

Steering Committee Meeting Agenda

Date & Time: June 10, 2021, 1:00-2:30pm
Phone/Web: Dial-in: +1 669 900 9128 US
Meeting ID: 507 047 9045
<https://zoom.us/j/5070479045?pwd=VEISRkp0anp5WFNRVENhOVVSa0o0Zz09>

Committee Members in Attendance

- Andrea Uvias, Access Dental
- Destiny Rockwood, Access Dental
- Eric Schwimmer, Anthem Blue Cross
- Beau Hennemann, Anthem Blue Cross
- Ane Watts, Anthem Blue Cross
- Emely Arienza, Anthem Blue Cross
- Phoua Moua, Dignity Health
- HazaiahWilliams, Elica Health Centers
- Aide Long, Elica Health Centers
- Najim Hamidi, Elica Health Centers
- Jerry Bliatout, Health And Life Organization
- Erin Johansen, Hope Cooperative
- Ari Gomez, LIBERTY Dental
- Samantha Earnshaw, Lutheran Social Services
- Blanca Martinez, Molina Healthcare
- Paul Hyppolite, Molina Healthcare
- Jillian Marks, One Community Health
- Kristi Abbott, One Community Health
- Jazmin Orozco, One Community Health
- Flora Asuncion, One Community Health
- Dr. Keith Andrews, River City Medical Group
- Kelly Bennett, Sacramento Covered
- Joil Xiong, Sacramento Covered
- Kyle Stefano, Sacramento Covered
- Michele Watts, Sacramento Steps Forward
- Alicia Gonzales, Sacramento Native American Health Center
- John Foley, Sacramento Self Help Housing
- Tahirih Kraft, Sacramento Self Help Housing
- Keilani Paneda, Sutter Health
- Ellen Brown, UC Davis Health
- Gwen Jenkins, WellSpace Health
- Holly Webb, WellSpace Health
- Danielle Foster, City of Sacramento

Support Team Members in Attendance

- Lisa Chan-Sawin, Transform Health
- Rana Suliman, Transform Health
- Gretchen Schroeder, Transform Health
- Dawn Johnson, Transform Health
- Alexis Sabor, Transform Health
- Danielle Rossoni, Transform Health

Program Updates

- DHCS Updates
 - Relevant ECM & ILOS Updates
 - Lisa Chan-Sawin: The State has issued a lot of additional guidance and is in the midst of finalizing documents. DHCS has finalized contract documents and the Model of Care template and have issued a set of guidelines about fee decisions around implementation. Some of these changes include modification of eligibility criteria that differ from Pathways. Some of these other changes consider some of the implementation challenges like being accessible. These will impact how ECM and ILOS will look. These changes modify what our plan partners must submit. Some of these changes will impact timing of transition. The State flagged WPC pilots will have transition requirements from DHCS. One of the changes under CalAIM is that there will no longer be a Fee-For-Service plan, all enrollees will need to be part of a Managed Care Plan. That guidance is still in development and will be released in the coming months. Proposed changes to ECM go live on 1/1/2022, but none impact the timing of our WPC populations. The new guidance eliminated county-wide ILOS requirements while widening the service list. We want our partners to know what's going on. We'll go through definitions of the three populations of focus that will go live 1/1/2022, if you're interested in the populations that will go live later, please email the Pathways inbox. ECM and ILOS Criteria for homelessness has changed. They have decoupled the homelessness and complex health issues. The only change from the HUD definition is that the State increased the time until eviction from 14 days to 30 days. Criteria for adult high utilizers is stricter. The homeless population is looser, but the high utilizer definition is more stringent. The State has gone with five or more ED visits or three in a 6 month period. There will be more people who will qualify for ECM/ILOS than WPC. SMI SUD criteria – adults that meet criteria for county programs and actively experience complex social factor that impacts their health and high risk for items in the blue box on this slide. I'm stopping here for any questions.
 - Erin Johansen: It's the "and and." County mental health and connected to provider it means that they qualify but are not connected to any source.
 - Lisa Chan-Sawin: They might, they just need to meet one criteria in the blue box. Currently the state has allocated to spend \$1.165 billion dollars annually for ECM and ILOS. This is not including the buildup infrastructure or capacity building. In addition to the service funding, the State is providing incentives on performance. In addition, there is PATH within the new 1115 waiver and shared risks/savings

to build capacity and infrastructure. This is the big piece under CalAIM, using the PATH program to fund a lot of gaps. This is separate from the \$100 million for the justice-involved population. There are several funding streams to support infrastructure in order to build on the work of Whole Person Care. I'm going to pause for questions about funding.

