Medi-Cal Managed Care Advisory Group Meeting

December 2, 2021 – (Webex Only)
Webex Event Number (Access Code): 2594 474 3373
Event Password: MCAG*

Join by Phone: +1-415-655-0001 US Toll
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DHCS

December 2021

Agenda

- Welcome and Introductions
  - Staffing Updates
- Comprehensive Quality and Equity Strategy: Update
- 2023 Managed Care Accountability Set (MCAS) Measures
- Presentation of Population Needs Assessment
- CalAIM Justice-Involved Advisory Group Update
- CalAIM Incentive Programs
- Updates
  - Coordinated Care Initiative to Dual Eligible Special Needs Plans
  - CalAIM
    - Enhanced Care Management/Community Supports
    - Benefit Standardization
    - Mandatory Managed Care Enrollment
  - Ombudsman Report
- Open Discussion
- Next Meeting – March 10, 2022

Welcome and Introductions

Quality & Health Equity Strategy

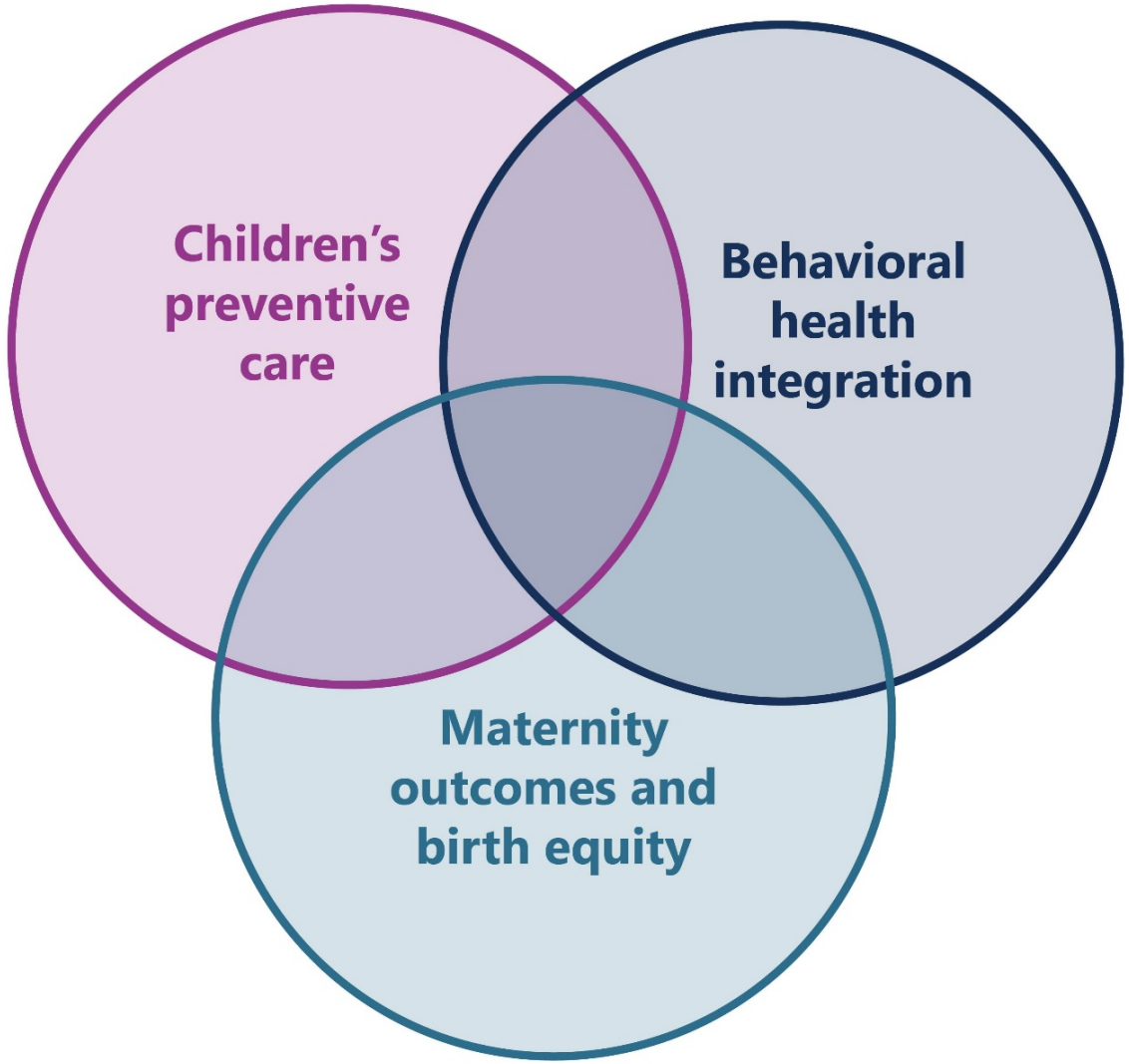
Palav Babaria, MD, MHS
Chief Quality Officer

DHCS

Quality and Population Health Management

Defining the Vision:

The Long View of Health and Wellness in California



Thinking Big:

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 after emergency department visit for mental health or substance use disorder by 50%

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

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

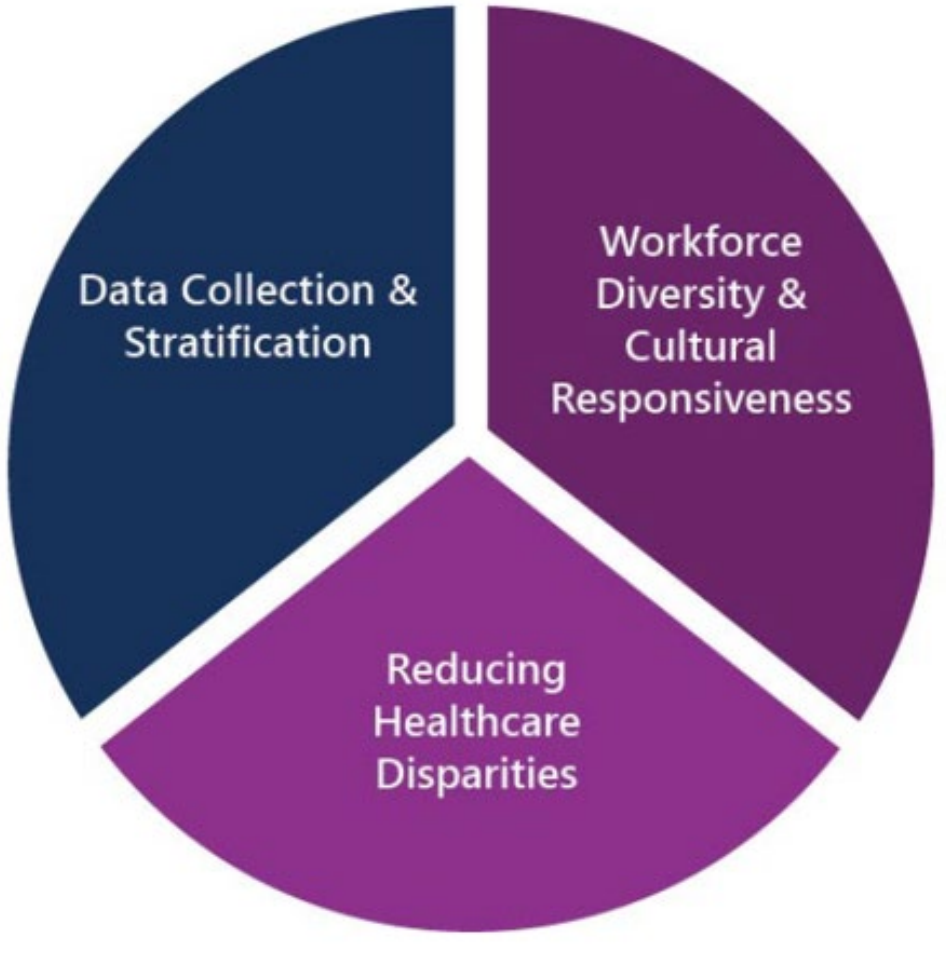
Foundation:

