



AGENDA

Technical Advisory Committee (TAC) Meeting

Thursday, April 29, 2021 at 2:00 PM

L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/onstage/g.php?MTID=e72597d6dd51727d1e0c55490fcf4f89f>

Meeting number: 187 234 5668

To listen to the meeting via teleconference please dial:

Dial: 1-415-655-0002

Meeting number: 187 234 5668

Event Password: **lacare**

Members of the Technical Advisory Committee, presenters, or staff may also participate in this meeting via teleconference. *The public may listen to the Technical Advisory Committee’s meeting by teleconference and videoconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.*

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates. Comments received by voicemail, email or text by 2:00 pm on April 29, 2021 will be provided in writing to the members of the committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (“ADA”) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Richard Seidman, MD, MPH
Chief Medical Officer
Chair

- | | | |
|----|--|--|
| 1. | Approve today’s meeting agenda | <i>Chair</i> |
| 2. | Public Comment | <i>Chair</i> |
| 3. | Approve January 27, 2021 Meeting Minutes P.3 | <i>Chair</i> |
| 4. | Chief Executive Officer Update | John Baackes
<i>Chief Executive Officer</i> |
| 5. | Chief Medical Officer Update | <i>Chair</i> |
| 6. | Cal AIM Update P.13 | Cynthia Carmona,
<i>Senior Director,</i> |

DRAFT

Safety Net Initiatives
Alison Klurfield,
Director,
Safety Net Programs & Partnerships,
Safety Net Initiatives
Mary Zavala,
Director,
Safety Net Programs & Partnerships,
Safety Net Initiatives

Adjournment

The next meeting is tentatively scheduled for July 2021.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

To confirm details with L.A. Care Board Services staff prior to the meeting call or text 213 628-6420.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Gov't Code Section 54954.2 (a)(3) and Section 54954.3.

Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection online at www.lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes – January 27, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Richard Seidman, MD, MPH, *Chairperson*
 John Baackes, CEO
 Elaine Batchlor, MD, MPH *
 Paul Chung, MD, MS *
 Muntu Davis, MD, MPH *
 Hector Flores, MD
 Rishi Manchanda, MD, MPH **

Santiago Munoz

Elan Shultz
 Stephanie Taylor, PhD

Management

Wendy Shiffer, *Senior Director, Strategic Planning*
 Misty De Lamare, *Director, Communications*
 Hanan Obeidi, *Senior Director, Medi-Cal, Executive Directors Administration*
 Francisco Oaxaca, *Chief Communications Officer*

* Absent ***Present (Does not count towards Quorum)

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:06 p.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<i>The committee reached a quorum at 2:13 p.m.</i> The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 6 AYES (Baackes, Flores, Munoz, Seidman, Shultz, Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	<i>(Member Rishi Manchanda, MD, joined the meeting.)</i> Member Hector Flores, MD, noted that when he was speaking about the “Los Angeles County Medical Association developing the council” it incorrectly states the “Los Angeles County Museum of Arts.”	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The November 12, 2020 meeting minutes were approved with the corrections noted above.</p>	<p>Approved Unanimously. 6 AYES (Baackes, Flores, Munoz, Seidman, Shultz, Taylor)</p>
<p>CHIEF EXECUTIVE OFFICER UPDATE John Baackes</p>	<p><i>(Member Rishi Manchanda, MD, joined the meeting.)</i></p> <p>Member John Baackes, <i>Chief Executive Officer</i>, thanked members for attending, and gave the following update to the committee.</p> <p>Member Baackes stated that the COVID-19 pandemic has had an effect on all of L.A. Care and its members. L.A. Care members are a cohort of the population most affected by the COVID-19 pandemic. They are being infected and dying at a high rate. All inequities and inequalities in society are showing up in the statistics of COVID-19. L.A. Care’s main role is to be a source of truth on the vaccine, as it was L.A. Care’s role to facilitate access to testing. The State and the County are working on plans for distributing the vaccine. He noted that Member Seidman recently chaired a town hall meeting for RCAC members. He put together a great panel that provided information and answered questions about the vaccine and how it will be distributed. Mr. Baackes stated that the vaccine is not reaching many of the people that are eligible, because they do not have transportation or access to the internet. L.A. Care reached out to its contracted pharmacies with access to the vaccine, and is developing plans to host vaccine clinics at L.A. Care’s family resource centers (FRC) and community resource centers (CRC).</p> <p>L.A. Care’s enrollment has spiked due to the unemployment rate going up and the suspension of Medi-Cal renewals. At this time, no one can be disqualified for Medi-Cal due to redetermination of eligibility. Enrollment is 2.2 million across all programs.</p> <p>Member Baackes reported that L.A. Care ended its fiscal year with a \$138 million loss. Even though there was a windfall for many health plans, it was not the case for L.A. Care. This is due to the increase in utilization of services because of COVID-19. The people that are getting infected are mainly the people in the populations that L.A. Care enrolls. The State took two actions that affected L.A. Care’s financial situation. They took back 1.5% of L.A. Care’s premium revenue for July 2019 through December 2020, which amounted to \$50 million. The State is now going to be auditing the classification of members in the coordinated care initiative. They are doing this despite the</p>	

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	<p>pandemic, and L.A. Care had to write off \$87 million. Had this not happened, L.A. Care might not have experienced a financial loss for the fiscal year. L.A. Care was able to use its reserves to cover this and did not have to cut or change members benefits or services. L.A. Care is still meeting all its obligations to its members. Its workforce has been remote throughout the entire pandemic and performance has gone up.</p> <p>Member Hector Flores, MD, stated that he is on the L.A. County Department of Public Health's (DPH) vaccine distribution planning committee and they are looking at equity and distribution. He noted that it is a logistical nightmare starting with the quantities of the vaccine. He hopes the Joseph Biden Administration's plan works. He wanted to share with the committee some of the challenges they are identifying. He heard that the multi-county health entities, health systems, pharmacies, UC systems, and community will have access to their own vaccines. The DPH is also getting their allocation. National federal partners such as CVS and Walgreens will also be getting vaccines. He noted that mass vaccination sites are still needed, but understands that many people do not have access to a car or the internet to set an appointment. He stated that small pharmacies, school and churches can also function as vaccination sites. Then mobile vaccine clinics will need to be implemented as well. He asked Mr. Baackes how L.A. Care is helping to facilitate that design. Member Baackes responded that that is what L.A. Care is trying to do with the program he just described. In the run up to Christmas L.A. Care partnered with its contracted pharmacies and other organizations to host flu clinics at its FRCs and CRCs. L.A. Care provided the manpower to help with registration and direct members and the public. This helps address the issue of people not being able to travel outside of their community to get vaccinated. People were also able to walk up to get their vaccine. L.A. Care is still in discussion due to the quantity of the vaccine.</p> <p>Member Seidman stated that in addition to what Member Baackes described, he is also on several committees that the county has set up for input on vaccine distribution strategy and planning. There is a real shortage of the COVID-19 vaccine. He appreciates input from all committee members. L.A. Care has a call with DPH to advocate for a strategy to distribute higher quantities of the vaccine to communities that are hardest hit by the disease. L.A. Care supports the prioritization of essential workers, who may also be living in the most vulnerable communities. L.A. Care is concerned about its members being the most affected by the virus and not having sufficient access</p>	

