Stakeholder Advisory Committee and Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

February 16, 2023

DHCS

Webinar Tips

- Please use **either a** computer **or** phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: SACInquiries@dhcs.ca.gov or BehavioralHealthSAC@dhcs.ca.gov.

Director’s Update

Governor's Proposed Budget

- The Governor's proposed Fiscal Year (FY) 2023-24 budget includes $144 billion in total funds for DHCS.
- Expanding health care access to all Californians is a key focus of the Administration.
  - Expansion of full scope Medi-Cal to adults ages 26 through 49, regardless of immigration status, effective January 1, 2024. The budget includes $844 million total funds ($634.8 million General Fund).
  - With this expansion, full scope Medi-Cal coverage will be available to all otherwise eligible Californians, regardless of immigration status.

Proposed Budget (Continued)

- New major budget issues and proposals include:
  - **Managed Care Organization (MCO) Tax**
  - **Designated State Health Program (DSHP) and Primary Care and Obstetric Rate Increases**
    - Proposal to continue DSHP under the CalAIM waiver effective January 1, 2023 to December 31, 2026.
    - Claim additional $646.4 million in federal funding over four years.
    - As part of the DSHP approval, primary care will receive a 10% increase in fee-for-service (FFS) for all codes under 80% of Medicare.
    - Obstetric care and doulas will receive a 10% increase for both FFS and managed care for all codes under 80% of Medicare (including codes that do not have a Medicare equivalent).

DHCS Budget Proposals (Continued)

- Proposal for a new Section 1115 waiver entitled **California's Behavioral Health Community-Based Continuum (CalBH-CBC) Waiver** to expand access and strengthen the continuum of behavioral health services.
- Proposal to add **Transitional Rent** as part of the CalAIM waiver to authorize an additional Community Support for use by Medi-Cal managed care plans (MCPs).
- Proposal to continue California's progress toward equitable access to comprehensive family planning and related services through the **Reproductive Health Services** Section 1115 waiver.

DHCS Budget Proposals (Continued)

- Proposal to **Strengthen Oversight for Substance Use Disorder Licensing and Certification,** including establishing a new mandatory certification program, and an increase in licensing fees to ensure ongoing support for the program.
- Proposal to utilize Opioid Settlement Funds to expand the Naloxone Distribution Project as part of the **Opioid Response Package**.
- Additional funding for **Community Assistance, Recovery, and Empowerment (CARE) Court** to support county costs.

DHCS Budget Proposals (Continued)

- Given the state's projected General Fund revenue decline, the budget includes several delays in funding for initiatives approved in prior budgets.
  - Delay of **Behavioral Health Bridge Housing Funding** from FY 2023-24 to FY 2024-25.
  - Delay of **Behavioral Health Continuum Infrastructure Program Funding** Round 6 to FY 2024-25 and FY 2025-26.
  - **Delay Buyback of Two-Week Checkwrite Hold** until FY 2024-25.

Resources

- **DHCS Budget Highlights:**

https://www.dhcs.ca.gov/Documents/Budget-Highlights/DHCS-FY-2023-24-GB-Highlights.pdf

- **Governor's Proposed Budget:**

https://ebudget.ca.gov/budget/2023-24/#/BudgetDetail

- **November Medi-Cal Estimate:**

https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Pages/default.aspx

COVID-19 Public Health Emergency (PHE) and the Continuous Coverage Unwinding

Yingjia Huang and Aaron Toyama

DHCS

Consolidated Appropriations Act of 2023

- On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023 (CAA 2023) which **delinked the continuous coverage requirement from the PHE** and established a March 31, 2023 end date to the continuous coverage requirement.

- When continuous coverage requirements end, states will need to conduct a full redetermination for all members who would have otherwise been subject to redetermination.

- As a result of the Consolidated Appropriations Act of 2023, the Centers for Medicare & Medicaid Services (CMS) released updated guidance in a Centers for Medicaid and CHIP Services (CMCS) Informational Bulletin on January 5, 2023 that maintains the applicability of the unwinding rules from previous CMS guidance

- On January 30, 2023, the Biden Administration announced that the PHE is set to end on May 11, 2023.

DHCS Medi-Cal COVID-19 PHE and Continuous Coverage Operational Unwinding Plan

- The Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan was originally released in May 2022 and last updated on January 13, 2023, to incorporate policy changes as a result of the CAA 2023, and corresponding guidance released from CMS.

- **The plan includes two main components:**
  - **Part 1: Unwinding Medi-Cal Program Flexibilities**
    - Details PHE-related non-eligibility flexibilities obtained during the PHE that DHCS has already made permanent, seeks to make permanent, or will expire prior to or at the end of the PHE.

  - **Part 2: Resumption of Normal Medi-Cal Redetermination Operations**
    - Overviews the DHCS guiding principles and implementation approach for redeterminations, retention strategies, federal eligibility flexibilities, outreach, county/system readiness, and data reporting.

Resuming Normal Business Operations

- When the continuous coverage requirement ends, counties will process annual renewals on members' next scheduled annual renewal date.

- Counties will begin renewal activities on **April 1, 2023,** for members with a **June 2023** renewal date.
  - The first Medi-Cal discontinuances will occur on **July 1, 2023**.
  - A detailed sequencing of annual renewal processing during the continuous coverage unwinding is included in the Medi-Cal COVID-19 PHE and Continuous Coverage Operational Unwinding Plan (See Appendix A).

Additional Unwinding Policies in CAA 2023

- **FMAP phase down:** 6.2% through March 30, 2023; 5% through June 30, 2023; 2.5% through September 30, 2023; and 1.5% through December 31, 2023.
- **FMAP increases is subject to the conditions below:**
  1. Adherence to redeterminations requirements
  2. Maintenance of up-to-date contact information
  3. Requirement to attempt to contact members prior to disenrollment
- **Contact Information Updates and Additional Attempt to Contact Before Disenrollment:** Medicaid programs must make good faith efforts to have up-to-date contact information for Medicaid members. Coverage terminations on the basis of returned mail are not permitted unless a contact attempt has been made through at least one other modality.

Additional Unwinding Policies in CAA 2023

- **Federal Data Reporting:**
  - On a monthly basis from April 1, 2023, through June 30, 2024, states shall submit to CMS a report on eligibility redeterminations.
  - Data metrics include: redetermination metrics (discontinuances including for procedural reasons, ex parte, number renewed), application, Advanced Premium Tax Credit (APTC)/Qualified Health Plan (QHP) enrollment (Medi-Cal to Covered California), and call center metrics.
- **Enforcement and Corrective Action:**
  - From April 1, 2023, through June 30, 2024, the U.S. Department of Health & Human Services (HHS) is granted additional corrective action plan (CAP) enforcement authority. If HHS deems that a state does not comply with federal redetermination rules, HHS can request a CAP to be submitted.
    - If a Medicaid program fails to submit a CAP or implement its CAP, HHS may suspend the ability to conduct procedural terminations and may impose a civil monetary penalty of $100,000 per day of noncompliance.
  - For each quarter beginning on July 1, 2023, and ending on June 30, 2024, Medicaid programs that do not comply with reporting requirements will have an FMAP penalty applied, not to exceed one percentage point, calculated at 0.25 times the number of fiscal quarters in which the Medicaid program was non-compliant.

County Readiness

- On January 13, 2023, DHCS issued MEDIL 23-03 (January 13, 2023): Updates to the County Readiness Toolkit for the Preparation for the End of the Continuous Coverage Requirement.

- The County Readiness Toolkit is designed to help counties assess readiness in the three key areas of high impact:
  - Organization and Staffing
  - Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal-Related Case Activities
  - Lobby Management, Call Center, and Outreach

- Specifically, this MEDIL includes three components to support counties in their readiness:
  - County Readiness Checklist
  - County COVID-19 PHE Readiness Plan Template
  - County COVID-19 PHE Readiness Plan Recommended Strategies

- Counties are required to complete and submit this template to validate their readiness to complete COVID-19 PHE unwinding actions and resume normal operations. Counties must email their COVID-19 PHE Unwinding Readiness Plan no later than **February 21, 2023.**

DHCS Outreach Efforts

- **DHCS Coverage Ambassadors (in English and Spanish)**
  - As of January 26, 2023, **1,700+** DHCS Coverage Ambassadors have signed up to help DHCS spread the word about the continuous coverage unwinding efforts.
  - DHCS developed FAQs Coverage Ambassadors to assist with outreach efforts.
  - DHCS conducted English and Spanish-language webinars for Coverage Ambassadors in June 2022. The webinar recordings are available here.

- **DHCS Continuous Coverage Unwinding Outreach Toolkits**
  - **COVID-19 PHE Toolkit – Phase 1 –** with DHCS-approved graphics and messaging to be used by Coverage Ambassadors.
  - **Phase 2 Toolkit** – Released February 8, 2023

DHCS Outreach Efforts

- **DHCS Outreach Communications Vendor for Media Campaigns (for both the continuous coverage unwinding and other eligibility expansions and postpartum extension)**
  - DHCS awarded a direct contract with **GMMB** for the DHCS outreach campaigns. GMMB will be responsible for implementing a statewide education and outreach communications campaign targeted to California's 15.4 million Medi-Cal members during the COVID-19 PHE, throughout the continuous coverage unwinding period, and for all eligibility expansions (i.e., Asset Elimination, 26-49 Medi-Cal Expansion, Postpartum Extension).
- **Campaign launched on February 8, 2023**

Taking a Phased Approach

- **AWARENESS: February 2023 – May 2024**
  - Statewide California advertising and outreach
  - Targeting households in Medi-Cal income thresholds
  - All Medi-Cal threshold languages across platforms
  - **CORE MESSAGE:** Remind Medi-Cal members to ensure that their local county office has up to date contact information, including mailing address, email address, and phone number.

- **RENEWALS TAKE PLACE: May 2023 – May 2024**
  - Drive timely completion of renewals, responses to renewal packets, and understanding of the process
  - Repeat sequence in 30-day cycles
  - **CORE MESSAGE:** Direct members to complete renewal packet and submit needed documentation, as directed

- **EXPANDED ELIGIBILITY ENROLLMENT: May 2023 – May 2024**
  - Begin work on various expansions and awareness - 26-49 Adult Expansion, asset elimination, 12-month postpartum coverage
  - **CORE MESSAGE:** Reinforce new rules, benefits and services now available to them, and direct members to resources for information and assistance, reinforcing multiple options, including online, in person, telephone, and in-language help where possible.

