

The background features a purple-tinted image of a stethoscope on a surface, overlaid with a white grid and a line graph. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The main title is centered in large, bold, white text.

# Medi-Cal Children's Health Advisory Panel (MCHAP) Hybrid Meeting

March 2, 2023

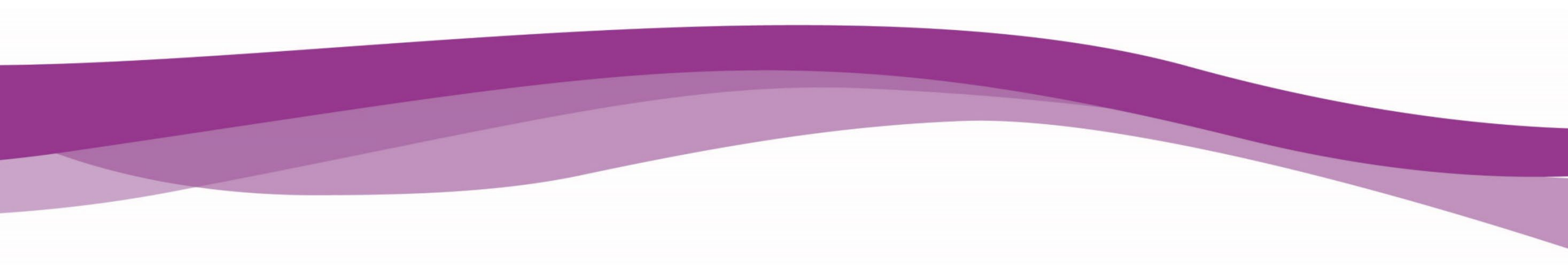
# Webinar Tips

- » Please use **either** a computer **or** phone for audio connection.
- » Please mute your line when not speaking.
- » For questions or comments, email:  
[MCHAP@dhcs.ca.gov](mailto:MCHAP@dhcs.ca.gov).

# Director's Update

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# Governor's Proposed Budget Overview



# 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 with a focus on children and youth, people experiencing or at risk of homelessness and justice-involved individuals.
- » 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)

- » 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.



# DHCS Budget Proposals (Continued)

## » Children and Youth Behavioral Health Initiative (CYBHI)

### Update

- » Governor's Budget continues to reflect funding approved in the Budget Acts of 2021 and 2022.
- » Funding will support the behavioral health virtual services platform and e-consult services.
- » DHCS requested continued appropriation of \$25.5 million to address urgent needs and emergent issues facing children, youth and families.

# 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/mceestimates/Pages/default.aspx>

# California Behavioral Health Community-Based Continuum Demonstration

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple and magenta, positioned below the main title and above the page number.

# **CMS Approval of CalAIM Justice-Involved Initiative**

# Unwinding of the COVID-19 PHE



# 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 \(See Appendix A\)](#).



# 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](http://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.



# Questions for the Panel





# Medi-Cal's Strategies to Enhance Quality and Care for Children and Families

René Mollow, Pamela Riley, and Joseph Billingsley

# EPSDT/Medi-Cal for Kids & Teens Education

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# 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.

# Toolkit Goals

- » **Improve member 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

**Member  
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

17 English sessions  
5 Spanish sessions

### Remote Group Discussion

8 English sessions  
3 Spanish sessions

### Post-Session Survey

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.



**What happens at your child's check-up?**

**Your child's provider will:**

- Do a physical exam
- Ask about your family's health history
- Give recommended shots, when needed
- Talk about dental health and, when needed, give your child fluoride varnish and fluoride supplements, and help in finding a dentist
- Check your child's hearing and vision
- Discuss important health topics such as development, behaviors, your and your child's mental health, nutrition, sleep, safety, and protecting skin from the sun

**Your child's provider will check for:**

- Developmental milestones
- Lead poisoning
- Anemia, if at risk
- Autism
- Depression screening in new mothers
- Anxiety
- Tuberculosis (TB), if at risk
- Cholesterol, if at risk
- Other health issues or concerns you have

