



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

June 24, 2021



# Webinar Tips

- Please use **either** 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 Updates



# COVID-19 Update



# Medi-Cal COVID-19 Vaccination Status

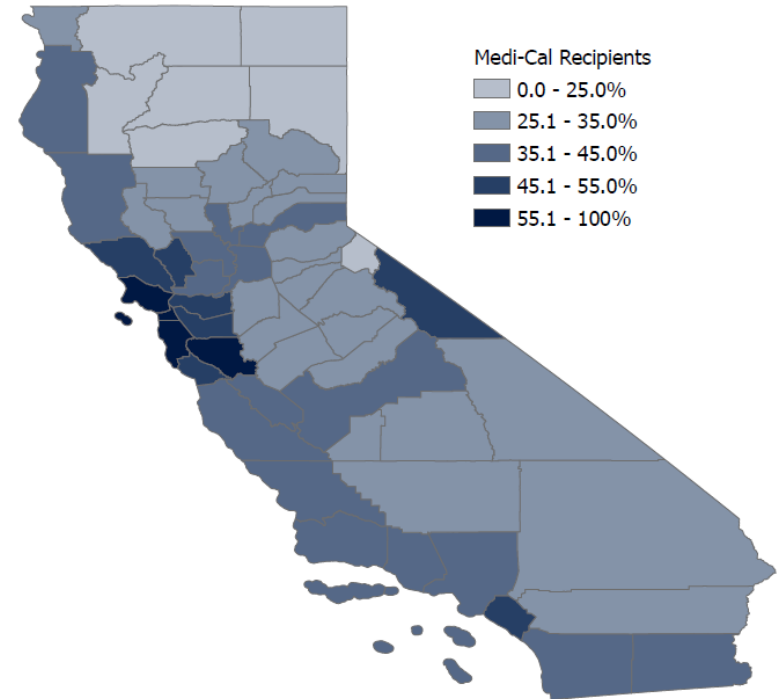
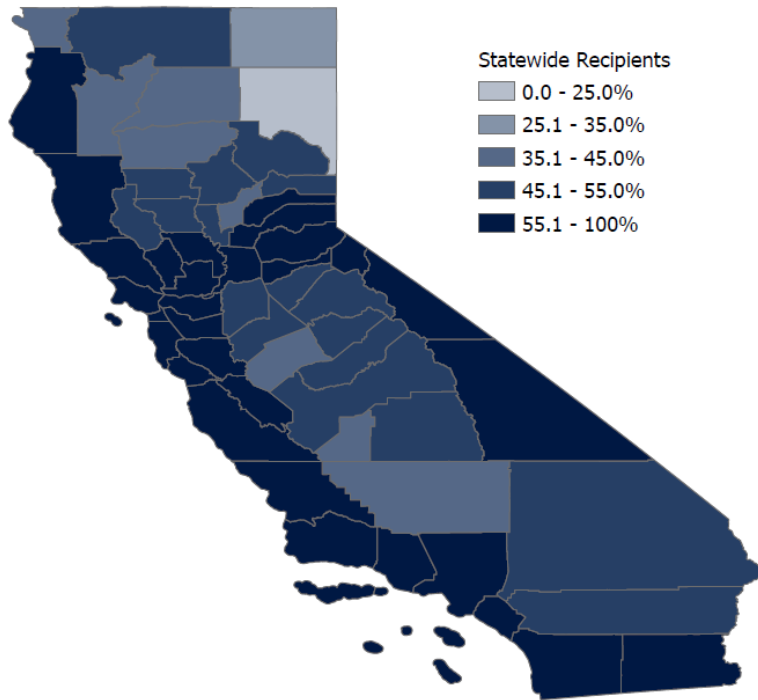
- All Californians ages 12 and older eligible for COVID-19 vaccination.
- DHCS has [issued guidance](#) to plans and providers to ensure vaccine is free of cost to beneficiaries while still reimbursing providers/plans for administration costs in both fee-for-service and managed care.
- DHCS sending plans weekly data (includes CDPH vaccine data) on beneficiaries who have not yet been fully vaccinated to guide outreach and care coordination, especially to close disparities.
- Despite these efforts, significant gaps in vaccination rates persist in the Medi-Cal population.



