

**LHPC Institute CalAIM Learning Collaborative**  
**Session 9: Finalizing Model of Care Part 2 Submission**  
**August 23, 2021**  
**Meeting Summary**

**Discussion Takeaways:**

- Several plans are nearing completion of their Model of Care (MOC) Part 2 submissions, with many draft submissions under review by plan executive team members. A number of plans voiced concern about potentially needing to make changes to their policies, procedures and MOC language following the release of DHCS' policy guide.
- Plans are awaiting additional clarification from DHCS on ECM and ILOS authorization requirements.
- With regard to ensuring that authorizations are not discriminatory or inequitable, one plan stated that if a policy is found to be discriminatory or inequitable, they will correct the policy to ensure the inequity is eliminated but also require proof of inequitable impact rather than relying solely on an allegation. Another plan stated they would include nondiscrimination policies for ECM and ILOS providers and analyze data retrospectively to identify and address such issues. Plans recognize that policies must be the same across beneficiaries who are eligible for a specific service and that it is important to consider ensuring services are not discriminatory or inequitable as it relates to providing cost effective services.
- Data sharing is central to the successful provision of both ECM and ILOS services.
  - One plan noted the challenges brought about by 42 CFR Part 2 regulations and that if they are not authorized to share data between entities, they would likely use universal informed consent to fill any gaps.
  - Plans are invited to share their universal consent forms with the group for others to adapt/modify for their own use.
  - DHCS' timeline indicates that guidance on data sharing will be released by October 2021. LHPC noted that it would continue to communicate to DHCS that the guidance should require counties to share data.

- Regarding monitoring utilization and outcomes of ILOS services, one plan commented that they have a general ILOS policy and intend to monitor progress on at least an annual basis using process and outcome measures. Monitoring for cost effectiveness will take longer (e.g., up to five years) since some services take more time to reach cost effectiveness.
  
- Questions and issues to flag for DHCS:
  - Member notices and Whole Person Care (WPC) transition — DHCS has been asked to clarify what is required of plans vs. counties, particularly given other transitions that are concurrently underway (i.e., Medi-Cal Rx, aid code changes, etc.).
  - How should plans describe the ILOS authorization process given that it is not a traditional authorization?
  - ILOS noticing requirements
  - What happens after the Model of Care Part 2 submission (what are next steps, who are the reviewers, will DHCS issue blanket guidance vs. plan-specific guidance)?
  - Model of Care Part 3 due date and difficulties with completing the submission given that rates will not be released until late September. Without rates, plans find it challenging to calculate capacity and caseload ratios needed to complete the ECM network table.
  - Plans expressed concerns about the need to have sufficient time to get contracts executed with counties.

**Next Meeting:**

The next CalAIM Learning Collaborative meeting will be rescheduled due to the Labor Day holiday.