

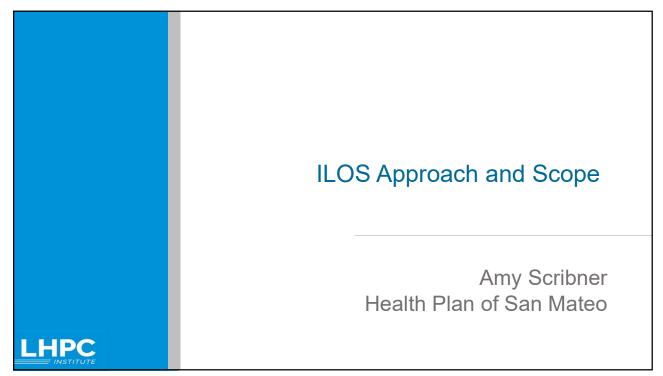
Alameda Alliance for Health
CalOptima
CalViva Health
CenCal Health
Central CA Alliance for Health
Community Health Group
Contra Costa Health Plan
Gold Coast Health Plan
Health Plan of San Joaquin
Health Plan of San Mateo
Inland Empire Health Plan
Kern Health Systems
L.A. Care Health Plan
Partnership HealthPlan of CA
San Francisco Health Plan

Santa Clara Family Health Plan

# CalAIM Learning Collaborative: Enhanced Care Management & In Lieu of Services

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## **ILOS Overview**

- In lieu of services (ILOS) are flexible wraparound services that Medi-Cal managed care plans will integrated into our population health strategy.
- These services are provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing facility admission or discharge delay.
- In lieu of services will be integrated with care management for members at the highest level of risk and will fill gaps in state plan benefits to address medical or social determinants of health.
- ILOS are voluntary for plans.
- Initial use of ILOS proposed to serve work done through initial pilots (e.g., WPC, HHP, CCI), as well as inform the development of future statewide benefits to be instituted.

Enhanced Care Management and In Lieu of Services

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# **ILOS** categories

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care
- Respite Services
- Day Habilitation Services
- Nursing Facility to RCFE/ARF

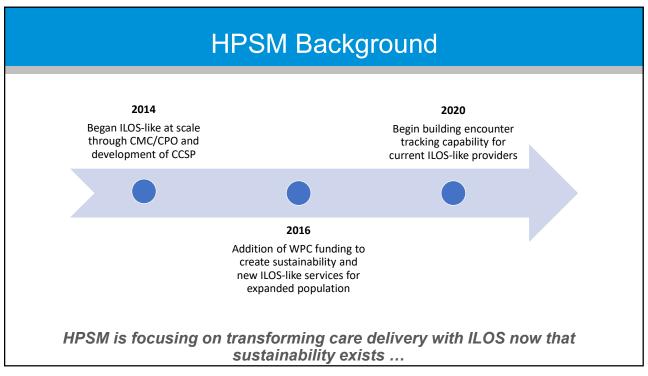
- Community Transition Services/Nursing Home to Home
- Personal Care and Homemaker Services
- Environmental Accessibility (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

# Capability Development – Contract Requirements

- Domains have been created to build work plan and allocate responsibilities.
- We expect the requirements to continue to evolve as implementation continues.

	Requirement
Provider	Capacity
	Capability
	Medi-Cal Enrolled or other appropriate classification
	Credentialed
	Access to HPSM systems/information to administer ILOS
	Contract
Service Delivery	Identify members Authorize services Referral Services
Data Systems and Sharing	Set-up Encounters and Claims DHCS Requirements
Delegation and Oversight	Oversight
	Delegation
Claims,	Claims and Invoices
Invoices and Payment	Payment
WPC Transition	Transitions with County
DHCS Requirements	Contract amendments and conformance

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# Approach and Planning

May – Aug 2021

### **Opportunity Assessment**

- Mapping requirements and outreach to current providers
- Dispatch RFI/Readiness documents for current/new providers
- Assess internal/partner readiness for phase one implementation
- Identify and resolve potential service gaps

