Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

Contents

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 1	Mario — 00:25	Hello and welcome. My name is Mario, and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q&A, and a producer will respond. We encourage you to submit written questions for speakers at any time using the Q&A panel. During today's live event, closed captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Michelle Baass, Director of the California Department of Healthcare Services.
Slide 1	Michelle Baass — 01:00	Good morning. And thank you for joining us today. We will be presenting our strategy to support health and opportunity for children and families in Medi-Cal. This document organizes and communicates our strategies many of which were underway already, and others we are pursuing to support children and families. It is our comprehensive vision and is intended to connect the dots on many of our initiatives to help us move the needle forward on improved outcomes for our children and families. This is more important probably than ever before as the pandemic has had an incalculable impact on the physical and behavioral health of children and families. If future Californians are going to have longer, healthier and happy lives, we must address the foundations of health, preventative efforts that have long lasting impacts starting with children. Addressing child and family health today will reduce chronic diseases and serious illnesses in the decades to come. We look forward to this journey together. With that, I will turn it over to Jacey Cooper, our state Medicaid director and chief deputy director.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 2-3	Jacey Cooper — 02:03	Thank you, Michelle. Good morning, everyone. Happy to be with all of you. So I'm going to kick us off with some overarching slides and overview of the Medi-Cal strategy to support health and opportunity for children and families. And then our various team members will go into a deeper dive across a variety of some of the key initiatives, and then of course, allowing for some time for questions and comments. So really when we step back and look at the Medicaid program in California, the impact is significant, especially for children under the age of 18. So as you see here, we cover 56% of children in California on the Medi-Cal program. 47% of children in immigrant families are also enrolled in our program. 72% of Latino children and 74% of Black and African American children enrolled in Medi-cal. So a very critical opportunity to ensure that all the children enrolled in Medi-Cal are getting access to the services they need and making sure that we are doing it with an equity lens.
Slide 4	Jacey Cooper — 03:15	You know, we have had some significant stakeholder engagement over the last few years, specifically around some of our lower pediatric preventative care rates and access to EPSDT services, immunizations, as well as just really narrowing in on some of the large health disparities that we have identified in our program. And DHCS, as you heard Michelle mention, is very committed to really aggressively working to partner with plans, providers, counties, communities, advocates, and our children and families to really close the gap on some of these critical areas. We greatly appreciate the David and Lucile Packard Foundation for supporting some of our preliminary research in areas that drove some of this report. We also appreciate all the stakeholders that sat through interviews to inform this work and information along the way.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 5	Jacey Cooper — 04:19	Next slide. Really as mentioned, the approach was to really have one document that talks about all the various pieces that we are currently doing for children, youth, and families in the Medi-Cal program, and document them. Sometimes it's easier to have a long list or a running list of pieces. Also, we reflected the new items that are proposed in the budget here to kind of complement some of the pieces that were put in the budget specifically for children and families, and then some new partnerships that we're hoping to forge. You really will see it reflect both the comprehensive quality strategy, a variety of the initiatives in there as well as many components that were pulled from our managed care procurement, which is currently out right now for plans to respond to. Really at the end of the day, it seeks to pull all of those pieces together in one cohesive and coordinated strategy so people understand how DHCS is approaching our commitment to improving the health outcomes of these children.
Slide 6-7	Jacey Cooper — 05:26	Next slide. You'll also see, as you become familiar with the strategy document, there are eight action areas with detailed key initiatives that are designed to really solidify coverage for children, promote whole child and family based care, really strengthen the leadership as well across these areas and to implement a variety of initiatives. There are some additional documents that can be made available, various one pagers and action areas for you to also reference. We approach the document with some guiding principles, really looking to kind of shape that strategy, which focused on addressing health disparities and advancing health equity. As I opened at the beginning, we are very familiar with a variety of clear health disparities across our Medi-Cal program and zeroing in on those disparities for children, including children who have clear gaps, and making sure we're doing everything we can to close them.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 7	Jacey Cooper — 06:44	Also implementing a whole child preventive approach, informed by families, moving more upstream and making sure that we are committed to those preventative services now so that they have a long trajectory in the future. Also providing family and community based care is a clear objective, not just of the department, and reflected in many of our CalAIM principles, but also within the recent managed care plan procurement, really the local engagement is so critical to making sure that the way things are implemented will really drive in a local environment. California is large geographically, and the approaches we take to problems and unique issues across the state will vary. And that community-based approach is really critical. Also focused on integrating care, really important across the various pieces and making sure while we may have separate or siloed delivery systems in Medi-Cal, making sure that it seems integrated across our delivery systems is critical and reflected in many of the components, both within CalAIM and the managed care plan procurement, as well as within the strategy document.
