

California Advancing and Innovating Medi-Cal (CalAIM): Implementation Strategies for Long-Term Services and Supports in Sonoma County

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EXECUTIVE SUMMARY

Healthcare and social services systems have historically been siloed, each engaging with the same populations from different perspectives. Research supports themes of service integration to meet the changing needs of the community. Concepts of Social Determinants of Health (SDOH) are now widely understood in the health care community as integral aspects to individuals' health and wellbeing. Preventative health and social services programs have proven to reduce frequency of use and need for emergency services for individuals. Often, when older adults and people with disabilities receive appropriate support to live in the community, their overall wellbeing and health have better outcomes, at a lower cost. The California Advancing and Innovating Medi-Cal (CalAIM) initiative is California's response to the growing awareness, by creating a system of integrated care that is person-centered, holistic, and financially sustainable.

Simultaneously, the field of adult and aging services is changing and expanding. There has been a long-standing need for more funding to provide comprehensive and accessible aging and adult services (Rubeo, et. al, 2022). The growing population of older adults puts pressure on the fragmented system of Long-Term Services and Supports (LTSS), highlighting the need for ease in access to care, more comprehensive preventative services, and continued need of diverse funding. The changes in the LTSS system parallels the shifts supported by CalAIM. Learning from the Whole Person Care Pilot Evaluation, the BASSC Adult and Aging Services Strategic Plan, and San Mateo's implementation of CalAIM Enhanced Care Management (ECM) in aging and adult services, provides insights into how the Sonoma County Human Service Department's Adult and Aging Division can implement CalAIM locally.

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Introduction

The State of California Department of Health Care Services (DHCS) is in the beginning stages of implementing California Advancing and Innovating Medi-Cal (CalAIM), a multiyear initiative to transition Medi-Cal funded programs from state oversight to local Managed Care Plans (MCP). The goal of CalAIM is to create a new model of state-wide Medi-Cal service delivery to address access to services inequities, provide better care, and realize cost savings. As part of this larger reform, CalAIM creates Enhanced Care Management (ECM) and Community Supports as a benefit of Medi-Cal coverage. This framework draws from the lessons learned from the Whole Person Care (WPC) Pilot (2017-2021), based on the hypothesis that investing in preventative supports should decrease the overall cost of supporting individuals who are physically and socially vulnerable and frequent utilizers of both emergency and high-cost services (Chuang, 2023).

CalAIM is a wide-ranging initiative that covers a variety of vulnerable populations as well as a breadth of services within the categories ECM and Community Supports. This paper specifically focuses on the population of older adults and people with disabilities, to provide recommendations for how ECM can be implemented at Sonoma County Adult & Aging Division (A&A). This analysis is informed by research on the CalAIM policy framework and aging services by Rubeo, et. al (2022), interviews with key informants involved in the evaluation and implementation of these services, and my professional knowledge of the local landscape as a manager at Sonoma A&A. At A&A, I administer the Long-Term Services and Supports (LTSS) program and

participate in our local CalAIM implementation team. These recommendations are grounded in the principles of Racial Equity, Trauma Informed Care, and No Wrong Door. These principles promote the values of integration, collaboration, and partnership to increase ease and access to person-centered services.

Background

Medi-Cal, California's version of Medicaid, is a state and federally-funded health insurance program for low-income individuals. The California DHCS indicates "over half of Medi-Cal spending is attributed to the 5 percent of enrollees with the highest-cost needs" (2023). Studies focused on the Social Determinants of Health (SDOH) show that individuals who qualify for Medi-Cal insurance because of their economic status are likely to experience complex health conditions as a result of systemic inequities and lack access to preventative high-quality care. Additionally, Medi-Cal beneficiaries or low-income individuals may have a higher need for specialized behavioral, social and medical services.

Alongside this shift in Medi-Cal from the health perspective, there is a parallel shift in the execution of LTSS. LTSS refers to the group of systems and safety net programs for older adults, people with disabilities, their families and caregivers. These diverse programs are primarily paid for by Medicaid and are spread across all sectors of health and human services in government and non-profit agencies. The complexities of the LTSS system have been solidified by siloed organizational practices that result in community members not receiving preventative or holistic services needed to live safely and well.

The shift in the LTSS service delivery model promotes person-centered, coordinated services that are more accessible for community members. The Aging and Disability Resource Centers demonstrate how formalized networks of service providers can best support community members to access the appropriate services for their needs (Rubeo et. al 2022). This coordinated service delivery model of LTSS aligns with the vision of CalAIM. Building from the research, replicable strategies for successful implementation in Sonoma County include leveraging the momentum of change initiatives, enhancing service delivery, and expanding the network of collaborative partners.

County of Sonoma, Adult & Aging Division CalAIM Project Plan

Throughout the United States, Medicaid funds and managed health payer systems have become another avenue of funding for LTSS (Chuang, 2023). The framework of CalAIM directs most Medi-Cal funding to local MCPs to directly fund service providers in their area. Sonoma County A&A is applying to receive grant funds to create the infrastructure for CalAIM ECM programming through the Providing Access and Transforming Health (PATH) initiative, a 5-year \$1.85 billion project. A&A is applying for a 2-year grant that will fund staff to support the implementation of the following project plan.

