



Children
Now

CalAIM and CCS: Questions & Opportunities

October 29, 2021

www.childrennow.org

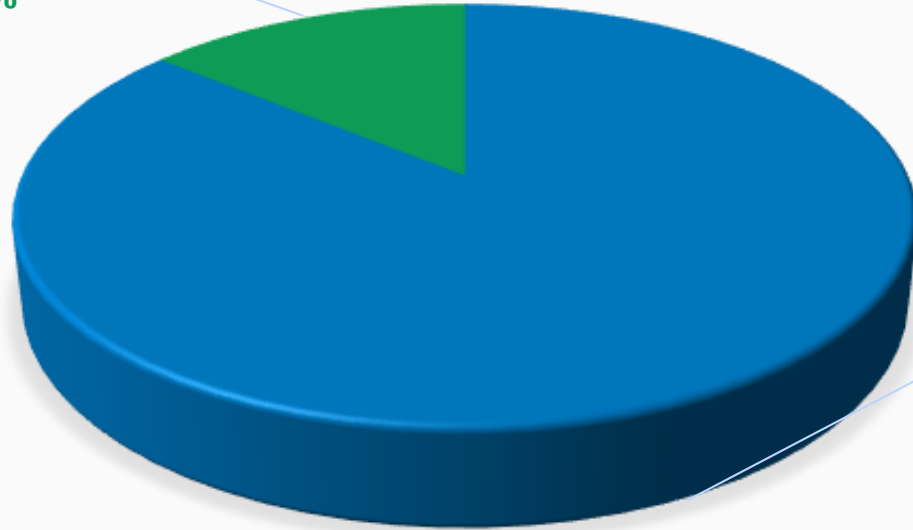


Children Now is a non-partisan, whole-child research, policy development and advocacy organization dedicated to promoting children's health, education, and well-being in California.

Children Now also leads The Children's Movement of California, a network of more than 4,500 direct service, parent, youth, civil rights, faith-based and community groups dedicated to improving children's well-being.

CCS ENROLLMENT ~210,000 KIDS

Whole Child Model
(in 21 counties),
14%



CCS "Classic",
86%

CCS Today – “Classic” CCS



- Longstanding program administered as a partnership between county health departments and DHCS
- Aimed at reaching high-need children & primarily focuses on treating CCS conditions, but does not systematically address social, behavioral, or dental needs
- CCS nurse case managers and CCS social workers are primarily responsible for care coordination, however, some conditions require a high level of involvement from the medical provider (i.e., specialists) who assume direct responsibility for care coordination

What is CalAIM?

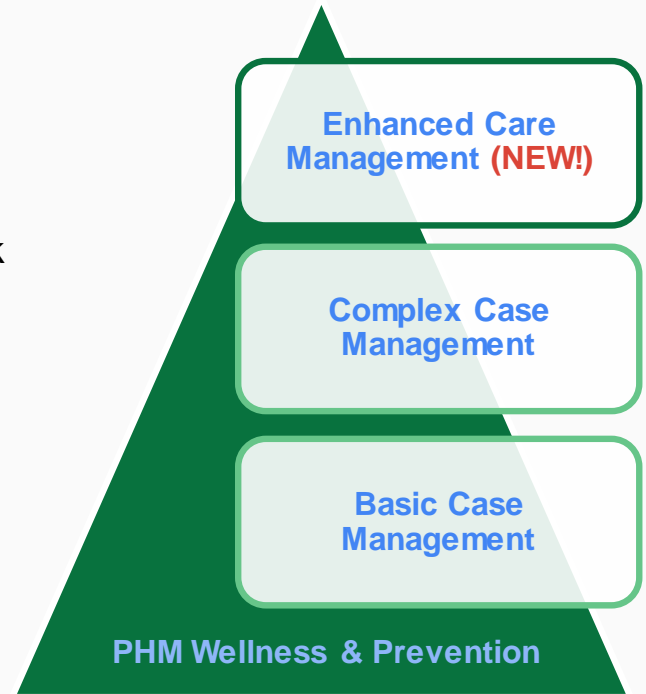
CalAIM is “a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.”