Slide 7	Jacey Cooper — 07:54	Also really looking at how we improve accountability and oversight of these various services expectations and supports that are needed for these children and families. And then of course, looking beyond Medi-Cal and really partnering across our various sister departments and other areas and, of course, the community to make sure that we are leveraging all available resources for these children and families.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 8	Jacey Cooper — 08:22	So there you will see in the document a number of action areas and really here making sure that we are promoting the whole child and family-based care, strengthening those accountability structures, and implementing a data driven initiative to really support the implementation or continued implementation of a number of these initiatives. So you'll see in there some new leadership structure and engagement approaches that the department is deploying, stronger coverage base for California's children, really making sure that all children have access to Medi-Cal if they need it, stronger preventive and primary care services, streamlining access to pediatric vaccinations, a clear gap that we've had in California for some time and DHCS really partnering, not just with providers and plans, but also so with the California Department of Public Health to move the needle in that space, new health plan accountability for quality outcomes and implementation, a variety of these strategies, taking a family centered approach, child and adolescent behavioral health investments, significant investments around behavioral health have been made through CalAIM and other initiatives and continuing those on.
Slide 8	Jacey Cooper — 09:38	And then of course, making sure that some of our most vulnerable children are receiving the appropriate level of care, both physical health, behavioral health, and a variety of social support services that they need for our foster youth in our program. So these are the overarching pieces, and now I will be turning it over to our team who will be going into a deeper dive across a variety of key initiatives. And I believe the first next speaker is going to be Palav. So I'll turn it over to her now.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 9	Palav Babaria — 10:06	Thank you, Jacey. Hi everyone. Palav Babaria, chief quality officer and deputy director for quality and population health management at DHCS. So as shown in the previous slide, one of the major focus areas is really implementing a new leadership structure and engagement approach. So we know that the numerous initiatives we're going to be talking about today really span the entire department, multiple programs, multiple delivery systems. And we want to make sure that we are rolling out these initiatives in a coordinated way with a single point of contact. You can help bring all the initiatives together and make sure that we are really delivering on this agenda. So to that end, DHCS is going to be appointing a new DHCS child health champion, who is really going to drive home the importance of creating more coordination and accountability within Medi-Cal for children. This person is going to be joining my team as the assistant deputy director of quality and population health management and will be the sort of main point of contact.
Slide 9-10	Palav Babaria — 11:08	The rest of us are obviously still involved but will really serve as the main point of contact for engaging with children's health stakeholders, as well as leading several of the initiatives that we're going to be reviewing today. Second huge point that we want to highlight is as outlined in the comprehensive quality strategy, we really want to incorporate and elevate the consumer voice in our policy making. So we will be launching a new DHCS consumer advisory committee that is comprised of Medi-Cal members to really inform our initiatives. And that committee will include folks who are representing children's populations within Medi-Cal. And I believe we can go to the next slide and I'm going to turn it over to Rene.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 10	Rene Mollow — 11:52	Thank you, Palav. Hello everyone. So our next action is looking at strengthening the coverage base for California's children. So one of the key initiatives that I would like to highlight is around reducing Medi-Cal premiums to zero for families to make coverage more accessible. About 500,000 individuals today with incomes that are above the Medi-Cal income levels for no cost Medi-Cal, so for those individuals with FPL incomes of 160% up to and including 266% of the federal poverty level are subject to premiums in the Medi-Cal program. These premiums are based per child, per family, and will total to be no more than $39 per family for a family that has three or more children. So in the governor's budget for this year, we are proposing to reduce to zero the Medi-Cal premiums for these families. And this helps to reduce any types of barriers that people may have in terms of retaining their coverage under the Medi-Cal program.
Slide 10-11	Rene Mollow — 13:05	The other thing that we are also looking to do is to expand upon our presumptive eligibility policies, again, to make it easier for children to be quickly and efficiently enrolled in Medi-Cal. So regardless of the providers that they're seeing within our program, those providers would have the ability to then afford presumptive eligibility for children that may present without any coverage. Next slide, please. The other action is looking around the fortification of pediatric preventative services and primary care. So again, there are several key initiatives that we're looking to implement in our program. One is around a new population health management strategy. The other is around doing an outreach and education campaign regarding EPSDT, or early periodic screening diagnosis and treatment, for our beneficiaries, our providers, our health plans to help support our families. And in particular on this front, want to ensure that across the board, that individuals understand the importance of EPSDT, which is a federally mandated component part of our Medicaid program.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 11	Rene Mollow — 14:23	So to that end, we're going to be looking to launch an education campaign for families, for primary care providers, and for our managed care plans. And again, this is to help individuals to understand the meaning behind EPSDT and what it means to individuals in terms of accessing these services, as well as also the requirement that we have in affording these types of services to our beneficiaries and also to clarify the Medi-Cal necessity requirements, which is a much broader standard and requirement for children in the Medicaid program versus that of adults. We're also looking at implementing changes to help improve the criteria for determining eligibility for children who received behavioral health services and then also looking at expanding upon pediatric dental services beyond the pilot that was in our dental transformation initiative, which was under our prior Medi-Cal 2020 waiver. And so with that, I'd like to now turn it back over to Palav. Palav?