- Flora Asuncion: Is this funding that goes through the health plans or how will this be distributed?
- Lisa Chan-Sawin: The bulk of funding is through the health plans/medical managed care. We also know that the PATH funding the state has said that money can go to providers. The state left it open for other entities aside from the plans to receive PATH funding.
- PY6 Contract Update
 - Lisa Chan-Sawin: Here is update on what has been done with contracts since our last Steering Committee meeting. On the left-hand side lists the activities we have been able to complete. We are in the midst of contract extensions with housing providers. Kaiser did not have a data sharing agreement with us and are currently pursuing this agreement. The DSAs goes through the end of 2021 and because the State has extended the program by an additional year, we will need to extend DSAs with the partners.
- PY5 & PY6 Incentive Agreements
 - Lisa Chan-Sawin: we wanted to give everybody an update with incentive agreements. We've taken all the PY5 incentive agreements to Coucul. We are working with partners to submit invoices and getting payment for PY5. In PY6 we've had a smaller budget, so instead of incentive payments the City decided to funnel these dollar into more services. For this final year we're focusing on the resources on funding services and maximizing the number of clients we're able to serve.
- Learning Community Sessions
 - Lisa Chan-Sawin: Thank you for participating at our last learning community session with SETA. Our next session is tomorrow and will feature Miracle Messages. Miracle Messages is an award-winning nonprofit that rebuilds social networks, leverages volunteers to help reunite people who wants to be reunited. We welcome everyone to attend this learning community session so that you can build a relationship with this learning community.

City Updates

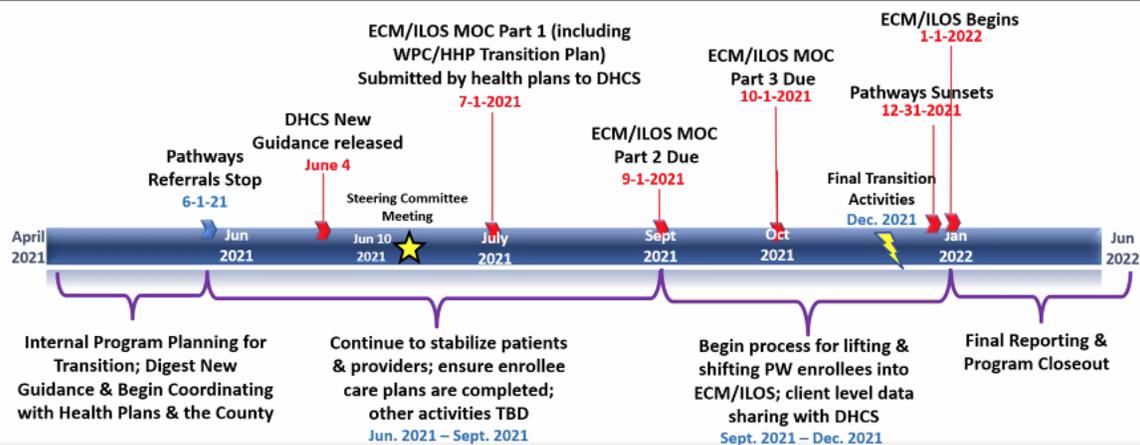
- Project Roomkey Update
 - Rehousing Case Conferencing
 - Danielle Foster: The motels have been extended through August and there have been additional referrals made into motels as a result of that extension. We are as a community trying to rehouse as many people as we can, at least 75% of 464 households is our goal. About 172 households have already been rehoused, so we are a third of the way to the goal. Thank you to the partners for getting everyone rehoused and working together to maximize housing these households. I'm really cognizant of the several meetings. We are trying to streamline. We are going to be switching from weekly to every other week and see if that works ok. That is the Tuesday morning meeting. There are several meetings happening for case conferencing, and we want to make sure that you

have the support. I just saw a question pop up about referrals. We are working with clients that are connecting with Pathways or behavioral health through the county or other groups with rehousing connection. You can work through coordinated entry to see if there's a way forward. But right now, we are focused on getting people connected to housing navigators. I put my contact in the chat in case you have any questions about that.

Discussion Items

- Transition Implementation
 - Timeline & Key Milestones
 - Rana Suliman: Good afternoon, thank you for being with us today, we are very excited to introduce some transition updates. Off the bat, we heard a lot of the concerns in the May Transition Work Group meeting. As part of the monthly governance meetings, our transition plan had included a mid-year shift into HHP. Many participants at Transition Work Group called out that this would be premature. Per the feedback, we were able to identify alternate funding sources. What this means is that we won't have to do a mid-year shift. No mid-year health homes transition. We're happy to be able to continue to stabilize more clients in the program and support our service partners. Any questions there?
 - Holly Webb: I just want to confirm my understanding, so as of right now how many enrollees we have in Pathways? 800 enrollees will stay with us through 12/31?
 - Rana Suliman: Give or take! We may continue disenrollments and graduations.
 - Lisa Chan-Sawin: Our hope is that this will provide stability in our service providers and maintain capacity in order to lift and shift into ECM.
 - Eric Schwimmer: How are we lifting and shifting? The housing/hubs that do some of care are not clinical. Should we be aiming to preserve the structure under CalAim?
 - Blanca Martinez: This is a topic that we could have outside of this committee just because I think there are things to talk through. I'm wondering if there's an ability to work with you Lisa about what that continuity looks like come January for the members.
 - Lisa Chan-Sawin: Sure, we were anticipating this after July 1. Working with health plan partners to see what ramp up looks like and the handoff to the health plans. We recognize that this will be a very important conversation. We want to emphasize the importance of the Transition Work Group meetings and working meetings in between.
 - Blanca Martinez: I was hoping that we as the health plans to meet with you to talk through what we are thinking thus far before meeting with the community partners. We want to talk through the planning of the deliverables and we can schedule something.
 - Lisa Chan-Sawin: I think we have something scheduled on the 23rd.
 - Transitioning Enrollees out of Pathways
 - Rana Suliman: In April and May, we were digesting the information from DHCS. June through September providers are continuing to stabilize patients. Again, there is no mid-year Health Homes shift.

Updated Transition Implementation Timeline & Key Ramp Down Activities



- Rana Suliman: The Model of Care submission is now broken up in three parts which are submitted between July and October. Any questions here?
 - Lisa Chan-Sawin: In September through December, when we say we're beginning the process of lifting and shifting, we'll be stabilizing panels and doing all the activities for the warm handoff. We will have to support Fee-For-Service because they'll have to pick a plan regardless. Our contract will go through end of December, and ECM/ILOS contracts will go live January 1. We will have completed the handoff as of 12/31 when our contracts turn off and plans' contracts turn on. We will work through details through the summer.
 - Implementation next steps
 - Rana Suliman: There is a great value add with the ICP+ with making sure our clients can have a safe place to recover. They will have 2 referrals a week. We want to meet with our partners to determine how to operationalize items through the transition. We want to go through changes to existing policies and develop the group and see what that will look like, mapping out and fleshing out activities to ensure handoff. This will take place between June and September. We will discuss reviewing the items that we discussed with program managers in Transition Work Group on Thursday June 24. Any questions here?
- Health Plan Feature
 - ECM/ILOS in Sacramento County
 - Lisa Chan-Sawin: The next iteration is ECM and ILOS run through the health plans. We wanted to give our health plan partners the floor to show how they envision this transition going.
 - Blanca Martinez: We as the health plans continue meet and discuss how we're going to standardize the services that we will be delivering come January. We want some standardization. CalAIM is a new approach how our medical members will receive care and the goal is to manage the members' medical behavioral social determinants of health because that also impacts how they manage their conditions. Creating a more seamless approach for members to get the care they need including quality housing. Below is our care management