The major components of CalAIM will:

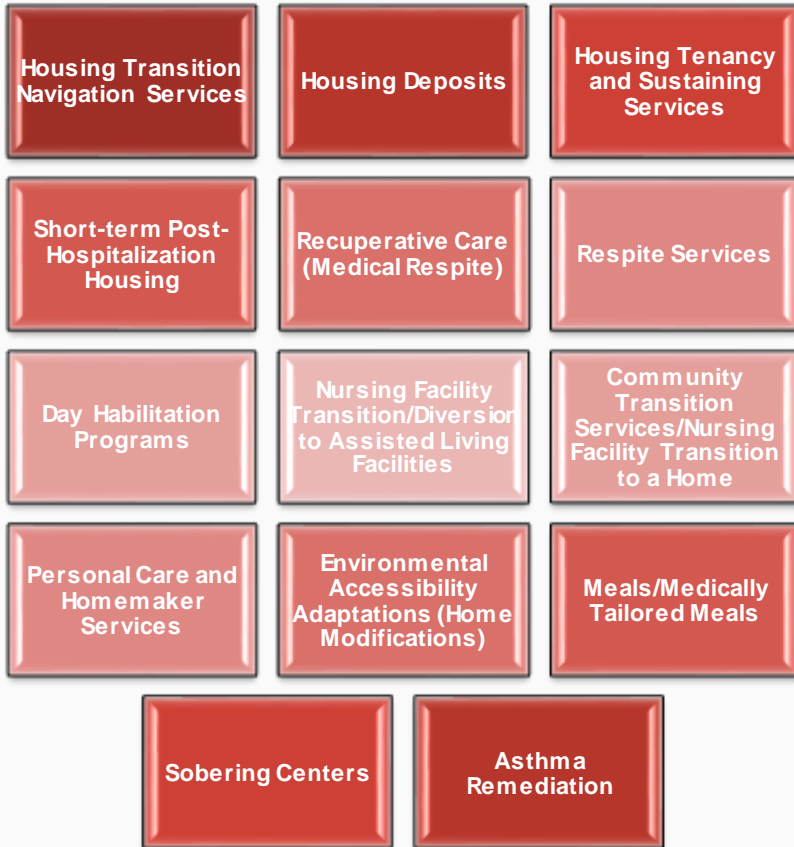
- **build upon previous successes and pilots** (e.g., Whole Person Care Pilots, Health Homes Program)
- result in a **better quality of life** for Medi-Cal members
- result in **long-term cost savings/avoidance**

Population Health Management is the Lynchpin of CalAIM

- As lynchpin, the CalAIM population health management (PHM) program will comprehensively address Medi-Cal member risk and need across a **full spectrum of wellness, prevention, & care management** based on:
 - Individual Risk Assessment
 - Predictive analytics to identify communities emerging as high risk
- PHM design will systematically **risk stratify** member so that health plans can offer a menu of care management interventions at different levels of intensity
- At the highest intensity, the new **Enhanced Care Management (ECM)** benefit will provide a whole-person approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need members

