# CalAIM: What it is + Why it Matters to Housing Advocates

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# Why Does this Presentation Matter?

- **People facing housing insecurity** disproportionately include people with disabilities with **multiple marginalized identities** and people who **need or rely on** *Long-Term Services and Supports* (LTSS) including **Home and Community Based Services** (HCBS)
- **People who are unhoused** disproportionately include people with disabilities with **multiply marginalized identities** and people who **need or rely on** *LTSS*
- **People with disabilities transitioning from institutional settings** require **enhanced coordination of care and** *LTSS* to prevent physical health and behavioral health complications, including the risk of post-release homelessness

# What is Housing Insecurity?

- Majority of income goes towards rent
- Inadequate Housing conditions
- Living in Neighborhoods susceptible to natural disasters

This puts **household with members needing long term services and supports at greater risk** of losing their home altogether.

https://heller.brandeis.edu/community-living-policy/images/pdfpublications/2020aprilhousingbrief.pdf

# What are LTSS / HCBS?

- Broad range of **Health** and **Social services**
- **Diverse group of users** – people with disabilities of all kinds, including **people experiencing homelessness**
- **Institutional** vs. **Home** and **Community Based** Services
- Impact of **“Institutional Bias”**
- Home Care Provider **Inequities**

# California's Major HCBS Programs

- Medicaid/Medi-Cal is **largest public payor**
- State Plan Benefits
  - **In-Home Supportive Services**
  - *No waitlists*
- HCBS "waivers"
  - **CalAIM/Whole Person Care**
  - **California Community Transitions (CCT) /Money Follows the Person (MFP)**
  - *Waitlists*

# CalAIM Overview

- The **Centers for Medicare & Medicaid Services** (CMS) approved the **California Department of Health Care Services**' (DHCS') request for:
    - **Five-year extension** of its Medicaid **section 1115 waiver;** and
    - **Five-year extension** of its Medicaid **1915(b) waiver.**
- These Medicaid waivers are integral to **"California Advancing and Innovating Medi-Cal"** (CalAIM) launched in **January 2022**

# Enhanced Care Management Benefit (ECM)

- **Care coordination** as a new **managed care benefit.**
- Whole-person approach to **comprehensive care management** that addresses **clinical and non- clinical needs**
- **ECM benefits** are **administered** by **Managed Care Plans (MCPs) –**
  - **Identify members** in each of the **ECM target populations**;
  - **Assign them to "ECM providers"** responsible for **coordinating and managing care** across **physical, behavioral, and social service providers.**

# ECM Core Services

- Outreach & Engagement
- Comprehensive Assessment and Care Management Plan
- Coordination of and Referral to Community and Social Support Services
- Enhanced Coordination of Care
- Member and Family Supports
- Health Promotion
- Comprehensive Transitional Care

# CalAIM Populations of Focus

- **January 1, 2022**, in **HHP/WPC** counties, ECM in:
  - Individuals and Families Experiencing Homelessness;
  - High Utilizer Adults; and
  - Adults with SMI/SUD.
  - July 1, 2022 - **Counties with Neither HHP nor WPC Pilots**

- **January 1, 2023**, ECM in **ALL counties for**:
  - Individuals Transitioning from Incarceration (adults and children/youth);
  - Members Eligible for LTC and at Risk of Institutionalization; and
  - Nursing Home Residents Transitioning to the Community.

- **July 1, 2023**, ECM in **ALL counties for Children and Youth pops.**

# ECM Providers

- **Managed care plans** will contract with **community-based entities** (e.g., county agencies, Federally Qualified Health Centers, Primary Care Providers, Behavioral Health Entities) to provide **care management services.**
- **Primary responsible entity** for **coordinating care** across **multiple** medical, behavioral, and social service **systems**.
- **Must designate** a **Lead Care Manager** for each **Member receiving ECM.**

# Community Supports aka In Lieu of Services (ILOS)

- **Community Supports** are medically appropriate and cost-effective **alternatives to services/settings covered under the State Plan.**
- DHCS has selected **14 pre-approved Community Supports.**
- Community Supports are **optional** for **health plans to provide** and for **Medi-Cal managed care Members to receive.**
- **Each Community Support** has its own **Eligibility Criteria**.

