CalAIM Implementation Update

Alameda County BOS Health Committee | 5.23.22

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Alameda County
Health Care Services Agency

ALAMEDA
Alliance
FOR HEALTH

Anthem
BlueCross

ALL IN
ALAMEDA COUNTY

Presentation Outline

1. **CalAIM overview and timelines**

2. **Recipe4Health**
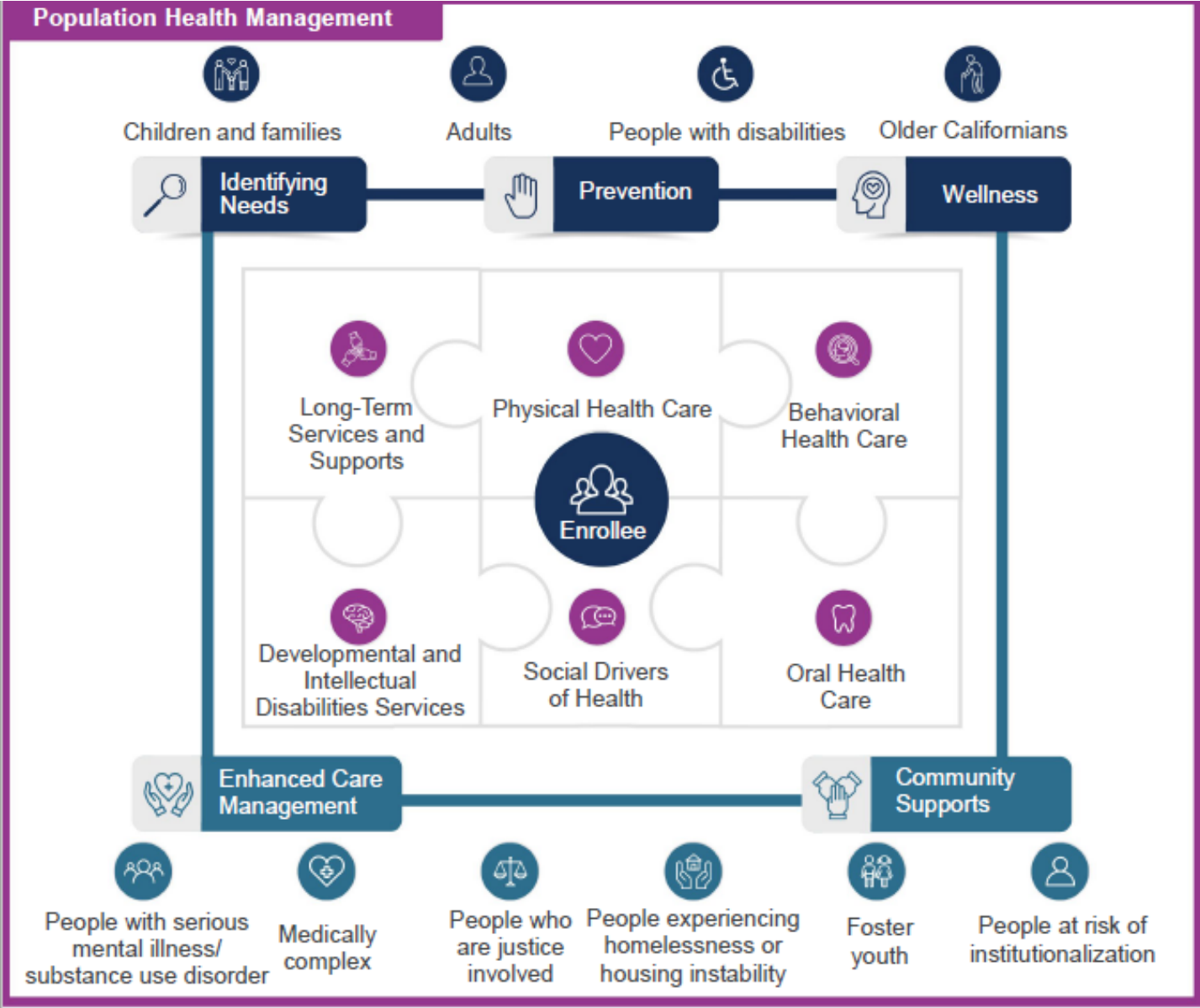   - Overview
   - CalAIM implementation

