

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.27
(ID # 18317)

MEETING DATE:

Tuesday, February 08, 2022

FROM : (RUHS) RIVERSIDE UNIVERSITY HEALTH SYSTEM:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM: Approve in principle an Agreement with Inland Empire Health Plan (IEHP) and IEHP Health Access for Riverside University Health System (RUHS) to Provide Enhanced Care Management (ECM) and Community Supports services through December 31, 2022, with Options to Renew for Four (4) Additional One Year Periods Through December 31, 2026, All Districts. [Total Cost: \$7,344,707]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve in principle a services Agreement with IEHP and IEHP Health Access under which RUHS will provide ECM and Community Supports services to IEHP enrollees (Agreement), for a performance period of January 1, 2022 through December 31, 2022, with options to renew for four (4) additional one year periods through December 31, 2026; and
2. Authorize Riverside University Health System (RUHS) to add and recruit for positions needed to implement the Agreement which is part of the California Advancing and Innovating Medi-Cal (CalAIM) reforms; and
3. Delegate to the RUHS Medical Center Chief Executive Officer, or designee, the authority to negotiate and execute documents related to the Agreement on behalf of all the departments comprising RUHS. This authority shall include signing necessary acceptance documents, exhibits, certifications, reports, amendments, and renewals that stay within the intent of the Agreement. The form of the Agreement, any amendments and renewals shall be approved by County Counsel.

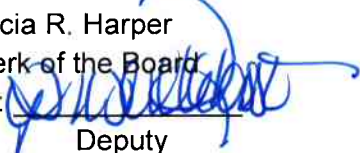
ACTION:Policy


Jennifer Cruikshank, Chief Executive Officer - Health System 2/3/2022

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: February 8, 2022
xc: RUHS

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$1,557,968	\$5,786,739	\$7,344,707	\$5,786,739
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 60% State, 40% Federal			Budget Adjustment: No	
			For Fiscal Year: 21/22-25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Riverside University Health System (RUHS) is a continuum of care that consists of RUHS Behavioral Health (RUHS-BH), RUHS Public Health (RUHS-PH), the RUHS Medical Center, and fourteen (14) Federally Qualified Health Centers (FQHCs), as well as a multitude of contracted service providers delivering a variety of health care services within each geographic region of the County of Riverside.

Led by the Department of Health Care Services (DHCS), California Advancing and Innovating Medi-Cal (CalAIM) is a long-term state commitment to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectories. The success of CalAIM will be a model for transformation of the entire health care sector. CalAIM is designed to move Medi-Cal towards a population health approach that prioritizes prevention and whole person care. The goal is to extend supports and services beyond hospitals and health care settings directly into communities. CalAIM changes will span a multi-year period, with the first reforms already starting in January 2022. Following the execution of the proposed agreement, RUHS and IEHP will work cooperatively to maintain or increase the level of services offered during the initial contracting period.

CalAIM Goals:

- Focus on person-centered treatment and care.
- Provide coordinated support to meet each Medi-Cal enrollee's physical, developmental, behavioral, and dental health needs, as well as long-term services and health-related social supports.
- Shift Medi-Cal to a population health approach, prioritizing prevention, addressing social drivers of health, and transforming services for communities that have historically been under-resourced, and that have faced structural racism in the health care system.
- Includes specific initiatives on equity designed to provide equal access to health and well-being for individuals transitioning from incarceration to community re-entry, from homelessness to housing, and from institutional to home-based care.
- Work to align funding, data reporting, quality, and infrastructure to mobilize and incentivize progress toward common goals.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

- Reduce variation across counties and plans, while recognizing the importance of local innovation and supports, community activation, and engagement.

Under CalAIM, managed care plans like IEHP will be required to implement a whole-system, person-centered strategy that includes assessments of each enrollee's health risks and health-related social needs, focuses on wellness and prevention, and provides care management and care transitions across delivery systems and settings. IEHP is participating in the implementation of CalAIM and has arranged for the provision of health care services for enrollees through provider agreements.

