

The background features a purple-tinted image of a stethoscope and a line graph. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The line graph shows an overall upward trend with some fluctuations. The stethoscope is positioned on the right side of the image.

Medi-Cal Children's Initiatives

Fall 2022

Transforming Medi-Cal so Children have the Health Care They Need to Live Long, Healthy Lives

- » Create a more coordinated, person-centered, and equitable health system that works for everyone, regardless of the color of your skin, the language you speak, or where you live.
- » Take a population health management approach that prioritizes prevention and whole-person care for members throughout their lives, from birth to a dignified end of life.
- » Together with our managed care plan partners, set a new standard of care for children and their families, and better integrating their physical and behavioral health care.

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022



Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives.



Eight action areas with detailed **key initiatives** that are designed to:

- » Solidify coverage for children
- » Promote whole-child and family-based care
- » Strengthen leadership and accountability structures
- » Implement evidence-based, data-driven initiatives



Two infographics, including an **easy-to-read one-pager** with action areas and a **detailed table with a status update and expected implementation timing** for each key initiative.

Improving Children's Health Outcomes



DHCS will improve health outcomes through more transparency, accountability, equity, quality and value, including:

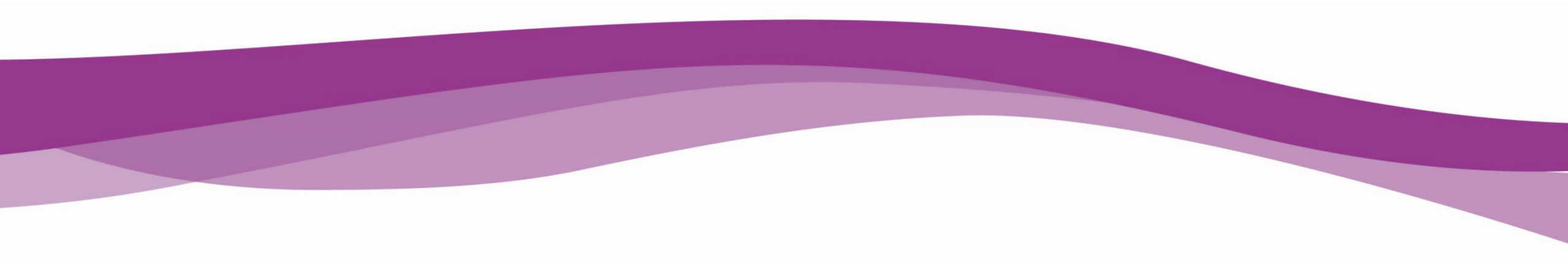
- » New measures on Managed Care Accountability Set (MCAS)
- » Statewide learning collaboratives
- » Children's measures tied to Value-Based Payments
- » Specific requirements within Population Health Management (PHM)
- » Primary care focus in 2024 Medi-Cal managed care plan (MCP) contracts

Establishing New Leadership Structure & Engagement Approach to Support Health and Opportunity for Children and Families

