Sacramento County Health Authority Questions and Comments Re: CalAIM Model of Care Part 1

June 2021

Preliminary Comments to Managed Care Plans from the Consumer Protection Committee and the Quality Improvement/Quality Assurance Committee

- The Committees reviewed plan responses and focused on areas with the greatest variation among plans. The most notable differences were largely in regarding In Lieu of Services (ILOS). Several plans articulated the 4-5 ILOS that they would start with, and a few noted additional ILOS may be added over time after further evaluation. Only one plan stated they would provide all 14 ILOS by ramping up over time.

- The Committees applauded the MCP that committed to offering all 14 ILOS to serve Sacramento, and provided the timeline for launching each service.

- Committees are interested to hear more about the following questions:

    i. For MCPs indicating they are evaluating which ILOS they will provide, what evaluation criteria will be used to inform the selection of ILOS (e.g., assessment of community needs, cost analysis), and what is the process and timeline for this evaluation?

    ii. Can MCPs provide more detail regarding the analysis regarding the financial and logistical feasibility for providing and sustaining selected ILOS?

    iii. Why would MCPs utilize IPAs for ILOS referrals? Is that the best approach for non-medical services?

    iv. Can the MCP that referenced "*medical necessity"* as a criteria for non-medical ILOS eligibility please describe the specific criteria used to determine medical necessity for each service this would apply to? Please describe the scenarios in which services may be excluded for members that don't meet medical necessity criteria.

    v. Several MCPs have piloted flexible housing funds for deposits, which fills a critical gap in local services. For MCPs that do not currently intend to provide housing deposits, please provide more detail regarding the rationale for this decision, including any detailed information regarding the extent to which housing deposits are available from other sources, and any evidence that suggests that another approach produces better outcomes for patients than a direct housing deposit?

    vi. Please describe previous experience and future plans for MCP involvement in street medicine and homeless outreach in Sacramento County. Include as much detail as possible, including program design, staffing, numbers and locations served, description of services, demographics served, and any other process or outcome metrics available.

    vii. How can MCPs support street medicine and better systems of Medi-Cal enrollment and comprehensive care for people experiencing homelessness that doesn't involve transportation to clinical sites? Please describe the role of MCP and partnerships

with Community Based Organizations and County agencies.

viii. What outcome data can MCPs provide for services similar to ILOS, provided through WPC, HHP, or other programs?

ix. What financial investment do you anticipate is needed for successful housing retention in Sacramento County, and how do you intend to work and collaborate to provide this funding?

x. How does the MCP plan on expanding capacity for services that require brick and mortar infrastructure, particularly medical respite, sobering centers, and housing stock?

xi. What is the goal of partnering with the Continuum of Care (CoC) in Sacramento County?

xii. Please define what is meant by "culturally relevant" and how that will be operationalized. How will culturally relevant provider networks be developed?

xiii. Please describe examples of successful plan partnerships (among MCPs) that have been implemented in Sacramento County. Please note any lessons learned from these efforts, and how these lessons would be used to inform future efforts. If there are more notable successful plan partnerships in other counties, please describe them and how the MCP intends to replicate them in Sacramento County.

xiv. For Amerihealth Caritas - how many other California counties are you attempting to enter? How would you plan to learn the local landscape and build relationships? Please describe details including how many local organizations and groups you would work with, how you would identify them, and name any specific organizations that have been identified to date.

xv. What is the timeline for transitioning Fee for Service populations into Managed Care? How can we ensure this will not result in any disruptions in prescheduled care/procedures?

xvi. Please describe how MCPs will identify services for which the County is a provider and for which the County is an intermediary or hub for coordinating providers for special populations.

- The other area discussed was **provider network development** – the plan responses in this area were fairly similar, but the committee noted this may need to be an area of additional development to determine how plans will go about developing or building capacity in the provider network.

