

Stakeholder Update Webinar

Coordinated Care Initiative

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

JUNE 13, 2019

Roadmap

- CCI Updates
- June 2019 Dashboard
- Behavioral Health Integration Summary Report
- Q & A

Updates

UCSF Released CMC Polling Results

CMC Enrollees by Race and Language

Sample of CMC Enrollees by Race and Language of Survey Administration and Year

Race*	2015	2016	2017	2018
White non-Hispanic	645	813	446	349
Hispanic/Latino	1,297	1,772	736	800
Black	293	324	211	182
Asian/Pacific Islander	262	326	197	254

^{*}Note: Race sample size=8907. Respondents who answered "other" or "not recorded" were excluded from the analysis.

Language of Administration	2015	2016	2017	2018
English	1,582	2,015	1,181	1,027
Spanish	1,051	1,258	506	581
Chinese	131	78	92	167

Updates

- CCI Extension
 - Finalizing 3-Way Contracts between DHCS, CMS, and CMC Plans
 - Greater Emphasis on Measurable Performance
 - Enrollment Continuity Incentive
 - Increasing Shared Savings

Stakeholder Input

- Improving care coordination
 - Best Practices
 - Behavioral Health
 - Multipurpose Senior Services Program (MSSP) Referrals
 - Looking at ways CMC can inform broader Medi-Cal efforts
- Connecting members to specific benefits
 - Durable medical equipment (DME)
 - Transportation
 - Interpretation services
 - Care Plan Options (CPO) Services

Stakeholder Input

- Data Sharing and Reporting
 - Dashboard
 - Reporting Requirements
- Enrollment
 - Voluntary Enrollment Strategies
- Provider Manuals

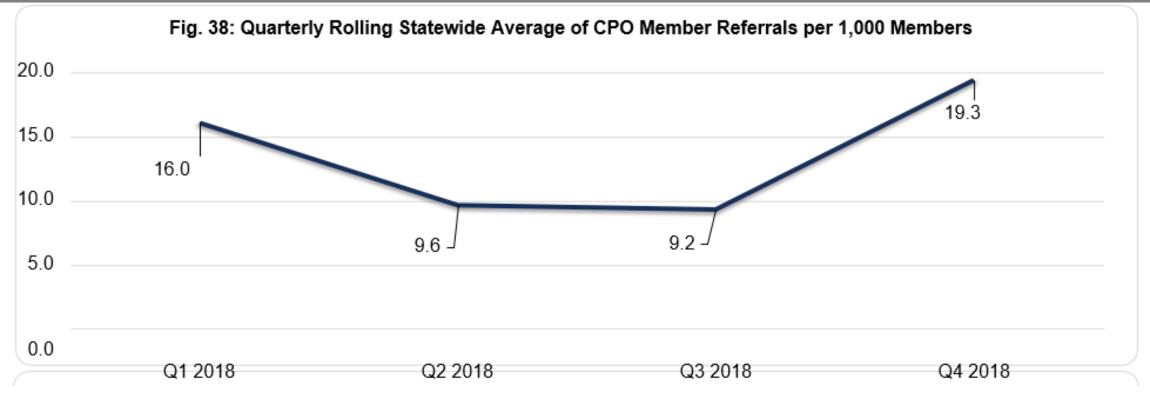
June 2019 Dashboard Highlight

- Care Plan Options (CPO) Services
- DHCS is working with Cal MediConnect Plans to report more accurate data for CPO services





Long Term Services & Supports (LTSS) Figure 38 & 39: Count of CPO per 1,000 Members (01/2018-12/2018) See metric summary for additional information