# Received at least one dose as of mid-June 2021

Percentage of all Californians  
12 and older

Percentage of Medi-Cal  
Beneficiaries 12 and older



“Percentage of all Californians” is a total percentage which includes the  
Medi-Cal population



# Budget Update



# **Medi-Cal Managed Care Plan (MCP) Procurement Overview**

**Michelle Retke, Chief  
Managed Care Operations Division (MCOD)**





# **Medi-Cal MCP Procurement Overview**

## **Discussion Topics**

- 1. Key Dates**
- 2. DRAFT RFP # 20-10029**
- 3. Health Equity and Children Services-related  
2024 MCP Contract Updates**
- 4. Questions**



# Medi-Cal MCP Procurement Overview

## Key Dates

Key Event	Date
1. Request for Information (RFI)	9/1/2020 – Released RFI on CSB website 9/10/2020 – Webinar slides posted on CSB website 10/1/2020 – Requested information due
2. DRAFT RFP	6/1/2021 – Released DRAFT RFP on Cal eProcure 6/14/2021 – Webinar slides posted on CSB website 7/1/2021 – Comments due by 4PM PDT
3. FINAL RFP Release	Targeting late November / early December 2021
4. Proposals due	Targeting early 2022
5. Notice of Intent	Targeting mid 2022
6. MCP Operational Readiness	Targeting late 2022 – late 2023
7. Implementation	January 2024

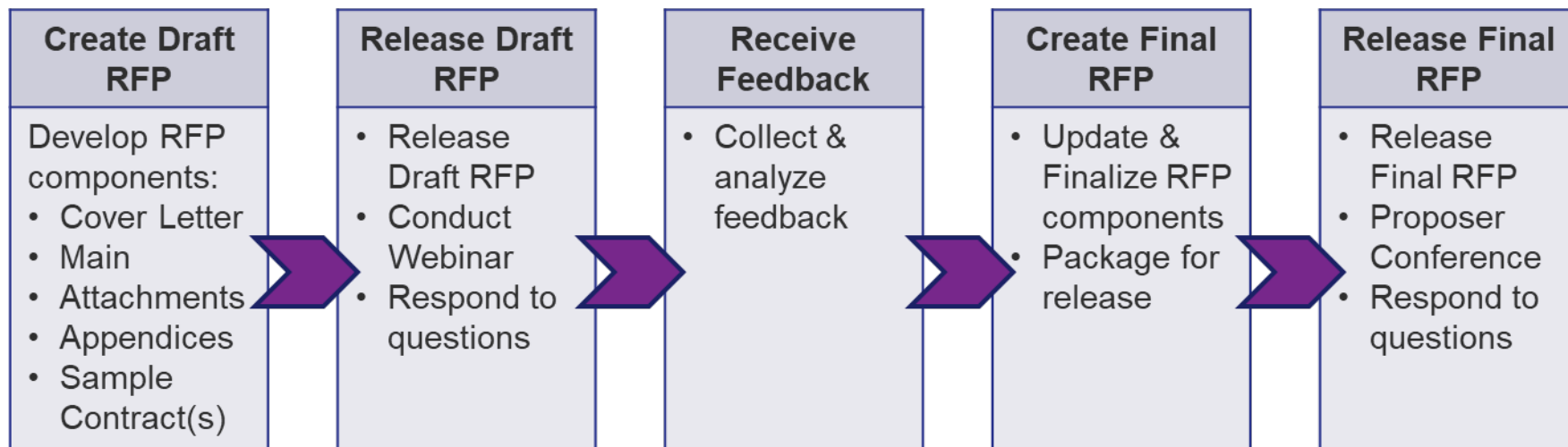
Additional information is located on the [CSB website](#).



# Medi-Cal MCP Procurement Overview

## DRAFT RFP # 20-10029

The purpose of the DRAFT RFP is to provide information and solicit comments from Interested Parties regarding the content of the DRAFT RFP for consideration prior to release of the FINAL RFP.





# Medi-Cal MCP Procurement Overview

## DRAFT RFP # 20-10029

<b>Plan Model</b>	<b>Current Counties for Procurement AS OF JUNE 1, 2021 (Any changes will be reflected in the FINAL RFP)</b>
<b>Two-Plan Commercial</b>	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare
<b>Geographic Managed Care (GMC)</b>	Sacramento, San Diego
<b>Imperial</b>	Imperial
<b>Regional</b>	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba
<b>San Benito</b>	San Benito

County Organized Health Systems and Local Initiatives are not being procured through the RFP.



# Medi-Cal MCP Procurement Overview

## DRAFT RFP # 20-10029

<b>DRAFT RFP Highlight</b>	<b>Overview (Part 1 of 2)</b>
<b>County Plan Model Changes</b>	<ul style="list-style-type: none"><li>• The DRAFT RFP reflects the current managed care models and counties as of June 1, 2021.</li><li>• The FINAL RFP will reflect the final list and number of commercial plans to procure in each county.</li><li>• Counties interested in changing the plan model operating in their county were required to submit a Letter of Intent to DHCS by April 30, 2021.</li><li>• 17 counties submitted a Letter of Intent package.</li></ul>
<b>Contract Awards for GMC</b>	<ul style="list-style-type: none"><li>• DHCS is seeking to change the number of contracts awarded in GMC counties to no more than two.</li><li>• The FINAL RFP will reflect the final number of commercial plans to procure in each county.</li></ul>
<b>Contract Term</b>	<ul style="list-style-type: none"><li>• Updated to 60 months with no specified extension period.</li></ul>



# Medi-Cal MCP Procurement Overview

## DRAFT RFP # 20-10029

<b>DRAFT RFP Highlight</b>	<b>Overview (Part 2 of 2)</b>
<b>Qualification Requirements</b>	<ul style="list-style-type: none"><li>• 12 “pass/fail” qualification requirements, including relevant work experience, National Committee for Quality Assurance (NCQA) accreditation, Knox-Keene licensure, and annual quality performance measures.</li></ul>
<b>County Letter of Support</b>	<ul style="list-style-type: none"><li>• Opportunity for proposer to obtain and submit a County Letter of Support for the counties being procured.</li><li>• Letter or resolution from the county’s Board of Supervisors.</li><li>• Not a requirement, but, if submitted, will be used in the DHCS evaluation.</li></ul>
<b>Narrative Proposal Requirements (NPR)</b>	<ul style="list-style-type: none"><li>• Will be included in the FINAL RFP and align with CHHS and DHCS goals, including, but not limited to:<ul style="list-style-type: none"><li>○ Quality performance measures and scores.</li><li>○ Oversight and reduction of delegation by the proposer.</li><li>○ Public disclosure of delegation and how each delegated network meets State and federal network adequacy requirements.</li></ul></li></ul>



# Medi-Cal MCP Procurement Overview

## Health Equity 2024 MCP Contract Updates

Category	2024 MCP Contract Updates
<b>Accountability</b>	<ol style="list-style-type: none"> <li>1. Require MCPs to have a Health Equity Officer and Quality Improvement &amp; Health Equity Committee.</li> <li>2. Require MCPs to conduct annual Population Health Quality Assurance Reviews of their Population Health Management (PHM) programs.</li> <li>3. Broaden Culture Competency Training to address Health Equity concepts and renamed to Diversity, Equity and Inclusion Training.</li> <li>4. Update annual Quality Improvement Annual Report and External Quality Review to include Health Equity activities and findings.</li> </ol>
<b>Data Collection and Sharing</b>	<ol style="list-style-type: none"> <li>1. Require expansion of Management Information System (MIS) capabilities to support PHM data integration in accordance with NCQA PHM standards.</li> <li>2. Require MCPs to have policies and procedures for data sharing with third-party entities and county programs for bidirectional exchange of Member information and data.</li> </ol>
<b>Coordination/ Collaboration with Community Service Providers</b>	<ol style="list-style-type: none"> <li>1. Require MCPs to ensure provider participation in Quality Improvement System (QIS) and Population Needs Assessment (PNA).</li> <li>2. Update requirements for review of third-party entities and county program's care coordination and collaboration policies, including, but not limited to, behavioral health, public health, and social services to at least every three years.</li> <li>3. Require MCPs to have infrastructure to coordinate with health and social services to provide Members the appropriate level of case management across the continuum of care.</li> <li>4. Requiring use of local providers for Enhanced Care Management (ECM).</li> </ol>



# Medi-Cal MCP Procurement Overview

## Children Services 2024 MCP Contract Updates

Category	2024 MCP Contract Update
<b>Access</b>	<ol style="list-style-type: none"><li>1. Clarify provisions related to Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT).</li><li>2. MOUs between MCPs and county mental health plans (MHP), Local Educational Agency (LEA), social services, regional centers, WIC supplemental nutrition program, and county California Children's Services programs are required to be updated/reviewed every three years to ensure that requirements are being communicated and met and services are provided.</li><li>3. Require contractual relationship between MCP and LEA.</li><li>4. Require Community Advisory Committee (CAC) representation of members focusing on local education authorities, public health, behavioral health, social services, regional centers, and dental providers.</li><li>5. Offer behavioral health incentive in primary care areas as well as LEAs through MCPs.</li><li>6. Add In Lieu of Services options to proactively address issues related to children, including housing, asthma remediation, food insecurity, and other social determinant of health concerns.</li></ol>
<b>Accountability</b>	<ol style="list-style-type: none"><li>1. Update provider site audit medical record review and facility site review intake tools and data system to allow DHCS to receive all audit results instead of only those associated with encounter data.</li></ol>





# Medi-Cal MCP Procurement Overview

*Thank you*



**Break – 10 minutes**



# FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

## CDSS OVERVIEW



# TOPICS TO COVER

- FFPSA Part I & IV Overview
- Trailer Bill Language
- Prevention Plan
- Timeline for Implementation
- FFPSA & ICWA Overlap

# FFPSA PART I OVERVIEW

- Since before the passage of FFPSA, California has been committed to shifting the focus from the protection of children and youth who have been harmed to the prevention of child maltreatment and repeat maltreatment by strengthening families, tribes, and communities within a Child and Family Well Being Continuum.
- There are three levels of prevention
  - Primary- Focuses on the needs and services of a whole community by building protective community factors
  - Secondary- Focuses on the specific needs of at risk families and vulnerable populations
  - Tertiary- Focuses needs where child maltreatment has already occurred

- Open-ended entitlement to claim federal dollars for prevention services, but eligibility is restricted to:
  - **Candidates** for foster care, parent(s) or relatives of candidates for foster care – OR – Expectant and Parenting Foster Youth
  - Prevention services must fall into one of **three categories**: (1) mental health; (2) substance abuse prevention and treatment; (3) in-home parent skills-based programs
  - **Evidenced-Based Program** that is included in the IV-E Prevention Services Clearinghouse and 50% of all funding on a well supported program (beginning FFY 2024)
  - Title IV-E is the **payor of last resort**
  - **Per child** claiming
  - Ongoing **continuing evaluation**
  - Ongoing demonstration of **model fidelity**

## FFPSA PART I: ENTITLEMENT FOR IV-E PREVENTION FUNDING FOR ELIGIBLE POPULATIONS

# FFPSA PART IV OVERVIEW

- The Family First Prevention Services Act (FFPSA) Part IV seeks to limit reliance on congregate care for serving children in foster care, consistent with the objectives of California's Continuum of Care Reform (CCR) that were implemented pursuant to AB 403 and subsequent legislation.
- FFPSA Part IV will implement the following:
  - The Qualified Individual
  - Qualified residential treatment program (QRTP) requirements
  - Aftercare
  - Court Oversight of a Placement Into an Short-Term Residential Therapeutic Programs (STRTP)
  - A nursing registry
  - New case plan documentation requirements

- FFPSA is being implemented in California legislatively through the Trailer Bill process.
- To achieve full compliance with the federal law, on May 17, 2021, California Department of Finance released the current version of the [Family First Prevention Services Act Implementation Trailer Bill](#)
- Current version incorporates feedback received during stakeholder engagement that took place over the past several weeks.
  - A detailed summary of all changes can be found in the [FFPSA Walkthrough Chart Version 2](#)
- The Trailer Bill will be finalized and signed in the coming weeks.

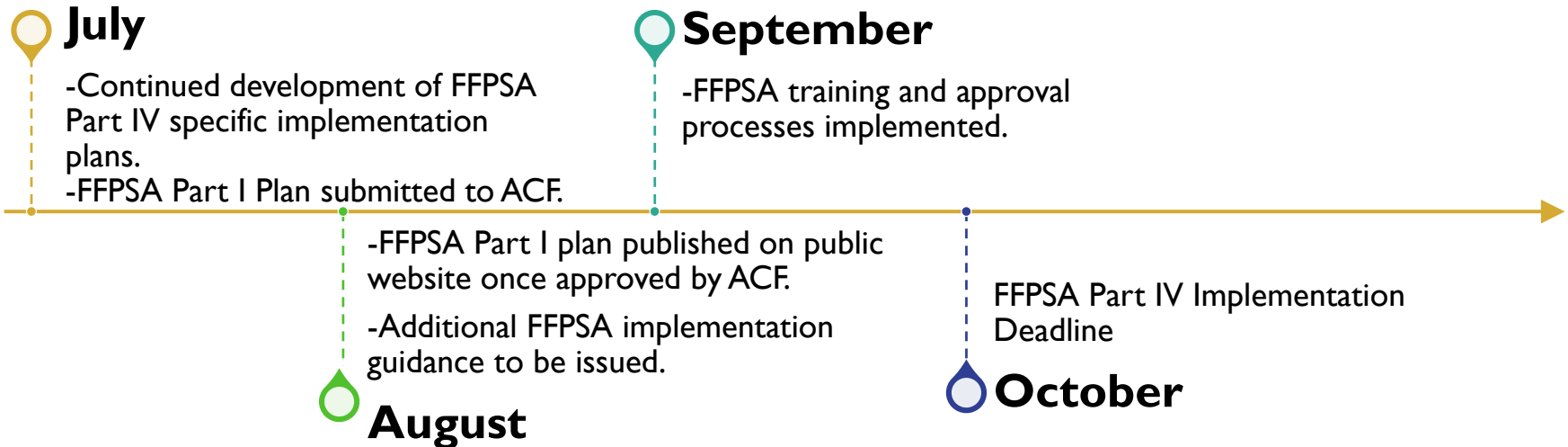
## FFPSA CALIFORNIA'S TRAILER BILL LANGUAGE



