

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

July 14, 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).

# Director's Update

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands of purple and lavender colors that span the width of the page below the main title.

# COVID-19 Public Health Emergency (PHE) Operational Unwinding Plan

- » On May 17, 2022, DHCS released the [Medi-Cal COVID-19 PHE Operational Unwinding Plan](#). The two primary purposes of this document are to:
  - 1) Describe DHCS' approach to unwinding or making permanent temporary flexibilities implemented across the Medi-Cal program during the PHE.
  - 2) Describe DHCS' approach to resuming normal Medi-Cal eligibility operations following the end of the PHE.
  
- » The PHE is currently set to expire on July 15, 2022, and the U.S. Department of Health and Human Services (HHS) has committed to providing at least a 60-day notice prior to the official end date. As HHS has not yet provided such notice, DHCS expects the PHE to be extended for at least one additional period.

# COVID-19 PHE Operational Unwinding Plan

- » On May 23, the Centers for Medicare & Medicaid Services (CMS) launched a beneficiary-facing webpage that focuses on connecting Medicaid beneficiaries to their state Medicaid agency to update their contact information and to prepare to renew their eligibility for coverage. CMS added a “Prepare Now” button on their [landing page](#), which automatically directs beneficiaries to a new “Renew Your Medicaid and CHIP” coverage page.
- » Also on May 23, DHCS launched its own [beneficiary-facing page \(“Keep Your Medi-Cal”\)](#). DHCS’ webpage includes helpful information for Medi-Cal beneficiaries, including county contact information and links to [Covered California](#), [BenefitsCal](#), and [MyBenefitsCalWIN](#) so beneficiaries can ensure their account has current contact information.

# DHCS Coverage Ambassadors

- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for 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 Coverage Ambassadors (Continued)

- » **Phase One: Encourage Beneficiaries to Update Contact Information.**
  - » **Already launched.**
  - » Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - » Flyers in provider/clinic offices, social media, call scripts, and 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 to update contact information with their county office if they have not already done so.

# **Sunset of Child Health and Disability Prevention (CHDP) Program**





# Purpose and Timeline

The sunset of the CHDP Program aligns with DHCS' goal under CalAIM to reduce administrative complexities, enhance coordination of care and the whole person care approach, and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under Medi-Cal managed care plans (MCPs).

- » DHCS will sunset the CHDP Program, effective July 1, 2024, contingent upon DHCS certification of activities required by the authorizing statute.
- » The CHDP sunset preserves:
  - » Presumptive eligibility enrollment activities currently offered through the CHDP Gateway.
  - » Activities under the CHDP-Childhood Lead Poisoning Prevention Program (CLPP).
  - » The Health Care Program for Children in Foster Care (HCPCFC).
- » DHCS will launch the Children's Presumptive Eligibility Program to replace the CHDP Gateway. It will increase the number of presumptive eligibility providers for children to include all Medi-Cal providers.
- » Effective January 1, 2023, the majority of children and youth under age 21 will be enrolled in a Medi-Cal MCP to receive all medically necessary services.

# Stakeholder Engagement Process

- » Before the sunset of the CHDP Program, DHCS must conduct a stakeholder engagement process.
- » The process will inform DHCS in the development and implementation of a transition plan and defined milestones to guide the transition of CHDP to other existing Medi-Cal delivery systems or services.
- » DHCS will strive to ensure the stakeholder engagement process reflects participation from the various regions throughout the state, including large urban and rural jurisdictions.
- » DHCS will launch the stakeholder engagement process by convening the first meeting no later than October 1, 2022.

# Intended Outcomes

- » DHCS will facilitate the transition of the following current CHDP activities and responsibilities into existing Medi-Cal systems:
  - » Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits
  - » Coordination of care, including dental and behavioral health services
  - » Presumptive eligibility
  - » Provider oversight and training
  - » CHDP-CLPP program activities
- » Additionally, DHCS will redirect a part of the CHDP budget allocation to fund the administrative and services costs of the HCPCFC and the retention of existing local CHDP positions through the exploration of new partnerships and roles and/or through bolstering existing programs that can leverage CHDP expertise (e.g., the California Children's Services (CCS) program)

# **Doula Services as a Medi-Cal Benefit**

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

# Doula Services

- » Available starting 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.
- » Doulas offer various types of support, including perinatal and labor support and guidance; health navigation; evidence-based education, including development of a birth plan; and linkages to community-based resources.

