Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services (DHCS)
August 17, 2021

Overview

- Welcome and Introductions
- Agenda Review
- Items for Next Meeting

Director’s Update

Will Lightbourne, DHCS Director

Home and Community Based Services (HCBS) Spending Plan

- On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) of 2021 into law to provide additional COVID-19 relief to states.
- States must use the extra 10% to implement or supplement implementation of one or more activities to enhance, expand, or strengthen HCBS in the state's Medicaid program.
- California's spending plan includes input from stakeholders across the departments under the California Health and Human Services Agency (CHHS) on 30 initiatives, which total approximately $4.6 billion in enhanced federal funding.
- DHCS submitted the initial spending plan and narrative for federal approval on July 12.
- Additional information on the HCBS Spending Plan is available on both the CHHS and DHCS websites.

Introduction: Office of Tribal Affairs

Purpose: To serve as the principal entity to facilitate engagement between DHCS programs and Tribal partners, to strengthen and maintain an effective working relationship with Tribes and representatives of Indian health programs, and to ensure DHCS continues to meet federal obligations to seek input on matters that pertain to Medi-Cal program operations that may have an impact on Tribes, Indian health programs, and American Indian Medi-Cal beneficiaries.

Key activities of the office will include:

- Serving as the DHCS principal liaison with Tribes and Indian health program representatives, and urban Indian organizations;
- Managing the development and implementation of Tribal Federally Qualified Health Centers;
- Managing the Interagency Agreements with the California Department of Public Health including the American Indian Maternal Services and Supports and Tribal Emergency Preparedness programs; and
- Ensuring compliance with federal requirements to notify Tribes and designees of Indian health programs on proposed changes to the Medi-Cal program.

DHCS will distribute a Tribal Engagement Plan for comment in Fall 2021.

Update on DHCS Initiatives

Jacey Cooper, DHCS Deputy Director/State Medicaid Director

Children and Youth Behavioral Health Initiative

Children and Youth BH Initiative

- ALL of Californian's children and youth will receive early and routine, evidence-based, culturally responsive, equity-focused behavioral health (BH) screenings.
- More than $4 billion in total funds invested over the next five years.
- Those with service needs receive access to readily available virtual and interactive tools.
- When virtual tools are not enough, timely services are made available through telehealth and in person.
- The program will be statewide for ALL children and youth, regardless of insurance type or status.

Why This Initiative?

- Children's BH-related emergency department visits increased significantly due to COVID-19.

- The Substance Abuse and Mental Health Services Administration reports:
  - The percentage of AI/ANs young adults (18-25 years old) with major depressive episodes increased from 4.8% in 2015 to 12.1% in 2018
  - Serious thoughts of suicide among AI/AN young adults (18-25 years old) increased from 8.3% in 2008 to 15.1% in 2018
- The National Survey on Drug Use and Health (2018) show that nearly 1 in 5 Native American young adults (aged 18-25 years) has a substance use disorder, including 11% with illicit drugs and 10% with alcohol.

- Children's BH conditions are anticipated to grow and intensify due to the pandemic, including untreated anxiety, depression, psychosis, and new substance use disorders.

Key Components

BH Service Virtual Platform and e-consult - Direct service and CBO network - Defined list of services and fee schedule
Training for pediatric, primary care, and other health care providers
School BH capacity grants to expand services and programs
BH evidence-based programs: spread and scale
BH continuum of care infrastructure
Dyadic care (integrating BH and medical services)
Expanding BH workforce capacity
Public education and change campaign

Update on Status 1115 and 1915b Waiver Submission

Timeline & Next Steps

- DHCS submitted 1115 and 1915(b) applications in June 2021
  - Includes the Tribal Uncompensated Care (UCC) pool to provide reimbursement for chiropractic services delivered outside of new Tribal FQHC providers and continues the Tribal UCC expenditure authority from the prior waiver

- CMS conducted federal 30-day public comment period, which ended on August 15, 2021