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	<p>to the vaccine. Member Seidman stated that L.A. Care is doing everything it can to address these issues.</p> <p>Member Elan Shultz stated that there are many Board members that have concerns and have been asking clarifying questions. As long as the State continues to shift its eligibility criteria and tiers the concern has grown. He has personally been concerned about the issues that Member Seidman mentioned. He believes there are ways that the County can address this. It is easier to administer, understand and communicate. He noted that a motion was brought up at the public Board meeting that asked that the DPH provide an update in two weeks. One of the things that he is looking at is how many vaccines are going to mega pods and how many are going to the county hospital system including MLK Hospital and Federally Qualified Health Care System clinics.</p> <p>Member Rishi Manchanda, <i>MD</i>, asked Member Seidman if Independent Primary Care practices receiving vaccines would be part of his conversation with DPH tomorrow. Member Seidman responded that sometimes small groups such as private doctors are left out. He noted that logistically it will take a great deal of effort. The vaccine must be properly stored. He is unaware if this will be in the near term discussion, and he is more than happy to bring this up. The near term goal is to address supply and the distribution strategy. He has heard that the State may pull in a third party to help with distribution.</p> <p>Member Shultz stated that the challenge has been storage requirements and lack of overall supply. He noted that a closer look will be given once those issues have been addressed. He has also heard that a third party may be brought in to help with the distribution. He stated that there will be more changes in the future.</p> <p>Member Stephanie Taylor, <i>PhD</i>, stated that her local Veteran Affairs had the opposite problem at first, in that they seemed to have an oversupply of vaccine, and the Veterans and healthcare workers were not using the entire initial allotment.</p> <p>Member Santiago Munoz asked Member Baackes if he sees any of the retrospective adjustments made by State happening again. Member Baackes responded that the State has used the authority that all states have over Medicaid. The State implemented it when they saw the recession coming. He noted that based on rates, L.A. Care did not get an increase for 2021. He stated that he does not see L.A. Care reducing services. In the future, the State will move into regional rating. That is the main thing that L.A. Care is concerned about after 2021.</p>	

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<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>L.A. Care held a virtual town hall meeting with its RCAC members. L.A. Care has a strong relationship with its consumer advisory members. There was a significant number of members listening to the incredible panel. Erica Uribe, MD, <i>Department of Health Services</i>, Oliver Brooks, MD, <i>Chief Medical Officer, Watts Healthcare Corporation</i>, Alex Li, MD, <i>Deputy Chief Medical Officer</i>, and James Kyle, MD, MDiv, <i>Medical Director, Quality, Diversity, Equity and Inclusion, Quality Improvement</i>, all answered questions submitted by RCAC members. L.A. Care is making an effort to tighten its belt and cut costs while maintaining member services. It is renegotiating contracts through payment integrity. Sometimes L.A. Care overpays providers and it is currently focusing on collecting those funds. Other methods that L.A. Care is trying are much more challenging.</p> <p>He noted that the County is moving past the peak of the pandemic surge, and is seeing meaningful decline in cases, deaths and hospitalizations. He stated that this is not a time to relax. He reminded everyone of the need to stay home as much as possible. All basic public health precautions are still essential. He is concerned about the relaxations in restrictions.</p> <p><u>Health Plan Activates</u></p> <p>The end of the calendar year includes efforts to close clinical care gaps and optimize Healthcare Effectiveness Data and Information Set (HEDIS) performance, to tabulate and report incentive earnings for the prior measurement year, to survey our members to meet regulatory and accreditation requirements and to identify opportunities to improve by gaining a better understanding of member experience during the past year.</p> <p>In addition to surveying its members, L.A. Care offered a patient experience training series for providers that offered eight sessions between October and December 2020. Over 500 unique attendees participated, including 138 individuals who attended more than one session. Feedback from attendees has been very positive, resulting in exceptionally high Net Promoter Scores. Additional training offerings include the final QI webinar for 2020 focused on risk adjustment for Cal-Medi Connect. The November session on Proposition 56 payments was our highest attended session to date. Webinars continue to be well received and attendance is increasing. The 2021 schedule is being developed.</p>	

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<p>COVID-19 RESPONSE: COMMUNICATIONS AND VACCINE OUTREACH EFFORTS</p> <p>Misty de Lamare Hanan Obeidi</p>	<p>Misty de Lamare, <i>Director, Communications</i>, and Hanan Obeidi, <i>Senior Director, Medi-Cal, Executive Directors Administration</i>, gave a presentation about L.A. Care’s COVID-19 communications and vaccine outreach efforts (<i>a copy of the presentations can be obtained from Board Services.</i>)</p> <p>Goal</p> <ul style="list-style-type: none"> • To build trust in the safety of the COVID-19 vaccine by dispelling common myths and sharing facts about the vaccine’s safety and availability so that community members decide to—and know how and when to—get vaccinated. <p>Strategy</p> <ul style="list-style-type: none"> • To position L.A. Care as a reliable source of truth about the COVID-19 vaccine by providing accurate, timely information, while being respectful of the histories of the communities that we are serving, so that people can make an informed decision about getting vaccinated. • Messaging and tactics will roll out in phases in alignment with the state and county public health departments approved tiers and target populations that are identified by the COVID-19 vaccination program in Los Angeles County. <p>L.A. Care developed command center working with internal and external parties to make sure message is consistent and effective and reduce redundancy and align with official messages. The structure allows to monitor accuracy on vaccine availability and priority tiers.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • “L.A. Care and public health agencies recommend that everyone who is eligible get the COVID-19 vaccine. It is the best way to protect yourself and your loved ones.” • “Los Angeles County is now administering the vaccine to those 65 and over and frontline healthcare workers.” • “Vaccine supply is limited and appointments are required. Local public health departments ask the public for patience, as more vaccine supply will be available soon.” • “You can access the vaccine appointment tool at lacare.org/vaccine or your local public health department’s website. You will have to make an appointment for the vaccination when you are eligible, including at pharmacies.” 	

