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CCHP CalAIM Enhanced Care Management (ECM) and Justice Initiative (JI)

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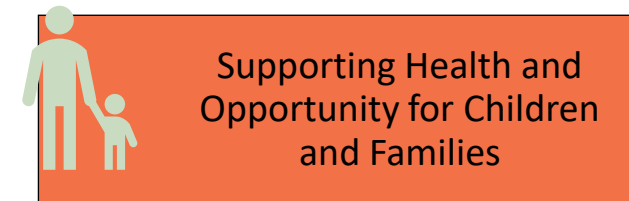
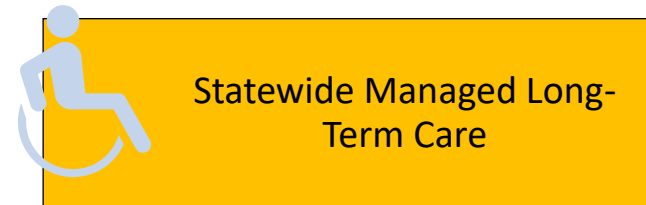
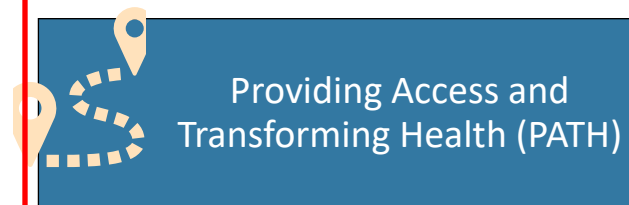
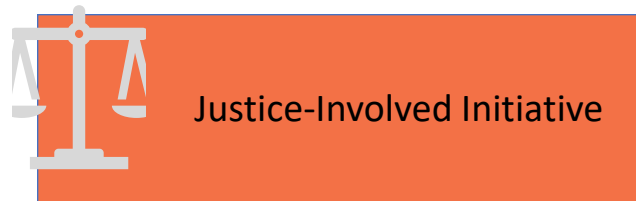
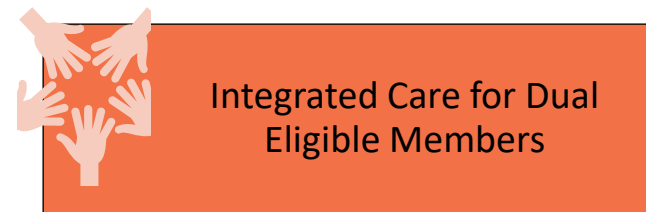
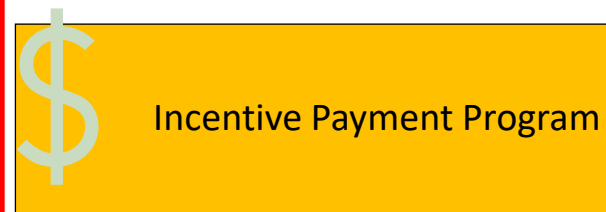
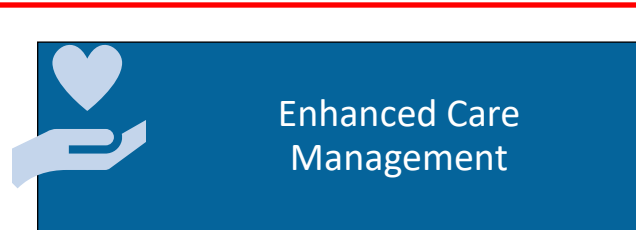
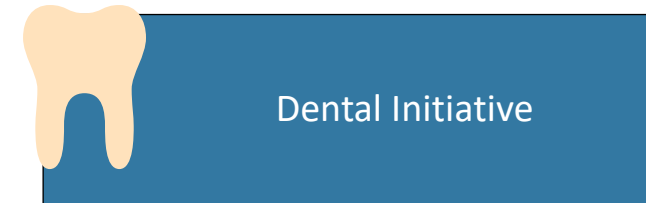
Agenda

1. What is CalAIM?
2. Levels of Care Management
3. Enhanced Care Management (ECM) Overview
4. Pre- and Post-Release Initiatives
5. Who is eligible for Pre-Release Services?
6. Re-Entry Services
7. How can a CCHP Member access services?
8. Questions

