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CalAIM Learning Collaborative:

Enhanced Care Management & In Lieu of Services

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Model of Care:

Approach, Challenges & Next Steps

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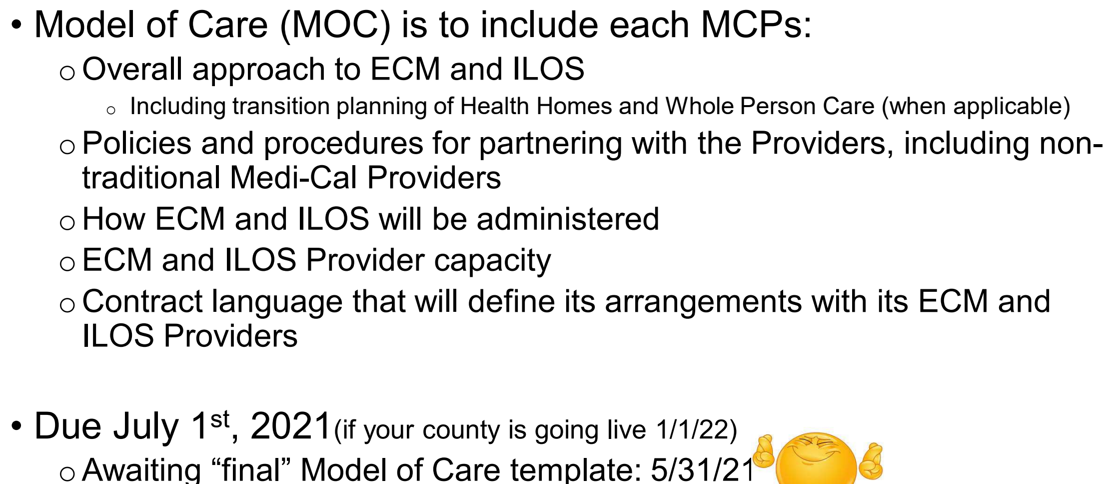
Model of Care: Requirements and Timeline



- Model of Care (MOC) is to include each MCPs:
  - Overall approach to ECM and ILOS
    - Including transition planning of Health Homes and Whole Person Care (when applicable)
  - Policies and procedures for partnering with the Providers, including non-traditional Medi-Cal Providers
  - How ECM and ILOS will be administered
  - ECM and ILOS Provider capacity
  - Contract language that will define its arrangements with its ECM and ILOS Providers
- Due July 1st, 2021(if your county is going live 1/1/22)
  - Awaiting "final" Model of Care template: 5/31/21

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Model of Care: Challenges

- Challenge of presenting a complete Model of Care with lack of clarity:
  - funding
  - resources availability
  - changing landscape of non-traditional Providers/CBO's
- Missing information from DHCS:
  - rates
  - oversight and credentialing
  - reporting requirements
  - network requirements
  - contract templates
  - codes
  - . . . and many other things

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Model of Care: What's in Flight

- ECM Provider Readiness
  - identifying, outreaching, and providing information to providers potentially interested in becoming an ECM provider for 1/1/22
- Coordination of inputs for Model of Care (MOC)
- Transition Planning with County Whole Person Care (WPC)
- In-lieu of Services (ILOS) offerings for 1/1/22
- ECM Network Model
  - inclusion of plan-based staff

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MOC: Provider Readiness Timeline

Approximate Timeline	
May 10, 2021	• Distribute ECM Provider certification application to internally identified potential ECM providers • Email alert sent to broader provider network notifying of ECM opportunity
May 18, 2021	• Informational webinars for potential ECM providers to review expectations, application, and answer questions • Care Management, financial, and technical teams present
June 4, 2021	• ECM Provider readiness application due
Ongoing after June 4, 2021	• Check ins every two weeks to help with ECM provider readiness across all ECM domain areas
October 2021	• Technical testing begins
January 1, 2022	• Go live for first three populations

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MOC: ECM Provider Readiness Example

- **Low Effort**: Minimal effort to meet this area by January 2022 and we do not require assistance from the MCP
- **Medium Effort:** Will meet this area by January 2022 and may/may not require some assistance from the MCP
- **High Effort 1:** Will definitely require assistance from the MCP to meet this area by January 2022
- **High Effort 2:** Concern we cannot meet

Program Area: **Outreach**	**Response**	**Self-Assessment Effort** • *No Effort* • *Low Effort* • *Medium Effort* • *High Effort 1* • *High Effort 2*	**Submitted Evidence**	**Compliant** **(For Internal Use Only)**
ECM Provider assumes responsibility for conducting progressive outreach to each ECM eligible individual through multiple community-based modalities, prioritizing in-person outreach. ECM Provider must ensure timely outreach post retrieval of ECM eligible individuals. **Please provide your answer to the following questions in the next column.** 1. How does your program ensure in-person outreach and use of the following modalities, as appropriate, if in-person attempts are unsuccessful or to reflect a				Yes ☐ No ☐

Model of Care Development

Model of Care Template Questions

Page Number	Question	Response/Link to response document	Name	Comments
21	**Q1**. Provide a schedule by County in your Service Area indicating when the MCP plans to adopt ECM for each mandatory ECM target population, following the requirements set out in the ECM and ILOS Contract and the guidance in the introduction to this MOC Template. Note: Composition of provider capacity is due within Part 2 of the MOC. During the contracting exceptions request process, MCPs will be required to submit amended Policy and Procedures describing how the MCP will ensure ECM can be provided in a community-based, person centered manner.			
22	**Q2.** Describe the MCP's coordination with Tribal partners, as applicable in the Counties the MCP serves, to ensure sufficient and timely ECM Provider access for American Indian enrollees who are eligible to receive ECM.			