3. **HCSA**
   - General implementation updates
   - ACBH as ECM provider
   - Behavioral Health No Wrong Door

4. **Medi-Cal Managed Care Plans (Alameda Alliance for Health & Anthem)**
   - Overview of the CalAIM governance for Alameda County
   - CalAIM incentive programs: IPP, SBHIP, HHIP
   - Deliverables on the horizon

CalAIM is a multi-year, multi-initiative transformation of California's Medicaid system

CalAIM Initiatives Launch Timeline – Summary of Go-Live Dates

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)										Updated: 1/10/2022
Activity	1/22	7/22	10/22	1/23	7/23	1/24	1/25	1/26	2027
Administrative Integration of SMH and SUD	Starts								Fully Integrated
Benefits Standardization	Transplant In/MSSP out			LTC					
Dental (new benefits and P4P)	X								
★ Enhanced Care Management (ECM)/Community Supports (ILOS)	X	X		X	X				
★ Incentive Payments	X			X		X			
Mandatory Managed Care Enrollment	Non-Duals			Duals					
★ PATH Funds (ECM, Community Supports, Justice-Involved)	X								
Regional Capitation Rates and Shared Savings/Risk	X			X		X	X	X	
Specialty Mental Health Services - Criteria for Services	X								
★ Behavioral Health No Wrong Door		X							
Contingency Management		X							
SMI/SED IMD Waiver			Earliest to CMS		X				
Transition to Statewide LTSS and D-SNP (CCI ends)		Feasibility Study		CCI Counties				Non-CCI Counties	Statewide MLTSS
Behavioral Health CPT Code Transition					X				
Behavioral Health Standard Screening and Transition Tools				X					
Improving Beneficiary Contact and Demographic Information				X					
Justice-Involved Package				X					
Population Health Management (including Service)				X					
Behavioral Health Payment Reform					X				
County CCS Oversight					X				
NCQA Accreditation								X	
Full Integration Plans									X
County Eligibility and Oversight				X					
Foster Care Model of Care (TBD)									
DMC-ODS Traditional Healers and Natural Helpers (TBD)									

Bold cells indicate change from prior version

Currently implementing here

and planning for here

★ **= covered in today's presentation**

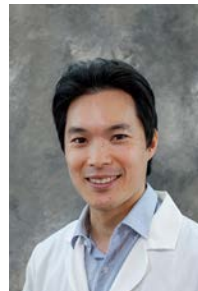# ALL IN Recipe4Health (R4H) CalAIM Implementation Update

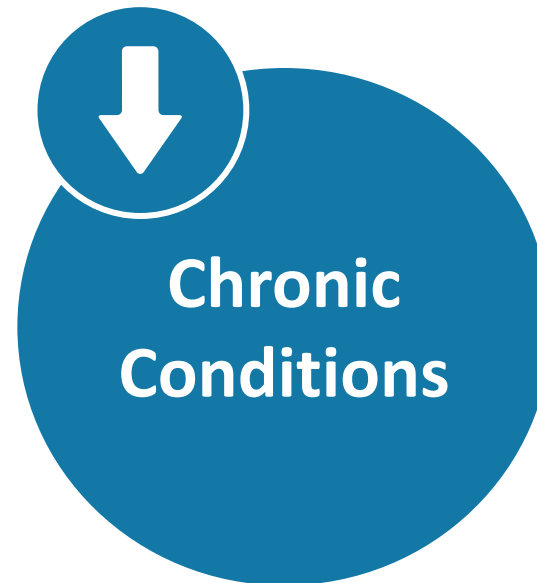## Move upstream to improve community health

Steven Chen, MD

Chief Medical Officer

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Recipe4Health is an integrative model of healthcare that uses "Food as Medicine" to address:

