

### **Am I understanding correctly? IOPCM will evolve into ECM?**

ECM is not IOPCM. ECM is a new benefit with extensive requirements. However, PHC believes that IOPCM providers would be great ECM providers. We will be scheduling a meeting with our current contracted IOPCM sites to discuss transitioning those members in greater detail. We hope to schedule it within the next two weeks!

### **Is Collective Medical information provided in real time for various partners?**

Yes, as soon as a member shows up in the ER, it uploads that information to Collective Medical. An example of how we are using it in the Care Coordination department is with our Complex Case members. They are flagged in CMT and they get an alert if one of those members shows up in the ER. This allows them to start any discharge planning ahead of time.

### **How does Collective Medical interface with HMIS and coordinated entry?**

PHC selected Collective Medical because of its ability to integrate with all of the other systems the different providers use. We hope HMIS data will be able to feed into CMT.

### **This sound very similar to MSSP; is it being replaced?**

The Multipurpose Senior Services Program (MSSP) Waiver provide Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. ECM is not replacing MSSP. These are two separate programs.

### **Is there going to be a care plan given out to use? Will the documentation be different?**

PHC will not at this time require a document template for providers to use. We recognize that a lot of providers have different EHR platforms.

### **What is the timeline for counties starting in July 2022?**

PHC will be serving in the same three populations of focus for Phase 2 counties and Phase 1 counties starting July 2022. PHC will be engaging with Providers in Phase 2 counties after we develop a provider network and rates for Phase 1 counties.

### **Have the CMT contracts already been emailed to our organizations?**

Contracts will be sent once there has been a signal of intent to contract as a provider for ECM. There will be language in our ECM/ILOS contracts that pertain to the Data Sharing requirements.

# Questions & Answers:

## PHC Presents: CalAIM ECM & ILOS August 26, 2021

### **Does Collective Medical allow the ECM Lead Care Manager to refer for ILOS? –**

We will be testing CMTs capabilities in our pilot. We will make sure that the system will work appropriately.

### **For Drug Medi-Cal/SUD providers, will Collective Medical be able to manage 42 CFR requirements?**

In CMT, you can turn tabs on and off. If it's turned off for a certain provider, no one else will be able to see that information. If it is turned on, then that information can be shared.

### **Can PHC help provide guidance to show how Collective Medical will interact or not with HIEs, HMIS, and other data platforms that may be currently used to manage these populations?**

We will do our best to provide technical assistance. We understand that there are other platforms that others are using and will try to identify systems most prevalent in our service area. If you would like to suggest a system to integrate, please send an email to [CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org). Please email PHC if you are interested in a CT demonstration

### **Phase 1 counties have had the benefit of participating in Whole Person Care pilots for a number of years which has provided some preparation for ECM and ILOS services provided through Cal AIM. Will there be training available for Phase 2 counties to help them prepare for CalAIM?**

DHCS has allocated significant incentive dollars and a subset of those dollars will be allocated to Partnership to invest across the counties for CalAIM infrastructures. Investments could include data sharing, workforce capacity, network capacity, quality metrics and reporting. That funding has not been allocated yet, and Partnership is expecting to receive more guidance this fall. We will pass along additional information to our stakeholders as soon as we determine where to allocate the funds. The state has made a commitment to fund counties that did not have Whole Person Care programs.

### **Patients who need these services often need their care addressed when they are present. Will the TAR process delay or allow for missed opportunities while waiting for approval? If Collective Medical is sending providers the eligible patients, why would providers need to submit a TAR? What is the timing and process for TAR's for existing WPC clients to enroll in ECM and ILOS as of January 1, 2022?**

For the ECM benefit there is “no wrong door,” meaning that an ECM provider may identify a member, the health plan may identify and refer, or the patient may self-refer. We recognize those pathways in our TAR process. We encourage our ECM providers to perform outreach and engagement, and once the member agrees to participate in ECM, a TAR will be submitted with the start date going back to the date the outreach and engagement activity began. We will be testing this in our Pilot to ensure this is operating appropriately.

