Cal-SDAIM Community Forum Q&A

CalAIM Questions, Comments, or Areas of Concern/Clarification

Categories:

- General
- Letter of Support
- MOA/MOU
- Service Provision
- Structure
- COVID Response
- HSD Advisory Committee
- Data/IT
- WPW Transition

General		
Question		**Response**
1.	What are the expected outcomes of CalAIM?	Expected outcomes include improved health status indicators for Medi-Cal beneficiaries (including but not limited to HEDIS measures), improved care coordination and expanded availability of a broad array of Community Supports, ultimately leading to decreased inappropriate utilization of medical services (such as the ED rather than a PCP visit).
2.	How can we ensure there will be continuity of care and enough providers in the new networks when access to providers are already strained?	DHCS requires detailed specifications from each MCP of their network providers by behavioral health, medical, specialty and Community Support
3.	What local research was done to determine that just 2 plans could better meet the needs of San Diego Medi-Cal recipients? San Diego County and Sacramento currently have the poorest patient outcomes and the health plans here have the worst performance on quality measures compared to every other county which functions with 2 or less plans according to DHCS -- these stats should speak for themselves--we need a different model in our region if we want to improve patient outcomes.	The California Department of Health Care Services made the determination to move to 2 MCPs for Geographic Managed Care (GMC) counties. Under contract with the California Health Care Foundation, a study was done in 2019 comparing health plan performance in GMC counties with that under other Managed Care Models: A Close Look at Medi-Cal Managed Care: Quality, Access, and the Provider's Experience Under Geographic Managed Care (chcf.org) The study concluded that GMC performance was worse on most measures.
4.	Could you please provide a copy of the report being referenced showing that San Diego and Sacramento counties currently have the poorest patient outcomes and quality?	See Q 3.

5.	I would like to see San Diego specific research, not blending Sacramento scores with ours which sounds like was the method deployed. We make great strides and I find it hard to accept we were the worst counties in the state. If a link to the research should be shared, this may quell some of our local concerns.	See Q 3. Most of the quality data are from 2019 because reporting on HEDIS measures was suspended during COVID, given the significant disruption in medical care delivery.
6.	How do Medical Groups factor in to the 2-Plan model? Will we simply see a rise in IPA's and Medical Groups to accommodate San Diego County's regional contracting challenges?	This is hard to predict. IPAs and Medical Groups are an important component of the current health care delivery system in San Diego.
7.	Please address ongoing opportunities for input as CalAIM (State) and local efforts evolve.	DHCS continues to convene several Work Groups charged with planning for specific Medi-Cal populations, for example, the Work Groups for the Foster Care Model of Care, and Duals and Managed Long-Term Services and Supports (MLTSS). The DHCS Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) meet quarterly. DHCS posts ongoing updates and FAQs on its CalAIM websites. Specified on these websites are the DHCS email addresses for ongoing input. Local opportunities are being created as noted in Q8, Q9, and Q10.
8.	Will there be an opportunity to provide feedback outside of this forum?	Yes. Supervisors Fletcher and Vargas are in the process of naming participants to the SDAIM Planning Group they are creating. Other Community Forums will be scheduled as we transition to the official beginning of CalAIM January 1, 2022.
9.	How can we work together to ensure the voice of stakeholders are brought into the discussion?	See Q8. Including the voices of stakeholders, both beneficiaries and the array of health care and Community Support providers, is the County's priority.
10.	How do we ensure local leadership has a voice through Healthy San Diego (HSD)?	Healthy San Diego is a venue for local leadership to provide input on our local health delivery system. In addition, the County will provide other opportunities to share input through SDAIM.
11.	With children and their families, we can have lifelong benefits from addressing Social Determinants of Health. How can we utilize CalAIM to help our children and their families?	Children are a major "Population of Focus" for CalAIM, to be launched July 1, 2023. Planning is still underway as DHCS recognizes that many issues must still be addressed.
Letter of Support		
Question		**Response**
12.	LETTER OF SUPPORT FORMAT Will HHSA be distributing a template for the Letter of Support request from MCPs? If so, when will that be released?	Yes. A draft will be released as the County receives further information on the final Request for Proposals that DHCS will release in late 2021/early 2022.