Food Insecurity & Other SDOH

Chronic Conditions

Health and Racial Equity

Policy/Systems Change:
Health plans cover Recipe4Health interventions

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Recipe4Health has three ingredients:

Recipe4Health Ingredients

☐ Medically Supportive Food (Food Farmacy)

☐ Behavioral and Nutrition Education (Behavioral Pharmacy)

☐ Food as Medicine Training:
  - Provider Nutrition Education
  - Clinic/EHR Workflow Integration

Clinic and Health Plan Implementation → R4H Prescriptions → Patient and Community Health

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ALL IN Recipe4Health is across Alameda County

District 1	District 2	District 3	District 4	District 5
Launched 1/2022	Launched 10/2021	Launched 9/2020	Launched 1/2020	Launched 2/2021

Recipe4Health + CalAIM

CalAIM Community Supports

❑ "Community Supports are new [optional] services provided by Medi-Cal managed care plans as cost effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health…" - DHCS

   ❑**Medically-supportive food** paired with

   ❑**Behavioral, cooking, and/or nutrition education**

❑Target population: individuals with chronic conditions enrolled in managed care

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Recipe4Health CalAIM Transition

	R4H Pilot	R4H CalAIM Implementation
Timeline	• Started January 2020 • On-going (Alliance, Anthem, HPAC, others)	• Starts July 1, 2022 • On-going (Alliance eligible members, Anthem eligible members TBD)
Management	• Funding came from Alliance, foundations, and federal government	• Medicaid funding goes through Managed Care Plans • R4H will serve as the administrator for Community Supports services
Eligibility	• Patients with diet-related chronic conditions and/or who are food insecure	• CalAIM-eligible patients must have chronic conditions (may also be food insecure)
Number of Residents Served	• Built capacity to serve 1,105 patients in 2021	• Program designed to increase capacity to sustainably serve 1,865 people in 2022 • Expect to expand the population served and the service network in subsequent years to meet service demands

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Recipe4Health CalAIM Transition

	R4H Pilot	R4H CalAIM Implementation
Required Infrastructure	Measure A funding for program position beginning July 1, 2022 to support R4H expansion	• Additional infrastructure needed to **meet the requirements of managed care** including: 　• Billing and reporting requirements 　• Training and quality assurance requirements 　• Workflows that include the county, multiple community-based organizations and managed care plans
Financial Risk	Minimal financial risk (allowed for piloting of programs and services, with potential revisions to program model and funding structure)	• Uncertain financial risk to the county because: 　1. CalAIM waiver approval is only through 2026 　2. Rates are determined by managed care plans 　3. There is unpredictable enrollment into managed care plans and provider referrals to R4H, and 　4. As an administrator, R4H will need to meet the managed care requirements (e.g quality assurance, billing, and documentation) • The County is mitigating risk by identifying additional funding sources especially for non Alliance, non Anthem patients

Next steps

- Community Supports contracts anticipated before BOS by July 2022
  - Contract between R4H and Alliance
  - Contracts between R4H and Community Supports subcontractors (Dig Deep Farms and Open Source Wellness)

- Anthem negotiations are on-going

Thank you to our many partners!

Leadership

Clinics

Funders

Programmatic Partners

Data and Evaluation

Health Care Services Agency

HCSA General Updates

Asthma & Housing Community supports
- Focusing on infrastructure to support managed care functions
  - Building cross-functional teams across program, data, and finance
  - Leveraging SHIE to support billing and claiming
  - Supports HCSA's existing CalAIM programs and CBO network
  - Builds foundation for additional CalAIM implementation

PATH Mitigation Funds
- Support continuity of County's whole person care services that are not currently covered by, but will be covered by Medi-Cal managed care plans by Jan. 2024
- HCSA applied for:
  - Sobering Center Services
  - Gaps in Housing Community Supports
  - Gaps in Street Health Outreach

Coordinating with managed care plans on various incentive programs and plans (school based behavioral health, homelessness)

