Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services

February 24, 2022

DHCS

Overview

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

Director's Update

René Mollow
Deputy Director
Health Care Benefits and Eligibility

Governor's Proposed Fiscal Year 2022-23 Budget

For Fiscal Year (FY) 2022-23, the Governor's Budget proposes a total of $138.3 billion for the support of DHCS programs and services:

- $1.3 billion funds state operations (DHCS operations)
- $137.0 billion supports local assistance (funding for program costs, partners, and administration)

DHCS estimates Medi-Cal spending to be $123.8 billion total funds ($26.8 billion General Fund) in FY 2021-22 and $132.7 billion total funds ($34.9 billion General Fund) in FY 2022-23.

Update on CalAIM Implementation

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Approved California Advancing and Innovating Medi-Cal (CalAIM) Waivers

DHCS has received federal approval from the Centers for Medicare & Medicaid Services (CMS) to authorize the CalAIM Section 1115 and CalAIM Section 1915(b) waivers through December 31, 2026.

[CalAIM Section 1115 Demonstration & Section 1915(b) Waiver Webpage]

- Section 1115
- Section 1915(b)
- Approval letters

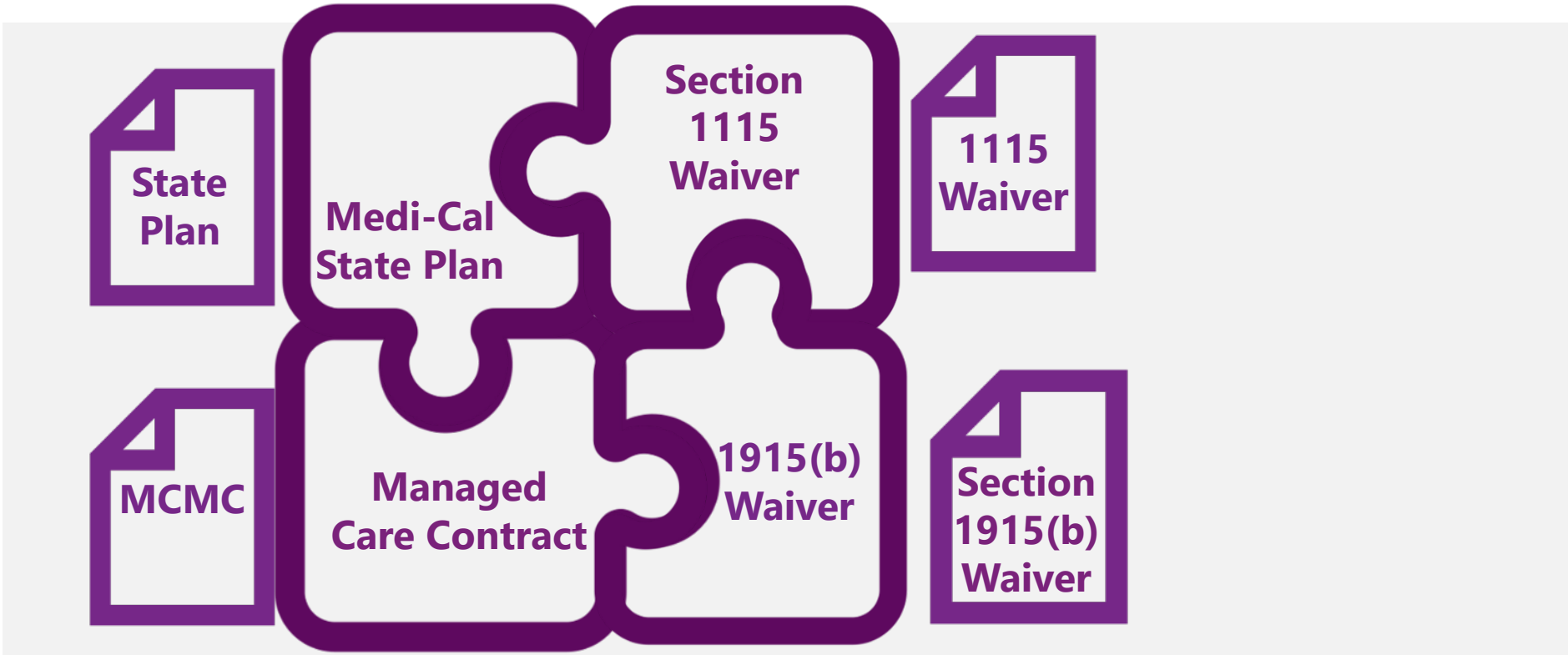
[Approved CalAIM State Plan Amendments]

[CalAIM Homepage]

Approved CalAIM Initiatives

- Aligned Delivery Systems
- Enhanced Care Management
- Community Supports
- Providing Access & Transforming Health Supports (PATH)
- Contingency Management in DMC-ODS Counties
- Peer Support Specialists
- Aligned Enrollment for Dual Eligibles
- Global Payment Program
- Community-Based Adult Services (CBAS)
- DMC-ODS Services for Short-Term Residents of IMDs
- Chiropractic Services for Indian Health Service and Tribal Facilities
- Coverage for Low-Income Pregnant Individuals and Out-of-State Former Foster Care Youth
- Preventive Dental Benefits and Pay-For-Performance Initiatives for Dental Providers

Multiple Federal Authorities Support the CalAIM Vision



Additional details for certain CalAIM initiatives will come from DHCS guidance (e.g., All Plan Letters).

Delivery Systems Changes

1915(b) Waiver

All four delivery systems – Medi-Cal Managed Care (MCMC), Dental Managed Care, Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery Systems (DMC-ODS) – are now authorized via a single Section 1915(b) waiver.

Standardize & Streamline

- **Standardize enrollment, benefits, and payment in managed care delivery systems by:**
  - Eliminating variation in MCMC enrollment and benefits based on a Medi-Cal enrollee's eligibility category and county of residence
  - Providing services available in the MCMC benefit package statewide, such as major organ transplants and institutional long-term care services
- **Streamline SMHS and DMC-ODS policies and access by:**
  - Implementing payment reform for SMHS and DMC-ODS that will transition reimbursement to a structure more consistent with incentivizing outcomes and quality over volume and cost
  - Transitioning to new coding system that will allow for more granular claiming and reporting of services provided and allow for enhanced monitoring of plan performance

Enhanced Care Management (ECM)

MCMC

Leveraging its managed care authority, DHCS began implementing ECM for populations with complex health and social needs via the Medi-Cal managed care contract in January 2022 and will phase in through 2023.

