Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services

August 12, 2022

DHCS

Overview

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

DHCS Director's Update

René Mollow
DHCS Deputy Director

Medi-Cal Benefits Update

René Mollow
DHCS Deputy Director

Medi-Cal & Telehealth

DHCS Guiding Principles

- Equity
- Access
- Standard of Care
- Patient Choice
- Confidentiality
- Stewardship
- Payment Appropriateness

Medi-Cal & Telehealth: 2023 and Beyond

- Continue coverage of **synchronous video and audio-only telehealth** coverage across multiple services and delivery systems, including Tribal health providers as covered during the PHE.
- Continue coverage of **asynchronous telehealth** across many services and delivery systems including Tribal health providers.
- Continue **parity in reimbursement levels** between in-person services and select telehealth modalities.
- Continue to reimburse **Tribal FQHCs** at the Alternative Payment Methodology (set at the AIR) and **FQHCs/RHCs** at PPS rate for otherwise billable visits delivered via telehealth. Continue exemption from site limitations for patient or provider.
- Clarify providers may only **establish a relationship with new patients** in- person or via synchronous video telehealth visits, subject to certain protections.

Medi-Cal & Telehealth: 2023 and Beyond

- Adopt **Modifier 93** for audio-only services for Tribal health programs, FQHCs, and RHCs
- Require providers to obtain **consent** once before the initial delivery of telehealth services. **Enhance existing consent requirements** to require additional information be shared with beneficiaries
- No sooner than January 1, 2024, phase in an approach that **provides patients the choice of a video telehealth modality when care is provided via telehealth**.
- No sooner than January 1, 2024, phase in an approach that requires any provider furnishing services through telehealth to also either **offer services via in-person face-to-face contact, or link the beneficiary to in-person care**.
- Allow Medi-Cal managed care plans to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with the **network adequacy time or distance standards**.

Community Health Worker (CHW) Services Benefit

- Available starting July 1, 2022.
- State Plan Amendment 22-0001 approved July 26, 2022
- Available in fee-for-service and managed care delivery systems.
- CHWs include Promotores, Community Health Representatives, Navigators, and other non-licensed public health workers, including Violence Prevention Professionals.
- CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

CHW Services include the following:

- Health education to promote the beneficiary's health or address barriers to health care, including providing information or instruction on health topics.
- Health navigation to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the health care system, or engage in their own care and connect to community resources.
- Screening and assessment to identify the need for services.
- Individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence.

Billing for CHW Services

- DHCS will reimburse Indian Health Services Memorandum of Agreement Clinics and Tribal Federally Qualified Health Centers (FQHC) for CHW services at the FFS rates.
  - CPT 98960 -- $26.66
  - CPT 98961 -- $12.66
  - CPT 98962 -- $9.45
- Clinic regulations regarding the four walls of a Tribal 638 clinic do not apply to CHW services that are reimbursed at a FFS rate, so they may be provided within the community when they are supervised by the clinic.
- www.dhcs.ca.gov/community-health-workers

Doula Services

- Scheduled to start in 2023.
- Will be available in fee-for-service and managed care delivery systems.
- Doula services provided by Tribal FQHCs and MOU 638 clinics can be reimbursed at FFS rates
- Doula services help prevent perinatal complications and improve health outcomes for birthing parents and infants.
- Doulas offer various types of support, including perinatal and labor support and guidance; health navigation; evidence-based education, including development of a birth plan; and linkages to community-based resources.

Doula Services Continued

- Doula services encompass health education, advocacy, and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period.
  - Includes coverage to support miscarriage and abortion.
- Benefit covers one extended initial visit, labor and delivery, and eight additional visits (throughout the prenatal and/or postpartum periods).

Abortion Services

- THPs and FQHCs will be able to provide covered abortion services as a separate line of business (i.e. costs and revenue are separate and distinct from the All-Inclusive Rate (AIR) or Prospective Payment System (PPS) rate)
- There are no enrollment requirements
- Abortion services will align with the existing Medi-Cal billing policy (Abortion Provider Manual)
- Effective Date: October 1, 2022
- Fee-For-Services Rate Reimbursement

Monkeypox Services & Reimbursement

- California Department of Public Health (CDPH) has released recommendations for the evaluation and management of suspected monkeypox cases (Monkeypox Evaluation & Management homepage and Monkeypox Alert homepage)
- Monkeypox vaccine allotments come to each state directly from the US Strategic National Stockpile (SNS)
- Counties choose the locations for the vaccination clinics and supply those locations with a limited supply of vaccine. The vaccine is supplied at no cost.