CalAIM Enhanced Care Management (ECM): ACBH as ECM Provider

Alameda County Behavioral Health (ACBH) on track to become an ECM provider in **July 2022**
- ECM = wrap-around care for Medi-Cal beneficiaries with the most complex health needs

Eligible population: individuals with serious mental illness (SMI) who are at risk for institutionalization and have co-occurring chronic health conditions or substance use disorders

ACBH's **ECM Care Teams** will:
- serve as the primary care coordinator for eligible people with complex health conditions
- coordinate across a spectrum of service: mental health and substance use, primary care, social services, dental, and vocational/employment
- facilitate transitions between settings and levels of care
- leverage existing infrastructure
  - ACBH's PATH Clinics
  - Community Health Record to support connections across clinical and non-clinical care

CalAIM Behavioral Health No Wrong Door

No Wrong Door policy is part of CalAIM package of behavioral health reforms
- Streamlines the provision of specialty mental health (County responsibility) and non-specialty mental health (Medi-Cal managed care plan responsibility)

By July 1, 2022, Medi-Cal managed care plans and County behavioral health plans must establish polices and procedures to ensure that beneficiaries:
- Receive **timely mental health and substance use disorder services regardless of the delivery system** where they seek care
- Can **maintain treatment relationships with trusted providers** without interruption

ACBH coordinating with managed care plans to develop processes for serving mutual Medi-Cal beneficiaries
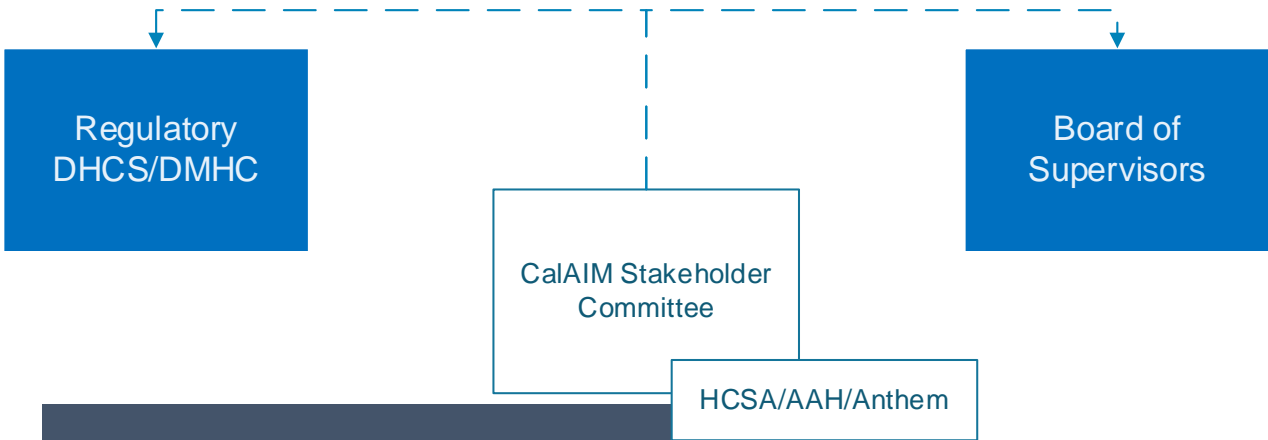
Medi-Cal Managed Care Plans