Slide 13	Palav Babaria — 15:34	Thank you, Rene. Go to the next slide. There we go. So we definitely want to strengthen access to pediatric vaccinations. We know that we have gaps in vaccination rates, certainly for the 10 vaccination doses that children are supposed to receive in early childhood, as well as adolescent vaccination rates. And as vaccination efforts continue for the COVID-19 pandemic, access to vaccination becomes even more critical. So we will be partnering with the California Department of Public Health to really look through our entire process by which providers are enrolled in the vaccine for children program and we make vaccines more accessible to children across numerous settings so that we can streamline that process, make it easy for providers to enroll and provide vaccinations, as well as really make it easy for families and children to access vaccinations whenever they are due or need to catch up.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 13	Palav Babaria — 16:37	We are also going to be adding a focus within our managed care accountability set to increase vaccination of pregnant individuals, given the clear evidence and data that vaccinating in pregnancy also has important healthcare benefits for the newborn child. And then the last piece on the vaccination effort, we know that there are existing disparities by race and ethnicity and geography in all vaccinations. And so as we go through this effort, we'll be really looking at what are the root causes of those disparities? What are the barriers specifically for populations whose vaccination rates are lower and how do we address those barriers that everyone has access to high quality effective vaccinations? You can go to the next slide.
Slide 14	Palav Babaria — 17:29	Susan, is this you?
Slide 14	Susan Philip — 17:30	Yes, I will take this. Thank you. Hi everyone. Susan Phillip, deputy director for healthcare delivery systems. So I'll touch base on our enhancements to really ensure accountability among managed care plans, really specifically through our managed care contract. You know, Jacey mentioned in the opening remarks the RFP release, and part of that the managed care contract. As part of that managed care contract has updated model language that all managed care plans will be required to adhere to. So a few key things wanted to point out. The contract includes under the quality and improvement health equity transformation program, an entire section on children's services, which really highlights children as a member population and obligates plans to implement methods for ensuring care management coordination with appropriate programs. There's also provisions where planned partners will be held accountable for exceeding the minimum performance level for a host of pediatric and maternal specific metrics.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 14	Susan Philip — 18:34	These include, for example, rates of developmental screening in the first three years of life and the promptness of receiving and delivering prenatal care. There are also specific provisions for managed care plans to partner with local education agencies, really to ensure that there is that local engagement with the managed care plans. And that's really to ensure that there's provision of medically necessary behavioral health services, including mental and substance use disorder treatment, really across settings, including home, school, and in the community. And these requirements will need to be codified through MLUs with LEAs. DHCS is also working to ensure their payments for healthcare services, really bolster accountability, and delivery of quality and equity for children. Starting in 2023, DHCS will adjust our base capitation rates for managed care plans. And then in terms of our medical loss ratio, the medical loss ratio that plans are to report to beginning in 2023, all managed care plans are the prime contractors that DHCS holds a contract with as well as the fully and partially delegated subcontractors are to report on their medical loss ratio.
Slide 13-14	Susan Philip — 19:52	And this will give us a view of the proportion of the total rates that are spent on healthcare and quality activities. All prime plans will also provide remittances if they don't meet medical loss ratio, minimum of 85%, and then all plans and subcontractors will provide remittance if they don't meet that 85% minimum by January 2025. Additional provisions I want to make sure we point out here is related to primary care spend. We know, of course, that investment in primary care spend is a big part of ensuring quality and accountability for access and delivery care for children.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 13-14	Susan Philip — 20:35	So managed care plans must report primary care spending as a percentage of total spending. And that percentage will need to be reported by age so we understand the proportion spent on primary care for children as a percentage of the total spend. There are also efforts to ensure that we have a clear understanding on payments tied to value. So we are asking plans to report on what proportion of providers are paid using alternative payment models. So all of these efforts really seek to further our efforts to enhance accountability among our managed care plan partners. So with that, I will turn it over back to Palav.
Slide 12	Palav Babaria — 21:21	Thank you. And we're going to go back a few slides because we skipped one. I think it's right before this. There we go. So a few things to also highlight on how we are fortifying pediatric preventative care and this primary care foundation that Susan was also just talking about that we are going to tackle through alternative payment models and measuring and monitoring primary care spend. As many of you are probably aware, there is a budget proposal in the current budget year to fund practice transformation and equity grants that would really invest new resources that are significant in practice transformation targeted for pediatric and primary care providers who are serving pregnant individuals, children, and adolescents. We know that through the course of the COVID-19 pandemic, there have been decreases in utilization and preventative care services for children and for families and that there are significant disparities in how these reductions have occurred across communities.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 12	Palav Babaria — 22:22	They are widening disparities that we had even before COVID. These grants will be provided to outpatient practices to really help change their approaches to a population health management approach, and also really address these care gaps that we're seeing so that we can catch children up on vaccinations that they've missed and infant well child visits, developmental screens that have not happened the way they should have on schedule, and to really help achieve our bold goals 50 by 2025 initiative, which as you all have read in the comprehensive quality strategy, sets out pretty ambitious goals to improve care and cut disparities by 50% across the state in numerous measures by 2025. Currently we are proposing $200 million in general funds in the governor's budget in '22 to '23, which would be 400 million in total funds to support these initiatives. We also are participating in CMSs infant well child visit learning collaborative, where many of you on this call participating with support from children now.
