Alameda County CalAIM Implementation Update

BOS Health Committee
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Alameda County
Health Care Services Agency

ALL IN
ALAMEDA COUNTY

ALAMEDA
Alliance
FOR HEALTH

Anthem
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Presentation Overview

1. **CalAIM overview**
2. **Whole Person Care transition**
3. **Recipe4Health**
4. **County planning & readiness**
5. **Health Plan readiness**
6. **Next steps**

CalAIM Overview

CalAIM (California Advancing & Innovating Medi-Cal)

California's ambitious proposal to transform Medi-Cal

- Significant reforms to ***expand, transform, streamline Medi-Cal service delivery and financing***
- ***Phased implementation over 5-years***, Jan 2022 – Dec 2027
- Developed ***to succeed expiring federal waivers***, including the Medi-Cal 2020 Waiver, which created the Whole Person Care programs
- Consists of federal waivers and state-only proposals and ***aligns federal authority*** for nearly all Medi-Cal managed care, specialty mental health, substance use disorder, and dental program

Key goals

- Improve population health ***using whole person care and social determinants of health***
- ***Reduce complexity and variation***, and increase flexibility across Medi-Cal
- ***Improve quality outcomes, reduce health disparities, and modernize systems*** through value-based initiatives and payment reform

CalAIM (California Advancing & Innovating Medi-Cal)

Key Components

- Develop statewide ***population health management strategy*** & require plans to submit local plans
- Implement a new ***statewide enhanced care management (ECM) benefit***
- Implement non-medical ***community supports*** (formerly called “in lieu of services”)
- Implement ***incentive payments*** to drive plans and providers to invest in necessary infrastructure, and build ECM and community supports capacity statewide
- Pursue participation in the ***Serious Mental Illness (SMI) /Serious Emotional Disturbance (SED) demonstration opportunity***
- ***Integrate behavioral health*** and streamline administration
- Require screening and enrollment for ***Medi-Cal prior to release from county jail***
- ***Pilot full integration*** of physical, behavioral, and oral health under one contracted regional/county entity
- Develop long-term plan for improving health outcomes among ***foster care children and youth***

Alameda County Safety Net Impact

HCSA	• Whole Person Care (AC3) services and data systems • Behavioral Health service delivery and reimbursement • Housing and homeless service delivery and reimbursement • Children's Community Supports and Services • Targeted case management
SSA	• Eligibility and enrollment • Foster care
ALL IN	• Medically supportive nutrition/meals
Probation & Sheriff	• Pre-release Medi-Cal enrollment and services • Warm hand-off to behavioral health
Medi-Cal Health Plans	• Major operations and financing
Hospitals	• Service delivery & reimbursement • Public hospital financing programs
Community clinics	• Service delivery and reimbursement • Targeted case management
Housing providers	• Service delivery and reimbursement

First Areas of Focus for Alameda County

- Enhanced Care Management
- Community Supports
  - Housing and homelessness services
  - Recuperative Care (Medical Respite)
  - Medically supportive foods/Meals/Medically tailored meals
  - Asthma remediation

Enhanced Care Management

Intensive care management and coordination for people with complex and high-cost medical and non-medical needs

- Full array of care needs, including physical and behavioral health, and community supports

Populations eligible in 2022

- Individuals and families experiencing homelessness
- High utilizing adults
- Adults with serious mental illness and/or substance use disorder

Populations eligible in 2023

- Individuals transitioning from incarceration
- Members eligible for long term care and at risk of institutionalization
- Nursing home residents transitioning to community
- Children and youth

Community Supports

Optional, community-based services provided as an alternative to services covered in State Medicaid Plan

Community supports offered in Alameda County in 2022:

- Housing Transition Navigation Services*
- Housing Deposits*
- Housing Tenancy and Sustaining Services*
- Recuperative Care (Medical Respite)*
- Medically Supportive Food/Meals/Medically Tailored Meals*
- Asthma Remediation*
- Environmental Accessibility Adaptations (Home Modifications)

Other community supports on CalAIM menu:

- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Sobering Centers
- Short-term Post-Hospitalization Housing

** County programs in negotiations health plans*

Medically Supportive Foods and Nutrition Services (MSFN)/Meals

- MSFN Definition:
  - A **spectrum of interventions** that provide nutrient rich whole food used for prevention, reversal, and/or treatment of certain health conditions
  - Includes any fruit, vegetable, legume, nut, seed, whole grain, low mercury/high omega-3 fatty acid seafood, and/or lean animal protein
  - Includes behavioral and nutritional coaching and education to amplify the effect of medically supportive food