- DHCS and CMS Negotiations on proposal from August – December 2021

- Effective date of Section 1115 demonstration and Section 1915(b) waiver is January 1, 2022

CalAIM Behavioral Health Initiatives Timeline -1915(b) Waiver

Policy	Go-Live Date
Changes to eligibility criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023

Behavioral Health Update

Dr. Kelly Pfeifer, DHCS Deputy Director

Telehealth and New Medi-Cal Benefits 2022

Lisa Murawski, Chief

Benefits

- Community Health Worker (CHW) Services
  - Preventive Services benefit
  - Includes CHWs, promotoras, and community health representatives
  - January 1, 2022
- Doula Services
  - Preventive Services benefit
  - January 1, 2022
- Asthma Prevention
  - Preventive Services benefit
  - January 1, 2022

Benefits

- Dyadic Services
  - Integrated physical and behavioral health screenings
  - July 1, 2022
- Continuous Glucose Monitor
  - Adults 21 years of age and older with type 1 diabetes
  - January 1, 2022
- Telehealth Flexibilities
  - Extension through December 31, 2022

CalAIM Support Statewide Behavioral Health Continuum Capacity and Gap Analysis

Nathan Pauly, Manatt Health Strategies

Project Context

DHCS will:

- Conduct a **capacity assessment and gap analysis** by November 1, 2021, that will use county-level data to understand:
  - The mental health and substance use disorder (SUD) crisis, treatment and recovery continuums of care for adults as well as children and adolescents.
  - Community based alternatives to incarceration for justice involved individuals with serious mental illness (SMI) or substance use disorder (SUD)

To inform:

- **Behavioral health continuum infrastructure grant program:** $2.5 billion in funding to be allocated to provide competitive grants to qualified entities to expand community based behavioral health infrastructure in areas with unmet need
- **SMI/SED 1115 demonstration:** Mental health assessment capturing the prevalence of SMI and serious emotional disturbance (SED) among Medicaid beneficiaries, and availability of mental health providers across the state
- **New mobile crisis Medi-Cal benefit:** In response to the American Rescue Plan community mobile crisis intervention service opportunity (ARP) targeted for July 2022

Focus Groups

Focus Group Goals:

- Identify gaps in the continuum of care for mental health and substance use disorder
- Understand issues that disproportionately impact different groups (e.g. tribal partners, adolescents, and justice-involved populations)
- Highlight strengths and innovative solutions to address gaps in the continuum of care
- Give context to quantitative data highlighted by assessment

Discussion Questions:

- What will be the best way to engage tribal partners in these focus groups?
- Are there any unique considerations regarding the tribal community that we should keep in mind while developing the focus group guide?
- Any questions from the group about the assessment work or planned focus groups?

Medi-Cal Managed Care Update

Bambi Cisneros
Acting Chief, Managed Care Quality and Monitoring Division
Assistant Deputy Director, Health Care Delivery Systems

MCP Procurement

MCP Procurement Goals

- The MCP procurement is key to furthering CalAIM’s goals to:
  - Identify and manage member risk and need through whole person care approaches and addressing social determinants of health (SDOH).
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
  - Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Draft to Final RFP

- Intent of DRAFT Request for Proposal (RFP) is to solicit public feedback
- DRAFT RFP released June 1, 2021
- Comments were due July 1, 2021
- The Final RFP will include contract requirements for the following policy items:
  - May 2021 Budget Revisions
  - Population Health Management
  - Enhanced Care Management
  - In Lieu of Services
  - Health Disparities and Health Equities
  - Behavioral Health (BH) Reforms including but not limited to, No Wrong Door
  - School-based services including but not limited to, preventative early-intervention for behavioral health services by school-affiliated health providers

Timeline and Next Steps

DHCS is here

Create Draft RFP	Release Draft RFP	Receive Feedback	Create Final RFP	Release Final RFP
Develop RFP components: • Cover letter • Main • Attachments • Appendices • Sample contract(s)	• Release draft RFP • Conduct webinar • Respond to questions	• Collect and analyze feedback	• Update and finalize RFP components • Package for release	• Release final RFP • Proposer conference • Respond to questions

