Tri-Counties CalAIM PATH Collaborative

January 22, 2025

Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:20	24 Hour Home Care Spotlight
11:20-11:30	CITED Round 4 Updates
11:30-11:40	2025 CalAIM Collaborative Aim Statement
11:40-11:50	Managed Care Plan Announcements
11:50-12:00	DHCS Policy Updates, Resources & Closing
12:00-12:45	Office Hours

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Provider Spotlight: 24 Hour Home Care

DHCS | PATH
Providing Access & Transforming Health

New CalAIM/Medi-Cal Benefits:

Personal Care, Homemaker & Respite Services by 24 Hour Home Care

Date: January 22nd 2025

*Presented to: **TriCounties Collaborative***

Facilitated by 24 Hour Home Care Team
Madison Griffin – Community Development Director
Joey Jacobellis – Regional Director of Community Development

24 hour home care

OUR WHY

Impacting people's lives by making a difference every day

OUR GOAL TODAY

To educate about new funding available for the managed Medi-Cal population and identify how to refer eligible members to receive personal care, homemaker, or respite services.

24 hour home care

24 Hour Home Care Overview

Founded in 2008

Synergistic care model for seniors and individuals with intellectual and developmental disabilities ("I/DD")
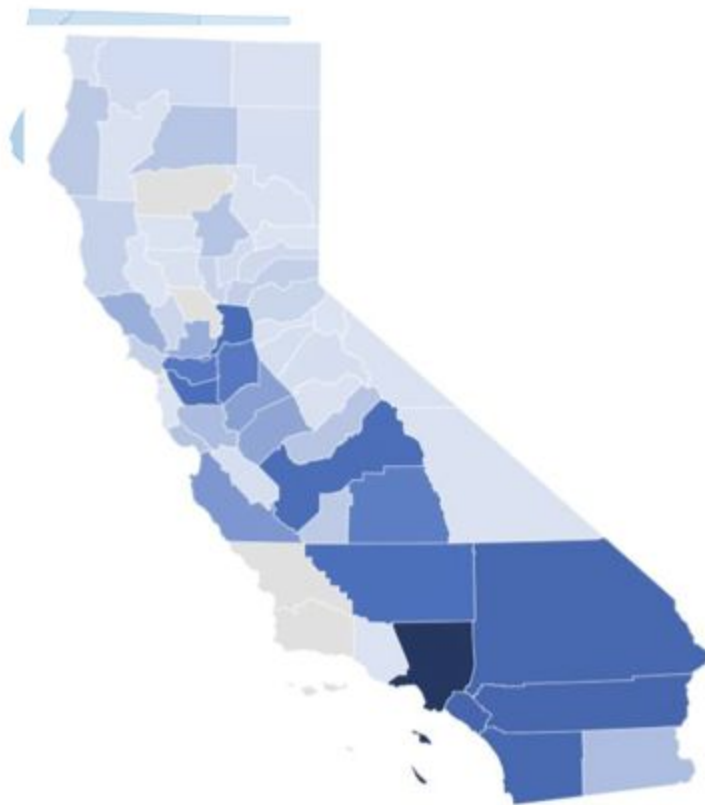
Leading and **largest non-medical home care** company in the **Southwest USA**

In 2024, the company provided over **9MM** Hours of care

Operating with Coverage in All CA Counties

Lives Covered

0   3,242,000

75%
of Hours Staffed
Are Medi-Cal

58
Counties

25
MCOs
In-Network

Which of These Resonate With You?

My members struggle to access care because they live in a rural area that has very few providers

IHSS hours delays or insufficient authorization

There's not enough caregivers or constant staff turnover

Finding care in my member's language has been difficult as they don't trust providers they can't properly communicate with

My member's primary caregiver needs breaks from time to time and it's leaving my member home alone, putting them at risk

My member wants to receive care at home

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Now There's A Better Way...

Personal Care and Homemaker

GOAL

- To provide supports to manage healthy conditions at home instead of a higher-cost facility-based setting

SERVICES AND SUPPORTS

- Personal Care
- Meal Preparation
- Medication Reminders
- Supervision/Socialization
- Light Housekeeping

SERVICE LIMITATIONS

- Not a replacement to IHSS
- Cannot exceed 24/7 (including IHSS hours)
- Must be cost effective

24 hour home care

Personal Care and Homemaker: Who is Eligible?