New DHCS Child Health Champion

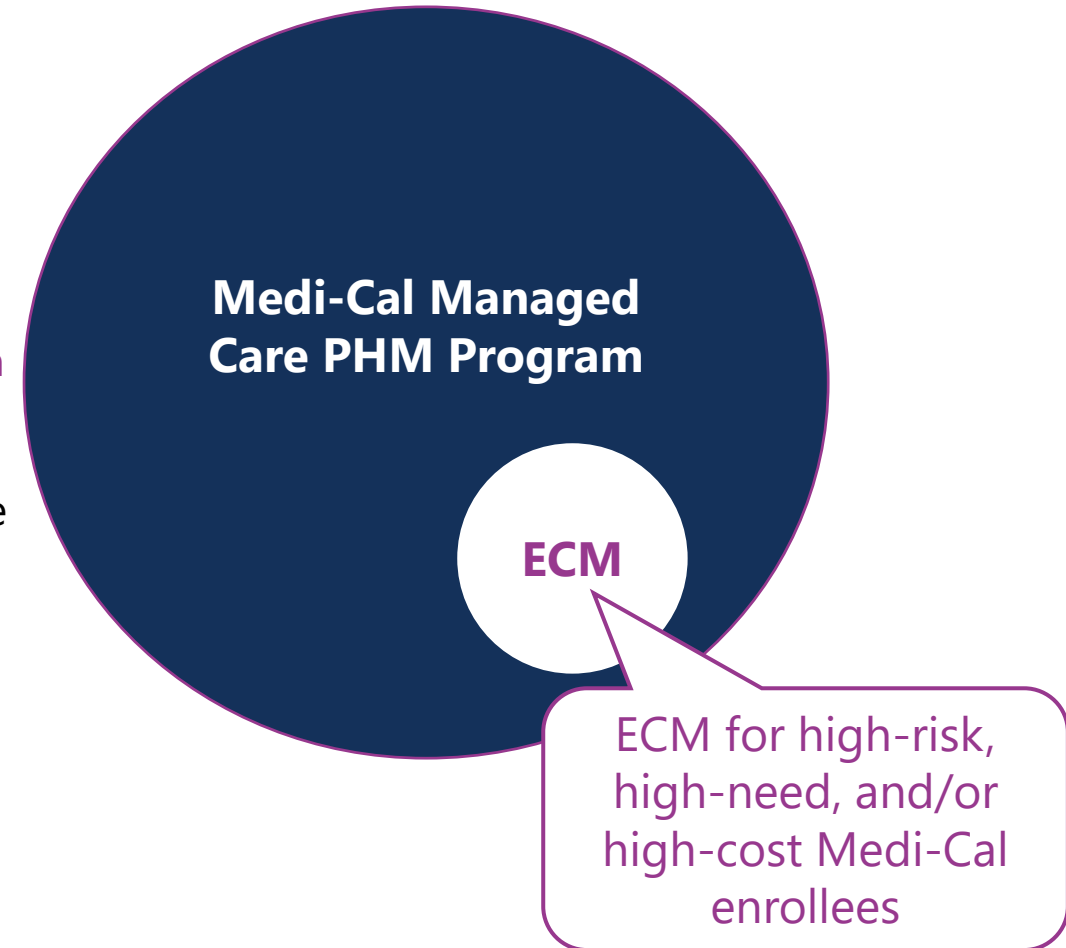
- » Dr. Pamela Riley joined DHCS in May 2022 as Chief Health Equity Officer and Assistant Deputy Director, Quality and Population Health Management. Pam is board-certified in pediatrics with extensive Medicaid policy experience.
- » Dr. Riley serves as DHCS' child health champion to improve coordination and accountability for children's health initiatives within DHCS, and to engage children's health stakeholders on issues related to children and families enrolled in Medi-Cal.

California Advancing and Innovating Medi-Cal (CalAIM)



Expanding Enhanced Care Management (ECM)

- » ECM is **person-centered, community-based care management provided to the highest-need Medi-Cal enrollees**, primarily through in-person engagement where enrollees live, seek care, and choose to access services.
- » Enrollees with complex needs have their care coordinated by a lead care manager knowledgeable of community resources and services and available to **coordinate care addressing both medical and social drivers of health**.
- » ECM is California's first statewide effort to address complex care management, leveraging the promising results from California counties' **Health Homes Program and Whole Person Care pilots**.
- » ECM will be available to seven defined **Populations of Focus**, one of which is specific to children and youth.



Children & Youth ECM Populations of Focus

DHCS' intended Children & Youth ECM Populations of Focus (POF) definitions are listed below and will be communicated to MCPs and the market once finalized. Each MCP will be required to develop updates to its ECM "model of care" to incorporate children/youth.

Children & Youth POFs:

1. Experiencing Homelessness (up to age 21)
2. *With Serious Mental Health or Substance Use Disorder Needs (up to age 21)*
3. *Enrolled in California Children's Services (CCS) / Whole Child Model (WCM) with additional needs beyond their CCS condition (up to age 21)*
4. Involved in Child Welfare (up to age 26)
5. At Risk for Avoidable Hospital/Emergency Department (ED) Utilization (up to age 21)
6. *High-Risk Pregnant and Postpartum Individuals*
7. Individuals Transitioning from Incarceration (including adults and children/youth)
8. Individuals with Developmental and Other Complex Needs*

NOTE: ECM POFs are not mutually exclusive, and a child can qualify for ECM via more than one POF; italics indicate revisions to POF

**Excluding children and youth who are enrolled in a 1915(c) or 1915(i) waiver program.*

Updating CCS Program

DHCS and counties are working together to establish, implement, and evaluate statewide performance, quality, and reporting standards for the administration of the CCS program

- » CalAIM requires DHCS, with county and stakeholder input, to establish statewide performance, reporting, and budgetary standards to assess county compliance with federal and state requirements applicable to the CCS program.
- » Conduct periodic CCS quality assurance reviews and audits to assess compliance with the standards established.
- » Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
- » Establish an enforcement framework to ensure prompt correct action for counties that do not meet standards established.
- » Require each county to enter into a Memorandum of Understanding (MOU) with DHCS to document each county's obligation to administer the CCS program.

Current Status

- 1. Workgroup and Stakeholder Engagement:** 27 members representing counties, associations, MCPs, and advocacy organizations are included a workgroup that meets monthly, beginning in January 2022. Additional stakeholder engagements are instrumental to collect data and insights to develop oversight and monitoring framework.
- 2. MOU Development:** In the process of finalizing key inputs including clear documentation of roles and responsibilities among the state, counties, and MCPs to be included in the MOU.
- 3. MOU Template** will be available 2023 for the state and counties.

Eligibility

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Child Health and Disability Prevention (CHDP) Program Sunset and Transition

- » DHCS will sunset the CHDP program and finalize the transition of existing program functions, effective July 1, 2024.
- » Sunsetting the CHDP program aligns with the Department's goal under CalAIM to reduce administrative duplication and complexities. It will also enhance the coordination of care and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under the care of Medi-Cal MCPs.
- » DHCS will engage in a stakeholder engagement plan and develop a transition plan as required by Senate Bill 184 (2022) (adding Health & Safety Code sections 124024 and 124110.5). The stakeholder engagement process will inform the development and implementation of a transition plan, including defined components to guide the transition of CHDP to other existing Medi-Cal delivery systems/services. DHCS hosted the first stakeholder engagement meeting virtually on September 22, 2022.
- » The CHDP transition preserves:
 - Presumptive eligibility enrollment activities currently offered through the CHDP Gateway.
 - Activities under the CHDP Childhood Lead Poisoning Prevention Program (CLPPP).
 - The Health Care Program for Children in Foster Care (HCPCFC).
- » By 2023, the majority of children and youth under age 21 will be enrolled in a Medi-Cal MCP, through which they will receive all medically necessary services.

Expanding Children's Presumptive Eligibility

- » Offers the opportunity to expand Medi-Cal enrollment pathways for children.
- » No sooner than July 1, 2024, expands participating providers in the Children's Presumptive Eligibility Program; subject to federal approval via State Plan Amendment.
- » Current presumptive eligibility providers for children via the CHDP Gateway are pediatricians, family practitioners, internists, independent certified family, and pediatric nurse practitioners
- » Expanded provider population to all Medi-Cal enrolled providers, including, but not limited to: Federally Qualified Health Centers, community clinics and pediatricians, family practitioners, internists, or independent certified family or pediatric nurse practitioners who have otherwise not historically participated in the CHDP presumptive eligibility program.

Premium Elimination

- » Effective July 1, 2022 – reduces premiums to zero for children in Medi-Cal and the Children’s Health Insurance Program (CHIP).
 - \$13 per child, capped to maximum of \$39 for a family with three or more children
 - Applicable to higher income families - over 160 percent of the federal poverty level
 - Condition of eligibility - if two or more consecutive months missed, child would be disenrolled
 - Waived during COVID-19 public health emergency and during state declared emergencies
 - Seen as a barrier to enrollment
- » DHCS has started the process of refunding premiums for those families with credits or overpayments.
- » Requires federal approval via State Plan Amendments: Medi-Cal and CHIP

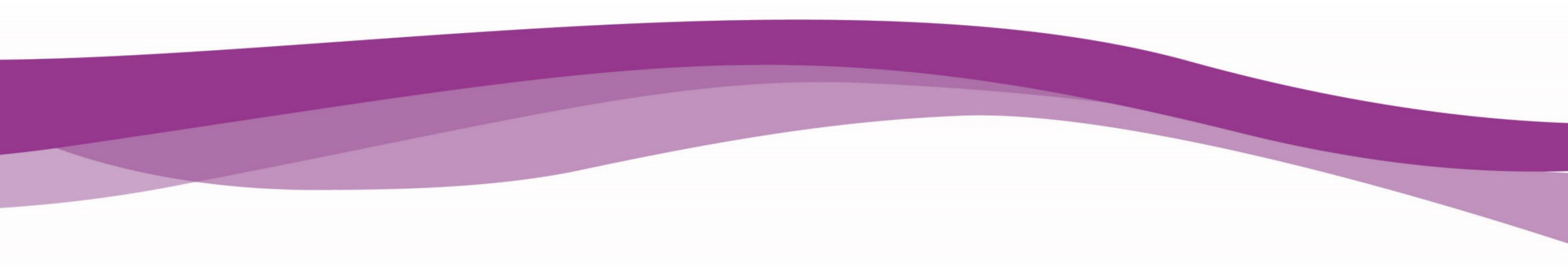
Maximizing Enrollment of Medi-Cal Children and Families into WIC & CalFresh

- » Currently, only 30 percent of Medi-Cal members are enrolled in CalFresh (California Supplemental Nutrition Assistance Program), and California ranks last in the nation in enrollment of Medi-Cal eligible children in CalFresh.
- » With support from the Packard Foundation, DHCS will partner with the California Department of Public Health (CDPH) and California Department of Social Services (CDSS) on a strategic plan to increase enrollment of eligible Medi-Cal children and families into the CalFresh program and the Women, Infants & Children (WIC) program as a key part of its children's health strategy.
- » Medi-Cal/WIC/CalFresh data integration will be supported by the DHCS PHM strategy.

Providing Continuous Coverage

- » Effective January 1, 2025, subject to certain requirements (California Department of Finance determination, an appropriation, and system readiness).
- » Provides continuous coverage of children aged 0-4.
- » Will require federal 1115 demonstration waiver approval to effectuate policy.
- » Several other states pursuing or recently approved via their 1115 waiver, e.g., Oregon, Washington, and Massachusetts.

Physical Health Benefits



Community Health Workers (CHWs) – Effective July 1, 2022

- » CHWs are skilled and trained health educators and may include promotores, community health representatives, navigators, and other non-licensed public health workers, such as violence prevention professionals who work directly with individuals who may have difficulty understanding or interacting with providers due to cultural or language barriers.
- » CHW services will support DHCS' bold goals from the Comprehensive Quality Strategy, including supporting improvements in access and utilization of children's preventive services and improving birth outcomes.
- » CHW services may be provided in an individual or group setting and address issues, including, but not limited to:
 - Control and prevention of chronic conditions and infectious diseases
 - Mental health conditions and substance use disorders
 - Perinatal health conditions
 - Sexual and reproductive health
 - Environmental and climate-sensitive health issues
 - Child health and development
 - Oral health
 - Aging
 - Injury
 - Domestic violence
 - Violence prevention

Dyadic Benefit – Effective January 1, 2023

- » Modeled after HealthySteps, which is a model of care that has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health¹.
- » Within the model, pediatric mental health professionals are available to address developmental and behavioral health concerns as soon as they are identified, bypassing the many obstacles faced by families when referred to offsite behavioral health services.
- » Health care for the child is delivered in the context of the caregiver and family (i.e., “dyadic health care services”) so that families are screened for behavioral health problems, interpersonal safety, tobacco and substance misuse, and social determinants of health, such as food insecurity and housing instability.
- » Families given referrals receive follow up to make sure they received the services.
- » Allows billing for parent/caregiver who is not Medi-Cal eligible under the child’s Medi-Cal ID.

¹ HealthySteps.org

Doula Benefit – Effective January 1, 2023

- » Provided based on recommendation by a physician or other licensed practitioner.
- » Available in both fee-for-service and managed care delivery systems.
- » Will enroll as a new Medi-Cal provider type.
- » Helps prevent perinatal complications and improve health outcomes for birthing parents and infants.
- » Supports bold goals for reducing maternity disparities, especially in our African American and Native American populations.
- » Encompasses 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 to support miscarriage and abortion.
- » Includes one extended initial visit, labor, and delivery, and eight additional visits (throughout the prenatal and/or postpartum periods).
 - Additional visits available based on recommendation by physician or other licensed practitioner, excluding labor and delivery.

EPSDT Rebranding and Statewide Campaign

Outreach and education campaign on the intent and scope of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children and youth to enhance understanding and access to care

- » Core audiences of families, providers, and MCPs.
- » Complementary to practice transformation initiatives and new MCP contract requirements.
- » Toolkit that describes how EPSDT works, what it covers (i.e., all medically necessary services for children and youth), and its role in preventive care through training, technical assistance, model communications, and policy guidance.
- » Coordination of campaign with a range of child-serving stakeholders (e.g., key state agencies, local government entities, community-based advocates) to deliver targeted messaging related to services available under EPSDT.

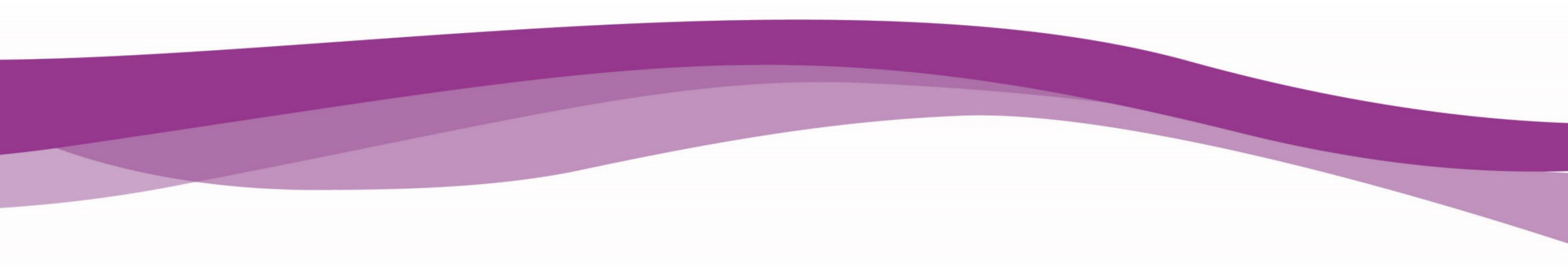
Medi-Cal Rx: Ensuring Children and Youth Access to Pharmacy Benefits

- » Special Populations Clinical Liaisons
- » Exclusion of Children & Youth ≤ 21 from current Medi-Cal Rx Prior Authorization Reinstatement efforts.
- » Addition of Pediatric Medications to Contract Drugs List
- » Expansion of List of Covered Enteral Nutrition Products
- » Enteral Nutrition Policy Updates
 - Product Substitutions and Extended Prior Authorization Term Limits

Addressing Gaps in Children's Immunizations

- » Collaborative meetings with California Department of Public Health (CDPH).
- » Review of data shows that while children generally receiving vaccines by school start times, more comprehensive vaccine measures (CIS-10) is not occurring on standard CDC schedules; biggest gaps in infants.
- » Opportunities to review the California Vaccines for Children (VFC) program, consider other models (e.g., leveraging pharmacies).
- » DHCS participation in the Centers for Medicare & Medicaid Services' Infant Well-Child Visit learning collaborative and renewed focus on infant well-child visits in the first 15 months of life (plus associated interventions, including vaccines).
- » Adding vaccination measures to all Value-Based Payment (VBP) programs.

Behavioral Health Benefits



Specialty Mental Health Services (SMHS) Access Criteria (Effective January 1, 2022)

Children and youth will benefit from earlier diagnosis, engagement, and behavioral health treatment.

Streamlined SMHS medical necessity to match EPSDT

- » 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.

New trauma-informed criteria to access SMHS

- » 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

- » Additional criteria described in [BHIN 21-073](#).

**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.*

"No Wrong Door" Policy (Effective July 1, 2022)

Non-Specialty Mental Health Services (NSMHS) and SMHS services are covered even when:

- » Provided during the assessment period, prior to determination of a diagnosis, or prior to determination of whether NSMHS or SMHS access criteria are met.
- » The beneficiary has a co-occurring mental health condition and substance use disorder (SUD).
- » Services are not included in an individual treatment plan.*
- » Provided concurrently, if those services are coordinated and not duplicated.

**Applies to NSMHS; SMHS [guidance](#) issued via Behavioral Health (BH) Documentation Reform*

Youth Screening and Transition of Care Tools for Mental Health Services (Effective January 1, 2023)

- » The **Youth Screening Tool** determines the appropriate delivery system for beneficiaries newly seeking mental health services.
- » The **Transition of Care Tool** supports timely and coordinated care when adding a service from the other delivery system or completing a transition of services to the other delivery system.

Together, the tools ensure beneficiaries have access to the right care, in the right place, at the right time.

California's Current School Health-Related Initiatives

Initiative	Timing & Funding	Overview
Student Behavioral Health Incentive Program (SBHIP)	Launched Nov. 2021 and provides \$389 million in MCP incentive payments over three years.	MCPs and Local Educational Agencies (LEAs) partner to identify and implement targeted interventions to increase access to preventive, early intervention, and behavioral health services by public school-affiliated behavioral health providers.
CalHOPE	Launched in June 2020 and is an ongoing DHCS initiative.	CalHOPE School Initiative includes resources for : <ul style="list-style-type: none"> » California educators to provide training to teachers and school staff in identifying children in mental health distress and providing emotional support and crisis counseling through: <i>A Trusted Space: Redirecting Grief to Growth; Angst: Building Resilience; and Look at Me Now: Stores of Hope</i>. Communities of Practices are being implemented through all 58 counties' county of education (CalHOPEsel.org). » A toll-free phone line for students to connect with peer counselors for emotional support.
Children & Youth Behavioral Health Initiative (CYBHI)	Includes \$4.7 billion investment over five years as a CalHHS initiative with five departments.	DHCS-specific CYBHI school-related workstreams include: <ul style="list-style-type: none"> » Developing Behavioral Health Virtual Services & E-Consult Platform. » Designing statewide school-linked fee schedule and behavioral health provider network. » Issuing evidence-based practices and school-linked partnership and capacity grants.
Governor Newsom's Master Plan for Kids' Mental Health	Launched August 2022.	Spotlights behavioral health initiatives California has or is launching, such as the 988 suicide and crisis lifeline and school counselor workforce expansion.

CYBHI

“**Reimagining** the systems that support **behavioral health for all California’s children, youth, and their families**”

Key CYBHI Workstreams

- Behavioral Health Virtual Services Platform
- Behavioral Health Continuum Infrastructure Program (BHCIP)
- Statewide School-Linked Fee Schedule and Behavioral Health Provider Network
- CalHOPE Student Support
- Student Behavioral Health Incentive Program (SBHIP)
- School-Linked Partnership and Capacity Grants
- Scaling Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs)
- Implementation of Dyadic Care Services Benefit in Medi-Cal
- Urgent Needs/Emergent Issues for Children, Youth and Families

CYBHI Stakeholder Engagement Overview

700+

Stakeholders engaged,
reflecting a cross-section of
California

300+

Children, youth, parents, and
caregivers engaged to help
shape the services funded

100+

Evidence-based and
community-defined best
practices generated by
stakeholders

15

Public stakeholder
engagement events hosted

100+

Leading experts actively
contributing via Think Tanks,
Working Groups, and
interviews

82

Unique vendor responses
received for Request for
Information for the Behavioral
Health Virtual Services Platform