February 2023 for children from birth to age 12

**If you have questions or want to learn more**

**Your Medi-Cal managed care plan**  
The phone number is on your plan ID card and your plan's website  
Or go to [www.dhcs.ca.gov/mchcpd](http://www.dhcs.ca.gov/mchcpd)

**Medi-Cal Member Help Line**  
Call 1-800-541-5555 (TDD 1-800-430-7077)  
Or go to [www.dhcs.ca.gov/mv/Medi-Cal](http://www.dhcs.ca.gov/mv/Medi-Cal)

**Medi-Cal Dental**  
Call Smile, California at 1-800-322-6384 (TTY 1-800-735-2922)  
Or go to [smilecallifornia.org](http://smilecallifornia.org) or [www.dhcs.ca.gov/MCP](http://www.dhcs.ca.gov/MCP)

**Specialty Mental Health**  
Call 1-888-452-8609  
To ask about services for a serious mental health condition, contact your county Mental Health Plan at [www.dhcs.ca.gov/CMHP](http://www.dhcs.ca.gov/CMHP)

**Alcohol or drug use**  
Call the Department of Health Care Services (DHCS) Substance Use Resource Center 24/7 at 1-800-879-2772  
Or go to [www.dhcs.ca.gov/SUD-NETRI](http://www.dhcs.ca.gov/SUD-NETRI)

**Crisis support**  
Call the National Suicide Prevention Line at 988  
Or call 1-833-317-HOPE (4673)  
For live CallHOPE crisis counseling, go to [www.callhopeconnect.org](http://www.callhopeconnect.org)

**Your rights and responsibilities**  
Call 1-888-452-8609

**DHCS**  
[www.dhcs.ca.gov/services/pages/EPSDT.aspx](http://www.dhcs.ca.gov/services/pages/EPSDT.aspx)

**Medi-Cal for Kids & Teens**  
Preventive and treatment services from birth to age 21

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 and 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

### 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.



### Please keep!

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

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					

# **Child Health and Disability Prevention (CHDP) Program Transition**



# CHDP Transition Overview

- » To reduce administrative complexities, DHCS will sunset and/or fully transition components of the CHDP Program that already exist in other Medi-Cal delivery systems by July 1, 2024.
- » Senate Bill 184 requires DHCS to consult with stakeholders to develop a transition plan. The CHDP Transition Plan will include:
  - » A post-transition oversight and monitoring plan
  - » A plan for how providers will be monitored
  - » Childhood Lead Poisoning Prevention (CLPP) program activities through existing Medi-Cal delivery systems
  - » A plan to fund administrative and service costs for the Health Care Program for Children in Foster Care (HCPCFC)
  - » An analysis and plan to retain existing local CHDP positions
  - » Opportunities for alignment with Population Health Management

# Status of CHDP Transition Process

- » To support the CHDP transition to date, DHCS has:
  - » Convened a workgroup comprised of representatives from various governmental and non-governmental stakeholders.
  - » Developed and implemented a timeline for workgroup meetings (detailed on the following slide).
  - » Created a process for incorporating workgroup feedback into an updated CHDP Transition Plan.



# CHDP Transition Workgroup Timeline

## » Previous Meetings

» January 4, 2023.

» *Meeting Topic: Children's Presumptive Eligibility*

- Training requirements and content
- Provider eligibility criteria, quality assurance, and communication
- Current and future processes for providers and members
- February 8, 2023.

» *Meeting Topic: Monitoring and Oversight Activities*

- Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT)
- Quality and Population Health Management (QPHM) Initiatives to Support the Transition
- Managed Care Monitoring and Oversight

# CHDP Transition Workgroup Timeline, continued

## » Upcoming Meetings

» March 22, 2023.

- » *Meeting Topic:* Transition of CHDP resources
- Reallocation of CHDP funds and staff

» May 3, 2023.