Select Managed Care Plan Responses to Questions Regarding the CalAIM Model of Care Part 1

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Indicate which of the DHCS pre-approved ILOS listed below the MCP plans to provide, indicating the start date if it is different from 1/1/22, which can be 1/1/23 or any other date of a succeeding six (6)-month interval. Note that this list is preliminary and the MCP may make modifications in Part 2.			
[Abbreviated] We are carefully evaluating which ILOS we will offer in counties, such as Sacramento, where we will propose to offer services. Our approach to proposing ILOS is deliberate and systematic and begins with evaluating the CalAIM 14 ILOS categories list by county. We will evaluate the ILOS in the CalAIM proposal and alignment of services provided by other MCPs in Sacramento County, as well as solicit input from local stakeholders to guide us toward potential ILOS that would most benefit Medi-Cal Members and Providers. We will also be leveraging any publicly available lessons learned from the Whole Person Care (WPC) Pilots and Health Home Program, with the understanding that Medi-Cal Members are already using these services and will be transitioned to our ILOS offerings upon implementation in 2024. Upon implementation and in 2024, we will meet with our stakeholders regularly to identify	ILOS to be offered (and Start Date if different than 1/1/22) *[County staff added from separate spreadsheet submitted by Anthem]* Housing Transition Navigation Services Housing Deposits Housing Tenancy and Sustaining Services Short-term Post-Hospitalization Housing (Start date 1/1/24) Recuperative Care (Medical Respite) Respite (Start date 1/1/24) Day Habilitation Programs (Start date 7/1/23) Nursing Facility Transition/Diversion (Start date 1/1/23) Nursing Facility Transition to a Home (Start date 1/1/23) Personal Care (Start date 1/1/24) Environmental Accessibility Meals/Medically Tailored Meals Sobering Centers (Start date 1/1/24) Asthma Remediation	ILOS to be offered (and Start Date if different than 1/1/22) *[County staff added from separate spreadsheet submitted by Health Net]* Housing Transition Navigation Services Housing Tenancy and Sustaining Services Recuperative Care (Medical Respite) Meals/Medically Tailored Meals (Start date TBD - dependent on provider resource availability) Sobering Centers (Start date TBD - dependent on provider resource availability)	Molina has selected the following ILOS to implement 1/1/2022. *Housing Transition Navigation Services *Housing Tenancy and Sustaining Services *Recuperative Care *Meals/Medically Tailored Meals Additional ILOS will be evaluated and phased in every six months depending on identified needs.

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the specific ILOS we will propose during the submittal periods occurring every six months. We also will provide an established framework for monitoring ILOS performance. As we gain experience in the California market, we will draw from local advisory boards, utilization data, appeal and grievance data, Provider surveys, ongoing stakeholder input, and Provider Account Executive feedback to identify unmet needs that may be addressed through a future ILOS offering.			
How will ILOS for homeless populations provided by the MCP be coordinated with comparable services already available to some homeless populations?			
AmeriHealth Caritas realizes that Sacramento County is the largest provider of social services in the region and strives to provide solutions and alternatives for its homeless community. We will support the programs and services that are working well in Sacramento and add programs or services to close identified gaps. We will have dedicated care managers who will coordinate care with existing agencies and services, adding our ILOS as appropriate.	Our goal for the ILOS that are targeted towards the homeless population is to work closely with the County and community based providers who are also engaged with this population so that it will be easier to ensure we are supplementing efforts and leveraging all available resources to serve as many members as possible. As a starting point, we are beginning to engage with the County Housing/Homeless team to determine roles and responsibilities, to determine overlapping services and programs, and to develop efforts to	Health Net will identify eligible members for both ECM and for ILOS. Members who are homeless and choose to receive the ECM benefit will be assessed by the assigned ECM provider for any clinical and non-clinical needs. Health Net expects our ECM providers to create an individualized care plan based on the assessment and make referrals for medically appropriate ILOS to Health Net for authorization. We intend to integrate the individual care plans the ECM provider will develop for	