Additional Outreach

- **DHCS Second Outreach Mailer**
  - To be sent in February 2023 to all Medi-Cal households in all Medi-Cal threshold languages
  - DHCS will keep track of undeliverable mail

- **Launch of the www.KeepMediCalCoverage.org**

Additional PHE Unwinding Efforts

- As described in Part 1 of the Medi-Cal COVID-19 PHE Unwinding Plan, many additional programmatic flexibilities were implemented during the pandemic. Many of these flexibilities have (or will) become permanent, while others will expire at the end of the PHE, on May 11, 2023, or soon thereafter.

- Per federal policy, all Disaster 1135 waiver flexibilities terminate once the PHE ends, unless terminated by CMS or the State Medicaid Agency on an earlier date. Disaster State Plan Amendment (SPA) policies will also terminate, if not extended through normal SPA processes. Some examples of PHE policies that will expire include, but are not limited to:
  - Medi-Cal provider enrollment flexibilities
  - Flexibilities for services provided in alternate physical settings (e.g., unlicensed facilities)
  - Waivers of prior authorization policies
  - Limited Medi-Cal coverage for the COVID-19 Uninsured Group
  - Behavioral Health delivery system interim rates

Additional PHE Unwinding Efforts

- DHCS is taking the opportunity to make permanent or extend changes to the Medi-Cal program by continuing many PHE flexibilities implemented during the pandemic. These program changes are being implemented through a variety of mechanisms including permanent SPAs, waiver amendments, or other policy guidance. Some examples include, but are not limited to:
  - Permanent changes to Medi-Cal telehealth policy across delivery systems and Home and Community-Based (HCBS) waiver programs
  - Delivering COVID-19 vaccines through Medi-Cal's FFS delivery system
  - Suspensions of premiums and cost sharing in Medi-Cal and CHIP
  - Expanding Hospital Presumptive Eligibility (HPE) to ages 65 and older
  - COVID-19 vaccine administration and clinical lab rates at 100% of the Medicare rate
  - Increased reimbursement for long-term care facility types

Additional PHE Unwinding Efforts

- To completely unwind Medi-Cal's remaining flexibilities, DHCS has several actions to take prior to, and following, the official end of the PHE. DHCS is actively moving forward to complete these activities and has already submitted several permanent SPAs to CMS. Additional activities include:
  - Sending individual member notices as required in State Health Official (SHO) Letter 20-004
  - Submitting SPAs to CMS for Disaster SPA flexibilities that DHCS intends to make permanent (including public/Tribal notice when required)
  - Updating DHCS systems to align with post-PHE Medi-Cal policy
  - Submitting 1915(c) waiver amendments to make permanent flexibilities implemented through Appendix Ks
  - Issuing or revising policy guidance in the form of All Plan Letters, Behavioral Health Information Notices, Provider Bulletins, etc.

CMS Approval of CalAIM Justice-Involved Initiative

Jacey Cooper, Autumn Boylan, and Tyler Sadwith

DHCS

National Context for California's 1115 Demonstration Request

Until now, due to a provision of federal Medicaid law known as the "inmate exclusion," inpatient hospital care was the only service that could be covered by Medicaid for individuals considered an "inmate of a public institution."

- In 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), which requires HHS to provide guidance to states on how to seek 1115 demonstration authority to waive the inmate exclusion in order to improve care transitions to the community for incarcerated individuals.
- Prior to HHS' release of guidance, California, along with 14 other states, submitted 1115 demonstration requests to provide pre-release services to justice-involved populations.
- Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release.

California is the first state in the nation to get federal approval to provide pre-release services.

Rationale for Providing Pre-Release Services

California has received approval to authorize federal Medicaid matching funds for select Medicaid services for eligible justice-involved individuals in the 90-day period prior to release from incarceration in prisons, county jails, and youth correctional facilities.

The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a reentry plan for their community-based care prior to release.

This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the state's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.

With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

Justice-Involved Reentry Initiative Goals

The demonstration approval represents a first-of-its-kind section initiative, focused on improving care transitions for incarcerated individuals.

With the implementation of this demonstration, DHCS hopes to achieve the following:

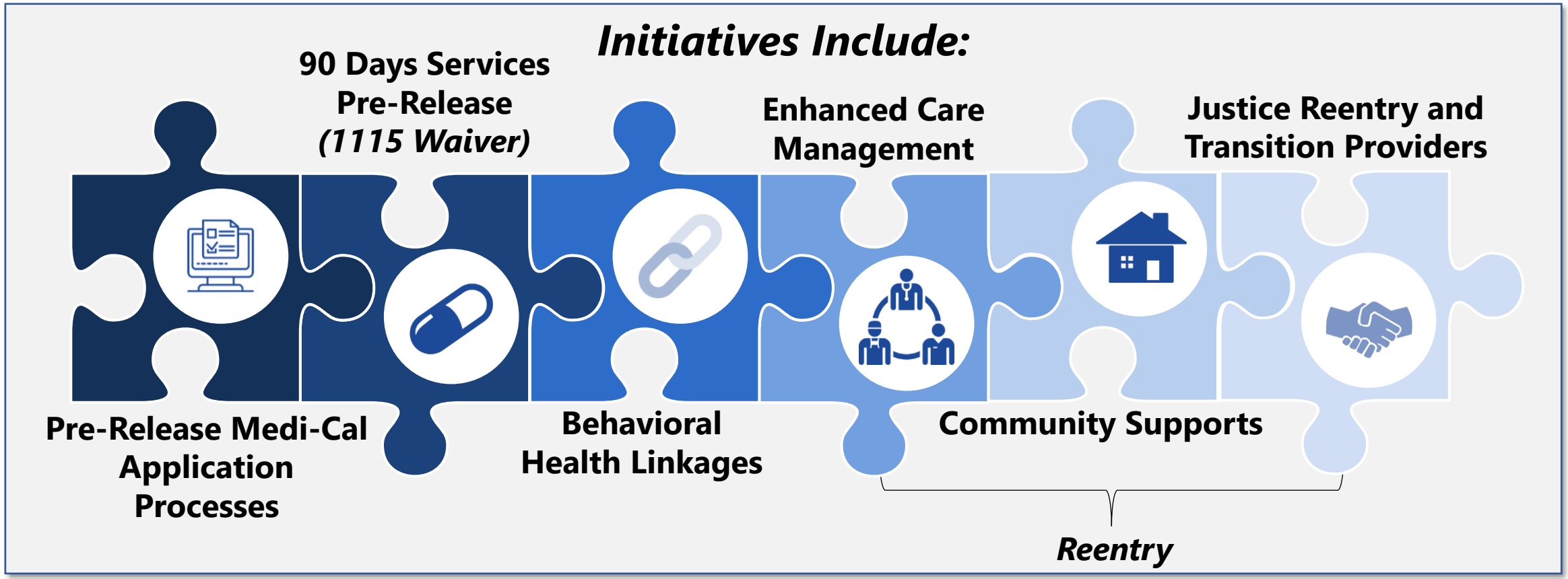
Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.

Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.

Serve as a model for the rest of the nation: California is the first state to receive approval for this initiative. We hope our model will serve as a blueprint for the dozen additional states with pending justice-involved 1115 waivers.

The Justice-Involved Reentry Initiative is One Component of the CalAIM Justice-Involved Initiative

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Eligibility Criteria, Covered Services, and Capacity Funding

Eligibility Criteria for Pre-Release Services

Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback.

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

✓ Be part of a **Medicaid or CHIP Eligibility Group**, and

✓ Meet **one** of the following health care need criteria:

- Mental Illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*

Covered Pre-Release Services

The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services currently covered under DHCS' Medicaid and CHIP State Plans. DHCS worked extensively with stakeholders to develop definitions for each of the covered services.

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications Assisted Treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.

In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved State Plan coverage authority and policy.

Pre- and Post-Release Care Management to Support Reentry

Correctional facilities and community-based care managers will play a key role in reentry planning and coordination, including notifying implementation partners* of release date, if known, supporting pre-release warm handoffs, facilitating behavioral health linkages, and dispensing medications and/or DME upon reentry.

Enhanced Care Management (ECM)	Behavioral Health Linkages	Warm Handoff Requirement
Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice-Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the MCP, which may occur up to six months after release.	To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to: » **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health, and SUD). » **Share information with the individual's health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).	Prior to release, the pre-release care manager must do the following: » **Share transitional care plan** with the post-release care manager and MCP. » **Schedule and conduct a pre-release care management meeting** with each of the member's care managers to: » Establish a trusted relationship. » Develop and review care plan with member. » Identify outstanding service needs.

*Implementation partners include social services departments, post-release care manager (if different from pre-release care manager, MCPs, and county behavioral health agencies

Providing Access and Transforming Health (PATH) Capacity Building Program

The approved CalAIM 1115 waiver authorizes $410 million for PATH Justice-Involved Capacity Building Program to support collaborative planning and IT investments intended to support implementation of pre-release and reentry planning services in the 90 days prior to release.

Funding from the PATH Justice-Involved Capacity Building Program will provide implementation grants to correctional facilities (or their delegates), county behavioral health agencies, community-based providers, probation officers, sheriff's offices, and other implementation stakeholders.

Funding is intended to support eligible entities as they stand-up processes, protocols, and IT system modifications that are necessary to implement or modify processes to support the provision of pre-release services.

This funding can be used for investments in personnel, capacity, or IT systems that are needed to effectuate pre-release service processes.

DHCS will provide detailed guidance on PATH applications.

Monitoring and Evaluation

Proposed Evaluation Framework

DHCS recognizes that the pre-release services would represent a major new initiative for both California and the Biden Administration. Additionally, Congress and states around the country will be very interested in how the initiative is implemented and its effectiveness.

As such, DHCS is planning a robust evaluation of this intervention which will examine a number of factors, which may include, but are not limited to:

- ☑ The time from incarceration to onset of pre-release services, take up of services, pre-incarceration utilization patterns, and differences in these factors between different types of facilities (state prisons, county jails, youth correctional facilities).
- ☑ Utilization of specific pre-release services, including use of MAT, behavioral health management, prescriptions filled, receipt of durable medical equipment.
- ☑ Actual impacts of pre-release services for engaged enrollees (as compared to enrollees who did not engage in pre-release services) on health outcomes for Medi-Cal members; inpatient and emergency department utilization post-release; and Medi-Cal expenditures.
- ☑ Duration of Medi-Cal eligibility and enrollment for the eligible justice-involved population in the months following release.