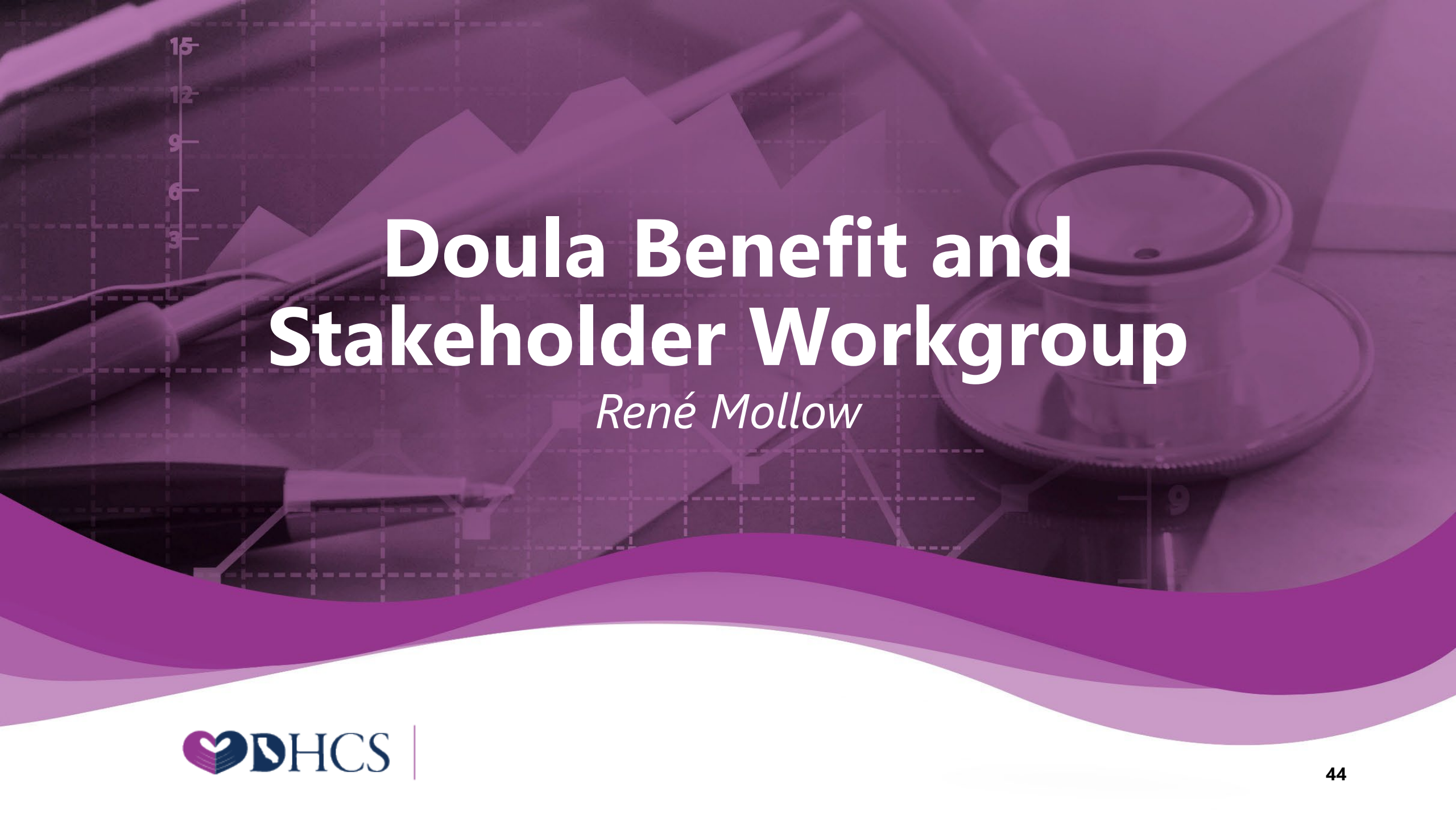
- » *Meeting Topic:* CLPP Activities
- DHCS and California Department of Public Health (CDPH) partnership
  - Provider education and training
  - Medical record review

» June 14, 2023.