Benefit Overview

- ECM is a **new, statewide Medi-Cal benefit** providing intensive care management to address **clinical and non-clinical needs** of Medi-Cal's **highest-need enrollees**, primarily through in-person engagement where enrollees live, seek care, and choose to access services
- ECM builds off the successful community-based care management programs piloted in the Medi-Cal 2020 waiver's Whole Person Care (WPC) Pilots and Health Homes Program (HHP)
- In addition to ECM, enrollees may have connections to **Community Supports** to address social drivers of health (to the extent their plan elects to provide)

For more information and the full "populations of focus", see DHCS' ECM webpage and the ECM Fact Sheet.

Community Supports

DHCS received federal authority to provide 14 State-proposed Community Supports beginning January 2022.

MCMC 1115 1915(b)

Service Overview

- Community Supports refer to 14 **new services** proposed by DHCS and approved by CMS **designed to address social drivers of health and advance health equity**
- Benefits will be offered by a local community provider as a **medically appropriate, cost-effective alternative to traditional medical services or settings**
- Medi-Cal managed care plans are **encouraged to offer as many of the Community Supports as possible**, which are voluntary for MCPs to offer and for members to use

For more information on the Community Supports that managed care plans have opted to provide and when, see DHCS' Community Supports webpage , Community Supports Fact Sheet, and the CalAIM Incentive Payment Program FAQ.

Community Supports (Cont'd)

MCMC 1115 1915(b)

Community Supports are authorized through different authorities, but will be operationalized and financed consistently.

Service Overview

- The **CalAIM Section 1915(b) waiver approval and the MCMC plan contract authorize 12** of the 14 Community Supports:
  - Housing transition navigation services
  - Housing deposits
  - Housing tenancy and sustaining services
  - Caregiver respite services
  - Day habilitation programs
  - Nursing facility transition/diversion to assisted living facilities
  - Community transition services/nursing facility transition to a home
  - Personal care and homemaker services
  - Environmental accessibility adaptations
  - Medically supportive food/meals/medically-tailored meals
  - Sobering centers
  - Asthma remediation
- The **CalAIM Section 1115 waiver and the MCMC plan contract** authorizes 2 of the 14 Community Supports:
  - Short-term post-hospitalization housing
  - Recuperative care (medical respite)

Community Supports (Cont'd)

MCMC 1115 1915(b)

Service Overview

- For all 14 Community Supports :
  - Consistent with current contract requirements, **a provider at the plan or network level will be required to document medical appropriateness** of each Community Support for each enrollee, including documenting that the Community Support is likely to reduce or prevent the need for acute care or other Medicaid services
  - **Reporting requirements apply**, including related to oversight, monitoring, and cost effectiveness
  - As planned, services will be included in **managed care rates**

Providing Access & Transforming Health (PATH) Supports

1115 Waiver

DHCS received federal authority through the CalAIM Section 1115 expenditure authority for $1.44 billion (total computable) for PATH Supports.

Program Overview

PATH provides a flexible source of new funding that is intended to:

- **Maintain, build, and scale** the capacity necessary to ensure successful implementation of CalAIM
- **Ensure a smooth transition from the WPC Pilot Program** as ECM and Community Support services are scaled up and implemented statewide
- **Support a diverse array of stakeholders participating in CalAIM,** including community-based organizations, counties, tribal organizations, providers, and justice involved stakeholders as they prepare for implementation
- **Advance health equity** by investing in providers, counties, community-based organizations and other entities that support historically underserved and under-resourced populations

PATH Supports (Cont'd)

1115 Waiver

PATH will improve access to services during CalAIM's delivery system transformation through multiple key initiatives.

PATH Initiatives

- **Time limited support to sustain existing WPC pilot services that have converted to Community Supports and that MCPs have committed to cover,** through the transition (no later than January 2024). *Application process and funding anticipated to begin in Q1 2022*
- **Technical assistance** to providers, community-based organizations, county agencies, public hospitals, tribes, and others. *Application process and funding anticipated to begin in Q3 2022*
- **Support for collaborative planning and implementation efforts** among MCPs, providers, community-based organizations, county agencies, public hospitals, tribes, and others to promote readiness for ECM and Community Supports. *Application process and funding anticipated to begin in Q3 2022*
- **Enabling the transition, expansion, and development of capacity and infrastructure** for providers, community-based organizations, county agencies, public hospitals, tribes, and others to provide ECM and Community Supports. *Application process and funding anticipated to begin in Q3 2022*
- **Funding for planning and IT investments among justice-involved stakeholders** to support implementation of pre-release Medi-Cal eligibility and enrollment processes. *Application process and funding anticipated to begin in Q3 2022*

Dual Eligibles

1115 Waiver

DHCS received approval to better coordinate coverage for individuals dually eligible for Medi-Cal and Medicare, who often have the most complex health care needs.

Program Overview

- Effective January 2022, **provide a more integrated experience** for dual eligibles by permitting Medicare plan choice to drive Medi-Cal plan choice
  - In certain counties, a member's **Medi-Cal plan choice will align with their Medicare Advantage or Dual Special Needs Plan (D-SNP)**, to the extent the Medicare plan has an affiliated Medi-Cal plan
- Effective January 2023, **transition the Cal MediConnect demonstration to a D-SNP exclusively aligned enrollment model**, with plans that coordinate all Medicare and Medi-Cal benefits for dual eligibles
- In future years, expand the D-SNP exclusively aligned enrollment model to **additional counties**

The federal authority is subject to improved care coordination across Medicare and Medi-Cal, integrated appeals and grievances, and integrated member materials for D-SNPs.

Global Payment Program (GPP)

DHCS received authority to renew GPP with a focus on addressing health equity.

1115 Waiver

Program Overview

- **Continuation of the existing GPP,** a statewide pool of funding established in the Medi-Cal 2020 waiver to provide care for California's remaining uninsured population served by the State's public hospital systems, including approval to include uncompensated care pool funding at the original level retroactive to July 2020
- GPP will continue to **support services provided for the uninsured through a value-based methodology,** awarding points for encouraging preventive and primary care, with a **renewed focus on addressing social needs and responding to the impacts of systemic racism and inequities**
- **Over the next 90 days,** DHCS will work with CMS to develop new valuations to reflect the evolving focus to advance equity through the **GPP Health Equity Monitoring Metrics Protocol**

Other CalAIM Section 1115 Provisions

1115 Waiver

California received authority to continue the following Medi-Cal 2020 Section 1115 waiver initiatives in the CalAIM Section 1115 waiver.

CalAIM Section 1115 Waiver

- **Out-of-state former foster care youth coverage** for youth up to age 26
- **Community-Based Adult Services (CBAS) technical changes** to align with other Medi-Cal materials, allow flexibility for the provision and reimbursement of remote services under specified emergency situations, and clarify eligibility and medical necessity criteria.
- **Chiropractic services for Indian Health Service and tribal facilities**

Evaluation

1115 Waiver

Consistent with CMS requirements for section 1115 demonstrations, the CalAIM 1115 demonstration will undergo a robust evaluation.