- **Recipe4Health** - a type of MSFN intervention
- Ongoing engagement with MSFN Steering Committee
- MSFN and Medically Tailored Meals (MTM) – a CalAIM Community Support

Alameda County's Whole Person Care Transition

Leveraging and building on the success of Alameda County Care Connect (AC3)

Alameda County Care Connect (AC3)

Whole Person Care pilot under Medi-Cal 2020 waiver

- $175M in federal funds for Alameda County over six years
- 28,000+ high needs clients served over five years
- Safety net and homelessness service infrastructure

Three main areas of work:

- Housing services and care management supports for people with complex needs
- Data sharing infrastructure for improved care and coordination: Social Health Information Exchange (SHIE) and Community Health Record (CHR)
- Countywide safety net coordination and capacity building

Provides strong foundation for CalAIM implementation

Continuing AC3 Programs

Area of work	Planned Transition
Safety net coordination and capacity building Consumer and Family Engagement (Pipeline, Community Health Workers & Peers) Community Assessment & Transport Team (CATT) Safety Net Planning and Project Management	Workforce development planning with HCSA, CBOs and other partners Integration into HCSA departments
Housing and care management for people with complex conditions Landlord Liaison Services Street Health Outreach Teams Home Stretch Housing Assistance Fund PSH Nursing and Caregiver (Project RoomKey) Housing Resource Centers/Access Points	HCSA Office of Homeless Care and Coordination
Data sharing infrastructure Social Health Information Exchange (SHIE) and Clinical Health Record (CHR)	HCSA + CalAIM*
Housing and care management for people with complex conditions Care Management Bundles Housing Deposits Housing Navigation Tenancy Support Services Recuperative Care (Medical Respite)	HCSA + CalAIM* ** under negotiations with health plans*

Whole Person Care Transition Notices & Support

Current AC3 clients to receive notification of program changes (by 12/1)

- People currently enrolled in Care Management and Housing bundles
  - *Services and Provider will not change but as of Jan 1, will be managed by Health Plans*
  - Coordinating with Health Plans to send joint notices

- People receiving integrated behavioral health, substance use disorder, other discrete services
  - *Care Connect is ending but services will not change*

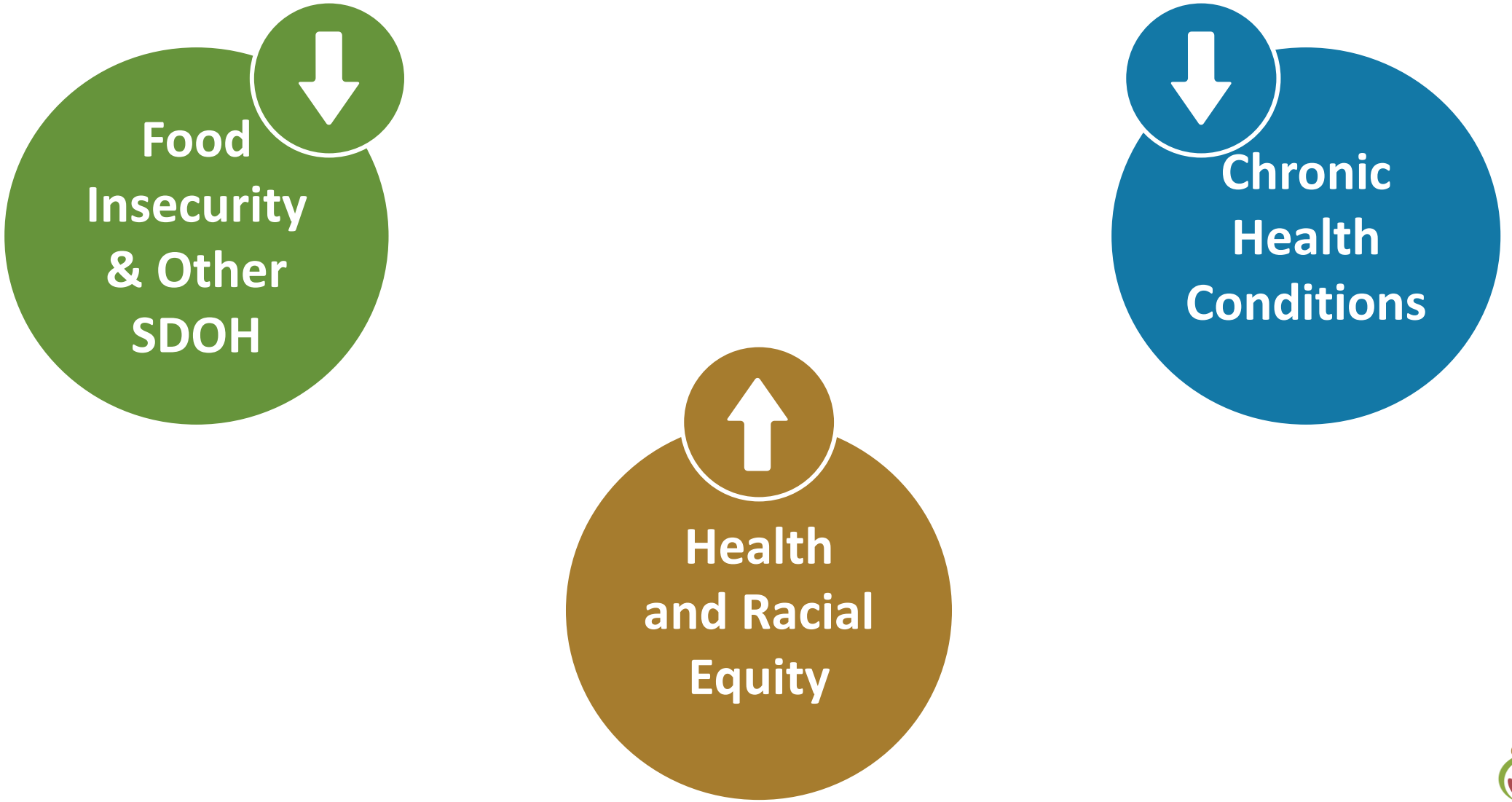
- People receiving legal support and benefits advocacy
  - *Messaging under development*