Implementation Plan and Readiness Assessment Process

Reentry Demonstration Initiative Implementation Plan

California is required to submit a Reentry Demonstration Initiative Implementation Plan to describe, at a minimum, the state's approach to implementing the initiative, including timelines for meeting critical implementation stages or milestones, as applicable, to support successful implementation.

California will be required to provide detailed information related to the following milestones and actions, no later than 120 days after the Demonstration's approval:

Milestone 1: Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.

Milestone 2: Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.

Milestone 3: Promoting continuity of care to ensure access to services both pre- and post-release.

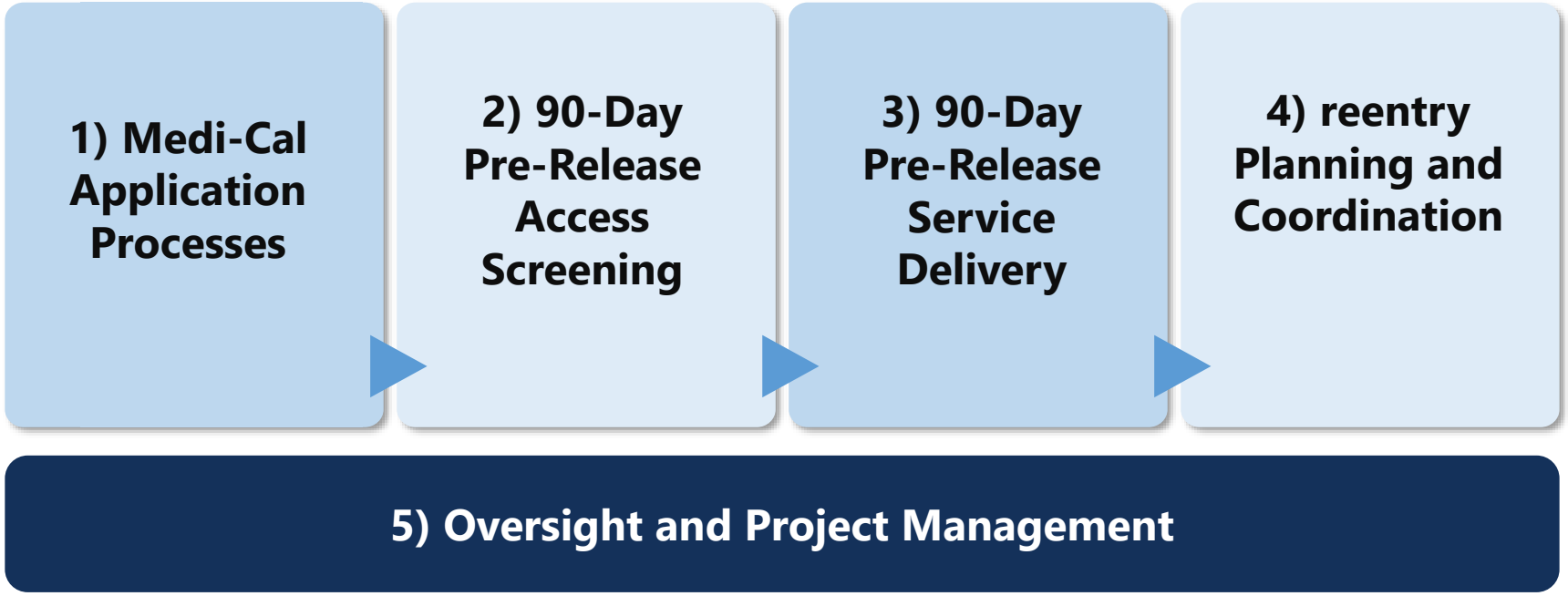
Milestone 4: Connecting to services available post-release to meet the needs of the reentering population.

Milestone 5: Ensuring cross-system collaboration.

Correctional Facility Readiness Assessment Approach

As a condition of the Demonstration, all prisons, jails, and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.

DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services:



Note: An abbreviated readiness process will also be established for County social service departments to ensure eligibility and enrollment processes facilitate pre-release services.

Summary: Correctional Agency Readiness Assessment

Below is an overview of the readiness elements within each focus area, which will be framed as questions for correctional agencies to describe the general readiness, capabilities, and infrastructure of their facilities.

Focus Areas	Readiness Element	Minimum Requirement for Pass or Conditional Pass?
1: Medi-Cal Application Processes	1a: Screening	Minimum Requirement
	1b: Application Support	Minimum Requirement
	1c: Unsuspension	Minimum Requirement
2: 90 Day Pre-Release Eligibility Screening	2a: Screening	Minimum Requirement
	2b: Eligibility Notification to State Eligibility System	Minimum Requirement
	2c: Release Notification to State Eligibility System	Minimum Requirement
3: 90 Day Pre-Release Service Delivery	3a: Pre-release Care Manager Assignment	Minimum Requirement
	3b: Consultation Scheduling	
	3c: Virtual/In-Person Consultation Support	
	3d: Support for Medications	Minimum Requirement
	3e: Support for Medication Assisted Treatment	Minimum Requirement
	3f: Support for Prescriptions Upon Release	Minimum Requirement
	3g: Support for Durable Medical Equipment Upon Release	
	3h: Medi-Cal Billing	Minimum Requirement

Summary: Correctional Agency Readiness Assessment (continued)

Below is an overview of the readiness elements within each focus area, which will be framed as questions for correctional agencies to describe the general readiness, capabilities, and infrastructure of their facilities.

Focus Areas	Readiness Element	Minimum Requirement for Pass or Conditional Pass?
4: reentry Planning and Coordination	4a: Release Date Notification	Minimum Requirement
	4b: reentry Care Management Warm Handoff	Minimum Requirement
	4c: reentry Behavioral Health Warm Handoff	Minimum Requirement
5: Oversight and Project Management	5a: Staffing Structure and Plan	Minimum Requirement
	5b: Governance Structure for Partnerships	
	5c: Reporting and Oversight Processes	Minimum Requirement

Reentry Initiative Reinvestment Plan

Reentry Initiative Reinvestment Plan Overview

As outlined in the STCs, to the extent that the reentry demonstration initiative covers services that are the responsibility of and were previously provided or paid by the carceral facility or carceral authority with custody of qualifying members, the state must reinvest all new federal dollars, equivalent to the amount of FFP projected to be expended for such services.

- California will submit a reinvestment plan that **defines the amount of reinvestment required over the term of the demonstration**, based on an assessment of the amount of projected expenditures for which reinvestment is required.

- CMS and DHCS have identified two categories of pre-release services for determining whether and how much reinvestment may be required when net new savings are realized, including:
  - **"New services"** which had not previously been provided by carceral settings prior to the demonstration; and
  - **"Existing services"** which would be newly-Medicaid-matched under the demonstration, but would have been provided by carceral settings prior to the demonstration.

- **FFP projected to be expended for new services covered under the reentry demonstration initiative is not required to be reinvested.**

Allowable Reentry Reinvestments

Allowable reinvestments include, but are not limited to:

New services covered under the reentry demonstration initiative;

Improved access to behavioral and physical community-based health care services and capacity;

Improved access to and/or quality of carceral health care services;

Improved health information technology and data sharing;

Increased community-based provider capacity;

Expanded or enhanced community-based services and supports; and

Any other investments that aim to support reentry, smooth transitions into the community, divert individuals from incarceration or re-incarceration, or better the health of the justice-involved population

Break – 10 Minutes

Medi-Cal for Kids & Teens Outreach and Education Toolkit

Pamela Riley, MD, and René Mollow, MSN, RN

DHCS

What is EPSDT?

- Federal law enacted in 1967 established the **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** requirement, which requires that comprehensive age-appropriate health care services be provided to all Medi-Cal enrolled children and youth up to age 21.
- Requires preventive screening, diagnostic services, and treatment services.
- Screenings, coverage requirements, and definition of medical necessity for children enrolled in Medi-Cal are more robust than they are for adult care.

Goal of EPSDT

Ensure that children get the

Right Care

at the

Right Time

in the

Right Place

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

- **Key Initiative:** Outreach and education toolkit on the intent and scope of the EPSDT requirement to enhance understanding and access to care.

- **Initiative Elements Discussed in Strategy:**
  - Core audiences of families, providers, and MCPs
  - Toolkit that describes how EPSDT works and what it covers
  - Coordination of toolkit with a range of child-serving stakeholders (e.g., key state agencies, local government entities, community-based advocates) to deliver targeted messaging related to services available under EPSDT

In 2019, DHCS started to develop member-facing materials focused on children's preventive services in response to a 2019 California State Audit on children's preventive services; work was paused due to COVID-19. This toolkit builds on this prior work and the follow-up 2022 California State Audit.

See Medi-Cal's Strategy to Support Health & Opportunity for Children & Families.

Toolkit Goals

- **Improve enrollee understanding** of how Medi-Cal for children and youth works, what it covers, its role in preventive care screening, diagnosis, and treatment, and medical necessity requirements.

- **Increase coordination with a range of child-serving stakeholders**, including Medi-Cal MCPs, providers, key state agencies, local government entities, and community-based advocates to help disseminate toolkit materials.

- **Develop a standardized EPSDT provider training** for Medi-Cal MCPs to use with their network providers.

Toolkit Components

Enrollee Brochures (child and teen versions)

Your Medi-Cal Rights Letter

Provider Training

Toolkit Consumer Testing Process

From October to November 2022, DHCS conducted consumer testing on the brochures and Medi-Cal for Kids & Teens: Your Medi-Cal Rights letter with parents, caregivers, teens, and young adults enrolled in Medi-Cal who live across the state and speak English and/or Spanish.

Purpose of Consumer Testing

- Gauge participant understanding of EPSDT services available to children and youth up to age 21 enrolled in Medi-Cal.
- Understand any comprehension issues with the member-facing materials and the actions participants would take after reviewing materials.
- Identify language barriers, image concerns, or other issues throughout materials.

