Follow-Up Items from July 14, 2022, MCHAP Meeting

PHE Operational Unwinding Plan/ DHCS Coverage Ambassadors Update

1. *Jan Schumann*: Can DHCS use the National Change of Address database through the U.S. Post Office to automatically update beneficiaries' information without violating any regulatory restrictions?

   DHCS Response: *Michelle Baass, DHCS*: I will check, but I don't think that is an option.

   DHCS Follow-Up:

   DHCS follows the guidance provided by the Centers for Medicare & Medicaid Services (CMS) outlined in State Health Official letter 22-001 that allows states to treat information obtained from the National Change of Address (NCOA) and the United States Postal Service (USPS) returned mail with an in-state forwarding address as reliable information. Based on this guidance, DHCS has instructed counties by means of All County Welfare Directors Letter 22-09 to update the beneficiary record with the new contact information and conduct the following outreach when updated address information is received from NCOA or from USPS returned mail with an in-state forwarding address:

   1. Send a notice to the previous address on file with the county and the new address received from NCOA or USPS returned mail.
   2. Provide the individual with a reasonable period to verify the accuracy of the new contact information.
   3. Contact the beneficiary through other means, such as telephone, electronic notice, email, or text message.

   If the beneficiary does not verify the accuracy of the contact information provided by NCOA or from USPS returned mail, or if the beneficiary responds to the outreach through the other means and confirms the new address, the county may update the beneficiary record with the new contact information.

   When a beneficiary's mail is returned to the county with an out-of-state address, the county must send notice and attempt to contact the beneficiary to confirm the accuracy of the information and verify continued state residency. Because the out-of-state address may be an indication of a change in residency, the county must send notice consistent with the beneficiary's elected format, either electronically or by mail, to the current address the county has on file, requesting that the beneficiary confirm the address and state residency. If the beneficiary does not respond with the requested information, or the information provided does not establish the beneficiary's continued state residency, the county must discontinue benefits and provide an advance notice of termination or other adverse action and fair hearing rights consistent with 42 C.F.R. §§ 431.206- 214.

2. *Ellen Beck, MD*: As a follow up, is DHCS ensuring that in each community we are reaching those groups (that are already serving those populations with this additional information) and navigators? Are we using some of that education funding to look statewide and make sure that we are covering organizations we may not yet know about?

   DHCS Response: *Michelle Baass, DHCS*: That is one of our goals. We also have a public education campaign related to this, so those pieces are intended to ensure that we have coverage and mapping. We're also considering marrying the census information with the campaign and navigators. I will bring this back to the team.

   DHCS Follow-Up:

   DHCS is seeking an experienced communications/advertising vendor to implement a broad education and outreach communications campaign targeted to enrolled Medi-Cal beneficiaries during and after the end of the COVID-19 public health emergency (PHE). The vendor will be responsible for designing, implementing, and executing a robust, impactful, and targeted media campaign with broad reach to achieve maximum effectiveness in promoting awareness about the end of the COVID-19 PHE to target audiences. This may include developing visual content, including, but not limited to, graphics, postcards, short videos, infographics, and photographs, that are compatible with a variety of media platforms and are translated into threshold languages that support the campaign goals.

3. *Nancy Netherland*: If California Children's Services (CCS) updated the address for a child, would that qualify as the updated address for redetermination, or must the family go through another address redetermination?

   DHCS Response: *Rene Mollow, DHCS*: For IHSS and CCS, if they are collecting that updated information in their own databases that must be transferred to county partners via the Statewide Automated Welfare System (SAWS), it's really important that those connections are made. My assumption is that IHSS and CCS would make those connections, but if not, let us know, and we can do internal follow up.

   Nancy Netherland: There's not a mechanism for that data to transfer directly? CCS will need to make sure it gets into the correct database, or an enrollment ambassador or someone else will need to go through the county.

   Rene Mollow: We'll take it back and get additional steps to make sure the information is updated. Ultimately, the messaging we have released is that this information must be transferred to the counties. If individuals have an online SAWS account, that individual should update their online account.

DHCS Follow-Up:

The CCS program uses a system called CMSnet which shares information, including contact information, with the Medi-Cal Eligibility Data System (MEDS). When CMSnet is updated with a new address, it shares this information with MEDS, which updates the record, and then generates a county-specific alert to instruct the county to make the change in the SAWS. The address update will not be reflected in SAWS unless the county enters it as prompted by the alert that MEDS generates. Counties receive a significant number of MEDS alerts daily, which can lead to a delay in the processing of these alerts. DHCS is evaluating ways to improve this communication; however, the current process is automated and does not require anyone to contact the county.

Doula services:

4. *Jan Schumann*: Could individuals providing spiritual access be providers in the program?

   DHCS Response: *Lisa Murawski, DHCS*: That's not something we identified in the SPA. Doulas are supposed to provide supportive, nonmedical care. To the extent there is emotional support that relates to that care, it's part of that relationship, but not something we identified.

   Jan Schumann: If they're a religiously-centered organization that provides doula support, then they won't be excluded? What are the organizational qualifications?

   Lisa Murawski, DHCS: I will follow up. A doula can enroll as an individual provider. We are looking at enrollment as a group. The way we're envisioning it now is the individuals enrolling as providers.

   DHCS Follow-Up: If DHCS creates an enrollment pathway for a doula group or organization, and if a religious institution met the specified criteria for enrollment, they would not be excluded from enrolling as a provider. However, please note, although enrollment for a doula group or organization has been discussed, there is no current pathway for a doula provider group or organization to enroll, as DHCS has not created such an enrollment pathway.

Behavioral Health Update

5. *Elizabeth Stanley Salazar*: There's a long history of two silo specialty fields: MH and SUD. When we talk about BH, we always talk about MH and not SUD. The most affected children in the foster care and juvenile justice systems have high rates of SUDs or are at high risk. I propose that we include on the Medi-Cal Children's Health Dashboard the utilization data for the specialty SUD system, and for MCHAP to look at SUD utilization within DMC-ODS.

   William Arroyo: Dovetailing on Liz's and Jan's recommendation with respect to data in the dashboard. While we have county SMHS data, and we are hoping to

have county specialty SUD data, I would like to see managed care MH data. For the rest of the panel's purview, can you speak to the obligation of MCPs as far as SUD is concerned?

DHCS Follow-Up:

On July 1, 2022, DHCS launched the BH Data Dashboard, which includes performance data on specialty mental health services (SMHS) and non-SMHS, including the former Performance Outcome System measures for children and youth. In addition, the BH Data Dashboard includes performance data on measures pertaining to mental health care consistent with the new CalAIM 1915(b) waiver. Whereas prior reporting on the CHHS Open Data Portal used an Excel-based report tool with challenging user interface and difficulty comparing counties' performances, the new BH Data Dashboard provides easy-to-use data visualization geared for advocates, beneficiaries, family members, and stakeholders to assess county mental health plan performance. DHCS looks forward to iterating and updating the BH Data Dashboard to reflect additional behavioral care performance data, such as SUD utilization and performance data, including for children.

The Managed Care Performance Monitoring Dashboard quarterly reports provide non-SMHS utilization data in aggregate. Reported by managed care plans, this report provides updates on mild-to-moderate mental health visits by sex, age, and ethnicity.

Member updates:

6. *Netherland*: There are income eligible children who need hearing aids, but are excluded because they have partial coverage. I know DHCS made huge steps forward with coverage of hearing aids, but want to ask what will happen to kids who don't have that full coverage but still need hearing aids?

DHCS Follow-Up:

The Hearing Aid Coverage for Children Program's (HACCP) current eligibility criteria allow enrollment for children with no other health coverage, as well as those who have other health coverage that excludes hearing aids. Families of children with other health coverage for hearing aids may use their existing coverage and may have an out-of-pocket expense for the services and devices. Depending on their income and the cost of medically necessary services, some children may be eligible for CCS. If an applicant is ineligible for HACCP due to their other health coverage, HACCP sends a response letter that includes referral information for additional resources, including the Single Streamlined Application shared by DHCS (which administers both Medi-Cal and CCS) and Covered California.

Additionally, Medi-Cal allows eligible children to enroll, regardless of other health

coverage. For children enrolled in both Medi-Cal and other (usually private) health coverage, Medi-Cal is the payer of last resort.

7. *Ellen Beck, MD:* As we expand coverage for everyone, regardless of immigration status, groups that need attention are asylum-seekers or people who are at various stages of approval related to asylum. What is DHCS' intention toward full Medi-Cal coverage for that group?

   DHCS Follow-Up:

   Eligible individuals who are seeking asylum are included in the upcoming expansion of coverage to all Californians and so they would receive full scope Medi-Cal. Until coverage for all is in place in 2024, current Medi-Cal rules apply. Under current rules, people between 26 and 49 years of age who have a pending application for asylum, and have work authorization, are eligible for full Medi-Cal coverage if they are pregnant. And, asylum seekers who are victims of trafficking or other crimes can get full Medi-Cal coverage under the Trafficking and Crime Victims Assistance program, if otherwise eligible. Asylum seekers who are under 26 or 50 years of age and older are today eligible for state-funded full scope Medi-Cal.