Provider trainings/support

- AC3 staff supporting providers with transition and client communication

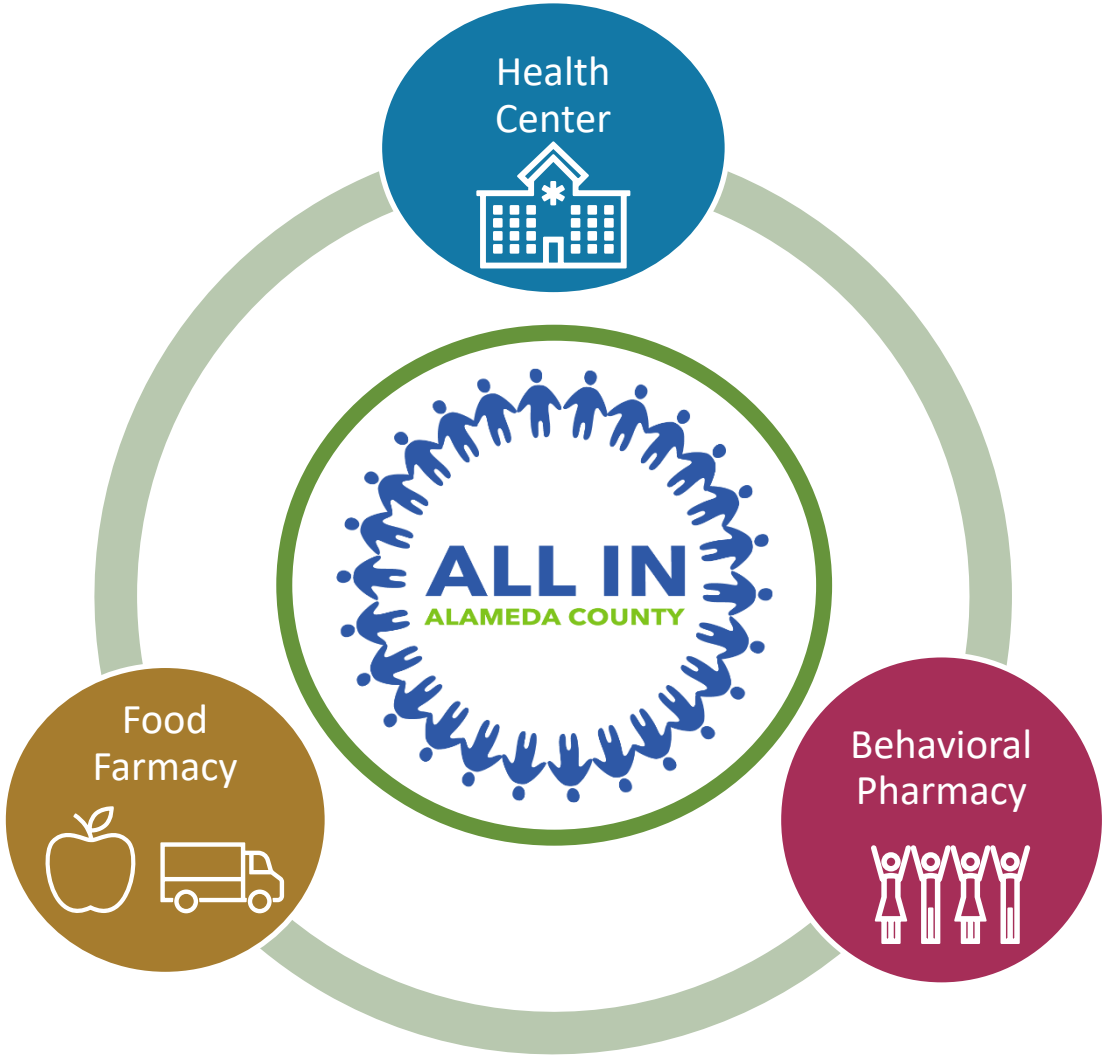
Alameda County Recipe4Health

Medically Supportive Food and Nutrition Services: ALL IN's Recipe4Health addresses three key issues



ALL IN RECIPE4HEALTH

ALL IN Recipe4Health Clinically Integrated Model in Alameda County