- 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

Co-Designing for Health Equity:

- **Skeleton Roadmap:** Inventory of current and planned DHCS efforts

- **Full Roadmap:** Formal co-design work group with stakeholders
  - Capacity-building, technical expertise, and outside consultation required for health equity work



Proposed Equity Metrics for 2022

- Colorectal cancer*
- Controlling high blood pressure*
- HgbA1c for persons with diabetes mellitus*
- Prenatal and postpartum care*
- Child and adolescent Well-Care Visits (WCV)*
- Childhood immunizations
- Adolescent immunizations
- Follow up after Emergency Department visit for mental illness & substance use disorder (SUD) (include adolescent measure if available)
- Perinatal and postpartum depression screening

*Metrics recommended by the National Committee for Quality Assurance (NCQA) for stratification by race/ethnicity

Value-Based Payment Roadmap

2021/2022

Incentive Programs

(e.g., Quality Incentive Program (QIP), Vaccine Incentives, Behavioral Health (BH) QIP, CalAIM ECM/Community Supports)

2023

Rate adjustment with quality & health equity outcomes

Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM)

Revised auto-assignment algorithm

Improved Transparency, Accountability, and Member Involvement

- Creating an organizational structure that supports accountability
- Standardizing and streamlining elements of monitoring and compliance across programs
- Creating a pro-active assessment structure for managed care performance, including public data
- Enhanced county oversight (in BH, Medi-Cal eligibility and enrollment, California Children's Services (CCS) program)
- Member engagement at all steps, including with quality strategy review process

CMS Affinity Group for Infant Well-Child Visits

It’s not too late to join!

Proposed Changes to MCAS Reporting Year (RY) 2023

Proposed Changes for RY 2023 MCAS

- To better align with:
  - Quality Strategy Goals
    - Engage members as owners of their 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 social drivers of health
  - Clinical Focus Areas
    - Children's Preventive Health
    - Maternity Care and Birth Equity
    - Behavioral Health Integration
- To adhere to DHCS' Core Metric Workgroup Guiding Principles

Core Metric Workgroup Guiding Principles

- Clinically meaningful
- High population health impact
- Alignment (with state and national priorities, and other public purchasers)
- Availability of standardized measures and data
- Evidenced-based
- Promotes health equity

Summary of Proposed Changes

- Add 10 measures to align with the DHCS Comprehensive Quality Strategy clinical focus areas
- Remove 9 measures for redundancy, lack of clinical meaningfulness, or potential unintended negative consequences
- RY 2023 MCAS total: 37 measures
- Workgroup reviewed all current MCAS measures as well as numerous additional measures

Measures Retained for RY 2023

Breast Cancer Screening	Chlamydia Screening
Cervical Cancer Screening	Comprehensive Diabetes Care: HbA1c Poor Control
Child and Adolescent Well Visits	Controlling High Blood Pressure
Childhood Immunizations for 2 Year Olds	Antidepressant Medication Management–Acute/Cont.
Immunizations for Adolescents	Ambulatory Care: Emergency Department (ED) Visits
Timeliness of Prenatal Care	Diabetes Screening for People w/ Schizophrenia Bipolar Disorder Using Antipsychotic Medications
Postpartum Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics
Well-Child Visits in the 1st 30 mos of Life: 0-15 mos	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
Well-Child Visits in the 1st 30 mos of Life: 15-30 mos	Follow-Up After ED Visit for Mental Illness
Developmental Screening in the 1st Three Years of Life	Follow-Up Care for Children Prescribed ADHD Medication
Asthma Medication Ratio	Plan All-Cause Readmissions
Screening for Depression and Follow-Up Plan	Contraceptive Care – All Women/Postpartum Women

Proposed Measure Removals for RY 2023

Measures to Remove	Rationale
Contraceptive Care Measures for All Women and Postpartum Women that focus on long-acting reversible contraceptives (LARCs)	Measure with several different and overlapping indicators, some of which we propose to remove (retaining others)
Concurrent Use of Opioids	Avoid potential unintended negative consequences
Benzodiazepines and Use of Opioids at High Dosage in Persons without Cancer	Avoid potential unintended negative consequences
Weight Assessment and Counseling in Children/Adolescents (BMI, Nutrition and Physical Activity)	Not as clinically meaningful as other children's preventive measures; compliance determined by a check box in the chart and not an indication of a meaningful service

Proposed Measure Additions for RY 2023

Prenatal and Postpartum Depression Screening and Follow Up: two new NCQA HEDIS (electronic reporting) measures that align with all three DHCS clinical focus areas	**Nulliparous, Term, Singleton, Vertex (NTSV) C-Section Rate**: a non-HEDIS measure used by California payers and which aligns with DHCS' clinical focus on maternity outcomes and birth equity
Prenatal Immunization Status: a new NCQA HEDIS measure (electronic reporting) that aligns with maternity outcomes and children's preventive health	**Dental Fluoride Varnish**: a non-HEDIS measure and DHCS' first MCAS dental measure, improving on children's preventive health and aligning with our Value-Based Payment program
Lead Screening in Children: NCQA HEDIS measure that aligns with DHCS' focus on children's preventive care	

Proposed Measure Additions for RY 2023

Colorectal Cancer Screening: almost assured to be a new CMS Core Set measure for 2022; NCQA adding a Medicaid reporting line; aligns with other California payers, as well as targeting health equity for adults	**Depression Remission and Response**: true outcome measure for depression, from NCQA HEDIS (electronic reporting) – considering optional reporting for RY 2023
Adults' Access to Preventive/Ambulatory Health Services: addresses underutilization of adult preventive care	**Use of Pharmacotherapy for Opioid Use Disorder**: addresses underutilization of medication assisted therapy for opioid use disorder

Q&A AND FEEDBACK

2021 Population Needs Assessment (PNA)

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DHCS

December 2021

PNA Goal and Requirements

GOAL:

- Improve health outcomes for members and ensure that Medi-Cal managed care plans (MCP) are meeting the needs of their Medi-Cal members.

REQUIREMENTS:

- Identify member health needs
- Informed by data—data sources listed and described. Assessment of DHCS Health Disparities data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data is required
- Evaluate and identify gaps in health education (HE), cultural and linguistics (C&L), and quality improvement (QI) activities and resources
- Create an action plan containing objectives and strategies to be implemented over the next year(s) to address gaps, member needs, and health disparities
- The action plan must include at least one objective addressing health disparities.
- Objectives must be supported by data and measureable.

