

The background features a purple-tinted image of a stethoscope on a desk next to a line graph. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text is overlaid on this background.

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

March 17, 2022

# 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).

# DHCS Updates

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# Governor's Proposed Budget

- » The Governor's proposed 2022-23 budget includes:
  - » **\$138 billion in total funds** for DHCS.
  - » Of that amount, **\$1.3 billion supports state operations.**
  - » **New major budget initiatives include:**
    - » Expansion of full-scope Medi-Cal coverage to all adults, regardless of immigration status (\$819 million total funds in Fiscal Year (FY) 2023-24)
    - » CalAIM (justice-involved initiatives, Providing Access and Transforming Health, foster care model of care)
    - » Provider rate changes and practice transformation payments

# DHCS Proposed Budget

## » **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families**

- » DHCS is responsible for the health care of more than 50 percent of California's children.
- » DHCS is launching a strategy for children and families enrolled in Medi-Cal.
  - » The strategy will unify the common threads of existing and newly proposed child and family health initiatives.
  - » It outlines key policy areas to establish greater accountability.
    - » The proposed budget reduces Medi-Cal premiums to zero, discontinues the Child Health and Disability Prevention (CHDP) program, and expands children's presumptive eligibility.

# DHCS Proposed Budget (Continued)

- » The proposed budget includes the following in Fiscal Year 2022-23 as part of the Children and Youth Behavioral Health Initiative:
  - » \$87 million total funds (\$41 million General Fund) to implement **dyadic services**, effective January 1, 2023.
  - » \$429 million General Fund for **evidence-based behavioral health practices**.
  - » \$450 million General Fund for **school behavioral health partnerships** and capacity (in addition to the \$100 million provided in FY 2021-22).
  - » \$230 million General Fund for the **Behavioral Health Services and Supports Platform** and related e-consult service and provider training (in addition to the \$10 million provided in FY 2021-22)
- » The proposed budget also includes mobile crisis services, reforms skilled nursing facility payments, and reflects significant fiscal impacts related to COVID-19.

# Medi-Cal Rx Update

- » Overview
- » Current Data Points
- » Call Center Progress
- » Prior Authorization Processing
- » Clinical Liaisons
  - » Expansion
  - » Empowerment
- » California Children's Services Efforts
- » Education and Outreach

# Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - » Become a ***DHCS Coverage Ambassador!***
  - » [Download the Outreach Toolkit](#) on the [DHCS Coverage Ambassador webpage](#)
  - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available



# DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

# Coordination with Covered California

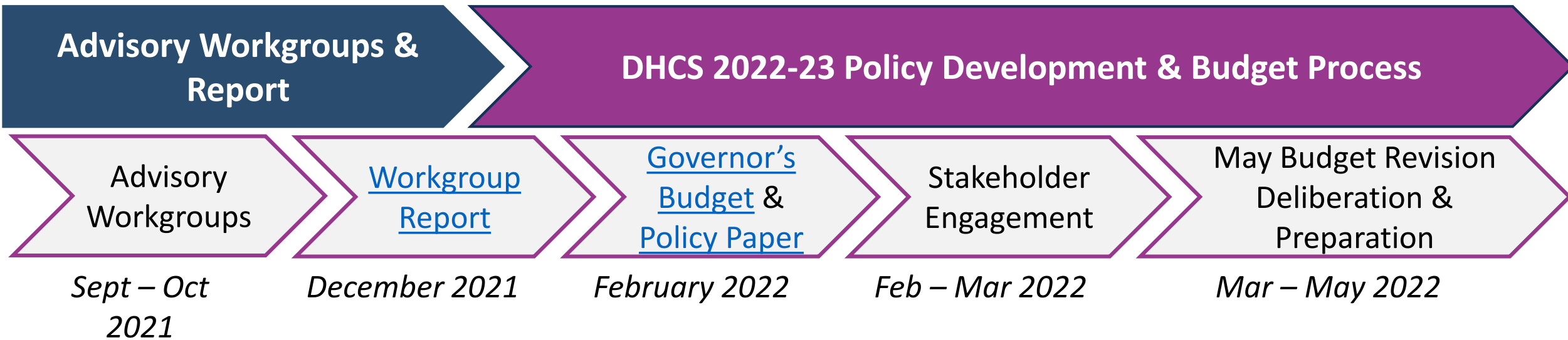
- Senate Bill 260 requires Covered California to automatically enroll into a qualified health plan a consumer who transitions from Medi-Cal eligibility to Covered California eligibility.
- Operational on July 1, 2022.
- Requires that the consumer be enrolled in the lowest-cost Silver plan, or previous managed care plan (in Medi-Cal).
- Allows for continuity of coverage for individuals moving between Medi-Cal and Covered California.
- Individuals can choose to be enrolled in the same Medi-Cal health plan after transitioning to Covered California.
- Better consumer journey across insurance affordability programs.