Enhanced Care Management (ECM) and Community Supports

RUHS has been identified as an entity that can provide the required facilities, equipment and personnel necessary to deliver two of the CalAIM initiatives: Enhanced Care Management (ECM) and Community Supports. Under the proposed Agreement RUHS will participate as a provider effective January 1, 2022. DHCS made available incentive funds to allow health plans to build and increase capacity via contracted providers, including local health plans, to provide ECM and community supports services. Up to \$19,108,350 in incentive funds are available to RUHS based on capacity expansion and meeting target metrics for the expanded services.

ECM and Community Supports will provide a collaborative and interdisciplinary approach to care management, that addresses clinical and non-clinical needs of Medi-Cal enrollees, including residents experiencing challenges such as homelessness, and complex medical or behavioral health conditions. ECM will replace and expand on the Health Homes Program (HHP) and Whole Person Care (WPC) pilot programs. ECM will primarily use in-person engagement where enrollees live, seek care, and choose to access services. RUHS will conduct ECM by implementing mobile teams under Behavioral Health, and stationary teams in the Medical Center and the FQHCs throughout the County.

Community Supports are medically appropriate and cost-effective alternatives to services covered under the State Plan and are an important part of care delivery for members enrolled in ECM. RUHS will begin by providing IEHP enrollees with six (6) of the fourteen (14) services pre-approved by DHCS, including: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing, and Sobering Center Services.

RUHS is seeking in principle Board approval to enter into the agreement with IEHP for CalAIM initiatives and approval to add and recruit for the positions, listed in Attachment A, to implement and support the CalAIM Medi-Cal reforms here in the County.

Impact on Residents and Businesses

The services provided by RUHS in accordance with CalAIM will provide a system of care aimed at improving the health and safety of consumers and the community.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

Additional Fiscal Information

The Agreement is revenue generating and will allow RUHS to bill services under CalAIM Enhanced Care Management and Community Supports that were previously not allowable under Medi-Cal. The revenue generated from the Agreement will sustain the requested positions and no additional County funds are required. While RUHS is awaiting reimbursement, there is enough budget to fund the requested positions.

Attachment A

Title	Position Code	Quantity	Annual Cost
Accounting Technician I	15915	2	\$ 119,253
Accounting Technician II	15916	1	\$ 65,572
Administrative Services Analyst I/II	74106	13	\$ 1,064,993
Administrative Services Assistant	74114	3	\$ 211,563
Administrative Services Manager II	74113	1	\$ 150,926
Administrative Services Officer	74213	2	\$ 241,603
Administrative Services Supervisor	74199	1	\$ 106,491
Behavioral Health Services Supervisor	79717	1	\$ 122,924
Behavioral Health Specialist II	57745	9	\$ 603,893
Behavioral Health Specialist III	79751	5	\$ 395,427
Business Process Analyst II	86111	4	\$ 383,743
Community Services Assistant	57792	5	\$ 224,825
Mental Health Peer Specialist	79726	6	\$ 316,912
Office Assistant II	13865	3	\$ 129,662
Office Assistant III	13866	4	\$ 177,882
Patient Service Coordinator	73998	4	\$ 305,402
Program Coordinator	74107	1	\$ 101,732
Registered Nurse III	73998	1	\$ 135,653
Registered Nurse IV	74044	1	\$ 146,524
Registered Nurse V	74048	1	\$ 154,547
Research Specialist II	79838	1	\$ 108,810
Senior Administrative Services Analyst	77623	2	\$ 199,521
Senior Clinical Therapist	79746	1	\$ 110,452
Social Services Assistant	57726	4	\$ 208,428
Total		76	\$ 5,786,739

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Jacqueline Ruiz, Sr. Management Analyst

2/3/2022


Gregory H. Priamos, Director County Counsel

2/3/2022