Aug – Dec 2021

### **Strategy Development**

- Design ILOS rollout plan based on sustainability and WPC transition
- · Finalize rates and incentives
- Create/Amend vendor/provider contracts
- Finalize key performance metrics and outcome targets
- Activate internal/external teams to achieve goals

Jan – July 2022

### Implementation and Improvement

- Determine service limitations (e.g., available housing stock or geography)
- Explore other ILOS opportunities and gap analysis/build
- Continue to communicate with care ecosystem about service options
- · Reassess targets and performance thresholds

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# Scope of Target Services – DRAFT PLAN

Service	Like-Services Current	Phase One Jan/22	Phase Two July/22
Transition/Navigation	✓	✓	
Deposits	✓	✓	
Tenancy & Sustaining	✓	✓	
Short-Term Post-Hosp	No		
Recuperative Care	<b>✓</b>		<b>✓</b>
Respite	✓		1
Day Habilitation Prog	No		
NF Trans/Div to ALF	✓	✓	
Comm Trans NF-Home	✓	✓	
Personal /Homemaker Care	✓		1
Home Modifications	✓	✓	
Meals/Rx Meals	<b>✓</b>	✓	
Sobering Centers	No		
Asthma Remediation	No		

Focus for phase one is to build on the strength of current relationships and programs ...

- Prioritize services based on sustainability of current WPC and strategic initiatives
- Plan for alternative funding sources for phase two services/supports
- Input from stakeholders, community partners and members will guide future transitions of services to ILOS and development of new potential ILOS services and supports.
- Incentive considerations for phasing and potential for acceleration if beneficial

# Capability Development – **EXAMPLE Provider Domain**

		Deliverable	HPSM Internal Department		Phase One	
	Requirement			Provider One	Provider Two	WPC-ILOS (TBD)
Capat Mediappro  Provider  Crede  Accessyster admir	Capacity	-Calculate capacity to serve within the current staffing model. (RFI) -Determine demand for ILOS service/support.	Strategic Partnerships			
	Capability	-Confirm administrative capabilities (RFI) -Confirm service adequecy (RFI)	Strategic Partnerships			
	Medi-Cal Enrolled or other appropriate classification	-NPI -MC enrolled -Background check -Other information required to allow service provision (use RFI to collect base info)	Provider Services			
	Credentialed	-Conform to APL 19-004 -Training at credentialing/contracting	Provider Services/Strateigc Partnerships			
	Access to HPSM systems/information to administer ILOS	-Track referrals -Demographic and administrative member information -Appropriate administrative, clinical and social service information to provide requested	IT/BSI			
	Contract	-New agreement or amendment for current providers -New agreement for new providers	Provider Services			

- Internal departments and providers will inform additional readiness / implementation activities.
- Focus is on quick mobilization to achieve strategic goals.
- Overlap with ECM provider requirements will cause additional specification.

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# **Credentialing of ILOS Providers**

- Compliance with APL 19-004
- Use PAVE where applicable and utilization external system for non-traditional providers
- Need to redo our risk tiering of providers and definition of high-risk based on this new category of providers to network.
- High-risk providers will be reviewed through our usual processes, including credentialing and peer review committees.
- Credentialing Appeals handled through normal process.
- Remaining Questions:
  - Site visits does this apply to any of these provider types? FSR needed (e.g., Recuperative Care)?

# Capability Development - Considerations

- Phasing and potential for expansion
  - Consider provider's ability to subcontract and provide multiple ILOS (e.g., housing location, tenancy services and deposits)
- Determine if provider base is already an ILOS provider for another plan
  - Regional Approach
  - LHPC Directory?
- Consider outcomes/value when it comes to deciding on ILOS (How much? What type?)
- Data sharing SFTP vs two-way access to systems

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# **Next Steps**

- Stakeholder meetings continue
  - Internal and external, plus technical assistance for providers
- Dispatch comprehensive RFI/Readiness documentation for ILOS
- Define provider reimbursement scenarios
- Scan the market for providers based on service need in addition to those currently contracted