Anthem BlueCross

# Enhanced Care Management and Community Supports

Provider opportunities

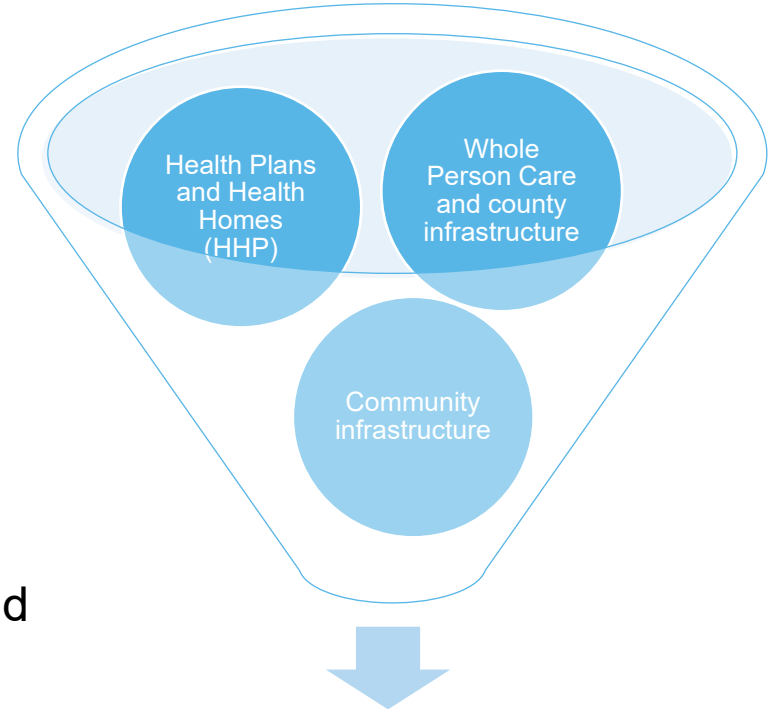
# CalAIM vision

**Goals:**

- Coordinate silos (behavioral, medical, social)
- Reduce costs
- Provide person-centered care
- Promote equity
- Improve quality

**Strategies:**

- Divide responsibilities between health plans and counties
- Define seven populations of focus
- Build on Whole Person Care and Health Homes
- Provide Enhanced Care Management (ECM) and Community Supports (CS)
- Phase-in core services




**Enhanced Care Management and Community Supports**

# Populations of focus (DHCS 5/7 draft)

| Population | Description |
|---|---|
| Homeless | Individuals and families (including children) experiencing **homelessness** and who have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage |
| High utilizers **adults** | Adult **high utilizers** with six or more preventable emergency room visits, or 2 or more unplanned hospital and/or short-term skilled nursing facility (NF) stays in a 12-month period |
| SMI/SUD risk **adults** | Adults with **severe mental illness (SMI) or substance use disorder (SUD)** diagnosis *and* experiencing one complex social factor, and are high risk or institutionalization, or user of crisis services, two or more ED visits or IP in past 12 months due to SMI/SUD-related hospitalizations, or pregnant |
| Nursing facility diversion | Adults **at risk for long-term care (LTC) institutionalization** who, in the absence of services and supports, would otherwise require care for 90 consecutive days or more in an inpatient NF |
| Nursing facility transition | Adult **NF residents** who want and, with supports, are able to transition to the community |
| Jail transition **adults** | Adults **transitioning from incarceration** in the past 12 months who have a chronic mental illness, chronic disease, SUD, intellectual or developmental disability, traumatic brain injury (TBI), HIV, or pregnancy |
| Children and youth | High utilizers; complex physical, behavioral, or developmental health needs; serious emotional disturbance; California Children's Services (CCS), child welfare (including foster care); incarcerated and transitioning |