13.	Has the County's letter of support criteria been modified and simplified? If so, where can we find that?	The criteria for the Letter of Support are still being finalized. Once complete, it will be posted to the County SDAIM website.
14.	Does the County plan on offering more than two Letters of Support to MCP if they meet the requirements?	Yes. The County will provide a Letter of Support to each requesting MCP that meets the County's criteria.
15.	Will the County consider requests for Letters of Support from managed care plans that are new entrants to the Medi-Cal market in San Diego, or is this process is limited only to the seven incumbent plans in the market? If you are considering letters of support for new market entrants, will you require that these new entrants have an existing Knox Keene license, or will pending licenses allowed? The July 13 MCO Letter of Support Instructions from the County says, "The major factor in the County's determination regarding provision of a LOS will be the Managed Care Plan's active engagement in meeting the specified Requirements." How does the County anticipate assessing and MCP's "active engagement"?	Many criteria for the LOS involve an MCP's current participation in preparing for the transition to CalAIM. The process for LOS for MCPs not currently in the San Diego market is to be determined. Although the details are to be determined, in general "active engagement" includes collaboration towards the goal of measurable improvement in the medical, behavioral health, and social service outcomes of MediCal beneficiaries.
16.	DUAL SPECIAL NEEDS PLANS Will HHSA add a requirement for a Letter of Support that MCPs have a proven history of successful DSNP operations on a national or state level? It is a DHCS requirement for MCPs to have a DSNP in San Diego County beginning January 1, 2023. We recommend consistency with DHCS requirements.	The County is aware of the DHCS requirements and will be focused on addressing concerns regarding care for the Duals population in the near future.
17.	What, if any, changes may be made specifically around the DSNP and ILOS considerations?	TBD
18.	Attachment A: Page 1, Paragraph 3 Before the County LOS is finalized, it will be refined considering the final version of the DHCS procurement Request for Proposal as well as input from a local community advisory group assembled by the County Health and Human Services Agency (HHSA) Director. Please identify the group and invited participants.	The composition of the Community Advisory Group is to be determined.
19.	Attachment A: Page 2, Bullet #3 Plans must . . . "Agree to provide all 14 of the initially specified ILOS for all MCP beneficiaries in San Diego County who meet eligibility criteria.". Pursuant to the DHCS RFP and CalAIM documents, it is our understanding that the MCPs have the option to decide which ILOS services they contract and implement. Does the County have the authority to apply more stringent criteria than DHCS? Is it wise to require all 14 ILOS when MCPs may not be adequately staffed or funded to take on all 14 at once starting in 2022? This will also have ramifications on downstream providers and beneficiaries. Further, MCPs need to demonstrate cost savings to cover the ILOS service which may take time as they need contracts and the experience to do this right. At the HSD CalAIM work group, all 7 San Diego Medi-Cal MCPs committed to initially implementing the same subset of ILOS services so that there are not differences for	This suggestion is being carefully reviewed.

