Enhanced Care Management (ECM): Birth Equity 101

CalViva HEALTH

health net

September 12, 2023

Welcome & Housekeeping

This webinar is being recorded

Attendance will be tracked via log-in

Questions will be managed through the Chat. Please submit all questions to ALL

Send a message to the host if you cannot hear or see the slides

After the webinar you will get a copy of the PowerPoint

We will follow-up with answers to questions not addressed during the webinar

Today's Presenters

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Agenda

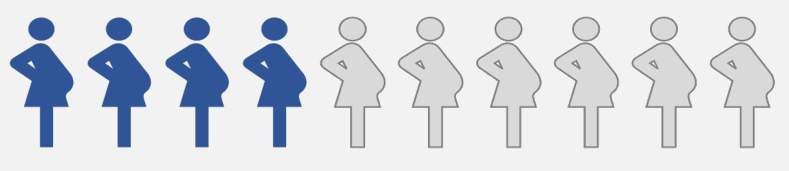
Welcome and Review Town Hall Objectives
Overview of Medi-Cal, CalAIM, Enhanced Care Management (ECM) and Community Supports in L.A. County
ECM Population of Focus: Birth Equity Population of Focus: Eligibility, Network Development, Referrals and Services
Important Considerations for ECM Providers & ECM Engagement Opportunities
Q&A

Medi-Cal's Impact on Women and Children

Over 5.1 Million children are covered by Medi-Cal (56% of children in CA)

47% of children in **immigrant families** are enrolled in Medi-Cal

39% of Births in California are paid for by Medi-Cal



SOURCE: Kaiser Family Foundation. Children Enrolled in Medicaid and CHIP, May 2022.

What is CalAIM?

Led by Department of Health Care Services, CalAIM is: California Advancing and Innovating Medi-Cal

A 5-year plan to transform and integrate Medi-Cal's programs more seamlessly with other social services

Overarching goal is to improve medical and social outcomes for Medi-Cal recipients, especially those with the most complex needs

Other goals are service standardization, consistent & equitable care across the state, emphasizing outreach and a "no wrong door" approach

https://www.chcf.org/publication/calaim-explained-five-year-plan-transform-medi-cal/

What is Enhanced Care Management (ECM)?

Enhanced Care Management (ECM) is a new statewide Medi-Cal benefit that addresses the physical, behavioral health, and social needs of high-cost, high-need Medi-Cal managed care members

Effective January 1, 2022, ECM replaced Whole Person Care (WPC-LA) & Health Homes Program (HHP) and is now a benefit for eligible Medi-Cal managed care members in LA County and statewide

DHCS contracts with Managed Care Plans (MCPs) who contract with ECM providers to provide and coordinate services that are community-based, person-centered, on-the ground/in-person services

ECM is a whole-person, interdisciplinary and wrap-around approach to comprehensive care management

ECM is very similar to Health Homes Program (HHP) but includes additional populations (including Birth Equity) and additional Core Services

ECM's 7 Core Services: A Whole-Person approach with a focus on In-Person Services

1. Outreach and Engagement
2. Comprehensive Assessment & Care Plan
3. Health Promotion
4. Comprehensive Transitional Care
5. Enhanced Care Coordination
6. Individual and Family Social Supports
7. Coordination of & Referral to Community & Social Support Services

Community Supports

Recognizes the important role that social drivers of health (e.g. access to housing, medical supportive foods) play in impacting health outcomes.

New suite of 14 identified services that Medi-Cal managed care plans can offer beneficiaries as cost effective alternatives to traditional medical services or settings.

All Medi-Cal managed care plans are encouraged to offer as many of the Community Supports as possible and are available to eligible Medi-Cal members regardless of whether they qualify for Enhanced Care Management services.

See Appendix for list of possible community supports

Who is eligible for ECM?

Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes (Birth Equity) Population of Focus goes live January 1, 2024

ECM Populations of Focus (POFs)	Adults	Children
Individuals Experiencing Homelessness: *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness*	●	
Individuals Experiencing Homelessness: *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness*	●	●
Individuals At Risk for Avoidable Hospital or ED Utilization *(Formerly "High Utilizers")*	●	●
Individuals with Serious Mental Health and/or SUD Needs	●	●
Individuals Transitioning from Incarceration	●	●
Adults Living in the Community and At Risk for LTC Institutionalization	●	
Adult Nursing Facility Residents Transitioning to the Community	●	
Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		●
Children and Youth Involved in Child Welfare		●
Birth Equity Population of Focus	●	●

Source: CalAIM Enhanced Care Management Policy Guide (July 2023)