Organizational Readiness and Capacity Building

WPC Pilot showed that the program was most successful when the change was “part of broader systems change effort” (Chuang, 2023). In Sonoma County, we are poised to begin implementation of CalAIM ECM within A&A given our agency’s organizational structure and our position

within the constellation of the local adult and aging services network. Housed in the Human Services Department (HSD), A&A is a growing division of approximately 175 employees. An organizational strength of A&A is the variety of programs under its umbrella: In-Home Supportive Services (IHSS) including Social Workers, Payroll and Public Authority; the long-term case management waiver programs, Multipurpose Senior Services Program (MSSP) and Home and Community Based Alternatives (HCBA); the Area Agency on Aging; Information & Assistance and Linkages short-term case management; Veteran’s Services; and protective services. The breadth of these services allows for wide-ranging internal and external agency networks.

Following a multi-year planning period, A&A was designated as an Aging and Disability Resource Center (ADRC) with the partnership of the Disability and Legal Services Center (DSLSC), Sonoma County’s Independent Living Services (ILS) provider. The ADRC is a model of service delivery that depends on formalized inter-agency relationships to provide easily accessed person-centered care for older adults, individuals with disabilities, and their caregivers. The Sonoma County Aging and Disability Resource Hub (ADRH) officially launched in January 2023 as a network for professionals to learn about the types of services in the community and refer community members to the appropriate service through a warm handoff referral process.

ADRH is integral to implementing ECM as a complement to the wide range of services provided by A&A. First, ADRH represents the larger systems change efforts towards integration of services, a key component of CalAIM ECM. Next, the members of the ADRH are all potential providers of CalAIM

ECM and Community Support services. One of the recommendations shared by Ricky Kot and Nina Rhee from San Mateo County regarding successful CalAIM implementation in LTSS is to “recruit more providers for both ECM and Community Support (CS) services” (2023). With A&A as the lead entity in this project, the local ADRH network creates a framework for successful implementation and expansion of CalAIM if the network is used to support and complement these efforts.

Pilot Program Proposals

Themes of successful implementation were identified in the WPC Pilot and San Mateo’s LTSS ECM implementation at the programmatic level. WPC programs that were more successful included client-centered enrollment and co-location of services (Chuang, 2023). Ricky Kot, ECM Manager in San Mateo, stressed the importance of developing programs in which the client is not impacted by funding structure change: “it is important that the services the client is receiving either stays the same or they are improved upon” (Kot, personal communication, 2023). The program proposals developed by the County of Sonoma A&A for the CalAIM PATH grant funding application align with these strategies and service delivery models.

IHSS Plus

The first ECM delivery model is referred to as “IHSS Plus,” an ECM benefit that will support IHSS recipients who have complex social, mental and/or health care needs. Sometimes, an IHSS recipient needs more support to navigate their role as the employer. When an IHSS recipient is unable to hire and maintain a care provider, they are not able to access the in-home care they need to stay at home safely. When an IHSS recipient is unable to independently navigate their role as an employer, it is often a result

of cognitive, social or mental health challenges. These individuals will benefit from ECM to hire and maintain a care provider, and likely could use the support of additional wrap-around services.

In this model, ECM is embedded into the IHSS Social Workers' menu of services. An individualized needs assessment determines eligibility for IHSS services, which provides support for basic needs for someone to live safely at home. When additional needs are identified, the Social Worker can assist with additional service coordination customized to the individual’s needs. The IHSS Plus model helps current clients access the services they are already deemed eligible for but cannot utilize unless they can hire and maintain an IHSS provider. Under CalAIM, individuals who are eligible for Medi-Cal and Medicare are automatically enrolled in the Dual Eligible Special Needs Plan (D-SNP), of which ECM is a benefit for qualified enrollees. IHSS Plus will reach this population throughout the county via an existing program structure.

Linkages Expansion

The second service delivery model for ECM at A&A will be developed by adding to the services of an established Social Worker, by expanding the capacity of the position from a part-time to a full-time position. The Linkages Case Management Social Worker is co-located at the Petaluma Health Center (PHC), a Federally Qualified Health Center (FQHCs). Because of the existing relationship with PHC, the embedded Social Worker has streamlined communication and collaboration with the care team, established presence at the Multidisciplinary Team (MDT) meetings with a variety of health providers, and access to the electronic health records. San Mateo ECM staff recommended co-location of services and regular interaction with health care providers to communicate about eligibility

for ECM. Expanding from a part-time to a full-time Linkages Social Worker at an FQHC supports this frequency of communication. Additionally, if the client is not eligible for ECM, the Social Worker may refer the client to the broader ADRH network of services, thus removing the burden from health care providers to track ECM eligibility requirements and ensuring the client's needs are well matched to the service they are offered. Building on the success at PHC, a longer-term goal will be to use this model with other FQHCs in more rural and underserved areas.

Potential Obstacles

The research also highlights potential challenges in successful implementation that should be considered. The BASSC Adult and Aging Services Strategic Plan indicates the importance of creating strong relationships between Managed Care Plans, Department of Health Services, and Department of Human Services (Rubeo, et. al 2022). In the WPC Pilot, the most successful programs were implemented by integrated Health and Human Services Agencies (Chuang, 2023), leading to the recommendation of a collaborative governance approach. The County of San Mateo structure is unique, with their Aging and Adult Services (AAS) Agency housed within the Department of Health. Additionally, Health Plan of San Mateo, the county's Medi-Cal MCP is housed within the Department of Health. This structure benefitted the implementation of LTSS ECM because of the shared county and department governance. The collaborative governance approach allows for fewer contracting challenges, which was a measure of success in WPC Pilot Programs (Chuang, 2023) and pre-existing relationships between social services and health services staff.

Although Sonoma County has stand-alone Health and Human Services departments,

there are existing mechanisms and partnerships between the Department of Health Services (DHS) and HSD that can align to operationalize CalAIM services for shared target populations. As an example, HSD has embedded DHS Public Health Nurses who provide dual-discipline, medical and social services. These partnerships are codified in Memorandums of Understanding (MOUs) between the agencies which stipulate the agreed upon scope of work and fiscal provisions. There are opportunities to build on this relationship using CalAIM ECM to serve the LTSS population. Additionally, DHS Behavioral Health Division was an early adopter of CalAIM ECM, under the WPC model, and can provide technical assistance with contracting with Partnership Health Plan and program development.

Guiding Principles for Program Design

A common theme throughout the research was that thoughtful interagency collaborations, with shared values and vision, is a core tenant of successful wrap-around service delivery (Chuang, 2023) (Rhee, Kot, 2023) (Rubeo, et. al 2022). The health and social services networks in Sonoma County are poised for successful implementation of CalAIM ECM for LTSS with sustained and growing formalized networks. Sonoma County A&A Division can take the lead in furthering the values of Racial Equity, No Wrong Door (NWD), and Trauma Informed Care (TIC) which have been adopted by the HSD Executive Leadership Team and the County of Sonoma Board of Supervisors. The principles of Diversity, Equity, Inclusion and Belonging (DEIB), NWD, and TIC are interconnected. This set of principles should be agreed upon by HSD and A&A leadership to implement both internally with a focus on staff support and development, as

well as externally, when designing and evaluating client service delivery models.

A&A and HSD can follow current structures that formalize these agreements with partner agencies, such as the HSD/DHS MOU agreement or the ADRH external partner agreements. While there are limitations to ensuring compliance to these values with community partners, these agreements create a foundation through a shared vision. Once A&A has the infrastructure and program design of ECM for LTSS, we can embark on creating a formalized Community Integrated Health Network, with A&A as the lead agency, to contract with the Partnership Health Plan. By leveraging the administrative capacity of a County agency and the ADRH framework, A&A can subcontract with nonprofit community partners to grow the scope of ECM for LTSS.

Prioritizing DEIB, NWD, and TIC values as guiding principles in program design, evaluation, and improvements, is key to creating equitable and inclusive services. The goal is to become a “healing organization,” a TIC term that describes an agency that has a reflective culture, is growth and prevention oriented, and values relational leadership (Epstein, 2023). NWD emphasizes person-centered and accessible services that rely on a coordinated system of care that is intimately tied to values of Racial Equity. The Racial Equity Toolkit developed by the Government Alliance on Race and Equity (GARE) should be employed as a program design structure for creating and evaluating ECM services. Systemic white supremacy culture shows up in our organizations when we value individualism, perfectionism, and binary thinking (Zeitler & Horne, 2023). By promoting collaboration, accountability, and person-centered services, the principles of NWD and TIC are antithetical to white

supremacy culture, and operationalizes A&A and HSDs commitment to becoming an anti-racist organization which provides equitable, inclusive services for all, with targeted approaches for marginalized groups.

Conclusion

AAS, particularly those that are funded by Medicaid, are historically underfunded and overregulated, a result of systemic ageism and ableism (Rubeo, et. al 2022). In the current political climate, AAS are facing a paradigm shift. CalAIM is one part of a system-wide change effort to better support the increased needs and size of the older adult population, those with disabilities, and their caregivers. Initiatives like the State of California’s Master Plan on Aging, Medi-Cal expansion and CalAIM are infusing the adult and aging service network with funds to encourage a shift to integrated, person-centered services.

The research and experience shows that we should not underestimate the power of relationships in the creation of something new. A consistent theme was the importance of all parties having a shared mission, vision, goals (Chuang, 2023) (Rhee, Kot, 2023). As we move forward with implementing a new framework, it presents an opportunity to implement proven strategies that support the organization’s values of equity, diversity, inclusion and belonging for community members accessing services and for the agency’s workforce that executes the services. With the opportunity to build something new we have the responsibility to create programs and structures that align with our core set of values as government service providers.

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