Monkeypox Services & Reimbursement Continued

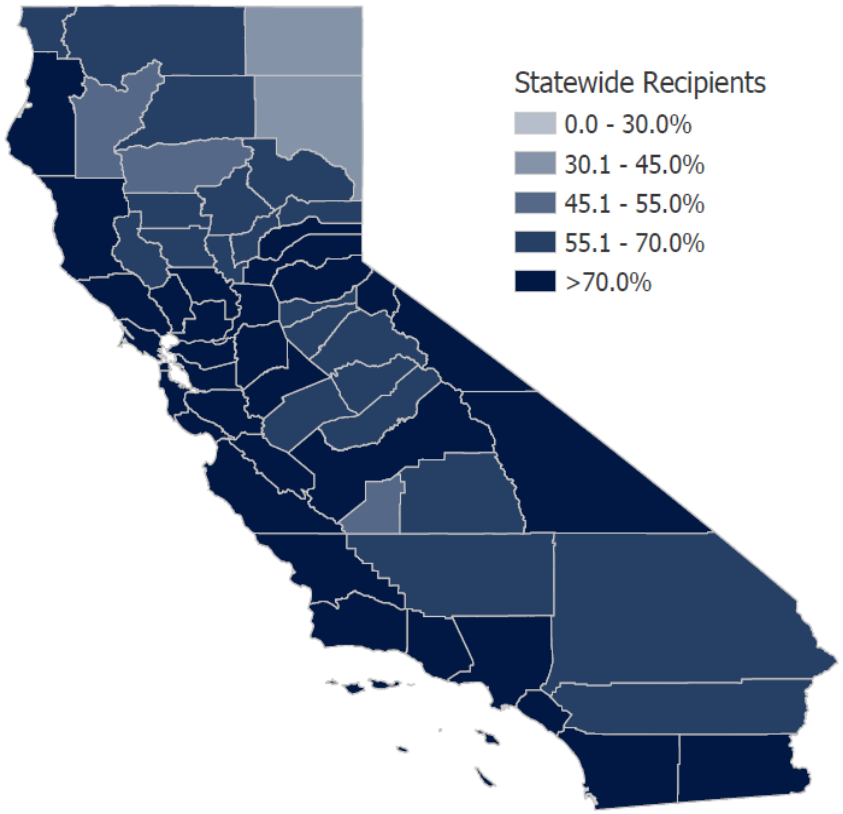
- Medi-Cal will reimburse THPs and FQHCs at the AIR or PPS when a service related to monkeypox is provided by a billable provider
- There is no separate reimbursement for the cost of the monkeypox test or vaccine
- When billing, include the appropriate monkeypox CPT code(s) on the UB 04 claim informational line
- For additional information regarding claims processing, please refer to the Coming Soon: Monkeypox Vaccines as Medi-Cal Benefits guidance on the Medi-Cal Providers website, and the Monkeypox Update: Laboratory Billing article on the DHCS website.

Update on COVID-19 Vaccination Rates

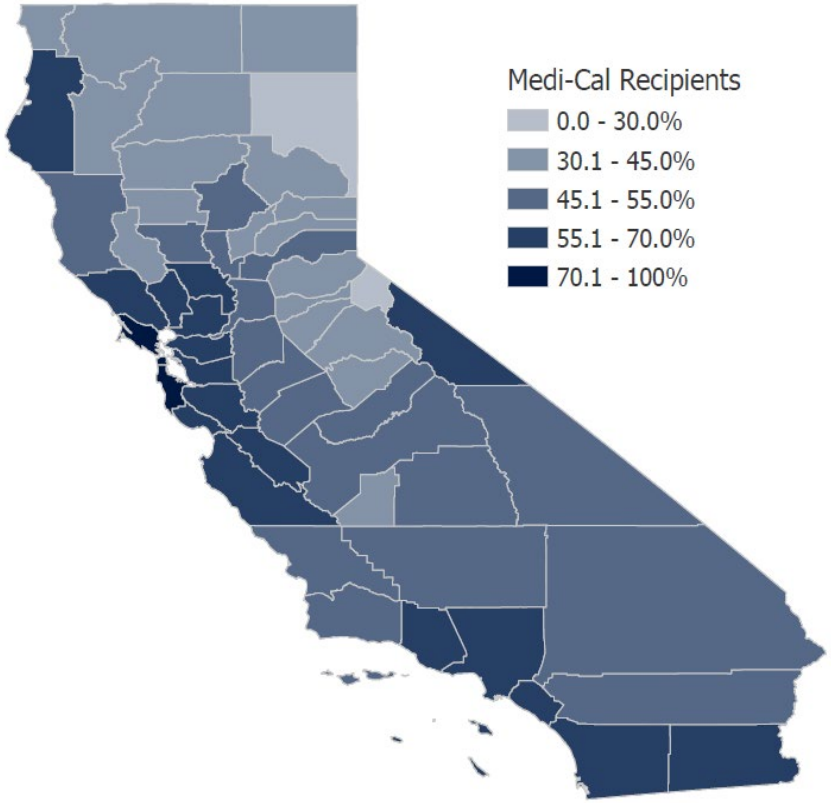
Dr. Karen Mark
Office of the Medical Director