Slide 12	Palav Babaria — 23:27	We have an expanded stakeholder group as well to really pilot improvements and interventions to really increase the rates of infant well child visits across the state, as well as cut disparities in the pilot regions where we are launching these initiatives. California has also been selected to participate in the healthcare payment learning and action network state transformation collaborative, where we are partnering with other state purchasers to similarly drive improvements in alternative payment models and primary care utilization and the foundation of primary care practices. And this ACEs Aware initiative that has been happening for a few years, we are continuing to really incorporate ACEs screenings and a holistic, comprehensive approach to pediatric care within the primary care practices. Go to number six, which I believe is slide 15.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 15	Palav Babaria — 24:28	Perfect. So in terms of applying a family centered approach, we know that the physical healthcare provided in a primary care practice is really just one aspect of a child's care and that we really do need to think about upstream drivers of health, as well as a family centered approach to ensure the health and wellness of that individual child. So in addition to implementing the coverage of new services in the Medi-Cal program for community health workers and doulas, as well as dyadic services for families with children, where the entire family can be provided behavioral health services during their primary care visits and clarifying family therapy as a behavioral health benefit. We're also launching a new strategic plan with our partners at the California Department of Public Health and the California Department of Social Services to really think through how we can maximize enrollment of eligible Medi-Cal children and families into CalFresh and WIC.
Slide 15	Palav Babaria — 25:28	We know that currently only about 30% of Cal members are enrolled in CalFresh. And when you look specifically at the proportion of children who are in Medi-Cal who are enrolled in SNAP benefits, we rank at the bottom of the nation in this enrollment. So we think there's a lot of room to go to really improve this and make sure that families and children are availing of all of the benefits to which they are entitled to. There's also robust evidence that shows that WIC participation and SNAP participation boost health outcomes and developmental outcomes for both pregnant individuals and young children. So there is a clear demonstrated health benefit to this enrollment. So we're really looking forward to launching that with our other state partners, to seeing what efforts we can support at the local level to improve enrollment. You can go to the next slide.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 16	Palav Babaria — 26:24	The other piece of this is, as all of you are aware, we have rolled out enhanced care management as a part of our CalAIM projects. And the benefits specifically for children will be launching this summer in July or next summer in July 2023. So while some children's coverage has launched, especially if they are already part of families that are experiencing homelessness, starting in July 2023, there will be a targeted, enhanced care management benefit for children that are not already being served through ECM. They will have to meet other criteria such as involvement in the foster care system, being justice involved, diagnosis of SED. And we are working through the specific criteria right now with our children's advisory group, but this is a really incredible opportunity to really think through the robust care coordination that needs to occur for these high-risk children in Medi-Cal.
Slide 16	Palav Babaria — 27:20	In addition to also bolster this family centered approach, we will be expanding coverage and care for pregnant and postpartum individuals by expanding postpartum eligibility to 12 months postpartum. We are also working with our state partners at CDPH and CDSS to see how we can improve the enrollment of Medi-Cal covered pregnant individuals and families into existing home visiting programs, which have also been shown to have demonstrable improvement in healthcare outcomes and utilization of preventative care services. We also have a partnership that we'll be launching with DDS to better support children who have both an IDD diagnosis and behavioral health needs, which is new and really coordinate these efforts across state departments. We can go to the next slide.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 17	Autumn Boylan — 28:12	Hi, Autumn Boylan, deputy director for strategic partnerships. Good morning, everybody. Wanted to share a little bit about the children youth behavioral health initiative, which is a new initiative that you're probably all already tracking. It was authorized as part of the budget act of 2021. It is a multi-year, multi-department package of investments aimed at transforming California's behavioral health delivery systems for children and youth ages zero to 25, to ensure that all children and young adults are routinely screened, supported, and served for emerging and existing behavioral health needs. The initiative includes multiple work streams that are led by five departments within the California Health and Human Services Agency, including DHCS, the Department of Healthcare Access and Information, the Department of Managed Healthcare, California Department of Public Health and the Office of Surgeon General. Under agency's leadership, the five departments have been working closely together to align priorities, to find outcomes for the initiative, identify opportunities for cross departmental collaboration, and obtain stakeholder input.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 17	Autumn Boylan — 29:20	The initiative is grounded on focusing on equity issues, centering efforts around children and youth voices, the strengths, needs, priorities, and experiences of youth, and is really driving transformative systems changes. Given the scale and complexity of the effort, stakeholder engagement is a very significant focus for the first year of the initiative. And the engagement strategy includes multiple goals from keeping stakeholders informed about the initiative and gathering input on the priorities at the current fees to jointly co-designing potential solutions and partnering to implement them going forward. The engagement models... Excuse me... Will vary by work stream and evolve over time. And we're collaborating closely with our sister departments within the Health and Human Services Agency to think through our stakeholder engagement strategies so that we have a cohesive approach. To that end, tomorrow morning on March 15th, from 10 to 12, we will be conducting an agency-wide initiative kickoff webinar from 10 to 12.