MCP Info Details | A. ECM- Population of Focus | B. ECM- Provider Information | C. P&Ps inform members to ECM | D. List HH CBCMEs | E. P&Ps HHP to ECM

- Shared document enhances visibility
- Grouping allows coordination across deliverables
- Easy to update based on DHCS' final Model of Care

Merits of Plan-Based Care Management

- **Administrative ease:** Plans in general have more stable resources and capacity to plan longer term, which translates to potential for hiring more staff and flexibility/nimbleness with hiring
- **Systems and Data Quality:** Large-scale plan data infrastructure can be leveraged to track and accurately reflect the work done on the program, convey to DHCS for future program adjustments and planning, and understand additional needs in real time
- **Focus of staff:** More hiring capacity enables staff to be fully allocated to the program, which leads to focus areas and deep subject matter expertise

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Merits of Plan-Based Care Management

- **Birds eye view of network and local resources** Ability for cross pollination of best practices with rest of network, ability to provide connections for support (*e.g.,* hosting trainings; share models or examples)
- **Co-location** of case managers with diverse plan staff has benefits (e.g., staff familiar with state requirements and changes can help enable quick adjustments to comply, staff working in QI can suggest improvements, etc.)
- **Easier to problem solve** and understand provider case management needs if your organization is also doing its own case management
- **Ability to communicate with whole network quickly** on how SFHP has chosen to implement or adjust parts of a program (provide models/examples on regular calls)

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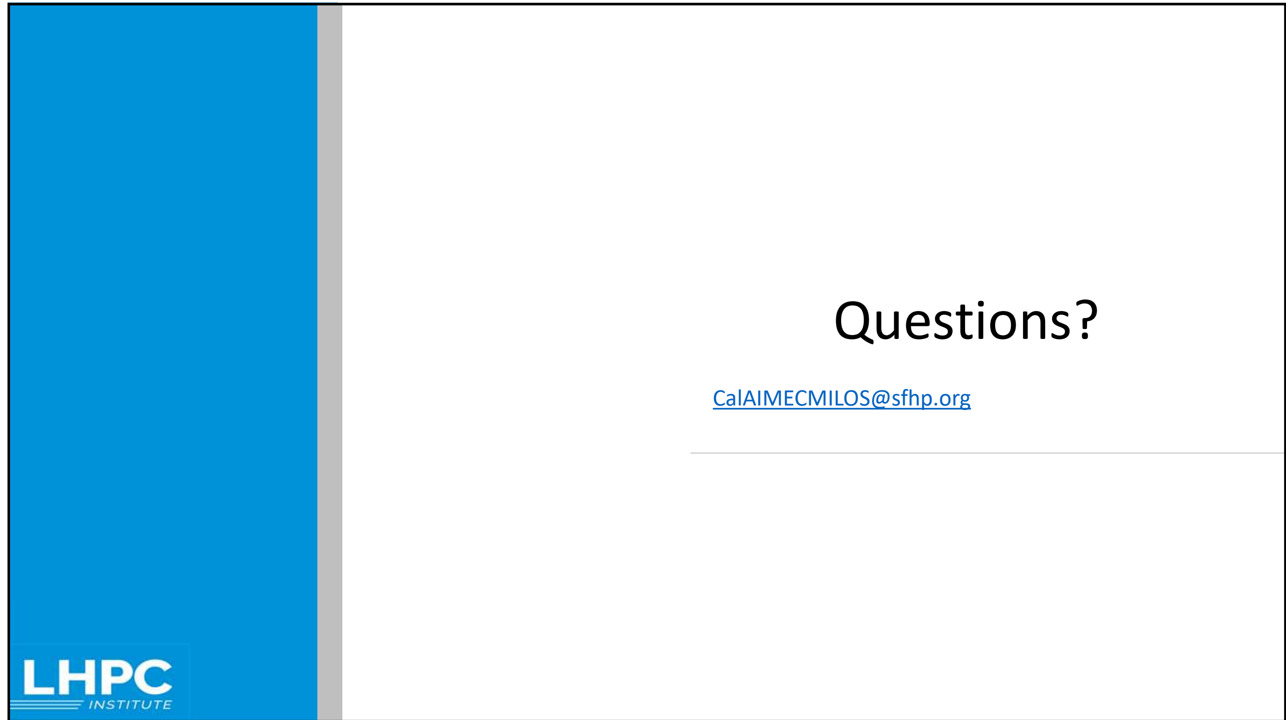

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