ECM Population of Focus Going Live 7/1/23

Pregnant & Postpartum Individuals who meet other Qualifying ECM Eligibility

ECM Birth Equity Population of Focus Going Live 1/1/24

Pregnant & Postpartum Individuals who are subject to racial & ethnic disparities as defined by California public health data on maternal morbidity and mortality

Adults and Youth who:

1. Are pregnant or are postpartum (through 12 months period); **and**
2. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality *

Notes on the Definition:

- "Postpartum" means having delivered, whether a live birth or stillbirth; or a late term abortion.
- This PoF is already live statewide as of January 1, 2022 for adults and is live statewide starting July 1, 2023 for children & youth PoF
- **Pregnant & Postpartum Individuals who are subject to racial & ethnic disparities as defined by California public health data on maternal morbidity and mortality, will go-live statewide on January 1, 2024*

No further criteria are required to be met to qualify for this ECM Birth Equity Population of Focus.

ECM Birth Equity Population of Focus Going Live 1/1/24

Pregnant & Postpartum Individuals who are subject to racial & ethnic disparities as defined by California public health data on maternal morbidity and mortality

Maternal morbidity and mortality data will be calculated at the State level (not county level) to guide ECM eligibility at the MCP and Member level

Based on the California Department of Public Health's (CDPH) most recent State public health data (including the Prenatal Care Dashboard and Pregnancy-Related Mortality Dashboard), the racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality are:

- Black,
- American Indian and Alaska Native
- Pacific Islander pregnant and postpartum individuals.

DHCS is adding this eligibility pathway in recognition that living within communities subject to historically poor birth outcome disparities related to social inequity is itself a risk factor that can be addressed through comprehensive, whole-person care management.

MCPs are interested in expanding their ECM network to include ECM Providers with special expertise in pregnancy and postpartum care.

ECM Systems Integration Expectations

1) 1915(c) Waivers	2) Services Carved Out of Managed Care	3) Services Carved into Managed Care	4) Dual-Eligible Members	5) Other Programs	6) Programs Serving Pregnant & Postpartum Individuals
Multipurpose Senior Services Program (MSSP)	California Children's Services (CCS)	CCS Whole Child Model (WCM)	Dual Eligible Special Needs Plans (D-SNPs)	California Community Transitions (CCT) Money Follows the Person (MFTP)	Comprehensive Perinatal Services Program (CPSP)
Assisted Living Waiver (ALW)	County-Based Targeted Case Management (TCM)	Complex Care Management (CCM)	D-SNP Look-Alike Plans	Family Mosaic Project	Black Infant Health (BIH) Program
Home and Community-Based Alternatives (HCBA) Waiver	Specialty Mental Health Services (SMHS) TCM	Community-Based Adult Services (CBAS)	Other Medicare Advantage Plans	Hospice	California Perinatal Equity Initiative (PEI)
HIV/AIDS Waiver	SMHS Intensive Care Coordination for Children (ICC)		Medicare Fee For Service (FFS)	California Wraparound	American Indian Maternal Support Services (AIMSS)
HCBS Waiver for Individuals with Developmental Disabilities (I/DD)	Drug Medi-Cal Organized Delivery System (DMC-ODS) & Drug Medi-Cal (DMC) Program Care Coordination & Management Programs		Cal MediConnect		CDPH California Home Visiting Program (CHVP)
Self-Determination Program for Individuals with I/DD	Full Service Partnership (FSP)		Tully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)		CDSS CalWORKs Home Visiting Program (HVP)
	Health Care Program for Children in Foster Care (HCPCFC)		Program for All-Inclusive Care for the Elderly (PACE)		
	In Home Supportive Services (IHSS)				
	Genetically Handicapped Person's Program (GHPP)				

