



# Stakeholder Advisory Committee (SAC) Meeting

October 21, 2021

# Webinar Tips

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

# Director's Update

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# Managed Care Procurement Update

- » On October 8, DHCS announced that the release date of the Medi-Cal managed care plan (MCP) Request for Proposal (RFP) has been adjusted from the end of 2021 to February 2, 2022.
- » The additional time allows DHCS to continue to review and incorporate the input provided by stakeholders.
- » This change will not affect the implementation date of January 1, 2024.
- » Updates regarding the RFP schedule are posted on the [DHCS website](#).

# Managed Care County Plan Model Change Update

» DHCS has conditionally approved all 17 counties/6 MCPs that submitted a letter of intent.

■ **Conditional Approvals:**

■ **Single Plan Counties**

- Alameda County: Single Plan with Alameda Alliance
- Contra Costa County: Single Plan with Contra Costa Health Plan
- Imperial County: Single Plan with California Health and Wellness

■ **COHS with Central California Alliance for Health**

- Mariposa and San Benito counties

■ **COHS with Partnership HealthPlan**

- Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba counties

■ **Two-Plan with Health Plan of San Joaquin**

- Alpine and El Dorado counties

» Counties were required to submit the necessary county ordinance to DHCS by October 10.

» DHCS is currently reviewing the ordinances and in early November will post a final list of the counties approved to move forward with a county plan model change.

» Additional information is available at [County Plan Model Changes](#).

# **Update on Section 1115/1915(b) Waivers**

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# **Medi-Cal COVID-19 Vaccinations**

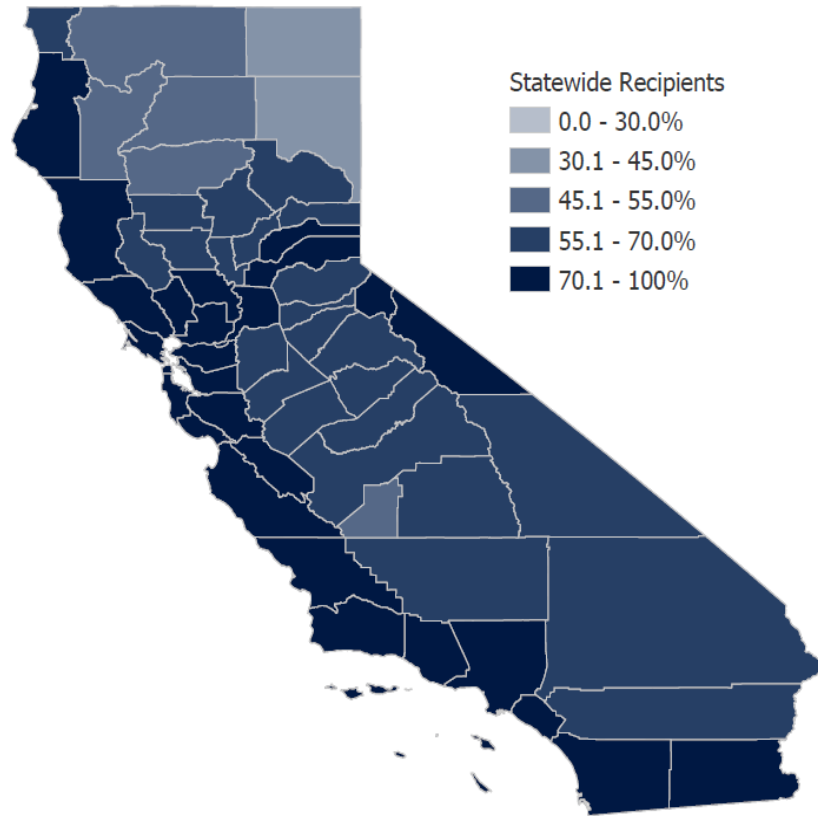
**(for beneficiaries 12 years of age and older)**

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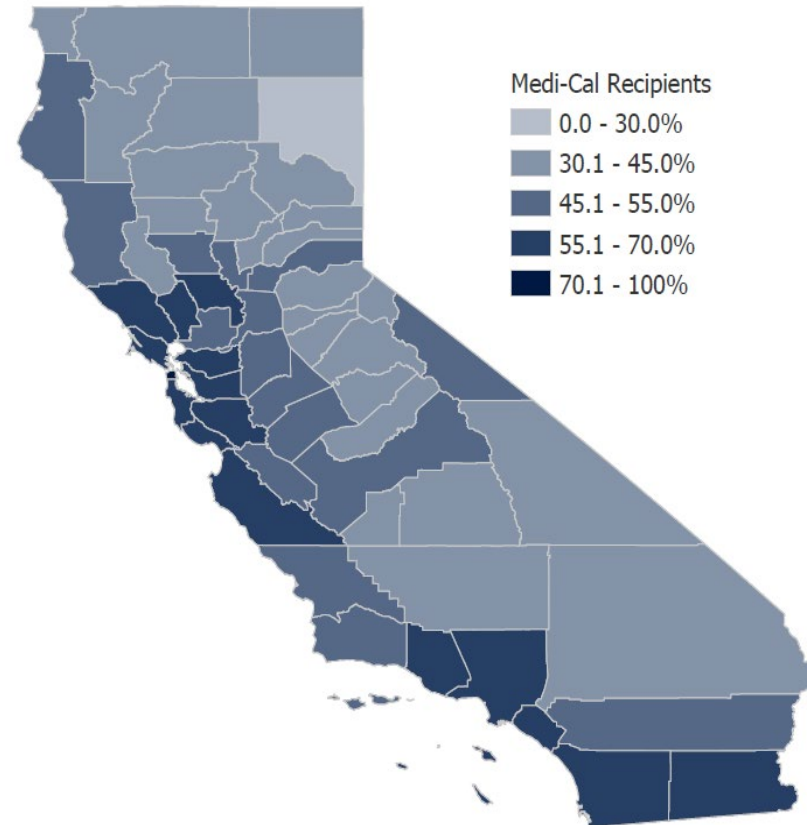
# Received at least one dose as of October 4, 2021

## Percentage of 12+ years old, by county

### All Californians



### Medi-Cal Beneficiaries



Note: Medi-Cal beneficiaries are a subset of all Californians

Data is updated biweekly on the DHCS [website](#).