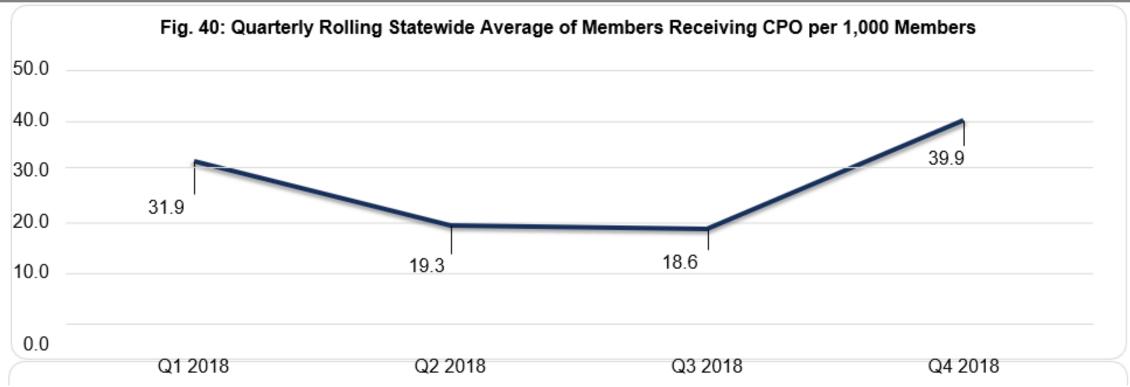


Care Plan Options (CPO) Services





Long Term Services & Supports (LTSS) Figure 40 & 41: Count of CPO per 1,000 Members (01/2018-12/2018) See metric summary for additional information



Care Plan Options (CPO) Services

Improving Behavioral Health Integration and Coordination for Cal MediConnect (CMC) Members

- Released May 2019 on CalDuals
- Best Practices Process
- Findings
- Presentations from:
 - BlueShield California Promise Health Plan
 - Health Net

Improving Behavioral Health Integration and Coordination for Cal MediConnect (CMC) Members

o Findings:

- Developing Relationships and Strengthening Communication Channels
- Identifying Members' Behavioral Health Service Needs
- Referrals
- Data Sharing

CMC Behavioral Health Services Model					
Integrated	"Single Entity"	Delegated			
 Anthem (in Santa Clara) 	 Health Plan of San Mateo 	 Cal Optima – Magellan 			
Community Health Group		*Caremore – Beacon Health Options			
Health Net		 L.A. Care – Beacon Health Options 			
 Inland Empire Health Plan 		 Promise Health Plan Beacon Health 			
Molina					
 Santa Clara Family Health Plan 					

^{*}Caremore is the name of Anthem's health plan in Los Angeles County.

CMC Behavioral Health Services Models

BlueShield California Promise Health Plan

Chris Esguerra, MD, MBA Senior Medical Director



Promise Health Plan



Cal MediConnect Coordinated Care Initiative Behavioral Health Integration Presentation



Jorge Zamora, PsyD Program Manager

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Our Purpose at Health Net

To transform the health of the community, one person at a time



FOCUS ON THE INDIVIDUAL

Our priority is for people to access the healthcare system in a way that's best for them and their families.



WHOLE HEALTH

We broaden our range of services and integrate solutions to more effectively address all areas which impact our members' *Physical, Behavioral, and Emotional well-being.*Behavior Health services including help with anxiety, depression, grief counseling, alcohol and drug abuse, and more.



ACTIVE LOCAL INVOLVEMENT

We understand that we need to be where our members are, and to be actively involved and present within our communities.

An Integrated Model of Care



Primary Care Physician

Preferred Provider Group and related specialized clinical providers who serve the member



Collaborative relationships with County SMH and Substance Use Disorder providers to allow for supportive changes in levels-ofcare and "warm handoffs" between carved out services



Member

MHN CMC Case Management Team

Licensed Mental Health Clinicians dedicated to assisting in navigation of a member's behavioral health needs and addressing care gaps

Specialized Ancillary Services

Coordination of additional services including LTSS,IHSS etc., and services provided by local Community Based Organizations



An Integrated Model of Care

Behavioral Health Navigation and County Relations

- "No Wrong Door" for accessing behavioral health services
- Supported level of care transitions through "warm hand-offs"
- Collaboration and care coordination amongst all providers
- Ongoing communication with member regardless of what services are being received to support and maintain mental health wellness
- Close county relations via regular meetings, targeted consultation, and "real time" problem-solving
- Comprehensive referral process and procedures



CMC Behavioral Health Services

Wellness Bi-Directional Referral Process



COUNTY

Referrals are made to MHN:

- 1. After initial assessment determines member does not meet specialty mental health medical necessity criteria
- 2. When a member is "graduating" or "stepping down", to a lower level of care

MHN

Referrals are made to County:

- 1. After initial assessment determines member meets criteria for SPMI and specialty mental health criteria
- 2. When a member is "stepping up" to a higher level of care