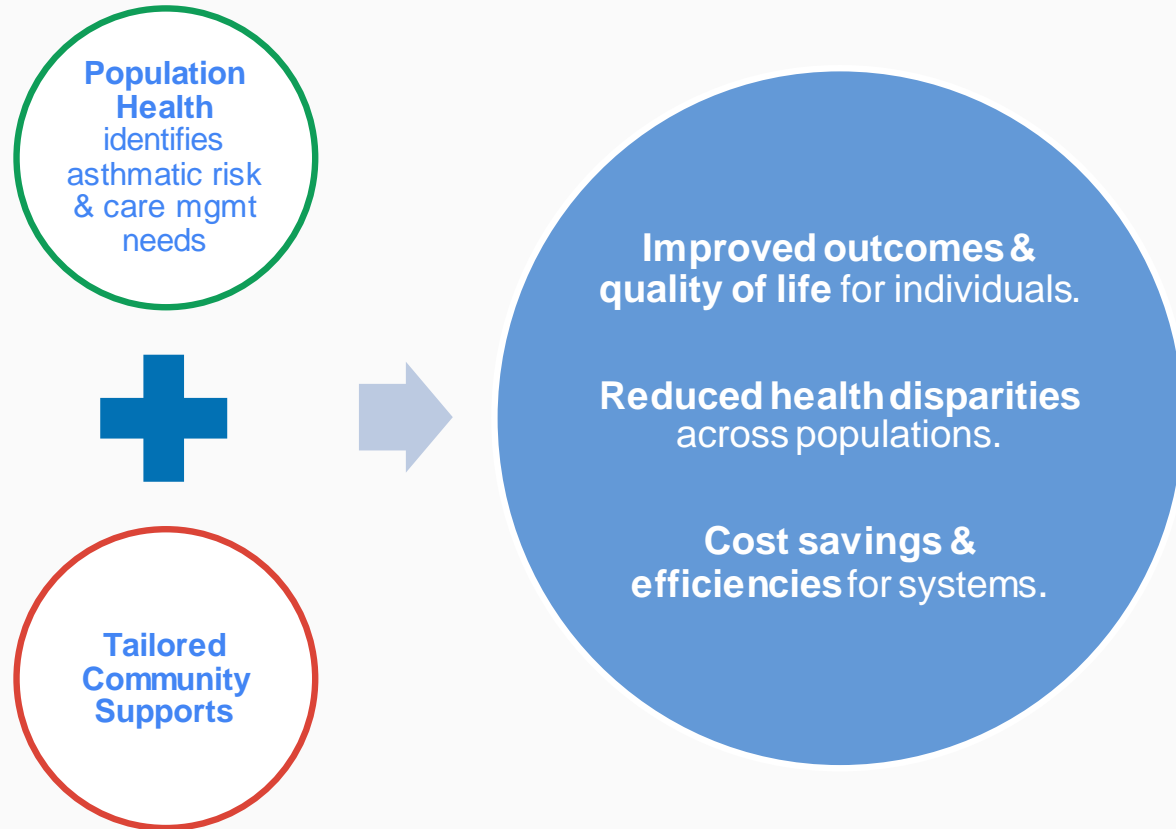


CalAIM Community Supports (formerly called In Lieu of Services)



- Community Support services are a substitute for or to avoid utilization of other, costlier services such as emergency department use
- CalAIM proposes a **menu of pre-approved 14 Community Support services** that a Medi-Cal managed care plan will integrate into their PHM programs and can make available beginning January 1, 2022
- Managed care plans can expand and add additional Community Supports every six months

Conceptual Example of CalAIM Potential



CalAIM Reforms Are Part of Many New Statewide Opportunities in Medi-Cal to Improve Care for Children and Youth

In 2022

- Community Health Worker benefit
- Asthma Preventive Services benefit
- Doula benefit
- Initial health plan Community Supports (formerly In Lieu of Services) selections
- CalAIM implementation incentives to health plan
- Student health incentive payments
- Infant Well-Child Visit Learning Collaborative
- Medi-Cal Comprehensive Quality Strategy

In 2023 & 2024

- New managed care contracts take effect 2024
- Population Health Management platform
- Enhanced Care Management benefit for children and youth
- Additional health plan Community Supports selections
- Additional CalAIM implementation incentives to health plans
- New health plan value-based payment incentive programs

What Does CalAIM Mean for CCS Kids?

- DHCS has identified children in CCS as a “mandatory target population” for the ECM benefit
- ECM will provide additional coordination of resources beyond the medical case management, such as linking to behavioral health services, addressing social determinants of health (SDOH), and dental needs
- ECM benefit does not go live for children/youth (other than homeless youth) until July 1, 2023, and before then DHCS will engage stakeholders to develop policies
- ECM is NOT intended to replace or duplicate the role of CCS case managers in or out of WCM
- ECM eligibility is not necessarily a prerequisite for Community Supports

Integrating ECM with CCS...according to DHCS so far

	“Classic” CCS	Whole Child Model CCS
Enhancements from ECM benefit	Provides high-touch, face-to-face interactions between the ECM provider and the child/family	Frequent, in-person interaction with additional, ongoing level of care management with focus on SDOH, behavioral health coordination, and/or dental
Children in CCS Target Population	Children who are experiencing the most severe social and behavioral health needs beyond their CCS condition	Children who are experiencing the most severe social and behavioral health needs beyond their CCS condition
Identification of eligible CCS kids	MCPs will partner with counties	Determined by MCP
ECM Providers/ ECM Lead Care Managers	MCPs assign an ECM Lead Care Manager who may be the current CCS county staff member/contracted CCS provider or a separate ECM provider; no “one size fits all”	MCPs assign an ECM Lead Care Manager who may be a contracted local provider (e.g., FQHC, counties) or a provider who delivers ECM services in an in-person manner, to the greatest extent feasible
Family choice	ECM will not replace CCS; a child and family can decline ECM, and stay in CCS	ECM will not replace WCM



ECM/ILOS Resources

- For the most up-to-date information about ECM and Community Supports/ILOS, please see the DHCS ECM/ILOS webpage at <https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices>

ECM/ILOS Questions

- Questions about ECM or Community Supports/ILOS may be directed to CaAIMECMILOS@dhcs.ca.gov

Thank you!