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	coordinate services and avoid duplication of efforts.	the member to support program monitoring and oversight. Our oversight processes include ensuring members are accessing the appropriate services, including ILOS, to meet the goals outlined in their care plan. In collaboration with Plan partners in Sacramento, Health Net will work to develop tools and resources to enable and support our ECM providers who will care for the Homeless Population of Focus and ensure effective coordination and integration of services. For example, authorized individuals will have access to each Members' care plan through our online secure portals, which promote information sharing and reduce duplication. To support the need for program alignment, Health Net is planning to partner with Sacramento County agencies, key stakeholders, and Plan partners to hold a joint session to discuss program workflows and tools to support effective coordination and access. To ensure community-based and culturally-responsive care for homeless members, providers with experience serving	

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		homeless communities will be engaged throughout the program process, from community needs assessment and program development to ongoing implementation and continuous evaluation to ensure optimal and effective program engagement. Engagement of community health workers (CHWs) and individuals with common lived experiences who have also experienced homelessness will be a key program component. Health Net has experience supporting the Members who are homeless with comparable services already available today. We care for our Member needs through tight partnerships with advocacy organizations such as the Sacramento Housing Alliance, Volunteers of America, and Lutheran Social Services, to identify resources and supports needed for our members. We are exploring contracting partnerships with these partners and others, such as Next Move Community Resource Center, who have demonstrated capabilities specific to Sacramento County and who have expressed interest in providing the prioritized ILOS in	

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		Sacramento. In addition to our own lessons learned, we are actively listening and learning to better understand how we can achieve streamlined care coordination and access to community resources.	
Describe how the MCP is coordinating with existing Medi-Cal managed care plans for ECM and ILOS. How, if at all, is the MCP working with other Sacramento County GMC MCPs to ensure consistency of ECM/ILOS services offered, eligibility requirements, referral and authorizations processes, etc.?			
While AmeriHealth Caritas does not currently participate in the Medi-Cal program, our health plans across the country have experience coordinating ECM and ILOS services. Our experienced MCP leadership has successfully led collaborations with other MCPs to streamline processes for other states and ease administrative burden for Providers. The following are examples of our AmeriHealth Caritas Louisiana health plan coordinating with other MCPs to reduce Provider administrative burden: • Led an initiative with peer MCPs to provide regional Provider training on a Level of Care Utilization System (LOCUS). The trainings provided an overview of	Anthem has lead multiple cross-plan collaborative discussions on CalAIM implementation, including regular coordination/planning meetings among all MCPs, with the County, and with the WPC/Pathways team. These meetings pull together all the Health Plans to engage in healthy discussions around ECM and ILOS implementation. We started this collaborative approach of bringing all health plans together with the initiation of the Health Homes implementation in July 2018. The MCPs continue to meet on a monthly basis to coordinate on both Health Homes and CalAIM planning. We are also leading on-going discussions with the County and MCPs focused on ECM and ILOS implementation. As part of these efforts we developed a Workgroup Charter to outline the	In support of ECM and ILOS implementation in Sacramento, Health Net has been meeting jointly with the respective County agencies, community stakeholders, HHP and WPC providers, and Plan partners to develop a cohesive approach to program implementation. Plan partners also meet jointly to discuss developing CalAIM policy interpretation and advocacy strategies, approaches to aligned program expectations, such as eligibility requirements, referral and authorization processes, and provider-facing oversight expectations. Health Net sees the implementation of ECM and ILOS as an opportunity to reduce administrative burden and we intend to capitalize on it by doing our part to inspire and enforce	Managed care plans in Sacramento have utilized a collaborative approach for ECM and ILOS implementation. This includes serveral workgroups and collaborative meetings, joint ECM and ILOS surveys to community partners and close partnership with Pathways (WPC) to discuss workflows and processes. Addtitionally, as mentioned, we have provided in-services to community providers, allowing a forum for CBOs to ask questions and learn more about the program.

