

A Whole Person Care Pilot

Alameda County Care Connect Whole Person Care Pilot Transitions

November 1, 2021

AGENDA

A Whole Person Care Pilot

1. Why we are here:
 - Spreading the word that WPC is ending, some new services are beginning
 - Want you to know generally, in case you get questions from consumers
2. What you need to know:
 - These are administrative changes, mostly won't impact consumers at all
 - There is an FAQ with more detail, this is just an overview
 - Housing navigation is changing, we need to notify clients
3. A little bit about what Whole Person Care / AC Care Connect has done
4. Intro to new Managed Care benefits and services
5. What will be happening next

Whole Person Care Transition

What's Happening?

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- Alameda County's Whole Person Care Pilot Program (AC Care Connect) is ending on December 31, 2021
- All of the consumers who are active participants will be notified as required by the terms of the Whole Person Care Program
- Many whole person care services will now be offered by Medi-Cal Managed Care as a benefit or service

In Alameda County, most Whole Person Care client services are not ending, but some are changing.

For the vast majority of clients enrolled in Care Connect services as of December 31, 2021, services will not change.

Medi-Cal Enrollment is Crucial!

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To participate in the new services, people need to be enrolled in Medi-Cal Managed Care!

- Please check with your clients to make sure they enroll or re-enroll in Medi-Cal
- If your client is on Fee for Service (FFS) Medi-Cal, they won't qualify—they might want to consider switching to Managed Care if it would be better for them

AC Care Connect & Whole Person Care

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Alameda County's WPC pilot...

Aimed to **strengthen systems** of care to be able to **work together better** to deliver **consumer-centered** care and support Alameda County residents who face **highly complex** physical, behavioral, and social challenges to **achieve optimal independence and health**

AC Care Connect-supported System Changes

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- **Community Health Record (CHR) and Social Health Information Exchange (SHIE)**
- **Consumer Fellowship**—a pipeline program for people who share the lived experience of consumers, to provide outreach, engagement, education and expertise.
- With Alameda County Behavioral Health: **expanded PATH**, launched **Crisis Connect** and the **Community Assessment and Transport Teams (CATT)**.
- With the Office of Homeless Care and Coordination and Health Care for the Homeless: **Operation Comfort and Safer Ground**, providing safe shelter at 9 hotel sites for over 2,700 households during the COVID pandemic
- **Care Connect Academy**—cross-sector training for providers to help them access services for clients across the system (e.g., housing, primary care).

AC Care Connect-supported System Changes

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- Partnered with the Alliance and Anthem to pilot the **Health Homes / Complex Care Management** program
- With local cities, CBO's and the AC Housing Solutions for Health team, developed the **Health, Housing and Integrated Services (HHIS)** housing navigation bundles

With demonstrated reductions in ED and inpatient hospitalizations, these are the basis of new on-going Medi-Cal managed care services that are rolling out January 1, 2022

What is CalAIM?

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- **California Advancing and Innovating Medi-Cal:** A Medi-Cal Managed Care program
- Builds on the successful outcomes of Whole Person Care Pilots (WPC), Health Homes Program (HHP), and other programs
- Intended to **improve quality of life and health outcomes** as well as achieving long-term **cost savings/avoidance**
- Focus population includes people experiencing homelessness, justice-involved individuals, and those who use multiple systems of care.

Continues key Whole Person Care services as new benefits and services for people in Medi-Cal Managed Care

What does this mean for AC3 consumers?

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Starting January 1, 2022, some services will transition to CalAIM

- Complex Care Management will become Enhanced Care Management (ECM)
- Housing navigation, housing deposits, tenancy sustaining services, and some recuperative care (medical respite) will become Community Supports
- Most other Care Connect services will stay the same

For most clients enrolled in Care Connect services as of 12/31/21, services will not change

Guide to Letters

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Alliance

**IMPORTANT INFORMATION ABOUT THE NEW CALAIM PROGRAM,
THE WHOLE PERSON CARE PROGRAM, AND YOUR MEDI-CAL SERVICES**

Anthem

**Important update about the Whole Person Care Program and
your Medi-Cal Community Supports**

**Important information about the Whole Person Care program
and your Medi-Cal Enhanced Care Management services**

AC3, Care Connect

**Important Information About the Whole Person Care Program and your Medi-Cal
Services: Some services won't change**

**Important Information About the Whole Person Care Program (AC Care Connect)
and your Medi-Cal Services: Certain services that are ending**

What does this mean for providers?