PNA Report Submission and Review Process

- All Plan Letter 19-011: HEALTH EDUCATION AND CULTURAL AND LINGUISTIC POPULATION NEEDS ASSESSMENT
- Technical assistance provided during Health Education and Cultural & Linguistic Workgroup (HECLW) quarterly meetings and to individual MCPs as needed
- Standardized process for PNA submission, review, and notification of approval or requested revisions
- PNA reports are due to Managed Care Quality and Monitoring Division
- PNA reports are reviewed by health education consultants
- Reports are reviewed within 30 days
- Reports with additional information requested (AIR) are allowed 2-3 weeks for resubmission

PNA Reports Received

- 28 MCPs, including 3 Population Specific Plans (PSPs), submitted reports
- 5 MCPs requested and received an extension for final submission
- 20 reports required additional information before approval
- 1 report was unable to be approved

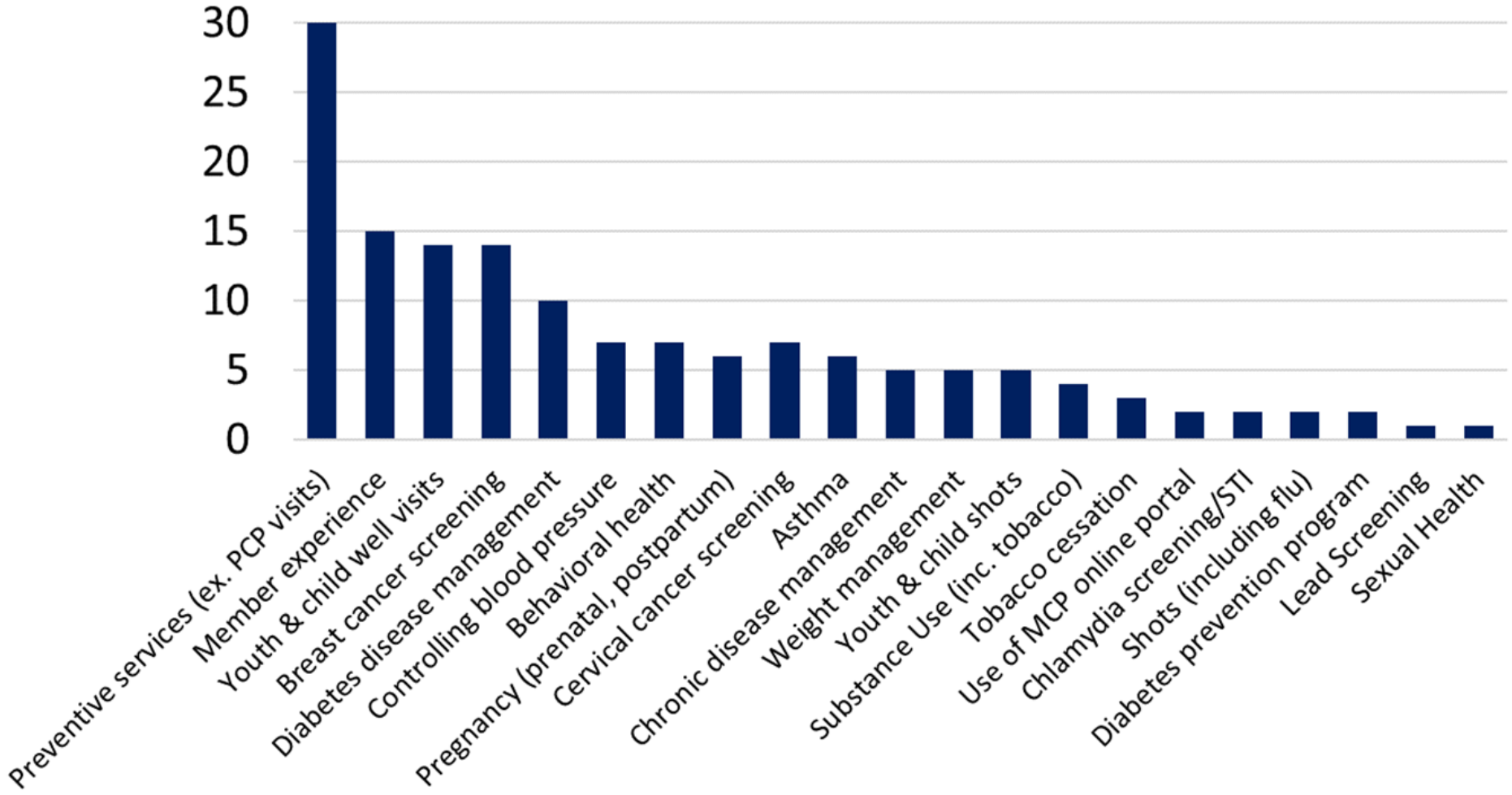
2021 Action Plan Objectives

- Number of objectives range from 1-8 (average: 4)
- 135 objectives total
- Each MCP is required to include at least one objective that focuses on reducing a health disparity
- 50 health disparities objectives total