Testing Methodology

1:1 Observation & Feedback	Remote Group Discussion	Post-Session Survey
17 English sessions 5 Spanish sessions	8 English sessions 3 Spanish sessions	50 surveys completed

Medi-Cal for Kids & Teens: Brochures

Included in the brochures

- Overview of covered services, how to access care, and additional resources available, including free transportation to and from an appointment.
- Information about the services provided at check-ups for children and teens/young adults.
- Key contact information, such as the Medi-Cal Member Help Line, 988, and specialty mental health resources.
- In the **child-focused brochure:** Condensed Periodicity Schedule for well-child visits.
- In the **teen/young adult-focused brochure:** Overview of sexual health care and behavioral health care services.

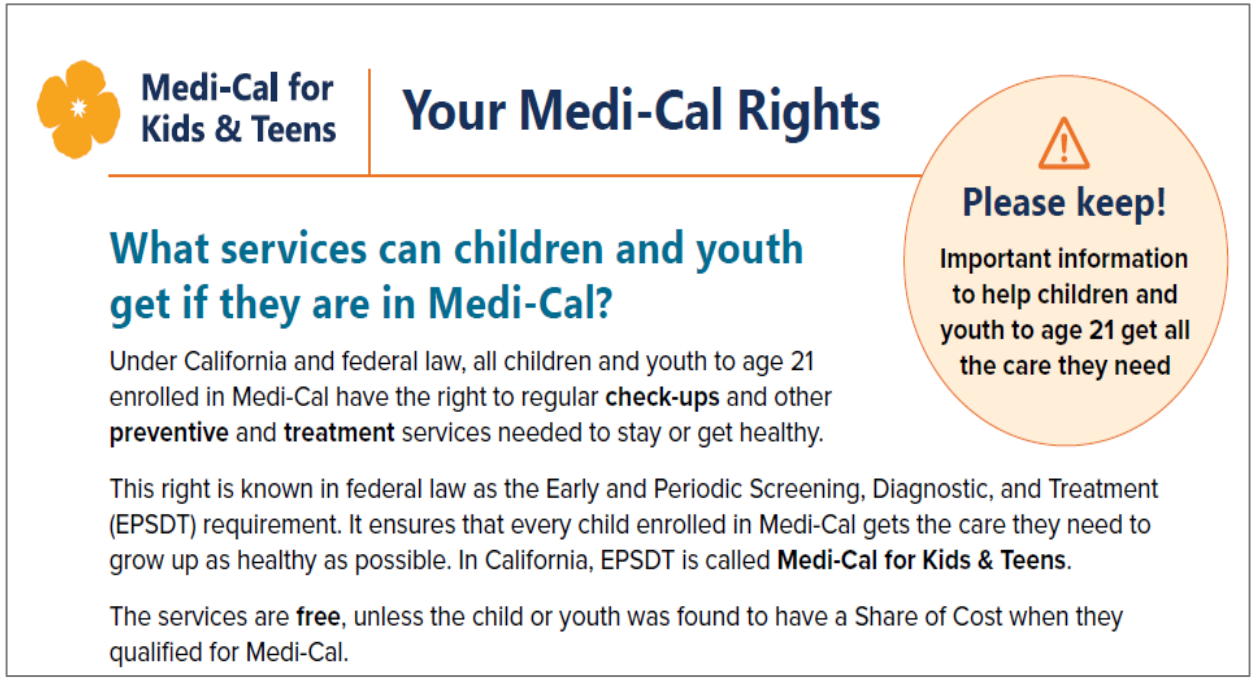
Visit the DHCS Medi-Cal for Kids & Teens Webpage for full copies of the child and teen brochures

Brochures will be translated into DHCS' threshold languages will be available in spring 2023

Medi-Cal for Kids & Teens: Your Medi-Cal Rights Letter

Included in the Letter

- Overview of coverage requirements and "medically necessary" services.
- Overview of the appeals, State Fair Hearing, and/or grievance processes for managed care and FFS.
- Information on what a family can do if Medi-Cal care is denied, delayed, reduced, or stopped, including who to contact, how to file an appeal, how to ask for a State Fair Hearing, and/or how to contact the ombudsman.
- Information on how to file a grievance across Medi-Cal managed care and FFS.
- Key contact information for Medi-Cal delivery systems to help members find the right delivery system to contact about a concern.



Medi-Cal for Kids & Teens

Your Medi-Cal Rights

Please keep!

Important information to help children and youth to age 21 get all the care they need

What services can children and youth get if they are in Medi-Cal?

Under California and federal law, all children and youth to age 21 enrolled in Medi-Cal have the right to regular **check-ups** and other **preventive** and **treatment** services needed to stay or get healthy.

This right is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It ensures that every child enrolled in Medi-Cal gets the care they need to grow up as healthy as possible. In California, EPSDT is called **Medi-Cal for Kids & Teens**.

The services are **free**, unless the child or youth was found to have a Share of Cost when they qualified for Medi-Cal.

Visit the DHCS Medi-Cal for Kids & Teens Webpage for full copies of the letter

The letter will be translated into DHCS' threshold languages and be available in spring 2023

Medi-Cal for Kids & Teens Provider Training

Included in the Provider Training

- Starting in January 2024, Medi-Cal MCPs must conduct Medi-Cal for Kids & Teens training for their network providers to ensure they are able to best support families in fully using Medi-Cal for Kids & Teens services.
- Overview of the Medi-Cal for Kids & Teens' comprehensive set of services under federal and state law, including screening, diagnostic, and treatment services.
- Explanation of the medical necessity definition for children and youth in Medi-Cal.
- Information about how providers can support patient access to Medi-Cal for Kids & Teens services.
- Billing codes for required services.
- Overview of mental health and substance use disorder services, California Children's Services, and skilled nursing services.

The Medi-Cal for Kids & Teens training can be accessed at the **DHCS Medi-Cal for Kids & Teens Webpage** prior to January 2024

Distribution Plan for Toolkit Materials

Child & Teen Brochures and Your Medi-Cal Rights Letter

- The brochures and Your Medi-Cal Rights letter will be mailed in summer 2023 (and annually thereafter) to children and youth up to age 21 enrolled in Medi-Cal.
  - Medi-Cal MCPs will be required to mail the member-facing materials annually to households with children and youth up to age 21 and publish on their websites.
  - DHCS will mail the member-facing materials annually to FFS households with children and youth up to age 21 and publish on DHCS' website.
- DHCS will share the member-facing materials with stakeholders, providers, county offices, local health departments, non-licensed child-serving providers, and Local Educational Agencies (LEAs)/schools for broad distribution.

Provider Training

- DHCS will share the provider training with Medi-Cal MCPs and publish on applicable DHCS websites.
- Medi-Cal MCPs will be required to deliver training to network providers at least every two years and publish on their websites.

What's Next?

Tasks	2023				
	Feb	Mar	Apr	May	Jun
Publish toolkit in English on the DHCS website					
Share toolkit with stakeholders, state agency partners, MCPs, DHCS listservs, Medi-Cal and Tribal/IHP providers, non-licensed child serving providers, and LEAs/schools					
Present toolkit to stakeholder workgroups and a webinar					
Translate member-facing materials to DHCS' threshold languages, and print and prepare to mail materials					
DHCS and MCPs mail member-facing materials to members					

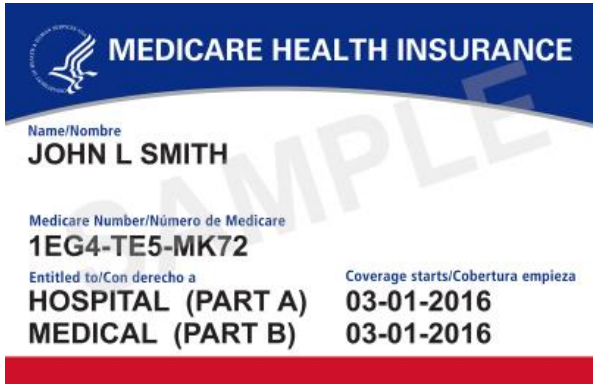
CalAIM Medi-Cal Managed Care for Dual Eligibles and Skilled Nursing Facility (SNF) Residents

Anastasia Dodson, Susan Philip, and Michelle Retke

DHCS

Medicare and Medi-Cal

- About 1.6 million people have both Medicare and Medi-Cal (Medi-Medi, or dual eligible members).
- Medicare typically covers doctor visits, hospital stays, labs, prescription drugs, short-term SNF care, and other benefits.
- Medi-Cal covers Medicare Part B premiums, copays, adult day health care, long-term SNF care, dental, and In-Home Supportive Services (IHSS).
- Most people who have Medi-Cal in California are enrolled in a Medi-Cal MCP.