Received at least one dose as of May 31, 2022
Percentage of 5+ years old, by county

All Californians

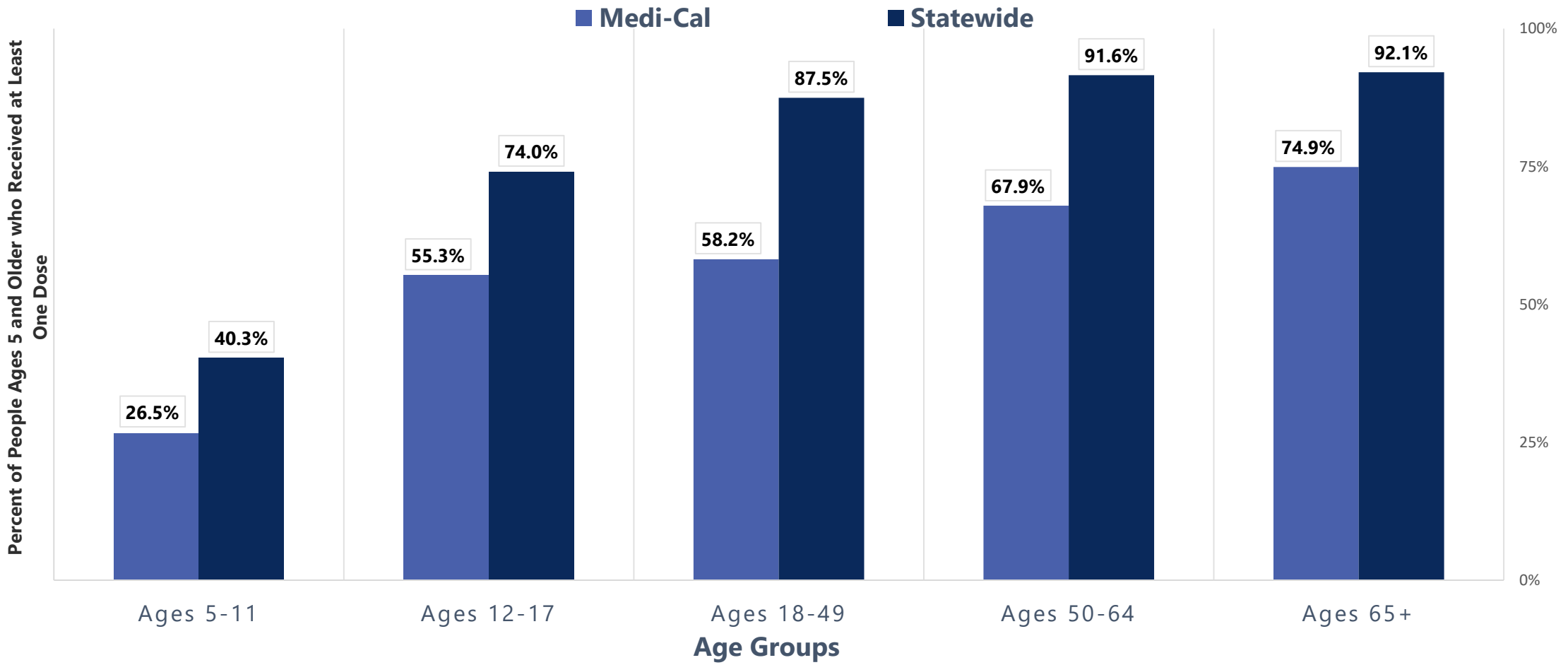


Medi-Cal Beneficiaries



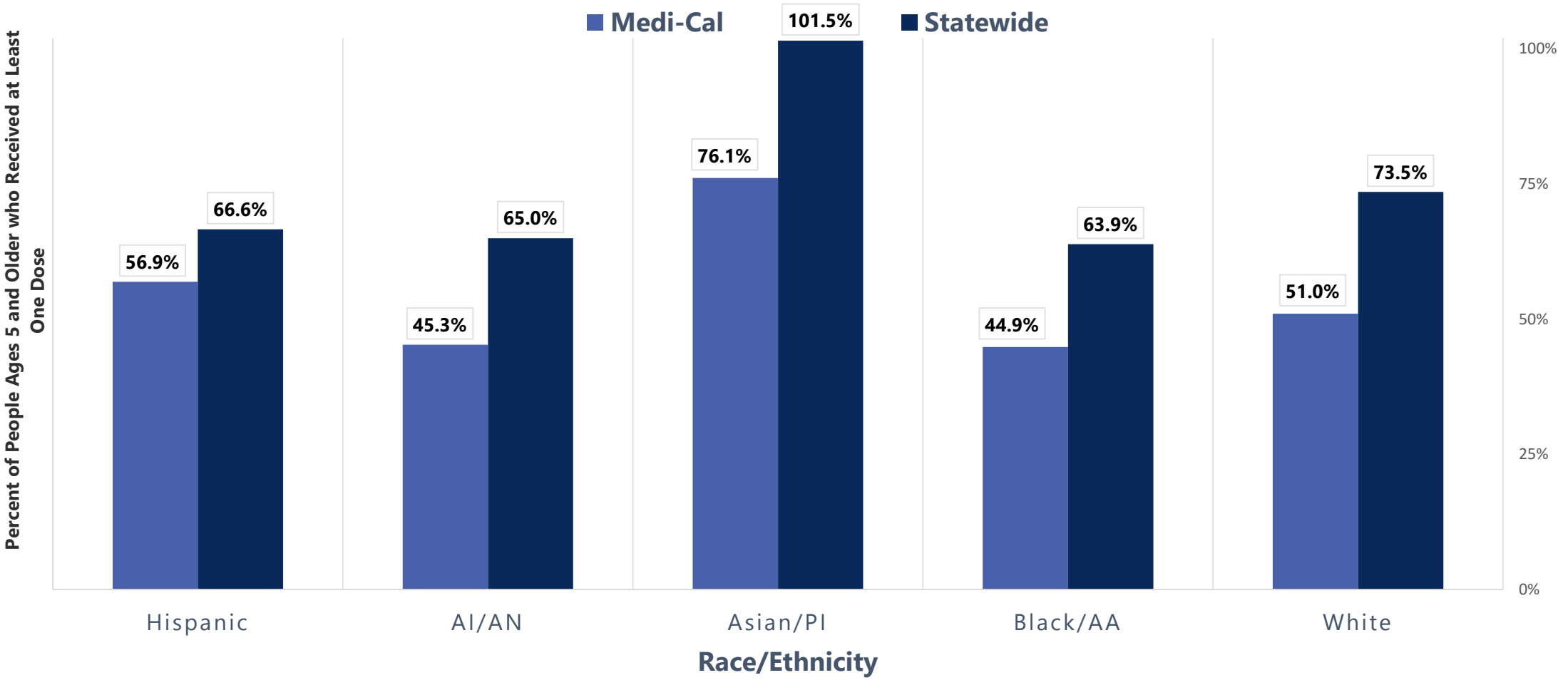
Note: Medi-Cal beneficiaries are a subset of all Californians

Received at least one dose as of May 31, 2022
Comparing Medi-Cal Beneficiaries to all Californians



Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.

Received at least one dose as of May 31, 2022 Comparing Medi-Cal Beneficiaries to all Californians



Note: Statewide rates are calculated using the California Department of Finance P-3 projections for the denominator. Estimates may slightly vary from the true value.