Waiver Evaluation

- Evaluation will outline research questions and hypotheses to measure **the impact of CalAIM initiatives on enrollee access, quality of care,** and **health outcomes**, as well as **reductions in health disparities** and **advancement of health equity,** including:
  - Initiation and engagement with treatment, reductions in inappropriate emergency department utilization, and reductions in inappropriate inpatient hospitalization associated with DMC-ODS services
  - Effectiveness of the Contingency Management benefits provided to qualifying enrollees
  - Increased access to community-based providers of ECM and Community Supports, and improved access and utilization of health care services at the community-level associated with PATH
  - Health outcomes, reductions in inappropriate ED utilization, and reductions in inpatient and long-term care utilization associated with Community Supports

CalAIM Initiatives Authorized Via State Plan Amendment

State Plan

California received authority to continue the following Medi-Cal 2020 Section 1115 waiver initiatives in the Medi-Cal State Plan.

CalAIM Section 1115 Waiver

- **Preventive dental benefits and pay-for-performance initiatives for dental providers,** transitioning from the Dental Transformation Initiative pilot program to new, statewide benefits
- **Coverage for low-income pregnant individuals** with incomes from 109 – 138% of the federal poverty level (FPL) (moving existing coverage from waiver to State Plan authority)

ECM & Community Supports Providers & Payment

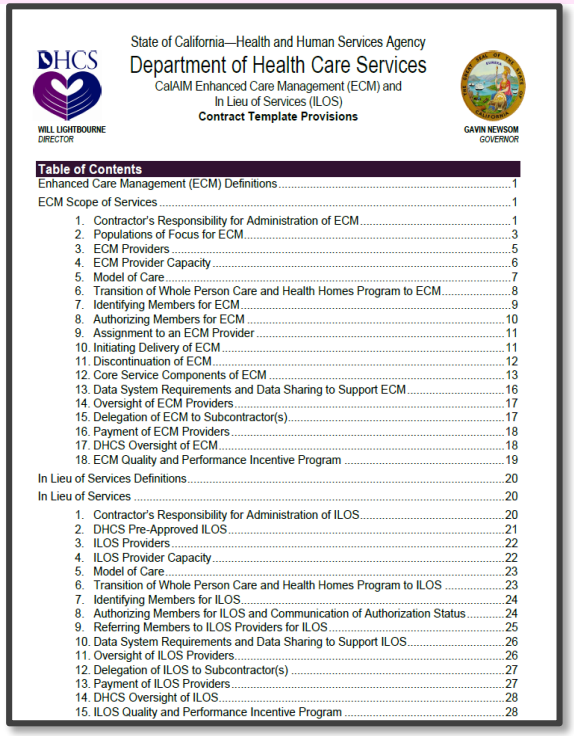
ECM Implementation Timeline

ECM go-live is occurring in stages, by Population of Focus

ECM Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) 4. Incarcerated and Transitioning to the Community (some WPC counties)	**January 2022** (Whole Person Care/Health Home Program counties); **July 2022** (all other counties)
5. Incarcerated and Transitioning to the Community (all other counties) 6. At Risk for Institutionalization and Eligible for LTC 7. Nursing Facility Residents Transitioning to the Community	**January 2023**
8. Children / Youth Populations of Focus	**July 2023**

DHCS MCP ECM and Community Supports:
MCP Contract Requirements

In June 2021, DHCS released a contract amendment that was appended to existing MCP contracts. The requirements are also being carried into the MCP Re-Procurement.



State of California—Health and Human Services Agency
Department of Health Care Services
CalAIM Enhanced Care Management (ECM) and
In Lieu of Services (ILOS)
Contract Template Provisions

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

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The contract amendment is available here:
https://www.dhcs.ca.gov/Documents/MCQMD/MCP-ECM-and-ILOS-Contract-Template-Provisions.pdf

Additional Key Program Documents

Additional information is all available on the ECM and Community Supports website:
Enhanced Care Management and In Lieu of Services

1. ECM and Community Supports Standard Provider Terms and Conditions
2. ECM and Community Supports Model of Care (MOC) Template
3. ECM Policy Guide
4. Frequently Asked Questions
5. Member-Level Information Sharing Between MCPs and ECM Providers
6. ECM & Community Supports Billing & Invoicing Guidance
7. Quarterly Implementation Monitoring Report Guidance
8. Updated ECM & Community Supports Coding Options

Role of Managed Care Plans in ECM and Community Supports

» **MCPs are….**

- Responsible for establishing provider networks to deliver ECM and elected Community Supports.
- Responsible for actively identifying members of ECM Populations of Focus, as well as managing referrals from providers and individuals.
- Expected to contract with community-based entities to deliver ECM and Community Supports.
- Responsible for oversight and monitoring of ECM/Community Supports service delivery and providers and reporting back to DHCS.

Role of ECM Providers

» **ECM Providers are…**

- Community-based entities, with experience and expertise providing intensive, in-person care management services to individuals in one or more of the populations of focus for ECM.
- Responsible for coordinating care across multiple medical, behavioral, and social service systems, through their “Lead Care Managers” (individual care managers).
- Responsible for contracting with health plans to provide ECM.
- Responsible for demonstrating to MCPs certain capabilities related to care models, billing, and data sharing (see “standard ECM Provider Terms and Conditions”).

Examples of ECM Providers

» Examples of the types of ECM providers Medi-Cal MCPs may choose to contract with, include but are not limited to:

- County agencies;
- Federally qualified health centers;
- Primary care providers;
- Behavioral health entities;
- Community and rural health clinics;
- **Indian Health Service Programs;**
- Community mental health centers;
- Organizations serving individuals experiencing homelessness or justice-involved individuals.

Role of Community Supports Providers

» **Community Supports Providers….**

- Deliver critical medical and social services, such as housing navigation, recuperative care, medically-tailored meals, or community transitions, which are not typically funded by Medi-Cal.
- Contract with MCPs as the primary responsible entity for delivering select medically appropriate alternatives to more costly state plan services. Subcontract with other entities as appropriate.
- Must meet certain contractual requirements, such as those related to care models, billing, and data sharing.

Examples of Community Supports Providers

» Examples of the types of ILOS providers Medi-Cal MCPs may choose to contract with, include but are not limited to:

- Social services agencies;
- Life skills training and education providers;
- Home health or respite agencies;
- Home delivered meals providers;
- Affordable housing and supportive housing providers;
- Sobering centers.

