

Follow-Up Items from December 8, 2022, MCHAP Meeting

Dashboard Discussion

1. *Liz Salazar*: How do we make this system more transparent? As we discuss behavioral health (BH) services, substance use disorders (SUD) is carved out in implementation; there is an underutilization of services reported and gaps in services. What are your plans to elevate SUD utilization and bring it into the data dashboard?

DHCS Response: *Vivian Gerlach, Chief, Data Management and Analytics Division:* Great questions that I'll take back to the team.

DHCS Follow-Up: The question and recommendation for more reporting and looking at utilization and service gaps have been shared internally with DHCS teams.

2. *Nancy Netherland*: I really appreciate seeing data by county and provider, as well as DHCS' responsiveness. With Enhanced Care Management (ECM), what are the Populations of Focus for youth, specifically recently incarcerated or juvenile justice-involved? Is it possible to capture numbers that DHCS anticipates for those categories for additional needs and utilization by program, etc.? Also, I hope to see information from Dr. Riley on equity and access data for Medicaid.

DHCS Response: *Michelle Baass, Director:* Many are identified in the Comprehensive Quality Strategy. We have specific metrics related to some of the disparities.

DHCS Follow-Up: The ECM Policy Guide was updated in December 2022 (<https://www.dhcs.ca.gov/Pages/ECMandLOS.aspx>) with final policy details on the ECM Populations of Focus for youth and eligibility criteria, including for justice-involved adults and children/youth. DHCS will publish utilization data by Population of Focus on a regular basis, and is exploring how to best capture penetration rates (i.e., utilization compared to projected need) via the Population Health Management Service in the future.

3. *Jan Schumann*: In slide 19 about Medi-Cal enrollment, I noticed that in June, there were 126,000 new applications. Is there a way to integrate the disparity and the reasons why the number of applications doesn't match the number of enrollments? Are they pending citizenship or income verification? How many applications are pending? Also, what is the percentage and age breakdown of the children in the program and their families?

DHCS Response: *Michelle Baass, Director*. We can take that back.

DHCS Follow-Up: Data in the Medi-Cal enrollment slides are at a point in time. Counties have 45 days to adjudicate an application, and depending on the applicant and their circumstance, they could potentially be in different stages of the process (verifying income, providing additional documentation). DHCS plans to publish monthly figures on pending applications through our Eligibility Unwinding Dashboard. The first publication is expected in May 2023.

California State Audit on Children's Preventive Services

4. *Jan Schumann*: Is DHCS re-educating members on the efficiency of vaccinations? For example, are you releasing any annual renewal notices?

DHCS Response: *Palav Babaria*: We can take it back. We did a deep dive on COVID vaccines, and the member focus group testing at the state, federal, and local levels showed that mass messaging was ineffective; it was the community messengers that made a difference.

DHCS Follow-Up: DHCS is not including vaccination messaging in county renewal notices, but DHCS will consider integrating this messaging into *Jackson v. Rank* mailings that are used to give notice to members denied a service, consistent with previous messaging for past vaccine efforts.

The DHCS Quality Population Health Management team is also collaborating with the California Department of Public Health's vaccine program to explore opportunities to support local and state level efforts to increase acceptance of and access to all vaccinations, including COVID-19.