Condition: _____	<b>Member eligibility criteria (Select all that apply):</b> <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless/at risk of homelessness	<b>Member eligibility criteria (Select all that apply):</b> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless/at risk of homelessness	<b>Member eligibility criteria (Select all that apply):</b> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless

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## ○ Receive referrals from

- ECM providers
- Providers
- CBOs
- Member/Authorized Rep/Family/Guardian
- Field-based teams

## ○ Community Supports Referral Form

# Service Authorizations

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\*As of 6/16/2022

Service Type	Count
ECM	1,688
Recuperative Care	189
Housing Navigation	1,020
Housing Deposits	281
Housing Tenancy	385
Total authorizations	3,563
Total # of unique members receiving ECM and/or CS services	3,160

1,875 total for  
Community  
Supports



# CalAIM Awareness

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Shelter Centers	Date/Time	
Buena Park Navigation Center	May 24 <sup>th</sup> : 9-10:30am	✓
Yale Navigation Center	May 24 <sup>th</sup> : 12-1 PM	✓
Bridges at Kramer Place (virtual)	June 6 <sup>th</sup> : 2-3pm	✓
Placentia Navigation Center	June 7 <sup>th</sup> : 1 PM-2PM	✓
Costa Mesa Shelter	June 15 <sup>th</sup> : 9-10am	✓
Huntington Beach Navigation Center	June 20 <sup>th</sup> : 9-10am	

# Community Supports: July 1, 2022

## Short-Term Post-Hospitalization Housing

- Provides members who do not have a residence and who have high medical or behavioral health needs to continue recovery immediately after exiting a facility

## Day Habilitation Programs

- Provides members with assistance in acquiring, retaining and improving the skills necessary to reside successfully at home and in their community

## Personal Care and Homemaker Services

- Provides members with assistance with Activities of Daily Living and Instrumental Activities of Daily Living

## Meals/Medically-Tailored Meals

- Provides members with meals and nutrition services that help to achieve nutrition goals at critical times to help regain and maintain health

## Sobering Centers

- Provides members who are found to be publicly intoxicated with an alternative destination to an emergency department or jail

# Community Supports: January 1, 2023

## **Respite Services**

- Provided to caregivers of members who require intermittent temporary supervision

## **Environmental Accessibility Adaptations (Home Modification)**

- Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the member to function with greater independence in the home: without which the member would require institutionalization

## **Nursing Facility Transition / Diversion to Assisted Living Facilities**

- Assist members to live in the community and/or avoid institutionalization when possible

## **Community Transitions to Home / Nursing Facility Transition to a Home**

- Helps members to live in the community and avoid further institutionalization

## **Asthma Remediation**

- Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the member, or enable the member to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization

# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner