

Webinar Tips

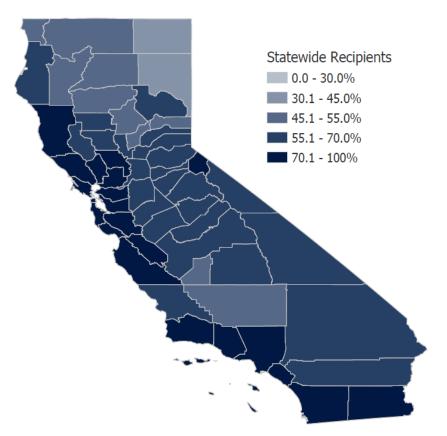
- »Please use <u>either</u> a computer <u>or</u> phone for audio connection.
- »Please mute your line when not speaking.
- »For questions or comments, email:
 - MCHAP@dhcs.ca.gov.

DHCS Updates

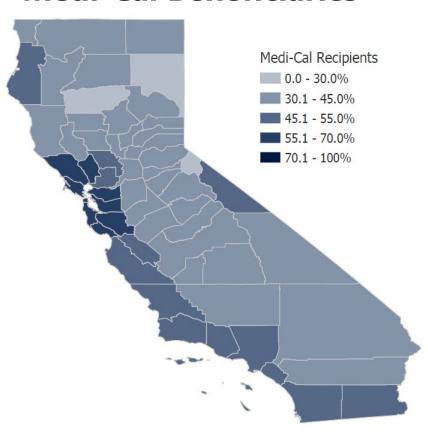
Medi-Cal COVID-19 Vaccinations

Received at least one dose as of November 15, 2021 Percentage of 5+ years old, by county





Medi-Cal Beneficiaries



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

Vaccination Incentive Program outcome measures and targets

Outcome measures		Weight	Target
Intermediate outcome measures (2 of 3 must be reported)	1. Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine	5%	October 31: 10% increase over baseline January 2: 20% increase March 6: 30% increase
	2. Percent of Medi-Cal beneficiaries ages 50-64 years with one or more chronic diseases [as defined by the federal Centers for Disease Control and Prevention (CDC)] who received at least one dose of a COVID-19 vaccine	5%	
	3. Percent of primary care providers in the MCP's network providing COVID-19 vaccine in their office		
Vaccine uptake outcome measures	4. Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine	35%	Gap closure from baseline to target (average in county or weighted average across counties)
	5. Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine	10%	
	6. Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine	5%	October 31: 33.3% of gap
	7. Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine		January 2: 66.6% of gap closed March 6: 100% of gap closed
	8. Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine		
Race/ ethnicity	9. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine	15%	
	10. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine		

Source: https://www.dhcs.ca.gov/Documents/COVID-19/APL-21-010-Attachment%20A-Vaccination-Incentive-Program-Outcome-Metrics.pdf

Vaccination Incentive Program Update

- » Vaccine Response Plans submitted by 25 plans on September 1
- » Baseline data (August 29) provided to plans
- » Racial/ethnic focus populations for vaccine uptake:
 - » 25 plans: Black/African Americans
 - » 23 plans: Native Americans
- » Plan-specific data from first outcome ascertainment date (October 31) pending, as is data from Measures 1-3 (plan-reported)

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.
 - » Emergency medical technicians 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 frontline 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 Centers for Medicare & Medicaid Services (CMS) issued guidance allowing states 12 months to process outstanding casework 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 (continued)

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 MCPs, and community-based organizations to encourage beneficiaries to report changes.
 - » <u>MEDIL 21-21</u> published on 10/1/21
- » A beneficiary outreach letter and FAQs regarding counties resuming case processing will be sent starting in December and continuing through February.

Update on CalAIM Implementation

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 MCP members only
- Health plan-administered with services delivered through community providers and integrated with ECM

ECM & Community Supports Implementation Timeline

Starting 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		
January 2022 ¹	MCPs in all counties are able to offer Community Supports		
(WPC/HHP counties);	 Individuals and Families Experiencing Homelessness 		
July 2022 (other counties)	2. Adult High Utilizers		
	3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)		
January 2023	4. Adults & Children/Youth Incarcerated and Transitioning to the Community		
	5. At Risk for Institutionalization and Eligible for Long-Term Care (LTC)		
	6. Nursing Facility Residents Transitioning to the Community		
July 2023	7. Children / Youth Populations of Focus		

^{1.} In January 2022, the Adults & Children/Youth Incarcerated and Transitioning to the Community population of focus will also go live in WPC counties where the services provided in the pilot are consistent with those described in the ECM contract.

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			
Justice-Involved Capacity Building	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).			
Support for Implementation of ECM and Community Supports	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
WPC Pilot Continuity and Managed Care Migration Program	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.
Technical Assistance Program	Registration-based technical assistance 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.
Collaborative Planning and Implementation Program	Funding to support collaborative planning efforts across counties, CBOs, MCPs, providers, tribes, and others.
Capacity and Infrastructure Transition, Expansion and Development Program	Funding available to all counties, providers, CBOs, tribes, and others to build and expand capacity and infrastructure necessary to support ECM and Community Supports.

Election of Chairperson for 2022

Children and Youth Behavioral Health Initiative Discussion

Goal

» Transform California's children and youth behavioral health (BH) system into a world-class, innovative, <u>up-stream focused</u>, ecosystem where ALL children and young adults are routinely screened, supported, and served for emerging behavioral health needs.

Children and Youth BH Initiative

- » ALL of Californian's children and youth will receive early and routine, evidence-based, culturally responsive, equity-focused behavioral health screenings.
- » More than \$4 billion in total funds invested over the next five years.
- » Those with service needs receive access to readily available virtual and interactive tools.
- » When virtual tools are not enough, timely services are made available through telehealth and in person.
- The program will be statewide for ALL children and youth, regardless of insurance type or status.

Key components

- BH Service Virtual Platform and e-consult
 - » Direct service and CBO network
 - » Defined list of services and fee schedule
- » Training for pediatric, primary care, and other health care providers
- School BH capacity grants to expand services and programs
- » BH evidence-based programs: spread and scale
- » BH continuum of care infrastructure
- » Dyadic care (integrating BH and medical services)
- Expanding BH workforce capacity
- » Public education and change campaign

Discussion Among MCHAP Members

Break – 10 Minutes



Behavioral Health Workforce Programs

HCAI Workforce Program Goals

- Financial assistance to encourage:
 - Under-represented groups to pursue health care careers to increase racial diversity and language concordance of workforce
 - Individuals and organizations to provide services in areas of unmet need
 - Expand the public mental health system workforce serving Medi-Cal patients
- Collect data to analyze behavioral health workforce trends



HCAI Current Behavioral Health Programs

Programs	Behavioral Health Professions
Mental Health Workforce Education and Training (WET)	Psychiatrists, Physicians, Licensed and Unlicensed Behavioral Health Providers
Children and Youth Behavioral Health Initiative	Psychiatrists, Licensed and Unlicensed Behavioral Health Providers
Broad Health Workforce Loan Repayment and Scholarship Programs	Psychiatrists, Licensed and Unlicensed Behavioral Health Providers



Mental Health WET Program

- Regional Partnership Grants to counties to support:
 - Pipeline Development
 - Undergraduate Scholarships
 - Clinical Master and Doctoral Graduate Education Stipends
 - Loan Repayment
 - Retention Activities
- Psychiatric Education Capacity Expansion Grants
 - Psychiatry & Psychiatric Mental Health Nurse Practitioners (PMHNPs)
- Peer Personnel Program
- Train New Trainers (TNT) Primary Care Psychiatry Fellowship (PCP)



Children and Youth Behavioral Health Initiative (CYBHI) - Workforce Programs

- Behavioral Health Counselors and Coaches
 - Create a new workforce in schools and communities
- Substance Use Disorder (SUD) Practitioners
 - Expand the SUD workforce through education and training expansion
- Psychiatry and Social Workers Educational Capacity*
 - Develop and expand child and adolescent psychiatry fellowships, PMHNP programs, and non-prescribing BH clinician education programs



CYBHI Upcoming Programs (Continued)

- Behavioral Health Workforce Pipeline Program
- Earn and Learn Apprenticeship Program
- Training for Justice, Education, and Child Welfare Systems Personnel
- Train New Trainers for PCP Fellowship
- Peer Personal Training and Placement Program
- Scholarships, Stipends, and Loan Repayment Programs



Equity Strategies

We are committed to focusing on the needs of communities of color, LGBTQ+ youth, limited English proficient youth, foster youth, systeminvolved youth, unhoused youth, and other vulnerable communities. Are there strategies you want us to consider as we center those voices and communities?



Pipeline Program Ideas

We primarily work with high schools and community colleges for our pipeline programs to recruit folks to join the health workforce. What are other strategy suggestions you have to identify diverse candidates to serve their communities?



CYBHI Stakeholder Engagement

HCAI is engaging with stakeholders for input and perspectives as we design our new programs.

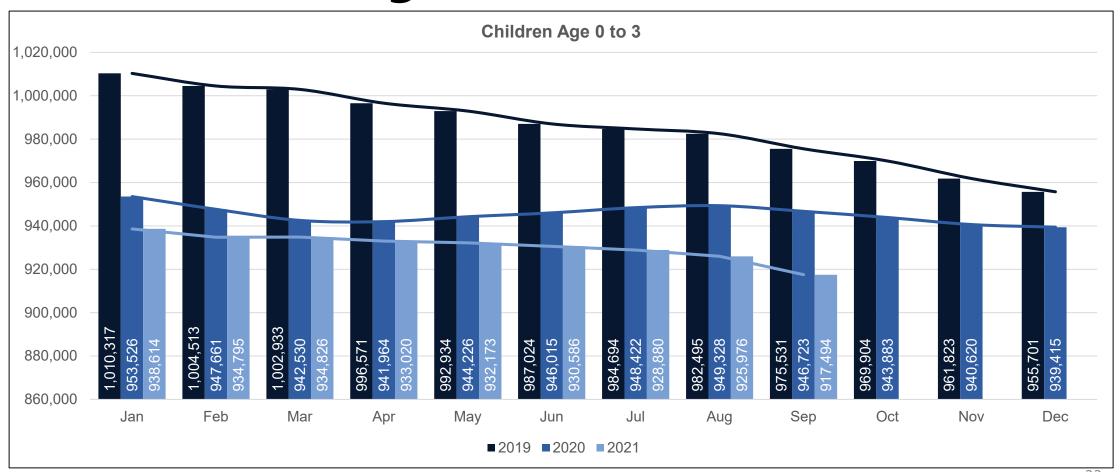
Interested in participating?

Contact us at: HWDD.Admin@hcai.ca.gov

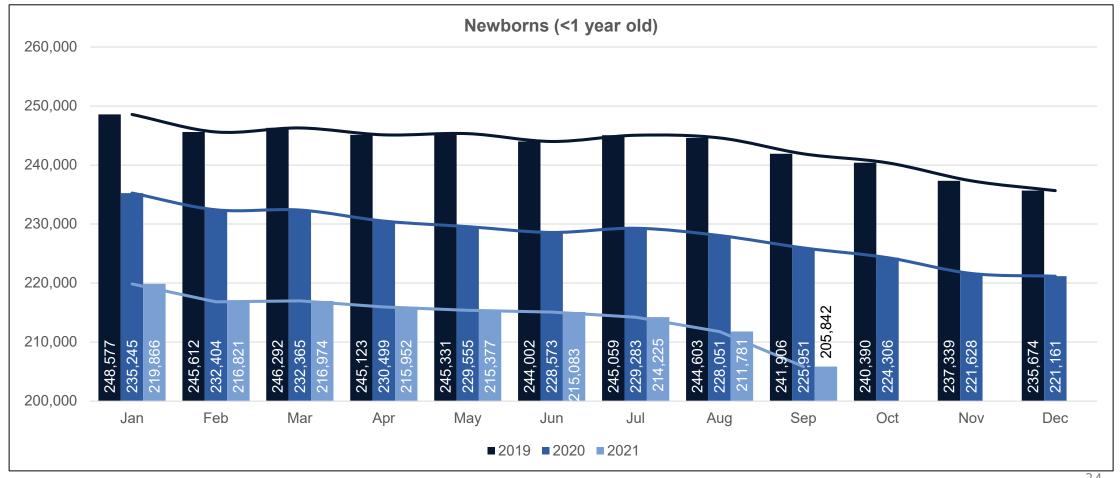


Medi-Cal and CHIP Total Enrollment Children Ages 0 to 3

Medi-Cal and Children's Health Insurance Program (CHIP) TOTAL Children's Enrollment – Ages 0 to 3

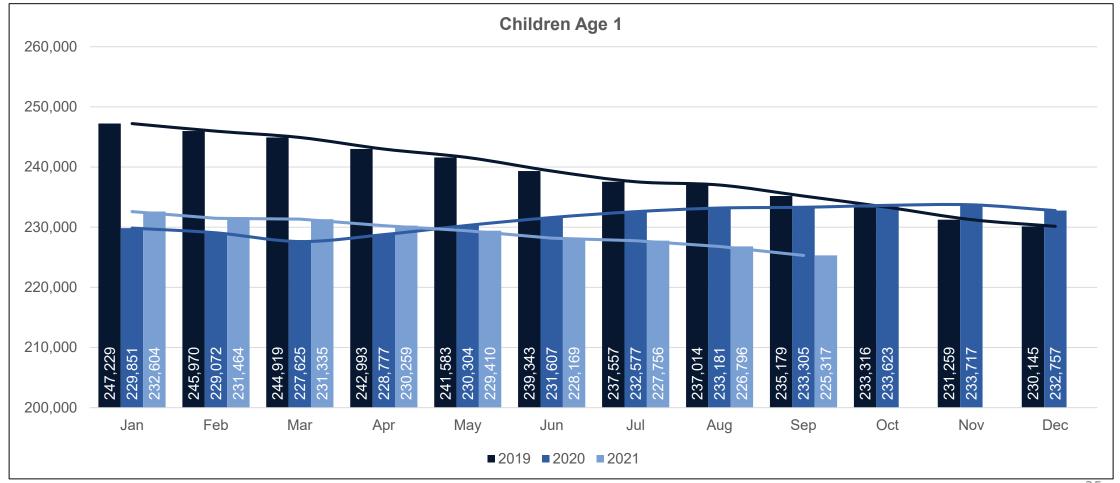


Medi-Cal and CHIP TOTAL Enrollment – Newborns

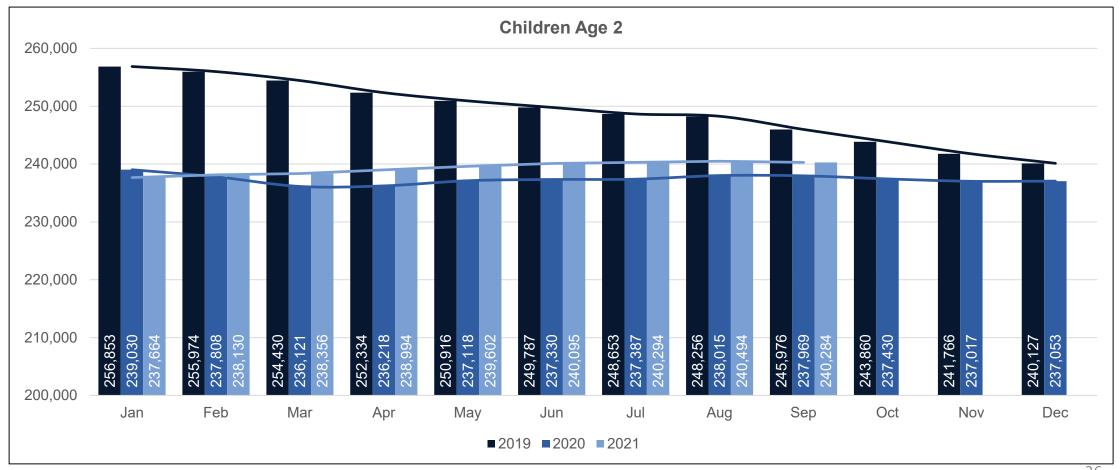


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Medi-Cal and CHIP TOTAL Enrollment – Children Age 1

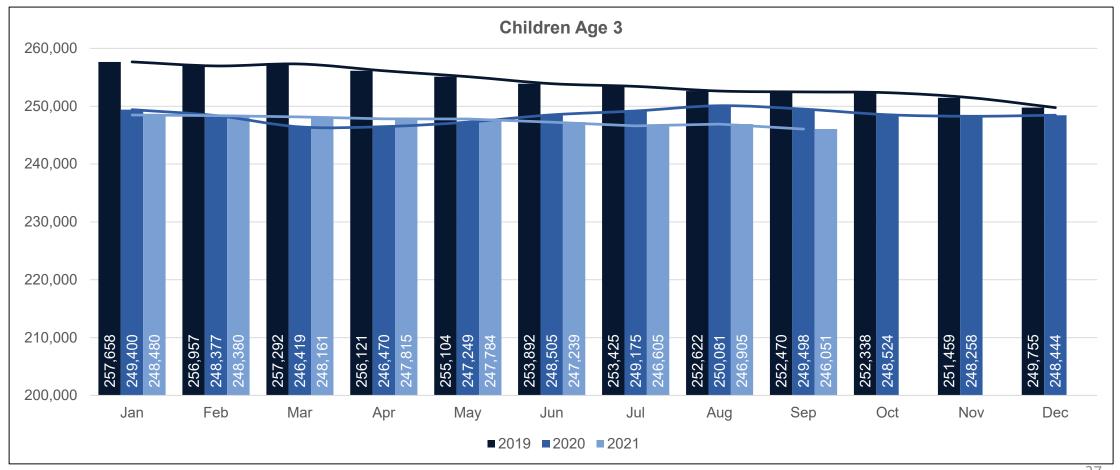


Medi-Cal and CHIP TOTAL Enrollment – Children Age 2



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Medi-Cal and CHIP TOTAL Enrollment – Children Age 3



Data Source: Extracted from MIS/DSS 18NOV2021

Member Updates and Follow Up

Public Comment

Upcoming Meeting and Next Steps