Payment/Reimbursement for ECM and Community Supports Providers

- MCPs contract with, and pay, ECM and Community Supports Providers.
- **DHCS is not specifying the payment model or amounts between MCPs and Providers for either ECM or Community Supports.** MCPs and Providers may agree to Fee-For-Service, Capitated models or a combination.
- To assist with the development of payment models and facilitate contracting between MCPs and Community Supports Providers, DHCS released non-binding "Pricing Guidance" for Community Supports.
- ECM and Community Supports Providers are expected to generate compliant claims and encounters, or alternatively submit a minimum set of standardized data elements when they bill MCPs; for more information, please review the ECM & Community Supports Billing & Invoicing Guidance document.

CalAIM Section 1115 Developments Expected in 2022

Services for Justice-Involved Populations

1115 Waiver

In anticipation of implementation in 2023, DHCS continues to negotiate with CMS for new Section 1115 authority to provide services for justice-involved eligible populations in the 90 days prior to release and support re-entry.

Waiver Request

- To improve health and support re-entry, Medi-Cal-eligible individuals will be able to receive targeted Medi-Cal pre-release services 90 days prior to release from county jails, state prisons, and youth correctional facilities with warm handoffs to community-based providers
- **Eligibility.** All youth (under age 19) in a corrections settings and adult inmates with at least one healthcare need criterion (e.g., serious mental illness, SUD diagnosis, HIV)
- **Covered Services.** Care management/coordination, medications and DME to support re-entry, and targeted physical and behavioral health clinical consultations, medications for addiction treatment (MAT), psychotropic medications, laboratory/X-ray services pre-release, as needed
- **PATH Funding.** Request to support capacity building and planning for effective pre-release care and re-entry supports for justice-involved populations and enable coordination between counties, prisons, jails, juvenile facilities, providers, and community-based organizations

For more information, see Justice-Involved Initiatives Fact Sheet.

DMC-ODS Traditional Healers & Natural Helpers

1115 Waiver

DHCS continues to negotiate with CMS for new Section 1115 authority to authorize Traditional Healers and Natural Helpers in DMC-ODS.

Waiver Request

» Provide **culturally appropriate, evidence-based practice** options and improve access to DMC-ODS treatment for American Indians and Alaska Natives receiving SUD treatment services through Indian health care providers

Traditional healing practices are a fundamental element of Indian health care that helps patients achieve wellness and healing and restores emotional balance and one's relationship with the environment.

Serious Mental Illness (SMI) & Serious Emotional Disturbance (SED) IMD Waiver

1115 Waiver

After stakeholder engagement, DHCS will submit a new Section 1115 waiver application to CMS in Fall 2022.

Waiver Proposal

- Improve care for Medi-Cal adults living with SMI and children and youth living with SED by:
  - Authorizing federal funding for care provided to individuals living with SMI/SED in residential treatment settings designated as IMDs, including short-term residential therapeutic programs (STRTPs)
  - Expanding the continuum of community-based behavioral health services available to Medi-Cal members
- Waiver approval is contingent upon DHCS also meeting key milestones (as noted in CMS' 2018 State Medicaid Director Letter) related to:
  - Ensuring quality of care in psychiatric and residential settings
  - Improving care coordination and transitions to community-based care
  - Increasing access to crisis services
  - Earlier identification and engagement in treatment

For more information, see the Behavioral Health Fact Sheet.

Q&A

Thank You

Non-MAGI Medi-Cal Asset Limit Changes

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Medi-Cal Eligibility Division

Legislation

- Assembly Bill 133 was signed into law by the governor on July 27, 2021.

- This bill includes a two-phased approach to eliminating the asset test for Non-MAGI Programs.

Phase I

- Phase I is scheduled for implementation on July 1, 2022.
- This phase will increase asset limits to $130,000 per individual and $65,000 for each additional household member (up to 10).
- This increase applies to all Non-MAGI Medi-Cal programs, including Long-Term Care and Medicare Savings Programs.

Phase II

- Phase II is scheduled for implementation on January 1, 2024.

- This phase will eliminate the asset test entirely for Non-MAGI Medi-Cal programs.

Authorization

- Through SPA 21-0053, CA received CMS approval to increase the asset limit for most Non-MAGI Medi-Cal coverage groups using the authority under the Social Security Act section 1902(r)(2), which allows states to use more liberal income and resource methodologies when determining eligibility for certain coverage groups.

- DHCS received federal approval on November 29, 2021.

Current Activities

- Three groups, termed the Deemed SSI groups, are not covered under Social Security Act section 1902(r)(2) and require different authority.
  - Pickle
  - Disabled Adult Child(ren) (DAC)
  - Disabled Widow(ers) (DWW)

- DHCS is working on an amendment to the CalAIM 1115 Demonstration Waiver which will allow the Deemed SSI coverage groups to be included in the changes to the asset limits.

Contact Information

For questions about the changes to the asset limits, please contact:

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Behavioral Health Update

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Agenda

- CalAIM Behavioral Health Initiatives
- Traditional Healers and Natural Helpers
- Peer Support Services
- CalAIM Justice-Involved Initiatives

CalAIM Behavioral Health Initiatives

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

Specialty Mental Health Services

- DHCS Behavioral Health Information Notice 21-073 was published on December 10, 2021
  - Update access criteria for SMHS effective January 1, 2022 per W&I Code 14184.402

- Draft DHCS Behavioral Health Information Notice was released on February 11, 2022 for Tribal partner and stakeholder review
  - Clarifies counties' obligations to reimburse IHCPs for SMHS
  - Clarifies AI/AN Medi-Cal beneficiaries' rights to receive SMHS at any IHCP
  - Tribal partner and stakeholder feedback requested by March 11, 2022

Drug Medi-Cal Organized Delivery System

- DHCS Behavioral Health Information Notice 20-065 was published on December 3, 2020
  - Clarifies DMC-ODS counties' obligations to reimburse IHCPs for DMC-ODS services
- DHCS Behavioral Health Information Notice 21-075 was published on December 17, 2021
  - Authorizes Tribal or Indian managed care entity
  - Sustain recent policy updates (e.g., coverage during assessment period; removing residential treatment limits; require providers to offer or refer for MAT; recovery services available immediately after incarceration)
  - Relocate Section 1115 DMC-ODS into Section 1915(b), State Plan, and BHIN

Documentation Redesign

July 2022		
Static treatment plan	→	Dynamic problem list
Non-standardized assessments	→	Domain-driven assessments
Complex and lengthy notes	→	Lean documentation narrative guidance
Disallowances for variances in documentation	→	Disallowances for fraud, waste, abuse; corrective action plans for variations in quality