An Integrated Model of Care

CMC Data Sharing with Los Angeles County

- MHN sends list of enrolled CMC members to Los Angeles County Department of Mental Health
- LACDMH reviews list, sends MHN County "Match" File
 - MHN requests copy of member consent to coordinate care as well as, LACDMH Client Treatment Plan (CTP)
 - MHN reviews "match" file, begins outreach to member, County BH provider, and PPG for coordination of care
 - MHN conducts an Interdisciplinary Care Team meeting include: member, PCPs, County BH provider, other treatment providers as available
- PPG creates a comprehensive wholly-integrative ICP and returns it to MHN
 - MHN sends a copy of "updated" ICP to all treatment team members for attestation and return to MHN

An Integrated Model of Care

Integrated Care Model: **Strengths**

- Dedicated CMC Behavioral Health Case Manager
 - Increases likelihood that a member will not "fall through the cracks" in the event of a life change, linkage failure, relapse, or change in service needs due to risk factors
- Integrative Care Coordination
 - Allows for multiple service providers to work as part of a supportive system to facilitate health and wellness
 - Greater health integration Increases member opportunities for success
- Collaborative Treatment Planning
 - Increases opportunity for medication management success
 - Allows co-morbid health issues to be addressed
- Greater Knowledge and Access to Community Resources
 - Provides increased access to additional resources in community and access to resources as member's linkage network is increased

An Integrated Model of Care

Integrated Care Model: Challenges

- HIPAA restrictions, inability to disclose member PHI, and member's own right to privacy concerns, delay care coordination
- Securing member consent to share information is often difficult
- De-centralized networks and providers who have traditionally worked independently are not familiar with care coordination process or how to collaborate with health plan partners
- Member access issues which impact coordination including: mental health stigma, cultural barriers to treatment, homelessness, substance abuse, transportation barriers, etc.
- Lack of awareness regarding the benefits of coordinated and integrated care





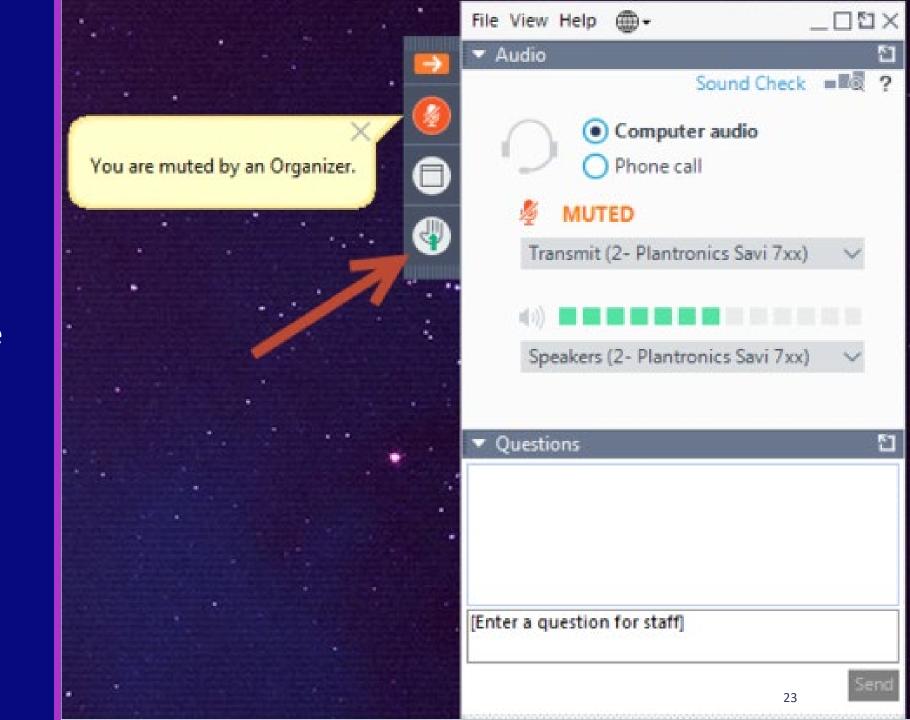
Managed Health Network, LLC, a part of the Centene family of companies.



Thank you!

Q & A

If you have a question, please click on the "raise hand" icon.



Resources and Contact Information

For more information on the CCI – including enrollment, quality data, and toolkits – visit <u>www.calduals.org</u>.

You can send any questions or comments to info@CalDuals.org.