Timeline and Next Steps

Key Event	Date
Final RFP Release	Targeting Late November / Early December 2021
Proposals Due	Targeting Late 2021 – Early 2022
Notice of Intent	Targeting Early 2022 – Mid 2022
MCP Operational Readiness	Targeting Mid 2022 – Late 2023
Implementation	January 2024

Enhanced Care Management (ECM)
In Lieu of Services (ILOS)

MCP Requirements

- DHCS to MCP contract sets forth requirements for MCPs to:
  - Inform members of ECM and disseminate member-informing materials
  - Identify members within the Populations of Focus to be the highest risk and need for ECM services
  - Authorize ECM
  - Assign ECM to the appropriate ECM provider
  - Complete and submit Model of Care to DHCS
  - Pay contracted ECM providers for the provision of ECM services
  - Coordinate with other program to ensure no duplication
  - Develop and manage ECM provider network
  - Ensure eligible members receive all ECM core service components
  - Ensure infrastructure to allow for data sharing
  - Perform oversight of ECM providers including enrollment
- DHCS to MCP contract requires that MCPs attempt to contract with each Indian Health Service Facility as set forth in Title 22 CCR Section 55110-55180.

*** DHCS to MCP contract template can be found at: https://www.dhcs.ca.gov/Documents/MCQMD/MCP-ECM-and-ILOS-Contract-Template-Provisions.pdf*

Provider Requirements

- MCPs will be required to contract with community-based entities and providers, with experience and expertise providing intensive, in-person care management services to individuals in ECM Populations of Focus, to deliver ECM services.
  - This includes providers and clinics, FQHCs, and tribal partners.
- In their Model of Care, MCPs were required to respond to how they are working with Tribal partners.
- In order to serve as an ECM provider, the provider must provide all core service components of ECM to each assigned member.
- ECM Providers will be responsible for conducting outreach to each assigned Member and engaging each assigned Member into ECM,
- Upon initiation of ECM, the ECM Provider will ensure each member assigned has a Lead Care Manager who interacts directly with the member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate, and coordinates their care.
- The ECM Lead Care Manager will be responsible to coordinate any ILOS that may be available to the member.

Resources

CalAIM Webinar- August 25, from 12 p.m. to 1:30 p.m.

- DHCS will conduct a webinar to educate community providers about core aspects of the CalAIM initiative's ECM and ILOS components, including Medi-Cal managed care plan and provider roles, provider expectations, and an overview of the payment process.
- Registration is required

For specific questions regarding ECM/ILOS, please contact CalAIMECMILOS@dhcs.ca.gov

For additional information, please visit our website at Enhanced Care Management and In Lieu of Services

Update on COVID-19 Vaccination Rates

Dr. Karen Mark, DHCS Office of the Medical Director

- DHCS recognizes the disproportionate impact of COVID-19 on disadvantaged communities, including many communities of color, which account for a large share of the Medi-Cal beneficiary population. Until recently, our knowledge of the extent of COVID-19 vaccination among the Medi-Cal population was limited to what was gathered from claims data.