COVID-19 Vaccination Incentive Program

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

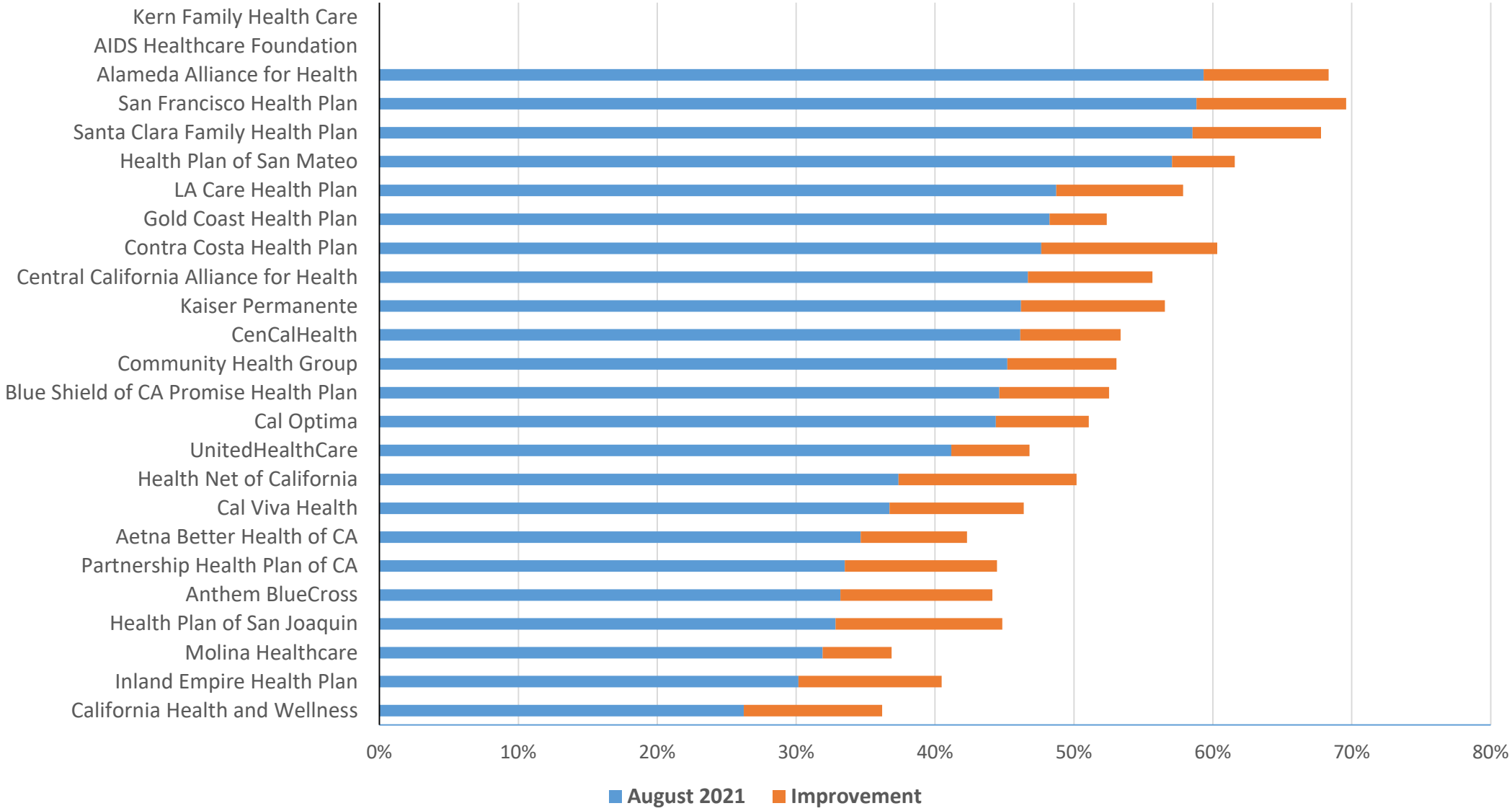
Vaccine Uptake Outcome Measures

- 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

Vaccination Incentive Program Outcomes

Vaccination Incentive Program Measure	Aug 2021	Mar 2022	Target	Gap
1: Homebound Medi-Cal beneficiaries, at least one dose	64.7%	75.5%	84.1%	8.6%
2: Medi-Cal 50-64 years, one or more chronic diseases, at least one dose	65.3%	75.4%	84.9%	9.4%
3: Network primary care providers (PCPs) providing COVID-19 vaccine in office	49.5%	67.0%	64.3%	-2.7%
4: Medi-Cal 12+ years, at least one dose	51.1%	61.1%	86.2%	25.1%
5: Medi-Cal 12-25 years, at least one dose	43.9%	57.1%	75.0%	17.9%
6: Medi-Cal 26-49 years, at least one dose	46.9%	57.0%	89.6%	32.6%
7: Medi-Cal 50-64 years, at least one dose	60.4%	67.6%	90.7%	23.1%
8: Medi-Cal 65+ years, at least one dose	69.0%	74.6%	88.2%	13.6%
9: Medi-Cal Black/African American, at least one dose	35.6%	47.9%	61.1%	13.2%
10: Medi-Cal American Indian/Alaska Native, at least one dose	36.7%	47.4%	61.1%	13.7%

Percent of Medi-Cal Native American/Alaska Native Population Received At Least One Dose of COVID-19 Vaccine, by Plan



Health Plan Efforts Focused on Vaccination of American Indians/Alaska Natives

- Blue Shield
  - Engaged the San Diego American Indian Health Center and provided funding for events promoting information on COVID-19 vaccines via trusted messenger to answer questions in person
- San Francisco Health Plan
  - Provided a grant to the Native American Health Center which provided vaccine information to the general community and their patients in webinars in English and Spanish
  - Provided information regarding vaccines, mental health, masks and testing
  - Reached 4,435 individuals regarding vaccine education

Health Plan Efforts Focused on Multiple Populations, Including American Indians/Alaska Natives