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Managed Care Services changes: Enhanced Care Management (ECM) and Community Supports

- Same agencies are expected to continue providing these services 1/1/2022
- ECM & some Medical Respite services (a Community Support service) will be administered by Anthem and the Alliance
- These Community Supports will be administered by the County Office of Homeless Care and Coordination (OHCC):
 - Housing Navigation
 - Tenancy Sustaining Support
 - Housing Deposits

Generally the same agencies, but new contracts & different reporting requirements.
If you are affected, you will receive more information about this through your organization's leadership and health plan partners.

How are consumers being notified?

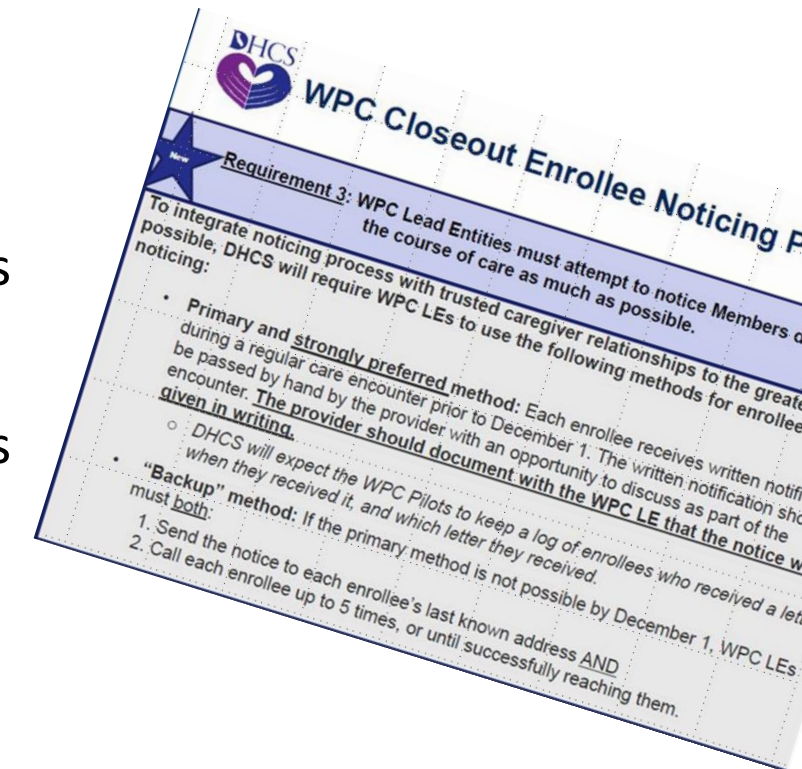
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In November

- Letters by mail from Managed Care Plans
 - For members transitioning to ECM and Community Supports
- Letters, messages via providers
 - For members transitioning to ECM and Community Supports
 - For members who receive services in Nov & Dec
 - A tracking log of members noticed is required by the State

In December

- As necessary, letters by mail and follow-up calls for those not reached



For HHIS → Community Supports

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Member noticing for Community Supports

- Members will get a letter in the mail from their Managed Care plan about transition to Community Supports
- Could be transitioning to Housing Navigation or Tenancy Sustaining Svc (based on info from you)
- Care coordinators are asked to deliver a physical (if in person) or verbal (if telephonic) version of the letter during a care encounter in Nov/Dec, explain and answer questions
- AC3 will provide a member list to each agency (to program manager, to distribute to care coordinators)
- Care coordinators are asked to track when they speak to their clients about this transition in easy on-line form

Take Home Messages

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- The great news is that housing navigation and enhanced care management services are becoming part of Managed Care
- Most consumers won't notice a difference
- Consumers will start being notified in November
- We want you to be prepared if you get questions
 - FAQ
 - Provider letter
 - Webpage: <https://accareconnect.org/wpc-transitions/>
 - Care Connect contact info: 510-346-1096 or email ACCareConnect@acgov.org
- Another reason to make sure consumers enroll in Medi-Cal

Questions?