# Housing-related Community Supports

**Plans can** (optional) provide the following **housing-related community supports:**

- **Housing transition navigation services** (e.g., assistance applying for and finding housing, signing a lease, securing resources for setup, utilities, moving in, reasonable accommodations (RAs));
- **Housing tenancy and sustaining services** (e.g., early intervention around behaviors that might jeopardize housing, dispute resolution with landlords and neighbors, RAs, recertification support); and
- **Housing deposits.**

# Pre-Approved Community Supports

- **Recuperative Care** (Medical Respite)
- **Day Habilitation Programs** *(e.g., training on independent living skills like cooking, cleaning, and shopping)*
- **Nursing Facility Transition and Diversion to Assisted Living Facilities -** *such as residential care facilities for the elderly and adult residential facilities*
- **Community Transition Services** – nursing facility transition to a home
- **Personal Care and Homemaker Services**
- **Environmental Accessibility Adaptions** *i.e., home modifications*
- **Respite Services** (for caregivers)
- **Medically Tailored Meals or Medically-Supportive Food**
- **Sobering Centers**
- **Asthma Remediation**
- **Short-Term Post-Hospitalization Housing**
- **Housing Transition Navigation Services**
- **Housing Tenancy and Sustaining Services**
- **Housing Deposits**

# Community Supports Provider

Providers must have **demonstrated experience with providing housing-related services and supports**, for example:

- Providers of **services for individuals experiencing homelessness**;
- **Mental health or substance use disorder treatment** providers, including **county behavioral health** agencies;
- **Social services** agencies;
- **Vocational services** agencies;
- **Affordable housing** providers;
- **Supportive housing** providers; and
- **Federally qualified health centers** and **rural health clinics**.

# CalAIM Eligibility

- **ECM and Community Supports** will only be available to **Medicaid beneficiaries enrolled** in **managed care plans.**
- **ECM & CS** each have their own **eligibility criteria (**e.g., ECM's populations of focus).
- Health plans are **required to automatically authorize** all **Health Homes Program (HHP) Members** and all **Whole Person Care (WPC) Members currently receiving care coordination** for ECM.
- MCPs are **strongly encouraged** to offer ILOS in all counties beginning on **January 1, 2022.**

# ECM & Community Support Eligibility

- 85% of Medi-Cal beneficiaries are in managed care plans. This is the population that is eligible for ECM or CS. **The two services are distinct.**
- ECM is intended for the **highest risk, highest-cost plan members with the most complex medical and social needs**. Eligibility is limited to members who fall within at least one of the **Populations of Focus** (e.g., **individuals and adults experiencing homelessness, people at risk of institutionalization, and youth involved in child welfare**).
- CS service definitions set **specific eligibility criteria for each category of Community Support** (see **DHCS Community Supports Policy Guide** for details).

# Examples ...

# CalAIM Housing Example

***”JA”, 55, slept in her car briefly before moving into a temporary shelter in an Oakland motel. As a Medi-Cal patient, JA was eligible for CalAIM. Case workers called her regularly to walk through the steps to get into housing — from cleaning up her credit to attending housing fairs to filling out rental applications.***

***When she found a one-bedroom apartment in Hayward, the program paid her first and last month’s rent, and helped her secure a federal emergency housing voucher that reduced her rent to $960 a month.***

# CalAIM Housing Example

*Frank has struggled with addiction while experiencing homelessness in San Francisco for the past four years. Frank visited the emergency department frequently.*

*In 2020, Frank contracted COVID-19 and continues to experience long-term symptoms. CalAIM's Enhanced Care Management connects Frank with a care manager. They can meet at a nearby food bank to make plans for him to see his mental health provider to get his medication adjusted.*

*The case manager can also connect Frank to a local Community Supports provider who will help him secure safe, supportive housing.*

# Institutionalization Prevention Example

**Maria, a 75-year-old Medi-Cal MCP Member, lives at home but is at imminent risk for nursing facility placement. She may be eligible for In-Home Supportive Services (IHSS), but the approval process could take several months.**

**Maria's MCP diverts institutionalization through Community Supports, providing meals, personal care, and making her home more accessible with ramps and grab bars.**

# Some Helpful Resources

**DHCS CalAIM Page**, https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx

**DHCS, CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives,** https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

**DHCS, CalAIM, Enhanced Care Management Policy Guide,** https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-September-2021.pdf

**DHCS, Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide,** https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

# Thank YOU + Questions!!!

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