- » *Meeting Topic:* HCPCFC as a Standalone Program
- Financial considerations
  - Training and program manual
  - Enhanced monitoring and oversight
  - Memorandums of understanding

# CHDP Transition Plan

- » To develop an updated CHDP Transition Plan, DHCS is:
  - » Soliciting feedback from workgroup members following workgroup meetings.
  - » Working collaboratively across divisions to incorporate feedback into the Transition Plan.
- » The Transition Plan will be finalized by December 2023.



# Doula Benefit and Stakeholder Workgroup

*René Mollow*

# Doula Services

- » Became a Medi-Cal benefit on January 1, 2023.
- » Available in fee-for-service and managed care delivery systems.
- » Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants from birth through one-year postpartum.
- » Doulas offer various types of support:
  - » Perinatal and labor support and guidance
  - » Health navigation
  - » Evidence-based education, including development of a birth plan
  - » Linkages to community-based resources

# Covered Services

- » A recommendation for services authorizes all of the following:
  - » One initial visit.
  - » Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
  - » Support during labor and delivery (including stillbirth), abortion, or miscarriage.
  - » Up to two extended three-hour postpartum visits after the end of a pregnancy.
- » An additional recommendation from a physician or other licensed practitioner is required for up to nine additional postpartum visits.

# Doula Services - Stakeholders

- » DHCS and stakeholders began collaborating in September 2021 to develop the State Plan Amendment (SPA) and doula policy before submitting the SPA to the Centers for Medicare and Medicaid Services (CMS) on November 7, 2022.
- » DHCS received approval from CMS on January 26, 2023.

# Doula Services – Next Steps

- » Senate Bill 65 added section 14132.24 to the Welfare and Institutions Code to require DHCS to convene a workgroup to examine implementation of the doula benefit.
- » DHCS will hold the first meeting of the new Doula Implementation Workgroup 12 to 2 p.m. on March 30.



# Doula Implementation Workgroup

- » The new workgroup will consider ways to:
  - » Ensure that doula services are available to Medi-Cal members.
  - » Minimize barriers and delays in payments to doulas.
  - » Make recommendations for outreach efforts so that members are aware of the option to use doula services.

# Doula Implementation Workgroup (Continued)

- » The workgroup will also help inform a report to be issued by DHCS.
- » The report will:
  - » Provide the number of members using doula services
  - » Identify barriers to services
  - » Makes recommendations to reduce barriers
- » For more information, visit the [Doula Services as a Medi-Cal Benefit webpage](#).

**Break – 30 Minutes**

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# Comprehensive Quality Strategy Update and Intersection of DHCS Programs and Initiatives

Palav Babaria, MD

Chief Quality & Medical Officer and Deputy Director

*Quality and Population Health Management*

# Overview

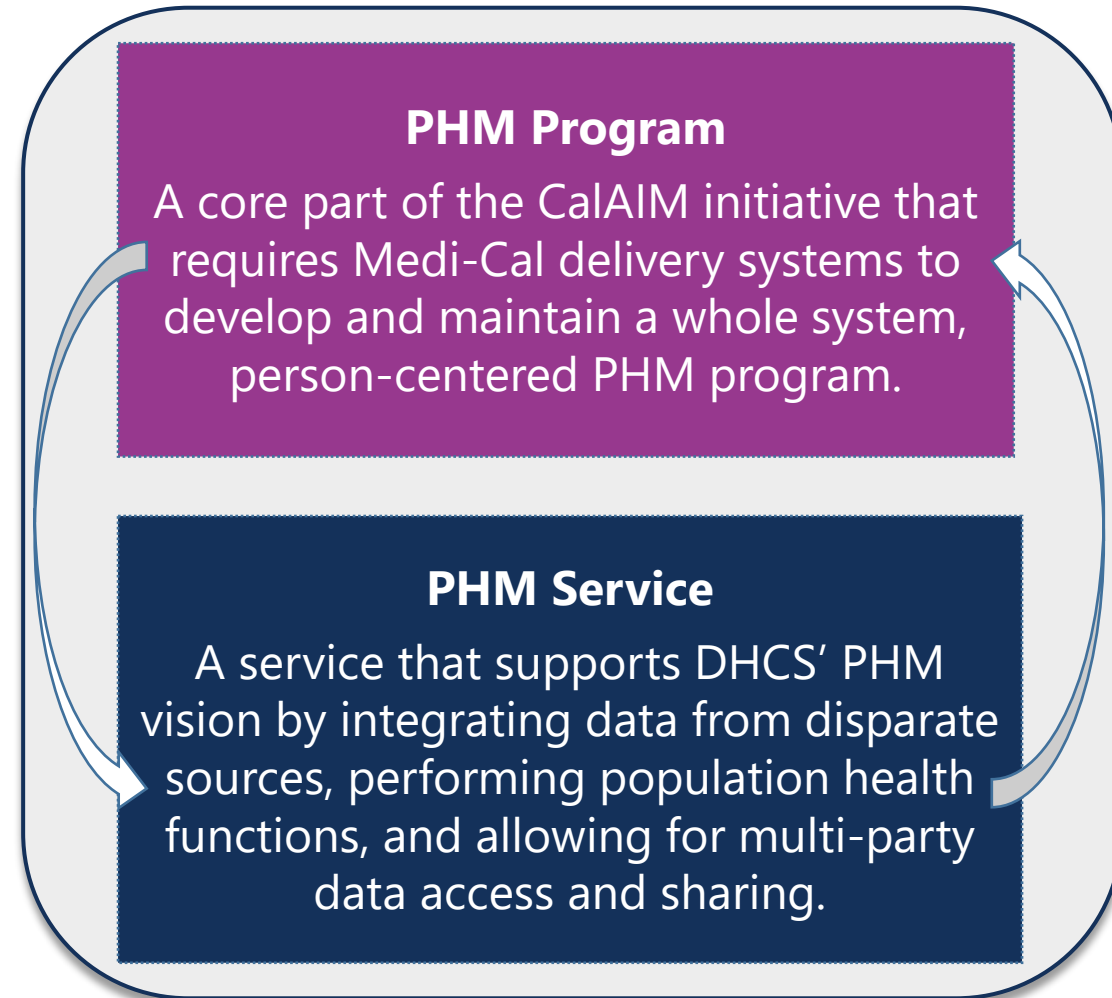
- » DHCS Bold Goals
- » Population Health Management
- » Enhanced Care Management
- » Accountability for Quality & Equity
- » Health Equity Roadmap

# 2022 Comprehensive Quality Strategy Outlines DHCS Bold Goals

Specific Measures	BOLD GOALS: 50x2025
Infant, child, and adolescent well-child visits Childhood and adolescent vaccinations	<div data-bbox="1396 635 1439 949" style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE LEVEL</div> <div data-bbox="1472 511 1600 644"> </div> <div data-bbox="1625 546 2135 618">                     Close racial/ethnic disparities in well-child visits and immunizations by 50%                 </div>
Prenatal and postpartum visits C-section rates	<div data-bbox="1472 665 1600 798"> </div> <div data-bbox="1625 694 2147 765">                     Close maternity care disparity for Black and Native American persons by 50%                 </div>
Prenatal and postpartum depression screening Adolescent depression screening and follow up	<div data-bbox="1472 818 1600 951"> </div> <div data-bbox="1625 846 2079 918">                     Improve maternal and adolescent depression screening by 50%                 </div>
Follow up after ED visit for SUD within 30 days Depression screening and follow up for adults Initiation and engagement of alcohol and SUD treatment	<div data-bbox="1472 972 1600 1105"> </div> <div data-bbox="1625 993 2109 1065">                     Improve follow up for mental health and substance use disorder by 50%                 </div>
Infant, child, and adolescent well-child visits Childhood and adolescent vaccinations Blood lead and developmental screening Chlamydia screening for adolescents	<div data-bbox="1472 1150 1600 1283"> </div> <div data-bbox="1625 1172 2147 1279">                     Ensure all health plans exceed the 50th percentile for all children's preventive care measures                 </div>