# Doula Services Continued

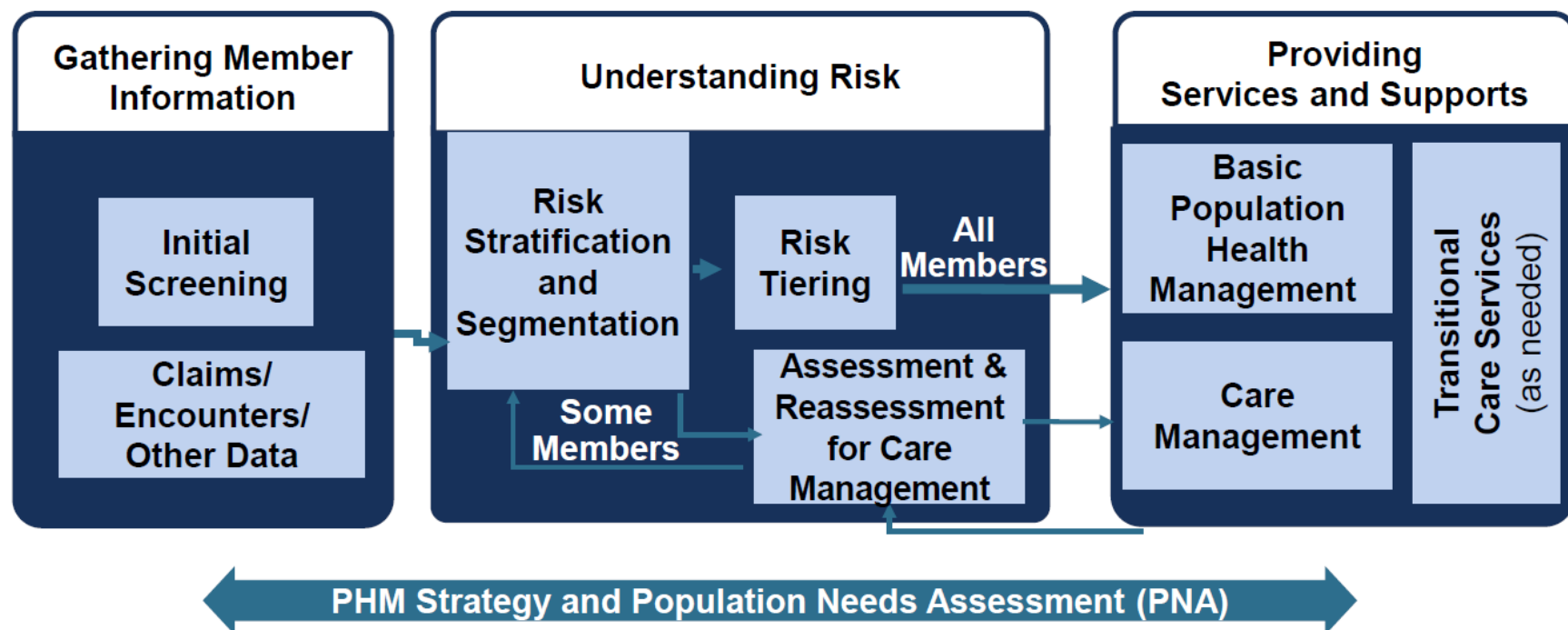
- » Doula services encompass health education, advocacy, and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period.
  - » Includes coverage during miscarriage and abortion.
- » Benefit covers one extended initial visit, labor and delivery, and eight additional visits (throughout the prenatal and/or postpartum periods).

# **CalAIM Population Health Management (PHM) for Children and Youth**



# PHM Framework

- » In January 2023, DHCS will launch the PHM Program, a cornerstone of CalAIM. The PHM Program seeks to establish a cohesive, statewide approach to all populations that brings together and expands upon many existing population health strategies.



- » Under PHM, **Medi-Cal Managed Care (MCMC) plans and their networks** and partners will be **responsive to individual member needs within the communities** they serve, while also working **within this common framework and set of expectations**.



# Providing Services and Supports: BPHM

**In 2023, MCMC plans are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas:**

- » **Basic Population Health Management (BPHM).** BPHM is the array of programs and services for **all** MCMC plan members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.
- » **Care Management Services.** These are services for MCMC members who qualify as a result of their risk status and/or as a result of an assessment for care management services.
- » **Transitional Care Services.** These services are available for all MCMC members transferring from one setting or level of care to another.

**BPHM is offered to all members** and provided in a manner to address member needs and preferences and address health disparities.

BPHM replaces DHCS' previous concept of "Basic Case Management."

# Providing Services and Supports: Care Management

In 2023, MCMC plans are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas:

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

» **Care Management Services.** These are services for MCMC members who qualify as a result of their risk status and/or as a result of an assessment for care management services.

» **Transitional Care Services.** These services are available for all MCMC members transferring from one setting or level of care to another.

**Care Management Services includes two types of specialized care management:**

- 1. Complex Care Management (CCM)** is for members at higher- and medium-rising risk.
- 2. Enhanced Care Management (ECM)** is for the highest-need members.

# Providing Services and Supports: Care Management (Continued)

For children and youth enrolled in Medi-Cal, CCM and ECM must include EPSDT care coordination.

Care Management	Description	Eligible Members	Go Live
<b>CCM</b>	Service that meets health and social needs through ongoing chronic care coordination, interventions for episodic, temporary needs, and disease-specific management interventions.	Higher or medium-rising risk.	<i>Already Required in MCMC Plan Contract</i>
<b>ECM</b>	New statewide benefit in MCMC that addresses clinical and non-clinical needs of Medi-Cal's highest need members through intensive coordination of health and health related services.	Highest risk children up to age 21 who are: <ol style="list-style-type: none"> <li>1. Experiencing homelessness.</li> <li>2. With serious behavioral health or substance use disorder needs.</li> <li>3. Enrolled in California Children's Services (CCS) / Whole Child Model with additional needs beyond their CCS condition.</li> <li>4. Involved in child welfare (up to age 26).</li> </ol>	July 1, 2023

# Providing Services & Supports: Transitional Care

**In 2023, MCMC plans are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas:**

- » **Basic Population Health Management (BPHM).** BPHM is the array of programs and services for **all** MCMC plan members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.
- » **Care Management Services.** These are services for MCMC members who qualify as a result of their risk status and/or as a result of an assessment for care management services.
- » **Transitional Care Services.** These services are available for all MCMC members transferring from one setting or level of care to another.

MCMC plans have long been required to provide transitional care coordination to all members undergoing a transition.

**Starting in 2023, MCMC plans will be required to meet strengthened transition of care requirements for all members,** ensuring members are supported from discharge planning until they have been successfully connected to all needed services and supports.

# BPHM for Children and Youth

- » All children under age 21 enrolled in Medicaid are entitled under federal law to **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**, which requires that children receive all screening, preventive, and medically necessary diagnostic and treatment services, **regardless of whether the service is included in the Medicaid State Plan.**
- » Going forward, **BPHM will be the Medi-Cal vehicle through which EPSDT care coordination, wellness, and prevention are delivered to children in California,** and through which **DHCS will measure and monitor adherence to requirements.**

# BPHM for Children and Youth (Continued)

- » Both today and in the future, the operation of EPSDT means that MCMC plans must:
  - » Ensure all members under 21 receive an Initial Health Assessment within 120 calendar days of enrollment or within the [American Academy of Pediatrics \(AAP\) Bright Futures periodicity timeline](#) for children ages 18 months and younger, whichever is sooner.
  - » Provide preventive health visits, including age-specific screenings, assessments, and services, at intervals consistent with the AAP Bright Futures periodicity schedule, and immunizations specified by the Advisory Committee on Immunization Practices childhood immunization schedule.
  - » Provide all medically necessary services, including those that are not necessarily covered for adults, as long as they could be Medicaid-covered services.
  - » Coordinate health and social services for children between settings of care and across other MCMC plans and delivery systems. Specifically, MCMC plans must assist children and their families in accessing medically necessary physical, behavioral, and dental health services, as well as social and educational services.
  - » Actively and systematically promote EPSDT screenings and preventive services to children and families.

# BPHM for Children and Youth (Continued)

## BPHM at Individual Member Level



- » Ensure that all members under 21 receive the full scope of EPSDT.
- » If children are enrolled in ECM or CCM, all the requirements of BPHM and EPSDT continue to apply.

## BPHM at Community Level



- » Identify gaps in care and social needs and allocate resources where they are most needed to improve services.

### Accountability Mechanisms

- » **Starting in 2023**, MCMC plans will be required to review the utilization of children's preventive health visits and developmental screenings and outline their strategies for improving access as part of their annual PHM strategy; for plans that do not meet these standards, new financial sanctions and current use of corrective action plans will be imposed.
- » **Starting in 2024**, MCMC plans will be required to: (1) ensure that providers receive EPSDT training every two years; and (2) enter into memorandums of understanding with every Local Education Agency in each county.

# Questions?

- » [Population Health Management DHCS Webpage](#)
- » [ECM and Community Supports DHCS Webpage](#)
- » [Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](#) (March 2022)



# Specialty Mental Health Services (SMHS) Update

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the main title.

# Access Assurances for Beneficiaries Under Age 21

- » For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code.
  - » Services do not need to be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus medically necessary and covered as EPSDT services.
- » Covered SMHS shall be provided to enrolled beneficiaries who meet **either of the following** criteria (referred to as Criteria 1 and Criteria 2 in the following slides).

# Criteria 1 for Beneficiaries Under Age 21

- » The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS\*, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness. **OR**

\*The [Pediatric ACES and Related Life-Events Screener \(PEARLS\) tool](#) is one example of a standard way of measuring trauma for children and adolescents through age 19. The [ACE Questionnaire](#) is one example of a standard way of measuring trauma for adults beginning at age 18. DHCS will explore the approval process and standards for trauma screening tools for beneficiaries under 21 years of age through continued stakeholder engagement. Mental health plans are not required to implement the tool until DHCS issues additional guidance regarding approved trauma screening tool(s) for the purposes of SMHS access criteria.

# Criteria 2 for Beneficiaries Under Age 21

The beneficiary meets **both** of the following requirements:

- » The beneficiary has **at least one** of the following:
  - » A significant impairment; **AND/OR**
  - » A reasonable probability of significant deterioration in an important area of life functioning; **AND/OR**
  - » A reasonable probability of not progressing developmentally as appropriate; **AND/OR**
  - » A need for SMHS, regardless of presence of impairment, that is not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

## **AND**

- » The beneficiary's condition as described above is due to **one of the following**:
  - » A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; **OR**
  - » A suspected mental health disorder that has not yet been diagnosed; **AND/OR**
  - » Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

## **What is the aim of the No Wrong Door (NWD) for Mental Health Services Policy?**

- » To ensure beneficiaries receive timely mental health services without delay, regardless of where they initially seek care.
- » To ensure beneficiaries can maintain treatment relationships with trusted providers without interruption.

# How did DHCS develop the NWD policy?



## Workgroups

In 2019-2020, CalAIM stakeholder workgroups demonstrated the need to ensure beneficiaries have streamlined access to services and treatment.



## CalAIM Proposal

[CalAIM proposal](#) released for public comment in January 2021.

[CalAIM Section 1115 Amendment](#) submitted in June 2021.

[AB 133](#) chaptered in July 2021.



## NWD Public Comment

Draft policy released in January 2022.

DHCS reviewed and integrated stakeholder feedback.



## Final Policy

Released in March 2022 via [BHIN 22-011](#) and [APL 22-005](#).

# Behavioral Health Continuum Infrastructure Program (BHCIP) Overview

- » Passed in FY 2021-22 state budget.
- » \$2.2B total; rolling out Request for Applications in six rounds.
- » Amends [Welfare and Institutions Code](#).
- » Provides competitive grants for counties, Tribal entities, nonprofit, and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities.
- » Funding will be **only** for new or expanding infrastructure (brick and mortar) projects and not BH services.

# BHCIP Rounds 1, 2, and 3 Awards

- » Round 1: Mobile Crisis (County and Tribal Entities)
  - » Through Rounds 1A and 1B, DHCS awarded \$157.7 million to 51 entities to fund 237 new or enhanced mobile crisis teams.
- » Round 2: Planning Grants (County and Tribal Entities)
  - » Through Rounds 2A and 2B, DHCS awarded a combined total of \$7.4 million to 51 applicants, 19 of which are Tribal entities to plan for expansion of BH infrastructure.
- » Round 3: Launch Ready (County, Tribal, Nonprofit, For-Profit)
  - » Through Round 3 Part 1, DHCS awarded 46 applicants \$518.5 million. Due to the overwhelming response, Part 2 applications were not accepted.



# Round 4: Children and Youth

- » The Request for Applications was released on June 1, 2022.
- » Applications are due for submission by August 31:  
<https://www.infrastructure.buildingcalhhs.com/grantees/cy/>.
- » Round 4 authorizes \$480.5 million in funding opportunities through competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets for children and youth.
- » The target population for this round of funding is children and youth ages 25 and younger. Applicants must demonstrate that facility expansion will only be for this population.

# Round 4 Eligible Facility Types

- » Community Mental Health Clinics
- » Community Wellness/Prevention Centers
- » Crisis Stabilization Units
- » Outpatient Treatment for Substance Use Disorders (SUD)
- » Partial Hospitalization Programs (Mental Health and SUD)
- » School-Linked Health Centers
- » Psychiatric Health Facilities
- » Adolescent Residential Treatment Facilities for Youth with SUD
- » Children's Crisis Residential Programs
- » Community Treatment Facilities
- » Perinatal Residential SUD Facilities
- » Psychiatric Acute Care Hospitals
- » Short-term Residential Therapeutic Programs

# Questions?

- » For questions or comments, email DHCS: [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov).
- » For more information about BHCIP, visit:  
<https://www.infrastructure.buildingcalhhs.com/>

**Break for Lunch – 30 Minutes**



# Children and Youth Behavioral Health Initiative Update

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the title.

# Overview of the Children and Youth Behavioral Health Initiative (CYBHI)

- » The goal of the **CYBHI is to address the behavioral health (BH) challenges** facing children and youth **by reimagining the systems that support behavioral health and wellness for children, youth, and their families.**
- » The initiative will take a **whole system approach** by creating **cross-system partnerships** – involving Tribal partners and stakeholders from the various systems that support children and youth BH– to ensure that **the reimagined system is children and youth centered and equity focused.**

# CYBHI Stakeholder Engagement Overview

## » **Engagement To-Date:**

- » **50+** stakeholder engagement sessions (e.g., interviews, listening sessions, think tanks, conference presentations).
- » **500+** total educational partners and stakeholders engaged.

## » **Example Organizations Engaged** (*non-exhaustive*)

- » K-12 Schools
- » Institutions of Higher Education
- » County BH Departments
- » County Offices of Education
- » Academic and Clinical Experts
- » Health Plans
- » BH Providers

## » **Focus Moving Forward**

- » Continue gathering stakeholder input (e.g., Tribal entities, children, youth, and families).
- » Pressure test emerging ideas for CYBHI, as well as implementation considerations.

# Children, Youth & Family (CYF) Engagement Efforts

## » Overview

- » Build connections with CYF organizations in California to:
  - » Understand the various **organizational objectives**.
  - » Discuss **potential opportunities** to partner.
  - » **Collect insights** from stakeholders on current state needs, gaps, and priorities.

## » CYF Engagement Goals

- » DHCS, in collaboration with CalHHS and other departments, meet with CYF organizations to:
  - » Keep CYF stakeholders **informed** about CYBHI.
  - » **Gather inputs** on priorities at the current planning and development phases to jointly co-design the workstreams and scope of work.
  - » Propose **focus group** engagements strategies for diverse set of youth and parents.
  - » Identify youth and parents to participate in **co-designing** workshops via other stakeholder engagement strategies.



# Workstream: BH Virtual Services and E-Consult Platform

## » Workstream Overview

- » Build and drive adoption of the BH Virtual Services Platform for all children, youth, and families in California.
- » Support delivery of equitable, appropriate, and timely BH services from prevention to treatment to recovery.
- » Provide an e-Consult platform for pediatric and primary care providers to e-Consult with BH providers.

## » Potential Users

- » Children and youth
- » Parents and caregivers
- » Educators
- » Pediatricians and primary care physicians (e-Consult)

## » Key Milestones

- » Solicitation of services: **Q4, 2022**
- » User engagement sessions: **Timeline TBD**
- » Platform launch: **January 1, 2024**

# BH Virtual Services Platform Stakeholder Engagement

- » **5** Think Tanks completed between April and June.
- » **50+** total stakeholders engaged to date through Think Tanks and other interviews.
- » **100+** suggestions for the design, build, and implementation of the BH Virtual Services Platform.
- » Highlights:
  - » “Adoption and use of the platform could be largely driven by user’s trust in the privacy and anonymity of virtual services”.
  - » “User design could be tailored for different age groups within the 0–25-year-old target audience”.
  - » “The platform could both fill gaps in and enable access to parts of the current BH care delivery system”.
  - » “Leveraging existing platforms, such as CalHOPE, may accelerate implementation and adoption”.

# CYBHI BH Virtual Services Platform - High-Level Goals

- » **Reduce disparities in BH equity by delivering tailored solutions** to historically underrepresented groups (e.g., Black, Indigenous, and people of color (BIPOC)) and populations with a higher risk of BH challenges (e.g., LGBTQ+).
- » **Prevent the development of mental health (MH) and substance use disorder (SUD) issues early** by deploying self-service tools to increase the awareness and adoption of behaviors that support healthy emotional and social well-being.
- » **Fill a gap in the pre-acute delivery system** by providing free, easy-to-access, on-demand, user-guided, and confidential virtual support.
- » **Enable long-term, sustainable outcomes** by connecting youth with appropriate and trusted off-platform resources (e.g., health plans, county BH, school-linked counselors, CBOs).

# BH Virtual Services Platform - Leveraging CalHOPE

- » CalHOPE provides various capabilities that could be tailored to children and youth:
  - » 'Together for Wellness' provides informational material, including **some child and youth specific resources.**
  - » 'CalHOPE Warmline', 'CalConnect', and 'Redline' provide select **peer resources and culturally-based community support.**
  - » **UCLA, in partnership with CalConnect,** performed a select number of user assessments.
  - » 'CalHOPE Warmline', 'CalConnect', and 'Redline' provide select **live peer sessions.**
  - » CalHOPE includes **links to community resources** to help navigate off-platform services.

# Statewide All-Payer Fee Schedule and BH Provider Network

- » Workstream Objective:
  - » By January 1, 2024, DHCS, in collaboration with the DMHC, will develop and maintain:
    - » A school-linked statewide fee schedule for outpatient MH and SUD services provided to a student, 25 years of age or younger, at or near a school-site.
    - » A school-linked statewide provider network at or near school-site BH counselors.
- » Workstream Timeline and Milestones:
  - » **2022**
    - » Stakeholder engagement
    - » Define scope of services/benefit for fee schedule
  - » **2023**
    - » Develop fee schedule
  - » **2024**
    - » Implement fee schedule
- » Payer Responsibilities
  - » Medi-Cal delivery system AND commercial health plans are required to reimburse providers for the predefined services in the fee schedule when provided to a student, 25 years of age or younger, at or near a school-site.

# School-linked capacity and infrastructure grants

## » Workstream Overview

- » Provides direct grants to support new services to individuals 25 years of age and younger from schools, providers in school, school-affiliated CBOs, or school-based health centers.
- » Will support statewide school-linked fee schedule and behavioral health network of providers.
- » 2021 Budget Act includes \$550,000,000 over two years.
  - » \$400,000,000 allocated to pre-school through 12th grade.
  - » \$150,000,000 allocated to institutions of higher education.

## » Potential Recipients

- » Local Educational Agencies
- » Institutions of higher education
- » Childcare & preschools
- » Health plans
- » CBOs
- » BH providers
- » County BH
- » Tribal entities

# School-linked Capacity and Infrastructure Grants/ Statewide Fee Schedule and Provider Network for School-Linked Services

## Key Activities



Conduct **expert interviews and research** to collect common practices.

Conduct **listening tours with educational partners, other stakeholders, and youth** to understand current landscape of school-based BH services and gaps.

**Draft preliminary grants** for select early initiatives to share for public comment and refinement.

Conduct **roundtables to pressure test** and refine preliminary grants.

**Open grant applications** for select early initiatives.

## Preliminary Timing



Q1 2022

Q2 2022

Q2 – Q3 2022

Q3 2022

Q4 2022 – Q1 2023

# Scale up of Evidence-based Practices (EBPs) and Community-Defined Practices (CDPs)

- » Workstream Overview
  - » With input from stakeholders and Tribal partners, DHCS will select a limited number of EBPs and CDPs to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability.
  - » 2021 Budget Act includes \$429,000,000 in FY 2022-2023.
  - » DHCS will enter into an Interagency Agreement with Mental Health Services Oversight & Accountability Commission (MHSOAC); 10 percent of total funds earmarked for MHSOAC.
- » Potential Recipients
  - » Tribal Entities
  - » Managed Care Plans
  - » Commercial Health Plans
  - » CBOs
  - » BH Providers
  - » County BH
- » Key Milestones
  - » Preliminary scope of granting program defined by **fall 2022**
  - » Grants open on **December 1, 2022**



# EBP / CDP Stakeholder Engagement

- » **3** Think Tank sessions completed between April and June.
- » **30** Think Tank members, **35** workgroup members.
- » **50+** Potential EBPs / CDPs generated by stakeholders for consideration
- » Highlights
  - » “Interest in prioritizing BH continuum of care (in terms of early intervention; BH promotion; prevention; outpatient; resiliency and recovery) for potential interventions”.
  - » “Important for workstreams to focus on driving individual health and access outcomes, in addition to outcomes-related community and caregiver empowerment and engagement”.
  - » “Valuable for potential grant topic areas to focus on improving equity and reducing health disparities”.

# Workstream goals

- » The goal for the EBP & CDP workstream is to select an **appropriate set of practices to scale with the allocated funding by the end of the year.**
- » The aim is to be **solution-oriented** and **aligned with our guiding principles** as we select practices that are **within our span of control** and **can influence as a workstream, practices that are:**
  - » Able to have meaningful impact on outcomes for children and youth.
  - » Able to have demonstrated impact within the communities we want to reach, or can be adapted to do so.
  - » Scalable.
  - » Appropriate to scale.
  - » Able to be implemented with fidelity (e.g., support for codification, tech support).
  - » Sustainable.

# Questions?

- » For questions or comments, email DHCS: [CYBHI@dhcs.ca.gov](mailto:CYBHI@dhcs.ca.gov)
- » DHCS Children & Youth Behavioral Health Initiative [Webpage](#)
- » DHCS Student Behavioral Health Incentive Program [Webpage](#)
- » DHCS Behavioral Health Continuum Infrastructure Program [Webpage](#)
- » CalHOPE Student Support [Webpage](#)

# Medi-Cal Rx Updates

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the title.

# Reinstatement of Claim Edits and Prior Authorizations: Guiding Principles

- » Focus on commitments:
  - » Standardizing benefits through a single delivery system.
  - » Improving access through a broad pharmacy network.
  - » Applying statewide utilization management protocols.
  - » Strengthening California's ability to negotiate supplemental drug rebates.
- » Drive to program goals through partnership:
  - » Advocates
  - » Associations
  - » Pharmacies
  - » Prescribers
- » Stakeholder feedback is fundamental to the design and implementation of this plan.

# Reinstatement Planning

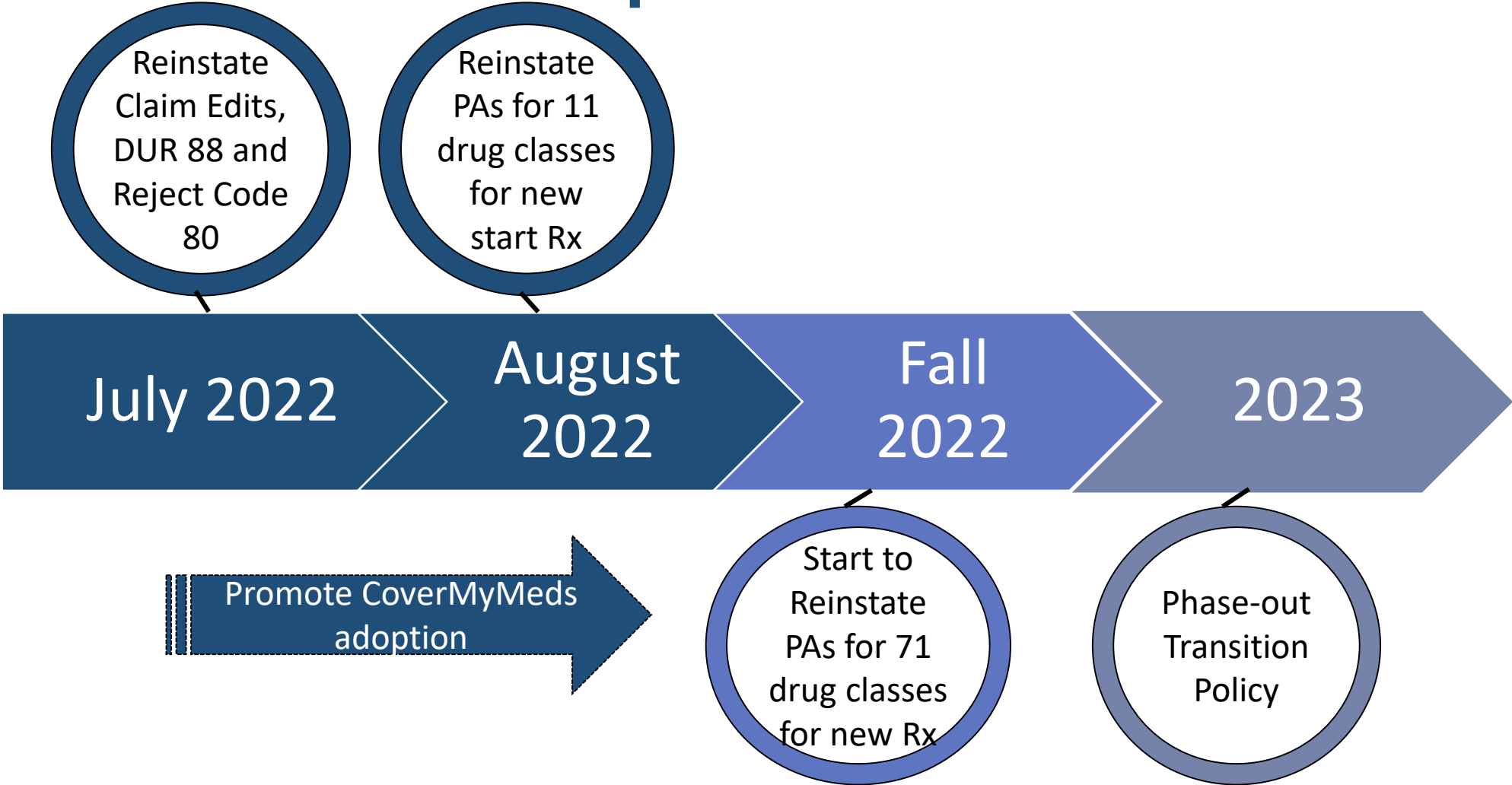
- » Phased, iterative approach informed by:
  - » Data
  - » Lessons learned
  - » Stakeholder feedback
  - » Learnings from each prior phase
- » Aligns with objectives to reduce disruption and ensure safe and timely delivery of pharmacy benefits.

# Phased Reinstatement

- » **Phase 1:** 30-day notice
  - » **Wave 1:** Reinstate Claim Edits, Drug Utilization Review (DUR) 88, and Reject Code 80
  - » **Wave 2:** Promote adoption of Cover My Meds (CMM)
  - » **Wave 3:** Reinstate Prior Authorizations (PAs) for 11 drug classes for new start\* prescriptions
- » **Phase 2:** 30-day notice
  - » **Three cyclical waves:** Reinstate PAs for 71 drug classes for new prescriptions
- » **Phase 3:** 90-day notice
  - » Phase-out Transition Policy
- » As appropriate, prescribers may transition beneficiaries from non-Contract Drugs List (CDL) to CDL products, reducing the need for PAs

\*New Start = the initiation of a new drug therapy for a beneficiary

# Reinstatement Roadmap



Before the end of Phase II, providers will be given 90-day notice regarding the phasing out of the Transition Policy.



# Special Populations Clinical Liaison (SPCL) Team

- » **Who:** Dedicated team of 20 Pharmacists and Certified Pharmacy Technicians with knowledge of CCS, the Genetically Handicapped Persons Program (GHPP), and BH.
- » **What:** Deliver support to providers, advocates, families, beneficiaries, and county staff.
- » **Why:** To address questions, resolve issues with PAs or claims, and ensure timely access to pharmacy benefit services with an understanding of the unique needs of the programs' beneficiaries and provider community.
- » **When:** Effective May 9, 2022, Monday through Friday from 8 a.m. to 8 p.m., excluding holidays and weekends.
- » **How:** SPCL is accessed via a dedicated line at the Call Service Center (Dial 1-800-977-2273, press 5).

# Member Updates and Follow Up

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 flow across the width of the slide, positioned below the main title and above the footer.

# 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, dark purple to a lighter, lavender hue. These bands create a sense of movement and depth across the bottom of the page.

# Upcoming Meeting and Next Steps



# Appendix – BH Update Slides

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, located below the main title and above the page number.

# Deep Dive on BPHM

**BPHM is the “connective tissue” of all health care for MCMC plan members – including children and youth. It aims to bridge the gaps among schools, public health, social service programs, primary care, and other services.**

## BPHM at Individual Member Level



Access to the right care at the right place and at the right time.

## BPHM at Community Level



Organization of resources to meet the population’s needs and achieve improved outcomes.

### Key Components of BPHM:

- » Access, utilization, and engagement with primary care.
- » Care coordination, navigation, and referrals across all health and social services, including Community Supports.
- » Wellness and prevention programs.
- » Programs addressing chronic disease.
- » Programs addressing maternal health outcomes.

# Updated Access Criteria for SMHS

- » The updated criteria for beneficiary access to SMHS was finalized in AB 133 as set forth in [W&I Code section 14184.402\(c\)](#) and [W&I Code section 14184.402\(d\)](#).
- » DHCS [Behavioral Health Information Notice 21-073](#) was published on December 10, 2021.
- » Updated SMHS access criteria became effective on January 1, 2022.

# Definitions: Involvement in Child Welfare

- » The beneficiary has an open child welfare services case; or the beneficiary is determined by a child welfare services agency to be at imminent risk of entering foster care, but able to safely remain in their home or kinship placement with the provision of services under a prevention plan; or the beneficiary is a child whose adoption or guardianship occurred through the child welfare system.
- » A child has an open child welfare services case if: a) the child is in foster care or in out-of-home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement.
- » A child can have involvement in child welfare whether the child remains in the home or is placed outside of the home.



# Definitions: Homelessness

- » The beneficiary meets the definition established in [section 11434a](#) of the federal [McKinney-Vento Homeless Assistance Act](#).
- » Specifically, this includes: (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and (B) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

# Definitions: Juvenile Justice Involvement

- » The beneficiary:
  - » has ever been detained or committed to a juvenile justice facility, **or**
  - » is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency.
- » Beneficiaries who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings, such as boot camps, ranches, and forestry/conservation camps, are included in the “juvenile justice involvement” definition.
- » Beneficiaries on probation, who have been released home or detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the “juvenile justice involvement” criteria.

# NWD Policy

- » Clinically appropriate and covered Non-SMHS (NSMHS) and SMHS services are covered and reimbursable Medi-Cal services even when:
  - » Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met;
  - » The beneficiary has a co-occurring mental health condition and SUD;
  - » Services are not included in an individual treatment plan\*; **OR**
  - » NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

*\*Applies to NSMHS per [APL 22-006](#); SMHS guidance described in Behavioral Health Documentation Reform [BHIN 22-019](#)*

# Appendix – CYBHI Slides

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

# Reimagining BH and Emotional Well-Being

- » **For ALL children, youth, and families in California** by delivering equitable, appropriate, timely, and accessible mental health and substance use disorder services and supports in an innovative and upstream oriented continuum of care from prevention to treatment to recovery

# Overview of CYBHI Workstreams - DHCS

- » BH Virtual Services Platform
  - » Community-Based Organization (CBO) Network (e.g., Indian Health CBOs and/or Urban Indian Organizations)
  - » Pediatric, Primary Care, and Other Health Care Providers
  - » e-Consult
- » Enhanced Medi-Cal Benefits – Dyadic Services
- » BH Continuum Infrastructure Program
- » Scaling Evidence-Based and Community-Defined Practices
- » Statewide All-Payer Fee Schedule for School-Linked BH Services (DHCS/DMHC)
- » Statewide BH School-Linked Provider Network
- » School-Linked Partnership and Capacity Grants
- » Student Behavioral Health Incentive Program (SBHIP)
- » CalHOPE Student Services

# Overview of CYBHI Workstreams – HCAI, CDPH, OSG

## HCAI

- » BH Coach Workforce
- » Broad BH Workforce Capacity

## CDPH

- » Public Education and Change Campaign

## OSG

- » ACEs Aware Campaign
- » Trauma-Informed Training for Educators

# CYF Example Organizations

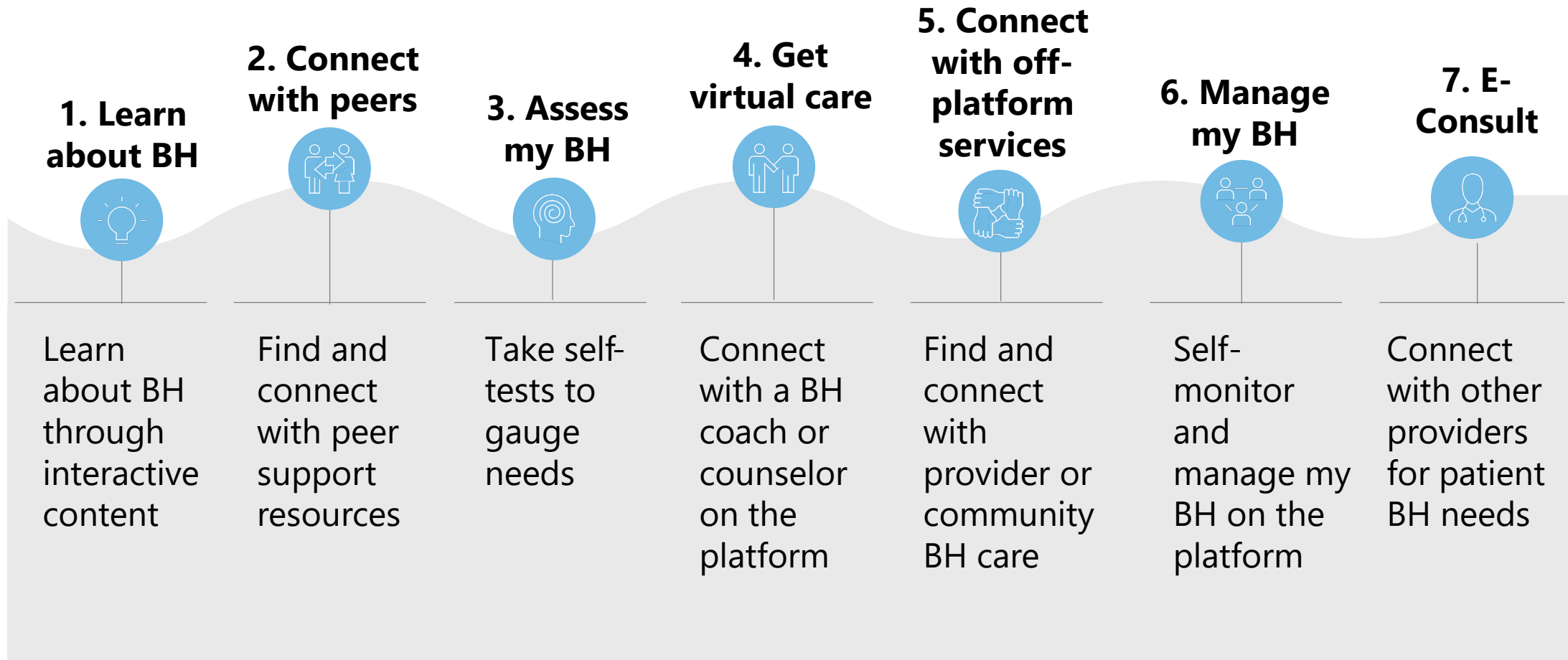
- » Parent Anonymous / Raising the Future
- » Yo! California, Youth Organization California
- » California Youth Empowerment Network (CAYEN)
- » Youth Forward
- » Foundation for California Community Colleges
- » Yo! Disabled and Proud
- » Parent Voices
- » First 5 Monterey