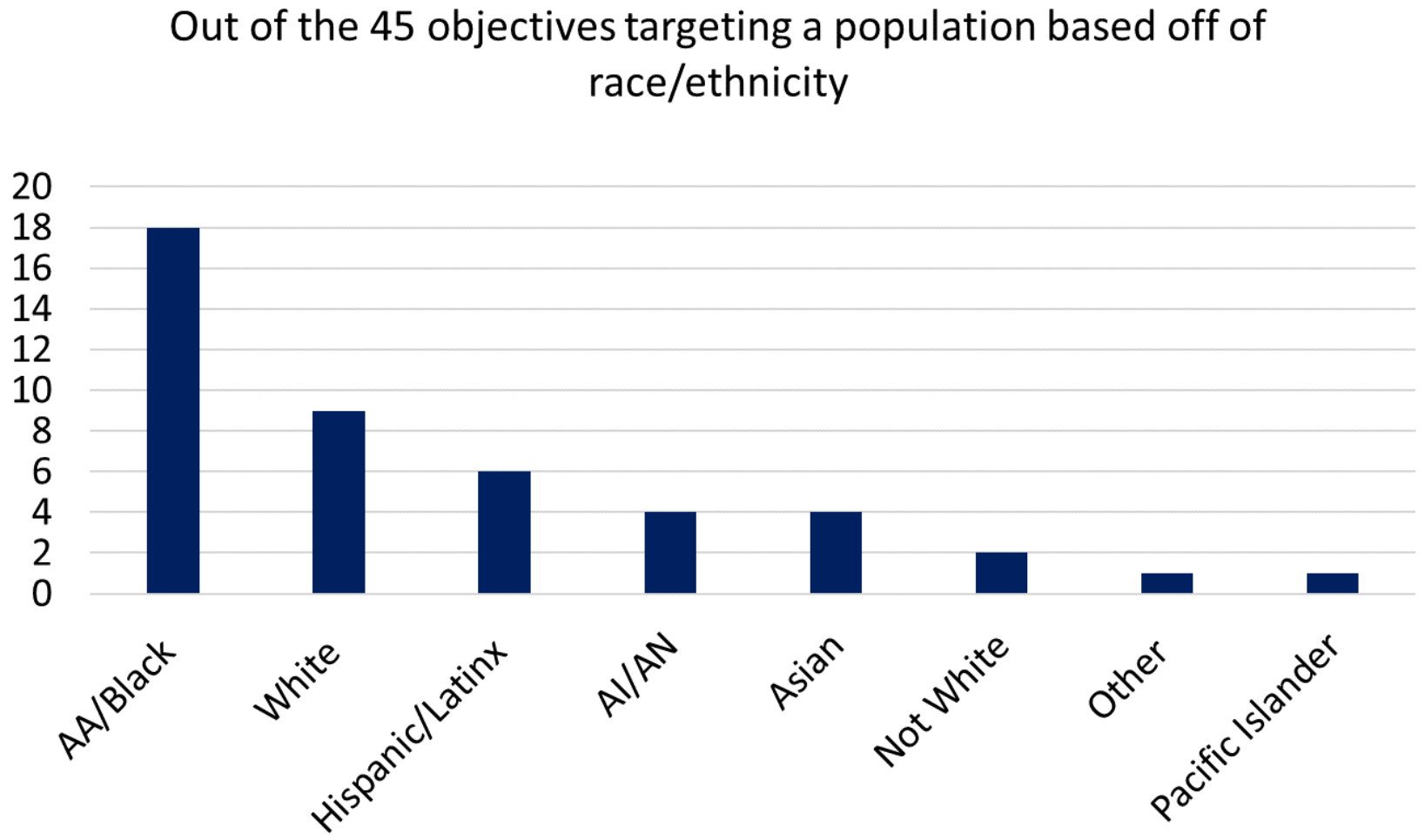
2021 Action Plan Objectives

- 57 were new objectives started in 2021
- 46 continued from 2020
- 32 continued from 2020, but objectives were modified. Modifications included a modest change to the population, data source, etc.

2021 Action Plan Objectives by Targeted Behavior/Disease



2021 Action Plan Objectives by Target Population



2020 Action Plan Update

Comparing the reported 2020 baseline measures to 2021 progress data:

- 60 better
- 42 worse - due to pandemic influences between 2020 to 2021
- 5 same
- 42 unknown - due to data source issues

Common Reasons for AIR

- Action plan objectives were not SMART (Specific, Measurable, Actionable, Relevant, Time-limited) or missing SMART components
- Insufficient or incorrect reporting for the 2020 action plan update objectives
- Key findings were not supported by data
- Action plan objectives were not informed by key findings

PNA Highlights

- Health Education (86%) and C&L (72%) staff have a lot of involvement in the selection of PNA objectives and implementation of PNA strategies
- QI staff have a lot of involvement in implementation (76%) and less in selection of PNA objectives (52%) (Annual Quality Improvement Survey, 2021)
- PNA objectives alignment with other MCP priorities: Health Equity (83%), Performance Improvement Projects (PIP) (55%), Plan-Do-Study-Act (PDSA) (48%)
- Diversity of data sources
- Proportion of disparity objectives shows prioritization of addressing health disparities
- Emphasis on measurable objectives

PNA Future Considerations

- MCPs that fail to achieve PNA approval have accountability in the Plan-Specific Evaluation Report (PSER).
  - The External Quality Review Organization (EQRO) provides recommendations to the MCP that must be addressed
- Considering changing PSER language in 2022 to reflect the number of AIRed reports before approval.
- The pending implementation of CalAIM, specifically the Population Health Management component and NCQA accreditation, could impact the need for PNA in its current form.

Questions?

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CalAIM Justice-Involved Initiative Overview

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DHCS

Agenda

- Health Needs of the Justice-Involved Population
- Medi-Cal's Commitment to Justice-Involved Populations
- CalAIM Initiatives to Support Justice-Involved Populations

Health Needs of the Justice-Involved Population

Health Needs of the Justice-Involved Population

People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and behavioral health diagnoses, and are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.

Of people incarcerated in state/federal prison, nationally:

- **26.3% have high blood pressure/hypertension**, compared to 18.1% of the general public
- **15% have asthma**, compared to 10% of the general public
- **65% smoke cigarettes**, compared to 21% of the general public[1*]
- The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses[2]

People with behavioral health disorders are overrepresented in the criminal justice system.

- **51% of people in prison** and **71% of people in jail** in the U.S. have/previously had a **mental health problem**
- **58% of people in state prison and 63% of people in jail** in the U.S. meet the criteria for **drug dependence or abuse**[3]
- **Overdose deaths are >100x** more likely for justice-involved individuals 2-weeks post release than the general population[4]

Focus on California

- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by **63%**[5]
- California's correctional health care system drug overdose rate for incarcerated individuals is **3x** the national prison rate[6]
- Among justice-involved individuals, **2 of 3** individuals incarcerated in California have high or moderate need for substance use disorder treatment[7]

Addressing the Needs of the Justice-Involved Population Is Key to Advancing Health Equity

Addressing the unique and considerable health care needs of justice-involved populations—who are disproportionately people of color—will help to improve health outcomes, deliver care more efficiently, and advance health equity.

Serving the justice-involved population is key to CalAIM's efforts to address health disparities

In California, and across the US, justice-involved populations are disproportionately people of color.[1]

In California:

- **28.5% of incarcerated males are Black,** while Black men make up only 5.6% of the state's total population
- **Incarceration rate by race and ethnicity:**
  - **Black men:** 4,236 per 100,000
  - **Latino men:** 1,016 per 100,000
  - **Men of all other races/ethnicities:** 314 per 100,000

At least 80% of justice-involved individuals in California are eligible for Medi-Cal[2]

Additional Benefits to Providing Pre-Release Medi-Cal Services

Pre-release Medi-Cal services are anticipated to:

- Avert inefficient, unnecessary, and costly care, producing cost savings for the state and federal government
- Achieve progress in realizing the goals of the Americans with Disabilities Act by strengthening community integration for individuals with mental illness and other disabilities (Olmstead)

Medi-Cal's Commitment to Justice-Involved Populations

CalAIM Initiatives Focused on Improving the Health of Justice-Involved Individuals

CalAIM builds on legislative initiatives already passed and implemented in California that are focused on ensuring continuity of coverage through Medi-Cal pre-release enrollment strategies and on providing services necessary to support a successful transition into the community.

CalAIM will build on existing requirements through new initiatives that will:

- Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and juvenile facilities by 2023*.
- Engage with individuals who meet clinical criteria (e.g., pregnant, chronic illness, behavioral health diagnosis) in the 90 days prior to reentry to stabilize their health and assess their health, social, and economic needs in order to prepare for a successful reentry into the community.
- Provide "warm handoffs" to health care providers in the community for individuals who require behavioral health and other health care services and to ensure people have necessary equipment, medical supplies, and prescriptions upon reentry.
- Offer intensive, community-based care coordination for individuals transitioning to the community, including through the new statewide Enhanced Care Management (ECM) benefit.
- Provide access to available Community Supports (e.g., housing, food) upon reentry.
- Provide capacity building funding for workforce, IT systems, data, and infrastructure to support justice-involved initiatives.

*Note: *Process is already in place in state prisons.*

Current DHCS Initiatives that Support the Behavioral Health Needs of Incarcerated Individuals

California is currently leveraging multiple federal funding streams to support behavioral health services for incarcerated individuals.

SUD Funding Supporting Justice-Involved Populations

State Opioid Response

- **Expanding Medication-Assisted Treatment (MAT) in Criminal Justice Settings Project**: 34 county-based teams to expand access to MAT in jails and drug courts.
- **California Department of Corrections and Rehabilitation (CDCR) Training & Technical Assistance (TA):** Implement curriculum for Addiction Medicine Certification, and expand access to MAT in the prison system and train providers.