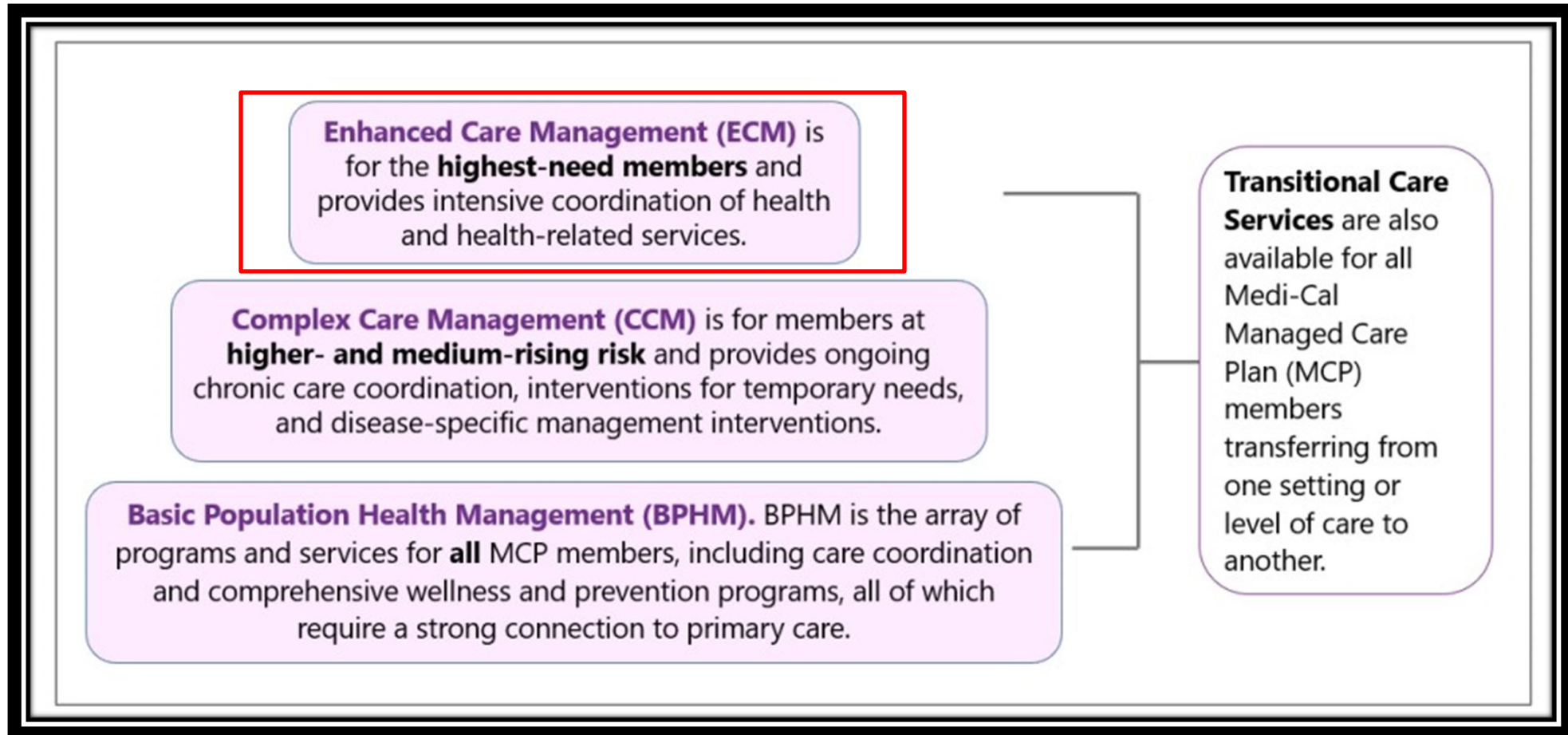
What is California Advancing and Innovating Medi-Cal (CalAIM)?

- CalAIM is a multi-year initiative and commitment led by the California Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal members and transform and strengthen Medi-Cal.
- Offering Californians, a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory through broad delivery system, program and payment reform across the Medi-Cal program.
- CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. Goals include service standardization, consistent & equitable care across the state, emphasizing outreach and a “no wrong door” approach.

CalAIM Initiatives



Levels of Care Management





Enhanced Care Management (ECM)



ECM is a statewide Medi-Cal benefit that addresses the clinical and non-clinical needs of the highest-need Medi-Cal members by building trusting relationships with members and providing intensive coordination of health and health-related services.