	beneficiaries' plan to plan. We recommend the BOS modify their requirement to state that all MCPs in San Diego must implement the same subset of ILOS, perhaps with a minimum identified, and annual expectation that additional ILOS services will be added over time. Also, the DHCS contract allows MCPs to cease providing ILOS services at a later date. It may be beneficial to members if the MCPs were required to continue to offer the ILOS service(s) to existing members, but close panels for the service to new patients as a compromise.	
20.	Letter of Support (LOS) Process for the State Department of Health Care Services (DHCS) RFP (criteria list from 7-13-21 BOS meeting) 1. Healthy San Diego active participation 2. Collaborate with SDC on Providing Access and Transitions Health (PATH) funding 3. Provide all 14 ILOS 4. Collaborate to develop joint Population Health Management Program 5. Partner with County BHS 6. Joint strategies and coordination with County Departments 7. Contract with County BHS to provide ECM 8. Contract with County PHS to provide ECM 9. WPC and HHP Transition 10. Contract with community providers serving WPC and HHP 11. Contract San Diego's HIE 12. Member of 211 San Diego Community Information Exchange 13. Case Management system inter-operability 14. Agree to existing Data Use Agreement 15. Submit LOS Request o Who is/are the SDC points of contact for partnering/collaboration/technical assistance? o Are there existing County forums or workgroups for any of these efforts? If so, how can the MCPs connect now to ensure current and future collaboration? o Any revisions to the overall criteria? (#1-15) o What is SDC's preference for contact and engagement where required above? (#2, 4, 5, 6, 7, 8) o Does SDC plan to submit PH/BH/HHSA ECM/ILOS applications to the MCPs? If so, who is the point of contact? (#7, 8) o MCPs already connected to San Diego Health Connect (SDHC) for bidirectional data services often feel limited by the platform – are upgrades planned to expand its utility? (#11) o For MCPs with an existing Whole Person Wellness (WPW) Data Use Agreement – will this support the transition, in addition to CalAIM activities going forward? (#14)	Final details are under development, and will be posted on the SDAIM website.

	○ Will SDC provide a template for the LOS checklist? Alternatively, will the MCP format their own checklist? (#15)	
Comment		**Response**
21.	I would respectfully request that the County consider what ramifications there are, if any, for MCPs who fail to keep commitments made in applying for and receiving the County LOS. During the last procurement process, some MCP commitments were not realized and there was little recourse after the contracts were awarded.	The County plans to be actively engaged in monitoring MCP performance. This suggestion is being carefully reviewed.
Area of Concern/Clarification		**Response**
22.	The Attachment A guidelines for applicants seeking an optional letter of support from the BOS re: Medi-Cal managed care procurement—specifically, the requirement for Medi-Cal plans to contract with San Diego Health Connect.	Final requirements, including the one for contracting with San Diego Health Connect, are still under development.
MOA/MOU		
Question		**Response**
23.	Will the WPW MOAs be extended past December 2021? The current extensions are valid until December 31, 2021. Data will still be required from the plans by the COSD to complete the WPW Annual Report due in March. Data will be requested Jan-March, as appropriate.	An MOA between the County and each MCP is in the final stages of development.
Service Provision		
Question		**Response**
24.	What are the current obstacles and barriers the Plans can work on?	TBD
25.	Does HHSA want to be an ECM provider, if so which population of focus would you serve?	Yes, with final Populations of Focus still being specified.
26.	Will the County of San Diego be providing ECM services, and should the plans be contracting with the County? Will the County of San Diego be providing Housing Navigation ILOS services?	Yes, with details still being determined.
27.	How does the County envision care coordination with the plans? What would be the difference between CalAIM ECM enrollees and those not enrolled in ECM (likely because they declined or are unable to reach or don't meet one of the '3rd' SMI/SUD factors outlined by DHCS)?	The answer will differ by Population of Focus and MCP. Details are still in development.
Comment		**Response**
28.	Commit to joint strategies and coordination with County departments serving the following CalAIM specific populations, including, but not limited to, Foster Youth, Justice Involved, Aging, SMI/ODS, Homeless and housing, rural and trafficking and crime victims.	The County commits to joint strategies and coordination that may differ by Population of Focus.
29.	There are real consequences I've been dealing with from the new plan, as it relates to the dual eligible population, resulting in a reduction of access for low-income seniors. Change is hard, and it should not be at the expense of beneficiaries who need access to care. I would like to make sure there are opportunities to provide feedback as we move forward.	Feedback is welcomed. A "person-centered approach" requires that beneficiary access be a central consideration.
30.	Partner with County Behavioral Health Services and providers to approve care and linkages for school children in order to ensure timely access to mental health services in the community.	This statement refers to the new State-funded program that will involve MCPs with schools to improve mental health services. County Behavioral Health Services has had