Substance Abuse Prevention & Treatment Block Grant

- **California MAT Reentry Incentive Program (AB 1304)**: Reduction in parole period for persons released from prison who are on parole and who were enrolled in or successfully completed an SUD program that employs MAT.

Mental Health Funding Supporting Justice-Involved Populations

Community Mental Health Services Block Grant

- Funding to counties for 24-hour crisis intervention, day treatment/partial hospitalization, intensive outpatient treatment, and psychiatric rehabilitation services, whether they are provided in jail or community settings.
- Screening for those who need state hospital services for psychiatric care.
- Competency restoration for individuals with severe mental illness (SMI) so they can understand charges against them and participate in their own defense.

CalAIM Services for Justice-Involved Population Builds on Current Whole Person Care Pilots

Whole Person Care (WPC) Pilots

In **2016**, DHCS launched WPC pilots as part of its Medi-Cal 2020 Section 1115 Demonstration. WPC pilots have tested interventions to coordinate physical, behavioral, and social services in a patient-centered manner, including interventions that improve access to housing and supportive services.

17 WPC pilots, including in LA County, are specifically dedicated to serving justice-involved populations reentering the community post-incarceration, and have designed programs to directly engage local jails and probation departments.

Examples of services provided to justice-involved populations within WPC pilots:

- Conducting physical, mental health, and substance use **assessments**
- Connecting individuals to **behavioral health services**
- Reconnecting with pre-incarceration **primary care**
- Supporting access to needed **prescriptions**
- Transferring in-custody **medical records** to the client's community-based provider(s)
- Following up with community-based providers to ensure **continuity of services**

CalAIM Behavioral Health (BH) Initiatives

In parallel with the justice-involved initiatives, California is strengthening behavioral health programs.

BH Continuum Infrastructure

2022

- Modify Criteria of Services
- No Wrong Door
- Peers
- Contingency Management
- CalBridge BH Program
- DMC Parity

SMI/Serious Emotional Disturbance (SED) Institutions for Mental Disease (IMD) Waiver

2023

- Mobile Crisis
- Standard Screening & Transition Tools
- Current Procedural Terminology (CPT) Code Transition
- Payment Reform

Children and Youth BH Initiative

2024

- BH Quality and Utilization Dashboard
- Network Adequacy Expansion

2022 ***Specialty Mental Health and Substance Use Disorder Administrative and Clinical Integration*** 2027

Behavioral Health Continuum Infrastructure

California is making a $2.2 billion investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets for community-based behavioral health facilities.

Proposed funding rounds:

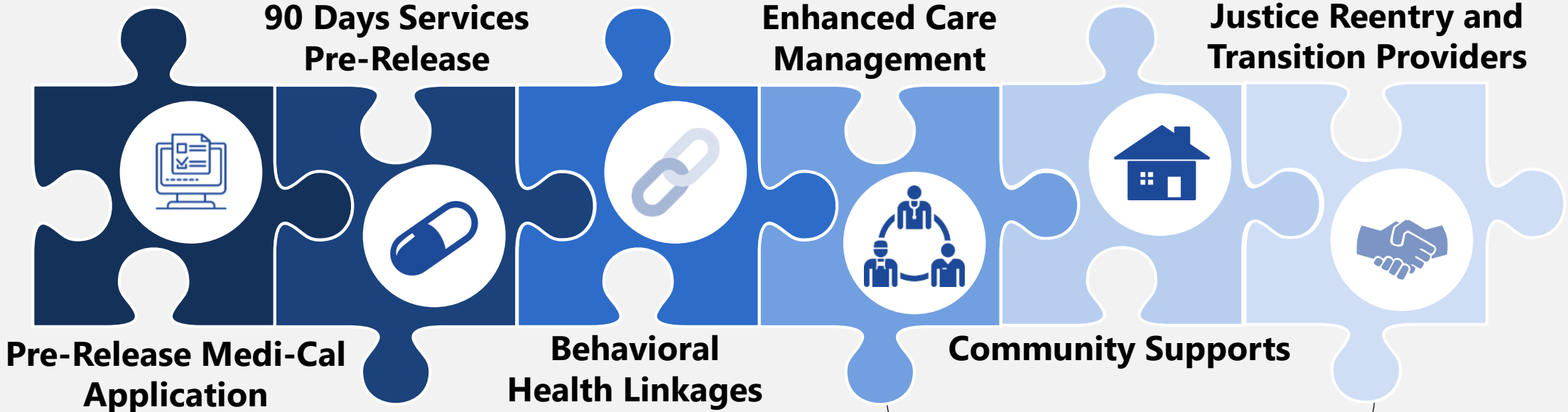
- **Round 1**: Mobile Crisis $150 million and $55 million Substance Abuse and Mental Health Services Administration (SAMHSA) (July 2021)
- **Round 2**: Planning Grants $8 million (November 2021)
- **Round 3**: Launch Ready $585 million (January 2022)
- **Round 4**: Children and Youth $460 million (August 2022)
- **Round 5**: Addressing Gaps #1 $462 million (October 2022)
- **Round 6**: Addressing Gaps #2 $460 million (December 2022)

CalAIM Initiatives to Support Justice-Involved Populations

CalAIM Initiatives to Support Justice-Involved Populations

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.

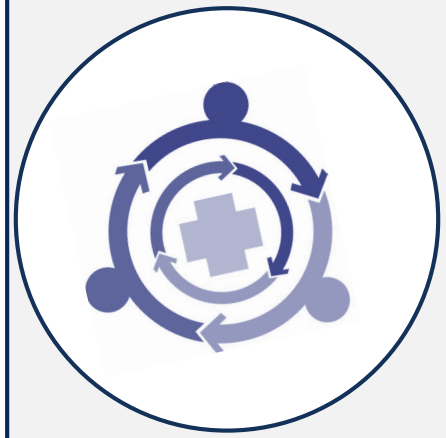
Initiatives Include:



Pre-Release Medi-Cal Application

California statute mandates all counties implement pre-release application processes in county jails and youth correctional facilities by January 1, 2023. Establishing pre-release Medi-Cal application processes is part of the state's vision to enhance the Medi-Cal health care delivery system for justice-involved populations.

Rationale



- Pre-release application process will help to ensure Medi-Cal coverage upon reentry into the community to facilitate access to needed Medi-Cal covered services and care

Sources: AB-133 Health; Chapter 143; AB-720 Inmates: Health Care Enrollment; ACWDLS 14-26; ACWDLS 14-26E; CalAIM Proposal

Providing Services 90-Days Prior to Release

Through its 1115 waiver, California seeks to test its expectation that providing health care services to Medi-Cal-eligible individuals for 90 days prior to release will prevent unnecessary use of health care services, while also improve health outcomes post-incarceration.

Rationale

Service provision in the pre-release period is designed to engage eligible justice-involved populations, prepare them to return to the community, and mitigate gaps in services and medications

Approach establishes trusted relationships with care managers/care coordinators to develop a transition plan, coordinate care, and support stabilization upon reentry

Extending Medicaid coverage in jails and prisons would allow for pre-release management of ambulatory care sensitive conditions (e.g., diabetes, heart failure, and hypertension), which would reduce post-release acute care utilization

- If not managed, a period of incarceration perfectly aligns with the time needed to have a well-controlled condition (diabetes, HIV, hypertension, epilepsy) decompensate
- A poorly controlled, but not acutely decompensated condition, requires more significant, hospital-based care

The level of services that will be available during the pre-release period will depend on the length of the inmate's stay

The request is closely aligned with Biden Administration and Congressional priorities.