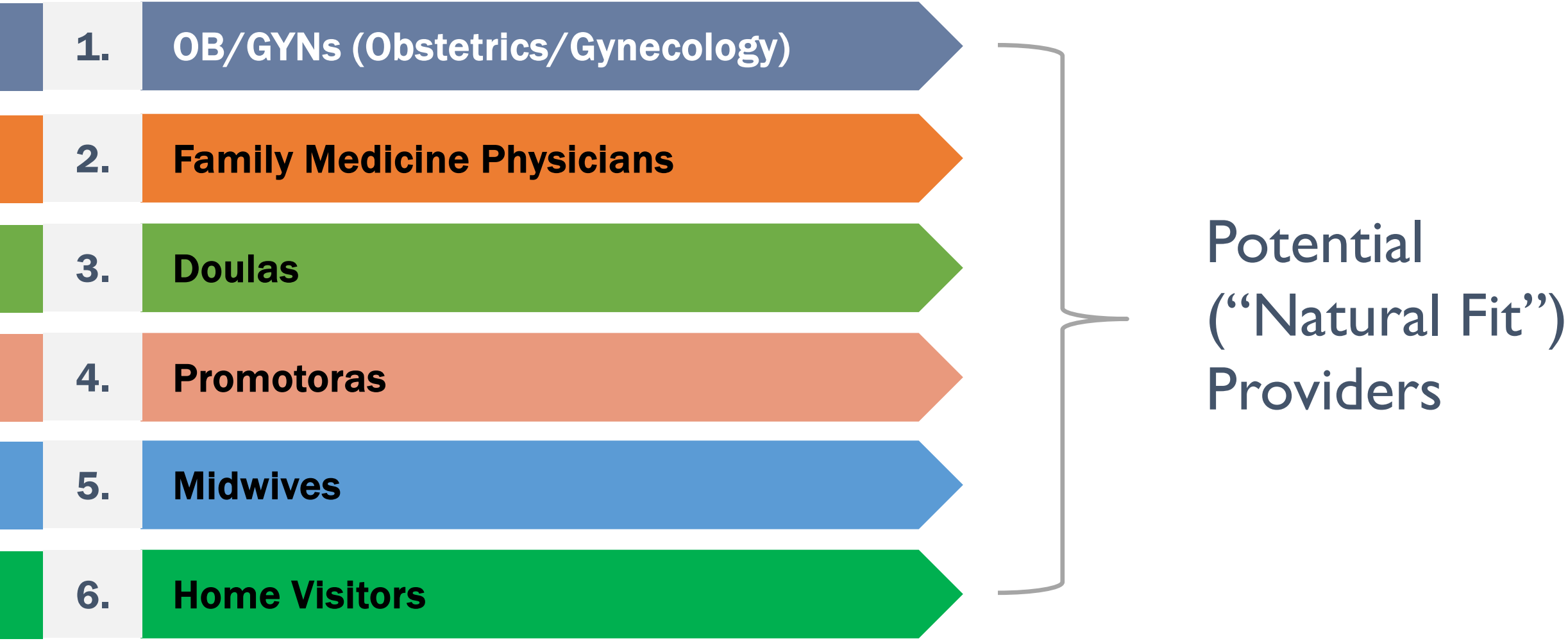
*Doula services

- ECM is only a benefit for beneficiaries enrolled in managed care (not FFS)
- Members can be enrolled in both ECM and the highlighted programs
- ***Managed care plan must ensure non-duplication of services between ECM and case management services that may be provided under highlighted programs***

1. ECM and the other program	MCP Members can be enrolled in both ECM and the other program. ECM enhances and/or coordinates across the case/care management available in the other program. MCP must ensure non-duplication of services between ECM and the other program.
2. Either ECM or the other program	MCP Members can be enrolled in ECM or in the other program, not in both at the same time.
3. Not Eligible to Enroll in ECM	Medi-Cal beneficiaries enrolled in the other program are excluded from ECM

Source: DHCS ECM Policy Guide p. 56

Birth Equity Population of Focus: ECM Providers



Provider Recruitment for the Birth Equity POF

There are no limitations on who can be an ECM Provider for this Birth Equity Population of Focus – *DHCS CalAIM ECM Policy Guide, July 2023*

- MCPs are adding community-based providers who are **experienced and skilled in serving this population** to their networks:
  - Skilled in providing core ECM-like services in a culturally concordant and/or appropriate manner
  - Can assess risk, develop and manage care plans, and balance caseloads
  - Can conduct outreach and engagement (or partner with someone who can)
- You can help to build the network
  - "Network influencers" (e.g., First 5, Policy and Advocacy Organizations, County Agencies) can recommend to the MCPs providers for including in ECM network
  - Reach out to the MCP if you have a trusted provider to recommend
- Training, technical assistance and financial support is available for ECM providers to build readiness and capacity to become ECM providers

Additional Examples of ECM Provider Types

CBOs with experience working with pregnant and parenting persons (PPP)

CBOs with experience working with PPP with BH and SUD needs

CBOs with experience working with BIPOC who are pregnant and parenting

Public and Social Service Programs serving children and families

First 5 Commissions

WIC

FQHCs and other providers with special programs for PPP

Any of the six programs serving PPP identified for coordination may also qualify as ECM providers

Provider Readiness Requirements
(see MCP Readiness Applications for Complete list)

- Providers must have systems in place to:
  - Document and track care management
  - Timely identify pregnant members by leveraging multiple data sources and partnerships
  - Keep local programs engaged and/or informed of members' care plan status (especially if not ECM Provider)
  - Submit claims (or use an invoicing template)
  - Leverage comprehensive assessments from other programs and provide care coordination
  - Conduct additional assessment as needed to ensure whole-person approach to addressing members needs

