

Exhibit B(5)

COMMUNITY BASED CARE MANAGEMENT PROGRAM

The Community Based Care Management (CBCM) Program requirements described in this Exhibit B(5) are for care rendered during a CY and defined in the PH-MCO specific CBCM Program approved by the Department. The PH-MCO shall submit CBCM proposals solely utilizing partnerships with Community-Based Organizations (CBOs), Hospital/Health systems, and Providers that encourage the use of preventive services, mitigate Social Determinates of Health barriers, reduce healthcare disparities and improve maternal and child health.

I. CBCM Program Requirements

A. The PH-MCO must propose CBCM activities and funding focused on partnerships with CBOs, Hospital/Health systems, and Providers integrating a holistic approach to patient care and education to:

1. Assess, refer and mitigate Social Determinants of Health;
2. Promote maternal, infant and early childhood assessment, education and referral including expansion and capacity building of existing home visiting programs;
3. Localize efforts to promote health education and wellness and encourage the use of preventive health services;
4. Promote education on the appropriate management of chronic health conditions;
5. Enhance behavioral and physical health coordination of services; and
6. Reduce healthcare disparities.

CBCM staff must spend the majority of time in face-to-face encounters with members in their homes or communities. In-person face-to-face visits are preferred but the use of telehealth visits is allowed. Telehealth visits must provide the same level of care and achieve the same outcomes as an in-person visit. Telehealth visits must be consistent with the requirements in Medical Assistance Bulletin 99-23-08 Telephone calls are acceptable in situations where the individual/family does not possess or have access to video technology. Text messages may be used to provide supplemental communication but are not considered a telehealth visit. The PH-MCO or contracted CBCM entity must obtain and document consent for the use of telehealth technology for the initial telehealth visit.

The PH-MCOs must include community health workers as part of their community-based care management team.

B. The PH-MCO may use CBCM funds to employ PH-MCO staff only if those staff will perform approved activities that provide face-to-face CBCM services. The PH-MCO may not redirect funding from CBOs to fund positions within the PH-

MCO without Department approval and must indicate in its CBCM proposal to the Department if funding to a CBO is being decreased or discontinued in order to fund a PH-MCO position. The PH-MCO shall only use funding for CBCM services that have been approved by the Department in writing.

C. The PH-MCO must include the following requirements in any CBCM agreements:

1. Interventions conducted are carried out by appropriately trained/qualified personnel.
2. Participation in collaborative learning sessions.
3. Systems are capable to document services and interventions provided to Members and communities. Where feasible, systems include the use of electronic health records.
4. Exchange program and outcome data with the PH-MCO.
5. CBCM funds cannot be used for commodities.

D. If the PH-MCO does business in multiple HealthChoices Zones, the PH-MCO may allocate CBCM Program funds across any Zone in which it provides Physical Health HealthChoices services.

E. The PH-MCO shall develop and submit a proposal to the Department prior to implementing its 2024 CBCM Program, which may include multiple programs for use of the CBCM funds. If multiple programs are identified, each one must follow the requirements below. Proposals are due no later than **October 1, 2023** and must be submitted to the appropriate folder in DocuShare using the CBCM Proposal template. The PH-MCO must include in each CBCM proposal:

1. A program description, and operations timeline that outlines the startup of the program from January 1, 2024 through December 31, 2024.
2. Clearly defined goals, objectives and outcome measures that include incremental benchmarks for success. The majority of goals need to be non-HEDIS member focused outcomes based.
3. An outline of interventions performed.
4. Outline of time frames.

F. A PH-MCO's approved CBCM program will remain in effect until December 31 of each calendar year. The PH-MCO may only submit one revision in the first and second quarter no later than the last business day of each calendar quarter for the Department's review and approval. The PH-MCO must complete and submit the CBCM Proposal Change Form, that is available on DocuShare. The Department will not accept changes for the third and fourth calendar quarter.

- G. The PH-MCO must implement an evidenced informed, outcomes-based home visit program as per Exhibit B(5)A.

II. Payments to the PH-MCO

- A. The Department will make payments for the CBCM program as part of each per member per month (PMPM) Base Capitation Rate in Appendix 3f. The PH-MCO must spend at least \$0.75 PMPM from each Base Capitation Rate after risk adjustment for their approved CBCM program.

If the PH-MCO has not spent at least \$0.75 PMPM from each Base Capitation Rate after risk adjustment on their approved CBCM program as determined by the Department as reported on the 4th quarter Report 5i for the applicable program period, the Department will apply a sanction to the PH-MCO in an amount equivalent to the difference between the \$0.75 PMPM multiplied by the PH-MCO's Member Months for the applicable CBCM program year minus the actual amount spent by the PH-MCO on their approved CBCM program. If applicable, the Department will recover this sanction amount by reducing a future payment to the PH-MCO. The Department may agree to waive this sanction based on additional information provided by the PH-MCO to the Department detailing the reasons why the expenditures for the CBCM program were less than the required \$0.75 PMPM.

If the Department determines the PH-MCO made CBCM expenditures that were not in accordance with the PH-MCO's approved CBCM plan, upon advanced written notice to the PH-MCO, the Department may require that the PH-MCO resubmit any required CBCM reporting to remove these expenditures. Please refer to the paragraph above if the resubmitted report(s) result in expenditures that are less than the required \$0.75 PMPM.

Maternity Care, as shown on Appendix 3f, is excluded from this requirement.

III. Payments by the PH-MCO to Providers

The PH-MCO must make payment within the approved time period for the approved CBCM program, as identified above.

IV. Reporting

A. Clinical Reporting

1. The PH-MCO must submit an annual analysis of their Comprehensive Care Management in addition to submitting a sub-analysis of the CBCM program.
2. The PH-MCO shall report on the clinical outcomes of the program in the required formats and on the Department provided templates.

B. Financial Reporting

The PH-MCO must submit the required Report 5i.. If requested by the Department, the PH-MCO must submit additional financial reports in the format and by the date requested.