# DHCS Telehealth Policy Developments: Background

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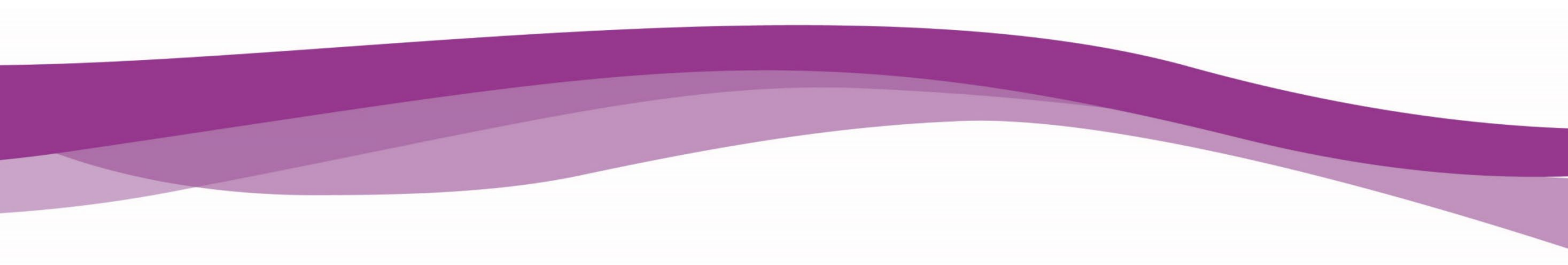
- ❖ Medi-Cal telehealth utilization rapidly increased in response to the COVID-19 pandemic
  - ❖ DHCS temporarily approved operating procedures to allow for expanded use of telehealth
  - ❖ As DHCS looks to the future, the Department proposes to permanently adopt several of these flexibilities and additional policies for Medi-Cal covered benefits and services to be provided via telehealth across delivery systems when clinically appropriate
-

# Policy Development: Telehealth Advisory Workgroup



Questions can be directed to the following: [Medi-Cal Telehealth@dhcs.ca.gov](mailto:Medi-Cal_Telehealth@dhcs.ca.gov)

# **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families**



# DHCS' Commitment to Improving Children's Care

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families was born out of a recognition of the challenges in Medi-Cal identified by state audits and stakeholders, and a state commitment to support health and opportunity for California's children and families.

## Stakeholder Concerns / Issues

- » Low pediatric preventive care rates and access to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit
- » Low immunization rates and provider enrollment in Vaccines for Children (VFC)
- » Wide health disparities for Black and Brown children
- » Increase in adolescent behavioral health concerns, with increases in overdoses and suicides statewide
- » Low base reimbursement rates for Medi-Cal's pediatric primary care providers (*not including supplemental payments*)
- » No clear owner of children's health at DHCS

In 2021, **The David & Lucile Packard Foundation supported preliminary research** for DHCS that laid the foundation for Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

Through this work, DHCS:

- » **Interviewed stakeholders** (including children's health advocates, MCP leaders, and pediatric primary care providers).
- » **Reviewed existing and new initiatives.**
- » **Analyzed data on children's access to Medi-Cal care.**

# DHCS' Approach

- » **DHCS has a strong commitment to addressing entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects.**
- » **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families** is a **living, breathing document** and DHCS' first step in organizing and communicating a **cohesive, coordinated strategy** to support children enrolled in Medi-Cal.
- » Through the strategy, DHCS is **seeking to tie together existing and new** children's health initiatives proposed in the initiatives noted in the graphic.