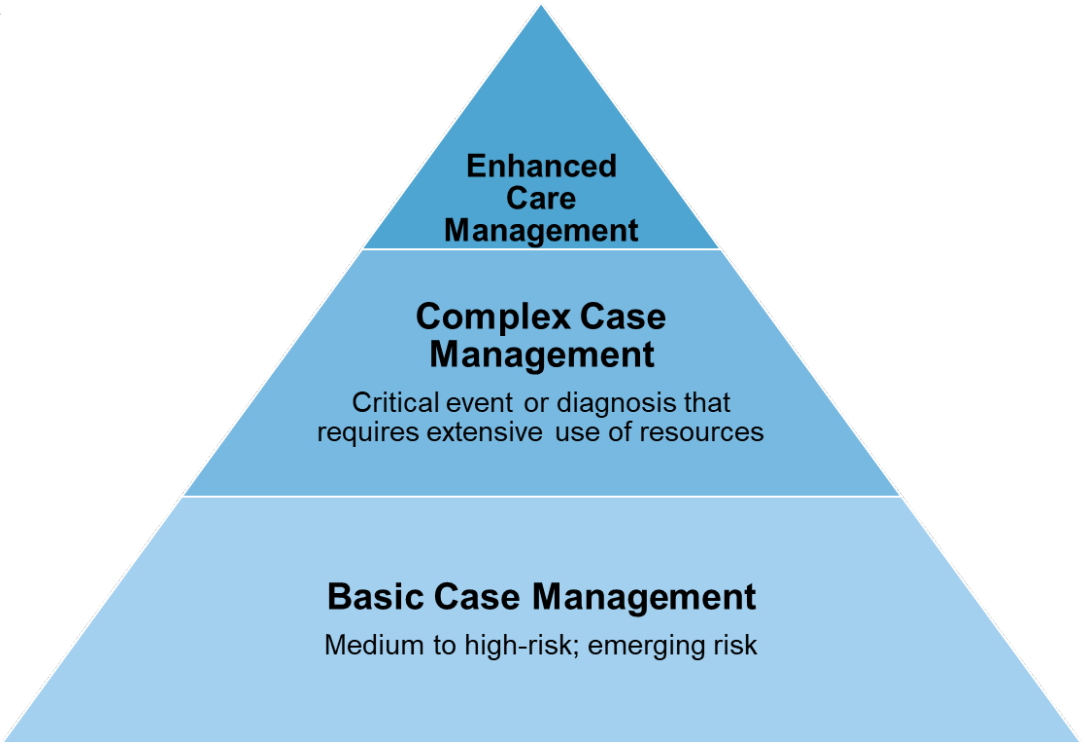
# ECM and CS phase-in

| | Whole Person Care/Health Homes Program counties | All other counties |
|---|---|---|
| January 1, 2022 | ECM and CS:<br>• Homeless<br>• High utilizers **adults**<br>• SMI/SUD risk **adults**<br>• Jail transition **adults*** | CS only |
| July 1, 2022 | Additional CS | ECM and additional CS:<br>• Homeless<br>• High utilizers<br>• SMI/SUD risk |
| January 1, 2023 | ECM and additional CS:<br>• **NF** diversion<br>• **NF** transition<br>• Jail transition **adults** | |
| July 1, 2023 | ECM and additional CS:<br>• Children and youth | |

* Only in counties in which the services provided in the pilot are consistent with those described in the ECM contract.

# ECM — six core services

1. Comprehensive assessment and care management plan
2. Enhanced coordination of care
3. Health promotion
4. Comprehensive transitional care
5. Member and family supports
6. Coordination of and referral to community and social support services



# What are CS?

- Community Supports (CS) are a menu of services, which, at the option of an Managed Care Plan (MCP) and a member, can substitute for covered Medi-Cal Managed Care services as cost-effective alternatives.
- Community Supports providers are contracted providers of Department of Health Care Services (DHCS)-approved CS. CS providers are entities with experience and expertise providing one or more of the CS to individuals with complex physical, behavioral, developmental, and social needs.

**14 DHCS-approved CS:**

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining
- Short-term post-hospitalization housing
- Recuperative care (medical respite)
- Respite services
- Day habilitation programs
- NF transition/diversion to assisted living facilities
- Community transition services/NF transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations (home modifications)
- Meals/medically tailored meals
- Sobering centers
- Asthma remediation

# Calling all providers

**CS:**

- Vocational or life skills services agency
- Housing provider with on-site support
- County-run service
- Respite agency (providing services in different settings)
- Licensed psychologist, social workers, registered nurse
- Home Health agency
- Professional fiduciary
- Case management agency (for example, Multipurpose Senior Services Program [MSSP])
- Adult Residential Care Facilities (ARF)/Residential Care Facilities for the Elderly (RCFE) operator
- *1915c* Home- and Community-Based Alternatives (HCBA)/Assisted Living Waiver (ALW)/Money Follows the Person providers
- Personal care agency
- Area Agency on Aging (AAA)
- Meals on Wheels/delivered meal provider
- Sobering center, or other appropriate and allowable SUD facility
- Community Action Agency

**ECM:**

- Accountable care organization
- Physician or physician group (primary care or specialist)
- County-based behavioral health
- Community mental health center
- SUD treatment provider
- City/county government agency
- Housing or other continuum of care provider
- Jail-based organization
- Federally qualified health center, rural health center, or Indian health center
- Hospital or hospital-based physician group
- School/school-based organization
- Case management agency (for example, MSSP)

# Before you apply

**Please consider:**

- **For ECM**:
  - When the population(s) you intend to serve will phase in
  - Requirement to demonstrate experience with the population
  - Anthem Blue Cross (Anthem) will prioritize agencies able to serve all types of people in a population of focus
- **For CS**:
  - Phase in new CS services every six months; all who submit a *Letter of Intent (LOI)* will receive updates
- **For all**:
  - Anthem will accept new providers for existing populations and services on a quarterly basis
  - Rates and scope of work
  - Submit early; knowing what is available will inform rollout decisions

# Suggested reading

- CalAIM Proposal:
  - Populations of Focus: page 142
  - CS (formally ILOS): page 168
- **Model of care:**
  - ECM and CS Provider Standard Terms and Conditions
  - DHCS MCP ECM and CS (formally ILOS) Contract Template Provisions

If you have questions or concerns, email CalAIM@anthem.com.

# Questions


**https://providers.anthem.com/ca**



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