Objectives of Providing Services Prior to Release

By bridging relationships between community-based Medi-Cal providers and justice-involved populations prior to release, California seeks to improve the chances these individuals receive stable and continuous care.

- Improve physical and behavioral health outcomes post-release
- Reduce the number of justice-involved people released into homelessness through connection to pre-release Enhanced Care Management and Community Supports
- Reduce recidivism, emergency department visits, hospitalizations, and other avoidable health care services through a connection to ongoing community-based physical and behavioral health services
- Continue medication treatment for individuals who receive pharmaceutical treatment
- Reduce health care costs through continuity of care and services upon release into the community

Pre-Release Services: Target Populations

Select Medi-Cal-eligible individuals will be able to receive Medi-Cal coverage and pre-release services 90 days prior to release from county jails, state prisons, and youth correctional facilities.

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid eligibility group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Chronic mental illness
  - Substance use disorder (SUD)
  - Chronic disease (e.g., hepatitis C, diabetes)
  - Intellectual or developmental disability
  - Traumatic brain injury
  - HIV
  - Pregnancy and postpartum

Note: All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need

Medi-Cal Eligible Individuals

- Adults
- Parents
- Youth under 19
- Pregnant people
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

Pre-Release Covered Services

Covered Services

- In-reach intensive care management/care coordination
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, including via community-based providers
- Limited laboratory/X-rays
- Psychotropic medications
- Medications for addiction treatment (MAT)
- Services provided within jail/prison for post-release:
  - 30 days of medication, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community*, and/or
  - Durable medical equipment (DME) for use post-release into the community

Note: **Because medications used for addiction include those that create a high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, particular risk for the patient, and clinical judgment of the prescriber.*

Note: Covered services will be provided in compliance with any COVID-19 protocols in place.

Expenditure Authority for Providing Access and Transforming Health Supports (PATH) Funding

As part of the 1115 waiver, DHCS is seeking expenditure authority for PATH funding to advance coordination and delivery of quality care and improve health outcomes for justice-involved individuals.

Current State	*Transition State through PATH*	*Future State*
WPC Pilot	**WPC Pilot → CalAIM Pre-Release Services**	**CalAIM 90 Days Pre-Release Services and ECM Post Release**

- PATH funding will be used to support the transition of WPC pilot services, capacity and infrastructure required for ECM, Community Supports, and other CalAIM initiatives to transition to managed care.
- A key aspect of PATH funding is that it would **support capacity building for effective pre-release care for justice-involved populations** and **enable coordination with justice agencies and county behavioral health agencies**. PATH will be available to county behavioral health, prisons, jails, juvenile facilities, providers, and community-based organizations (CBO).

Note: *ECM go-live will be staged, as described on slide 48.

Reentry: Behavioral Health Linkages

DHCS will require jails and county juvenile facilities to refer individuals who receive behavioral health services while incarcerated to the appropriate Medi-Cal coverage and services to allow for continuation of behavioral health treatment in the community.

- Individuals may be linked to the following Medi-Cal delivery systems:
  - Specialty Mental Health Services (SMHS)
  - Drug Medi-Cal (DMC)
  - Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - Medi-Cal managed care plan (MCP)
  - Fee-for-service providers
- DHCS expects counties to implement medical record release processes that will allow medical records to be shared with county behavioral health and Medi-Cal managed care providers prior to release

Key Planning Domains and Program Design Requirements for Justice-Involved Initiative

DHCS will work with stakeholders through a Justice-Involved Advisory Group to resolve open policy questions, address operational issues, and identify necessary IT systems changes and financing to support these justice-involved initiatives across numerous domains.

Domain 1: Medi-Cal Pre-Release Application Process

- 1.1 Medi-Cal Application/ Enrollment/ Suspension

Domain 2: 90-Day Services Pre-Release and Reentry

- 2.1 Screening for Enrollment in Pre-Release Services
- 2.2 Pre-Release Services Delivery Model
- 2.3 Provider Network and Payment
- 2.4 Prescription Drug Coverage
- 2.5 Reentry Planning

Domain 3: Governance, Oversight, and Management

- 3.1 Governance Oversight and Monitoring → 3.2 1115 Waiver Evaluation Oversight

DHCS will engage stakeholders throughout the policy design process across domains, including the design of reentry planning policies.

CalAIM Justice-Involved Advisory Workgroup Charter

Workgroup meetings will provide a mechanism for direct communication and problem solving with DHCS and initiative implementers. Members are asked to bring a collaborative, pragmatic, and solution-oriented mindset.

Objectives	**The Advisory Workgroup will:** ✓ Offer regular input on key policy and implementation issues to support the launch and ongoing success of CalAIM ✓ Review and provide feedback on select decisions and documents before broad distribution ✓ Evaluate select high-priority issues spanning all CalAIM initiatives
Expectations	**Advisory Workgroup members have been selected for their expertise, and will be expected to:** ✓ Consistently attend and actively participate in meetings ✓ Review materials in advance of each meeting and provide input when requested ✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief ✓ Be solutions-oriented, offering alternatives or suggested revisions when possible ✓ Represent their cross-sector perspective, but not advocate on behalf of their sector
Meeting Preparation	**DHCS will help Advisory Workgroup members prepare for meetings by:** ✓ Circulating agendas, minutes, and pre-decisional materials for review in advance of meetings ✓ Conducting outreach to Advisory Workgroup before/after meetings to solicit additional input ✓ Post materials on the CalAIM Justice-Involved Advisory Group webpage after meetings ***Note:*** Members are invited to take materials back to their organizations, but are asked to refrain from wider dissemination of material beyond your immediate organizations prior to finalization by DHCS

Decisions on CalAIM design and implementation are made at the sole discretion of DHCS.

DHCS Continues to Negotiate with CMS on a 1115 Waiver to Provide Services in the 90 Days Prior to Release

CMS Update

- Negotiations on the state's 1115 waiver with the Centers for Medicare & Medicaid Services (CMS) on the request to provide targeted services in the 90 days prior to release are ongoing.
- DHCS will provide an update on the status of negotiations as information becomes available to share.
- All pre-release service coverage discussed today is subject to change.

All design is tentative and subject to CMS approval.

IPP and PATH Program Overview

Rafael Davtian
Chief, Capitated Rates Development Division

Michel Huizar
Chief, Quality and Medical Policy Branch

Jonah Frohlich
DHCS Contractor

DHCS

December 2, 2021

Agenda for Today

- Overview of Incentive Payment Program (IPP)
- Overview of the "Providing Access and Transforming Health" (PATH) Program
- Non-Duplication of CalAIM Funding Programs

Overview of IPP

CalAIM IPP Overview

CalAIM's ECM and Community Supports (ILOS) programs will launch in January 2022, requiring significant investments in care management capabilities, Community Supports infrastructure, information technology (IT) and data exchange, and workforce capacity at both the Medi-Cal MCP and provider levels.

- Incentive payments will be a critical component of CalAIM to promote MCP and provider participation in, and capacity building for, ECM and Community Supports.