- Incentives (provides, pharmacies, & members)
- COVID-19 vaccine dashboards
- Media campaigns
- Culturally targeted outreach campaigns (texting & phone)
- Collaborated with CBOs, who provided technical assistance and cultural direction
- Outreach to communities with low vaccination rates
- Partnered with providers to schedule vaccine clinics in specific zip codes & pockets of communities with high unvaccinated rates
- Individual phone outreach to unvaccinated

Office of Tribal Affairs Update

Andrea Zubiate
Acting DHCS Division Chief

Indian Health Program (IHP) Grant Restoration

- The enacted fiscal year 2022-23 budget includes:
  - $11,576,000 million for 2 years to restore the local assistance IHP Grant Program
  - $424,000 for 2 years to support personnel costs associated with the administration of the grant program
- Funds will be distributed to eligible Tribal and urban Indian health clinic corporations via a competitive grant program in accordance with a "need" and "performance" driven formula[1]

[1] Health and Safety Code Section 124585 (d) and California Code of Regulations Title 17, Chapter 3.1, Section 1532.

Funding Formula

Factor 1-Primary Care Recruitment and Retention (55% or $6.37 million)

- Allocation of funds to be calculated using the following factors:
  - Service population to provider ratios
  - Distance to nearest source of tertiary care and specialists
  - Vacancy rates
  - Proximity to medical schools or residency programs.
- Clinics with high ratios would be granted funds to recruit and retain primary care providers. This factor of the formula addresses the significant primary care provider shortage in both Tribal and urban Indian health programs. Programs with higher need would receive increased allocations. Reducing the primary care shortage in Indian health programs will improve health access to care, reduce disparities, and improve the health status of American Indians.

Factor 2-Population Service Index (15% or $1.74 million)

- Allocation of funds to be based on the number of individual American Indian patients served during the preceding calendar year. Federal Indian Health Service (IHS) “active user population” data is used to calculate this factor.

Factor 3-Quality Measures (30% or $3.47 million)

- Allocation of funds would be determined using the federal IHS Government Performance Reporting Act (GPRA) measures. Funding amounts would be based on grantees success in meeting established quality benchmarks via grant objectives.

Proposed Timeline

Date	Activities
Week of 9/12	• Release of Request for Application (RFA)
Week of 9/19	• RFA Q & A Process (Webinar and Written Questions)
By 10/14	• RFA Due
Weeks of 10/17 and 10/24	• RFA Reviews
Week of 11/1	• Announce grant awards • Send grant documents to awardees for execution
Week of 11/8	• Appeals (5 days after award announcements)
November/ December	• Execution of Grants • Release of Funds

Update on Reestablishment of the American Indian Health Policy Panel (AIHPP)

- Health and Safety Code (HSC) Section 124595 – Establishes the AIHPP to advise the Director on the level of resources, priorities, criteria, and guidelines necessary to implement the Indian Health Program as well as the level of services provided to American Indians from other State health programs. Per HSC 124595, the Director may also seek advice from individuals and groups, other than the policy panel, on program issues.
- The AIHPP is composed of 10 members appointed by the DHCS Director.
  - Four members each from a list of persons submitted by both the California Rural Indian Health Board (CRIHB) and the California Consortium for Urban Indian Health (CCUIH)
  - Two members appointed by the Director to represent the public
- The membership term is 2 years or until a replacement member is appointed. Members may be reappointed successively.

AIHPP Activities

- The current bylaws outline the primary duties of the AIHPP and include regular reports to the Director on its activities, meeting and conferring with the Director or his/her designated representative(s). The bylaws will need to be updated upon reappointment of the full panel.
- Typical activities of the AIHPP have included:
  - Review and approval of allocation formulas
  - Determining impacts of State budget proposals and DHCS initiatives and weighing impacts to Indian health programs
  - Carrying forward concerns from Indian health programs to the Director
  - Presenting updates to their respective nominating entities at quarterly board meetings.
- The AIHPP is supported by the IHP staff
- Historically the AIHPP participated in at least 1 face-to-face meeting annually
  - DHCS covers the cost of associated travel to Sacramento for AIHPP members

Proposed Timeline

Date	Tasks
Week of 8/22	• Meet with CRIHB/CCUIH on nomination process
9/1	• Distribute nomination letters to CRIHB and CCUIH with updated bylaws and roles and responsibilities document • Release email request for submission of applications for at-large positions
10/3	• Nomination packets due from CRIHB/CCUIH • At-Large members applications due
10/3	• IHP reviews at-large applications and prepares recommendations for Director
10/3-10/14	• IHP forwards CRIHB/CCUIH and at-large nomination packets for DHCS Director's Review and Signature
By 10/28	• DHCS announces appointments to Tribal partners • Send appointees orientation packet to include updated bylaws, roles and responsibilities, DHCS background, and dates for first teleconference
November	• First AIHPP Teleconference

Other IHP Updates

- Annual designee of Indian Heath Programs update is in progress. Please respond by September 12, 2022.
- Quarterly Webinar on Proposed Changes to the Medi-Cal Program is scheduled for August 31st at 2 p.m. Registration is ongoing.
  - Tribal and designee notifications to be covered at the webinar are posted to the IHP's Notices of Proposed Changes to Medi-Cal Program webpage

Overview of ECM / Community Supports and PATH

Dana Durham
DHCS Division Chief

Goals for Today

- Reminder: What is Enhanced Care Management (ECM) and Community Supports?
- Discuss the “Providing Access and Transforming Health” (PATH) initiative and Tribal partner participation
- Open time for Q&A and discussion

Reminder: What is Enhanced Care Management and Community Supports?

Reminder: What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

- ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home

- ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level. Tribal health partners can work with MCPs to provide ECM services.

For more details, see ECM Policy Guide (May 2022).

Reminder: ECM Populations of Focus and Go-Live Timing

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. Transitioning from Incarceration (some WPC counties)	**January 2022** (WPC / HH counties) **July 2022** (all other counties)
5. At Risk for Institutionalization and Eligible for Long Term Care 6. Nursing Facility Residents Transitioning to the Community	**January 2023**
7. Children / Youth Populations of Focus	**July 2023**
4. Transitioning from Incarceration (statewide)	**Beginning July 1, 2023**

The **Individuals Transitioning from Incarceration** Population of Focus will go live in alignment with pre-release services, beginning July 1, 2023. DHCS has always intended to align the implementation dates of the justice-involved pre-release services initiative and the statewide launch of ECM justice-involved population of focus.

For more information on Populations of Focus, see the ECM Policy Guide.

Reminder: What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are <u>strongly encouraged but not required</u> to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

- Community Supports are designed as **cost-effective alternatives** to traditional medical services or settings
  - Covered under In Lieu of Services (ILOS) Authority 101 which states that services must be **medically appropriate** and **cost-effective**
  - ILOS Authority can be used to offer a comprehensive menu of health-related services in Medicaid i.e. *offering home asthma remediation in lieu of future emergency department visits*
- Community Supports are designed to **address social drivers of health**
- Each Community Support has **specific eligibility criteria** linked to each service
- Community Supports are **voluntary to the enrollee**

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

Overview of PATH and Key Opportunities

What is "Providing Access and Transforming Health" (PATH)?

DHCS is seeking an additional $410M to support implementation of pre-release services.

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the "Providing Access and Transforming Health" (PATH) program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS has currently received authorization for $1.44 billion total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of Enhanced Care Management (ECM) and Community Supports under CalAIM.

PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Key PATH Program Initiatives

PATH Initiative Name	High-Level Description
WPC Services and Transition to Managed Care Mitigation Initiative	Time limited support to sustain existing WPC pilot services that have transitioned to ECM and Community Supports and that MCPs have committed to cover, through the transition (no later than January 2024). Application process and funding began in Q1 2022.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Application process and funding is ongoing.
★ **Collaborative Planning and Implementation Initiative**	Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Application process, and funding anticipated to begin in Fall 2022. **Tribal partners are encouraged to participate in these collaboratives.**
★ **Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative**	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application process is ongoing, and funding anticipated to begin in Winter 2022. **Tribal partners that provide or intend to provide ECM or Community Supports may access CITED funding**.
★ **Technical Assistance Marketplace Initiative**	Technical assistance to providers, community-based organizations, county agencies, public hospitals, **Tribal partners**, and others. Application process and funding anticipated to begin in January 2023.

★ **Focus for Today**

Tentative Launch Timeline for PATH Initiatives

Activity/Initiative	June	July	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
Collaborative Planning and Implementation Initiative launch			***Registration Open***	***Launch: Funds Disbursed***					
CITED Initiative launch			***Round 1 Application Window Currently Open***	***Round 1 Application Window Closes***	***Round 1 Application review and development of agreements with awardees***		***Launch: Round 1 Funds Disbursed***		
TA Marketplace launch					***Select TA domains and/or customized assistance may launch earlier if ready***			***Launch: Marketplace Live***	
Justice-Involved Initiative launch	***Round 1 Application Window Opens***		***Round 2 Application Window Opens***	***Funds Disbursed on a Rolling Basis***					