Co-Occurring Treatment

July 1, 2022

- Clinically appropriate services for mental health conditions in the presence of a co-occurring substance use disorder (SUD) are covered in all delivery systems
- Clinically appropriate services for SUD in the presence of a co-occurring mental health condition are covered in all delivery systems
- Remove disallowance for “wrong” primary diagnosis

No Wrong Door

July 1, 2022

- Beneficiaries receive clinically appropriate services regardless of the delivery system where they seek care
- Services rendered in good faith will be reimbursed by the provider's contracted plan during assessment
- Beneficiaries can receive non-specialty mental health services and specialty mental health services concurrently, when coordinated and not duplicative

Contingency Management

July 1, 2022

- First-in-the-nation approval under CalAIM Section 1115 demonstration
- Evidence-based intervention for stimulant use disorder
  - Experience in Tribal health programs in California
- Implemented as DMC-ODS pilot program
  - Available to DMC-ODS providers seeking to participate
- Tribal and Urban Indian providers encouraged to participate
  - Information provided via email February 11, 2022

Traditional Healers and Natural Helpers

Traditional Healers and Natural Helpers: Background

- In 2017, DHCS requested authority from CMS to cover Traditional Healer and Natural Helper services under the Drug Medi-Cal Organized Delivery System (DMC-ODS)
- In 2020, DHCS submitted a second request to CMS
  - CMS neither approved nor disapproved

Traditional Healers and Natural Helpers: Background

- In 2021, DHCS submitted a third request to CMS
  - CMS neither approved nor disapproved
  - Request is still pending
- DHCS remains committed to securing CMS approval
- Tribal MAT Project *Tribal and Urban Indian Community Defined Best Practices* funding and technical assistance opportunity to support planning and implementation efforts

Traditional Healers and Natural Helpers: Description

- *As part of CalAIM's focus on advancing health equity, DHCS is seeking expenditure authority to allow federal reimbursement for all DMC-ODS services that are provided by traditional healers and natural helpers.*
- *The purpose of this request is to provide culturally appropriate options and improve access to SUD treatment for American Indians and Alaska Natives receiving SUD treatment services through Indian health care providers (IHCPs).*
- *For American Indians and Alaska Natives, traditional healing practices are a fundamental element of Indian health care that helps patients achieve wellness and healing and restores emotional balance and one's relationship with the environment.*
- *Medi-Cal recognizes that reimbursement for these services to address SUD in a manner that retains the sanctity of these ancient practices is critical.*

Traditional Healers and Natural Helpers: Request

- Section 1115 expenditure authority for Traditional Healer and Natural Helper services
- Provided by Indian Health Care Providers
- To DMC-ODS beneficiaries
- From January 1, 2022 through December 31, 2026

Traditional Healers and Natural Helpers: Key Considerations

- DMC-ODS reimbursement
  - Pursuant to DHCS Behavioral Health Information Notice 20-065
- Provider qualifications
- Service descriptions
- Implementation

Traditional Healers and Natural Helpers: Draft Provider Qualifications

- A **Traditional Healer** would be a person currently recognized as a spiritual leader and in good standing with his/her Native American Tribe, Nation, Band or Rancheria, and with two years of experience as a recognized Native American spiritual leader practicing in a setting recognized by his/her Native American Tribe, Nation, Band or Rancheria who is contracted or employed by the IHCP. A Traditional Healer would be a person with knowledge, skills and practices based on the theories, beliefs, and experiences which are accepted by that Indian community as handed down through the generations and which can be established through the collective knowledge of the elders of that Indian community.
- **Natural Helpers** would be health advisors contracted or employed by the IHCP who seek to deliver health, recovery, and social supports in the context of Tribal cultures. Natural Helpers could spiritual leaders, elected officials, paraprofessional and others who are trusted members of his/her Native American are trusted members of his/her Native American Tribe, Nation, Band or Rancheria.
- IHCPs seeking reimbursement for Natural Helpers and/or Traditional Healers would develop and document credentialing (e.g., recognition and endorsement) policies consistent with the minimum requirements above.

Traditional Healers and Natural Helpers: Draft Service Descriptions

- Traditional Healers may use an array of interventions including, music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches.
- Natural Helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of those DMC-ODS beneficiaries receiving care at IHCP.

Traditional Healers and Natural Helpers: Arizona Example

- Arizona Section 1115 Traditional Healing request
- Qualifying Entity
  - *Facility governing body or its tribal governing body responsible to define and endorse traditional healers and the services they perform.*
- Qualified Traditional Healing Provider
  - *An individual endorsed by the Qualifying Entity to provide traditional healing services as reflected in an official signed and dated endorsement letter by the Qualifying Entity stating that the traditional healing provider meets all qualifications to provide traditional healing services.* [Can be contractor or employee of the provider]
- Covered Traditional Healing Services
  - *The coverage of traditional healing services will be limited to the practices approved by the facility governing body to be performed and billed by the facility. As with many Medicaid covered services, traditional healing services should be part of a comprehensive plan of health care that includes specific individualized goals.*

Traditional Healers and Natural Helpers: Implementation

- IHCP process for recognizing and endorsing Traditional Healers and Natural Helpers (contracted or employed by IHCP)
- IHCP process for describing/defining Traditional Healing practices to be delivered and claimed
- Integration into DMC-ODS program requirements (e.g., ASAM assessment, recommended by licensed practitioner of the healing arts, clinical documentation, DMC-certified IHCPs)

Peer Support Services

Peer Support Services

July 1, 2022

- Covered as a Drug Medi-Cal, DMC-ODS, and SMHS services
- Covered as a county option
- Earliest effective date is July 1, 2022
  - Addendum to original SPA Tribal Notices per CMS direction

Peer Support Services

July 1, 2022

- Culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals
- Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.