# COVID Vaccine Incentive Program

- » Vaccine Response Plan (\$50 million): Submitted by MCPs to DHCS September 1, 2021.
- » Direct member incentives (\$100 million): Gift cards up to \$50 for members after vaccination.
- » Vaccine outcome achievement (\$200 million): MCP payments tied to three intermediate outcome and seven vaccine uptake measures.
- » Baseline vaccination rate as of August 29, 2021.
- » Outcomes evaluated as of:
  - » October 31, 2021
  - » January 2, 2022
  - » March 6, 2022

# Vaccine Response Plan Strategies

- » Partnerships with:
  - » Large-scale events of interest for specific communities (concerts, festivals, events in the park, sports, arts, etc.) for vaccine clinics.
  - » EMTs and home health agencies to vaccinate homebound members and caregivers.
- » Myths/facts campaigns to counter vaccine hesitancy and misinformation
  - » Utilize providers of color and other trusted community members to dispel misinformation.
  - » Develop scripts for front line office and health plan member services staff to address misconceptions about the vaccine.
- » Provider incentives to enroll in CalVax and for each COVID-19 vaccine given (including pharmacy providers).
- » Promote vaccine messaging through platforms frequented by a target population of 12-18 year olds (TikTok, Reddit, etc.).

# DHCS Plans for End of COVID-19 Public Health Emergency (PHE) – Member Eligibility

- » DHCS is collaborating with community partners to prepare for the conclusion of the federal COVID-19 PHE.
- » DHCS is releasing policy guidance to counties related to processing outstanding case work in two phases:
  - » Phase 1- Preparation activities during the COVID-19 PHE
  - » Phase 2- Resumption of operations after the COVID-19 PHE Ends
- » The Center for Medicare & Medicaid Services (CMS) issued guidance allowing states 12 months to process outstanding case work once the COVID-19 PHE ends, and requiring a redetermination of Medi-Cal eligibility based on current household information.
  - » Most Medi-Cal beneficiaries will be redetermined during scheduled annual renewals following the end of the COVID-19 PHE.

# DHCS Plans for End of COVID-19 PHE – Member Eligibility (cont.)

DHCS initiated several outreach strategies to obtain updated beneficiary information and keep beneficiaries informed about the COVID-19 PHE impacts on their Medi-Cal eligibility, including:

- » Created global outreach materials, including social media posts, website banners, sample flyer language, and phone scripts, to be used by other state departments, local county offices, Medi-Cal health plans, and community-based organizations to encourage beneficiaries to report changes.
  - » [MEDIL 21-21](#) published on 10/1/21
- » In late October, a beneficiary outreach letter and FAQs regarding counties resuming case processing will be sent.

# DHCS Initiatives

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# New Medi-Cal Benefits

July 2021

- Medication Therapy Management
- Remote Patient Monitoring

Jan 2022

- Continuous Glucose Monitoring
- Whole Genome Sequencing

July 2022

- BH Peers
- Community Health Workers
- Doula
- Dyadic Services

# Medi-Cal Eligibility Changes

July 2021

- Accelerated Enrollment

April 2022

- 12-month Postpartum Coverage Expansion

May 2022

- Expand Medi-Cal to Older Californians

July 2022

- Increase Medi-Cal Asset Amount

Jan. 2024

- Eliminate Medi-Cal Asset Test

# Financing Reforms or Incentives

## 2023 Payment Reforms

- Quality and Equity Measures in MCP Capitation Payment Methodology
- Behavioral Health
- Skilled Nursing Facilities
- Federally Qualified Health Centers

## Incentive Payments

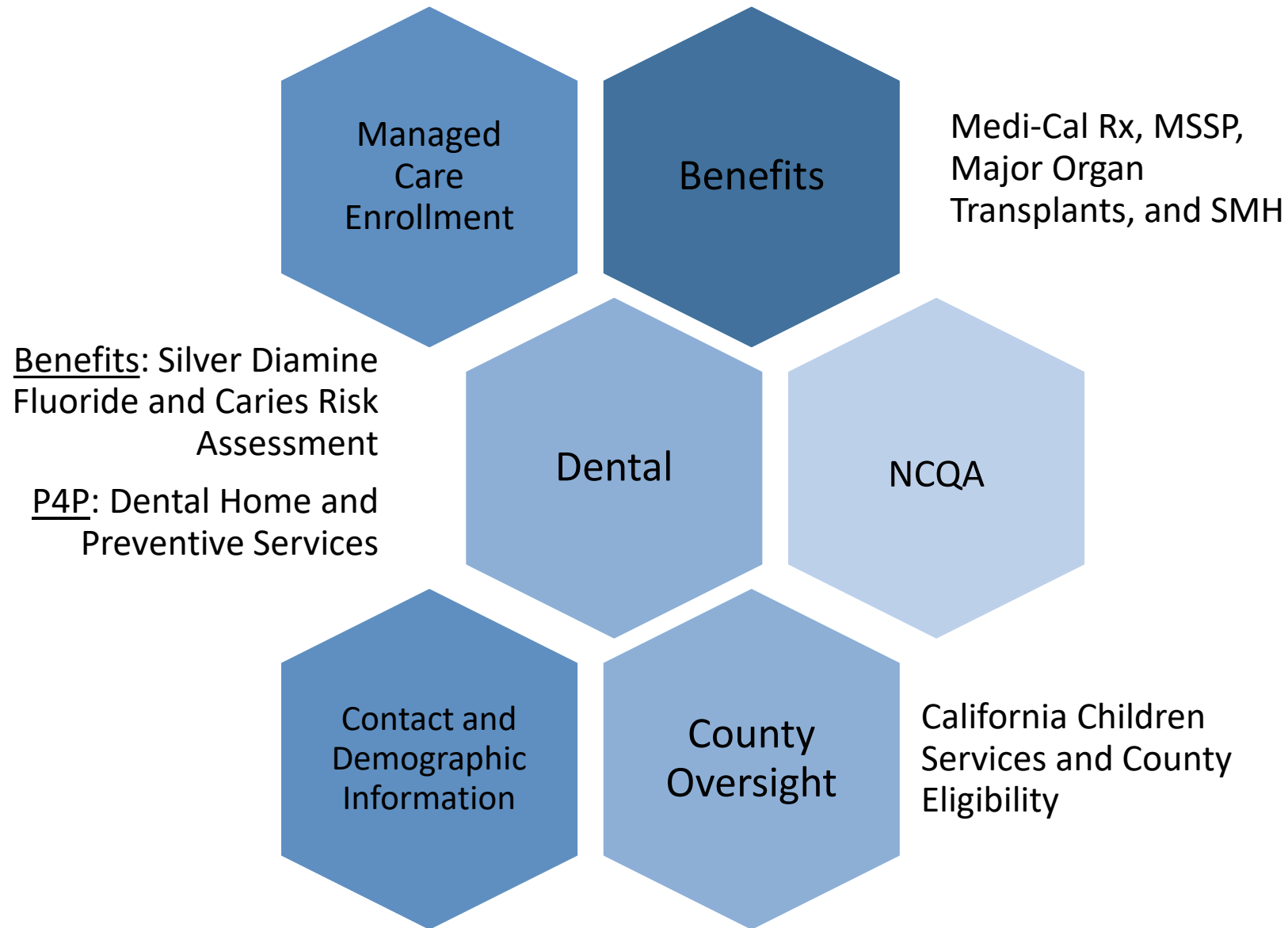
- CalAIM – Enhanced Care Management and Community Supports
- Housing and Homelessness
- COVID-19 Vaccine
- Behavioral Health in Schools

## Rate Changes

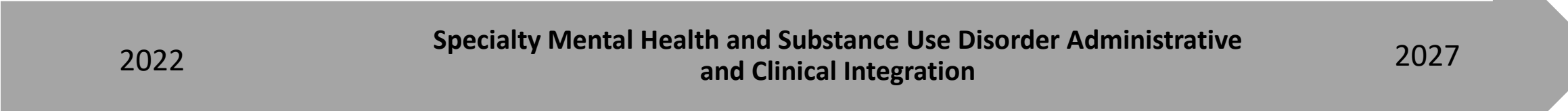
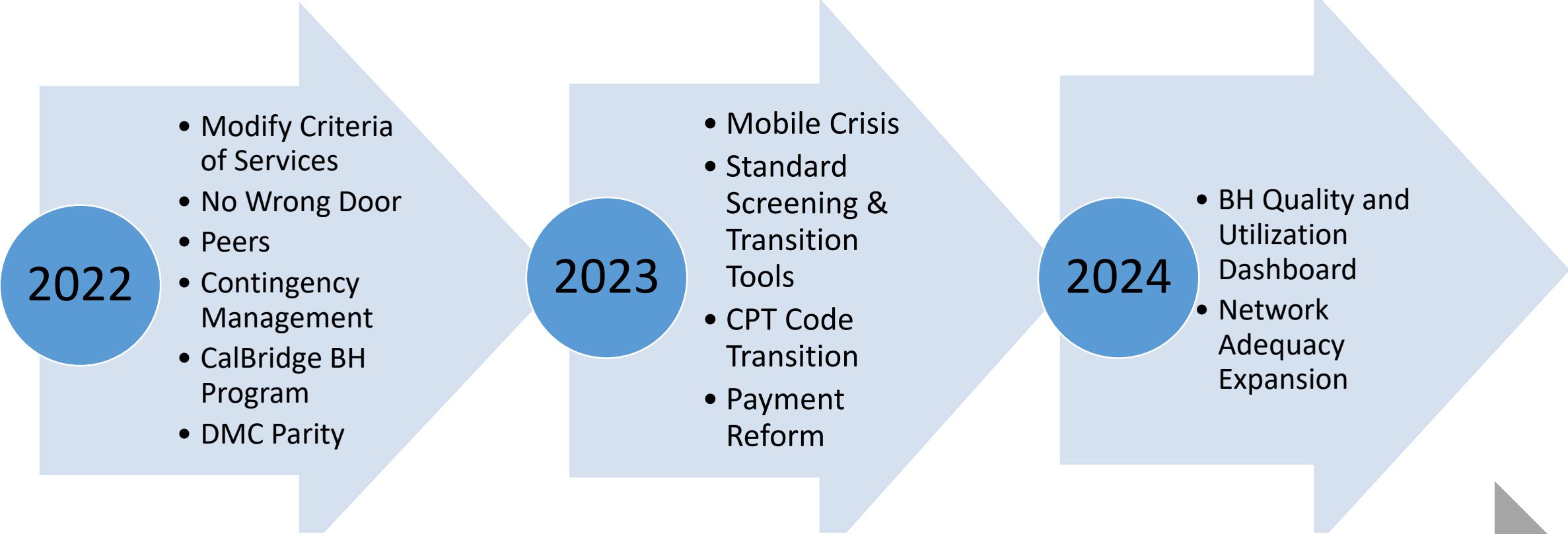
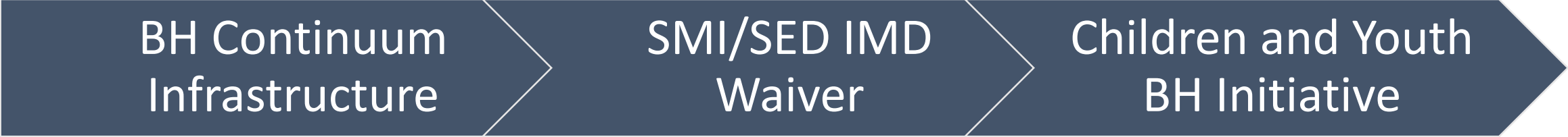
- Unfreeze Intermediate Care Facilities for the Developmentally Disabled and Free Standing Pediatric Subacute Rates
- Regional Capitation Rates



# Standardize and Simplify



# Behavioral Health



# Children and Youth BH Initiative

Build Statewide Infrastructure

2022

Stakeholder and BH Think Tank Engagement  
Medi-Cal Incentive Program to increase BH in Schools  
School Linked Capacity and Infrastructure Grants to Schools, Providers and CBOs  
BH Evidence -Based Program Grants  
BH Continuum Infrastructure  
BH Workforce Expansion

2023

Continue Stakeholder Engagement, Incentives, Infrastructure Grants, and Workforce Expansion  
Provider Training of Virtual Platform  
Public Awareness Campaign

Statewide Fee Schedule for BH Services in Schools

Statewide BH Network in Schools

2024

Launch Virtual Platform

eConsult

Statewide CBO Network

# School-Based Services

Local Educational Agency Billing  
Option Program and SB 75

School-Based Administrative  
Activities

Medical  
Therapy Units  
(CCS)

Standardize,  
Simplify, and  
Expand  
School-Based  
LEA Services  
and Billing

2022

School BH Incentive  
Program

2024

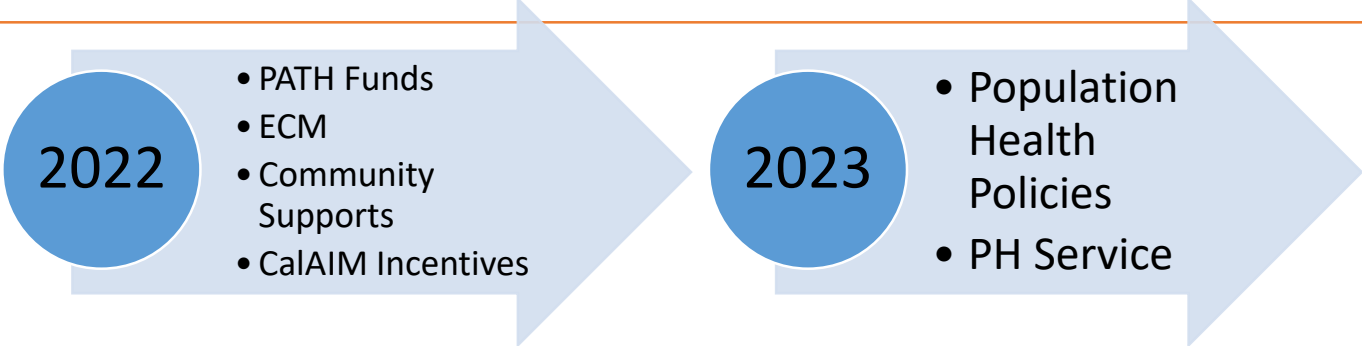
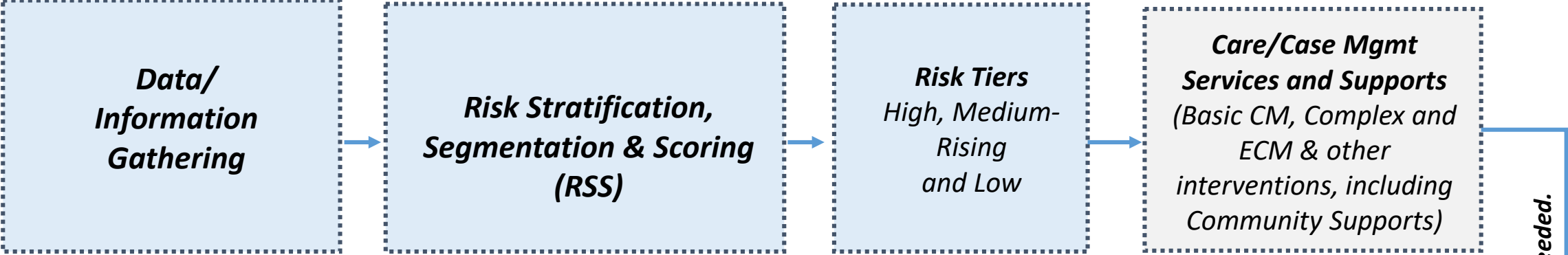
Children and Youth  
Behavioral Health  
Initiative

2024

Require all Medi-Cal  
MCPs provide Medi-  
Cal Services in Schools

Increase Access  
to Medi-Cal  
Services in  
Schools Paid by  
MCPs

# Population Health



# Justice Package

2022

- Justice Advisory Committee
- Providing Access and Transforming Health Supports (PATH) supports to help justice-involved initiatives' capacity building and prepare for implementation
- Access to recovery services for individuals, including for justice-involved populations