Source: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf and https://www.healthnet.com/content/dam/centene/healthnet/pdfs/provider/ca/hn-medi-cal-ecm-provider-certification-application.pdf

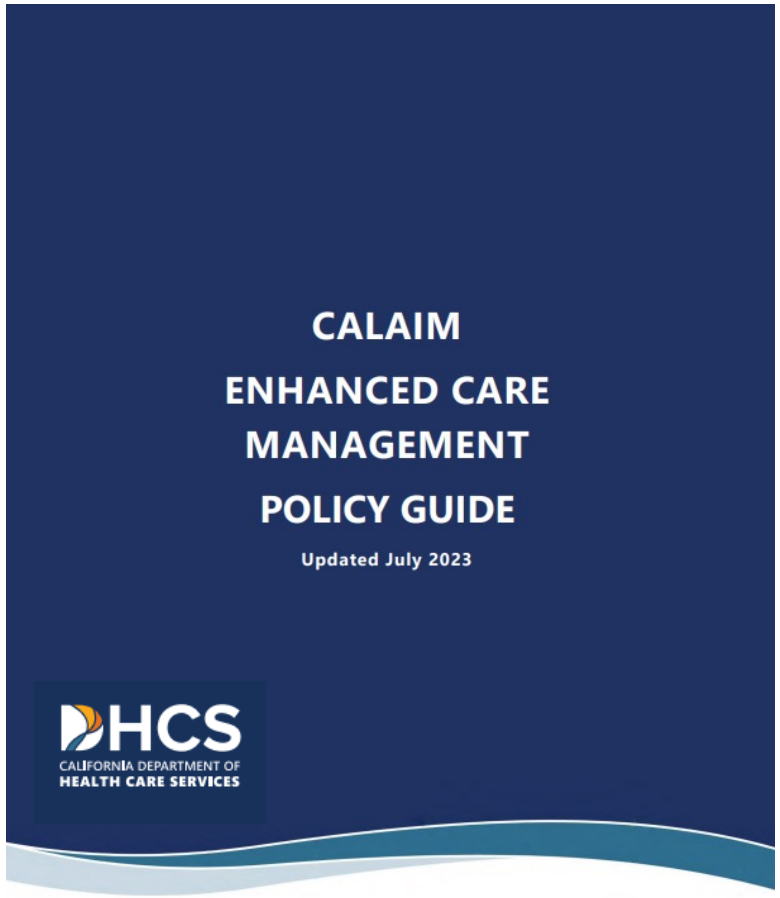
Birth Equity Population of Focus: Examples of Services

Pregnant & Postpartum Individuals who are subject to racial & ethnic disparities as defined by California public health data on maternal morbidity and mortality

Examples of applicable ECM services for this Population of Focus include (but are not limited to):

- Facilitating access to Community Supports that will help the pregnant or postpartum individual as they prepare for or recover from labor and delivery, including housing and food related Community Supports.
- Coordinating the transition from hospital to home after labor and delivery and with various health and social services providers, including sharing data (as appropriate), to facilitate better-coordinated whole-person care.
- Supporting Member treatment adherence, including scheduling prenatal and postpartum appointments and well-child visits, appointment reminders, coordinating transportation, ensuring connection to public benefits, identifying barriers to adherence and accompanying Members to appointments, as needed.
- Connecting the pregnant or postpartum individual, their partner, and/or their family with resources regarding the Member's conditions to assist them with providing support for the Member's health and newborn or infant's health.
- Coordinating care across all applicable delivery systems (Medi-Cal Managed Care or Medi-Cal FFS; SMHS; DMC or DMC-ODS; Dental Managed Care or Dental FFS; and Medi-Cal Rx) and care coordinators.

Resources: DHCS ECM Policy Guide



https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf

Next Steps

1. **Providers** are encouraged to share information on the ECM benefit with other organizations in your network who would benefit from learning more about this Population of Focus (PoF).
2. **Health Net asks Providers to complete the Provider Interest Form (PIF)** if interested in supporting the new Birth Equity PoF.
3. More in depth information and tools will be provided in the **October 3, 2023 (2:00 – 3:30pm PT)**

How to Learn More

Please contact the Managed Care Plans with any questions you have related to ECM in LA County.

Health Plan	Email Address	Additional Instructions
Health Net	ECM_ILOS@healthnet.com	Please note underscores in email address

Questions?

APPENDIX

Community Supports Services

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Day Habilitation Programs
- Caregiver Respite Services
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Supportive Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

Not all community supports available in each county/plan