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

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

*March 2022*



**Forward-looking policy agenda** for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives



**Eight Action Areas** with detailed **key initiatives** that are designed to:

- » Solidify coverage for children.
- » Promote whole-child and family-based care.
- » Strengthen leadership and accountability structures.
- » Implement evidence-based, data-driven initiatives.



Two infographics, including an **easy to read [one pager](#)** with Action Areas and a **[detailed table](#) with a status update and expected implementation timing** for each key initiative.



# Guiding Principles

In shaping Medi-Cal's Strategy to Support Health and Opportunity for Children and Families, DHCS was guided by the following principles and considerations:



- » Addressing health disparities and advancing health equity.
- » Implementing a whole-child, preventive approach informed by families.
- » Providing family and community-based care.
- » Promoting integrated care.
- » Improving accountability and oversight.
- » Looking beyond Medi-Cal.

# Action Areas

Each action area includes key initiatives – some already underway and others newly proposed – with detailed approaches on how to solidify coverage for children, promote whole-child and family-based care, strengthen accountability structures, and implement data-driven initiatives to support implementation.



New leadership structure and engagement approach



New health plan accountability for quality outcomes



Stronger coverage base for California's children



Family-centered approach



Stronger pediatric preventive and primary care



Child and adolescent behavioral health investments



Streamline access to pediatric vaccinations



Next steps on the foster care model of care

# Q&A and Next Steps

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# Appendix

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# Resources

- » [Medi-Cal's Strategy to Support Health & Opportunity for Children & Families](#)
  - [Infographic: One Pager](#)
  - [Infographic: Detailed Table](#)
- » [Comprehensive Quality Strategy](#)
- » [CalAIM](#)
- » [Managed Care Procurement – Request for Proposal](#)
- » [Governor's Proposed Budget 2022 – 2023](#)

# Action Areas & Key Initiatives

Key Initiatives	Status	Implementation Timing
<b>(1) Implement a new leadership structure and engagement approach.</b>		
Identify a DHCS child health champion who will be accountable for strengthening Medi-Cal’s role in serving children and overseeing implementation of Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families <i>(new)</i>	In Progress	March 2022
Engage with stakeholders to ensure that family voices help shape policy	In Progress	June 2022
Create a new DHCS Consumer Advisory Committee <i>(new)</i>	In Progress	Late 2022
<b>(2) Strengthen the coverage base for California’s children.</b>		
Reduce Medi-Cal premiums to zero for families to make coverage more accessible <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2022
Expand presumptive eligibility to make it easier for children to be quickly and efficiently enrolled in Medi-Cal <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2023

# Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
<b>(3) Fortify the pediatric preventive and primary care foundation.</b>		
Design and implement a new population health management strategy to establish clear, enforceable requirements for plans to identify and serve children in need of care coordination <i>(new)</i>	In Progress	January 2023
Invest significant new resources in practice transformation for pediatric and other primary care providers who care for pregnant individuals, children, and adolescents <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2022
Conduct an education and outreach campaign regarding EPSDT for enrollees, providers, and MCPs to support families <i>(new)</i>	In Progress	July 2022
Implement changes to improve the criteria and procedures used to determine when children will receive behavioral health services, including specialty mental health and substance use disorder treatment <i>(new)</i>	Complete	January 2022
Expand preventive pediatric dental benefits from a pilot program to new statewide benefits <i>(new)</i>	Complete	January 2022
Participate in CMS' Infant Well-Child Visits Learning Collaborative and Health Care Payment Learning and Action Network State Transformation Collaborative <i>(new)</i>	Complete	December 2021 – 2023
Continue to support the ACEs Aware initiative and provide ACEs training grants to primary care providers	Proposed in 2022 – 2023 State Budget	July 2022 – June 2025

# Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
<b>(4) Strengthen access to pediatric vaccinations.</b>		
Deploy COVID-19 pediatric vaccines in an equitable manner to meet California's "Vaccinate All 58" goals	Complete	October 2021
Develop a Vaccines For Children Strategic Plan with CDPH to ensure that there is a comprehensive effort to maximize the catch up of vaccinations, distribute vaccines, and support family engagement <i>(new)</i>	In Progress	<i>Timeline Being Developed</i>
Increase vaccination of pregnant individuals enrolled in Medi-Cal <i>(new)</i>	Complete	January 2022



**Break – 10 Minutes**


# **Managed Care Plan (MCP) Request for Proposal Procurement Update**



# MCP Procurement Overview Medi-Cal

- » On February 9, DHCS released a Request for Proposal (RFP) for its commercial MCP contracts.
- » While the RFP is only for commercial Medi-Cal MCPs, the updated contract will be for *all* Medi-Cal MCPs, including County Organized Health Systems (COHS), Local Initiatives (LI), and the new Single Plan Model.
- » The updated MCP contract released with the RFP establishes the minimum requirements and serves as the primary vehicle for redefining how care is delivered.
- » Through the RFP, DHCS is seeking MCPs committed and able to advance equity, quality, access, accountability, and transparency to reduce health disparities and improve health outcomes for Californians.

# More Robust MCP Contract Includes Provisions Strengthening:

-  Transparency
-  Quality of Care
-  Access to Care
-  Continuum of Care
-  CalAIM Initiatives
-  Coordinated / Integrated Care
-  Increasing Health Equity and Reducing Health Disparities
-  Addressing Social Drivers of Health (SDOH)
-  Local Presence and Engagement
-  Children's Services
-  Behavioral Health Services
-  Accountability and Commitment to Compliance
-  Administrative Efficiency
-  Emergency Preparedness and Essential Services
-  Value-Based Payment



# Coordinated and Integrated Care

MCPs will systematically coordinate services and provide integrated care through:

- » Expanded Basic Population Health Management, Complex Care Management, and Enhanced Care Management to ensure the needs of the entire population are met across the continuum of care.
- » Enhanced coordination with local health departments, county behavioral health plans, schools, justice systems, and community-based organizations.
- » Facilitation of warm hand-offs to public benefit programs and carved out services, closed-loop referrals to community resources to ensure members receive needed services.



## Expansion of Services

- » **Behavioral Health Services** – MCPs will expand access to evidence-based behavioral health services that focus on:
  - » **Earlier identification and engagement in treatment for children, youth, and adults.**
  - » **Increased access to providers within public schools.**
  - » Integration of behavioral and physical health care, including “No Wrong Door” policies to support access.
  - » Removal of the requirement to have a diagnosis to access non-specialty mental health services, including the family therapy benefit.
- » **Children’s Services** – MCPs will provide additional support for children, including by:
  - » Ensuring care management and care coordination with appropriate programs for children with special health care needs.
  - » Partnering with all Local Educational Agencies in service areas.
  - » Providing medically necessary health and behavioral health services in schools and other community settings.
  - » Implementing interventions by school-affiliated providers that increase access to preventive, early intervention, and behavioral health services.
  - » Training providers on EPSDT.

# All Medi-Cal Managed Care Members Can Expect:

- » More information and insight to inform choice of plan.
- » Holistic care to identify based on SDOH, cultural and linguistic differences, and physical and behavioral health needs throughout their life span.
- » A comprehensive array of person-centered health and social services.
- » **Better access to expanded preventive and early intervention services for children and services that support physical, social, and emotional development and address Adverse Childhood Experiences (ACEs) and toxic stress.**
- » Care that is appropriate, high quality, and timely.
- » **Youth and family representation on community advisory committees.**
- » Better care coordination and management, particularly for services carved out of managed care, including specialty mental health care, outpatient prescription drugs, and dental care.

# Transparency and Accountability

## MCPs will be newly required to report:

- » Delegation reporting and compliance plan.
- » **Primary care spending (including stratified by age range 0 – 20 and race and ethnicity).**
- » Percentage of payments to providers tied to alternative payment models.
- » **Performance on additional child and maternal Managed Care Accountability Standard (MCAS) measures.**
- » Performance on subset of MCAS by race and ethnicity to inform future disparity target reductions.