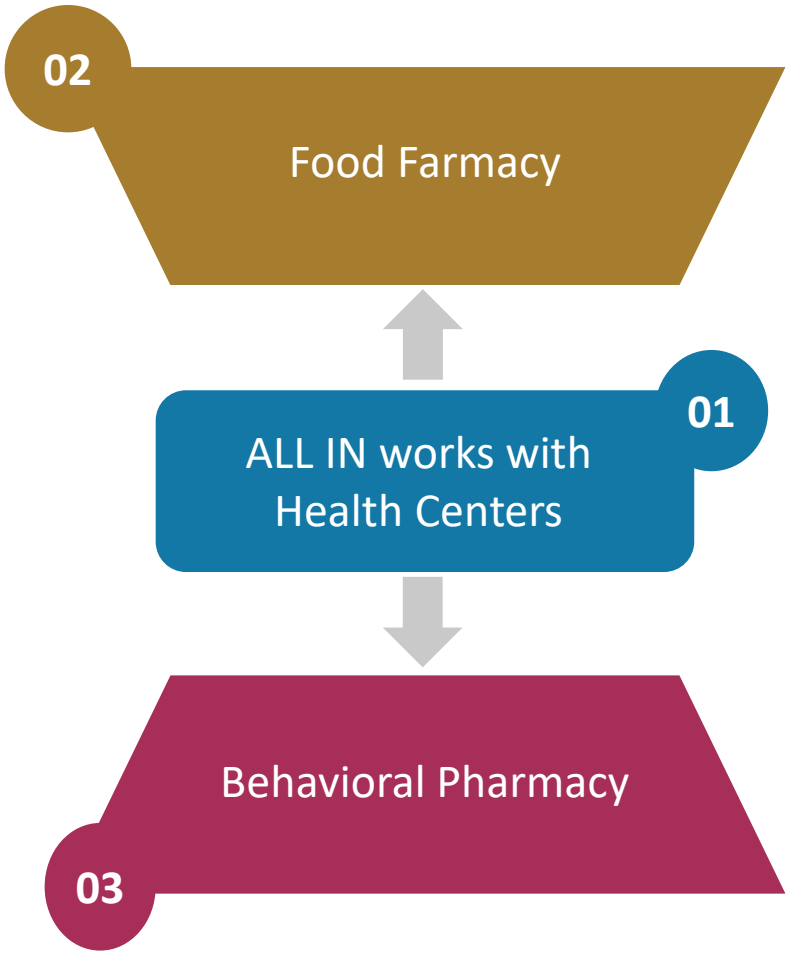


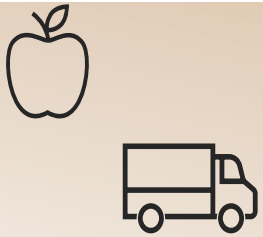
ALL IN Alameda County:

- Provide capacity building and operational technical assistance to implement R4H at health centers.
- Train physicians and staff on how to screen for food insecurity and use produce prescriptions to treat, prevent, and reverse chronic conditions.