Slide 17	Autumn Boylan — 30:25	And we're going to put the link for the webinar information in the chat where we'll provide much more information about the children youth behavioral health initiative from all departments and our agency leadership. DHCS is also specifically launching multiple stakeholder engagement strategies in April and last Friday, a stakeholder announcement went out about two behavioral health think tanks that DHCS is launching to convene experts who will help inform decisions that we make around key scopes within the project. And we'll talk more about those during the webinar tomorrow. So if you're interested, feel free to join, but there's also information posted on our website about the initiative and the think tank opportunities in case you're interested in applying for the think tanks. There will also be multiple opportunities for members of the public to provide input into the development of the various work streams for the youth behavioral health initiative.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 17	Autumn Boylan — 31:24	And we'll have multiple public webinars over the next several months. The stakeholder engagement activities will inform the department's overall strategy for each of the work streams such as decisions, including design scope, populations of focus, and those decisions have not yet been made. We're engaging with stakeholders to really flesh out what these various work streams will entail. However, we are focusing, as you see on the right hand side of the slide, on some specific areas that will obtain stakeholder input over the next several months, including the development of a state defined all payers fee schedule and statewide network of schooling behavioral health services to support behavioral health services provided at or near a school site for students up to the age of 25. We're partnering closely with the Department of Managed Healthcare as the statewide fee schedule is all payers, including Medi-Cal and commercial health plans.
Slide 17	Autumn Boylan — 32:25	The services will include a scope of services for outpatient mental health and substance use disorder treatment. And the scope of services will be defined through the stakeholder engagement process, which will begin in April. We also will be issuing grants to build up the infrastructure for school based behavioral healthcare services. These schooling partnership and capacity grants will be funded through a third-party grant administrator. We plan to issue the funding opportunity this fall and open the application for period by December 2022. Over the next several months, as I said above, we'll be engaging with stakeholders in the design of the grant funding opportunity, including determining things like eligibility criteria and who the eligible recipients for the grants will be.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 17	Autumn Boylan — 33:15	We also are continuing our efforts around the CalHOPE initiative and have included funds in the children youth behavioral health initiative for CalHOPE student services, which supports communities of practice in all 58 counties, county offices of education to enhance social emotional learning environments. DHCS is collaborating with key partners and engaging youth partners to contribute to a positive, supporting learning environments in schools. The department is also implementing contracts with all 58 county offices of education. And our goal is to implement those contracts by June 2022, so that we have a system in place to support these social, emotional learning environments. There will be more information about all these initiatives tomorrow at the webinar, and we hope to see some of you there. I'll turn it over for the next slide.
Slide 18	Jacob Lam — 34:11	So hello everyone. This is deputy director of healthcare financing at DHCS. So Autumn has already kind of run through a lot of the bullets on this slide, as it relates to the children and youth behavioral health initiative. I would like to talk about the Medi-Cal managed care incentive program that is highlighted as part of the children and youth behavioral health initiative. So what this is specifically talking about is our student behavioral health incentive program that we have been working on with partners to develop over the last fall in which we have recently implemented this year. So the student behavioral health incentive program is a $400 million Medi-Cal managed care incentive program that's aimed at increasing access to preventative early intervention and behavioral health services in schools, and really complements a lot of the objectives that have been highlighted throughout the presentation today.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 18	Jacob Lam — 35:09	As part of our work with stakeholders this fall, we developed the basic program structure and guidelines. This program will include 14 targeted interventions that plans in schools can choose to participate in depending on what they've identified as part of their local needs assessment, which will be part of the program and which will be occurring this calendar year. Once that assessment is completed, those plans and school partners will be identifying which interventions they'd like to implement to best address those needs. And those interventions will be rolled out over the second and third years of this program, which is again, calendar year based.
Slide 18	Jacob Lam — 35:49	At this point, we've received letters of intent from all of our managed care plan partners and all of our counties throughout the state, so we're very excited about the reach that this seems to be having. Our next major deliverable is actually tomorrow. On March 15th, we'll be receiving partnership forms from our managed care plan partners, which identify which educational entities they'll be working with at the county level to implement this program. So lots of exciting work in this area. We are beginning the process of implementing this program. We do have a website on... A webpage on our DHCS website, where you can find guides and handouts kind of on what we've developed and what we're working on, frequently asked questions, et cetera, and plan to keep working through this. So with that, I will turn it over to Kelly on the next slide.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

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Slide 19	Kelly Pfeifer — 36:45	Good morning. So for the foster care model here, as you know, Medi-Cal provides physical, behavioral, and oral health to nearly 60,000 children annually in the California foster care system. And since June 2020, DHCS and the California Department of Social Services have been working together with many stakeholders on a long-term plan to improve healthcare services for children in foster care. We will be relaunching the foster care model care worker [inaudible 00:37:15]. And the goal is to establish an accountability framework, advanced equity, and to integrate services and care ultimately to improve outcomes for some of the most vulnerable young people in our system. Next slide. I'll then turn it over to Palav for questions and answers.
N/A – Q&A	Palav Babaria — 37:36	Thank you, Kelly. So I think that brings us through sort of the formal content presentation, but we do want to answer any questions that you all may have and go into more detail on necessary areas. I will ask our colleagues to kick us off for the Q and A, and direct questions to the appropriate folks.
N/A – Q&A	Alice Lam — 37:55	Sure. Hi, everyone. We've been fielding the Q and As that folks have been very diligently submitting. So we're trying to organize them a little bit to make sure that we can respond to as many as we can in the time that we have remaining. So we're going to start off with there were some questions that came in around the new leadership structure and engagement approach and in particular to speak a little bit more in terms of some particular focus areas of how the department envisions quality improvement champions for areas like dental and child behavioral health. And I think Palav, are you going to take that? Let's start with that.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria — 38:36	Okay. Great question. So we absolutely envision children's health to be comprehensive, spanning delivery systems. We know that there are significant needs in the children's behavioral health arena in oral health, as well as vision services. So the children's health champion will be taking a global view of children's health and then working with all of the specific program areas as needed to address issues and drive forward improved outcomes, quality and equity.
N/A – Q&A	Alice Lam — 39:09	Okay, great. And so then we also saw a few questions come in with respect to the strengthening of EPSDT in particular around the outreach campaign and some of those efforts, some questions on the engagement of managed care plans with families in that campaign, and also any connections in terms of those goals with respect to EPSDT county penetration. So I was wondering Rene, if you might be able to kind of start with that.
N/A – Q&A	Rene Mollow — 39:45	Yeah. So, absolutely. So thanks for the question. So in terms of looking at EPSDT, the goal here is to help ensure that across the board providers, plans, beneficiaries understand the important of EPSDT, which is around the early and periodic screening diagnosis and treatment for disease states that may be identified based upon those screenings. So our goal here with our campaign is to develop informational items, a toolkit so to speak, that would then be made available to our plans, to our providers. We'd be doing provider outreach as well as communication directly to our families. So we would see a synergistic relationship in terms of disseminating that information out to our plans, and then also their active engagement with our beneficiaries as they're being seen based upon whatever their healthcare needs are. And this would be across our delivery system in the provision of these services.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Rene Mollow — 40:53	So it's really important to us that across the board from the providers, the plans, beneficiaries, everyone understands EPSDT. In terms of EPSDT penetration rates and all, the focus there would be for managed care plans in terms of looking at preventative type services and utilization of those preventative type services and screening services and looking at where they're at today and then looking for improvements. And I think that builds upon some of the work that Palav and her team will be doing in that respect. So it's not so much about county EPSDT penetration rates. It's really looking at the work that is being undertaken by our managed care plans. And then I'll ask if there's anything that Palav or Susan would like to add to that.
N/A – Q&A	Palav Babaria — 41:45	I think you covered it, Rene.
N/A – Q&A	Rene Mollow — 41:53	Okay. Very good. Thanks.
N/A – Q&A	Alice Lam — 41:54	Great. And so we had a next question come in with respect to the CHDP provision. And I think Autumn, you were going to speak a little bit more on that one.
N/A – Q&A	Autumn Boylan — 42:15	What was the question, Alice?
N/A – Q&A	Alice Lam — 42:18	Sure. Let me just pull that back up again. Let me scan right through. Just had it in front of me and lost it. So this was looking for, with respect to the proposal on the CHDP program and the sunsetting and sort of just the transition component with respect to that.

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Autumn Boylan — 42:53	So DHCS has the full proposal to eliminate the child health and disability prevention program. It's posted on our DHCS web page. It is a proposal as part of the budget, and the proposal includes a crosswalk of the existing CHDP activities, crosswalk with a proposed transition plan for how we plan to transit all of the various functions that are completed by the county CHDP programs today. I will highlight that this proposal is being boarded because of the transition of lives into the Medi-Cal program, Medi-Cal managed care, over the next year for children and youth. And as of July 2023, most children will be enrolled in a Medi-Cal manage care plan and all of the functions that are currently in the child health and disability prevention program today, are going to be undertaken by the Medi-Cal managed care plans or are already requirements of the Medi-Cal managed care plans.
N/A – Q&A	Autumn Boylan — 44:16	And so really that's the rationale for kind of the transition. We will be engaging stakeholders over the next year to get input on the transition plan, to make sure that we don't miss anything, but there is a detailed proposal on our website for folks if you're interested to learn more about what we're proposing there. And Susan, I don't know if you have anything else that you wanted to add.