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	<ul style="list-style-type: none"> • “Even after you get the vaccine, good public health measures will still be required. Please continue to wear a mask, wash your hands, and watch your distance (Three Ws). You should also continue to follow local public health orders and avoid traveling or gathering with people outside of your household to the extent possible.” • “Please keep checking our website at lacare.org/vaccine for updates on vaccine availability.” <p>When they become eligible, L.A. Care members will be able to receive the vaccine at a variety of pharmacy locations, community vaccination sites, health systems, clinics and participating doctor’s offices. There is no cost to L.A. Care members to receive the vaccine. The vaccine will likely become available for general distribution, including to those between the ages of 16 and 65, in spring 2021.</p> <p>Trusted source recommendation is key. L.A. Care will be that trusted source and will make the recommendation to have the vaccine. Asking for patience and will add concept of persistence in access to vaccine. The landing page on website will be used as reference point and source of truth for timely information about vaccine availability.</p> <p>Core tool kit</p> <ul style="list-style-type: none"> • Includes key messages. • Include options when calling in to L.A. Care. • Member Survey sent to RCAC members is completed and L.A. Care is working on analysis. High level finding that members have a high trust in Primary Care Physician and the health plan and a low degree of trust in government. L.A. Care will create messaging to transmit the right message. <p>Audience</p> <ul style="list-style-type: none"> • Comprehensive and robust communications plan to meet needs of audience. • Communications and strategies designed for diverse membership. Use targeted messages through phone tree. L.A. Care is making automated calls to care givers, seniors, chronic diseases. • Use social media platforms to recommend vaccine and to remind safety measures. • Provider messaging aligns with info sent to members • Keep providers up to date on administration of vaccine. 	

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	<p>L.A. Care is working on putting together information for providers. Employee information is disseminated in a variety of ways. There is a robust public relations effort underway.</p> <p>Member Seidman thanked Ms. de Lamare and Ms. Obeidi for their presentation. He noted that L.A. Care has done much more work in a communications strategy than other health plans. L.A. Care is uniquely situated, because of its membership demographics. He stressed the importance in getting the messaging right, inform members and encourage everyone to get vaccinated.</p> <p>Member Manchanda stated that the key messages did not seem to include FAQs. Ms. de Lamare responded that the next phase is to get FAQs on the website, currently FAQs are provided to the call center. L.A. care is keeping the key messages very high level. There are special targeted messages on vaccine safety.</p> <p>Member Taylor stated that the presentation was very thorough and comprehensive. She noted that she is a scientist and she evaluates methods. She asked if there has been any testing of the messages to see how they are received. Ms. De Lamare responded that that is part of phase two. Her team is waiting for results on the RCAC member survey and will update messages, then test it with small focus groups. She understands that L.A. Care need to test to validate messages.</p> <p>Member Taylor offered to send information to help.</p> <p>Member Seidman stated that there was a question he got on the RCAC conference this morning and has been asked that question before. A member asked if the vaccines are derived from aborted babies. Dr. Books, a panelist, commented that they need to think about what underlies the question from a member's lived experience and cultural realities and beliefs.</p> <p>Member Flores stated that it is important to probe for the origin of the question. Member Seidman responded that every effort must be made to acknowledge what is known about underlying cultural context.</p> <p>Member Manchanda agreed and noted that the more institutions can acknowledge the history and events that developed into urban myths and structural racism in health care. He suggested a public statement acknowledging this can help address the misinformation, and regularly update communication resources to address the myths.</p>	

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	<p>Member Seidman thanked the Committee for the feedback and suggestions.</p> <p>Member Flores asked Member Manchanda about educational programs and commended their provider education success. Member Manchanda referenced an alliance with community health workers (CHW), not limited to Promotoras. He noted that with education, the myths are dispelled. This is prime opportunity to create a forum and communication strategy to converse with community employing CHWs to talk about vaccine acceptance and get support and alignment with messaging.</p> <p>Member Baackes agreed that L.A. Care should be educating the CHWs and ambassadors to get the word out. He stated that it is important to align CHWs with members, culturally and racially, as they can become a trusted source. In the health homes program L.A. Care has about 30 CHWs, certified at Loma Linda University, and that can be a core group to start with. Member Manchanda noted that the new federal policies to develop CHWs as a service is not well received by existing CHWs. Member Baackes responded that the idea of a new federal service corps could be less than helpful to existing networks of CHWs, as it potentially could create redundancy and confusion.</p> <p>Member Seidman thanked the Committee for joining today's meeting and asked if they had any suggestions for next meeting's agenda.</p> <p>Member Flores stated that he would like an update on Cal AIM and the pharmacy carve out.</p> <p>Member Baackes stated that he is hoping that by April the pharmacy carve out will be postponed, as it would create too much confusion, particularly when trying to encourage members to get the vaccine.</p> <p><u>Resources shared during meeting</u></p> <p>Vaccine acceptance/Hesitancy communications https://www.forbes.com/sites/lisafitzpatrick/2021/01/22/black-people-will-accept-covid-19-vaccines-but-crave-trusted-information/?sh=302bd06f4d12 https://healthleadsusa.org/communications-center/blog/joint-statement-on-covid19-vaccine-equity/</p>	

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	<p>Guatemala Tuskegee https://www.cambridge.org/core/journals/journal-of-policy-history/article/normal-exposure-and-inoculation-syphilis-a-phs-tuskegee-doctor-in-guatemala-19461948/BEC952071E283DC07D2ED377645D102B</p> <p>National survey recommendations about language https://www.debeaumont.org/changing-the-covid-conversation/</p> <p>Kaiser Family Foundation COVID-19 Monitor https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/</p> <p>Birth control pill https://www.washingtonpost.com/news/retropolis/wp/2017/05/09/guinea-pigs-or-pioneers-how-puerto-rican-women-were-used-to-test-the-birth-control-pill/</p>	
ADJOURNMENT	The meeting was adjourned at 3:48 p.m.	

Respectfully submitted by:
Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: _____
Richard Seidman, MD, MPH, *Chairperson*

Date Signed



L.A. Care
HEALTH PLAN[®]

For All of L.A.