- Aligned with DHCS' 50x2025 initiative focused on preventive children's health, maternity care outcomes, and behavioral health integration. DHCS will be reinforcing related metrics and prevention through increased primary care access and utilization throughout its various programs.
- Preventive care metrics for children's preventive health, oral health, and colon cancer screening will be added to the MCAS and will also be incorporated into directed payment and Value-Based Payment programs, where possible.
- Several of these measures will be included in the health equity metric set to inform and address health disparities in preventive care.



# Quality Performance Requirements

## Quality

- » MCPs will exceed a 50<sup>th</sup> percentile minimum performance level target on priority pediatric and maternal-specific metrics.
- » If quality metrics are not met, MCPs with positive net income will be required to allocate an additional 7.5 percent of income to community reinvestment.

## Medical Loss Ratio (MLR)

- » MCPs will provide a remittance if they do not meet the 85 percent minimum MLR.

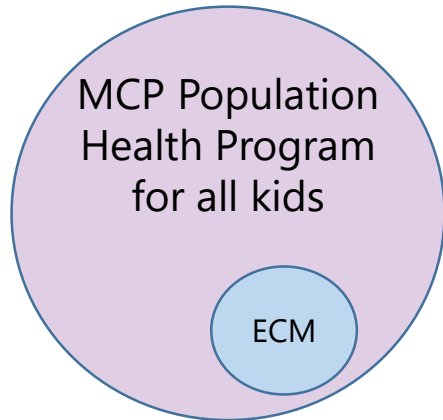
# Medi-Cal Managed Care RFP Timeline

Medi-Cal Managed Care RFP Timeline*	
February 9, 2022	RFP Release
April 11, 2022	Responses Due
August 2022	Notices of Intent to Award
2022 – 2023	Communication to Inform MCP Transition Planning
Late 2022 – 2023	Health Plan Readiness Period
January 1, 2024	New Managed Care Plan Contracts Implemented
<i>* All dates subject to change</i>	

# Questions?

# CalAIM Enhanced Care Management and Community Supports Update

# Overview of Enhanced Care Management (ECM)



**Important note: EPSDT remains the foundation** of ensuring that children and youth under 21 years of age receive all medically necessary preventive, dental, mental health, developmental, and specialty services; **ECM does not supplant it.**

- ECM is a whole-person approach to **comprehensive care management** that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care Members.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person<sup>1</sup> interactions** with members where they live, seek care, or prefer to access services.
- DHCS' vision for ECM is to **coordinate all care for eligible members**, including **physical, behavioral, long-term services, and supports, and dental health needs.**
- Every Medi-Cal managed care (MCMC) member enrolled in ECM will have a **dedicated care manager.**
- ECM is available **to MCMC members who meet ECM "Population of Focus" definitions; members may opt out at any time.<sup>2</sup>**

1. As of January 2022, due to the extended Public Health Emergency, ECM Providers may temporarily implement telephonic and video call ECM services to substitute for face-to-face ECM services  
2. For more information on ECM Populations of Focus, see [Key ECM Design Implementation Decisions](#) on the [DHCS ECM & Community Supports Website](#)

# ECM Implementation Timeline

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

Populations of Focus	Go-Live Timing
<ol style="list-style-type: none"> <li>1. Individuals and Families Experiencing Homelessness</li> <li>2. Adult High Utilizers</li> <li>3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)</li> <li>4. Incarcerated and Transitioning to the Community (<i>some WPC counties</i>)</li> </ol>	<p>January 2022 (WPC/HHP counties); July 2022 (all other counties)</p>
<ol style="list-style-type: none"> <li>5. Incarcerated and Transitioning to the Community (<i>all other counties</i>)</li> <li>6. At Risk for Institutionalization and Eligible for Long Term Care (LTC)</li> <li>7. Nursing Facility Residents Transitioning to the Community</li> </ol>	<p>January 2023</p>
<p><b>8. Children / Youth Populations of Focus</b></p>	<p><b>July 2023</b></p>

On 1/1/2022, approximately 80,000 MCP Members automatically transitioned to ECM from the Health Home Program (HHP) and Whole Person Care (WPC) Pilot Program

# ECM for Children and Youth in 2022

MCPs are expected to provide ECM to select children / youth populations in 2022.