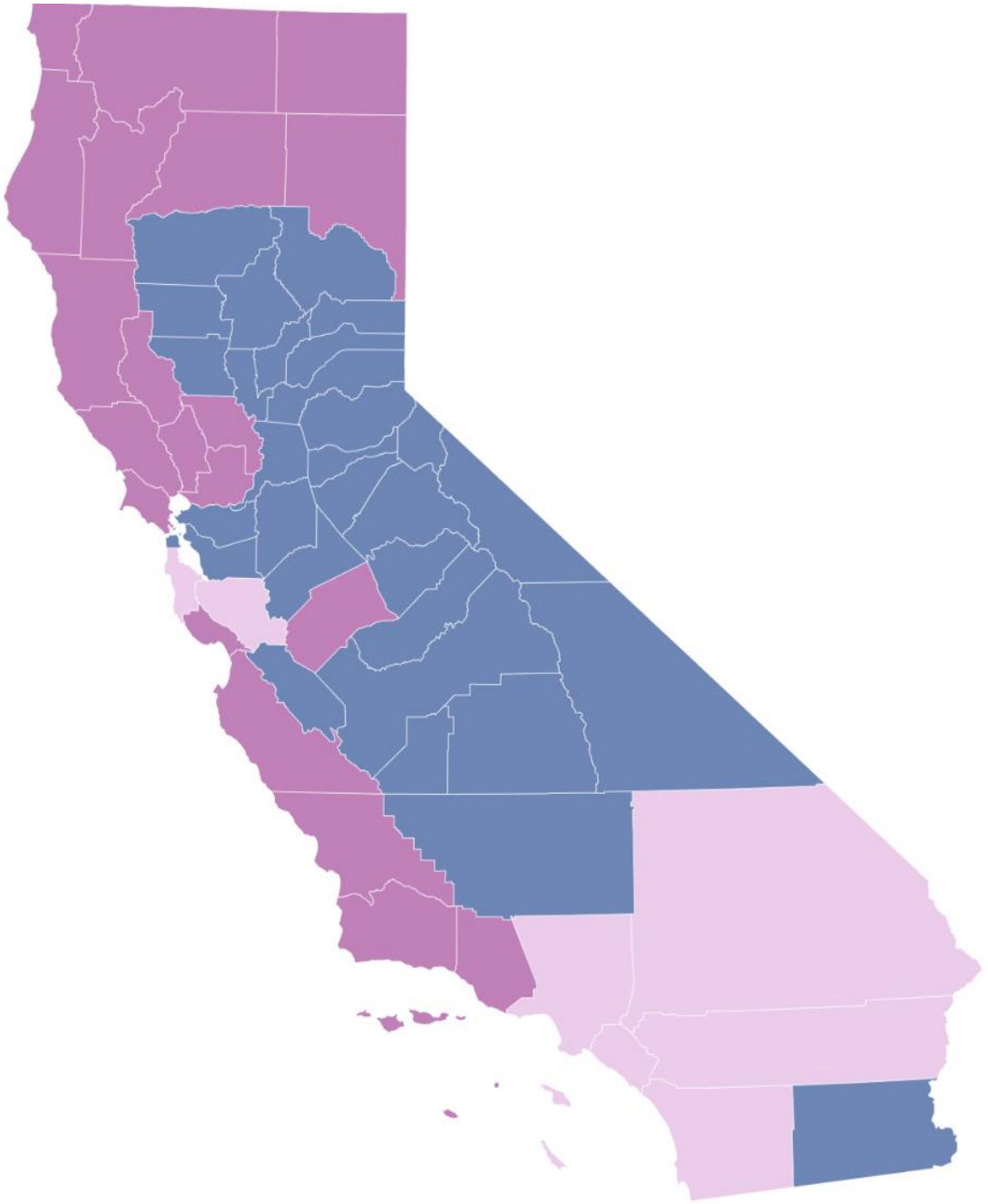


Statewide Medi-Cal Managed Care/ Long-Term Care (LTC)

Counties with SNF Services and Duals already in Medi-Cal Managed Care in 2022

Counties with SNF Services and Most Duals in Medi-Cal Managed Care in 2022

Counties where SNF Services and Duals transitioned to Medi-Cal Managed Care starting January 1, 2023



CalAIM: Medi-Cal Managed Care for Dual Eligible Members, including LTC SNF Carve-In Transition

- In 2022, more than 70 percent of dual eligible members, more than 1.1 million people, were enrolled in Medi-Cal managed care.
- **Starting in January 2023, about 325,000 dual eligible members were newly enrolled in Medi-Cal managed care.**
- 234,000 in counties where Medi-Cal managed care is newly required for dually eligible members: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba.
- 91,000 in Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties (not previously enrolled in Medi-Cal managed care).

Outreach and Information for Dual Eligible Members and Medicare Providers

- DHCS sent notices and enrollment materials to members in November and December 2022, and conducted a call campaign in December 2022.
- **Medicare providers serving dual eligible patients do NOT need to enroll in Medi-Cal plans to continue to receive reimbursement as usual.**
- **Medi-Cal MCP enrollment does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage.**
- DHCS has provided extensive outreach to members (in many languages), Medicare physicians, health systems, duals ombudsman/legal aid, local HICAPs, Area Agencies on Aging, Independent Living Centers, and other community groups.
- Fact sheets on crossover billing and Notices are available on this DHCS webpage.

Benefits of Medi-Cal Managed Care for Dual Eligible Members

- Medi-Cal MCPs coordinate Long-Term Services and Supports (except those enrolled in Dual Eligible Special Needs Plans)
- Medi-Cal MCP benefits helpful for dual eligible members include:
  - Community-Based Adult Services
  - Transportation to medical appointments
  - CalAIM Community Supports
  - CalAIM ECM
  - SNF care

Mandatory Managed Care Enrollment (MMCE) and LTC SNF Carve-In Transition Update:

- Dual eligible members were able to choose a Medi-Cal plan using materials they received in fall 2022.
- In 12 counties, the Medi-Cal matching plan policy* applies: 33,427 dual eligible members were enrolled into a Medi-Cal MCP that matched their Medicare Advantage Plan for an effective date of January 1, 2023.
- Dual members not part of the Matching Plan Policy: 24,647 dual eligible members enrolled by choice into a Medi-Cal MCP for an effective date of January 1, 2023. The remainder of the transitioning members were automatically enrolled into a Medi-Cal MCP on February 1, 2023.

* *Matching Plan Policy*- Means that for dual eligible members who choose to enroll in a MA plan in those counties, their Medi-Cal plan must align with their MA plan choice, if there is a Medi-Cal plan affiliated with their MA plan. The Medi-Cal matching plan policy does not change or impact a member's MA plan choice. Matching Plan Policy

Crossover Billing Process

- **Original (FFS) Medicare:** Provider bills Medicare Administrative Contractor (Noridian). Medicare (Noridian) processes the primary claim for Medicare payment, and then forwards the claim to the Medi-Cal plan (or DHCS) for secondary Medi-Cal payment.
  - Noridian receives Medi-Cal managed care enrollment information from the Medicare Benefits Coordination and Recovery Center.

- **Medicare Advantage (MA):** Provider bills MA plan for primary Medicare payment.
  - If patient's MA plan is the same as patient's Medi-Cal plan, same organization should process secondary claim.
  - If patient's MA plan is different than patient's Medi-Cal plan:
    - MA plan may send secondary claim to Medi-Cal plan, if known, OR
    - Provider will need to bill secondary to Medi-Cal plan (or DHCS).

Balance Billing

- Dual eligible members should **never** receive a bill for their Medicare services. This is called improper billing (or balance billing) and is illegal under state and federal law.
- Balance billing is prohibited in both MA and Original Medicare.
- Members do not pay for doctor visits and other medical care when they receive services from a provider in their MA provider network. They may still have a copay for prescription drugs.

Public Comment

Upcoming Meeting and Next Steps

Break – 30 Minutes

Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

February 16, 2023

DHCS

Webinar Tips

- Please use **either a** computer **or** phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: BehavioralHealthSAC@dhcs.ca.gov.

Medications for Addiction Treatment in Residential Substance Use Disorder Care

Tyler Sadwith and Janelle Ito-Orille

DHCS

Medications for Addiction Treatment

"As with any other disease, medications should not be withheld from people with opioid use disorder without sufficient medical justification. Withholding them on ideological or other non-evidence-based grounds is denying people needed medical care."

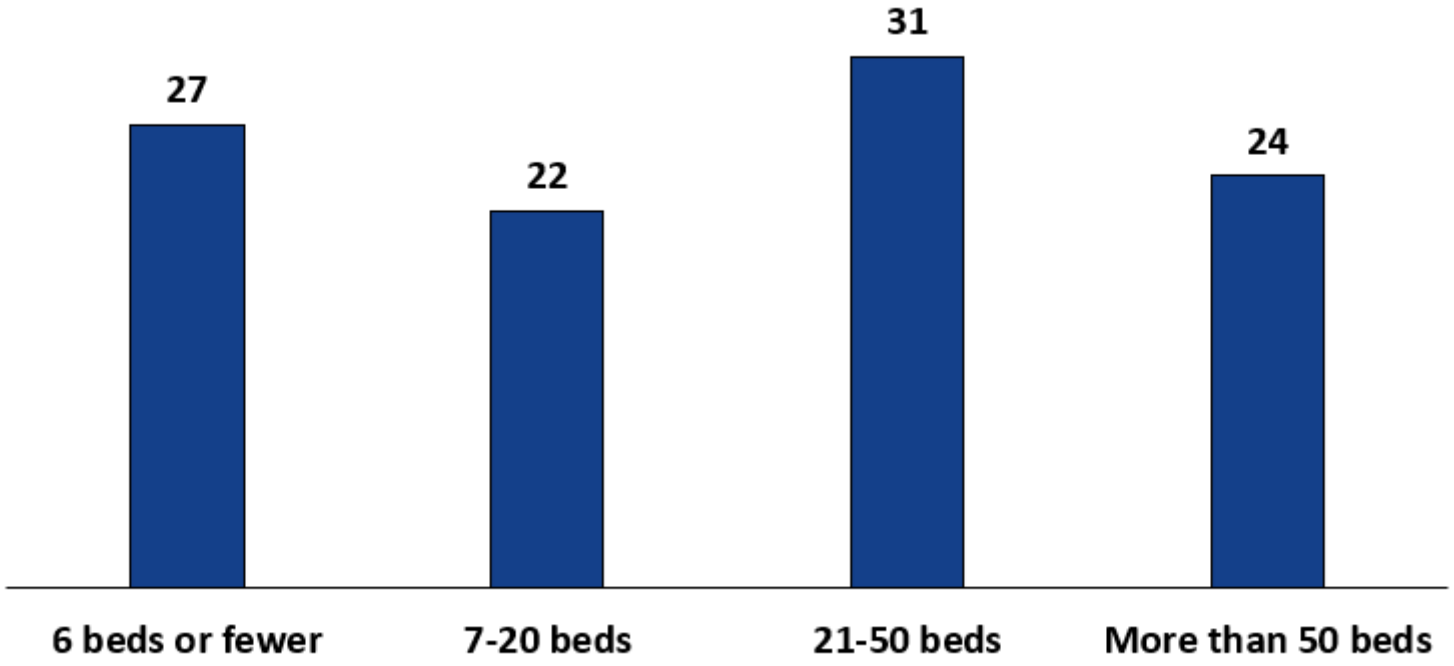
National Academies of Sciences, Engineering, and Medicine. 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. https://doi.org/10.17226/25310

- Medications for addiction treatment (MAT), part of SUD treatment, reduce:
  - substance misuse
  - emergency department visits
  - inpatient hospitalizations
  - hepatitis B rates
  - HIV
  - overdose death rates
- The U.S. Department of Justice issued guidance clarifying that refusing admission to individuals receiving MAT and prohibiting patients from taking MAT are violations of the American with Disabilities Act.
- The U.S. Surgeon General's report affirms MAT is the "gold standard" for treating opioid use disorder (OUD).
- American Society of Addiction Medicine affirms MAT is the standard of care for incarcerated individuals with OUD.
- MAT performance measures are included in DMC-ODS reporting requirements, DHCS' Comprehensive Quality Strategy, and CMS Core Set measure reporting.