- The 2021-22 California State Budget allocated:
  - $300 million for plan incentives from January to June 2022
  - $600 million from July 2022 to June 2023
  - $600 million from July 2023 to June 2024

IPP Program Year (PY) 1 Priorities

DHCS focused initial PY 1 (i.e., Calendar Year (CY) 2022) funding priority areas on capacity building, infrastructure, Community Supports take-up, and quality.

Delivery System Infrastructure

Fund core MCP, ECM, and Community Supports provider Health Information Technology (HIT), and data exchange infrastructure required for ECM and Community Supports

ECM Provider Capacity Building

Fund ECM workforce, training, TA, workflow development, operational requirements, and oversight

Community Supports Provider Capacity Building & MCP Take-Up

Fund Community Supports training, TA, workflow development, operational requirements, take-up, and oversight

Quality

Fund reporting of baseline data collection to inform quality outcome measures to be collected in future program years

Physical and behavioral health integration between and among providers and MCPs, health equity advancement, and health disparities reduction have been integrated into all three goal areas wherever feasible.

PY 1 Reporting

DHCS expects MCPs to work closely with all applicable local partners in drafting and developing their Gap-Filling Plan and Needs Assessment to meet and achieve the program measures. In order to meet the goals of the program, DHCS anticipates that participating MCPs will maximize the investment and flow of incentive funding to ECM and Community Supports providers to support capacity and infrastructure.

December 2021

MCPs submit Gap-Filling Plan and Needs Assessment

- Measures tied to each Priority Area for PY1
- Submission date for all MCPs is December 2

Summer 2022

DHCS to publish MCP Gap-Filling Plans and Needs Assessments

- Ensures transparency and collaboration across state programs

September 2022

MCPs submit Gap Assessment Progress Report

- Measures tied to each Priority Area for PY1
- MCPs to show progress against Gap-Filling Plans

Program Documents

To ensure transparency, DHCS made the IPP documents publicly available on the CalAIM ECM and Community supports website: https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices

Program FAQ	» CalAIM Incentive Payment FAQ (Updated in September)
PY 1 Measure Set *MCPs must complete measure via the reporting templates to be eligible for funding*	» CalAIM Incentive Payment Measure Set - PY 1 (Excel)
Gap-Filling Plan and Needs Assessment Reporting Templates *Due from MCPs to DHCS on December 22*	» CalAIM Incentive Payment Reporting Template - Narrative Measures for Payment 1 » CalAIM Incentive Payment Program Needs Assessment - Reporting Template - Payment 1 (Excel)
Gap Assessment Progress Report Template *Due from MCPs to DHCS in September 2022*	» CalAIM Incentive Payment Program Gap Progress Report - Reporting Template - Payment 2

Overview of PATH Program

What is PATH?

- California's 1115 waiver demonstration renewal and amendment requests funds for the "Providing Access and Transforming Health" (PATH) program.
- DHCS is seeking $1.85 billion in federal support to maintain, build, and scale the capacity necessary to ensure successful implementation of CalAIM.
- PATH funds will be available to many types of entities (e.g., WPC lead entities, counties, CBOs, providers, tribes). MCPs are not eligible to receive PATH funds.

All design is tentative and subject to CMS approval

Overview of PATH Programs

PATH is comprised of two aligned programs.

PATH Program	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., pre-release and post-release services).
Support for Implementation of ECM and Community Supports (ILOS)	Support for CalAIM implementation at the community level, and support to expand access to services that will enable the transition from Medi-Cal 2020 to CalAIM.

MCPs will be expected to participate in PATH programs, but are not eligible to receive PATH funding.

All design is tentative and subject to CMS approval

PATH Program Design for ECM/Community Supports Initiatives

ECM/Community Supports PATH Initiative	High-Level Description
WPC Services and Transition to Managed Care Mitigation Initiative	• Direct funding for former WPC pilot lead entities to pay for existing WPC services before they transition to CalAIM on or before January 1, 2024. • **Services and infrastructure that will not continue under CalAIM would not be eligible for this funding. MCPs must have provided explicit commitment to "picking up" the service.**
TA Initiative	• Registration-based **TA program** for all counties, providers, CBOs, and others in defined domains.
Collaborative Planning and Implementation Initiative	• Support for **collaborative planning efforts** across counties, CBOs, providers, tribes, and others.
Capacity and Infrastructure Transition, Expansion and Development Initiative (CITED)	• Funding available to all counties, providers, CBOs, tribes, and others to **build and expand capacity and infrastructure** necessary to support ECM and Community Supports.

All design is tentative and subject to CMS approval

Alignment Between IPP and PATH

Funding Initiatives Overview

PATH

California's Section 1115 waiver renewal and amendment request includes expenditure authority for the PATH program to **transition existing services to CalAIM, and maintain, build, and scale the capacity** necessary to ensure successful implementation of CalAIM. **Providers, counties, CBOs, and others** will have the ability to seek capacity building funds to enable their participation in CalAIM.

IPP

The CalAIM IPP will support the **expansion of and access to ECM and Community Supports** by incentivizing **MCPs** to:

- build appropriate and sustainable capacity
- invest in necessary delivery system infrastructure
- bridge current silos across physical and behavioral health care service delivery
- reduce health disparities and promote health equity
- achieve improvements in quality performance
- take-up Community Supports

PATH and IPP funding will align with and complement one another and will not be duplicative.

All design is tentative and subject to CMS approval

Eligibility Criteria

	PATH	IPP
Eligibility Criteria	• Counties, former WPC lead entities, providers (including contracted ECM and Community Supports providers), CBOs , tribes, and others • **<u>MCPs are not permitted to receive funding</u>**	• **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments • DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers** to support capacity and infrastructure
Funds Flow & Uses	Funding will flow directly from DHCS or a contracted third-party administrator (TPA) to eligible entities. *Sample uses include:* • Sustaining existing WPC services until the transition to CalAIM • Hiring staff that will have a direct role in the execution of ECM and Community Supports responsibilities • Receiving technical assistance to support billing processes	Funds will flow directly from **DHCS to MCPs** upon meeting set milestones. *Sample uses include:* • Purchasing or upgrading IT systems for ECM and Community Supports • Expanding reach of Community Supports offered by developing new memorandums of understanding (MOUs) and partnerships with providers to expand MCP network capacity.