CalAIM Enhanced Care Management & In Lieu of Services (ECM/ILOS)

Cynthia Carmona, Sr. Director of Safety Net Initiatives
Mary Zavala, Director of Health Homes Program (ECM)
Alison Klurfeld, Director of Programs & Partnerships (ILOS)

L.A. Care Health Plan
Technical Advisory Committee
April 29, 2021

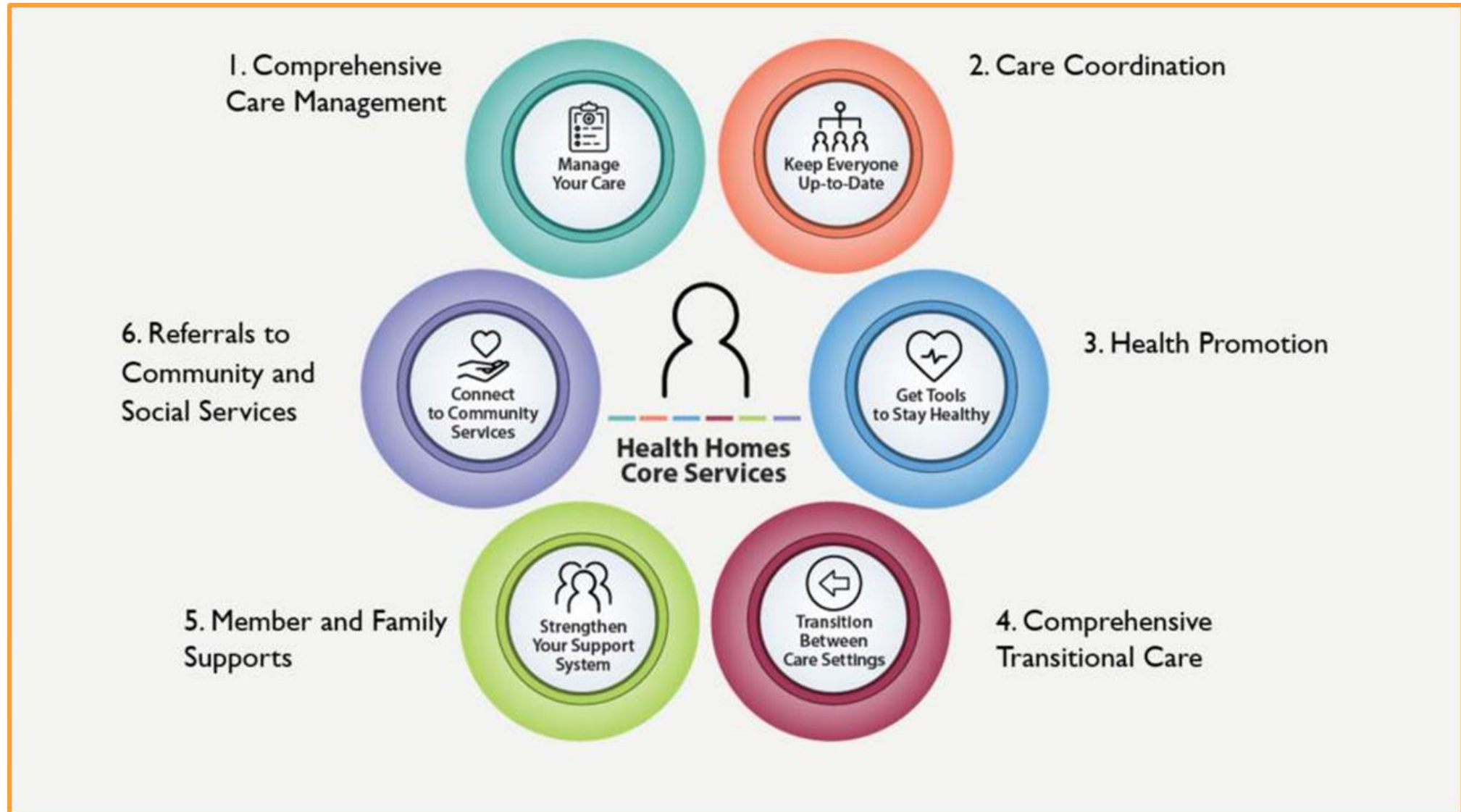
ECM & ILOS Opportunity & Challenge

- Enhanced Care Management (ECM) & In-Lieu-Of Services (LOS) will advance and expand case management & non-traditional services for our members.
 - L.A. Care is expected to lead the way in LA County, with LA DHS, other county agencies, plan partners and even our competitor Health Net, looking to us to set the tone.
- The operational lift will be heavy, timing is aggressive, and financing is uncertain.
 - 8 months to go-live, w/maintenance of existing WPC/HHP provider networks.
 - 2022 to 2026 to expand and improve model.
- Leads for ECM and ILOS are:
 - ECM: Mary Zavala, Director of Health Homes Program
 - ILOS: Alison Klurfeld, Director of Programs & Partnerships

Please reach out to Cynthia Carmona with any questions or concerns at ccarmona@lacare.org.

Health Homes Program

Designed to provide in-person, community-based care management and wraparound services to eligible Medi-Cal members with multiple chronic conditions.



WPC-LA: Overview

Mission

Build an integrated health system that delivers seamless, coordinated services to the most marginalized L.A. County residents.



Goal: Collaboration

Increase integration and collaboration among county agencies, health plans, providers, and other entities that serve high-risk, high-utilizing beneficiaries over the long term.



Whole Person Care

A 5-year (2016-2020) pilot program designed to improve access and quality of care for the Medi-Cal population