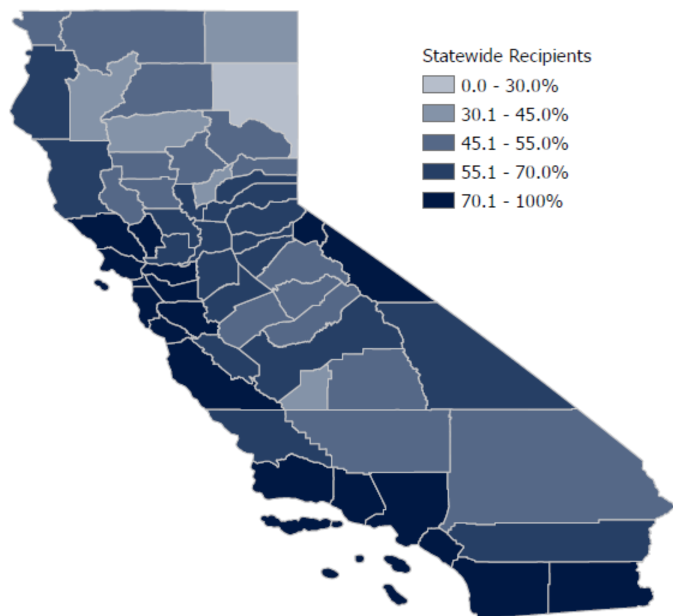
- Now, with new linkages to immunization registry data from the California Department of Public Health, DHCS has a much clearer view of Medi-Cal vaccination rates compared to statewide rates, stratified by county and by health plan. While Medi-Cal COVID-19 vaccination rates are gradually improving across the state, the percentage of Medi-Cal beneficiaries with at least one dose lags the population-at-large rate, sometimes by as much as 30 percent.

- DHCS is strengthening its efforts to work with managed care plans, local public health departments, agencies and stakeholders serving our homebound populations, as well as providers, health systems and community-based organizations to improve vaccination rates and help ensure that our beneficiaries are protected against infection from current and emerging strains.

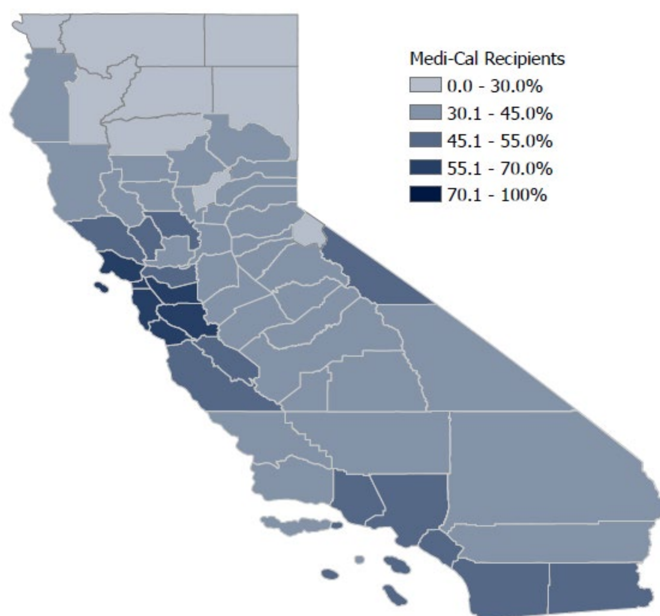
- To support and empower our partners with data and transparency, we will update and publish this data on a bi-weekly basis to support monitoring of progress and to guide further interventions.

Received at least one dose as of July 25, 2021
Percentage of 12+ years old, by county

All Californians



Medi-Cal Beneficiaries



Note: Medi-Cal beneficiaries are a subset of all Californians

Received at least one dose as of July 25, 2021 Comparing Medi-Cal Beneficiaries to all residents

County	All Californians	Medi-Cal Beneficiaries	Difference
STATEWIDE	71.5%	46.4%	-25.1%
Alameda	81.3%	56.3%	-25.1%
Alpine	78.7%	26.5%	-52.2%
Amador	61.2%	36.7%	-24.5%
Butte	49.9%	36.3%	-13.6%
Calaveras	55.1%	31.6%	-23.4%
Colusa	52.7%	34.2%	-18.6%
Contra Costa	79.2%	54.3%	-24.9%
Del Norte	45.3%	29.9%	-15.4%
El Dorado	61.2%	36.6%	-24.6%
Fresno	58.1%	40.1%	-18.0%
Glenn	49.6%	34.2%	-15.4%
Humboldt	65.4%	44.6%	-20.8%
Imperial	82.3%	51.5%	-30.8%
Inyo	58.1%	32.3%	-25.8%
Kern	48.7%	33.5%	-15.2%
Kings	41.0%	32.5%	-8.5%