		extensive involvement with schools for many years and wishes to assure coordination with MCPs.
Area of Concern/Clarification		**Response**
31.	Most recent progress on the Behavioral Health Services care coordination pilot.	A detailed program description is in preparation.
32.	Contract with County Behavioral Health Services to provide ECM for the Seriously Mentally Ill/Substance Use Disorder/Serious Emotionally Disturbed populations.	Details under development.
33.	Contract with County Public Health Services to provide ECM for complex patients for whom they serve as the clinical and/or social service experts (Including but not limited to Tuberculosis Control and Refugee Health Branch; California Children's Services; and HIV, STD and Hepatitis Branch).	Details under development.
Structure		
Question		**Response**
34.	PROVIDER APPLICATIONS There were two provider applications (ECM and ILOS) which were distributed by HSD for all entities who will be an ECM or ILOS provider to the MCPs. Is it the County's intent to send back the completed applications to Healthy San Diego for all plan review? Or, is the County sending their one application for each MCP back to the MCP email address on the applications? We support a collaborative and efficient process and response to the provider applications for the County.	The County's approach is still under consideration.
35.	Request for more information on the formation of a "San Diego AIM" committee, with Supervisors Fletcher and Vargas as participants.	See Q8.
36.	What information does SD County BH need from the Plans? Would it be helpful to have explicit policies and procedures so that expectations and turnaround times are clear?	Details under development
37.	COUNTY BEHAVIORAL HEALTH LINKAGES FOR CHILD MENTAL HEALTH ACCESS What is HHSA's vision for implementation of this requirement? Is it to be done collaboratively through the Healthy San Diego infrastructure or is each MCP to work individually with the county?	BHS leaders will be sharing the county's vision in a future presentation.
38.	CalAIM SPECIFIC POPULATIONS What is HHSA's vision for implementation of this requirement? Is it to be done collaboratively through the Healthy San Diego infrastructure or is each MCP to work individually with the County? Will this timing correspond with DHCS phase-in of these populations of focus?	Details under development
39.	COUNTY BEHAVIORAL AND PUBLIC HEALTH SERVICES AS ECM PROVIDERS When will the County begin discussions with the MCPs to establish this contractual relationship and ensure all ECM provider requirements are met? What is HHSA's vision for this process? We	The county desires a streamlined process.

	support a streamlined process for HHSA and the MCPs given the short remaining timeframe for a January 1, 2022, start date.	
40.	Will specialty mental health services continue to be carved out managed care plans as this evolves in the next 2-3 years?	Yes, as required by CalAIM specifications.
41.	Will SUD services continue to be carved out of the managed care plans as this evolves in the next 2-3 years?	Yes, as required by CalAIM specifications.
42.	ILOS SERVICES DHCS is not requiring all 14 ILOS services to be operational on January 1, 2022, and has a prescribed process for expansion of services by MCPs over time. Please clarify that the requested commitment for all 14 ILOS services is commensurate with DCHS's direction to MCPs.	See Q19
43.	Please confirm that a timetable with relevant go live dates meets the requirement to provide all 14 ILOS services now known as community support.	Details under development
44.	POPULATION HEALTH MANAGEMENT PROGRAM MCP staffs are participating in County work groups on this topic. Please clarify that this is in line with this requirement. If not, please expand on HHSA's vision for implementing this requirement, whether it will occur through existing committees or some other collaborative working groups. We recommend following the same standards for a PHM program as DHCS for consistency at the state and county levels.	The County agrees about the benefits of consistency. However, the DHCS approach to "Population Health Management" is MCP-specific. The County wants to ensure that "Population Health Management" encompasses the whole Medi-Cal population in San Diego, not simply each MCP's enrollees. How to ensure this more holistic approach is still under consideration.
45.	To what extent is San Diego planning to align with the DHCS requirements around population health? Will flexibility be allowed in the event the health plan has a different disease burden than the County in total?	See Q44.
46.	Under the HIE requirements, it is noted that health plans should directly contract with providers who participate in the HIE. Is it the County's intent to create a mandate to contract?	Details under development
47.	Enhanced Care Management and In Lieu of Services/ Community Supports Does SDC have additional conditions to add to DHCS guidance? The MCP wants to ensure we are collaborating with and informing SDC in a meaningful way. What strategy(ies) or processes work best for SDC?	See above references to collaborative processes and stakeholder convenings under consideration.
48.	Communication of Service Changes with Plan Members Does/will SDC have an interest in a collaborative website or other messaging methods for HHP/WPW members to receive vital communications? Is collaboration possible between Healthy San Diego (HSD) and SDC, where HSD develops posters or other print material, with all seven MCP logos and contact information, for distribution at County sponsored health fairs, clinic sites, and/or other SDC locations/events?	Communication materials and processes are being led by DHCS with participation by Counties for the Whole Person Care Pilots and MCPs for HHP. These details will be addressed locally as the DHCS processes are finalized.