Peer Support Services

July 1, 2022

- Provided to the beneficiary or significant support person(s)
- Provided in a clinical or non-clinical setting
- Provided as a standalone service
- Peer Support Services service components:
  - Educational Groups
  - Engagement
  - Therapeutic Activity

CMS Peer Requirements

- Per 2007 and 2013 guidance
- Provided based on approved plan of care
- Provided by self-identified consumers in recovery
- Training, certification, and ongoing educational requirements
- Supervised by a competent mental health professional

Peer Certification

- On July 22, 2021, DHCS issued Peer Support Specialist Certification requirements through Information Notice 21-041
  - Draft Information Notice provides additional guidance
- Counties have the authority to select an entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification Program
- Medi-Cal Peer Support Specialist certification will be in place by July 1, 2022, so peers can begin obtaining the required certification

CalAIM Justice-Involved Initiatives

Justice Package

2022

- Justice Advisory Group
- Providing Access and Transforming Health Supports (PATH) supports to help justice-involved initiatives' capacity building and prepare for implementation
- Access to recovery services for individuals, including for justice-involved populations

2023

- Mandatory Medi-Cal application process upon release from county jails and juvenile facilities
- Services for eligible justice-involved populations for 90 days pre-release
- Coordinated re-entry, including:
  - Behavioral health warm handoff to plans and counties
  - Enhanced Care Management (ECM) population of focus for coordinated re-entry
  - Community Supports (e.g., housing support, medically supportive foods) for justice involved upon re-entry

Upon System Readiness

- Enhancements for facilitating data sharing, including for justice-involved populations
- Automated Suspension Process

Update on Tribal Engagement Plan

René Mollow
Deputy Director
Health Care Benefits and Eligibility

Tribal Engagement Plan

- DHCS revised the Tribal Engagement Plan (TEP) to address comments received
- The TEP is intended to:
  - Increase engagement between DHCS, Tribes, and Indian health program representatives on DHCS policies and initiatives that affect health care for American Indians in California
  - Build upon the existing Tribal Advisory process
  - Increase the frequency of meetings to facilitate early engagement/discussion on development of DHCS policy
  - Be an evolving document/process
- Posted on the DHCS website: https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx

Reappointment of American Indian Health Policy Panel (AIHPP)

- DHCS has committed to reappointing the AIHPP
- The reappointment process requires that the California Rural Indian Health Board, Inc. and the California Consortium for Urban Indian Health submit nominations for five members each
- DHCS Director appointments AIHPP membership based on nominations received
- Following appointment OTA staff will communicate with AIHPP membership to provide orientation and establish a meeting calendar
- DHCS estimates this process will take approximately 4-6 months, but will work with Tribal partners to develop a timeline to reappoint AIHPP membership

Next Step: DHCS to reach out to nominating organizations to provide guidance on written nomination process.

Telehealth and Medi-Cal Benefits Update

Lisa Murawski
Division Chief
Benefits Division

Telehealth

- On February 16, DHCS reconvened the Telehealth Advisory Workgroup to present the final DHCS Telehealth Policy Proposal –- introduced as part of the Governor's fiscal year 2022-23 proposed budget – and solicit workgroup feedback.
- In addition to policy proposals, DHCS is committed to understanding how telehealth utilization is evolving relative to other modalities of care and its impact on beneficiaries by developing a Telehealth Research and Evaluation Plan
- Meeting agendas, slide decks, and summary notes for previous workgroup meetings can be found on the Telehealth Advisory Workgroup Webpage:
  - www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx

New Preventive Services Benefits

- Effective **July 1, 2022**
  - Community Health Worker (CHW) Services
    - Violence prevention services
  - Asthma Prevention Services
- Update: Effective **January 1, 2023**, instead of July 1, 2022
  - Doula Services

Community Health Workers

- DHCS has worked with stakeholders to define services, qualifications, and supervisors.
- Working proposal on benefit design (draft):
  - CHWs will provide preventive services
    - Health education to promote health
    - Health navigation
  - Services will be available for individuals to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency
- CHW website:
  - www.dhcs.ca.gov/provgovpart/Pages/Community-Health-Workers.aspx

Asthma Prevention

- Education, coaching, and home assessment for triggers provided by unlicensed providers, including CHWs.
- DHCS is working with stakeholders to define benefit, providers, qualifications, and supervisors.
- Focus on self-management and education.

Doula Services

- DHCS is working with stakeholders to define services & qualifications.
- Doulas will provide services during the prenatal, labor and delivery, and postpartum periods.
- Doulas may enroll in Medi-Cal and bill independently.
- DHCS will create a registry of enrolled doulas
- Doula Services website:
  - www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx

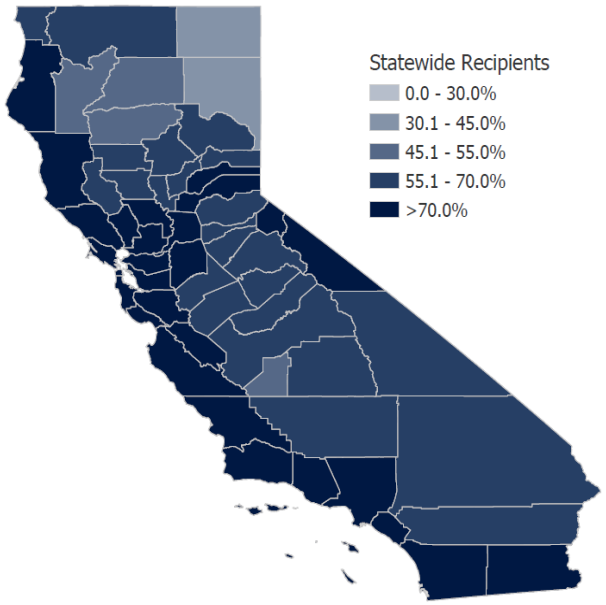
Update on COVID-19 Vaccination Rates

Cristina Almeida, MD

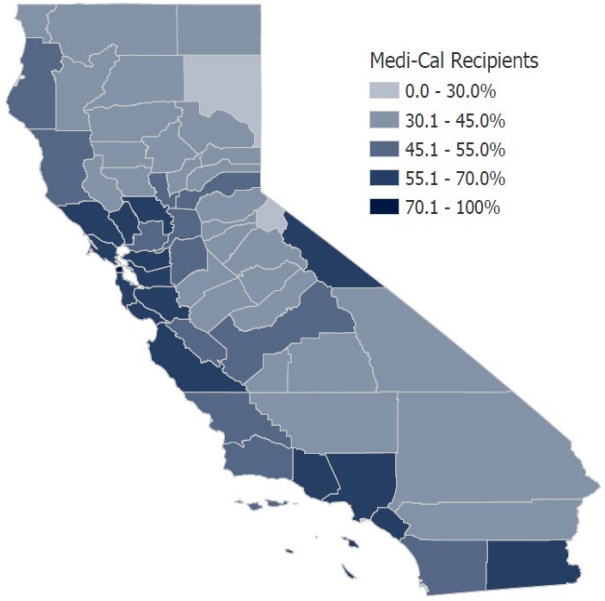
Associate Medical Director

Received at least one dose as of January 17, 2022
Percentage of 5+ years old, by county

All Californians

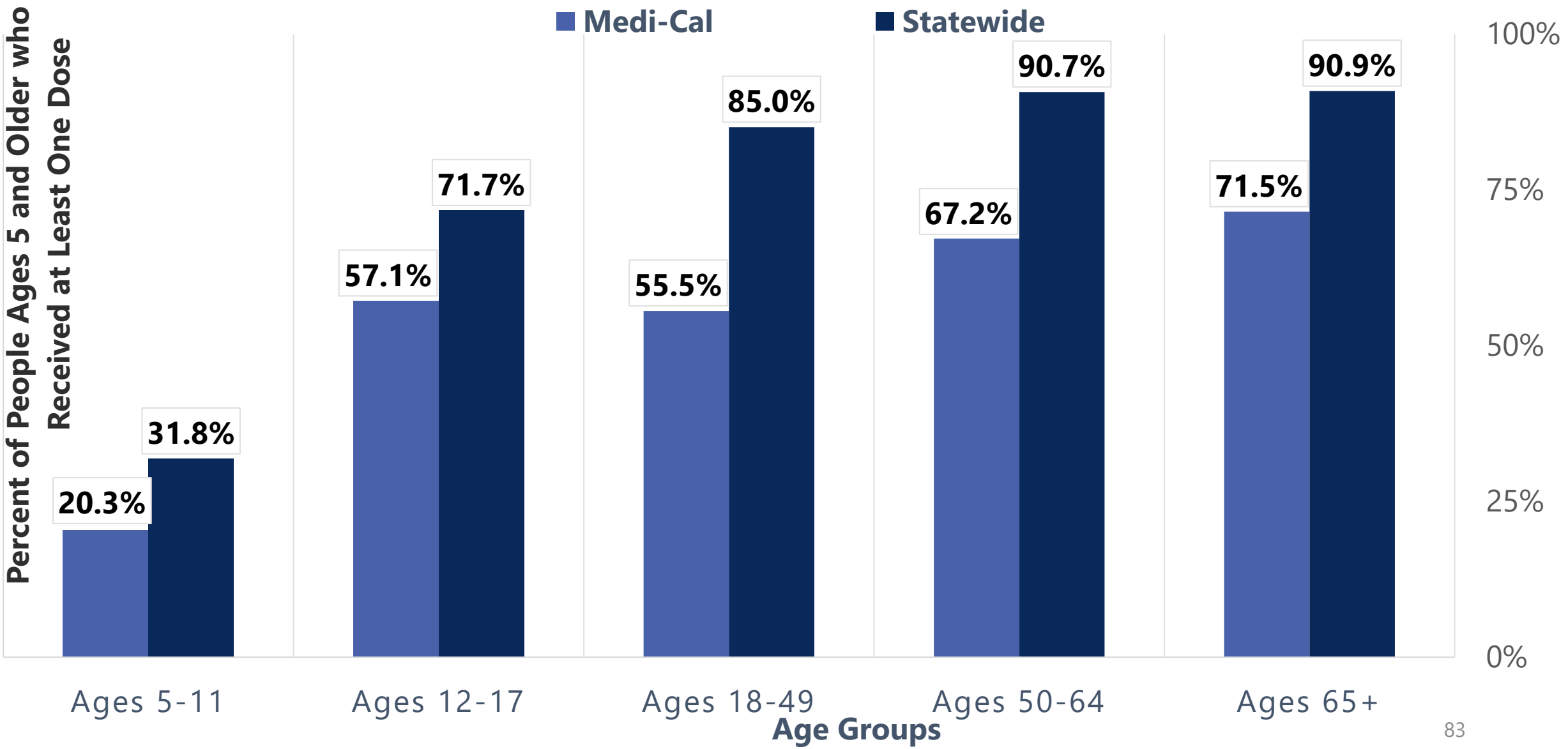


Medi-Cal Beneficiaries



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

Received at least one dose as of January 17, 2022
Comparing Medi-Cal Beneficiaries to all Californians



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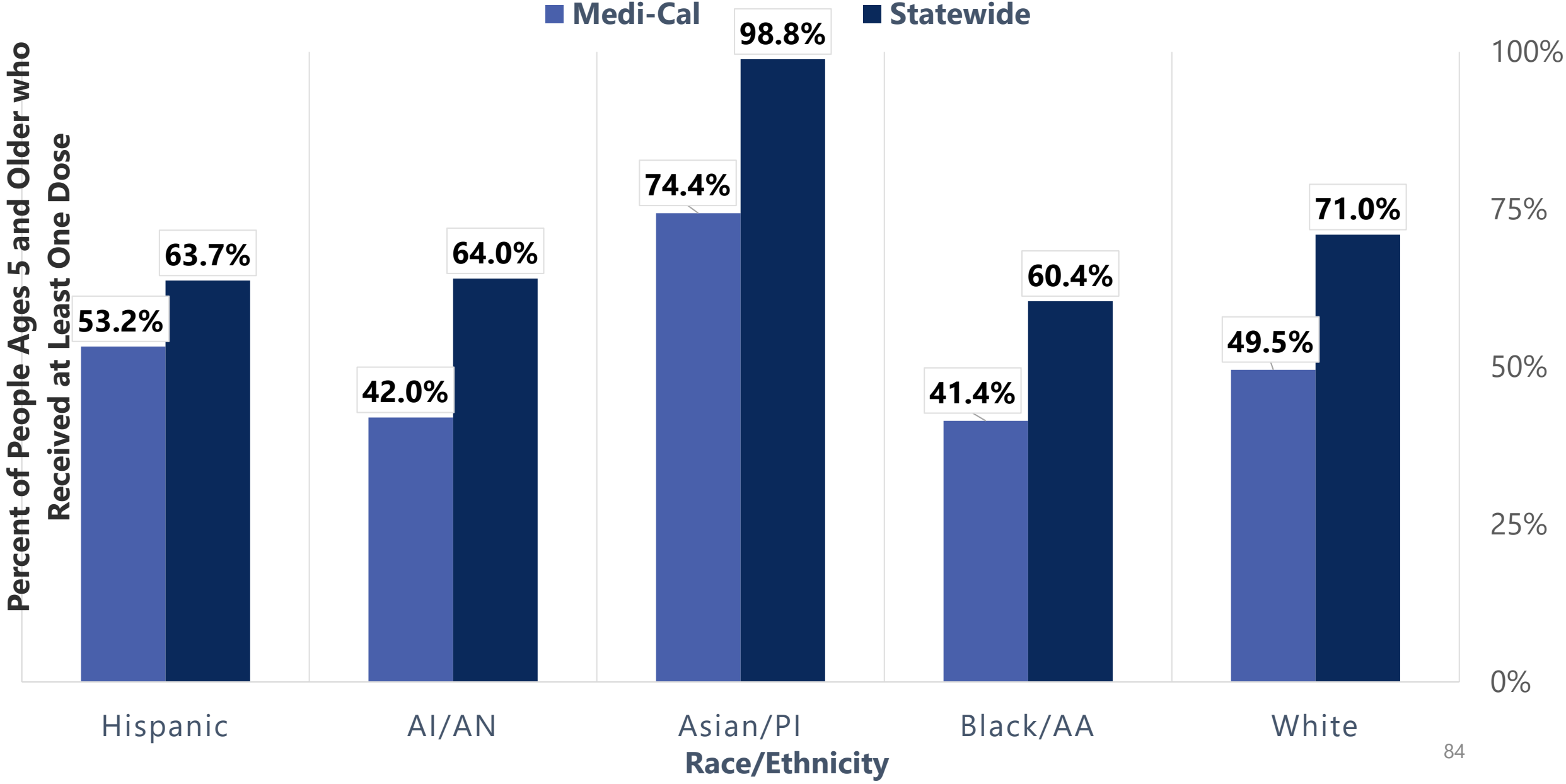