Alameda Alliance for Health
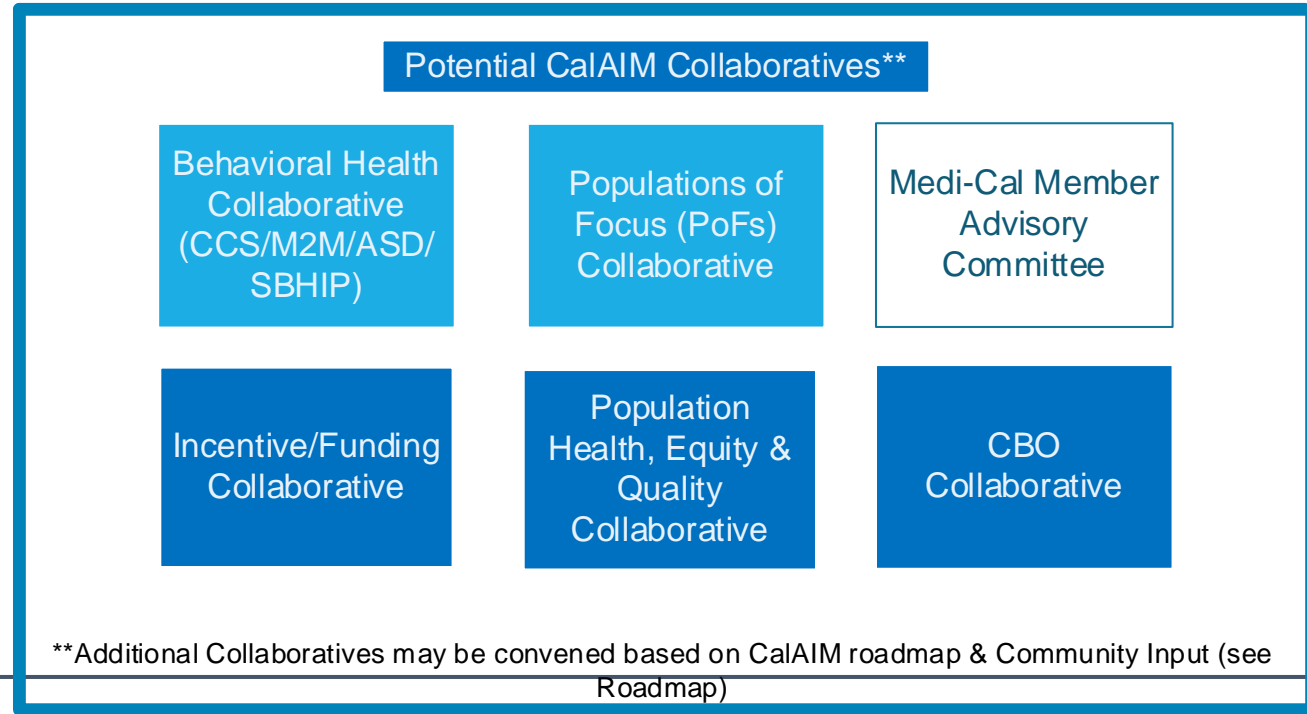**Anthem Blue Cross**

CalAIM Governance for Alameda County

- CalAIM Stakeholder Committee formed in May 2022 to coordinate Medi-Cal managed care (CalAIM) program & policy changes.
- Participants include Health Care Services Agency (HCSA), Social Services Agency, Community-Based Organizations, Anthem Blue Cross, Alameda Alliance for Health, Probation Department, Alameda Health System, Health Centers, and other county agencies.
- Collaborative workgroups will be convened as needed, comprise with subject experts, to develop and recommend solutions, and to inform the CalAIM Stakeholder Committee.
- Committee to align Medi-Cal initiatives across the county and coordinate resources, and to communicate with each other.
- Medi-Cal managed care initiatives in 2023 include: long-term care, coordinated re-entry (Justice Involved), population health, and behavioral health in schools.

CalAIM Stakeholder Committee Structure

Regulatory DHCS/DMHC

CalAIM Stakeholder Committee

HCSA/AAH/Anthem

Board of Supervisors

Goal: Oversight of CalAIM initiatives Administered by AAH in collaboration with HCSA & Anthem
Meeting Frequency:
    Bi-Monthly, 1.5-2 hrs
Agenda (e.g.):
    Current Status
    DHCS Guidance/Policy
    Upcoming PoFs
    Collaborative Updates
    Roadmap/Timeline(s)
    Issues/Risks
    Stakeholder Input

Potential CalAIM Collaboratives*

Behavioral Health Collaborative (CCS/M2M/ASD/SBHIP)