49.	Some individuals accessing specialty care (like chemo) are being informed by their healthcare provider to NOT enroll in a Managed Care Plan to "keep things simple". This is preventing folks from accessing ECM. What sort of communication can occur with hospital groups/medical entities to provide options for their patients?	Medi-Cal beneficiaries are expected to enroll in a Managed Care Plan to receive Medi-Cal benefits. The County will coordinate further communication with providers on this issue to ensure optimal care for beneficiaries and compliance with regulations **.**
50.	How will the new plan support the current care teams providing support to communities with sickle cell and other chronic diseases remain intact? There is difficulty finding specialists and it takes a long time to establish a relationship with a care team.	Details under development
51.	What oversight will be in place that allows these care teams, as advocates at the point of care, to assist in quality and reporting (to ensure we are not trapped in a program for a certain amount of time)?	Details under development
52.	Can you expand on the Nursing Facility Transition back to the community specifically around financial support toward RCFE/ARFs? Majority do not accept an SSI rate, which is a lot of our Medi-Cal members. Previously we had the Assisted Living Waiver Program, but that is currently on hold.	Details are still under development for this transition, which will become the population of focus to transition to CalAIM on January 1, 2023.
Comment		**Response**
53.	Attachment A: Page 2, Bullet #4 "Participate in a collaborative effort with the County of San Diego HHSA, other San Diego MCPs, and key community stakeholders to develop a joint Population Health Management Program for San Diego. (Section 2.1. of the CalAIM Proposal requires each MCP to develop its own Population Health Management Plan by January 1, 2023)." We agree with the aligning and standardizing any programs, forms, data, and processes to enhance the care and health of beneficiaries.	See Q44
Area of Concern/Clarification		**Response**
54.	Participate in a collaborative effort with the County HHSA, other San Diego MCPs, and key community stakeholders to develop a joint Population Health Management Program for San Diego.	See Q44
COVID Response		
Area of Concern/Clarification		**Response**
55.	Opportunities for Medi-Cal plans in Healthy San Diego to partner with the County on outreach and other proposals to increase COVID-19 vaccination rates. (Context is DHCS's recent announcement of a $350 million Vaccine Incentive Program for Medi-Cal managed care.)	While some of the details of this are still under development, the County is actively partnering with health partners on this effort.
HSD Advisory Committee		
Question		**Response**
56.	As part of the July 13, 2021, County Board of Supervisors meeting, it was indicated that a local community advisory group would be assembled by the County Health and Human Services Agency (HHSA) Director to solicit input. Chair Fletcher referenced that several different types of meetings have taken place to date. Will there be one standard and consistent space for us to help contribute going forward, and who will be invited?	Details under development. See Q8.