model. These are the highest need members that we have not been as successful engaging with. They're not making the improvements to have that quality of life. The contracts with the community partners to help the partners be able to impact these members. The members through CalAIM. Population of focus instead of target populations. This is a new model to help them holistically. The expectation is not that we are going to hold the 14 services into our benefit packages. It will take time to be able to do this and assess which ones make sense to do now and do later. That's why we have sent out the Letter of Interest to find out from the community to see what the community partners are interested in doing. We as the health plans need to decide what to offer our members come January. The populations in focus are in bold. Each of the members we will be trying to locate through data mining, or community partners will identify. Adults with serious mental illness or SUD or frequently visiting ED and the hospital for care vs medical home. Individuals and families experiencing homelessness. The rest of the populations will go live in 2023. ILOS these are the four ILOs that we will be offering. As we go down the slides, what does this mean to you will be covered by Eric. The State has an expectation that there is continuity of care for our members, we are contracted with the lead entity and WPC pilot. This would mean contracting with community-based organizations like many of you to support this initiative to support our members. We really need to work together for the sake of our members, so we don't lose the momentum. We will be having more meetings discussions for planning and workflows. Right now, the focus is what needs to go live in January. All the moving pieces to make that happen we'll be working on in the coming months.

- Eric Schwimmer: Thank you for everyone for submitting letters of interest to us. This is an important part of the process. We'll be talking more than the whole process. One thing I want to highlight is that we must report to DHCS the populations of focus on July 1. These could be adults with severe mental illness or substance use disorder, high utilizers, people experiencing or at risk of experiencing homelessness. One question I have is for the justice-involved populations going live on 1/1/22. We must flag to DHCS what services we want to focus on of the ILOS. The process to answer these questions is that we have had a series of conversation amongst the health plans to coordinate so that we have one set of standards to ease the burden on providers because we know there are administrative burdens. Talking to Transform Health and the Pathways programs. If you haven't submitted an LOI, it is not too late. We will need to process these, and we'll let you know in the next few weeks if we're going to be an ECM or ILOS provider, either or both. We will invite you to apply. In July we hope that we send you the application in the next few weeks as we are getting input for the state. We will share with you once we are going through with the app process. If you have a health homes program, you are already familiar with the process we're talking about. We are working on single certification application for all the health plans, which would take 4-5 weeks. In August and September, we start certification process. We hope to have two people at least on every committee for every application to mitigate the risk of subjectivity.

When you submit the application, we will review with a fine comb, and we identify gap areas for documentation or capacity. It will not be one person making that determination. We want this to be a robust process, a high standard for quality. We also hope that in this process you will be building a relationship with the reviewer who will probably be working with you as an ECM provider. In October, once the reviewers approve the applications will be the start of the credentialing process, basically a background check. Once we get through that we get into contracting where we set on the rates and terms and conditions. These would be standard terms from DHCS. Our expectation is that it will be the same for all plans. Questions?

- Lisa Chan-Sawin: I'm sure there are questions on the call. Thank you for sharing what the timeline that will be. Will you continue to accept letters of interest and when will you stop accepting?
- Blanca Martinez: The thing about January, is that it's phase 1, so after that we can add more services. So maybe not this time around but maybe next year you feel differently.
- Eric Schwimmer: The ILOS services are phased in every six months.
- Kelly Bennet: I was just curious if the plans are open to collaborative proposals, for example we are already a Health Homes contracted entity maybe it's easier for us to get through credentialing, could we put together a collaborative with providers that would subcontract through us. We use one data sharing system.
- Eric Schwimmer: This would build on the work you've done in Health Homes and Whole Person Care. That would make sense to me.
- Blanca Martines: I think we will see some of that, a mix of contracts across the state. I think there's going to be a mixture because a subcontractor may be more comfortable not contracting with a plan directly.
- Eric Schwimmer: The leap this will be will also be with the county, but for adults with serious mental illness and the homeless population might be different.
- Jillian Marks: You said for people with HHP, process would be easier - for those of us who do not, any suggestions about resources/assistance with the process as we're doing it? the timeline feels a little tight considering we are having to build new capacity.
- Eric Schwimmer: The timelines feels tight to us, too. The timeline keeps getting compressed unless DHCS extends the timeline. It's an involved process but it's not a complicated process. We will be holding your hand through the process. We have people who are trained in this and will support you. We're going to get there together; we're developing a partnership.
- Erin Johansen: thank you Kelly. The SMI and homeless population would go through the county or just SMI?
- Eric Schwimmer: That hasn't been fully determined yet but it makes sense. We are talking to Behavioral Health people. For the homeless population, I'm not sure.
- Erin Johansen: How about services in supportive housing? Has that been discussed anywhere and in Sacramento? So in a built unit of Permanent Supportive Housing that would be dedicated to this population and the service

provider would be ILOS/ECM provider and would provide the services in housing to the folks that are housed there. There has to be rich services provided in PSH, other counties are looking into using this funding for the service piece.