County	All Californians	Medi-Cal Beneficiaries	Difference
Lake	53.9%	33.4%	-20.5%
Lassen	25.0%	20.3%	-4.7%
Los Angeles	71.2%	49.7%	-21.5%
Madera	51.3%	34.7%	-16.6%
Marin	88.6%	62.3%	-26.3%
Mariposa	51.7%	32.0%	-19.7%
Mendocino	67.2%	41.2%	-26.0%
Merced	50.0%	35.6%	-14.4%
Modoc	37.8%	27.7%	-10.1%
Mono	73.4%	48.9%	-24.5%
Monterey	71.2%	49.3%	-21.9%
Napa	80.0%	54.8%	-25.2%
Nevada	63.7%	37.0%	-26.7%
Orange	72.1%	52.1%	-20.1%
Placer	64.0%	41.3%	-22.6%
Plumas	52.8%	33.0%	-19.8%
Riverside	57.1%	38.4%	-18.7%

Received at least one dose as of July 25, 2021 Comparing Medi-Cal Beneficiaries to all residents

County	All Californians	Medi-Cal Beneficiaries	Difference
Sacramento	64.8%	41.3%	-23.5%
San Benito	69.1%	46.3%	-22.8%
San Bernardino	54.2%	35.5%	-18.7%
San Diego	87.4%	49.2%	-38.2%
San Francisco	84.6%	65.6%	-19.0%
San Joaquin	59.8%	38.9%	-20.9%
San Luis Obispo	65.2%	43.6%	-21.6%
San Mateo	85.1%	61.8%	-23.3%
Santa Barbara	70.1%	44.8%	-25.3%
Santa Clara	85.6%	60.6%	-25.0%
Santa Cruz	74.9%	55.3%	-19.6%
Shasta	45.8%	27.9%	-18.0%
Sierra	52.2%	36.0%	-16.3%
Siskiyou	48.1%	26.8%	-21.3%
Solano	67.7%	43.5%	-24.1%
Sonoma	76.5%	53.7%	-22.8%
Stanislaus	58.1%	35.6%	-22.5%

County	All Californians	Medi-Cal Beneficiaries	Difference
Sutter	55.4%	40.5%	-15.0%
Tehama	39.5%	25.5%	-14.0%
Trinity	44.4%	27.8%	-16.6%
Tulare	49.2%	33.9%	-15.3%
Tuolumne	54.4%	34.3%	-20.1%
Ventura	72.1%	49.0%	-23.1%
Yolo	68.0%	48.9%	-19.1%
Yuba	44.5%	29.9%	-14.6%

Received at least one dose as of July 25, 2021 Comparing Medi-Cal Beneficiaries to all Californians

Age Groups	Medi-Cal	Statewide
Ages 12-17	32.7%	48.3%
Ages 18-49	42.0%	68.2%
Ages 50-64	57.5%	81.6%
Ages 65+	66.3%	79.9%

Percent of Persons who Received at least One Dose

0% 25% 50% 75% 100%

Age Groups

Received at least one dose as of July 25, 2021 Comparing Medi-Cal Beneficiaries to all Californians