MAT in Residential SUD Treatment: Survey

Key Takeaways from 2019 Survey of Residential Substance Use Disorder (SUD) Treatment Providers
104 respondents

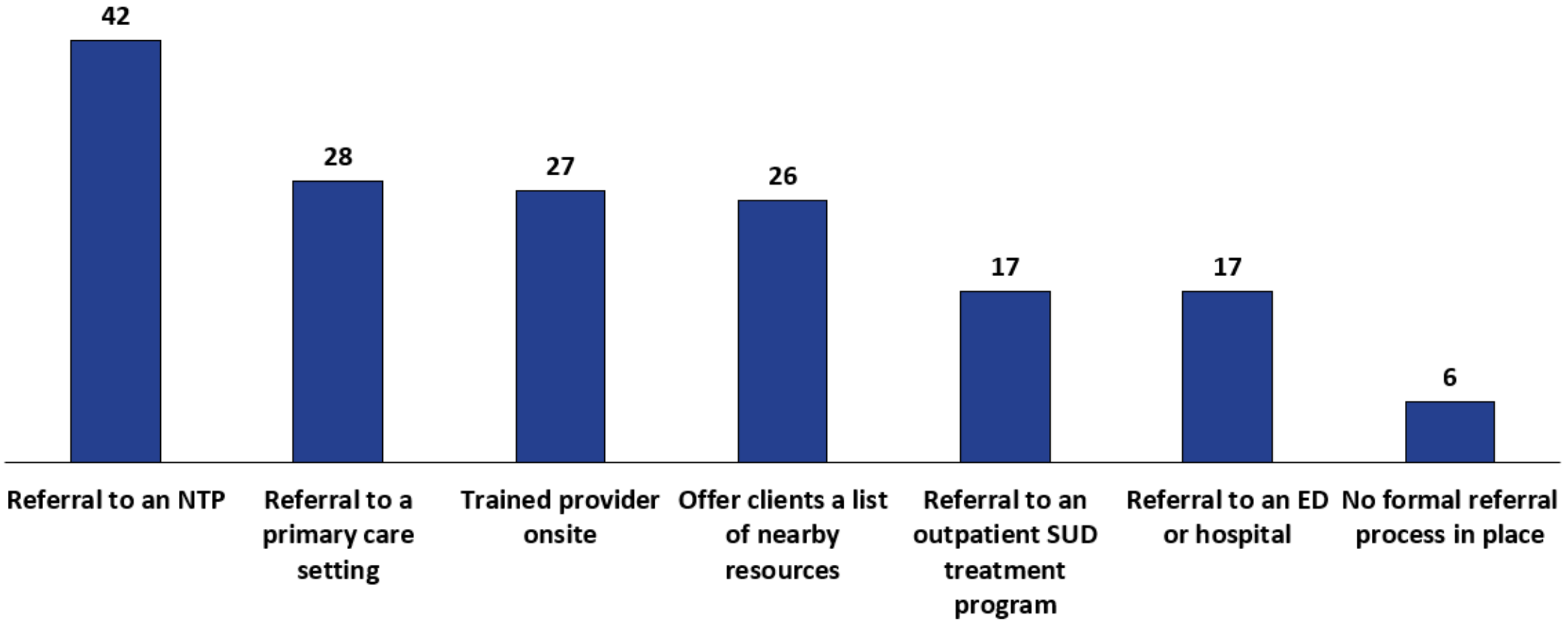
What is your facility's bed capacity?



MAT in Residential SUD Treatment: Survey

Key Takeaways from 2019 Survey of Residential Substance Use Disorder (SUD) Treatment Providers
104 respondents

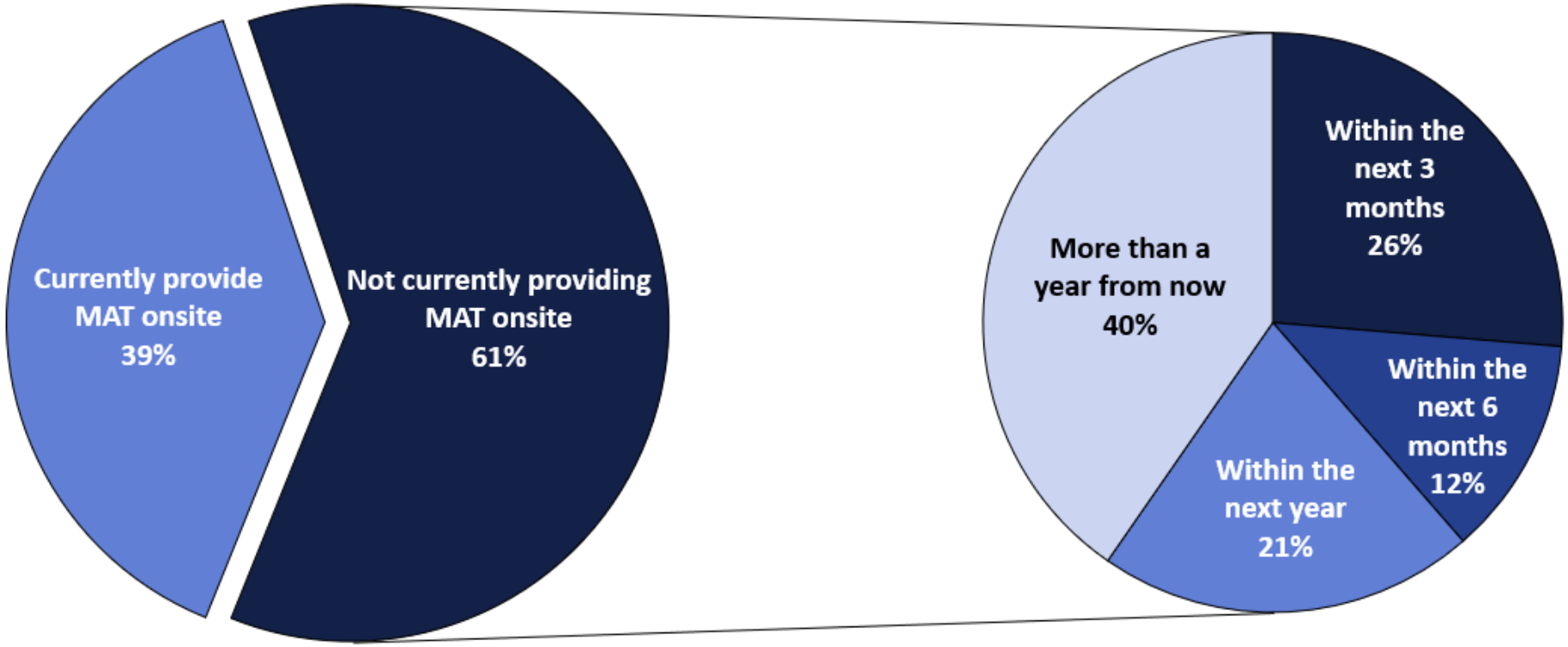
How do clients access MAT at your facility?



MAT in Residential SUD Treatment: Survey

Key Takeaways from 2019 Survey of Residential Substance Use Disorder (SUD) Treatment Providers
104 respondents

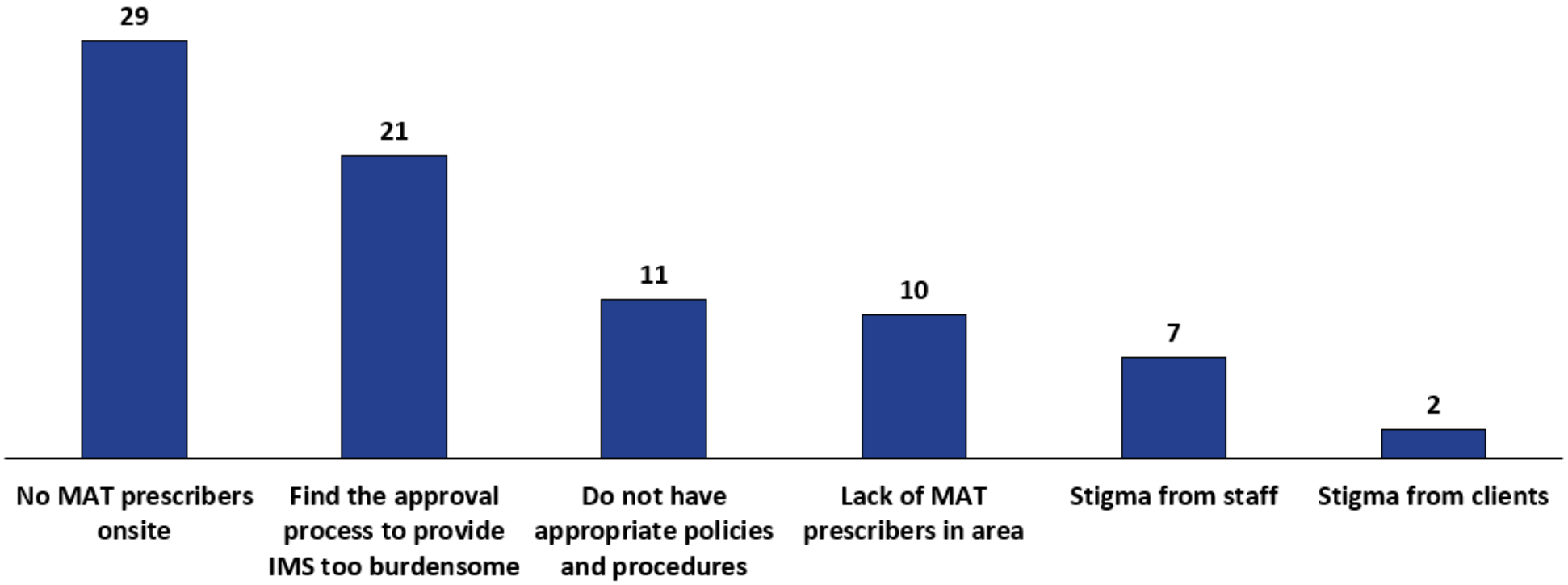
Does your facility have a plan to offer MAT onsite in the future?