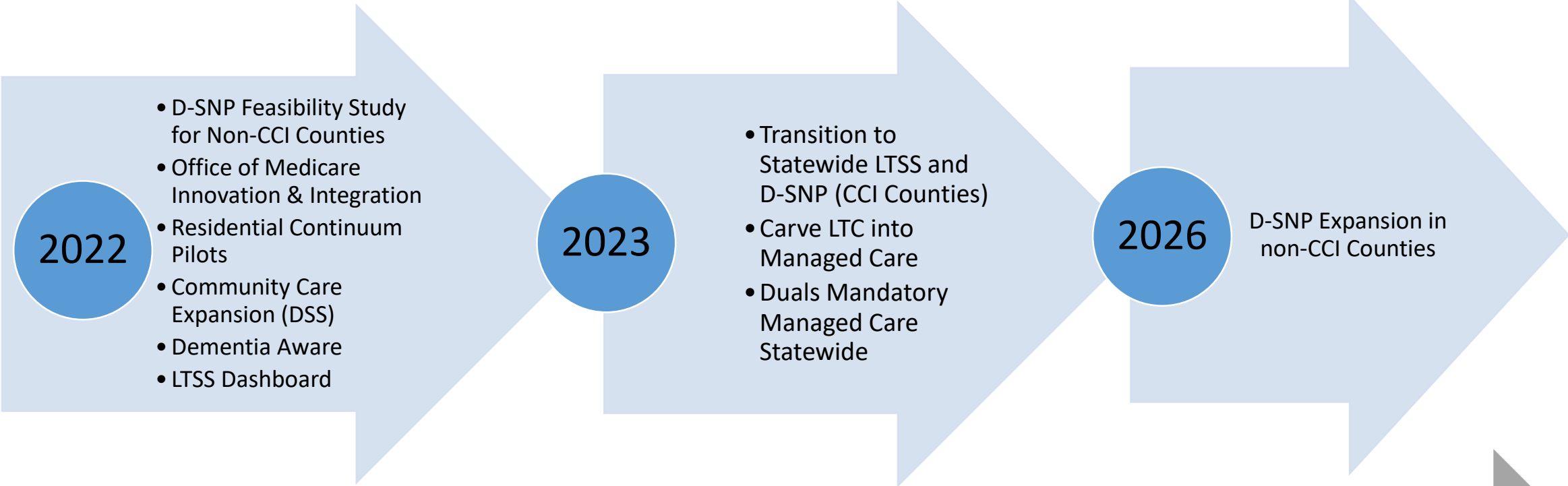
2023

- Mandatory Medi-Cal application process upon release from county jails and juvenile facilities
- Services for eligible justice-involved populations for 90 days pre-release
- Coordinated re-entry, including:
  - Behavioral health warm handoff to plans and counties
  - Enhanced Care Management (ECM) population of focus for coordinated re-entry
  - Community Supports (ILOS) (e.g., housing support, medically supportive foods) for justice involved upon re-entry

Upon System  
Readiness

- Enhancements for facilitating data sharing, including for justice-involved populations
- Automated Suspension Process

# Managed Long Term Services and Supports



# Planning for Next Waiver in 2027

- » Full administrative integration of specialty mental health and substance use disorder services
- » Statewide Managed Long Term Services and Supports
- » Full Integration Plans



# Update on CalAIM Implementation

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# Enhanced Care Management (ECM) and Community Supports: Current and Future

## CURRENT PROGRAMS

### Whole Person Care (WPC)

- Limited pilot program supported across delivery systems (Medi-Cal managed care, fee-for-service, or uninsured)
- Administered by county-based "Local Entities"

### Health Homes Program (HHP)

- Benefit (state plan service) in select counties
- Medi-Cal managed care members only
- Health plan-administered with care management contracted out to providers



## FUTURE SERVICES

### ECM

- Care coordination as a new managed care benefit
- Medi-Cal managed care members only
- Health plan-administered with care management delivered through community providers

### Community Supports:

- Optional services, but strongly encouraged
- Medi-Cal managed care plan members only
- Health plan-administered with services delivered through community providers and integrated with ECM

# ECM & Community Supports Implementation Timeline

Beginning on January 1, the ECM go-live will occur in stages, while Community Supports will launch statewide; MCPs in all counties may elect to offer additional Community Supports every six months.

Go-Live Timing	Populations of Focus
<p><b>January 2022<sup>1</sup></b> (WPC/HH counties); <b>July 2022</b> (other counties)</p>	<p><b><i>MCPs in all counties are able to offer Community Supports</i></b></p> <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> </ol>
<p><b>January 2023</b></p>	<ol style="list-style-type: none"> <li>4. Adults &amp; Children/Youth Incarcerated and Transitioning to the Community</li> <li>5. At Risk for Institutionalization and Eligible for LTC</li> <li>6. Nursing Facility Residents Transitioning to the Community</li> </ol>
<p><b>July 2023</b></p>	<ol style="list-style-type: none"> <li>7. Children / Youth Populations of Focus</li> </ol>

1. In January 2022, the Adults & Children/Youth Transitioning from Incarceration Population of Focus will also go live in the WPC counties where the services provided in the Pilot are consistent with those described in the ECM Contract.

# ECM and Community Supports

## Completed

- DHCS finalized and released a set of foundational ECM and Community Supports policy documents that incorporate public comments:
  - Final DHCS-MCP Contract Template
  - Final Standard Provider Terms and Conditions
  - Final Model of Care Template
  - Final ECM Key Design Implementation Decisions
- DHCS released additional guidance, informed through stakeholder questions and input, to support the successful implementation of ECM and Community Supports
  - All documents are available on the CalAIM webpage:  
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

## Fall Activities

- DHCS is reviewing managed care health plan model of care submissions to ensure the proposed policies and procedures meet the state's requirements for ECM and Community Supports.
- DHCS will issue data-related guidance documents that outline standardized reporting elements for ECM and Community Support providers and health plans.
- DHCS will continue supporting ongoing technical assistance activities, including regular engagement with health plans, WPC pilots, providers, and the public.