Goal: Coordination

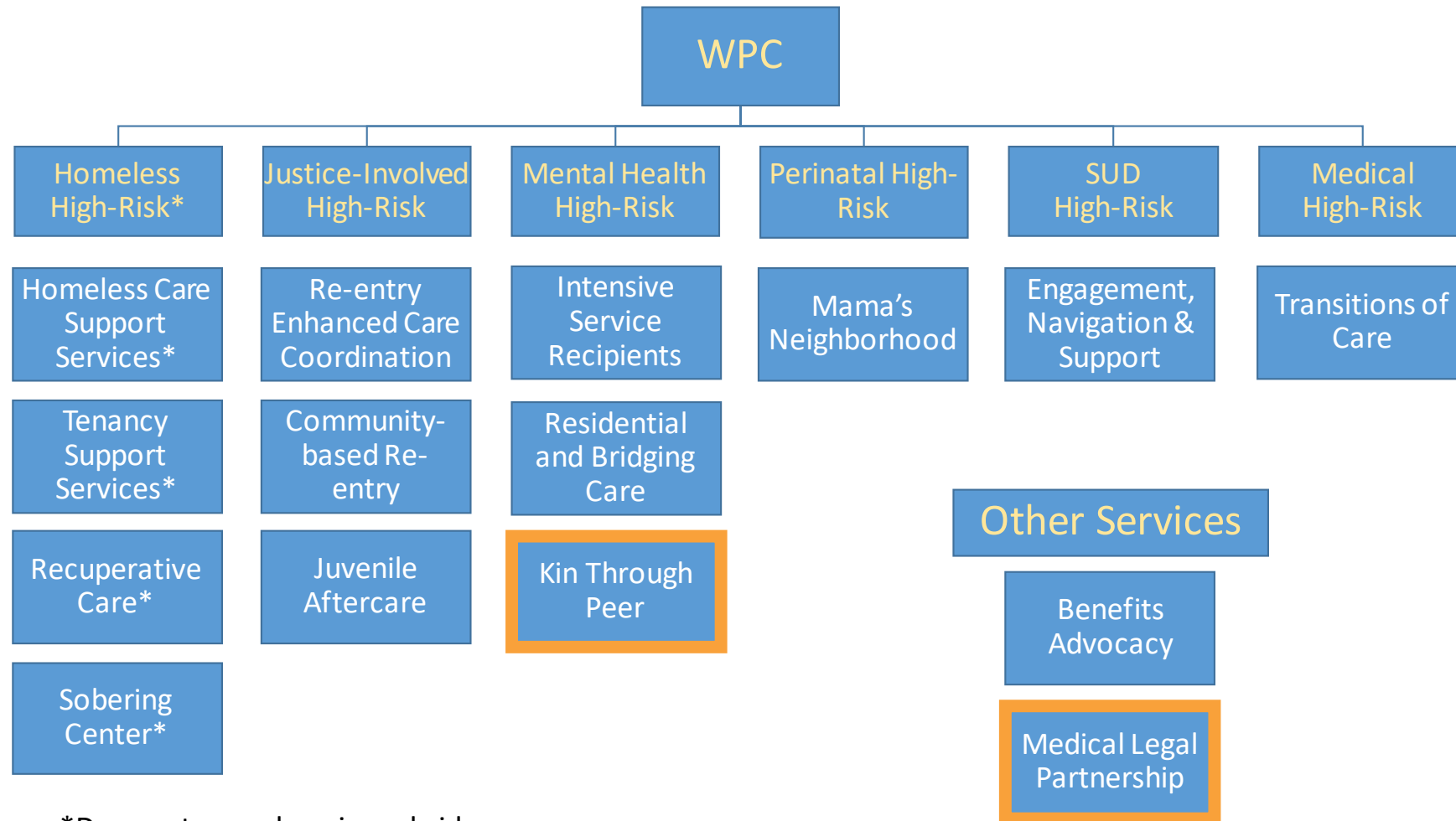
Increase coordination and appropriate access to care for the most marginalized Medi-Cal beneficiaries.

Goal: Data Integration

Improve data collection and sharing amongst local entities to support ongoing case management, monitoring, and strategic program improvements in a sustainable fashion.



Populations & Programs



*Does not cover housing subsidy

*Add-on program, requires enrollment in at least one other WPC Program

ECM and ILOS Key Details



Enhanced Care Management (ECM) would be a new statewide health plan benefit replacing Whole Person Care & Health Homes



ECM & ILOS funding to plans likely not tied to individual enrollments; expected to be incorporated into overall capitation rate



ECM is very similar to Health Homes, but will include additional populations & exclude housing navigation / tenancy support (ILOS)



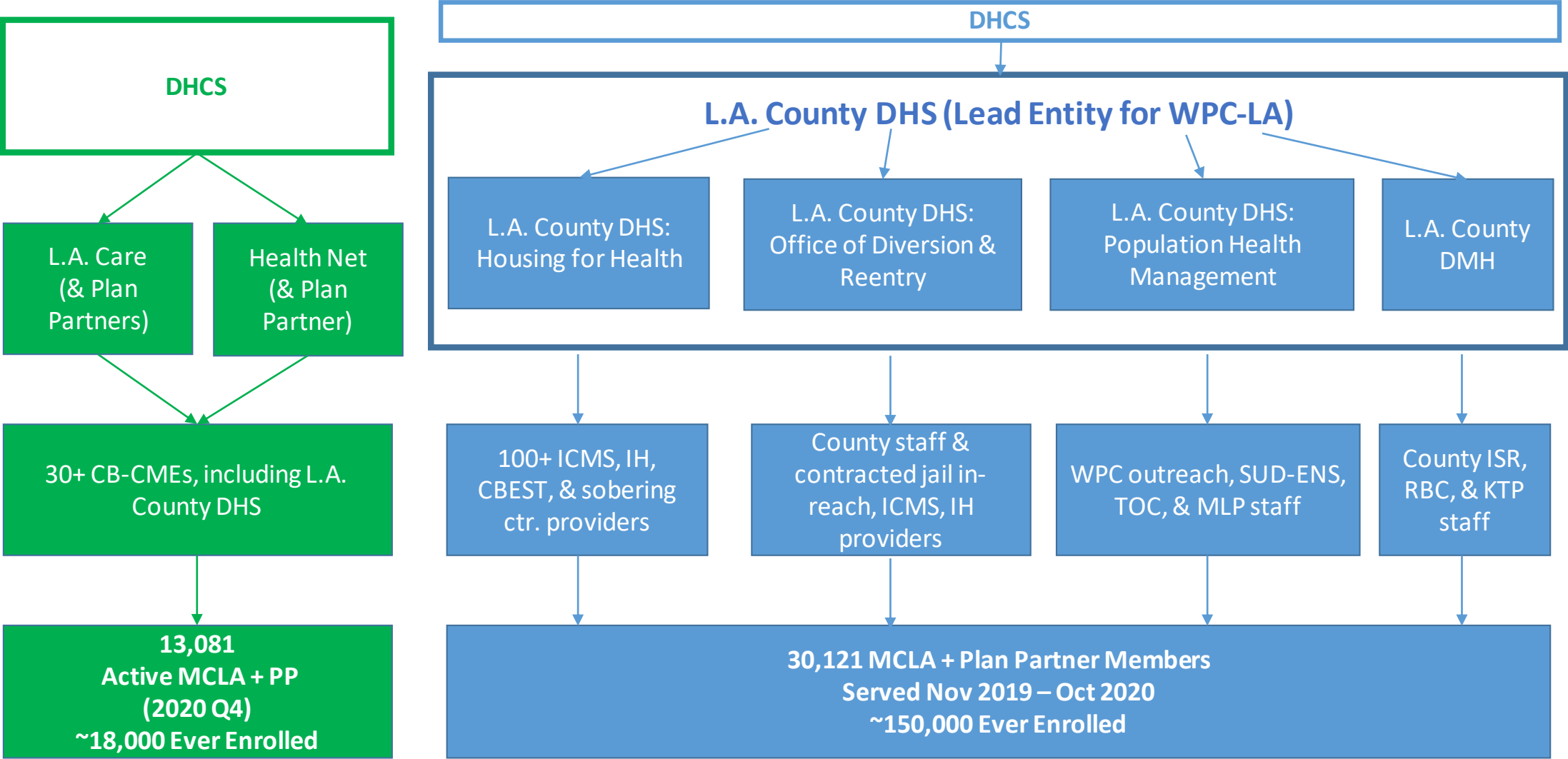
DHCS will offer a menu of potential “in lieu-of” services that are optional for plans. ILOS would be considered in the medical cost basis for future rates and may become future Medi-Cal benefits