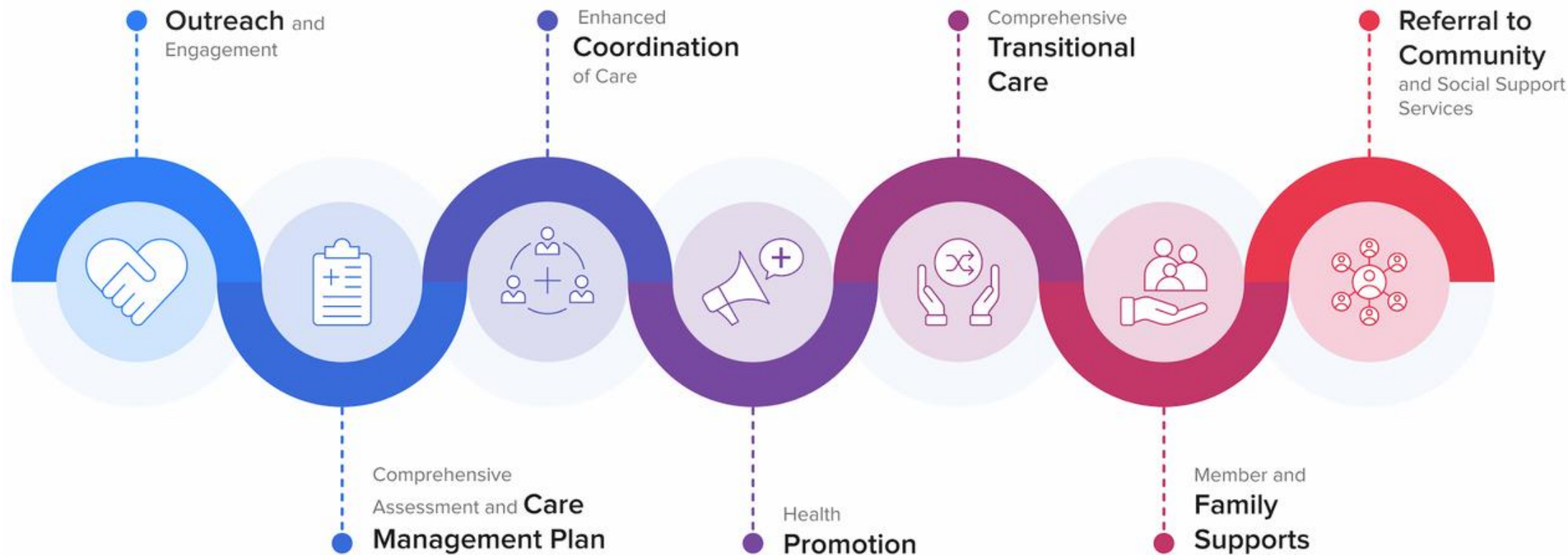
Lead care managers meet members where they are—on the street, in a shelter, in their doctor’s office, or at home—to meet their needs. They act as “air traffic controllers” ensuring both clinical and nonclinical care is coordinated.



Through ECM, members can also be connected to Community Supports (CS) services to help address their health-related social needs, such as access to healthy foods or safe housing to help with recovery from an illness. Enhanced Care Management is available to specific groups (called “Populations of Focus”).



ECM 7 Core Services





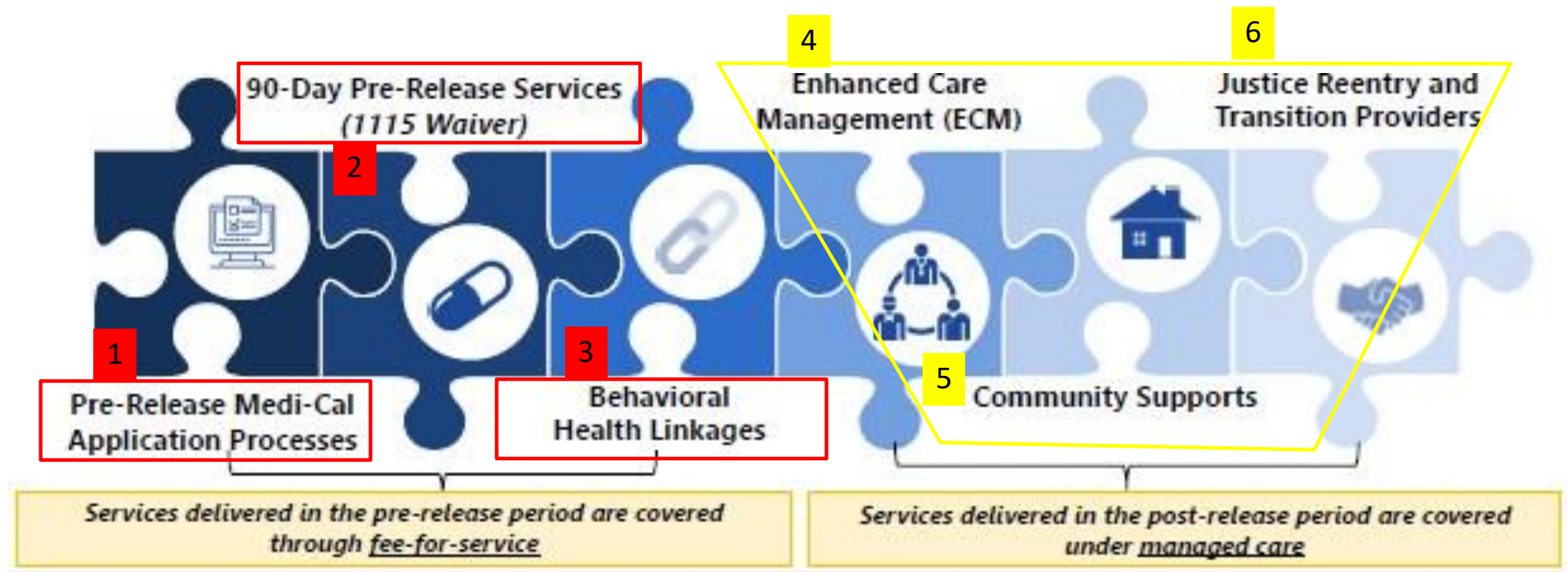
Populations of Focus (POF)

To be eligible for ECM, Members must be enrolled in a Medi-Cal Managed Care Plan⁶ and meet at least one of the ECM Populations of Focus definitions described below:

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: <i>Adults without Dependent Children/Youth Living with Them Experiencing Homelessness</i>	✓	
1b	Individuals Experiencing Homelessness: <i>Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness</i>	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

⁶ Medi-Cal recipients with a Share of Cost, excluding long-term care share of cost, are excluded from managed care and are thus not eligible for ECM.

Six Unique Initiatives encompassing both Pre- and Post-Release



Who will be eligible for Pre-Release Services?

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback (See Appendix).

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria (Adults)
 - Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic Condition/Significant Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

Correctional facilities and community-based care managers will play a key role in re-entry planning and coordination, including notifying implementation partners* of release date, if known, supporting pre-release warm handoffs, facilitating behavioral health linkages, and dispensing medications and/or DME upon reentry.

Enhanced Care Management (ECM)

Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.

Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to:

- » **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health, and SUD).
- » **Share information with the individual's health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).

Warm Handoff Requirement

Prior to release, the pre-release care manager must do the following:

- » **Share transitional care plan** with the post-release care manager and MCP.
- » **Schedule and conduct a pre-release care management meeting** (in-person or virtual) with the member and pre- and post-release care managers (if different) to:
 - » Establish a trusted relationship.
 - » Develop and review care plan with member.
 - » Identify outstanding service needs.

*Implementation partners include social services departments, post-release care manager (if different from pre-release care manager, MCPs, and county behavioral health agencies)

How can a member access CalAIM services?

Three different ways members can be referred:

1. Members and Family/Friends can self-refer by calling Member Services at 1-877-661-6230 (TTY 711) Monday through Friday, 8 a.m. to 5 p.m., and requesting a CalAIM Assessment.
2. Providers on the member's care team can enter a referral into CClick. *All CalAIM referrals have the prefix "CalAIM" to make them easy to locate.
3. Providers who do not have ccLink Provider Portal access can fill out our [Adult ECM](#) or [Child/Youth ECM](#) referral and email it to CCHPCalAIMReferrals@cchealth.org

Questions?

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If you have any additional questions, please email cchpcalaim@cchealth.org.

You can also visit [CCHP CalAIM \(Provider Page\)](#) or [CCHP CalAIM \(Member Page\)](#) for more information.