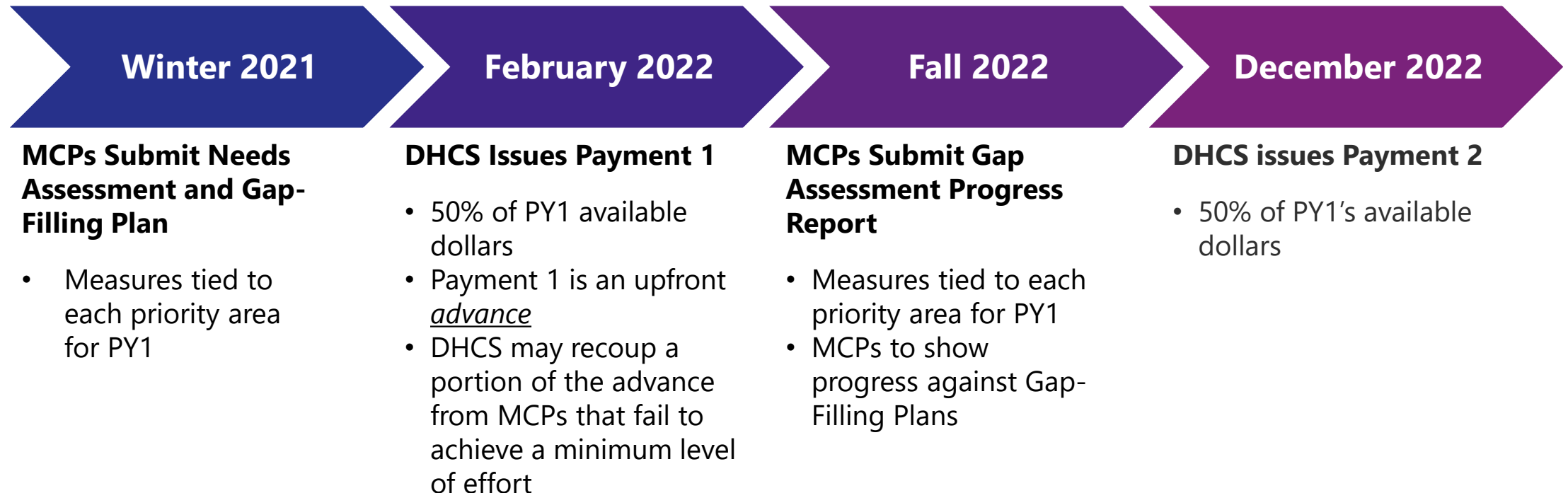
# CalAIM Incentive Payment Program Year 1 Priorities

DHCS focused initial Program Year 1 (Calendar Year 2022) funding on priority areas, including capacity building, infrastructure, Community Supports take-up/offerings by MCPs, and quality.

PY 1 Priorities	Measure Domains
1. Delivery System Infrastructure	Fund required core MCP, ECM and Community Supports provider health information technology (HIT) and data exchange infrastructure
2. ECM Provider Capacity Building	Fund ECM workforce, training, technical assistance (TA), workflow development, operational requirements, and oversight
3. Community Supports Provider Capacity Building and Take-Up	Fund Community Supports training, TA, workflow development, operational requirements, take-up, and oversight
4. Quality	Fund baseline data collection reporting and Pay for Reporting (P4R) to inform quality and outcome improvements in future program years

# Program Year 1 Reporting and Payment

DHCS will use a biannual payment cycle to issue \$600 million in payments to MCPs in PY1 (CY 2022). The first payment will be tied to the MCP's submission of a Needs Assessment and Gap-Filling Plan, and the second payment will be tied to the MCP's progress against their Gap-Filling Plan.



# What is PATH?

California's 1115 demonstration renewal and amendment request includes expenditure authority for the "Providing Access and Transforming Health" (PATH) program to take the state's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS is seeking \$1.8 billion in federal support to maintain, build, and scale the capacity necessary to ensure successful implementation of CalAIM.\*

*PATH is comprised of two aligned initiatives:*

PATH Initiative	High-Level Description
<b>Justice-Involved Capacity Building</b>	Funding to maintain and build pre-release and post-release services to support implementation of the full suite of statewide CalAIM justice-involved initiatives in 2023 (e.g., 90-day pre-release and post-release services).
<b>Support for Implementation of ECM and Community Supports</b>	Support for CalAIM implementation at the community level, including payments for provider and community-based organization (CBO) infrastructure and capacity building, and interventions and services that will enable the transition from Medi-Cal 2020 to CalAIM.

# DEEPER DIVE: Support for Implementation of ECM and Community Supports

ECM/Community Supports PATH Program Name	High-Level Description
<b>WPC Pilot Continuity and Managed Care Migration Program</b>	Funding for WPC pilot lead entities to sustain WPC pilot capacity and infrastructure through the migration to managed care as required for ECM, Community Supports, and other Medi-Cal initiatives. Services and infrastructure that will not continue under CalAIM would be ineligible for this funding.
<b>Technical Assistance Program</b>	Registration-based TA program for counties, providers, and other CBOs in defined domains to support the development, transition, and expansion of ECM and Community Supports capacity and infrastructure.
<b>Collaborative Planning and Implementation Program</b>	Funding to support collaborative planning efforts across counties, CBOs, MCPs, providers, tribes, and others.
<b>Capacity and Infrastructure Transition, Expansion and Development Program</b>	Funding available to all counties, providers, CBOs, tribes, and others to build and expand capacity and infrastructure necessary to support ECM and Community Supports.