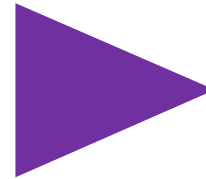
1. Children/Youth who were served by the Health Home Program (HHP) or the Whole Person Care (WPC) Pilots and transitioned automatically to ECM on 1/1
2. Children/Youth who are part of the **“Individuals & Families Experiencing Homelessness”** Population of Focus
3. Children/Youth who may be part of the **“Incarcerated and Transitioning to the Community”** Population of Focus in certain WPC Pilot counties that formerly served justice-involved enrollees

**Expectations for MCPs to Expand ECM in 2022 from the HHP/WPC group to new Members:**

- » Over the course of this year, MCPs are required to demonstrate sustained growth of the ECM program in member enrollment and provider networks

# ECM Children's Populations of Focus (POF) to go live in July 2023

- » Children/Youth Experiencing Homelessness (in non-Whole Person Care and Health Homes Program counties)
- » Children/Youth who are High Utilizers
  - » Note: Stakeholders have suggested using a risk-based paradigm, instead of one that is based on utilization
- » Children/Youth with Serious Emotional Disability/Disorder (SED)
- » Children/Youth Transitioning from Incarceration
- » Children/Youth Enrolled in California Children's Services (CCS)/Whole Child Model (WCM) with additional needs beyond their CCS condition
- » Children/Youth Involved in Child Welfare (including those with a history of involvement, and foster care up to 26)



## **This year, we are:**

- ✓ Refining these Children/Youth ECM POF definitions;
- ✓ Developing an understanding of estimated #s of children/youth to be served in ECM from 2023;
- ✓ Confirming overlap inclusion / exclusion policies for how ECM will interact with other programs that serve children/youth

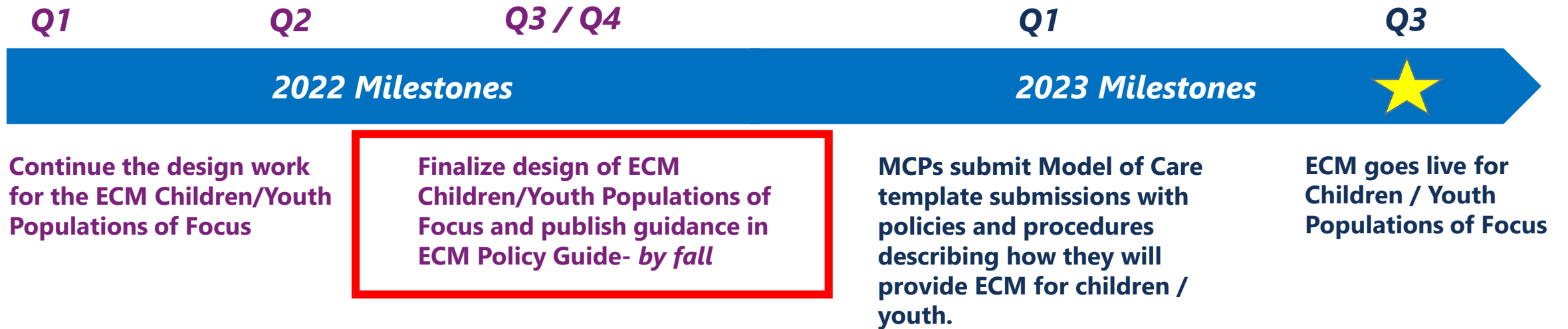


# Vision for ECM serving Children and Youth

- » ECM can be used to assess gaps in both health care and social support needs; the care plan is developed based on these needs
- » ECM services can include, but is not limited to:
  - » Helping facilities access resources
  - » Referrals to behavioral health, housing-related services for youth experiencing homelessness
  - » Coordination of services across various settings and delivery systems
  - » Assistance with accessing respite care
  - » Referrals to community and social services to address food insecurity

# Implementation Timeline: ECM Children / Youth Populations of Focus

Below are the key milestones to support the launch of ECM for children / youth.