DHCS expects plans to place services in the community, coordinate with County partners, and will mandate that plans subcontract with WPC & HHP providers and County behavioral health agencies to ensure continuity

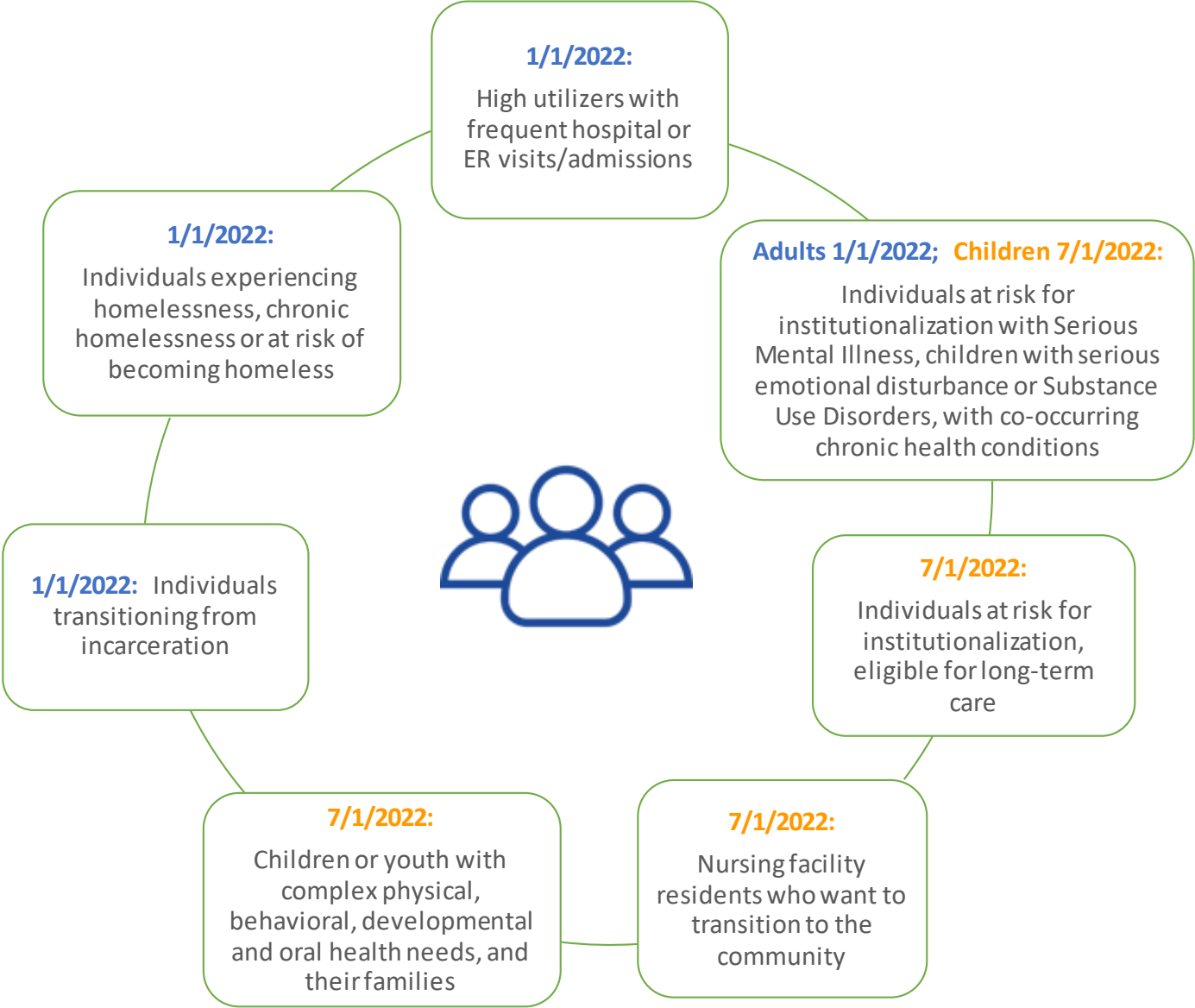
Current State: HHP and WPC-LA

ECM could mean essentially a 300% increase in scale from our current HHP program.



Health Homes: <https://www.lacare.org/healthhomes>; Whole Person Care-LA: <https://dhs.lacounty.gov/whole-person-care/>

ECM: 7 Required Target Populations



- WPC & HHP-aligned populations go-live 1/1/2022 in L.A. County
- Other populations go-live 7/1/2022.
- DHCS expects plans to enroll 1-2% of their Medi-Cal population into ECM.
- Existing enrollees starting ECM on 1/1/2022 will already constitute 2% of L.A. Care’s Medi-Cal population before enrolling newly enrolled or new target populations.