# Managed Care Benefit Standardization

## Background

Medi-Cal managed care exists statewide, but operates under six different model types that differ based on whether certain benefits are part of the Medi-Cal managed care plan's responsibility or provided through a different delivery system.

## Goals

DHCS is standardizing the benefits that are provided through Medi-Cal MCPs statewide, so that regardless of a beneficiary's county of residence or plan in which they are enrolled, they will have the same set of benefits delivered through their MCP as they would in another county or plan.

## Benefits

- Beneficiaries **no longer have to deal with confusion** that may arise when moving counties/plans (e.g., different benefits covered by their new plan).
- Standardization **reduces administrative burdens and challenges** associated with developing capitation payment rates on a county-by-county and plan-by-plan basis.

# Managed Care Benefit Standardization: Timeline and Major Milestones

Major Milestones	Timeline
<b>Planning</b> (information technology [IT] systems, data and reporting, payment and contracts, plan readiness, etc.)	<b>Q4 2020 – present</b>
<b>Beneficiary Outreach</b>	<b>Q4 2021</b>
<b>Implementation: Phase 1</b> <ul style="list-style-type: none"> <li>Major organ transplants will be added to all MCPs statewide for all Medi-Cal members enrolled in a plan</li> <li>The Multipurpose Senior Services Program will be removed from Medi-Cal MCPs in seven Coordinated Care Initiative counties</li> </ul>	<b>January 1, 2022</b>
<b>Implementation: Phase 2</b> Institutional long-term care services will be added to all MCPs statewide for all Medi-Cal members enrolled in a plan	<b>January 1, 2023</b>
<b>Implementation: Phase 3</b> Specialty mental health services that are currently included for Medi-Cal members enrolled in Kaiser in Solano and Sacramento counties will be removed from all Medi-Cal MCPs	<b>July 2023 (<i>pending</i>)</b>

# Mandatory Managed Care Enrollment

## Background

The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or the aid code for which the beneficiary is determined to qualify.

## Goals

Starting in January 2022, select aid code groups and populations will transition into mandatory managed care enrollment or mandatory FFS enrollment.

## Benefits

- Mandatory managed care enrollment will **standardize and reduce the complexity of the varying models of care delivery** in California.
- Medi-Cal MCPs can **provide more coordinated and integrated care and provide beneficiaries with a network of primary care providers and specialists.**
- DHCS can move to a regional rate setting process to **reduce excessive administrative work.**

# Mandatory Managed Care Enrollment: Timeline and Major Milestones

Major Milestones	Timeline
<p><b>Planning</b> (IT systems, data and reporting, payment and contracts, plan readiness, etc.)</p>	<p><b>Q4 2020 – present</b></p>
<p><b>Beneficiary Outreach</b></p>	<p><b>Q4 2021</b></p>
<p>Select populations/aid code groups (e.g., non-dual beneficiaries living in rural zip codes) that currently receive benefits through the FFS delivery system would <b>transition to mandatory Medi-Cal managed care.</b></p>	<p><b>January 1, 2022</b></p>
<p>Select populations/aid code groups (e.g., those covered under the Omnibus Budget Reconciliation Act [OBRA] in Napa, Solano, and Yolo counties) that currently receive benefits through Medi-Cal managed care will <b>transition into mandatory FFS enrollment.</b></p>	<p><b>January 1, 2022</b></p>
<p>All dual populations/aid code groups, except share of cost or restricted scope, will be <b>mandatory Medi-Cal managed care.</b> Dual and non-dual individuals in long-term care will also be <b>mandatory in Medi-Cal managed care.</b></p>	<p><b>January 1, 2023</b></p>

# **Comprehensive Quality Strategy and Equity Roadmap**

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# Quality Strategy Goals\*:

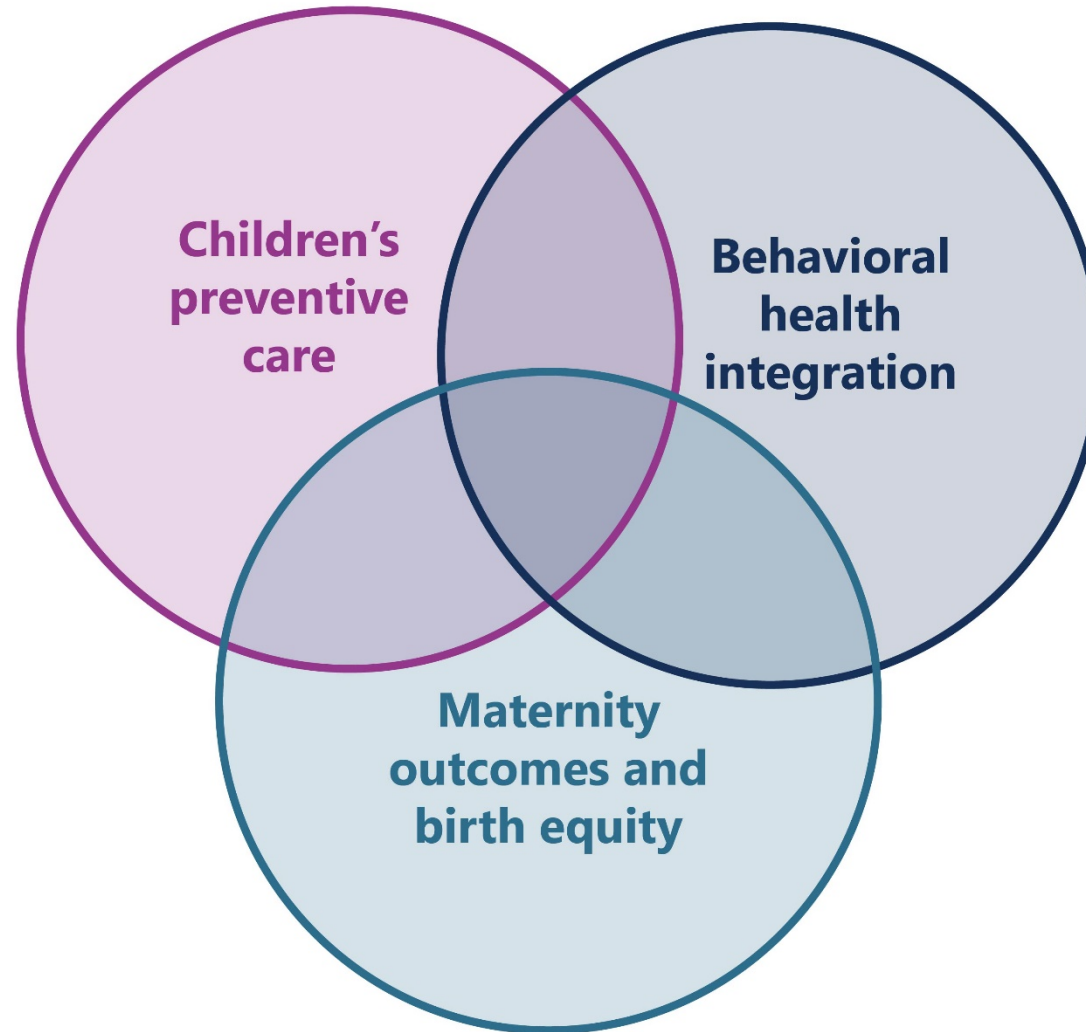
- » Engage members as owners of their own care.
- » Keep families and communities healthy via prevention.
- » Provide early interventions for rising risk and patient-centered chronic disease management.
- » Provide whole person care for high-risk populations, addressing drivers of health.