= milestone = interim milestone = work ongoing

Initiative Overview: Collaborative Planning

Background

- Contracted PATH Third Party Administrator (TPA) is working with stakeholders in the region to convene and facilitate a single county or regional collaborative planning efforts
- Collaborative planning efforts seek to build off existing collaborative efforts
- Funding will support a designated PATH collaborative planning facilitator in each county or region (i.e., individual collaborative planning participants will not receive funding)
- **Tribal partners are encouraged to participate in these collaboratives**

Collaborative Planning Status

DHCS is currently soliciting and reviewing applications for collaborative planning group facilitators

- DHCS will "match" approved facilitators to counties based on local needs and stakeholder input
- Later this summer, collaborative planning group participants will have the opportunity to register for collaborative planning groups launching in their county or region

Initiative Overview: CITED

CITED Grants

CITED Round 1 grant application period is open!
Applications must be completed online via the CITED portal at: https://ca-path.com/cited

Background

- **Applicants include organizations that are contracted to provide, or that intend to provide ECM/Community Supports:** County, city, and local government agencies, public hospitals, providers, CBOs, **Tribal partners,** and others, as approved by DHCS
- Applicants must meet **minimum eligibility criteria for CITED** (e.g., completed application, demonstration that funding request is reasonable, and attestation that funding will only be spent on permitted uses)
- **Applications request information on** intended use of CITED funds, justification for why funds are needed, sustainability plan for future funding, and how duplication of funding will be avoided
- **CITED funds may only be used on outlined permissible uses** (e.g., increasing provider workforce, developing or modifying referral, billing, and IT processes, and capacity and infrastructure to deliver ECM and Community Supports)
  - CITED may provide retroactive funding to support investments in infrastructure and capacity made by eligible organizations from January 1, 2022 until the release of applications for the first round of funding
  - Retroactive funding requests will be subject to strict guardrails and requirements

Initiative Overview: TA Marketplace

Background

- Entities may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains
- TA resources will be provided through a virtual TA "Marketplace," which will be designed, launched and managed by the PATH TPA
  - The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace
- **Technical assistance resources may include, for example:**
  - Hands-on trainings for ECM / Community Supports providers on billing and reporting requirements or contracting with health plans
  - Guidance for data sharing processes between ECM / Community Supports providers and health plans
  - Accelerated learning sessions or computer-based learning modules for CBOs
  - Strategic planning consultations for entities implementing ECM / Community Supports
  - Customized project-specific support provided by vendors registered with the TA Marketplace

Examples of and Opportunities for PATH Funding

PATH can provide critical funding to entities implementing or preparing to implement ECM and Community Supports.

PATH Initiative	Sample Funding Uses
Collaborative Planning and Implementation Initiative	Launching a collaborative planning group with key entities in a county/region support: • Conducting focus groups ECM / Community Support needs and gaps within the community • Identifying and resolving topical implementation issues that require additional technical assistance • Supporting alignment between PATH funding and other funding opportunities
CITED Initiative	Grant funding to providers, counties, community-based organizations and others to: • Recruit, hire and train staff to support ECM/Community Supports delivery • Modifying, purchasing, or developing necessary infrastructure / systems • Establishing an evaluation/monitoring plan for ECM / Community Supports
Technical Assistance Marketplace Initiative	A web-based marketplace that will provide the following types of resources, for example: • Hands-on trainings for ECM / Community Supports providers (or those that wish to become an ECM or Community Supports Provider) • Guidance for data sharing processes between providers and health plans • Accelerated learning sessions or computer-based learning modules for CBOs • Strategic planning consultations for entities implementing, or that plan to implement ECM / Community Supports • Customized project-specific support provided by vendors registered with the TA Marketplace

PATH and IPP are Aligned But Distinct

PATH

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Support technical assistance needs and other gaps not addressed by IPP

Eligible entities include:

- Counties, former WPC Lead Entities, providers (including ECM and Community Supports providers), CBOs, **Tribal partners** and others
- MCPs are not permitted to receive PATH funding for infrastructure, capacity or services

Flow of funds

- Entities will apply for funding which will flow directly from DHCS or the TPA to awarded applicants

Note: PATH funding is subject to key guardrails (e.g., cannot duplicate or supplant, regular progress reporting, alignment with MCPs)

Incentive Payment Program (IPP)

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Grow and strengthen provider networks

Eligible entities include:

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers**

Flow of funds

- Funding will flow directly from DHCS to MCPs upon achieving set milestones
- MCPs are encouraged to share funding with providers to strengthen networks

Resources

CalAIM Resources

CalAIM: https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx

ECM and Community Supports: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

PATH: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx

PATH TPA-Led Initiatives: https://ca-path.com/

PATH CITED Round 1 Application: https://ca-path.com/cited

Justice-Involved Initiative: https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx

Q&A

Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar