



## Medi-Cal Palliative Care Medi-Cal Managed Care Plan Learning Community January 18, 2023, Webinar Highlights

Five MCP representatives discussed their experiences, insights, perspectives, and plans regarding “Community Supports and Palliative Care” for the January 2023 Medi-Cal Palliative Care Managed Care Plan (MCP) Learning Community webinar. The discussants included Kim Bower, MD, Medical Director, Blue Shield; James Cotter, MD MPH FAFAP, Associate Medical Director, Health Services Department, Partnership HealthPlan of California; Tracy Hitzeman, RN CCM, Executive Director of Clinical Operations, Health Plan of San Joaquin; Mercy Kagoda, MD, Medical Director-- Care Management, Inland Empire Health Plan; and Kristina Lotsunyak, Program Palliative Care Administrator, Anthem Blue Cross, MD, Lviv National Medical University, Ukraine. The webinar recording is available on [YouTube](#). Kathleen Kerr, Transforming Care Partners and project consultant facilitated the discussion.

**Community Supports** are services or settings that MCPs may offer in place of services or settings covered under the California Medicaid State Plan. They are medically appropriate, cost-effective alternatives to State Plan Covered Services that are optional for MCPs to offer and for members to receive—they are not plan benefits. Community Supports are a key component of CalAIM’s Enhanced Care Management (ECM) program; however, ECM and Community Supports are separate initiatives. Some Medi-Cal members will qualify for only ECM or only Community Supports. The California Department of Health Care Services (DHCS) encourages MCPs to offer a robust menu of 14 pre-approved Community Supports to comprehensively address the needs of members—including those with the most complex challenges affecting health such as homelessness, unstable and unsafe housing, food insecurity, and/or other social needs.

### Discussion Prompts and Representative Responses

#### 1. How has your plan addressed or is planning to address educating plan staff about Community Supports?

*This is going to be one of the most critical pieces of Community Supports: making sure people know these resources exist and that there is a payment model. Last year was all about getting contracts in place and paying people. This year is about education. Our Social Services team has put together a slide deck about ECM and Community Supports, and they are going to start presenting it to all our internal member-facing teams (UM, CM). Once internal staff have been trained, we plan to go to community partners, including palliative care, and educate them too, so they know how to refer and get access to these supports for their patients.*

*We revisit Community Supports conversations often with our internal staff. As they have become more involved and sophisticated with the programs, unique situations arise that must be thought through. For our external partners, we hold bimonthly meetings with ECM and Community Supports providers. We have found our partners learn from one another in these meetings.*

#### 2. How has your plan addressed members’ acute (urgent) needs for Community Supports?

*The most important part of Community Supports is that these programs are available to any Medi-Cal member, so we need to get the message out there. We do identify people with urgent needs, especially the unhoused—in both palliative care and ECM. The biggest issue with urgency is that several Community Supports are related to housing, but there is not adequate housing in any of the counties we serve. We can refer people and give them support around this issue, but we don’t buy houses, so our focus is to identify the providers who can assist members with this issue.*

**3. How is your plan addressing transitions off Community Supports programs?**

*The most significant transitions challenge we have had is with medically tailored meals, which remains a challenge. Members get these meals and then suddenly, they are gone. So, we decided to ask our vendors to work with us on transitioning our members. Our care managers are now working with vendors to slowly transition this service from 3 meals to 2 meals to 1 meal. This reduces the abruptness of stopping this important support. We also approach this issue on a case-by-case basis, although we understand that the member will still need to be transitioned. Our goal is to try to overlap medically tailored meals with other community resources.*

**4. What are the biggest operational challenges Community Supports providers have faced and how have you successfully addressed them?**

*Billing was the biggest initial challenge for us with our ECM and Community Supports providers that are non-traditional (i.e., those that have not been in the health plan space before). They did not understand the forms we provided or what they needed to document. We encouraged questions and invited providers [in meetings] to ask questions. We have made a lot of improvement on this.*

**5. What Community Supports has your plan offered as a combination, before or after palliative care?**

*From our early experiences, we found home modifications, personal care, and to some extent medically tailored meals were often the services we offered as a combination. We have had medically tailored meals for some time in one of the counties we serve, and one of the criteria for this is that you had to have a prognosis of longer than a year. Our provider was interested in collecting this data to show medically tailored meals as a Community Support could really have an impact in lieu of other services. Now we need to think through the purpose of medically tailored meals and how we can use other food resources in the community to meet member needs. Regarding housing, we have tried to use housing resources for palliative care members, but it is tough. For example, while it might be appropriate to use the one-time payment that is available to help transition a patient from the hospital and into housing, what we have found is that trying to find housing for someone who is homeless and very sick is difficult. They are often not appropriate for recuperative care, so we end up placing them in a skilled nursing facility. We will continue working on this issue.*

In closing, discussants were asked to share a key takeaway or two regarding Community Supports and palliative care:

- *Keep in mind that Community Supports are available to all members, make sure that ECM providers are aware of palliative care—get everybody connected and working together.*
- *Ensuring network adequacy and supporting education for existing and new providers are two very important takeaways.*
- *We are always looking for Community Supports providers (there are not enough), and we need to maintain them, e.g., keep them engaged and supported.*
- *Awareness and transition: first awareness of the program and retention of providers and then second transition from the Community Supports. We are continuously learning, and things are continuously changing, so we need to be open to that.*
- *The Community Supports program may initially come across as really easy, but MCPs are not set up to work with small community organizations with small budgets and financial reserves, so health plans are going to have to change and build different pathways to better work with community organizations. Equally important, community-based organizations may get bigger and more corporate unless we can give them some mechanisms to stay financially viable.*

## Upcoming Activities:

1. The next MCP Learning Community activity is an Open Forum on Tuesday, February 14, 2023, 12:00 PM - 12:30 PM. The discussion topic is how MCPs approach or plan to approach conducting their annual palliative care refresh with staff. Please join us to share your plans, experiences, and ideas on how to keep MCP staff engaged with the palliative care program. [Click here](#) to register.
2. Please register for the **Medi-Cal Palliative Care Annual Convening on Friday, March 31, 2023, 9 AM – 12 Noon** and **Tuesday, April 4, 2023, 9 AM – 12 Noon**. Registration links below.

[Click here to register for March 31<sup>st</sup>](#)

[Click here to register for April 4<sup>th</sup>](#)

3. The California Health Care Foundation (CHCF) is funding a limited number of scholarships to Medi-Cal palliative care providers to cover the registration fee for them to attend the **Coalition for Compassionate Care of California (CCCC) Annual Summit, May 17-18, 2023**. Complete details about the Summit are available at: [CoalitionCCC.org/Summit](https://CoalitionCCC.org/Summit). For questions about the scholarship or the Summit, please contact Keeta Scholl: [kscholl@coalitionccc.org](mailto:kscholl@coalitionccc.org).

The Coalition for Compassionate Care of California (CCCC) is leading the serious illness movement in California. MCPs can support the movement by becoming a CCCC Sustaining Supporter, Organizational Member, Sponsor of California's Palliative Care Summit, and hiring CCCC to provide staff training. For more information, please contact Keeta Scholl: [kscholl@coalitionccc.org](mailto:kscholl@coalitionccc.org).