Area of Concern/Clarification		Response
57.	Page 7, Paragraph 3 [Healthy San Diego (HSD)] "This resulted in the County having no liability or involvement in the procurement or contracts of Medi-Cal managed care and no mechanisms to enforce or hold plans accountable for network adequacy or access to service requirements."	The County has representation and a role in convening stakeholders and MCPs through the Healthy San Diego Joint Consumer and Professional Advisory Committee and its associated subcommittees and workgroups. The County is currently determining future mechanisms for collaboration and accountability to ensure San Diego optimizes its local wellness delivery system.
58.	Page 7, Paragraph 4 "Also, the membership of the Advisory Committee has waned overtime with significant vacancies especially among its consumer seats, which is not in conformance with the bylaws and underscores concerns of whether the Advisory Committee is fulfilling its role of being an impartial barometer. In essence, this body is not being used for its full potential."	See Q57.
Data/IT		
Question		**Response**
59.	Attachment A: Page 3, Data Sharing / IT Bullet #3 "Ensure that all case management platforms are inter-operable with the MCPs proprietary Case Management and billing systems." Please explain what is meant by "case management platform" interoperability. We recommend that the County include a requirement for MCP's to actively participate in the CalAIM Data Exchange Roadmap, where care management platforms and other data sharing activity is being addressed – including for ECM/ILOS and social determinants of health.	Further detail on case management platform" interoperability is under development. This County will consider this recommendation.
60.	DATA SHARING/IT INFRASTRUCTURE To which case management platforms is HHSA referring regarding interoperability with MCP Case Management and billing systems? Will invoicing procedures be sufficient to meet this requirement? We prefer industry standard claims submission processes but are able to adapt to an invoice-based process.	See Q59
61.	Please define what "inter operable" means in the context that all case management platforms work with MCP's case management and billing systems.	See Q59
Comment		**Response**
62.	I would respectfully request that the County require MCPs to use the same data collections tools and reporting requirements for ECM/ILOS and other services benefiting the Medi-Cal population. Today, CB-CME's get hit with multiple and varied report requests from different MCPs for the Health Homes population which are burdensome and difficult to administer and automate. Changes come without notice or training. Providers and staff end up spending their time managing varied reports instead of taking care of patients. We are hearing that a second health plan is going to require the use of a separate IT system for providers to manually input health Homes and ECM/ILOS data. This is not	See Q59

	sustainable. There should be agreement that all MCPs will accept a standard data file for input into their systems, or we will never be able to focus on the patients.	
WPW Transition		
Question		**Response**
63.	The MCPs are currently working to contract with WPW PATH/Exodus as the "Lead Entity". The MCPs are requesting what their role is with WPW and the County moving forward as it relates to WPW and the Contractors are asking for guidance if they can seek relationships with individual plans on their own and not contract with them all. Contractors are seeking guidance on where to refer patients for ILOS services not contracted by the MCPs. What is the responsibility of the plans vs. COSD to message and offer guidance? Clarification: the County of San Diego is the Lead Entity, not PATH/Exodus.	These details are being addressed as part of Transition discussions with DHCS and the County's Whole Person Wellness staff.
64.	Transitioning Care for Whole Person Wellness Clients Does San Diego County (SDC) have additional guidance to add to the Department of Healthcare Services (DHCS) guidance? Does/will SDC have an interest in collaborative messaging, perhaps through SDAIM, for transitioning WPW members to access updates and/or information?	See Q48.
65.	Does HHSA want to be the Lead Entity for the members transitioning from Whole Person Care (WPC) to Enhanced Care Management (ECM) or does HHSA want plans to contract directly with Path and Exodus to provide ECM services to those transitioning from WPC?	See Q63.
66.	Please define "community providers" for the purposes of WPW contracting.	"Community providers" are organizations that can provide Enhanced Care Management if PATH and/or Exodus do not contract with all MCPs in which current Whole Person Wellness members are enrolled. "Community providers" includes organizations that offer the Community Support services that "map" to services currently included within Whole Person Wellness, such as Housing Navigation.
67.	How will the County ensure that all WPW individuals will receive the same level of care management as they transition from the WPW program to the health plans (cost for an individual is about $2,000 per month)?	DHCS has explicitly noted, the level of care management may not be the same. For example, the High Acuity Teams (HATs) that are part of the WPW Pilot will not be continued under CalAIM Enhanced Care Management.