N/A – Q&A	Susan Philip — 44:44	Yeah. I was just going to add that it is sunsetting for July, the date that we have is July 1st, 2023. So that is to give us that timeframe for the engagement and ensuring a smooth transition. And again, we do view that the services are... There are no services that will not be continued. Either they're currently duplicative of what is in managed care now and any programs that are currently under CHDP that, for example, the lead screening program, all of that, will continue under CHDP, so just flagging that.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Alice Lam — 45:27	Great. Thanks, Autumn and Susan. So there were several questions that came in with respect to the equity and practice transformation grants, questions around, I think, just getting some more detail around when they'll be available, the timelines for submission of applications, whether there would be eligibility for dental providers, and then just clarifying the distinction between these grants and other funding that's available through path and community supports. So I think, Palav, if you wouldn't mind kind of starting with those.
N/A – Q&A	Palav Babaria — 46:06	Absolutely. So yes, these funds are unique and distinct from other funds that may be available through various CalAIM incentive programs or Path, and they will be targeted at providers providing clinical services to Medi-Cal members. We are still working out the details, but they are part of next year's budget proposal. So the funds, assuming the budget passes on time, would not be available until July of 2022, and then would have two-year spending authority so that they would have to be spent within 24 months of that timeline. So more details will be forthcoming about what the specific criteria are, what the specific clinical outcomes that we would be tracking through these practice transformation grants are, which will determine obviously which types of practices are best well positioned to apply for them. And we would ideally release applications and start spending those funds as soon as possible after the new budget is passed.
N/A – Q&A	Alice Lam — 47:07	So we had a follow up question around the discussion around the rate adjustment and how that works, how that's tied to performance. I think Jacob, you were going to pick up on that and speak to it first?

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Jacob Lam — 47:23	Yeah. So just to clarify, this is in response to how we develop the allocation methodology for the student behavioral health incentive program. So first, just want to clarify that this is not an adjustment to the base capitation rates for our Medi-Cal managed care plans. Because we had a fixed allocation amount, or fixed dollar amount for this program, DHCS developed an allocation methodology that looked at member months in each county, combined with un-duplicated pupil counts for these students in the counties and calculated an allocation based off that information. This has been shared with our stakeholder group that we were working with to develop this program specifically what information we wanted to use to develop those allocations.
N/A – Q&A	Jacob Lam — 48:09	I think we all came to agreement that the un-duplicated pupil counts made the most sense for the factoring in the number of students in each county. And so if each managed care plan will need to implement one to four of the targeted interventions based on the size of that managed care plan and their footprint in each county in order to receive their full allocation amount. And so happy to answer any further questions if there's anything else on that.
N/A – Q&A	Alice Lam — 48:43	Thanks, Jacob. The next question, I think for you, Rene, on the rollout of the postpartum care expansion, and if you could speak a little bit more to those specifics.
N/A – Q&A	Rene Mollow — 48:57	Yes. Hi everyone. So in terms of the postpartum care expansion, we will ensure that beneficiaries are aware of this expansion. Do remember and just as a reminder for everyone, we are still in the maintenance of eligibility period. And so once we are in the process of resuming redeterminations, then we will work to ensure that people are informed about this expansion of coverage and their ability to maintain their Medi-Cal coverage through that postpartum period.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Alice Lam — 49:29	Thanks, Rene. So follow up on the children's focus in working with schools that children ages birth to five, also have behavioral health issues and wanting to hear more out the department's potential plans for childcare centers and preschools. I think maybe Autumn might be best positioned to field this one.
N/A – Q&A	Autumn Boylan — 50:08	Yeah. So with the children youth behavioral health initiative, we are working with stakeholders from the early childhood education space to ensure that we're thoughtful about the approach for addressing behavioral health needs for zero to five population. And so we have yet to kind of make some decisions around what that means in terms of the school base, the school linked partnership and capacity grants. But in the trailer bill, publicly funded child childcare centers and free schools were included as potential recipients. We also are looking at... We also have another work stream to scale up evidence-based practices statewide. And so part of that work we'll look at which evidence-based practices are best served for children ages zero to five.
N/A – Q&A	Autumn Boylan — 51:01	So we're definitely cognizant of the need to focus on the zero to five population. And we'll be engaging with stakeholders on how to best address the zero to five population through the initiative and the various work streams that we have in place. So the school linked initiatives are just the one area that we were highlighting for today. And we are in discussions with folks out how to best address the population through that particular grant work stream but are also kind of looking at the zero to five population at large, within the initiative to address needs there. So thank you.
N/A – Q&A	Alice Lam — 51:45	Okay, great. Thanks, Autumn. And I'm seeing also some questions around the whole child family centered approach, and I think wanting a little bit more expansion on how DHCS shaped that approach and some further on the example strategies. Palav, if you might be able to take that one?

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria — 52:10	Yeah. I mean, I think a common theme that hopefully all of you have heard throughout these slides is really trying to push our interventions and our approach upstream. And this will be a key part of our comprehensive quality strategy rollout and our bold goals initiative as well. So thinking about by the time downstream conditions occur, a child ends up in foster care, has diseases and conditions that could have been averted with appropriate preventive screening and intervention. We really want to ask where were the opportunities to intervene and change that outcome earlier and sooner? And a lot of that really does lie both in that zero to five space, but also thinking about even before the child is born, what are the things that we can start in pregnancy? And so for each of these initiatives that will take a different flavor, but to give a concrete example in our affinity group with CMS, as we're looking at infant well child visits, a child is supposed to have five infant well child visits by the time they're six months old.