ELIGIBILITY REQUIREMENTS

- Above maximum IHSS hours

- Waiting for IHSS decision
  (initial and/or reassessment)

- If not IHSS eligible, up to 60 days to avoid SNF

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Respite

GOAL

- To provide a break to the primary caretaker on an intermittent or temporary basis.

SERVICES AND SUPPORTS

- Non-medical assistance on as needed basis to supplement care
- Provide seamless care when primary caretaker unable to be there

SERVICE LIMITATIONS

- Up to 336 hours annually
- Exceptions to annual cap as approved by MCO
- May not exceed 24/7 combined with other services

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Respite: Who is Eligible?

ELIGIBILITY REQUIREMENTS

- No IHSS connection required

- Require caregiver relief to avoid institutional placement
  - Primary caregiver needing relief can be professional caregiver or self-selected caregiver

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Model of Care

Agency with Choice

Fosters health equity by empowering people to self select trusted caregivers, trained through professional home care agencies, promoting cultural competence, and increasing care utilization in underserved demographics.

Family-Selected Workers

Why Agency With Choice?

Consistency of care

Cultural competencies

Level of comfort between caregiver and member

No language barrier

No hourly minimum requirement

Can have multiple caregivers of your choice

80% of National Medicaid staffed hours are AWC

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Agency with Choice Hiring Process

Caregiver Hiring Process:

✓ Application Packet

✓ Nationwide Background Test

Post-Hire Training Process:

✓ Flexible, On-Demand Paid Training

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How to Refer

Submit referrals via ONE of the following ways

Plan portal

Submit referral form to the plan and CC: 24 Hour Home Care

Directly to 24 Hour Home Care via form below if you don't have access to the plan portal or other method
www.24hrcares.com/refer

Turnaround Timing

- Agency with Choice – up to 5 business days for plan to approve, up to 3 business weeks to onboard caregiver

Best Practices to Keep in Mind

Whole Person Care Approach Learning about each other's resources and connecting the member

Let Member know we will be reaching out to avoid "no contact" delays

Proactive Engagement with IHSS Application Process

Helping them Identify someone they might not consider to be a caregiver

HIPAA Compliant Referral Form: Universal, Streamlined Process

Best Time to Refer: When you identify an IHSS Candidate & initiate services

Contact Madison with any questions: 805.660.3584 | MGriffin@24hrcares.com

24 hour home care

CITED Round 4

- Applications are open from **January 6 to March 7**
- **State priorities** for funding include:
  - County-Specific ECM and Community Supports gaps
  - Statewide ECM and Community Supports gaps (Birth Equity, Justice-Involved, and Transitional Rent)
  - Tribal Entities or other entities serving tribal members
  - Entities serving individuals whose primary language is not English
  - Local Community-Based Organizations
- Resources about identifying gaps are included in the CITED Round 4 Guidance Document

CITED Round 4 Webinars

Transitional Rent CITED Application Webinar:

Monday, Jan. 27, 2025

10:00am-11:00am

CITED Grant Application Webinar:

Monday, Feb. 3, 2025

10:00am-11:00am

What is an Aim Statement?

- The overall goal our collaborative hopes to achieve this year. What is our shared "North Star"?

- The Aim Statement should follow the SMARTIE goal format:
  - Specific
  - Measurable
  - Actionable
  - Realistic
  - Time-Bound
  - Inclusive & Equitable

Our 2024 Aim Statement

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

Build education and awareness of CalAIM among members, providers, and community partners	Strengthen the provider network to serve all Populations of Focus	Increase ECM & Community Supports referrals and care coordination among providers

Your Input Needed: 2025 Aim Statement Options

OPTION A: Focus on Medi-Cal Member Enrollment
"In 2025, the Collaborative will strengthen local implementation of CalAIM to increase the number of members enrolled in ECM and utilizing Community Supports by 20%."

OPTION B: Focus on Supporting Provider Organizations
"In 2025, the Collaborative will strengthen local implementation of CalAIM through quarterly provider peer learning and trainings focused on workforce strategies."

ECM Enrollment Increases Across the Tri-Counties

San Luis Obispo ECM Enrollment, by Quarter

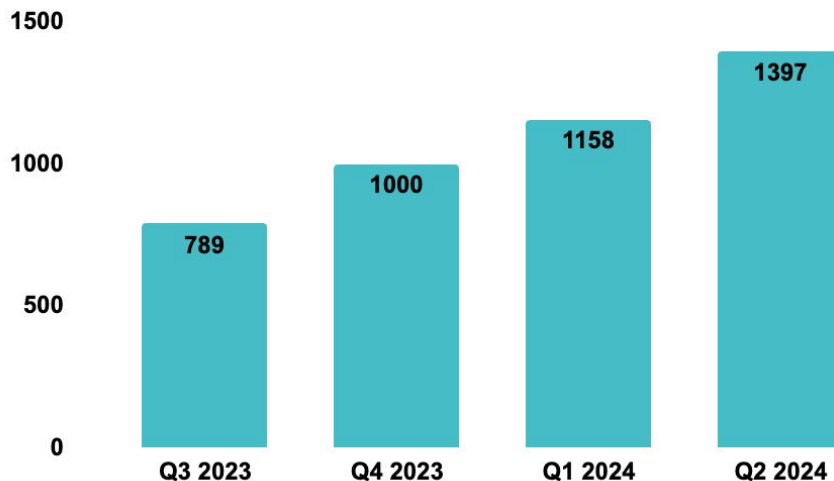| Quarter	Enrollment
Q3 2023	156
Q4 2023	171
Q1 2024	198
Q2 2024	236
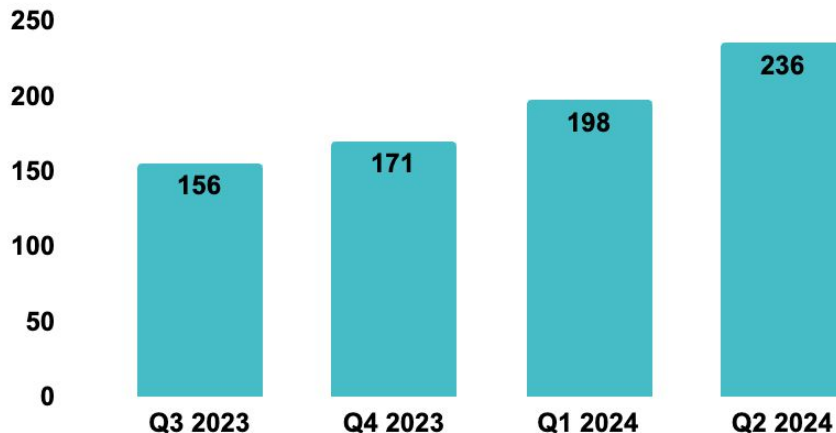
See DHCS Data Source [Here](#)

ECM Enrollment increased by **51%** in San Luis Obispo County between Quarter 3 2023 and Quarter 2 2024
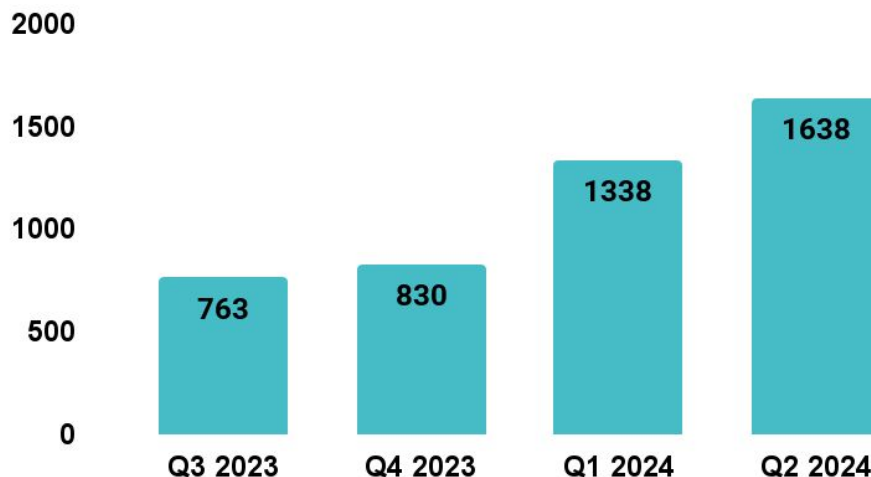
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ECM Enrollment Increases Across the Tri-Counties

Santa Barbara ECM Enrollment, by Quarter

Quarter	Enrollment
Q3 2023	789
Q4 2023	1000
Q1 2024	1158
Q2 2024	1397

ECM Enrollment increased by **77%** in Santa Barbara County between Quarter 3 2023 and Quarter 2 2024

ECM Enrollment Increases Across the Tri-Counties

Ventura ECM Enrollment, by Quarter

ECM Enrollment increased by in Ventura County by **115%** between Quarter 3 2023 and Quarter 2 2024

San Luis Obispo: ECM Population of Focus Enrollment, Q2 2024

Adults at Risk for Avoidable Hospital or ED Utilization	148
Adults Experiencing Homelessness	94
Adults with SMH and/or SUD Needs	35
Adults at Risk of Long-Term Care	15
Children/Youth at Risk for Avoidable Hospital or ED Utilization	11

POFs with <11 Members:

Adult Nursing Facility Residents Transitioning to Community
Adults Transitioning from Incarceration
Birth Equity
Children/Youth Experiencing Homelessness
Children/Youth - CCS
Children/Youth Involved in Child Welfare

Santa Barbara: ECM Population of Focus Enrollment, Q2 2024

Adults at Risk for Avoidable Hospital or ED Utilization	750
Adults Experiencing Homelessness	674
Adults with SMH and/or SUD Needs	496
Adults at Risk of Long-Term Care	107
Children/Youth at Risk for Avoidable Hospital or ED Utilization	64
Birth Equity	51
Children/Youth Experiencing Homelessness	44
Adult Nursing Facility Residents Transitioning to Community	30
Children/Youth Birth Equity	17

POFs with <11 Members:

Adults Transitioning from Incarceration
Children/Youth with SMH and/or SUD Needs
Children/Youth -CCS
Children/Youth Involved in Child Welfare

Ventura: ECM Population of Focus Enrollment, Q2 2024

Adults at Risk for Avoidable Hospital or ED Utilization	610
Adults with SMH and/or SUD Needs	354
Adults at Risk of Long-Term Care	320
Adults Experiencing Homelessness	275
Children/Youth - CSS	48
Children/Youth Experiencing Homelessness	33

POFs with <11 Members:
Birth Equity
Children/Youth at Risk for Avoidable Hospital or ED Utilization
Children/Youth with SMH and/or SUD Needs
Children/Youth Involved in Child Welfare

San Luis Obispo: Community Supports Utilization, Q2 2024

Medically Tailored Meals / Medically Supportive Food	976
Housing Transition Navigation Services	161
Housing Tenancy and Sustaining Services	48
Recuperative Care	19
Sobering Centers	16

Services with <11 Members:
Housing Deposits
Personal Care and Homemaker Services
Short-Term Post-Hospitalization Housing

Santa Barbara: Community Supports Utilization, Q2 2024

Medically Tailored Meals / Medically Supportive Food	1552
Housing Transition Navigation Services	289
Housing Tenancy and Sustaining Services	188
Sobering Centers	171
Day Habilitation	82
Housing Deposits	59
Short-Term Post Hospitalization Housing	54
Recuperative Care	50

Services with <11 Members:
Personal Care and Homemaker Services
Respite Services

Ventura: Community Supports Utilization

Medically Tailored Meals / Medically Supportive Food	4020
Housing Transition Navigation Services	583
Recuperative Care	75
Respite Services	73
Personal Care and Homemaker Services	59

Services with <11 Members:
Asthma Remediation
Short-Term Post Hospitalization Housing
Housing Tenancy and Sustaining Services
Personal Care and Homemaker Services

Questions?

DHCS Implementation Report Data:
https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117?item=5

MCP Announcements

What's new in 2025?

Launched January 1st:
- ECM Referral Standards
- ECM Presumptive Authorization Policy

Coming later in 2025:
- Closed-Loop Referrals Implementation
- Updated Community Supports Definitions

ECM Referral Standards and Form Templates

» The **ECM Referral Standards** create a unified set of information that all MCPs collect as part of any referral for ECM. **MCPs must adopt these standards by January 1, 2025.**

» The standards include technical information that MCPs can use to build <u>electronic ECM referrals via provider portals, EMRs, HIE, etc.</u>

» The **ECM Referral Form Templates** are an application of the ECM Referral Standards for use when the referring entity cannot use an electronic format. **DHCS always encourages and prefers electronic referrals over PDFs/hard copy forms but understands that not all community entities can refer Members this way.** There are two form templates – Adult and Child/Youth.

Key Information Collected in ECM Referrals

Starting January 1, 2025, all Managed Care Plans must use the ECM Referral Standards for their ECM Referral Forms, so that entities referring to ECM fill out the same information across MCPs.

