

## LHPC Institute CaAIM Learning Collaborative

### Session 4: Considerations for Determining Whether to Offer ILOS

June 7, 2021

#### Meeting Summary

##### Presentation:

Amy Scribner, Population Health Officer for the Health Plan of San Mateo (HPSM), presented an overview of in lieu of services (ILOS), CaAIM ILOS requirements and how HPSM intends to implement these services.

##### Key points:

- ILOS are flexible wraparound services that can be provided as a substitute to, or to avoid, other covered services, such as hospital or skilled nursing care, or a delay in discharge from a facility. DHCS has identified 14 ILOS, which may be voluntarily offered by plans.
- HPSM has identified the provision of sustainable ILOS as a strategic goal to serve existing and new members, and member populations. Services that are sustainable and that utilize alternative funding sources are prioritized.
- Contract requirements guide work plan activities and are likely to change as implementation progresses. Among requirements for providers are the ability to demonstrate adequate readiness, provide and deliver services to members, meet credentialing requirements, access plan systems and share data appropriately, and submit encounters and claims.
- In developing the plan's ILOS network, HPSM considers the provider's ability to subcontract and provide multiple ILOS services in a delegated arrangement.
- Understanding if ILOS providers are already contracted with or working with other plans is helpful for both the plan and provider. HPSM has had discussions with providers about developing a regional approach for delivering ILOS.
- HPSM has a rich history of transforming its care delivery model for high-risk populations. The plan first provided "ILOS-like" services in 2014 and has focused on transitioning members out of nursing facilities to community-based settings. In 2016, using WPC funding, the plan provided ILOS-like services for broader populations, working closely with the county. Today, the plan holds most of the ILOS contracts in the county.

- HPSM intends to use existing credentialing processes and PAVE where applicable, as well as external systems for non-traditional providers. There may be a need to redo the plan's risk tiering of providers and the definition of high risk based on the new category of providers added to the network. A remaining question is whether site visits and facility site reviews (FSRs) are applicable to these types of providers and how to develop the infrastructure to do so.
- Stakeholder meetings and technical assistance continues for providers. HPSM will dispatch a Request for Information (RFI) for ILOS providers and noted that provider RFIs have been helpful for the plan in better understanding their needs, gathering insight into providers and services that can help the plan develop its care delivery system, and in testing the market.

### **Discussion Takeaways:**

- Clarification is needed around how incentive dollars and the Home and Community-Based Service (HCBS) spending plan will work, and how those dollars will be spent. Plans are interested in better understanding how to combine all of the available funding sources and take advantage of them in the best way. LHPC noted that DHCS will release a more detailed framework for incentives around the end of the month and that they particularly want to incentivize ILOS for high-priority populations, such as the homeless, high utilizers and adults with SMI for the initial implementation period.
- Plans in counties that did not participate in WPC are trying to better understand the relative value of certain ILOS services. One plan noted they are focusing on recuperative care and are initially keeping the scope of ILOS services relatively narrow.
- Developing a universal tool for assessing provider readiness may be useful for plans. One plan indicated they developed provider questionnaires for both ECM and ILOS providers, as well as a point system to determine frontrunner and backup providers.
- Also helpful would be a common process for verifying provider qualifications (similar to credentialing) for non-PAVE providers that would be as consistent as possible across plans. The LHPC Institute CalAIM Learning Collaborative should consider developing a framework.
- LHPC asked whether plans are considering criteria that limits ILOS to account for current capacity while additional infrastructure and capacity is developed for future expansion.
- One plan indicated they are approaching certain services more narrowly to ensure providers are capable, up-to-speed on data sharing and other issues, and are sustainable.
- A matrix of ILOS services each plan is considering and/or providing, as well as a directory of ILOS providers plans are using would be helpful for plans in ensuring

that processes and information are consistent for providers who span multiple counties. LHPC intends to poll plans on what ILOS they are offering and/or considering.

- One plan noted that they intend to do a homeless bundle. Their biggest challenge is high utilizing vs. low and non-utilizing homeless, and how to prove that services are, in fact, in lieu of others.

**Next Meeting:**

The next session is scheduled for June 21 at 3:00 p.m. and will focus on processes for receiving and approving referrals for ECM and ILOS.