N/A – Q&A	Palav Babaria — 53:11	If the families don't even know the importance of these well child visits or their EPSDT services, and don't come in until month four, you're never going to get to five visits by month six, right? And so even starting at day zero is probably too late. So how do we restructure all of our engagement and outreach and clinical delivery to start the second that pregnant individual knows they're pregnant? What are the pieces of family care, of training, of education, of support, that we need to take care of in that prenatal space so that by the time that infant is born, you they know, "Hey, I have five visits I have to get through. I need all of these vaccinations." It is critical that I do that developmental screen early, so that I'm catching things and accessing all of the programs that can help support those findings before a child is five years old and we've lost five years of opportunity to intervene and change the outcome of that child's future.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria — 54:05	And there's numerous ways to do this. So I think dyadic services where we'll be really thinking about behavioral health support and therapy, not just for the singular patient, but the entire family that needs those services at every point where we have a touch point, thinking about maternal postpartum depression and substance use screening, and how do we do that within the arenas where we are caring for children, so that we are thinking about the health of that mother and following evidence based guidelines, thinking about home visiting before that child even enters, is born and what is the home visiting scenarios that can help improve the families' support network and make sure that the child receives all of the necessary service once the child's born? So hopefully that answers the question. There's a lot of other examples, but those are the arenas where we really want to be pushing upstream. And we also know that pushing upstream means partnering with entities outside of healthcare, because healthcare is not always oriented at the upstream community-based interventions.
N/A – Q&A	Alice Lam — 55:09	Great. Thank you, Palav. I think we're going to stick with you for a minute just for some additional questions around the metrics for monitoring adherence to EPSDT requirements, any perspective DHCS thinking around expansion of accountability and metrics in that area?

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria: — 55:32	Absolutely. So I think as we mention EPSDT, it's the law, it is something that every single child in our program is entitled to, but it's also good medicine. If they receive all of these services, it results in improved clinical outcomes, quality and equity. So as we roll out our managed care procurements, we will definitely have strengthened the language around EPSDT and what the requirements are and how we'll be monitoring it. We also, for our managed care accountability set this year, added a number of new children's preventive measures that are part of EPSDT to help us better monitor and hold plans accountable to these benefits that the children should be receiving. And then putting in a plug for population health management as this CalAIM program goes live for children. The entire health management approach is built on a foundation of EPSDT, so we will be building into our pop health approach.
N/A – Q&A	Palav Babaria: — 56:30	And we will be having our pop health public advisory group that will be kicking off later this week. So we can put that information in the chat, highly encourage all of you to join and listen to those meetings, because we will be doing a deeper dive into EPSDT with that as well.
N/A – Q&A	Alice Lam: — 56:45	So we're going to try to squeeze in one last question. And I think this one may be for Rene, around more information on dyadic services that are available for families and children.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Rene Mollow: — 57:03	Yeah. So thanks for that questions. So again, these are services to help identify behavioral health needs for children. So when they are being seen by their doctors, based upon what they're seeing and or information that is being shared from the family, we have an ability that under the child's Medicaid if that family member or the parent that is taking care of that child, if they do not have Medi-Cal, we have a way to provide some services to help provide them with some supports as well during that office visit and make referrals for them. So it's really designed to look at the whole needs of the child and that family to then prevent any types of future issues in the behavioral health realm. And I don't know, Kelly, if there's anything you want to add to that?
N/A – Q&A	Kelly Pfeifer: — 57:59	I often say when discussing this as a family doctor, I wish I had had this in place when I was in practice because so often in a 15 minute visit, I would get that door knob question is something that was really affecting the child's wellbeing that it had to do with the parent. And this is an incredible opportunity to really see the child and their caregiver or parent as a unit, all of whom deserve those behavioral health and care coordination services. That's a really exciting development for us.
N/A – Q&A	Rene Mollow: — 58:26	And we'll be providing once the benefit is launched, we'll be providing more information on that for our providers and our managed care plans.
N/A – Q&A	Alice Lam: — 58:42	All right. Thank you, Rene and Kelly. I think we're handing it over to Michelle to close us out.
N/A – Q&A	Michelle Baass: — 58:49	So just wanted to thank everybody for your participation to today on this webinar and really, even more importantly, for your advocacy and kind of pushing us to always think about what we can do better, how we can improve. And really this is an opportunity and we're looking to partner and work with all of you on this webinar to really push this strategy and touch as many children and family as we can to really improve the wellness and health outcome of our population. So thanks again, and we will talk soon.

Medi-Cal's Strategy to Support Health and Opportunity for Children & Families Webinar

March 14, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Mario: — 59:23	Thank you for joining. You may now disconnect.