# FFPSA CALIFORNIA'S PREVENTION PLAN

- California's FFPSA Prevention Plan provides further detail to the federal government of how the program will operate including:
  - Who will be served
  - What services will be provided
  - How will California meet federal requirements such as reporting, evaluation, and monitoring
- The state prevention plan is anticipated to be submitted to the Administration for Children and Families (ACF) in July.

# FFPSA CALIFORNIA'S TIMELINE FOR IMPLEMENTATION



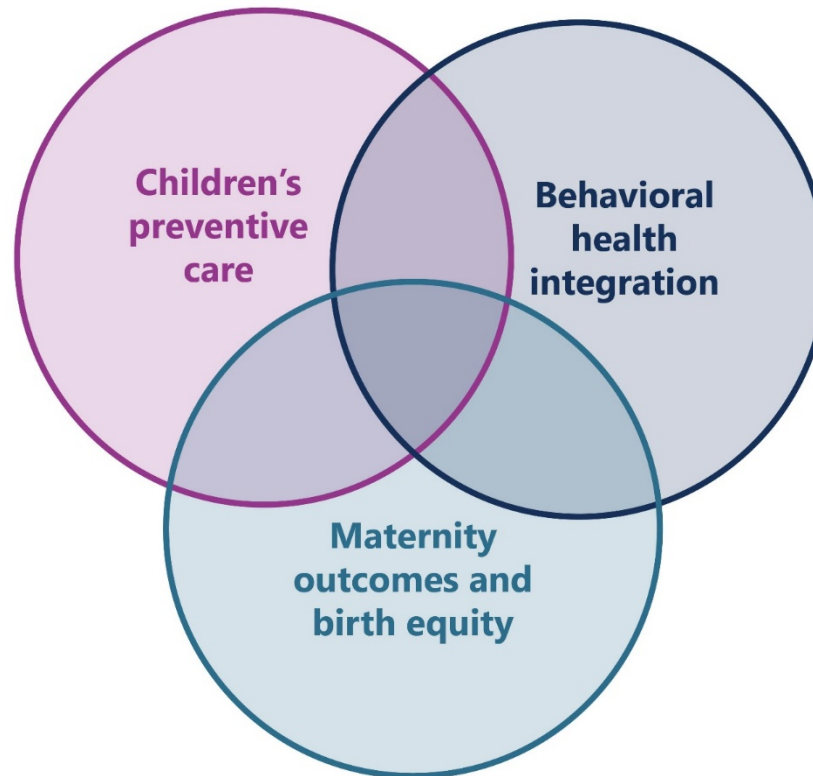


# A Look Back and a Look Ahead: Quality and Population Health Management Updates

Palav Babaria, MD, MHS  
Chief Quality Officer



## Road to Recovery





## CalAIM and Population Health: The Future of Medi-Cal

**Patient-centered  
chronic disease  
management**

**Foundation of  
preventive care**

**Whole-person  
care for high risk  
populations\***

- » **Data driven improvements that address the whole person**
- » **Eliminating racial disparities through community-centered collaboratives**
- » **Transparency and accountability**

**\*Addressing social determinants of health and leveraging enhanced care management (ECM) and in lieu of services (ILOS)**

# Q&A AND FEEDBACK





# Collaboration with Other State Departments



# Member Updates and Follow-Up





# Public Comment



# Upcoming Meetings and Next Steps