\*All Quality Strategy content in this presentation is in DRAFT form and subject to change after formal public comment period

# Quality Strategy Guiding Principles

- » Eliminating health disparities through anti-racism and community-based partnerships.
- » Data driven improvements that address the whole person.
- » Transparency, accountability, and member involvement.

# Clinical Focus Areas





# Bold Goals: 50% by 2025

- » Ensure all health plans exceed the 50th percentile for all children's preventive care measures.
- » Close racial/ethnic disparities in well-child visits and immunizations by 50% (state level).
- » Close maternity care disparity for Black and Native American persons by 50% (state level).
- » Improve maternal and adolescent depression screening by 50% (state level).
- » Improve follow up after emergency department visit for mental health or substance use disorder by 50% (state level).



## QUALITY/HEALTH EQUITY IMPROVEMENT FRAMEWORK

### Driving Change

- » Focused initiatives to drive transformation/innovation
- » Innovative metrics, process measures, bundles
- » Incentives if met (financial or otherwise)
- » Example uses: CalAIM incentive programs, COVID19 vaccine incentive program, QIP optional metrics



### Foundation:

- » Creates a standard across programs/plans
- » Fundamental outcome/access measures
- » Minimum performance levels & improvement targets
- » Penalties if not met
- » Example uses: QIP required metrics, MCAS, auto-assignment algorithm

# Health Equity Domains



- » Managed Care/FFS (including CCS)
- » Dental
- » Behavioral Health
- » School Based Services
- » HCBS/1915c Delivery System
- » CalAIM & Quality Strategy
- » Alignment With Public Health

# Health Equity Vision

- » **Data collection and stratification:** Complete, accurate data on REAL SOGI information for Medi-Cal beneficiaries will be utilized to illuminate and address health care inequities across DHCS programs.
- » **Workforce diversity and cultural responsiveness:** Medi-Cal workforce, at all levels, should reflect the diversity of the Medi-Cal beneficiary population and *always* provide culturally and linguistically appropriate care.
- » **Reducing health care disparities:** Eliminate racial, ethnic, and other disparities within the Medi-Cal population, and support policy efforts to eliminate disparities, largely driven by social determinants of health, between Medi-Cal beneficiaries and commercial populations.

# Proposed Equity Metrics for 2022

- » Colorectal cancer\*
- » Controlling high blood pressure\*
- » HgbA1c for persons with DM\*
- » Prenatal and postpartum care\*
- » Child and adolescent WCV\*
- » Childhood immunizations
- » Adolescent immunizations
- » Follow up after emergency department visit for mental illness and substance use disorder (SUD) (include adolescent measure if available)
- » Perinatal and postpartum depression screening

\*Metrics recommended by National Committee for Quality Assurance for stratification by race/ethnicity

# Health Equity Roadmap: Next Steps

- » **Skeleton Roadmap:** Inventory of current and planned DHCS efforts (CalAIM, HCBS Spending Plan, 2021-22 Budget) complete.
- » **Full Roadmap:** Formal co-design working group, including beneficiaries from marginalized populations, community-based organizations, and other stakeholders, to identify gaps in current work and develop a full roadmap with recommendations for future goals.

# Value-Based Payment Roadmap

2021/2022

Incentive Programs

(e.g., QIP, vaccine incentives, BH QIP, CalAIM ECM/Community Supports)

2023

Rate adjustment with quality and health equity outcomes

Federally Qualified Health Center Alternative Payment Methodology (APM)

Revised auto-assignment algorithm

# Improved Transparency, Accountability, and Member Involvement

- » Creating an organizational structure that supports accountability.
- » Standardizing elements of monitoring and compliance across programs.
- » Creating a proactive monitoring structure to assess managed care performance, including public data.
- » Enhanced county oversight (in BH, Medi-Cal eligibility and enrollment, and CCS program).
- » Member engagement at all steps, including with Quality Strategy review process.



# **Q&A AND FEEDBACK**



# Public Comment

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# Upcoming Meeting and Next Steps