MAT in Residential SUD Treatment: Survey

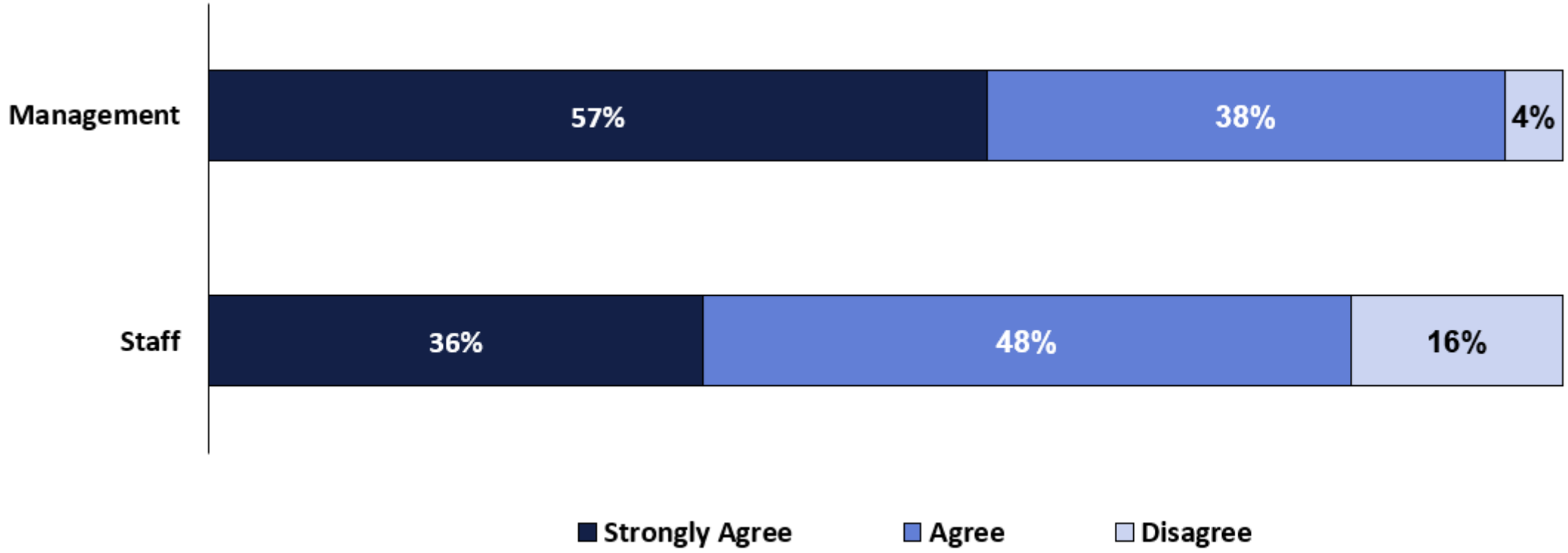
Key Takeaways from 2019 Survey of Residential Substance Use Disorder (SUD) Treatment Providers
104 respondents

What challenges prevent your facility from offering MAT onsite?



MAT in Residential SUD Treatment: Survey

Key Takeaways from 2019 Survey of Residential Substance Use Disorder (SUD) Treatment Providers
104 respondents
How strongly do your staff agree or disagree with the following statement:
MAT is an evidence-based practice and standard of care.



MAT in Residential SUD Treatment

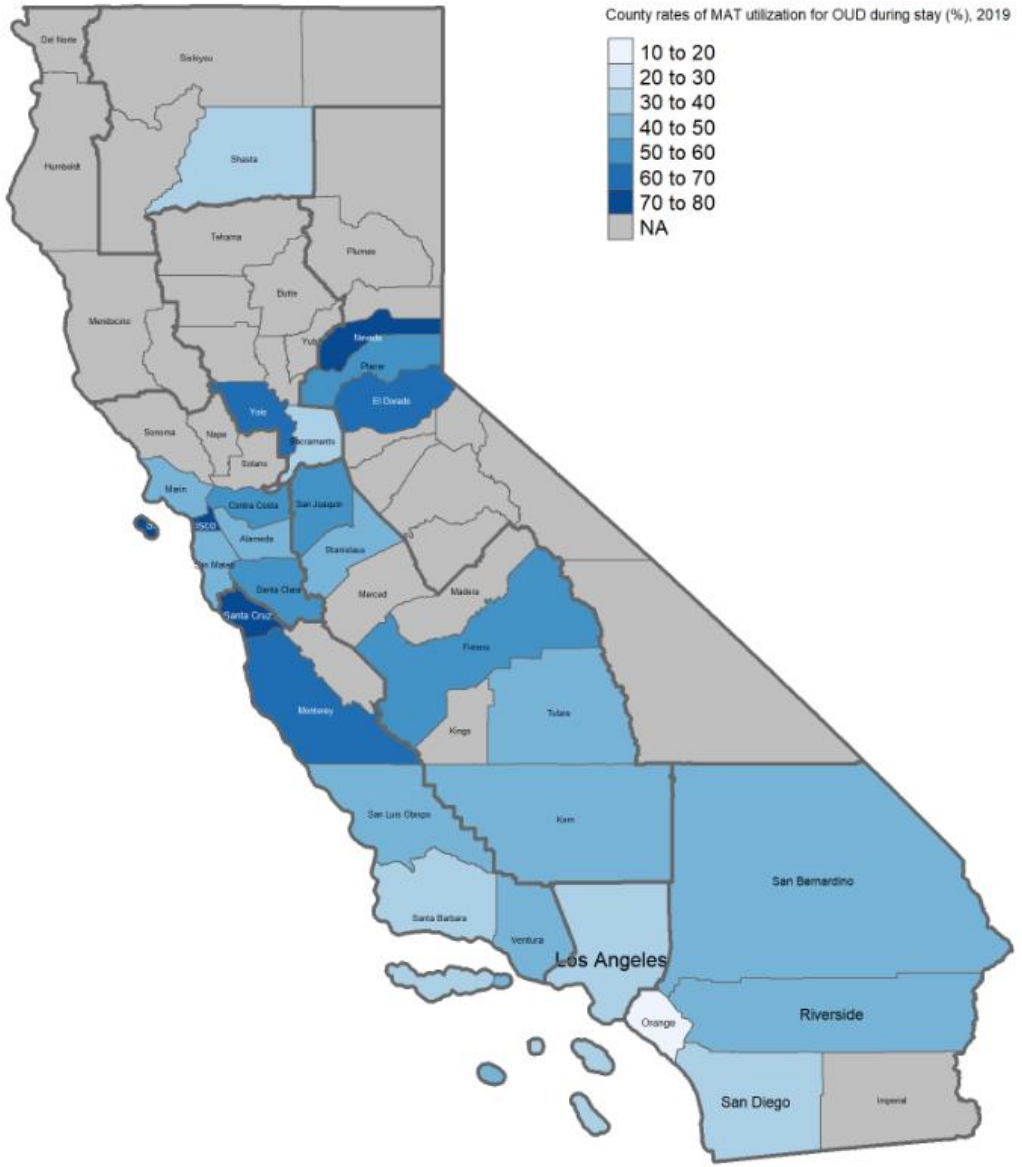
Preliminary findings of the use of medications for opioid use disorder (MOUD) during Medi-Cal residential SUD treatment in 2019:

- 42% of members with OUD received MOUD during residential SUD treatment stay
  - Compare to 58% of members with OUD who received MOUD in 2019 (not limited to residential SUD treatment settings)
- Race/Ethnicity
  - American Indian/Alaska Native: 43%
  - Asian/Pacific Islander: 42%
  - Black/African-American: 37%
  - Hispanic: 36%
  - Other: 45%
  - White: 45%
  - Unknown: 38%

MAT in Residential SUD Treatment (Continued)

Preliminary findings of the use of MOUD during Medi-Cal residential SUD treatment in 2019:

- **42% of members with OUD received MOUD during residential SUD treatment stay**
- Sex
  - Female: 47%
  - Male: 39%
- Geography
  - Rural: 49%
  - Urban: 41%



MAT in Residential SUD Treatment

Preliminary findings of the use of MOUD during Medi-Cal residential SUD treatment in 2019:

- **42% of members with OUD received MOUD during residential SUD treatment stay**
- Type of MOUD
  - 13% of members with OUD received methadone (46% of members with OUD aged 65+)
  - 25% of members with OUD received buprenorphine (only 14% of Black/African-American members with OUD; 34% of rural members with OUD vs 24% of urban members with OUD)
  - 7% of members with OUD received naltrexone

Behavioral Health Information Notice

(BHIN) No. 23-XXX

"MAT Services Requirements for Licensed and/or Certified SUD Recovery or Treatment Facilities"

- Senate Bill (SB) 184 requires licensed and/or certified SUD recovery or treatment facilities to offer MAT services directly to clients or have an effective referral process in place.
- The BHIN describes the policy and details how providers can meet the requirements and maintain compliance with HSC Sections 11831.1 and 11834.28.
- Licensed and/or certified SUD facilities must provide a MAT policy to their assigned DHCS licensing analyst for DHCS review and approval. DHCS is reassessing the due date for the existing providers. New providers will be required to submit their MAT policy with their initial application for licensure or certification.
- Any licensed and/or certified SUD recovery or treatment facility that fails to adhere with the BHIN will be subject to disciplinary action, including, but not limited to, civil penalties and license suspension or revocation, beginning on July 1, 2023.

Residential MAT Policy: Resources and Supports

Assembly Bill (AB) 179 (Chapter 249, Statutes of 2022) provided funding to DHCS in FY 2022/23 and ongoing to be used for expanding MAT in licensed residential SUD treatment facilities. The funding is intended to:

- Reduce stigma through training and technical assistance and encourage all licensed and/or certified SUD facilities to provide MAT onsite or have effective referral mechanisms in place.
- Incorporate MAT within SUD and mental health facilities through start-up costs and bridge funding to start prescribing MAT onsite.
- Provide extensive education and training to providers on MAT services.
- Increase the number of NTP medication units.
- Provide start-up costs to NTPs for operating mobile methadone vans.

