

LHPC Institute CalAIM Learning Collaborative

Session 1: ECM/ILOS Transition Planning — WPC/HHP Crosswalk and County Contracting Strategies

April 26, 2021

Meeting Summary

Welcome and Introductions:

LHPC Institute Director Amber McEwen opened the meeting and welcomed all in attendance. She noted that this is the first in a series of CalAIM Learning Collaborative calls to be held as local plans prepare for CalAIM implementation. The purpose of the Collaborative is to provide an opportunity for plans to share planning and implementation experiences and best practices, and to identify follow-up items for the California Department of Health Care Services (DHCS).

Presentation:

IEHP's Takashi Wada, MD, MPH, Vice President, Population Health, and Elise Pomerance, MD, MPH, Senior Medical Director, presented on IEHP's approach and experience with crosswalking the Riverside Whole Person Care (WPC) program to Enhanced Care Management (ECM) and In Lieu of Services (ILOS).

Key points:

- Reconvened with both counties (Riverside and San Bernardino) to assess where each county is with respective WPC programs (services, budgets, volume of Medi-Cal beneficiaries served, number of IEHP Medi-Cal beneficiaries served, staffing model used, etc.). Meetings with the counties have been held weekly for some time to obtain needed information.
- Developed own criteria for identifying target populations to obtain a sense of the WPC program and how to move to ECM.
- Assessed Riverside University Health System (RUSH) — IEHP's contracted Health Home Program/Community-Based Care Management entity — to identify potential ECM eligible population. This assessment facilitated understanding which HHP services would overlap with ECM, which teams would need expanding and where there might be gaps in services.
- Mapped WPC roles and found three (3) primary roles:
 - RN Care Manager: found this position clearly maps to ECM; identified potential future roles for this position as teams expand
 - Outreach Housing Specialist: found this position maps to ILOS Housing Navigation services
 - RN Screener: found this position potentially maps to ILOS but may not be supported by ILOS rates; this position may be replaced by another level of staff and more RNs elsewhere, or could consider alternative funding streams to support the position (e.g., MHSA, etc.).

- Mapped WPC patients
 - Determined WPC IEHP members will grandfather to ECM on 1/1/22 and non-IEHP members will not grandfather to IEHP
 - Developed bidirectional workflows for ECM members to be referred to Housing Navigation to WPC/ILOS Outreach Housing Specialists and referred from Outreach Housing Specialists to ECM care teams

Regarding next steps, IEHP commented that they need final target population guidance from DHCS and final rates, which will drive the final model. They also need additional information from RUHS DBH.

Discussion Takeaways:

- Overall, it was clear that local plans are amid the process of working with their counties to:
 - Obtain WPC information needed to complete a crosswalk of services to ECM/ILOS
 - Determine what may not map to ECM/ILOS and if/how those services will be funded in the future
 - Collaboratively work through challenges via workgroups or planning sessions
- Regarding WPC data, some plans do not yet have the information needed to complete a crosswalk (e.g., members served, costs, etc.). Others have the needed data but are having to mine it to ensure accuracy. For example, one plan indicated there are duplicate beneficiary counts in their county's WPC data.
- A key issue several plans are wrestling with is what functions or role the WPC lead entity will play if the plan contracts with them.
 - For plans whose WPC pilots directly delivered services, this is more straightforward. For example, one plan is discussing staffing with their county and how county staff delivering WPC services may be repurposed.
 - However, some counties played an administrative role and contracted with CBOs to deliver services. In these cases, will counties serve as a pass-through? Will plans delegate UM or other functions? Some plans are considering these issues but have not landed on a definite approach.
- One plan discussed the coordination occurring between the local plan and the commercial plan(s) in their counties. The extent to which plans in Two-Plan or GMC counties work together is likely variable but DHCS has encouraged this to the extent practicable, particularly regarding aligning ILOS offered (if possible).
- Data sharing also came up briefly in discussion with respect to mental health. It was mentioned that DHCS may be reconvening a data sharing workgroup that will focus on what additional data or reports DHCS can provide that will support CalAIM (its scope is not on direct data sharing between plans, counties and providers).

Next Meeting:

The next Learning Collaborative meeting is scheduled for Monday, May 10, at 3:00 p.m.