» The ECM Referral Standards and Forms Templates define the following areas:

- **Medi-Cal Member Information**
- **Referral Source Information**
- **Eligibility Criteria for Adults and Children/Youth**
- **Enrollment In Other Programs**
- **Referral Transmission Methods** *Including guidance encouraging batch referrals*

The ECM Referral Standards will not change the existing processes for the MIF and RTF.

ECM Presumptive Authorization

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services <u>prior</u> to submitting an ECM referral to an MCP and reimburse Providers for services during a 30-day timeframe.

New Presumptive Authorization Process *(For Select ECM Providers & POFs)*
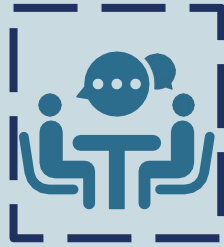
Services → Referral → MCP Authorization

Under the ECM presumptive authorization process, select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.

DHCS Closed Loop Referral Implementation Guidance

- Go-Live Date is now **July 1, 2025**
- The Closed-Loop Referral requirements are organized around this framework:

| A. Tracking	B. Supporting	C. Monitoring
1. Minimum Data Elements 2. Data Timeliness 3. MCP Systems for CLRs 4. System Compliance with Other Data Sharing Requirements 5. Roles & Responsibilities	1. Requirements for Notifying Members & Referring Entities 2. Supporting Pending & Re-Referrals 3. Roles & Responsibilities	1. Roles & Responsibilities a) MCP Monitoring of CLRs b) DHCS Monitoring of CLRs

February Meetings on Zoom

SLO/Santa Barbara
February 19, 2025
11:00am - 12:30pm
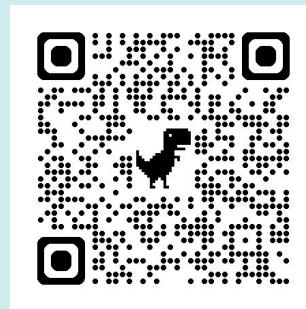On Zoom

Register SLO/Santa Barbara:
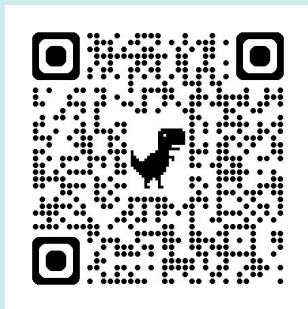
Ventura
February 26, 2025
11:00am - 12:30pm
On Zoom

Register Ventura:

2025 Scheduling to Calendar

Join us on Wednesdays in 2025!

Register on zoom first, and then add the meetings to your calendar!

Peer Support Events

Thank you Santa Barbara and San Luis Obispo County teams for joining the Peer Support Events in Santa Barbara and San Luis Obispo in December.

Ventura Peer Support:

February 12,

4:00 - 5:30pm

Ventura County Community Foundation

Register Here:

# Share your feedback!

Poll

See you in February!

Questions? pathinfo@bluepathhealth.com

Office Hours

Appendix

ECM Referral Standards and Form

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> **DHCS developed new <u>ECM Referral Standards and Form Template</u> to streamline and standardize ECM Referrals made to Managed Care Plans (MCPs) from providers, community-based organizations, and other entities.**

CALAIM ENHANCED CARE
MANAGEMENT
(ECM) REFERRAL STANDARDS
AND FORM TEMPLATES

August 2024
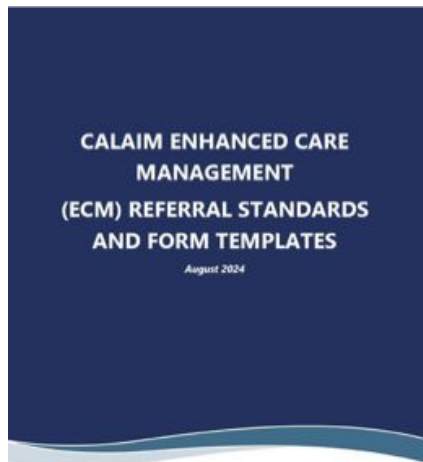
The new <u>ECM Referral Standards</u> define the information that MCPs are expected to collect for Medi-Cal members being referred to an MCP for ECM.

The new **<u>ECM Referral Form Templates</u> are forms for** use by MCPs and referring organizations that prefer a PDF or hard copy form to make a referral.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

ECM Referral Standards and Form

The ECM Referral Standards and Form Templates define the following:

- Medi-Cal Member Information
- Referral Source Information
- Eligibility Criteria for Adults and Children/Youth
- Enrollment In Other Programs
- Referral Transmission Methods – including guidance encouraging batch referrals

*Note: The ECM Referral Standards will not change the existing processes for the MIF and RTF.

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ECM Referral Standards and Form

» **Effective January 1, 2025:**

- All ECM Referrals **must** follow the guidelines established in the ECM Referral Standards *regardless* of referral modality (electronic, EMR, hard copy, etc.).

- MCPs choose **which** referral modalities (electronic, EMR, hard copy, etc.) they want to deploy in the community. Electronic referrals are encouraged.

- MCPs **may not** require additional documentation (e.g., ICD-10 codes, supplemental checklists, Treatment Authorization Request (TAR) forms) from referring partners or ECM Providers beyond the information in the ECM referral.

- DHCS expects that many MCPs will embed the referral standards into their existing provider portals but may also offer other electronic referral pathways.

Presumptive Authorization: POFs and Providers

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Through Presumptive Authorization
1) Adults & Children Experiencing Homelessness	• Street Medicine Providers • Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services • County-contracted and County-operated Specialty Behavioral Health Providers
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	• Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)
3) Adults & Children with SMI/SUD Needs	• County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	• Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for details.
5) Adults Living in the Community and At Risk for LTC Institutionalization	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
6) Adult SNF Residents Transitioning to the Community	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
7) Children & Youth Enrolled in CCS/CCS WCM	• CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	• County-contracted and County-operated Specialty Behavioral Health Providers • High Fidelity Wraparound Providers • Health Care Program for Children in Foster Care Providers • Department of Social Services (DSS) Offices • Foster Family Agencies • Transitional Housing Programs Current and Former Foster Youth • Children's Crisis Residential Programs
9) Birth Equity Population of Focus	• OB/GYN Practices • Midwifery Practices • Entities that deliver the following services: Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)

ECM Presumptive Authorization

Starting on Jan. 1ˢᵗ 2025, select ECM Providers will be able to quickly initiate ECM services *prior to submitting an ECM referral to an MCP* and be reimbursed for services during a 30-day timeframe.

» <u>**What ECM Presumptive Authorization IS:**</u>

- <u>**Select**</u> **ECM Providers will be able to directly authorize ECM for Medi-Cal Members in select POFs they serve and be paid for ECM services for a 30-day timeframe** until the MCP communicates the authorization or denial of ECM based on a complete assessment of Member eligibility for ECM.

- ECM Providers under presumptive authorization will still check for Member eligibility and submit an ECM referral to the MCP within the 30-day timeframe to receive the full, 12-month ECM authorization.

» <u>**What presumptive authorization is NOT:**</u>

- ECM presumptive authorization is different from *"presumptive eligibility"* policies for Medi-Cal coverage that allow special populations to more rapidly access Medi-Cal insurance (children, pregnant individuals, individuals experiencing homelessness).

- ECM presumptive authorization is different from *"retrospective authorization"* in which MCPs pay for ECM services provided in the past, but only if a Member is ultimately authorized for ECM.

[The ECM Presumptive Authorization Policy](#) is included beginning on page 107 in the August 2024 version of the ECM Policy Guide.

ECM Presumptive Authorization

ECM Presumptive Authorization Reimbursement

Start of Payment: MCPs must allow network ECM Providers under presumptive authorization to start billing and be reimbursed for ECM services from the date the Member first receives ECM services.

Timeframe for MCP Payment: 30 days or up to the date the MCP communicates the authorization decision to the ECM Provider, whichever is sooner.

Does payment occur if a MCP does not authorize ECM for a Member after the presumptive authorization timeframe because the Member is enrolled in an overlapping program or plan (1915c waiver, D-SNP, etc.)?

Answer: The MCP must still reimburse for services delivered during the presumptive authorization timeframe for Members who are later denied for the full, 12-month ECM authorization due to enrollment in programs that may overlap with ECM.

ECM Presumptive Authorization

Exceptions to MCP Payment
In the Presumptive Authorization Timeframe

- If the Member has an **existing, open ECM authorization** with another ECM Provider, the MCP is not required to reimburse for services delivered in the presumptive authorization period. DHCS allows for this exception in MCP payment to limit instances of payment for duplicative services.

- If the individual is **not an active Member** of the MCP during the dates of ECM service delivery.

MCP Provider Portal Active
ECM Authorizations
Required by January 1, 2025:

To reduce the risk that ECM Providers are not reimbursed for services due to an existing ECM authorization, MCPs must make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system by January 1, 2025.