CYBHI Workstreams - Progress Updates

Initiative	Timeline	Status
Scaling Evidence-Based and Community Defined Practices	First round of grant applications to open no later than December 2022; subsequent grant funding rounds to be released between January and June 2023.	Through an extensive stakeholder process, DHCS has selected EBPs/CDPs across five categories: <ul style="list-style-type: none"> » Parent and Caregiver Support Practices » Trauma Informed Practices » Community-Defined Practices » Early Childhood Wraparound Practices » Early Intervention Practices
School-based BH Services <ul style="list-style-type: none"> • Fee Schedule • Grants • SBHIP • CalHOPE Student Support 	<ul style="list-style-type: none"> • First round of grant applications to open by December 2022. • SBHIP project plans due by December 31, 2022. 	<ul style="list-style-type: none"> » DHCS, in collaboration with Department of Managed Health Care, is convening a public workgroup to inform the development of the fee schedule. The workgroup launched in October 2022. » The school-linked grants will support readiness for local implementation of the fee schedule. First grant round will focus on institutions of higher education. » MCPs, in collaboration with SBHIP partners, will submit SBHIP needs assessments and project plans to DHCS no later than December 31, 2022. » DHCS executed a contract with Sacramento County Office of Education to implement the CalHOPE Student Support program.

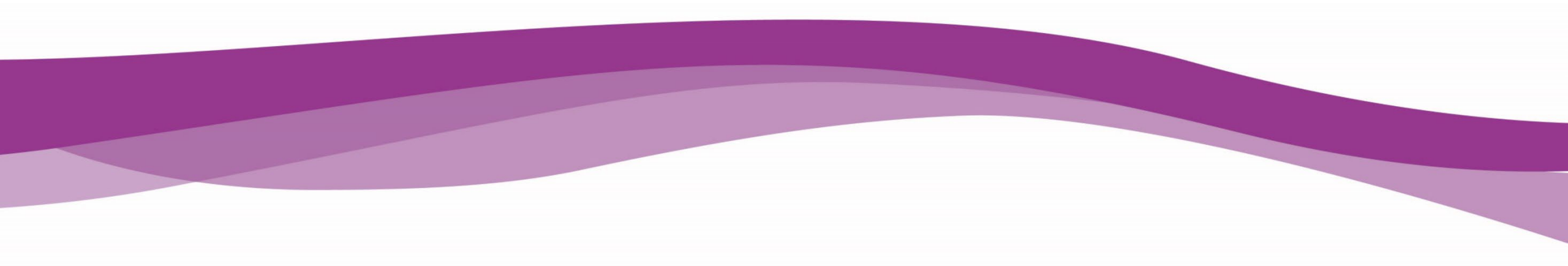
CYBHI Workstreams - Progress Updates (continued)

Initiative	Timeline	Status
BH Virtual Services Platform	To launch in January 2024	DHCS released a Request for Information (RFI) in July 2022 and is vetting potential vendors through vendor demonstrations and interviews.
Implement Dyadic Care Benefit in Medi-Cal	January 2023	The benefit will go live in January 2023.
Urgent Needs/Emergent Issues (new budget items)	Fall 2022	<p>Contracts underway with the following entities to implement new CYBHI workstreams:</p> <ul style="list-style-type: none"> » Child Mind Institute for next generation tech and parent videos » The Children’s Partnership for high school peer to peer programs » Sacramento County Office of Education for wellness/mindfulness grants

Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4: Children and Youth - \$480.5 Million Funding

- » **Applications submitted:** 149
- » **Total amount requested:** \$1,544,913,887
- » **Award announcements:** Late 2022
- » Target population is children and youth, ages 25 and younger. Facility expansion must be focused on this population. Eligible facilities include:
 - Community Wellness Centers
 - Community Mental Health Clinics
 - SUD Outpatient Treatments
 - Crisis Stabilization Units
 - Adolescent Residential SUD Facilities
 - Children Crisis Residential Programs
 - Short-Term Residential Therapeutic Programs
 - Psychiatric Acute Care Hospitals
 - Perinatal Residential SUD Facilities
 - School-Linked Health Center
 - Partial Hospitalization
 - Community Treatment Facility

Bold Goals 50x2025: A Multi-Pronged Quality Strategy

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Specific Measures

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations

Prenatal and postpartum visits
C-section rates

Prenatal and postpartum depression screening
Adolescent depression screening and follow up

Follow up after ED visit for SUD within 30 days
Depression screening and follow up for adults
Initiation and engagement of alcohol and SUD treatment

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations
Blood lead and developmental screening
Chlamydia screening for adolescents

BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



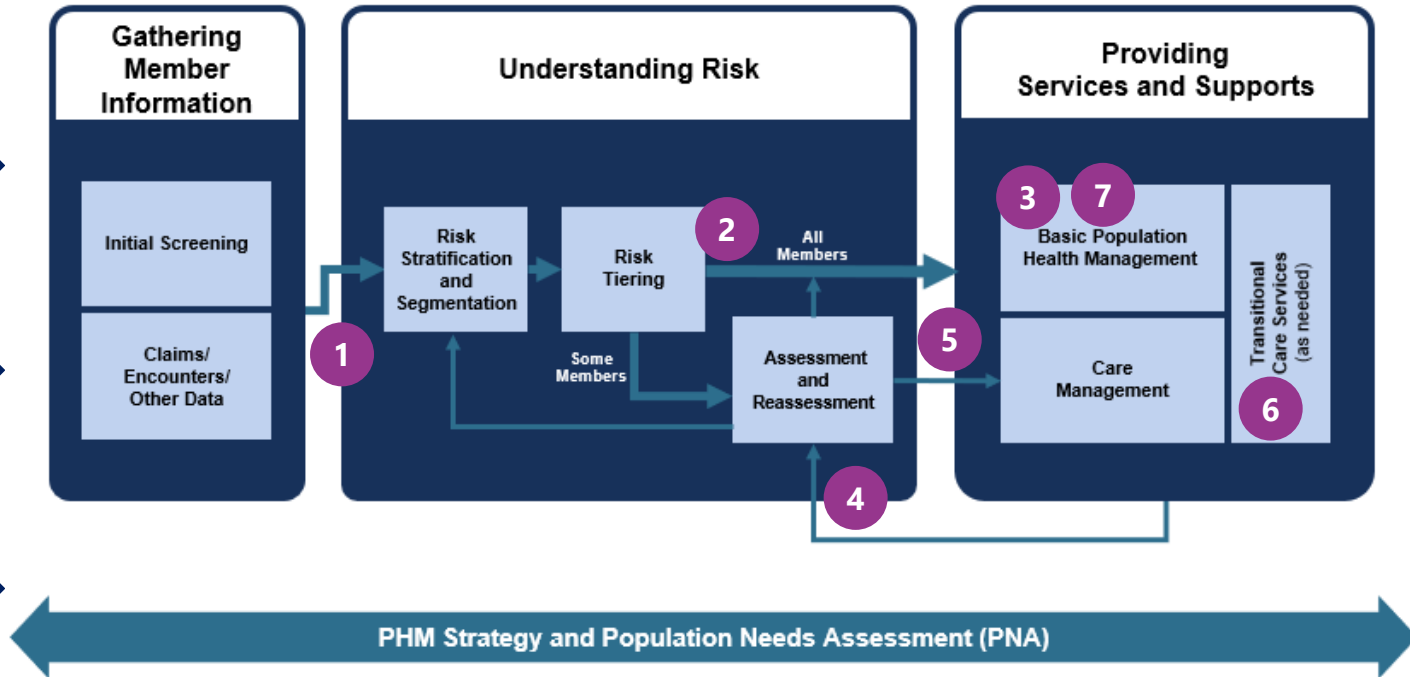
Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Member Vignette: PHM in Action

- 1 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.
- 2 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula
- 3 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to a high-risk pregnancy specialist, and enrolled in Complex Care Management (CCM).
- 4 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital.
- 5 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well-child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



Aligning Financial Incentives

- » Federally Qualified Health Center (FQHC) Alternate Payment Methodology (APM): Launch in January 2024, optional participation, prioritizes team-based care, quality, and equity
 - Prioritization of maternal-child health measures (15 of 21)
- » Adjusting MCP capitation based on quality performance
 - 8 of 10 measures related to maternal and child health
- » Health Equity & Practice Transformation Payments: \$700 million over five years to support primary care transformation
 - Specific workstreams for scaling pediatric best practices
 - Incentivizing FQHC APM participation and VBP contracts
- » New 2024 MCP Contract Requirements
 - Reporting on primary care spending (as a % of total spend), stratified by age
 - Reporting on provider contracts in APM