Required Services Under ECM

Comprehensive Assessment and Care Management Plan

- Engage → Assess → Develop Goals & Create Plan → Reassess

Enhanced Coordination of Care

- Organize Plan → Promote Integration → Identify & Reduce Barriers → Communicate with the Team

Comprehensive Transitional Care

- Support During TOC → Coordinate → Educate → Review Medications → Reduce Avoidable Readmissions

Health Promotion

- Identify Strengths & Resiliencies → Provide Education → Promote Self-Management

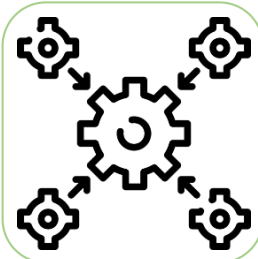
Integration with Individual and Social Supports

- Identify & Document Chosen Caregiver → Integrate Supports in Member Care → Identify Resources

Referrals to Community and Social Services

- Identify Needed Resources → Conduct “Warm Handoff” → Close the Loop

Purpose and Administration of ILOS



Medi-Cal managed care plans will integrate in lieu of services into their population health management plans – often in combination with the new enhanced care management benefit



In lieu of services would be focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care



For example, in lieu of services might be provided as a substitute for, or to avoid, hospital or nursing facility admissions, discharge delays and emergency department use

Preview: In-Lieu-Of Services Recommendations

* + L Housing Transition Navigation Services	+ L Housing Deposits (Move-In Assistance)	* + L Housing Tenancy and Sustaining Services	+ Short-term Post- Hospitalization Housing
+ L Recuperative Care (Medical Respite)	Respite (for caregivers)	Day Habilitation Programs	~ L Nursing Facility Transition / Diversion to Assisted Living Facilities
~ Nursing Facility Transition to a Home	~ Personal Care and Homemaker Services	~ Environmental Accessibility Adaptions (Home Modifications)	L Meals/Medically Tailored Meals
	+ Sobering Centers		NEW: Asthma Remediation

L.A. Care must inform DHCS of which ILOS we will choose for 1/1/2022 by 7/1/2021; ILOS outlined in yellow are being considered for initial round of recommendations

- = Current core HHP service, + = Current core WPC-LA service, ~ = Current supplemental WPC-LA service,
- L= L.A. Care Pilot Project or Grant

Preview: Draft ILOS Recommendations

January 2022

- Housing Navigation
- Tenancy Support Services
- Recuperative Care (Medical Respite)
- Medically Tailored Meals
- Sobering Centers

July 2022

- Move-In Assistance
- Short-Term Post-Hospitalization Housing
- Personal Care Assistance
- Respite (for Caregivers)
- Environmental Accessibility Adaptations

January 2023

- Asthma Remediation

TBD Based on Forthcoming DHCS Policy Guidance

- Nursing Facility Transition/Diversion to Assisted Living
- Nursing Facility Transition/Diversion to a Home

Not Recommended

- Day Habilitation

- We will be sharing this preview with several groups in the coming weeks for discussion and feedback as we work towards a final decision.

LA Care Pilot Projects and/or Grants

Plan Experience with Proposed ILOS

ILOS	L.A. Care Pilot or Grant
Housing Transition Navigation Services/ Housing Tenancy & Sustaining Services	Housing for a Healthy California (w/ LA County) \$7.3 Million for 253 Households; \$20M Brilliant Corners Grant for 325 Households
Housing Deposits (Move-in Assistance)	\$20 Million Brilliant Corners Grant for 325 Households
Meals/Medically Tailored Meals	Medically Tailored Meals Pilot (Targeting those with Congestive Heart Failure); Meals to You (Targeting Homebound); Project Angel Food Grants
Recuperative Care (Medical Respite)	Several Direct Leases & Contracts with Recuperative Care Facilities
Nursing Facility Transition/ Diversion to Assisted Living Facilities	\$20 Million Brilliant Corners Grant (~15 Placements in ARF/RCFEs through County Enriched Residential Care Program)

DHCS Timeline – High Level

Date	Milestone
January 8, 2021	DHCS released revised ECM / ILOS proposal w/Governor’s Budget
Mid-Feb 2021	DHCS released contract requirements, standard terms and conditions and MOC template. DHCS sent a supplemental data request (SDR) to plans and counties for HHP and WPC data.
End of May 2021	DHCS <i>may</i> provide additional guidance regarding target population criteria. DHCS to provide plans with draft rates.
7/1/2021	L.A. Care submits to DHCS: <ul style="list-style-type: none"> • ECM Model of Care Part 1 (Program Considerations) w/associated P&Ps • WPC & HHP Transition Plan • ILOS Selections
Summer 2021	DHCS provides ECM rates to plans
10/1/2021	L.A. Care submits to DHCS: <ul style="list-style-type: none"> • ECM Model of Care Part 2 (Network) • ILOS Networks
1/1/2022	ECM & ILOS Go-Live; members in HHP & WPC case management grandfathered into ECM
7/1/2022	New ECM Target Populations and any additional ILOS Go Live L.A. Care submits PHM Program Description to DHCS

Components of Proposed CalAIM Funding¹

Components	Estimated Annual (12 months, in millions)	
	General Fund	Total Funds ³
ECM	\$225.0	\$450.0
ILOS ²	\$57.5	\$115.0
Incentives for ECM/ILOS	\$300	\$600.0
Total	\$582.5	\$1,165.0

+ Shared Savings and Proposed 1115 Waiver Infrastructure Investment funding under development (see slides 22 and 23).

¹ Funding amounts do not include state operations funding for DHCS to implement the CalAIM proposal. The Governor's budget includes placeholder funding (not shown) of \$20M General Fund (\$40M total funds) for this purpose.

² Amount describes upward rate adjustment reflecting the loss or transition of interventions associated with the end of the WPC Pilots. The adjustment incorporates anticipated managed care costs during the rating period that are not reflected in the historical managed care base data.

³ Includes federal match.

Source: DHCS

Funding to Support Infrastructure and Capacity Building

Uncertainty remains although DHCS has identified potential sources of funding







Incentive Program
(\$600 Million Statewide)

Providing Access and
Transforming Health (PATH)
(Over \$1 Billion Statewide)
Subject to CMS approval

Shared Savings
(?)

Performance Incentive (\$600M) – Details in Summer

Goals

-  **Build appropriate and sustainable ECM and ILOS capacity**
-  **Drive MCP investment in necessary delivery system infrastructure**
-  **Incentivize MCP take-up of ILOS**
-  **Bridge current silos across physical and behavioral health delivery**
-  **Achieve improvements in quality performance**
-  **Reduce health disparities and promote health equity**

Strategic Approach

- Support capacity needs across geographic areas & target populations
- Encourage MCP engagement with providers, including FQHCs, Rural Health Centers, Indian Health Service clinics, public hospital safety net systems, local public health departments, and county behavioral health systems
- Create a simple and streamlined design approach that makes the link between plan requirements and incentive payments as straightforward as possible
- Tailor milestones based on capacity and performance needs across the three funding years
 - Early on, incentivize MCP participation in ILOS, capacity building, and quality improvements
 - As the program progresses, focus on promoting quality improvements
- Enhance, without duplicating, existing performance incentive and quality programs within the state

Providing Access and Transforming Health (PATH) (\$1B)

- DHCS is pursuing federal funding in the CalAIM 1115 waiver to support delivery system reform through an initiative known as “Providing Access and Transforming Health (PATH) Supports.”