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the LOCUS assessment tool for Providers throughout Louisiana, teaching them how to use this standard tool to evaluate and determine a Member's appropriate level of care placement for psychiatric and substance use disorder services in a more consistent and standardized manner across Providers. After working with the other MCPs in Louisiana to develop this training, AmeriHealth Caritas Louisiana also coordinated, arranged, and hosted the initial training. • Selected by the Centers for Medicare & Medicaid Services (CMS) to participate in Primary Care First (PCF), the third phase of CMS' nationwide primary care payment redesign initiative. PCF is a multi-payer model designed to provide primary care Providers (PCPs) with the tools and incentives they need to reduce patients' complications and overutilization of higher cost settings, leading to improved outcomes and reduced spending. AmeriHealth Caritas is one of only three Louisiana health plans selected to join the State's Department of Health in this program. • Collaborated with two	collaborative efforts, host a monthly steering committee meeting with the County of Sacramento's HHSA(including Behavioral Health Public Health, Adult and Children Services, and Housing departments), and lead sub-workgroups focused on ECM for the SMI/SUD subpopulation, housing and homelessness, and Jail Re-entry. Although not a part of Sacramento County, we also lead calls engaging with the Pathways Whole Person Care team on cross plan collaborative discussions on ECM and ILOS transition. Throughout our discussions, we are working towards alignment across MCPs. For example, discussions have involved making sure we are aligned on the ECM target populations, ECM/ILOS provider scopes of work, data needs and standardize reporting templates. We have also committed to working the other MCPs to utilize one provider letter of interest, and provider assessment tool/process to limit the need for providers/County to go through the process multiple times with various Plans. In addition, we are also exploring how to align and work together on capacity building for ILOS.	collaboration and alignment wherever possible. We also intend to leverage the Sacramento County GMC structure to further inspire statewide program standardization where possible. Examples of Plan alignment and coordination to date include the development of a shared Letter of Interest (LOI) and ECM Provider Certification Application process, and alignment on provider-facing expectations related to the certification process. The LOI is a tool leveraged by all Plans in Sacramento to efficiently determine if a stakeholder or provider is interested in exploring the potential of joining the Plan's ECM network. In Sacramento, we took it a step further and also shared LOIs received by providers with Plan partners in an effort to streamline the process of ECM network development and ensure Sacramento community based organizations are aware of every opportunity to partner with Sacramento Managed Care Plans. Health Net will also be leveraging the ECM Provider Certification Application, which is another	

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MCPs/health care payers in Louisiana to implement a model that provides a payment structure designed to support CMS-selected PCPs by reducing administrative burden, providing flexibility in the provision of patient care, and delivering performance-based incentive opportunities based on improved quality and efficiency performance. This model will provide participating AmeriHealth Caritas Louisiana Providers access to dashboards that will offer real-time data insights for practices to manage their performance. Another initiative led by our Louisiana health plan aims to identify training opportunities on topics such as preschool PTSD training, parent management training, Positive Parenting Program®, and child-parent psychotherapy to enhance evidenced-based care for Members who are 0–5 years old and in need of specialized behavioral health care services.		collaborative tool developed by Plan partners. This tool will be used statewide and is intended to ensure the selected potential ECM Provider delivers satisfactory evidence of meeting the ECM requirements as outlined by the DHCS-MCP ECM and ILOS Contract guidance and the ECM and ILOS Standard Provider Terms and Conditions. This step-wise process supports all Plans in obtaining the same and necessary data needed to map network adequacy geographically, by service type, and by Population of Focus. This process is critical to our ability to deliver sufficient provider capacity at launch. Health Net intends to continue the collaborative efforts with Plan partners to strengthen alignment on eligibility requirements, service offerings, and referral and authorization processes beyond program implementation.	