Populations of Focus (PoFs) Collaborative

Medi-Cal Member Advisory Committee

Incentive/Funding Collaborative

Population Health, Equity & Quality Collaborative

CBO Collaborative

**Additional Collaboratives may be convened based on CalAIM roadmap & Community Input (see Roadmap)

CalAIM Collaboratives

➢ Collaboratives are temporary sub-groups and will be convened, as needed, at the direction of the CalAIM Stakeholder Committee to:

  ➢ Facilitate the development of ideas and create new opportunities

  ➢ Obtain input from community and answer questions

  ➢ Identify barriers to success or review a problem

  ➢ Make recommendations to the Stakeholder Committee

➢ Collaboratives report activities and recommendations back to the CalAIM Stakeholder Committee

- Alameda County Health Care Services Agency (HCSA)
  - Alameda County Behavioral Health & Mental Health Plan
  - Alameda County Public Health / California Children's Services (CCS)
  - Emergency Medical Services
  - Housing & Homelessness
- Alameda County Social Services Agency
  - Medi-Cal Enrollment
  - Foster Youth Program
- Alameda County Probation Department and Sheriff's Office
- Alameda Health System
- UCSF Benioff Children's Hospital Oakland

- Network of Enhanced Care Management (ECM) / Community Supports (CS) Providers
- Community Based Organizations
  - Older Adults
  - Respite
  - Housing & Homelessness
  - Mental Health/Substance Use
  - Justice/Coordinated Re-entry
  - Education/Schools
- Trade Associations
- Primary & Specialty Medical Groups
  - CHCN, FQHCs & Community Health Centers
- Alameda County Special Needs Committee

Others to be added as lifecycle evolves

CalAIM Incentives

- Medi-Cal managed care program incentive programs are being funded by the State of California through American Rescue Plan Act, through State-budgeted CalAIM funds, and through other waivers.
- Incentive programs apply to calendar years 2022 through 2024, and include the following:
  - Behavioral Health Integration
  - COVID-19 vaccination
  - Student Behavioral Health
  - CalAIM Incentive Payment Program
  - Housing & Homelessness Incentive Program
- Payment tranches aligned with performance outcomes and reporting, and are aligned with PATH funding and other incentive programs.
- Anthem & Alameda Alliance for Health have co-developed the application process for the CalAIM Incentive Program, and are working on joint processes for the Student Behavioral Health and Housing/Homeless Incentive Programs.

CalAIM (and related) Funding Streams

DHCS Funding	Who receives the funds	Statewide funding	Intended Use	Spending Timeline	CalAIM-specific?
Incentive Payment Program (IPP)	MCPs	$1.5B	• Support implementation of ECM and Community Supports	1/1/2022 – 6/30/2024	Yes
Providing Access and Transforming Health (PATH) Program	Counties & Providers	$1.85B	5 initiatives: 1. WPC Transition/Mitigation: covering gaps in services 2. Technical Assistance: technical assistance resources (not direct funding) 3. Collaborative Planning: regional planning among entities essential to success of CalAIM (not direct funding) 4. Capacity & Infrastructure: support for ECM/CS implementation 5. Justice-Involved Capacity: for correctional official and to support services such as EHR systems	2022 – 2026	Yes
Housing and Homelessness Incentive Program (HHIP)	MCPs	$4.65B	• Improved coordination across Medi-Cal managed care plans and county/local homelessness efforts • Implements DHCS's Home- and Community-Based Services Spending Plan • Requires submission of countywide plan and alignment with HHAP submissions	4/1/2021 - 3/31/2024	No
Student Behavioral Health Incentive Program (SBHIP)	MCPs	TBD	• Implement non-clinical, school-based behavioral health interventions	TBD	No

DHCS Funding Opportunities Cheat Sheet

Major deliverables on the Horizon

- Countywide HHIP plan (June 2022)
- School based behavioral health incentives needs assessment (Fall 2022)
- Population Health Management plans (Fall 2022)
- Justice Involved Individuals (Jan 2023)
- Long-term care (Jan 2023)

Thank you & Questions