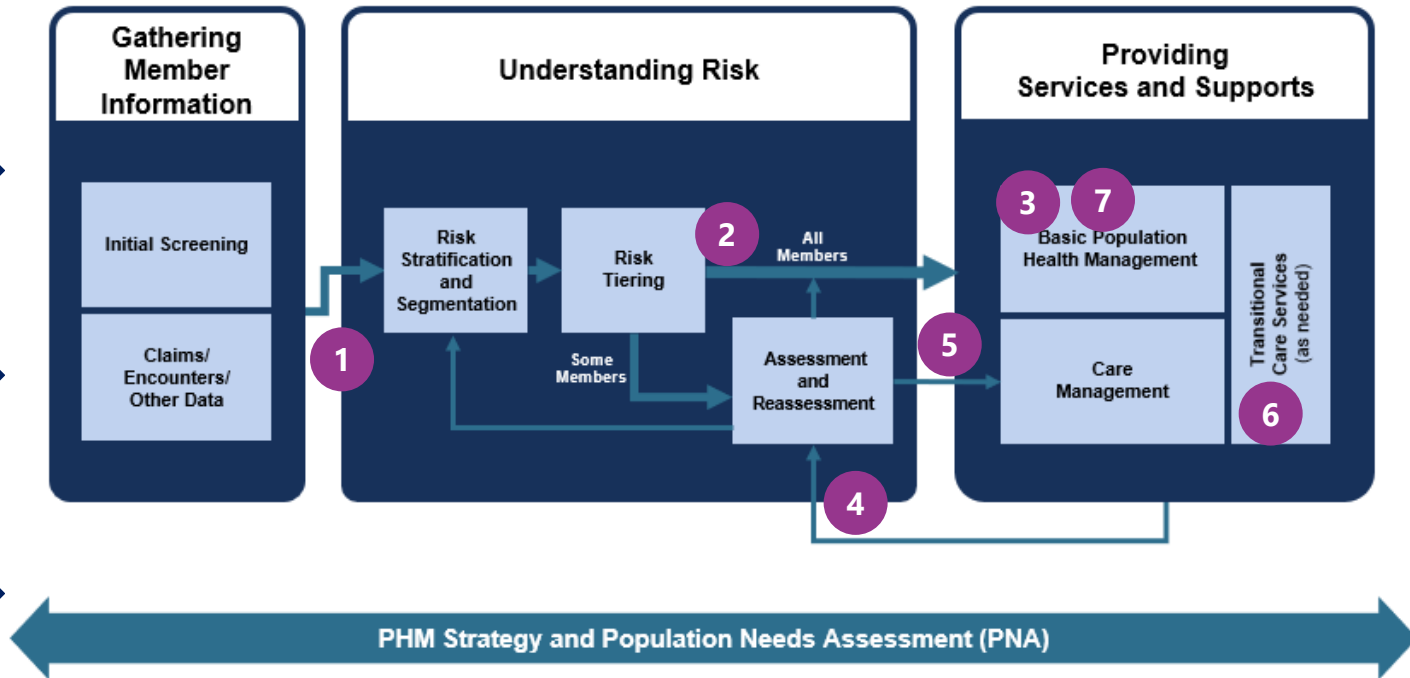
# Implementing Population Health Management (PHM)