PATH expenditure authority will be subject to CMS approval and the availability of non-federal funding. This is an ambitious ask to CMS.

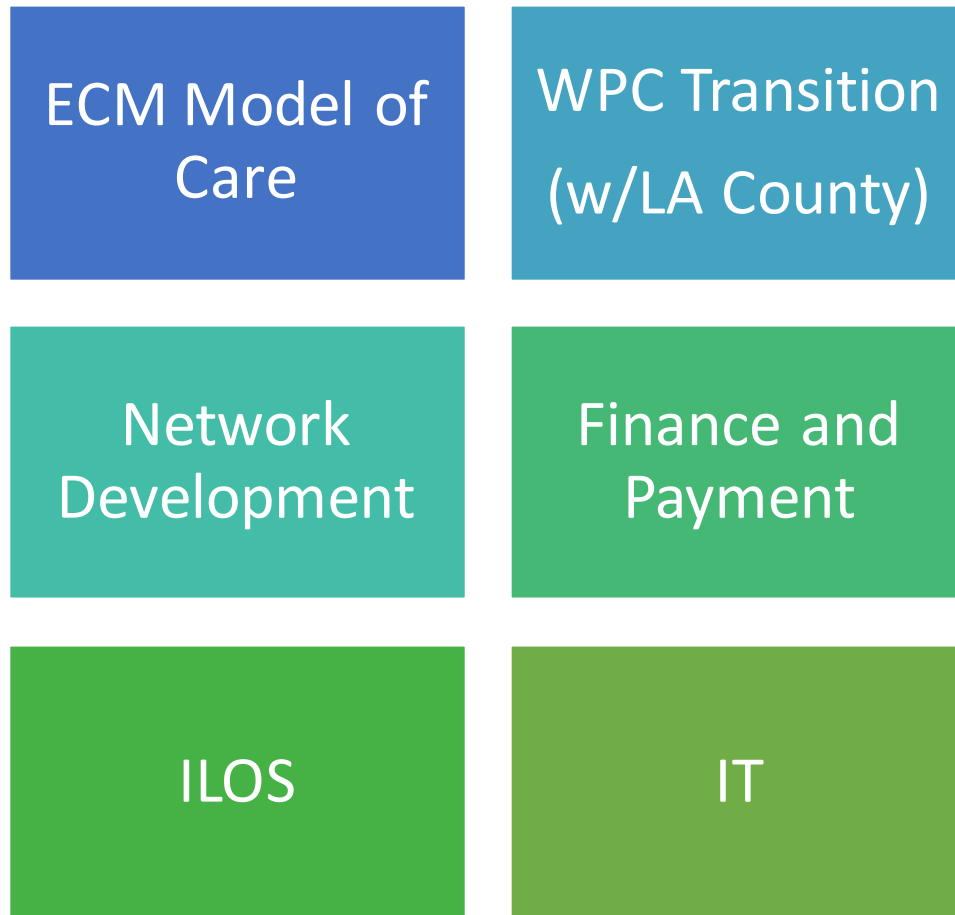
PATH will have multiple purposes including payments for supports, infrastructure, interventions and services to complement the array of care that will be authorized in the consolidated 1915(b) waiver delivery system.

A major component of PATH will be providing capacity building, infrastructure, and IT systems supports to help WPC providers and CBOs transform WPC services to community-based ECM and ILOS.

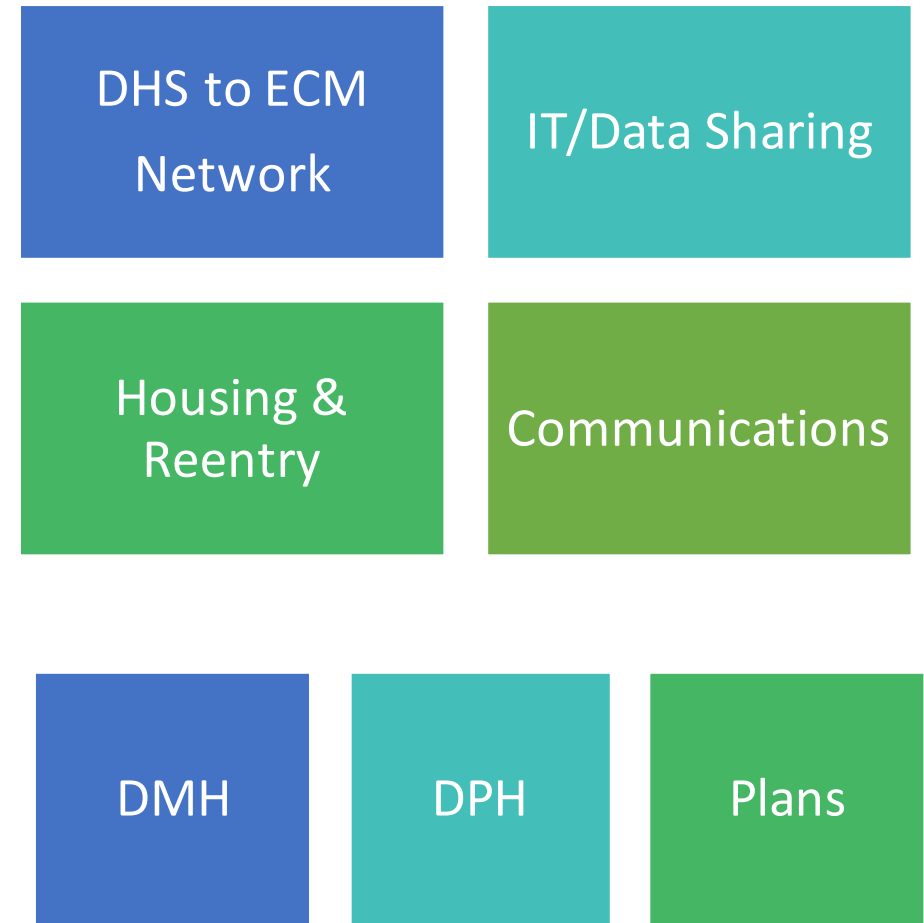
Much Work Already Underway

L.A. Care is working diligently towards implementation with a number of work streams...

Internal Plan Work Streams



Joint LA County Work Streams (with Health Net)



Questions?