# Overview of BH Virtual Services and E-Consult Platform Think Tank

- » **Goal:** To convene stakeholders to provide input and information to guide DHCS' design and decision-making to determine capabilities offered on the BH Virtual Services and e-Consult Platform and factors to operationalize and drive adoption for the platform amongst children and youth.
- » **Who:** Experts from academia, providers, nonprofits and industry, as well as youth and relevant community members. Membership has been finalized
- » Schedule BH Virtual Services and e-Consult Platform Think Tank sessions:
  - » Session 1 – 5: Completed
  - » Session 6: Thursday , July 14, 10 a.m. – 4 p.m.
  - » Session 7: Thursday , July 28, 10 a.m. – 4 p.m.
  - » Session 8: TBD, September
- » Roster for the Think Tank is posted on [DHCS' CYBHI webpage](#).

# BH Virtual Services and E-Consult Platform Capabilities for Consideration



# Potential User Journeys – BH Virtual Services Platform

## 1 BH promotion & prevention

Empower me with **digital self-service tools** on the platform.  
*Information about and access to self-serve websites or mobile applications such as Headspace.*

## 2 BH literacy & support

Enable me to pursue **virtual live support through the platform.**

*Sessions with peers, coaches, and/or support specialists.*

## 3 Care navigation and referrals

Facilitate **warm hand-offs** to **off-platform providers** for me.

*Connection to BH care provider(s) based on needs.*

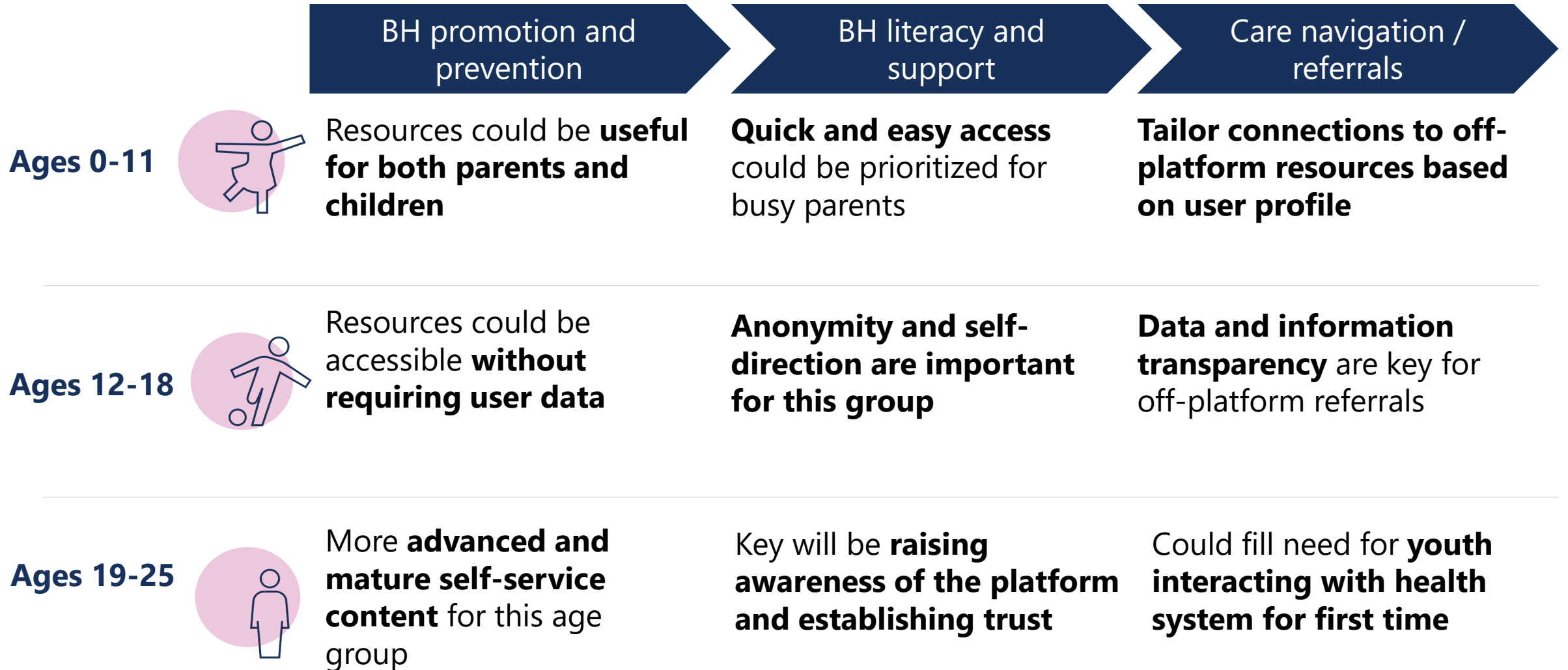
## 4 Crisis

Connect me with **emergency support** when I am in **danger** or in need of **immediate attention.**

## \* Learn

Help me **discover, navigate,** and **use the platform** to learn about BH and services.

# Components of the user journeys – select insights from Think Tanks



# Overview of EBP / CDP Think Tank

- » **Goal:** To convene stakeholders to provide input and information to guide DHCS program design and decision-making regarding the cataloguing, identifying, and scaling implementation of key EBPs and CDPs.
- » **Who:** Experts from academia, government, and industry, as well as youth and relevant community members. Membership has been finalized.

# Overview of EBP / CDP Stakeholder Workgroup

- » **Goal:** To support DHCS to refine their perspectives and hypotheses on potential EBPs/CDPs to scale based on criteria, such as robustness of the evidence base, impact on racial equity, and sustainability.
- » **Who:** Public representation from multiple stakeholder groups who meet virtually to provide feedback on the preliminary program scope.
- » Schedule of EBP / CDP Workgroup
  - » Session 3: Friday, July 29, 2-4 p.m.
- » Rosters for the Think Tank and workgroup are posted on DHCS' [CYBHI webpage](#).