ALL IN RECIPE4HEALTH

ALL IN Recipe4Health “Sandwich Model”





- Regeneratively grown food (no pesticides!)
- Doorstep delivery weekly for 4 months

- Training staff:
  - Clinical Nutrition Education
  - Food/nutrition insecurity
  - Workflow integration (electronic health record and operations)

- Patients with different diagnoses in one convenient weekly group
- Weekly nutritional and behavioral coaching groups
  - Health coaching, cooking demos, nutrition education, stress reduction, physical activity
  - Texting & calling of patients between visits

County Readiness

2022: Community Supports & Enhanced Care Management

ALL IN MSFN Implementation

- ALL IN/Alameda Alliance working collaboratively to implement Recipe4Health as a CalAIM Community Supports (ILOS) in early 2022
- Ongoing engagement with California Department of Health Care Services (DHCS)
- *“Building the plane while we fly it”*
  - Determining pricing for services
  - Establishing formal Community Supports provider relationships
  - Creating invoicing system
  - Onboarding clinics with the R4H model

ALL IN MSFN Collaboration with Alameda Alliance for Health

Existing relationship implementing **Recipe4Health**

- 4 active FQHC clinics
  - ✓ Tiburcio, Native American Health Center, Lifelong, Alameda Health System – Hayward
- 2 additional clinics planned for 2022
  - ✓ Bay Area Community Health and TBD

Funding to

- ALL IN
- Dig Deep Farms for Food Farmacy
- Open Source Wellness for Behavioral Pharmacy

HCSA CalAIM Implementation Planning

- Leveraging strong, established partnerships and infrastructure built through Whole Person Care
  - Regular meetings with health plans and HCSA
  - Joint advocacy with DHCS
  - Some data sharing and reporting mechanisms already in place with SHIE/CHR
- Navigating challenges with incomplete information, uncertainty about funding, and tight timelines
- Seeking to collectively leverage as much federal funding as possible, through combination of:
  - CalAIM incentives and reimbursement
  - Community Based Health Services
  - PATH funding (designated for continuing WPC)

Key transitions

- Enhanced Care Management
  - ~200 eligible AC3 members will automatically transition January 1
  - ~1200 members transitioning from Health Plans

- Housing Community Supports
  - HCSA shifting from primary funder to administrator for health plans
  - 1,600 AC3 members transitioning on January 1
  - System capacity to serve 2,000 to 2,500 per year

- Recuperative Care
  - HCSA shifting from primary funder to system partner with health plans

- ACBH developing plan to become an ECM provider
  - Must cover behavioral and physical health needs
  - Planning for July 1 start date

Next steps

For January 1 start on Housing & Asthma Community Supports

- Plans reviewing recently finalized rates
- Contract negotiations underway with HCSA's Office of Homeless Care and Coordination and Public Health Department
- Contract approval anticipated before BOS in early December 2021

For July 1 start on Enhanced Care Management through ACBH

- Refining ACBH proposal and negotiations with plans
- Contract approval anticipated before BOS in late Spring 2022

Continued planning for the sustainability of the SHIE/CHR to support CalAIM implementation

- Whole person care transition and wrap-up elements anticipated before BOS in early 2022

Continued coordination with health plans to ensure a robust system of care for respite

Health Plan Readiness

Alameda Alliance for Health & Anthem

Community Supports

- Community Supports include the housing services infrastructure that was developed in the Whole Person Care and Health Homes Pilots, and expands with more services to support people to improve their quality of life (e.g. asthma remediation, medical respite, food insecurities).

- Incentive funding can be earned to build provider capacity and delivery system infrastructure.

- Managed care plans contracting with Alameda County Health Care Services Agency, ALL IN, and other community based organizations; both plans are aligning the community supports and will add providers throughout the year based on local capacity and demand for community supports.

- Additional Community Supports may be added every six months based on capacity and need.

Community Supports	Alameda Alliance	Anthem
Asthma Remediation	✓	✓
Housing Navigation	✓	✓
Housing Tenancy & Sustaining	✓	✓
Housing Deposits	✓	✓
Medically-Supportive Food, etc.	✓	✓
Home Modifications	2023/24	✓
Recuperative Care & Medical Respite	✓	✓

Preparing Whole Person Care & Health Homes Pilots for transition to CalAIM

- Managed care health plans submitted the models of care to the Department of Health Care Services, defining how the enhanced care management and community supports will be delivered

- Primary goals include 1) ensuring continuity of care for Medi-Cal beneficiaries in the Whole Person Care and Health Home Pilots, 2) leveraging networks and infrastructure developed under Whole Person Care and Health Homes, and 3) building capacity to expand services over time.

- Priority for Alameda County, community-based organizations, and Alameda County Health Agencies in October, November, December prior to go-live:
  - Data sharing and system enhancements, development of processes to submit encounters & invoices, and reporting on activity and outcomes for services to eligible Medi-Cal enrollees.

  - Development of workflows, policies, and procedures to enable staff to support Medi-Cal Beneficiaries with referrals into other providers in the network, receive authorizations for services, to determine eligibility.

  - Finalize contracting and provider readiness activities

Thank you

Questions?