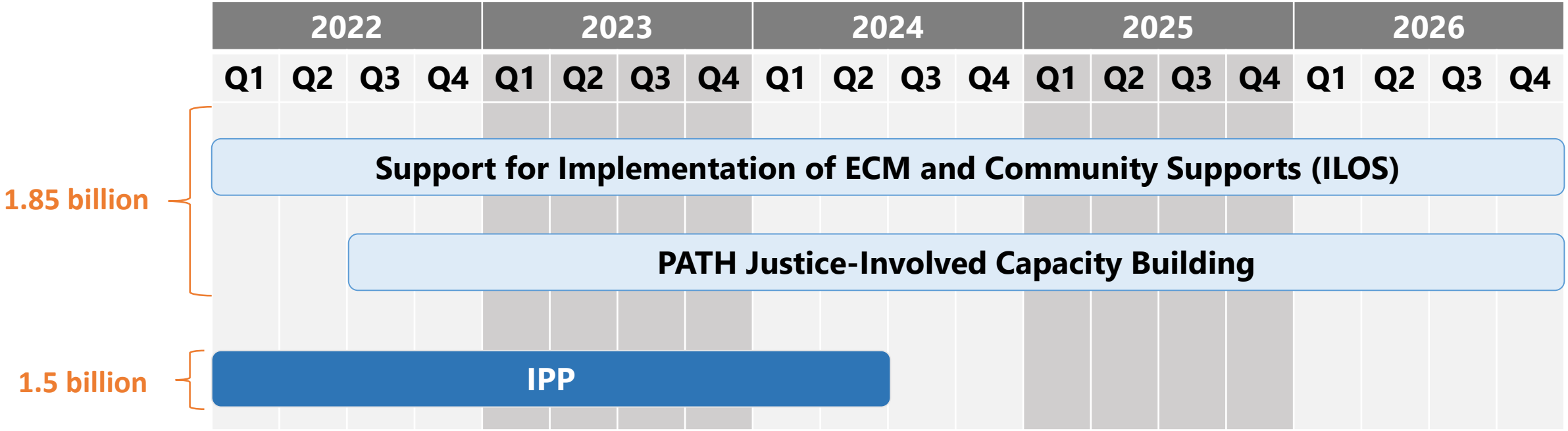
Program Alignment

PATH and IPP funding will complement and not duplicate one another. To ensure funds are utilized as intended, DHCS is ensuring transparency, collaboration, and reporting as foundational elements to both programs.

- ✓ **Transparency.** IPP MCP Needs Assessments and Gap-Filling Plans will be publicly posted in Summer 2022 to ensure transparency among MCPs as they build out their infrastructure and capacity for ECM and Community Supports. DHCS or its TPA will also make information on PATH funding awards publicly available and require applicants to attest that they have reviewed, and/or supported the development of, local MCP Needs Assessments and Gap-Filling Plans and are not receiving duplicative support for the same activities.
- ✓ **Collaboration.** PATH requires collaborative planning efforts across city, county, and other government agencies, county and community-based providers, including public hospitals, CBOs, and Medi-Cal Tribal and Designees of Indian Health Programs that are contracted with or intend to contract with MCPs as ECM or Community Supports providers to develop capacity and infrastructure-related funding requests. MCPs are also expected to collaborate with providers, CBOs, and others in developing the Needs Assessments and Gap-Filling Plans to develop the assessment and plan, as well as prevent duplication of funding requests.
- ✓ **Reporting.** DHCS or its TPA will review PATH funding application requests against IPP MCP Needs Assessments and Gap-Filling Plans to ensure that PATH funding requests complement and do not duplicate IPP funding.

All design is tentative and subject to CMS approval

Tentative: Program Funding & Timeline



Provisional timeline - PATH program is not yet approved by CMS

All design is tentative and subject to CMS approval

Q&A

Updates

DHCS

Managed Care Advisory Group
CalAIM and Managed Long-Term Services and Supports and Duals Integration

Anastasia Dodson

Deputy Director, Office of Medicare Innovation and Integration

DHCS

About the Office of Medicare Innovation and Integration

- Provides focused leadership and expertise on innovative models for Medicare beneficiaries in California, including both Medicare-only beneficiaries and those dually eligible for Medicare and Medi-Cal.
- Consistent with the Governor's Master Plan for Aging, goals include improving care coordination and integration of Medicare and Medi-Cal benefits, and improving health outcomes, equity, access, and affordability for all Medicare beneficiaries.

CalAIM: Expanding Access to Integrated Care for Dual Eligible Californians

CalAIM: Goals for Managed Long-Term Services and Supports

- Improved Care Integration
- Person-Centered Care
- Leverage California's Robust Array of Home and Community-Based Services (HCBS)
- Build on Lessons and Success of Cal MediConnect (CMC) and the Coordinated Care Initiative (CCI)
- Support Governor's Master Plan for Aging
- Build a multi-year roadmap to integrate CalAIM Managed Long-Term Services and Supports (MLTSS), Dual Eligible Special Needs Plans (D-SNP), Community Supports policy, the Master Plan for Aging, and all HCBS to expand and link HCBS to Medi-Cal managed care and D-SNP plans

CalAIM and Dual Eligibles

Goals:

- Provide dual eligible beneficiaries statewide access to integrated care for their Medicare and Medi-Cal benefits through Exclusively Aligned Enrollment (EAE) D-SNPs and Medi-Cal MCPs.
- Align long-term services and supports to provide coordination across the continuum of care.

CalAIM and Dual Eligibles: EAE D-SNPs

- EAE D-SNPs:
  - Dual eligible individuals who choose to be in a Medicare D-SNP must also be enrolled in the Medi-Cal MCP owned by the same parent organization.
  - This will allow similar integration and care coordination as members in CCI counties saw in Cal MediConnect. For example, integrated member materials and coordination across Medicare and Medi-Cal benefits and services.

CalAIM and Dual Eligibles: EAE D-SNPs (continued)

- EAE D-SNPs
  - In 2023, Medi-Cal plans in CCI counties are required to establish EAE D-SNPs, and duals may choose to enroll in those plans, among other options.
  - Cal MediConnect beneficiaries will automatically transition to EAE D-SNPs and matching Medi-Cal MCPs on January 1, 2023. The Cal MediConnect demonstration will end on December 31, 2022.
  - Non-CCI counties will have EAE D-SNPs and matching Medi-Cal MCPs starting in 2026.

CalAIM and Dual Eligibles: Key Policy Reminders

- Beneficiary enrollment in a D-SNP (or other Medicare Advantage plan) is voluntary.
- Medicare beneficiaries may remain in Medicare fee-for-service (FFS) (original Medicare), and do not need to take any action to remain in Medicare FFS.
- For 2023, beneficiaries already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan; no action is needed by the beneficiary.

CalAIM and Dual Eligibles: Other CalAIM Policies

- 2022: Mandatory Medi-Cal FFS enrollment for share of cost beneficiaries, excluding long-term care share of cost
- 2022: Multipurpose Senior Services Program (MSSP) carved-out in CCI counties
- 2022: D-SNP look-alike plan enrollment transitions begin
- 2023: Long-Term Care Carve-In
- 2023: Mandatory Medi-Cal managed care for dual eligibles statewide

Stakeholder Meetings

- Monthly "Managed Long-Term Services and Supports (MLTSS) & Duals Integration" Workgroup Meetings
  - Next meeting: Thursday, January 20 at 10 a.m.
  - Prior meeting materials on webpage: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-MLTSS-and-Duals-Integration-Workgroup-Past-Meeting-Archive.aspx
- Quarterly CCI Stakeholder Engagement Webinars
  - Next webinar: Thursday, December 9 at 11 a.m.
  - Prior meeting materials on webpage: https://www.dhcs.ca.gov/provgovpart/Pages/CoordinatedCareInitiative.aspx

Questions?

Resources:

» https://www.dhcs.ca.gov/provgovpart/Pages/MLTSS-Workgroup.aspx

» https://calduals.org

Contact Info:

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Enhanced Care Management and Community Supports

Dana Durham

Chief, Managed Care Quality and Monitoring Division

Benefit Standardization

Michelle Retke

Chief, Managed Care Operations Division

Mandatory Managed Care Enrollment

Michelle Retke

Chief, Managed Care Operations Division

Ombudsman Report

Michelle Retke

Chief, Managed Care Operations Division

Open Discussion

Next Meeting: March 10, 2022

For questions, comments, or to request future agenda items, please email:

advisorygroup@dhcs.ca.gov