

Providing Access & Transforming Health



Tri-Counties CalAIM PATH Collaborative February 14, 2024



Providing Access & Transforming Health

Welcome!



Please introduce yourself using Chat.

- Name
- Organization
- Your role in CalAIM implementation

Welcome to our new participants

February Collaborative Agenda



HCS PATH

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Reminder: 2024 Collaborative Schedule



January 17: Full Collaborative

February 14 (Ventura) / Feb 21 (SLO/SB)

March 20: Full Collaborative

April 17 (Ventura) / April 24 (SLO/SB)

May: In-person meetings in each County

June 26: Full Collaborative

Full Collaboratives (Virtual)

County-Specific Working Groups (Virtual)

County-Specific In-Person Meetings





Managed Care Plan Updates

Enhanced Care Management (ECM) Providers in Ventura County



Organizations listed have executed contracts with KP as of February 1, 2024. Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services/Populations of Focus	Phone Number	
Amity Foundation	Adults, Children and Youth - Individuals transitioning from incarceration	Pending	
Independent Living Systems	Adults, Children and Youth PoFs	888-262-1292	
Koinonia Foster Homes, Inc.	Children and Youth PoFs	661-273-8122	
Russian Jewish Community Cultural Center DBA L'Chaim ADHC	Adults PoFs	323-930-1881	
Star Nursing Inc	Adults, Children and Youth PoFs	877-687-7399	



Community Supports (CS) Providers in Ventura County



Organizations listed have executed contracts with KP as of February 1, 2024. Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services	Phone Number	
Assured Independence	Environmental Accessibility Adaptations	425-516-7400	
Connect America West	Environmental Accessibility Adaptations	Pending	
Connections Care Home Consultants	Nursing Facility Transition/Diversion to Assisted Living Facilities	800-330-5993	
Evolve Emod, LLC	Asthma Remediation	844-438-7577	
Independent Living Systems	Housing services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home	888-262-1292	
Lifeline Systems Company	Environmental Accessibility Adaptations	800-451-0525	
Maxim Healthcare Services	Respite services and Personal Care and Homemaker Services	818-837-3775	
Star Nursing Inc	Ir Nursing Inc Housing Transition/Navigation Services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Respite services and Personal Care and Homemaker Services		





Collaborative Aim Statement and Drivers

DRAFT: 2024 Aim Statement



- Thank you for the feedback on draft aim statements at our January meeting!
- Revised 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.

DRAFT: 2024 Aim Statement and Key Drivers



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.

Drivers (how do we achieve the aim?)

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





Build education and awareness of CalAIM among members, providers, and community partners

What information is needed by community members, partners, providers and staff?

- What is the goal of CalAIM?
- Who qualifies for ECM and CS programs?
- What are the populations of focus?
- What is the value proposition for the individual/member?
- What is the ECM/CS participant responsible for?
- How long does it take to get services?
- How are hospital and clinic patients referred?
- How can care managers/coordinators participate?
- What services and supports are available to ECM and CS staff?



Discussion Questions: Driver #1



- What recent successes have you had in promoting awareness of ECM and Community Supports?
- Where (on whom) should we focus our energy?
- What community resources exist, and what is still needed?
 - <u>CalAIM 101</u> (10 minute presentation)
 - One page flyer printed in English and Spanish
 - Easy-to-read FAQs
 - One paragraph overview on <u>ECM</u> and <u>Community</u>
 <u>Supports</u>, for newsletters, radio, social media
 - Journey of an ECM or CS participant

Qué transmitir a un miembro de ECM

Tendrá un Administrador Principal de Atención (Lead Care Manager) dedicado que coordinará la atención de salud y los servicios relacionados con la salud. Su Administrador Principal de Atención le brindará atención por teléfono, en persona o donde viva. También pueden:



Conseguir médicos y programar sus citas



Coordinar su transporte hacia y desde las citas



Ayudar con el manejo de los medicamentos



Coordinar con recursos locales, llamados Apoyos Comunitarios, según sea necesario para: Alimentación Vivienda Otros servicios sociales

No hay costo adicional para ECM. ECM no reemplaza:

- Beneficios. ECM es un beneficio adicional.
- Médicos. Mantenga a sus médicos y otros proveedores.
- Opciones. Únase, si es elegible, o cancele en cualquier momento.