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How will the MCP ensure providers have meaningful input about the development and implementation of these decisions (designing processes, forms, etc.)?			
AmeriHealth Caritas continually monitors the markets we serve to identify potential coalitions and other organizations that can provide opportunities to more regularly and closely engage with the Provider community, through engagement with our Provider Network Management (PNM) team and a number of local, regional, and national advisory boards. Our PNM model affords the Provider community the opportunity to offer recommendations and input for our collaborative efforts in markets we currently serve. We assign a PNM Account Executive as a single point of contact for the Provider, as a conduit for information to flow bi-directionally between Providers and MCPs. Once input is vetted within our organization, we work to incorporate recommendations as best practices and offer them as recommendations to other Providers. Our health plans currently operate 25 advisory boards, and we will leverage this experience to implement advisory boards and related committees in Sacramento County. These	Anthem currently hosts monthly meetings with contracted Health Homes providers to review best practices, to review new guidance, and to gather provider feedback. We have recently extended this effort and are holding monthly forums for potential ECM/ILOS providers where we are providing key program updates, discussing program requirements and timelines, and addressing questions and concerns raised by providers. In addition, we are working with the Pathways team and other MCPs to provide similar information and opportunities for feedback in discussions with contracted WPC partners. This feedback, along with feedback provided in our discussions with the County, continues to be incorporated into our CalAIM planning efforts and will be utilized to inform on-going system improvements post launch.	Health Net has leveraged a multi-pronged approach to obtaining meaningful stakeholder input related to the development of our implementation strategy and Sacramento County Model of Care. This approach includes joint collaboration with WPC and HHP providers, county agencies, community based organizations, and Plan partners to align on known program requirements and discuss the development of coming processes related to ECM and ILOS network development, referrals, and authorizations, for example. We have and will continue to seek input from community stakeholders through our Public Policy Committees and Community Advisory Community forums. Outside of collaborative efforts, Health Net is making every effort to actively listen and learn from local stakeholders to ensure we continue to capture member and provider needs to support a successful program implementation. For instance, we have engaged provider and	

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boards and committees will be open forums for Members, Providers, and advocacy groups to share ideas and best practices and to brainstorm future partnership opportunities and programs. Our advisory boards are fully integrated into our quality improvement structure and will report to our Quality Management Committee to inform network, operational, and clinical policies and programs. Our Provider Advisory Council (PAC) group supports meaningful dialogue for AmeriHealth Caritas to gather input, discuss issues affecting Providers, identify challenges and barriers, problem solve, share information, and collectively find ways to improve and strengthen the health care service delivery system. We hold quarterly PACs in each region where we operate and leverage our Community Engagement Strategy to inform our interventions. For example, AmeriHealth Caritas District of Columbia used input from its PAC to define standards of care and develop clinical policies on opioid use. We collaborated with local Providers and identified trends and approvals needed to help combat this nationwide		member advocacy entities, such as the California Community Foundation, United Way, and Children Now, to name a few. We think it is imperative to also gain the perspective and potential needs from hospital systems. Health Net has established regular discussions with systems such as UCD and Dignity to further inform the ECM and ILOS needs specific to Sacramento. Finally, Health Net has continued regular engagement with HHP contracted providers to support on-going program needs, inform our partners on new policy updates from DHCS, and seek ECM and ILOS program design recommendations to ensure we are aligned with other Plan partners from the provider perspective and reduce administrative burdens where possible.	

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issue. As a result, we expanded access to naloxone by lifting certain authorization requirements and added medications, such as Vivitrol®, to the formulary. As an example of our interest and history in collaborating with other payers, AmeriHealth Caritas District of Columbia joined other payers and health care Providers in forming the Alliance for Addiction Payment Reform. This was in response to a recommendation from the U.S. Surgeon General to develop integrated substance use services, with the goal of creating a structure that promotes the type of integration and patient care capable of producing improved long-term outcomes for patients, payers, and health systems by aligning all incentives. Through this collaboration, we created a pilot for a new value-based payment model to promote integration of substance use disorder treatments to help keep patients in recovery and reduce relapse.			