Additional slides

How to track letter delivery

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- Each organization/program team will be sent a link to a spreadsheet to track letter delivery
- Each time you deliver a letter:
 - Check the “letter delivered” box
 - Add the date in the “Date delivered” column
- For any clients you are not able to deliver a letter to by hand in November:
 - We will mail letters to them at the end of November.
 - In December, we will ask you to call those people to confirm that the letters have been received and answer any questions they may have about the content.

Tracking Log Example

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TEST WPC-CalAIM Transition Tracking ★

Grid View | 1 Sheet | 9 Columns | 2 Filters | Group | Summarize | 1 Sort

CIN	FirstName	LastName	HP_Phone	Transition message discussed	Date discussed	HealthPlan	ECM_Provider	ECM
99999991C	JAMES	BOND	510-555-5563	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999901C	PETER	COTTONTAIL	510-555-5565	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999992C	SHERLOCK	HOLMES	510-555-5562	<input type="checkbox"/>		Anthem Blue Cross	TEST CLINIC	Yes
99999993C	MICHAEL	JACKSON	510-555-5561	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999994C	PRINCESS	LEIA	510-555-5560	<input type="checkbox"/>		Anthem Blue Cross	TEST CLINIC	Yes
99999995C	MARILYN	MONROE	510-555-5559	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999998C	HARRY	POTTER	510-555-5556	<input type="checkbox"/>		Anthem Blue Cross	TEST CLINIC	Yes
99999999C	JOHN	SNOW	510-555-5555	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999996C	BUFFY	SUMMERS	510-555-5558	<input type="checkbox"/>		Anthem Blue Cross	TEST CLINIC	Yes
99999990C	WONDER	WOMAN	510-555-5564	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes
99999997C	ALICE	WONDERLAND	510-555-5557	<input type="checkbox"/>		Alameda Alliance for Health	TEST CLINIC	Yes

- **If your communication with your client isn't logged**, you will be asked to call your clients in December to confirm that they've received a letter by mail (up to 5 attempts) – so please do the log!



WPC Closeout Enrollee Noticing Process

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Requirement 3: WPC Lead Entities must attempt to notice Members during the course of care as much as possible.

To integrate noticing process with trusted caregiver relationships to the greatest extent possible, DHCS will require WPC LEs to use the following methods for enrollee noticing:

- **Primary and strongly preferred method:** Each enrollee receives written notification during a regular care encounter prior to December 1. The written notification should be passed by hand by the provider with an opportunity to discuss as part of the encounter. **The provider should document with the WPC LE that the notice was given in writing.**
 - *DHCS will expect the WPC Pilots to keep a log of enrollees who received a letter, when they received it, and which letter they received.*
- **“Backup” method:** If the primary method is not possible by December 1, WPC LEs must both:
 1. Send the notice to each enrollee’s last known address AND
 2. Call each enrollee up to 5 times, or until successfully reaching them.

How are providers being notified?

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- Letters to the organizations
- Presentations at provider meetings
- An open webinar and Q/A session
- Webpage w FAQs
- Organization level training as needed

Medi-Cal Redetermination

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States are required to keep people enrolled in Medicaid throughout the COVID-19 public health emergency (PHE) as a condition of receiving a temporary increase in the federal share of Medicaid costs. When the PHE ends — currently slated for December 2021, but could be extended — the enhanced federal funding will end and states will resume administering renewals for Medicaid eligibility, some of which have been pending for more than 16 months. Nearly all 80 million people enrolled in Medicaid will have their eligibility redetermined, triggering a high risk of coverage losses that is almost certain to fall disproportionately on Black and Latinx individuals who have experienced significant harm and dislocation during the pandemic.

- Commonwealth Fund

<https://www.commonwealthfund.org/blog/2021/risk-coverage-loss-medicaid-beneficiaries-covid-19>

Resources

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- Provider letter
- Closeout Plan
- FAQs
- Webpage
- Sample call script
- Brief video statements (if we can swing it)