# Community Supports

## Resources

- [DHCS' Community Supports webpage](#)
- [Community Supports Fact Sheet](#)
- [Community Supports Policy Guide](#)
- [CalAIM Incentive Payment Program FAQ](#)

# Community Supports

**DHCS received federal authority to provide 14 state-proposed Community Supports beginning in January 2022.**

## Service Overview

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

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

# Community Supports (Cont'd)

## Service Overview

- » Approved menu of Community Supports:
  - Housing transition navigation services
  - Housing deposits
  - Housing tenancy and sustaining services
  - **Caregiver respite services**
  - **Day habilitation programs**
  - Nursing facility transition/diversion to assisted living facilities
  - Short-term post-hospitalization housing
  - Community transition services/nursing facility transition to a home
  - **Personal care and homemaker services**
  - **Environmental accessibility adaptations**
  - **Medically supportive food/meals/medically-tailored meals**
  - Sobering centers
  - **Asthma remediation**
  - **Recuperative care (medical respite)**

# Community Supports (Cont'd)

## Service Overview

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

# Monitoring Framework

# Monitoring ECM & Community Supports in 2022

MCPs are required to submit a Quarterly Implementation Monitoring Report on ECM and Community Supports beginning in May, in addition to encounters.



## ECM and Community Supports Quarterly Implementation Monitoring Report Requirements November 2021



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### 1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports

As articulated in the revised CalAIM Proposal<sup>1</sup>, Enhanced Care Management (ECM) and Community Supports are important components of DHCS's statewide Population Health Management strategy. Managed Care Plans are responsible for implementing ECM and Community Supports, and DHCS will work with and monitor MCPs' implementation of and compliance with requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of currently available data sources, including Member-level data reported by MCPs and demographic data to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS is also required by state law to publish an annual report regarding utilization of

<sup>1</sup> Revised CalAIM Proposal accessible here: <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>

- MCPs will submit data across six dimensions
  1. ECM Members & Services
  2. ECM Requests for Services and Outreach
  3. ECM Provider Capacity
  4. Community Supports Members and Services
  5. Community Supports Provider Capacity
  6. Community Supports Requests and Denials

- ECM & Community Supports providers will be responsible for providing MCPs with the information needed to complete many of the reporting requirements
- This report also contains specifications for a **one-time Transition Report** that MCPs will submit about members that have transitioned from the **HHP and/ or WPC Pilot**

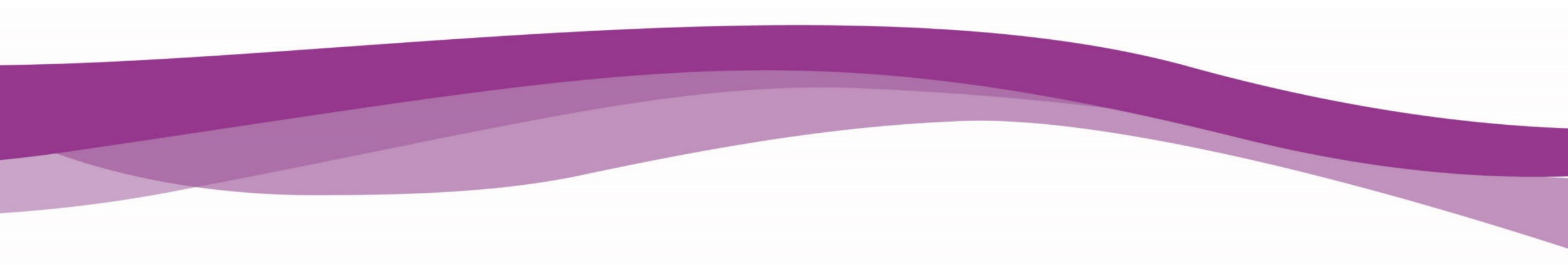
Member date of birth is a required reporting field; thus, DHCS will be able to track the total number of children and youth receiving ECM & Community Supports

The first [Quarterly Implementation & Monitoring Report](#) and Transition Report is due from MCPs on May 15, 2022.



# Questions?

# Member Updates and Follow Up



# Public Comment

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# Upcoming Meeting and Next Steps