- » The cornerstone of CalAIM, the PHM Program will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier, and happier lives, improved health outcomes, and health equity. PHM will improve the way Medi-Cal:
  - Builds trust and meaningfully engages with members.
  - Gathers, shares, and assesses timely and accurate data on member preferences and needs to identify effective interventions.
  - Connects members to preventive care and other care management and transitional care services.
  - Identifies and mitigates social drivers of health (SDOH) to reduce disparities by linking to public health and social services.
  - Reinforces and builds upon the foundation of EPSDT with specific focus on underutilization of services by children.
- » **To support the PHM Program, DHCS is developing the PHM Service, the analytical backbone that will give individuals access to their own data, and provide plans, providers, and other partners the ability to access integrated data about Medi-Cal members.**



# Member Vignette: PHM in Action

- 1 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.
- 2 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula
- 3 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to a high-risk pregnancy specialist, and enrolled in Complex Care Management (CCM).
- 4 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital.
- 5 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well-child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.





# CaAIM Care Management Continuum

MCPs are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas.



**Enhanced Care Management (ECM)** is for the **highest-need members** and provides intensive coordination of health and health-related services.

**Complex Care Management (CCM)** is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

**Basic Population Health Management (BPHM)** is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

**Transitional Care Services** are also available for all Medi-Cal MCP members transferring from one setting or level of care to another.

# What is Included in ECM?

DHCS has defined seven “ECM core services” that must be provided regardless of county/region or ECM Population of Focus for both adults and children/youth.



**Outreach and Engagement**



**Comprehensive Assessment and Care Management Plan**



**Coordination of and Referral to Community and Social Support Services**



**Enhanced Coordination of Care**



**Member and Family Supports**



**Health Promotion**



**Comprehensive Transitional Care**

# Launch and Expansion of ECM



ECM Populations of Focus	Go-Live Timing
<ul style="list-style-type: none"> <li>Individuals and Families Experiencing Homelessness</li> <li>Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization</li> <li>Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs</li> <li>Individuals Transitioning from Incarceration (some WPC counties)</li> </ul>	<p>January 2022 (WPC / HH counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> <li>Adults Living in the Community and At Risk for Institutionalization and Eligible for Long-Term Care (LTC) Institutionalization</li> <li>Adults who are Nursing Facility Residents Transitioning to the Community</li> </ul>	<p>January 2023</p>
<ul style="list-style-type: none"> <li>Children &amp; Youth Populations of Focus*</li> <li>Individuals Transitioning from Incarceration*</li> </ul>	<p>July 2023</p>
<ul style="list-style-type: none"> <li>Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes*</li> </ul>	<p>January 2024</p>

\*Intellectual or Developmental Disabilities and Pregnant individuals are eligible if they meet the corresponding Populations of Focus eligibility criteria

# Improving Accountability for Quality and Equity

## NEWS RELEASE

December 13, 2022



**DHCS DELIVERS ON PROMISE TO HOLD HEALTH PLANS  
ACCOUNTABLE FOR QUALITY CARE**

*Commits to Help Plans Improve Their Care of Californians*

# Aligning Financial Incentives

- » Federally Qualified Health Center (FQHC) Alternate Payment Methodology (APM): Launch in January 2024, optional participation, prioritizes team-based care, quality, and equity.
- » Adjusting MCP capitation based on quality performance.
- » Health Equity & Practice Transformation Payments: \$700 million over five years to support primary care transformation.
- » New 2024 MCP Contract Requirements.
  - Reporting on primary care spending (as a % of total spend), stratified by age.
  - Reporting on provider contracts in APM.

# DHCS Health Equity Roadmap & Strategy

## Advance Comprehensive Quality Strategy Health Equity Framework:

- **Co-design health equity roadmap with Medi-Cal members & communities to eliminate health care disparities**
- Implement current/planned health equity efforts in QPHM and elevate health equity efforts across DHCS
- Ensure alignment with health equity efforts at Agency/State levels



# Member Updates and Follow Up

# Public Comment

The lower half of the slide features a decorative graphic consisting of several overlapping, wavy horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. These bands create a sense of movement and depth across the bottom of the page.



# Upcoming Meeting and Next Steps