Percent of Persons who Received at least One Dose, by Race/Ethnicity

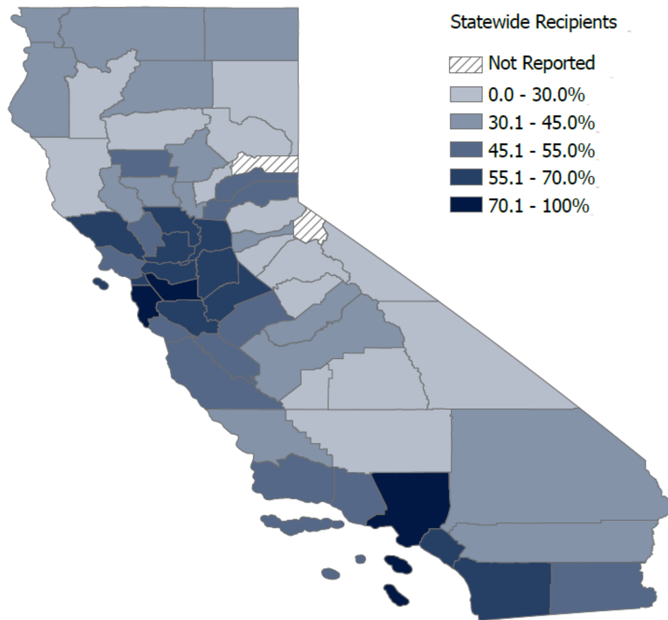
Race/Ethnicity	Medi-Cal	Statewide
Hispanic	44.4%	51.8%
AI/AN	32.2%	54.3%
Asian/PI	69.0%	91.1%
Black/AA	30.5%	48.9%
White	42.7%	65.7%

Received at least one dose as of July 25, 2021
Percentage of 12+ years old, statewide rates

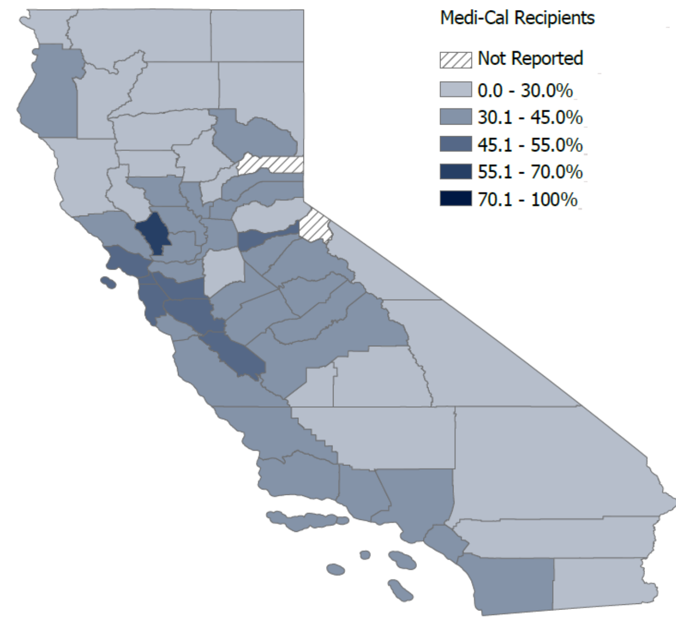
	All Californians	All AI/AN Californians	Medi-Cal Beneficiaries	AI/AN Medi-Cal Beneficiaries
STATEWIDE	71.5%	54.3%	46.4%	32.2%

Received at least one dose as of July 25, 2021
American Indian or Alaska Native 12+ years old

All Native Californians



Native Medi-Cal



Alpine and Sierra counties are not shown as they were not reported by CDPH for all Californians.
Note: Medi-Cal beneficiaries are a subset of all Californians.

Medi-Cal COVID-19 Vaccination Status

Data sources:

- DHCS Data: Eligibility data from the Medi-Cal Data Warehouse - Management Information System/Decision Support System
- CDPH Data: COVID-19 vaccination data from the California Immunization Registry. Data does not include doses administered by federal agencies who received vaccine allocated directly from CDC.
- DHCS receives COVID-19 vaccination data every Sunday, links it securely to Medi-Cal eligibility data and loads it to the COVID-19 reporting module. The lag time between vaccinations and the corresponding data might be several days.

Resources

- Health and Human Services Fiscal Year 2021-2022 Budget Summary
- HCBS Spending Plan
- CalAIM Final Proposal
- Children and Youth Behavioral Health Initiative
- Behavioral Health Information Notice 20-065
- DHCS Telehealth Webpage
- Community Health Workers Stakeholder Meeting
    - Wednesday, August 18th from 2 p.m. -4 p.m.
- Tribal Federally Qualified Health Centers Information