- Eric Schwimmer: Anthem is involved in alameda county, the county has expressed a need for this. I don't know for sure in Sacramento.
- Lisa Chan-Sawin: This is a topic for an area for more conversations with this group and county. The county is trying to figure out its role in ECM. There is an opportunity for this level of alignment. As much as funding is made available thru medical, there is a lot of need. As we build out capacity and programming there might be new programs that come up and other programs might have to be aligned. This is probably why Eric mentioned two phases of build out. We are focused on existing programming and to provide the basis for ECM. We also know that it's not enough. The additional infrastructure and capacity building needs to happen as well. There will be other types of funding sources well.
- Blanca Martinez: We want to be able to hear the wants and needs. We want to have those discussions. Just need to get the minimum because the time is so short and then building the infrastructure.
- Flora Asuncion: Will there be funding for building infrastructure for data, monitoring and reporting?
- Blanca Molina: Hi Flora, there are incentive dollars available that can be considered. You may have noticed in the LOI we asked about what you are doing now so that we can see what we can do immediately but also able to identify gaps and then we can work with you to build. You can email us and reach out to us anytime as well!
- Flora Asuncion: A few of us on our chat we are trying to figure this out and thank you for that offer.
- Alicia Gonzalez: When can we expect the contract templates? Timeline
- Eric Schwimmer: Roughly October.
- Lisa Chan-Sawin: Alicia, the state has finalized a contract template. And I think Eric you mentioned that you are planning to follow that pretty closely.
- Eric Schwimmer: Yes the standard terms and conditions will be used. Each of your contracts will be different health plan to health plan but the MOU and exhibits will be standard. There will be another one for BAA. That's what comes to the top of mind.
- Alicia Gonzalez: And for the "Community" portion of our ECM services does contracting out for those meet criteria?
- Eric Schwimmer: The template has a place to document outsourcing types of arrangements. Let's make sure that we look into that. In theory that this is allowable. If you outsource you are still responsible for the data sharing, quality metrics, etc.
- Jillian Marks: Is it possible to start with a smaller capacity and increase over time? Our Pathways group was a smaller percentage of our population - a lot more patients could utilize what is coming but we don't yet have the capacity in place for that

- Blanca Martinez: Yes we saw this with Health Homes. Some community-based CMEs that take on a lot and other that can take a small amount.
- Eric Schwimmer: It's been a huge challenge across the state because of overcommitment. Planning to hold the ECM providers to do aggressive outreach. One CHW can hold 30 people so we will not send you more than 30.
- Lisa Chan-Sawin: We're going to have to come back to your question about case management.
- Alicia Gonzalez: Our Pathways group was a smaller percentage of our population - a lot more patients could utilize what is coming but we don't yet have the capacity in place for that
- Blanca Martinez: The Letter Of Interest really allows us to have an understanding how able your group is to do well. As we develop the contracts we will have an understanding for what you may have. We will have opportunities for training that we will continue through CalAIM. Is the question about preparing to ramp up to be at a certain level that we are not able to do? The interviews are important in determining if you will be able to meet the responsibilities in the proposal.
- Lisa Chan-Sawin: we will continue being in partnership with the plans.
- Provider Showcases
 - Lisa Chan-Sawin: We want to share with everyone something that needs to happen is to leverage the TWG to help facilitate some of this meeting of the minds. We will be doing provider showcases and starting with WPC providers. This is the pop we are lifting and shifting into ECM. We want to broaden this opportunity to noncontracted providers and giving them this opportunity to present to the plans. We are opening this up to anyone who is interested. If you are interested please reach out to pathways inbox so we can include you in the info and get a time slot and able to speak with the plans directly.
 - Alexis Sabor: We will be reaching out to providers with expectations. We will be in contact.
 - Lisa Chan-Sawin: Our goal is to let our partners engage and give everyone the ability to respond. Any questions about today's presentation, please reach out!

Wrap-Up and Next Steps

- Next TWG is June 24. Three months we will have the next steering committee meeting where we will hopefully talk about how implementation is going.