# Questions & Answers:

## PHC Presents: CalAIM ECM & ILOS August 26, 2021

**People experiencing homelessness are often challenging to engage/enroll in ECM/ILOS-like programs. How is the ECM/ILOS provider compensated for the hours of engagement it takes to get an eligible member enrolled? Presumably, the TAR will retro to the first of the month, but that will most likely not cover all the engagement necessary to outreach and engage the focus populations**

Please refer to the previous question. Understanding engagement of these populations can be challenging. PHC and DHCS are also considering a one-time engagement payment.

**If a homeless service agency operates a Recuperative Care facility, can an FQHC provide the Recuperative Care ILOS services to people in those beds or must they be the site operator to be eligible to provide that ILOS service?**

PHC would need to discuss this with the potential ILOS provider and better understand the services for members in the facility.

**Regarding duplicative support from federally funded programs, could this potentially be a problem with federal funding received to communities that are administered by the county/continuum of care councils? Some examples of duplication would be great.**

The state has been clear that they cannot duplicate services for our members. They want ECM and ILOS to support services for members. The state is currently cross walking what federally funded programs versus ECM and ILOS services act in adjacent to and not duplicate. We know that written within CalAIM that ECM cannot duplicate the services being provided under targeted case management. There may be a community that offers family partnerships that deal with community-based care for that member. If that member is homeless, they are eligible for ILOS services that could supplant a Medi-Cal benefit. It's reflected in our ECM policy that the ECM manager is the lead care manager for all care management activities for that person.

**When will ECM services for individuals under 18 (children and youth) begin?**

Per the guidance of DHCS, this population is set to begin July 2023. Prior to that, they will not be eligible. Those children or adults experiencing homelessness that meet the definition of DHCS are the only ones eligible to transition into ECM prior to July 2023.

**How will providers know about eligibility criteria for the purposes of TARs? The codes to use for ILOS TAR was shared, but what about ECM TAR codes?**

We are working on codes with DHCS. They released a draft and we are working to make sure those are the true codes before releasing them. We will have separate ECM provider trainings for those who will be contracting with PHC. We want to support and be ready to assist as much as possible

# Questions & Answers:

## PHC Presents: CalAIM ECM & ILOS August 26, 2021

**Can the ECM case manager also be the same person who provides the ILOS service?**

Yes.

**Does someone have to be enrolled in ECM to receive ILOS?**

No, they do not have to be tied together. They do have to meet the criteria. This criteria is available on the DHCS link provided in the PowerPoint slides.

**If we are using HUD eligibility for homelessness, are we also unable to serve individuals ineligible for HUD, i.e. registered sex offender?**

PHC is waiting for final eligibility criteria from DHCS in their soon to be published ECM/ILOS program guide. More information on current ECM criteria language can be found on the DHCS ECM home page.

**If the nurse finds there are other needs outside of the case management they can refer them to an ECM provider to coordinate any care that is separate from the TCM.**

Yes. So long as the case management services and activities provided by TCM are separate and non-duplicative of the efforts by the ECM provider.

**Will you have a certification tool for ECM and ILOS providers?**

If there is not a state-level enrollment pathway that exists for the ECM or ILOS provider to enroll in Medi-Cal, PHC will develop a process for vetting qualifications and experience of ECM and ILOS providers to ensure it can meet the capabilities and standards required to be an ECM and/or ILOS provider.

**When will you begin contracting with ILOS providers? Do we let you know that we want to contract, or are we waiting for you to reach out?**

A: If you are interested in becoming an ECM or ILOS provider, please email us at [CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org) and request a readiness assessment. Our contract templates are pending DHCS review. Once reviewed and approved we can engage in the contracting process with all willing providers who meet the requirements.

**How have you reached out to homeless service providers and recuperative programs?**

PHC is engaging with all interested providers in the community. If you are interested in becoming an ECM and ILOS provider and we have not reached out, please email us at [CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org).