COVID Vaccine Incentive Program

- Vaccine Response Plan ($50M): Submitted by MCPs to DHCS September 1, 2021
- Direct member incentives ($100M): Gift cards up to $50 for members after vaccination
- Vaccine outcome achievement ($200M): MCP payments tied to 3 intermediate outcome and 7 vaccine uptake measures
- Baseline vaccination rate as of August 29, 2021
- Outcomes evaluated as of…
  - October 31, 2021
  - January 2, 2022
  - March 6, 2022

Vaccine Uptake Outcome Measures

- Two measures related to race/ethnicity
- Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest, and second-lowest, baseline vaccination rate who received at least one dose of a COVID-19 vaccine
- Almost all plans (23/25) working on improving vaccination rates among Native Americans
- To receive full payment, plans must close the gap between the vaccination rate among their Native American members and their overall plan vaccination rate

Statewide Progress on Measures 1-3

Vaccine Incentive Program Measure	Rate Aug 29	Rate Oct 31	Target Rate	Met Goal?
Measure 1: Percent of homebound Medi-Cal beneficiaries who received at least one dose	64.7%	68.9%	71.1%	No
Measure 2: Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases who received at least one dose	66.2%	70.6%	72.8%	No
Measure 3: Percent of primary care providers in the MCP's network providing COVID-19 vaccine in office	**49.3%**	**56.8%**	**54.2%**	**Yes**

Preliminary data

Statewide Progress on Measures 4-10

Vaccine Incentive Program Measure	Medi-Cal ≥ 1 dose by Aug 29	California ≥ 1 dose by Nov 1	33.3% gap closure target	Medi-Cal ≥ 1 dose by Nov 1	Met Goal?
4: 12+ years	51.1%	78.7%	60.3%	56.3%	No
5: 12-25 years	**43.9%**	**65.5%**	**51.1%**	**50.6%**	**Almost**
6: 26-49 years	46.9%	81.4%	58.4%	52.1%	No
7: 50-64 years	60.4%	84.2%	68.3%	63.9%	No
8: 65+ years	69.0%	83.0%	73.7%	71.4%	No
9: Black/African American	**35.6%**	**N/A***	**42.5%***	**41.6%**	**Almost**
10: American Indian/Alaska Native	**36.7%**	**N/A***	**43.2%***	**42.4%**	**Almost**

*Target is overall plan rate; 33.3% gap closure target is based on Nov 1 Medi-Cal rate of 56.3%
Preliminary data

Percent of Measures 4-10 fully achieved as of Nov. 1, 2021

Vaccine Incentive Program Measure	Measures fully achieved (n)	Total measures (n)	Measures fully achieved (%)
4: 12+ years	1	25	4%
5: 12-25 years	9	24	38%
6: 26-49 years	0	25	0%
7: 50-64 years	0	25	0%
8: 65+ years	3	25	12%
9/10: Black/African American	6	25	24%
9/10: American Indian/Alaska Native	8	23	35%
9/10: White	1	1	100%
All measures	**28**	**173**	**16%**

Preliminary data

Percent of Measures 4-10 fully achieved as of Nov. 1, 2021 by Managed Care Plan

Managed Care Plan	Percent of measures fully achieved
Aetna Better Health of CA	14.3%
AIDS Healthcare Foundation	60.0%
Alameda Alliance for Health	14.3%
Anthem Blue Cross	0.0%
Blue Shield of CA Promise Health Plan	0.0%
California Health and Wellness	0.0%
CalOptima	0.0%
CalViva Health	28.6%
CenCal Health	28.6%
Central CA Alliance for Health	28.6%
Community Health Group	14.3%
Contra Costa Health Plan	0.0%
Gold Coast Health Plan	14.3%

Managed Care Parent Plan	Percent of measures fully achieved
Health Net of CA	28.6%
Health Plan of San Joaquin	14.3%
Health Plan of San Mateo	28.6%
Inland Empire Health Plan	28.6%
Kaiser Permanente	0.0%
Kern Family Health Care	28.6%
LA Care Health Plan	28.6%
Molina Healthcare	0.0%
Partnership Health Plan of CA	28.6%
San Francisco Health Plan	0.0%
Santa Clara Family Health Plan	28.6%
United Health Care	0.0%
All plans	16.2%

Statewide Progress on Measures 4-10

Vaccine Incentive Program Measure	Medi-Cal ≥ 1 dose by Aug 29	California ≥ 1 dose by Jan 2	66.6% gap closure target	Medi-Cal ≥ 1 dose by Jan 2	Met Goal?
4: 12+ years	51.1%	83.2%	72.5%	59.0%	No
5: 12-25 years	43.9%	70.7%	61.7%	54.3%	No
6: 26-49 years	46.9%	86.1%	73.1%	54.9%	No
7: 50-64 years	60.4%	88.3%	79.0%	66.1%	No
8: 65+ years	69.0%	86.7%	80.8%	73.4%	No
9: Black/African American	35.6%	N/A*	51.2%*	45.3%	No
10: American Indian/Alaska Native	36.7%	N/A*	51.6%*	45.3%	No

*Target is overall plan rate; 66.6% gap closure target is based on Jan 2 Medi-Cal rate of 59.0%
Preliminary data

Conclusions

- Statewide, by November 1, we closed almost one-third of the gap
  - between the Medi-Cal population and the statewide population for 12-25 year olds
  - between the African-American Medi-Cal and overall Medi-Cal population
  - between the Native American Medi-Cal and overall Medi-Cal population
- Statewide, we also exceeded our goal of improving by over 10% the percent of providers providing COVID-19 vaccine in their office
- Almost all plans fully achieved on less than one-third of their metrics
- Considerable progress made even without "full achievement"
- Jan 2 data for Measures 4-10: Continued progress, but not achieved two-thirds of gap closure statewide

Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar