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Clinical Operations Report

Presented by:

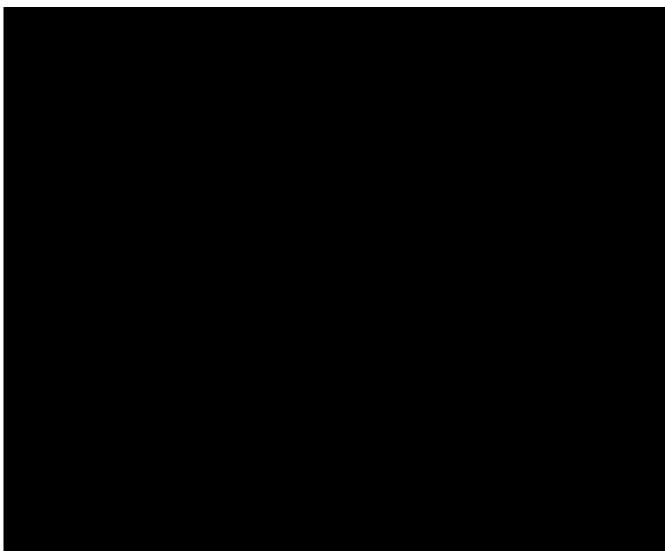**Sara Levin, MD**

Senior Medical Officer

- Overview of department functions

- Focus on quality, safety, and regulatory compliance

- Successes, Challenges and Future Priorities

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- DHCS audit readiness

- NCQA accreditation activities

- D-SNP (CarePlus) implementation readiness

CalAIM:
- 9-part ECM training series launched
- Conducting ongoing Monthly Complex Case Rounds with ECM providers
- Conducting ongoing audits with ECM providers and completing CAP findings

Behavioral Health:
- Completed 2024 DHCS Corrective Action Plan
- 1,333 coordinated care cases

UM:
- Launched CPT Search & Service Level Authorization Tools

Case Management:
- New EPIC-integrated Care Management platform deployed

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LTC Workgroup:
- Provider-facing information and tools for authorizations; notifications; claims
- Member-facing materials for understanding benefit
- Building infrastructure for oversight and monitoring for quality; financial risk/mitigation
- Building infrastructure to transition eligible members to community-based care for 24/7 LTC members

ED Utilization Workgroup:
- Reduce avoidable ED visits
- Analyze high-utilization trends
- Identify interventions for high likelihood of ROI

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- Shortages in ANU, CM, CalAIM, and UM

- Impacts on response times, care timelines, and compliance

- Active recruitment efforts in collaboration with Personnel

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Structural Transitions:
- UM workflow reorganization
- ANU shift standardization

Engagement:
- Staff & labor partner engagement ongoing
- Focus on quality, consistency, and efficiency

Future Priorities – Audit Readiness

- Finalizing Corrective Action Plan

- Policy/procedure updates

- Expanded internal auditing

- Mock audit execution

- Leveraging Optum & HMA Consultants with D-SNP expertise

- Implementation planning of MOC for Clinical Ops Departments

- Reporting and compliance framework build-out

- Continued development of our IT Collaboration

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- Continued support for structural reorganization

- Professional development initiatives

- Leadership pipeline development

- Recruitment for Vacant Positions

- Development of Classifications appropriate to MCPs SOW

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- Tool and workflow investments:
  - WellSky for LTC
  - InterQual expansion for IRR

- Goal: Maximize clinical team capacity

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- Progress and resilience across departments

- Regulatory readiness and data-driven transformation

- Commitment to member-centered care and operational excellence

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Public Comments

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Background:

- Under CalAIM, all Medi-Cal Managed Care Plans (MCPs) began covering LTC in 2023

- Transition occurred in phases by benefit type [Custodial (SNFs); Subacute(SNFs); Intermediate Care Facilities (ICF-DDs)]

Goals of LTC Carve-In:

- Coordinate and integrate care across settings

- Standardize coverage across California

- Expand care management and offer Enhanced Care Management & Community Supports

- Transition eligible from institutional settings to community settings

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Before January 2023:
- LTC benefits were carved out of Medi-Cal managed care

From January 2023:
- LTC benefits carved into CCHP and other MCPs

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- Designed for financially limited individuals needing support with daily living and 24/7 supervision

- Commonly used by aging adults and those with chronic conditions like Alzheimer's

- Services provided in SNFs for the most complex and those without adequate housing or support in home

- Waiver programs (MSSP; ALW; HCBA; CCT) expand benefit possibilities to maintain services in private homes

- Community Supports expand benefit possibilities to transition to Assisted Living Facilities (ALFs/RCFEs/ARFs)

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In Custodial/SNF Settings:

- CCHP now responsible for the LTC benefit for members

- Most LTC facilities operate outside traditional public funding

- Many LTC facilities are for-profit organizations

- Some residents could receive appropriate care in residential settings without 24/7 skilled nursing

- Prolonged institutional care for residential-level needs results in higher costs

In ICF/DD and Subacute Settings:

- **Effective January 2024 –** Carve-in extended to ICF/DD and Subacute LTC settings

- **ICF/DD Settings:**
  - Provide stable LTC for young adults with severe developmental disabilities

- **Subacute Settings:**
  - Subacute LTC beds are scarce

- **Bed shortages result in:**
  - Extended hospital stays
  - Use of CLHFs (Congregate Living Health Facilities) as alternatives

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- Approximately 2000 CCHP members living in skilled nursing facilities (SNFs) with LTC Benefit

- 56 Contracted SNFs

- SNFs incentivized to keep lowest acuity members in LTC (Custodial Beds)

- Utilization Management process has uncovered many members who are not in need of 24/7 institutional care

- Diversion efforts underway to maintain LTC in community with Long-Term Support Services (LTSS); Community Supports and 1915(c) Waiver Programs

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- Benefit for Medi-Cal members only

- Only applicable to certain facility types (SNFs; Sub-Acute; Intermediate Care Facilites for Developmentally Disabled ICF/DD)

- Lack of "benefit" structure for community placements (e.g. Residential Care Facilities for Elderly/Congregate Living Health Facilities)

- Limited Assisted Living Waiver (ALW) placements

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Community Supports – Transformation 2023 through 2025

- Nursing Facility Transition and Diversion

- Caregiver Support

- Personal Care-giving and Homemaker support

- Home Modifications

- Housing trio

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