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It is important that providers have the ability to make referrals, and for consistency in services offered, eligibility criteria, and referral processes across MCPs. Please describe the MCP's future plans to coordinate and ensure consistency across MCPs. Please include specific details about the MCP's coordination efforts across MCPs for the homeless subpopulation.			
It is important that referrals are not a barrier to access for the Member. To streamline the referral process and reduce barriers for both Members and Providers, AmeriHealth Caritas does not require referrals for Member access to specialists. We encourage Members to communicate and coordinate care through their PCP and promote communication among members of the care team — including having the specialist inform the PCP of the visit outcomes, findings, and plan of care. We will also work with other MCPs in a workgroup setting to standardize processes and collaborate on solutions to overcome existing challenges. AmeriHealth Caritas has experience coordinating efforts with other organizations in many states. As discussed in more detail in our response to 14A, in Louisiana we are collaborating with two MCPs as part of an initiative to develop a consistent primary care payment redesign. In the District of Columbia, we established a medical respite	As discussed above, we are working in collaboration with all MCPs to align on eligibility criteria, subpopulations going live, ILOS implementation, and provider engagement/oversight. In addition, the Plans are exploring the possibility of a uniform template for referrals to help standardize and streamline the process. To coordinate and ensure consistency across Plans, we will continue the collaborative forums we've been leading as a place to discuss opportunities. We are committed to working with the other plans to make this as seamless as possible. Working together in engagement with the County and community based providers for the homeless subpopulation capacity building is critical. The starting point for this collaboration is through our joint engagement with the County's Housing/Homeless team, and alignment of the ECM/ILOS components and delivery model. We anticipate that these conversations will continue post implementation to focus on long-term strategies to addressing the needs and barriers for serving this population.	Health Net agrees, it will be crucial for Plans to have on-going collaboration to support aligned administrative processes and consistent service delivery. In support of the CalAIM implementation, Sacramento Managed Care Plans have been meeting jointly with the respective County agencies, community stakeholders, and HHP and WPC providers to develop a cohesive approach to program implementation. Health Net sees the implementation of ECM and ILOS as an opportunity to reduce administrative burden and we intend to capitalize on it by doing our part to inspire and enforce collaboration and alignment whenever possible. Based on our lessons learned from the HHP implementation, we understand what-it-takes and why-it-is-important to ensure a common and shared understanding of known program expectations across the county and communities. We will use this to support the collaborative development of forms, tools, and processes for implementation	Providers will have a mechanism to refer members for ECM and/or ILOS services. As the eligibility criteria is provided by DHCS, all managed care plans will be following the criteria established per the program requirements. The MCPs in Sacramento continue collaborative discussions to ensure consistency in our processes to the extent possible. Molina is currently contracted with WPC providers who have the housing expertise to service this population of focus. Additionally, we are also actively exploring opportunities to contract with other agencies who have this specific expertise.

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program and are coordinating with other MCPs to refer Members to the program. As another example, our Pennsylvania health plan, Keystone First, has worked with Health Partners Plans (HPP), Resources for Human Development, Inc., and Temple University Hospital on a collaborative program that is aimed at improving the health of patients experiencing homelessness by providing housing subsidies and support services. The Housing Smart program enrolled high health care utilizers with instances of avoidable ED or inpatient admissions, giving priority to participants with opioid use disorder and persistent mental illness with co-occurring physical health conditions. Temple University Hospital worked with HPP and Keystone First to identify the participating patients. Since implementation of the program, we have seen a significant decrease in ED utilization and inpatient admissions. Among the cohort, when comparing average monthly volume of utilization data from one-year pre-housed to the average monthly volume of		and maintain our commitment to consistency in process, approach, and services offered. In addition to training on available services and how to make a referral, a proven contributing factor to program success is educating County agencies, providers, community stakeholders and Plan partners on specific program requirements and process expectations to inform discussions around skill and capacity to provide ECM core services. On-going discussions are needed to align on forthcoming DHCS guidance related to administrative requirements, reporting, and claims to ensure ECM provider readiness. To support this effort, Health Net is planning a design session with key stakeholders in Sacramento County to begin to document and discuss workflows to support program alignment across Plans. Health Net also recognizes the value of continued collaboration and coordination with Sacramento Plans to ensure process and program expectations remain consistent. The potential for continued	

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utilization data of move-in date onward, there has been a 75% decrease in ED visits, 79% decrease in inpatient admissions, 77% decrease in admissions for observation, and 50% increase in outpatient appointments. In 2021, the team is focusing on opportunities for employment and training that will help with sustaining housing and broadening life-enhancing opportunities.		collaboration with other Plan partners in Sacramento will serve to streamline administrative and operational challenges, build cohesion within the ECM program, and will allow us to achieve one of the overall CalAIM goals of moving Medi-Cal to a "more consistent and seamless system by reducing complexity and increasing flexibility." We also believe and will continue to champion on-going Plan collaboration specific to each Population of Focus. For example, for individuals experiencing homelessness.	