Residential MAT Policy: Resources and Supports

Grant Funding Opportunity to Support MAT in Residential SUD Treatment

- Expand access to MOUD in non-profit DHCS-licensed residential SUD facilities.
- Support recruitment, mentorship, and training, and increase provider comfort with providing MAT.
- Collaborative learning opportunities for facilities to implement best practices.
- Incorporate MAT into facilities for first time, and expand MAT in facilities that offer MAT
- RFA was released February 7, 2023, with a deadline of March 15, 2023.
- Additional resources
  - MAT Toolkit for Residential Treatment Facilities
  - CA Substance Abuse Line
  - MAT Access Point Project
  - California MAT Expansion Project

Youth Substance Use Disorder Prevention

Denise Galvez

DHCS

SUD Prevention Investment

Substance Abuse Prevention, Treatment, and Recovery Services Block Grant	Proposition 64 – Youth Education, Prevention, Early Intervention, and Treatment Account (YEPEITA)	Statewide Friday Night Live (FNL) Program Allocation and Mini Grants
FY 22-23 $ 53.1 million	FY 23-24 $76.4 million+*	FY 22-23 $3.8 million
county behavioral health agencies	Community-based and Tribal organizations and county behavioral health agencies providing direct SUD prevention services.	DHCS allocation and mini grants flow from the Tulare County Office of Education to the identified county FNL entity (county or provider)

*FY 23-24 Local Assistance funding allocated for DHCS
+FY 23-24 $325,372 Million in State Operations earmarked for Interagency Agreement distribution with CDSS , CDPH, and CNRA

DHCS

SUD Prevention Investment

Choose Change California	Unshame California	Youth Opioid Response
$10 million	$10 million	$1.48 million
Statewide Multimedia, multilingual advertising campaign with available materials on YouTube @choosechangecalifornia9733	Anti-stigma campaign highlighting stories of Californians impacted by SUD. Unshame California is expected to launch in spring 2023	Various media/education about MAT for youth--advocating for non-judgmental, age appropriate provision of services and resources.

DHCS

DHCS

THE CENTER at Sierra Health Foundation

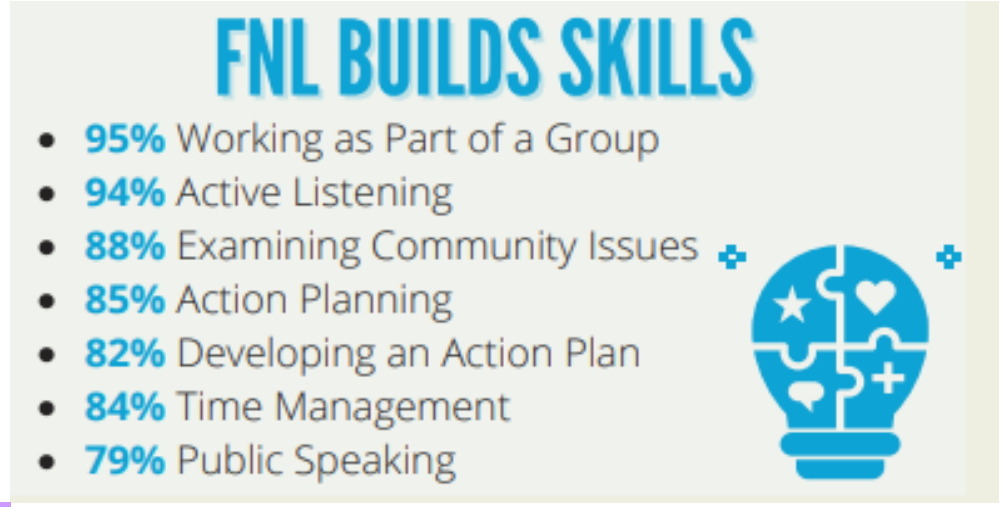
- **246 Grant Awards**
- **Operating in 53 counties**
- **Awarded a total of $189.224 million**

The purpose of Elevate Youth California is to empower young leaders in underserved communities of color and LGBTQ+ youth who seek change for their peers, their community, and themselves.

Elevate Youth California requires grantees to implement youth social justice programming; grantees may also choose mentoring and/or peer support services.

Participation in FNL gives you access to:

- Seed funding to support FNL chapters
- Additional mini-grant funding
- Subsidy to the annual FNL Youth Summit
- Subsidy to the annual FNL Leadership Training
- Use of trademarked brand/identity logos
- Free program evaluation through analyzed results of the Youth Development Survey
- No-cost program development technical assistance



600 Chapters

in **50** counties located in schools, community centers, juvenile halls, and homeless shelters

SUD Prevention Key Updates

The Behavioral Health Prevention Plan (BHPP) development launched in April 2022 to create the first state-level plan for prevention.

- Replaces the current county contractual requirement to submit a SUD Strategic Prevention Plan to DHCS.
- Counties will identify which DHCS priorities they align with and the strategies they will implement to address the identified priorities through submission of their Block Grant application.
- Counties will report strategy implementation in the data system.
- DHCS will invest in evaluation and scaling up prevention and youth programs, practices, etc.
- DHCS will also publish a library of SUD prevention community-defined and evidence-based practices.
- The BHPP will be available for public comment, and published in July 2023.
- Counties will have FY 24-25 to fully transition to the new requirements.

DHCS Administered Prevention Resources

Department of Health Care Services Prevention and Youth Branch

https://www.dhcs.ca.gov/services/MH/Pages/Prevention-and-Youth-Branch.aspx

California Friday Night Live Partnership

https://fridaynightlive.tcoe.org/

Department of Health Care Services Elevate Youth California

https://elevateyouthca.org/

Department of Social Services Child Care & Development Division:

https://cdss.ca.gov/inforesources/child-care-and-development

California Natural Resources Agency Youth Community Access Grants

https://resources.ca.gov/grants/youth

California Department of Public Health Youth Prevention Initiative

https://www.cdph.ca.gov/Programs/CCDPHP/sapb/cannabis/Pages/default.aspx

California Behavioral Health Community-Based Continuum Demonstration

Tyler Sadwith, Paula Wilhelm, and Erika Cristo

DHCS

Approach: Key Demonstration Components

The demonstration may include the following initiatives. Many may be statewide while others may be implemented as part of a county option to offer an enhanced continuum of care and receive FFP for short-term stays in IMDs.

Strengthen Statewide Continuum of Community-Based Services

- Clarification of Coverage Requirements for Evidence-Based Practices for Children and Youth
- Cross-Sector Incentive Pool
- Activity Stipends
- Initial Child Welfare/Specialty Mental Health Assessment

Support Statewide Practice Transformations

- Statewide Centers of Excellence
- Statewide Incentive Program
- Statewide Tools to Connect Members Living with SMI/SED to Appropriate Care
- Promotion and Standardization of Quality of Care in Residential and Inpatient Settings

Approach: Key Demonstration Components (Continued)

Improve Statewide County Accountability for Medi-Cal Services

- Transparent Monitoring Approach
- Establishment of Key Performance Expectations and Accountability Standards in County Mental Health Plan Contract
- Streamlined Performance Review Process

County Option to Enhance Community-Based Services

- Assertive Community Treatment
- Forensic Assertive Community Treatment
- Supported Employment
- Coordinated Specialty Care for First Episode Psychosis
- Community Health Worker Services
- Rent/Temporary Housing*

County Option to Receive FFP for Short-Term Stays in IMDs

- FFP for Short Term Stays in IMDs
- Requirement to Provide All Enhanced Community-Based Services for Members Living with SMI/SED
- Incentive Program for Opt-In Counties
- Other CMS Requirements

**For up to six months for members who meet the access criteria for SMHS, DMC and/or DMC-ODS services and who are homeless or at risk of homelessness, including individuals transitioning from institutional care, leaving incarceration, and youth transitioning out of the child welfare system.*

External Concept Paper: Stakeholder Feedback (1/3)

In November 2022, DHCS released a concept paper to gather public feedback on the proposed approach to the CalBH-CBC Demonstration. DHCS received 236 comments and questions on the paper from county representatives, nonprofit and advocacy groups, providers, and individuals.

- **Support for the overarching objectives of the CalBH-CBC demonstration.** Stakeholders across counties, advocacy groups, individuals and providers are supportive of the demonstration's overarching objective to increase access to community-based care options, particularly for members with the most significant behavioral health needs.
- **Significant concerns about workforce capacity, concurrent initiatives, and implementation timeline.** County representatives and advocacy groups raised concerns regarding the ongoing behavioral health workforce crisis. Stakeholders also highlighted bandwidth challenges to implement new services, given the significant number of other concurrent initiatives underway. Stakeholders recommended further simplifying demonstration features and phasing in requirements on a longer timeline.

External Concept Paper: Stakeholder Feedback (2/3)

- **Calls to include additional community-defined and culturally responsive practices.** Advocacy groups recommended expanding the Demonstration to include additional community-defined and culturally responsive practices, particularly for children and youth.
- **Requests to promote the clubhouse model.** Provider organizations and advocates encouraged DHCS to promote the clubhouse model as a key strategy for expanding the continuum of community-based care.
- **Calls for greater emphasis on justice-involved youth.** Stakeholders supported the Demonstration's overarching emphasis on children and youth, and recommended justice-involved youth be called out as a population of focus.

External Concept Paper: Stakeholder Feedback (3/3)

- **Questions around the intersection between Assertive Community Treatment (ACT) and Full Service Partnership (FSP).** Counties and advocacy groups recommend DHCS give counties flexibility to build upon existing FSP programs rather than offer ACT as a standalone benefit.
- **Requests to implement the demonstration statewide, rather than on an opt-in basis.** Advocacy groups requested DHCS implement new community-based services on a statewide, rather than opt-in, basis. DHCS received 190 letters from individuals in an organized advocacy effort urging the Department to make the demonstration statewide, rather than optional for counties.
- **Continued opposition to waiving the IMD exclusion from advocacy groups.** Advocacy groups raised continued opposition to pursuing a SMI/SED IMD waiver, arguing it will result in increased institutionalization for youth and adult populations.

Demonstration: Next Steps

DHCS is committed to working with stakeholders to ensure the CalBH-CBC Demonstration aligns with the needs of members living with SMI/SED.

- **Concept Paper Feedback.** Stakeholders submitted written feedback to the CalBH-CBC demonstration concept paper (236 comments and questions).
- **Public Comment.** DHCS will release CalBH-CBC demonstration application for public comment in spring 2023.
- **Submission of Demonstration Application and Implementation Plan.** DHCS intends to submit the final CalBH-CBC demonstration application and implementation plan to CMS following stakeholder review, hold CalBH-CBC demonstration webinar sessions, and incorporate feedback received during public comment.
- **Additional Information.** Download the CalBH-CBC demonstration concept paper and learn more at https://www.dhcs.ca.gov/CalAIM/Pages/CalBH-CBC.aspx.

Public Comment

Upcoming Meeting and Next Steps