Destinado a Proveedores

Herramienta oficial desarrollada por Tri-Counties CalAIM PATH Collaborative

Los Apoyos Comunitarios ayudan a satisfacer las necesidades de salud y bienestar de los miembros

Orientación de Vivienda

Si se encuentra sin hogar o corre el riesgo de quedarse sin hogar, puede recibir ayuda para encontrar, solicitar y asegurar una vivienda permanente.

Depósito de Vivienda

También puede recibir ayuda con los gastos de vivienda, como depósitos de seguridad y puesta en funcionamiento de servicios públicos, como gas y electricidad.

Arrendamiento de Vivienda y Sostenibilidad

Una vez que la vivienda esté asegurada, puede recibir apoyo para mantener su arrendamiento, como coordinación con los propietarios para abordar problemas, asistencia con el proceso anual de recertificación de vivienda y conexión con recursos locales para evitar el desalojo.

Servicios de Domésticos y de Cuidado Personal

Es posible que reciba apoyo en el hogar, como bañarse o alimentarse, preparar comidas, hacer compras y que alguien lo acompañe a sus citas médicas si necesita ayuda con las actividades de la vida diaria.

Servicios para Cuidadores (Servicios de Relevo)

Ayuda a corto plazo para sus cuidadores. Puede recibir servicios para cuidadores en su hogar o en un centro aprobado por horas, días o noches, según sea necesario.

Transición de un Centro de Enfermería a un Centro de Vida Asistida

Si vive en su casa o en un centro de enfermería, puede trasladarse a un centro de vida asistida para evitar la institucionalización en un centro de enfermería. Recibirá servicios como apoyo con las actividades de la vida diaria, supervisión de medicamentos y personal de atención directa en el lugar las 24 horas.

Cuidados de Recuperación (Cuidado Médico Temporal) Después de la hospitalización el cuidado

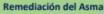
Después de la hospitalización, si no tiene una vivienda estable y aún necesita recuperarse de una lesión o enfermedad, puede recibir atención residencial a corto plazo, también llamados Cuidados de Recuperación.

Alimentos de Apoyo Médico/Comidas Adaptadas Médicamente

Es posible que reciba entregas de comidas preparadas y nutritivas, y comestibles saludables para satisfacer sus necesidades de salud. También podrá recibir vales para alimentos saludables y/o educación nutricional.

Modificaciones al Hogar

Se pueden realizar cambios físicos en su hogar para mejorar su salud, seguridad e independencia. Los cambios incluyen rampas y barras de apoyo, ampliación de las puertas si usa una silla de ruedas, ascensor para escaleras o hacer que los baños sean accesibles para sillas de ruedas.



Se pueden realizar modificaciones físicas en su hogar para evitar episodios agudos de asma debidos a desencadenantes ambientales como el moho. Las modificaciones pueden incluir aspiradoras con filtro, deshumidificadores, filtros de aire y mejoras en la ventilación.

Alojamiento a Corto Plazo Después de la Hospitalización

Puede recibir alojamiento temporal si ha sido dado de alta de un entorno clínico para pacientes hospitalizados, un centro residencial de recuperación o tratamiento de trastornos por consumo de sustancias, un centro residencial de tratamiento de salud mental, un centro correccional, un centro de enfermería o cuidado de recuperación.

Transiciones de Centros de Enfermería o de la Comunidad a un Hogar

Si está haciendo la transición de un centro de enfermería a una residencia privada donde será responsable de sus gastos, puede recibir fondos para depósitos de seguridad, tarifas de instalación de servicios públicos y electrodomésticos relacionados con la salud, como aires acondicionados, calentadores o camas de hospital.



DHCS ECM and Community Supports Data Discussion

DHCS ECM and Community Supports Data



• ECM and Community Supports Quarterly Implementation Report released by DHCS, with data through Q2 2023



View the full report <u>here</u>

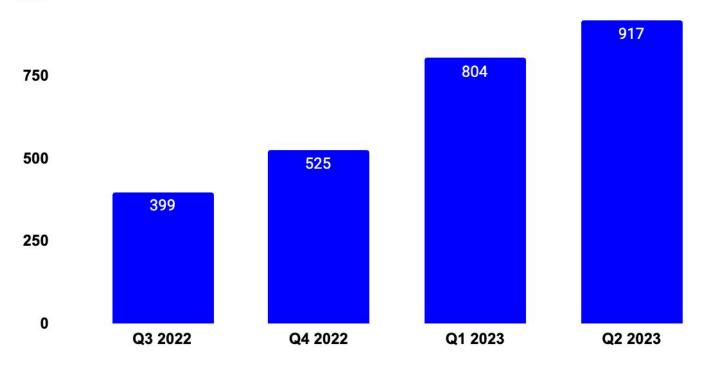


unique members received Community Supports **since Community Supports launched** to the end of the reporting period. unique members received Community Supports **in the last 12 months** of the reporting period. unique members received Community Supports **in the most recent quarter** of the reporting period.

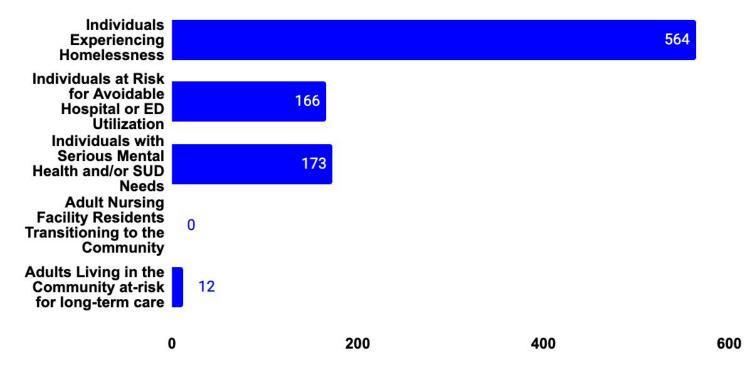
17

Total Members who Received ECM in Ventura County by Quarter

1000

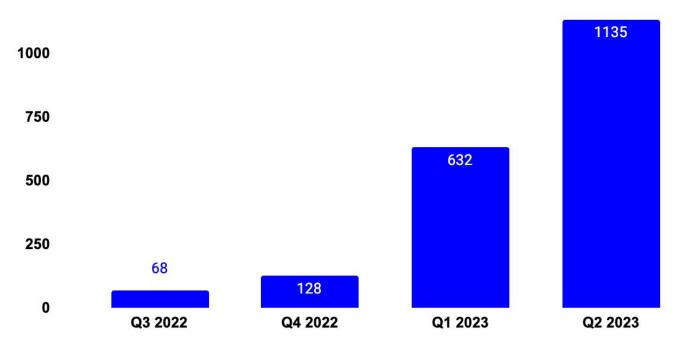


Total Members who Received ECM in Ventura County by POF, Q2 2023

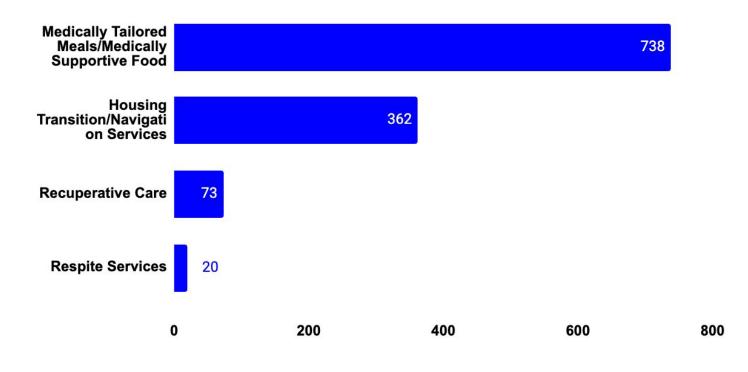


Total Members who Received Community Supports in Ventura County, by Quarter

1250



Total Members who Received Community Supports in Ventura County by Service, Q2 2023





Policy and Funding Updates

Reminder: CITED Round 3 Closes Thursday!







Attention: PATH CITED Round 3 Funding Window Closes February 15

The <u>Providing Access and Transforming Health (PATH) Capacity and</u> <u>Infrastructure Transition, Expansion, and Development (CITED)</u> Round 3 application window <u>will close on Thursday, February 15, at 11:59 p.m.</u>

HCPCS Coding Guidance Update



HCS PATH

- DHCS released updated <u>Enhanced Care Management (ECM) and</u> <u>Community Supports HCPCS Coding Guidance</u>
- This guidance contains the HCPCS codes and modifiers that must be used to report ECM and Community Supports service encounters
- MCPs and ECM and Community Supports Providers are expected to implement the updates in this latest HCPCS Coding Guidance by March 31, 2024
- Questions? Email <u>CalAIMECMILOS@dhcs.ca.gov</u>



Upcoming Events and Reminders



TA Marketplace Vendor Fair February 29

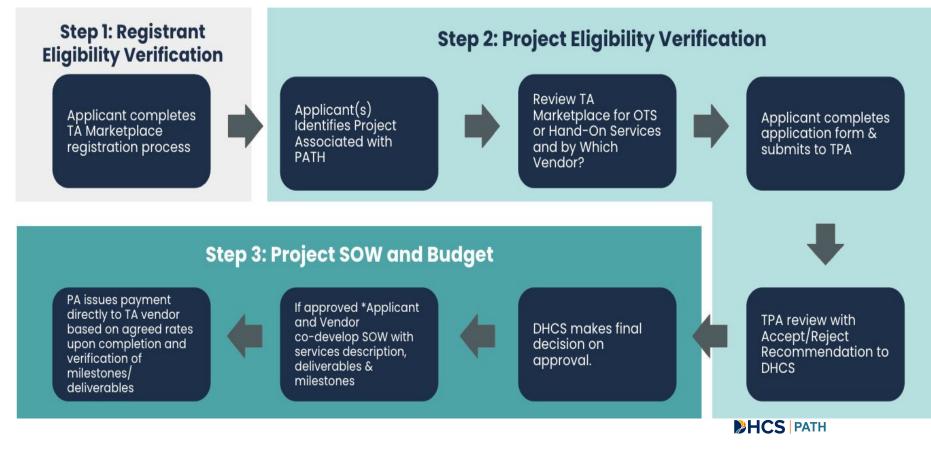


- HCS PATH
 Hosted by DHCS, this virtual vendor fair will feature approved vendors in Domain 3 of the TA Marketplace: "Engaging in CalAIM through Medi-Cal Managed Care"
- Register here:

https://us06web.zoom.us/webinar/register/WN_xiZXHQYmQL-obU5f4j Pfww#/registration

CalAIM TA Marketplace





See you in March!



Tri-Counties March Meeting Wednesday, March 20, 2024 11:00am <u>Registration Link</u>





Thank you! Questions or suggestions? pathinfo@bluepathhealth.com



Providing Access & Transforming Health



Office Hours



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Appendix

Draft 2024 Aim Statements for Discussion



HCS PATH

#1 The Collaborative will build education and awareness of CalAIM in 2024 by providing at least 10 CalAIM 101 presentations in the community to at least 200 individuals in total.

#2 The Collaborative will increase the number of external referrals for ECM & Community Supports by 20% in 2024.

#3 The Collaborative will increase the percentage of members receiving ECM and Community Supports services out of those referred and contacted by *X%* in 2024.

2023 Aim Statement and Key Drivers



Increase eligible members authorized for ECM & Community Supports by 15% Expand communication channels for providers and members

Improve provider capacity and administration

Increase ECM & Community Supports Care Coordination

TA Marketplace Application Review Timeline



Timeliness of Application Review

Recipient Eligibility Applications

Average review time was under 2 weeks, which was primarily dependent on the receipt of identity verification data and the quality of attestations submitted. Where an organization submitted a blank or incorrect attestation, the timeline from submission to approval was significantly longer.

Identity Verification 3 days	PCG Attestation Review – 3 days	DHCS Approval 1 week
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Project Eligibility Applications

Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the project goals are clearly defined and outlined. Projects with longer reviews at the PEA step of the process were due to unclear goals or applications that contained requests for multiple disparate projects.

1 week 1 week	PCG Review DHC 1 week
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Timeliness of Application Review (cont.)

Scopes of Work and Budgets (standard review)

Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the review is expedited, as project goals are clearly defined and outlined.

PCG Review DHCS Approval 1 week 1 week

Scopes of Work (SOW) and Budgets (heightened scrutiny)

SOW and Budgets may be flagged for heightened scrutiny by the DHCS Team, if concerns are raised at the PEA stage, if there is a concern about duplication of funding from CITED or another grant, or if the project will produce member facing materials.

TA Marketplace Resources

- For technical support or questions, please email <u>ta-marketplace@ca-path.com</u>
- PATH TPA Website

<u>DHCS CalAIM PATH Webpage</u>